Brief

INDIGENOUS ADOLESCENT GIRLS' EMPOWERMENT NETWORK (IMAGEN)

IMAGINING A NETWORK FOR NATIVE GIRLS

Adolescent Native American girls are distinct from every other segment of young people in the U.S., from the assets their ancestors have passed down to them, to the unique challenges they face as a result of historic, systemic oppression. The IMAGEN network seeks to equip Native-serving organizations with tools to intentionally reach this overlooked group of girls with sustained, on-going (not merely one-off or summer-time) locally-designed programs that draw on girls' capabilities, allowing them to thrive as Native persons and future leaders in their communities.

RECOGNIZING THE UNIQUENESS OF GIRLS

The Indigenous Adolescent Girls' Empowerment Network (IMAGEN) was conceived as a means of bringing together Native American-serving organizations that have the enthusiasm and capacity to adopt, document and share evidence from programs that build on Native girls' innate talents, while addressing the multiple challenges they face. The first steps towards building this network were taken during IMAGEN's inaugural workshop at the GIRL Center headquarters in New York City on March 7-8, 2017.

A scan conducted in preparation for the meeting of programmatic initiatives serving Native young people strongly suggested that Native youths are regarded monolithically by donors. Many programs did not differentiate the multiple human development stages between age 10-24 years, opting to use wide age parameters (if any at all), and rarely distinguished the needs of girls versus boys. In short, many existing programs for Native young people are not systematically built to address the specific needs of a 10-year-old girl versus a 19-year-old boy – and this is problematic.

Identifying and working with segments of adolescent girls is a touchstone of the GIRL Center's work, making it well-suited to partner

LIVING WHILE GIRL & NATIVE AMERICAN

National data and other evidence reveals the particular situation and needs of Native young people, but especially adolescent girls, in the U.S.

- According to the National Center for Education Statistics, American Indian and Alaska Native youth rank lowest in high school graduation, falling behind their white, black, Hispanic, and Asian/Pacific Island peers (U.S. Department of Education, 2013-2014).
- 1 in 8 American Indian and Alaska Native youth report having been forced to have sexual intercourse (CDC, 2012).
- 1 in 3 Indian women reports having been sexually assaulted in her lifetime. These assaults are often perpetrated by non-Native attackers (Tjaden & Thoennes, U.S. Department of Justice, 2000).
- The highest rate of teen births nationwide are found among Native girls, at a rate of 11.3 per 1,000, versus 6.0 per 1,000 for white teens (CDC, 2014).
- Growing evidence suggests that Native girls face high risks of trafficking (Pierce, 2012).

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with organizations in Indian Country that understand the significance of Native adolescent girls as a unique group for programming.

The GIRL Center has developed and tested a cache of tools – which can be modified by and for Native communities - for organizations seeking to more intentionally serve girls. The tools allow programs to systematically gauge within their own communities the barriers and opportunities that exist for Native adolescent girls. This was the realization and opportunity that sparked the creation of IMAGEN.

The inaugural IMAGEN workshop was attended by nine participants from six organizations covering different parts of Indian Country (see map below), including:

- **The White Buffalo Calf Woman Society (WBCWS),** the first women's shelter on an Indian Reservation, provides services to victims of domestic violence, sexual assault, dating violence, and stalking.
- **Union Pacific Railroad's Council of Native American Heritage (CONAH)**, an employee group within Union Pacific that assists with recruitment, retention, and development of Native employees.
- **The Aŋpo Wicaȟpi/Pine Ridge Girls' School**, located in the community of Porcupine, South Dakota, provides an academically rigorous program grounded in Lakota culture, language, and values.
- **The Indigenous Peoples Task Force**, a Native organization that provides HIV education and services to the urban Native community in Minnesota.
- **The National Indigenous Women's Resource Center (NIWRC)**, a Native nonprofit seeking to enhance the capacity of American Indian, Alaska Native, and Native Hawaiian organizations and tribes to respond to domestic violence.
- **American Indian Science and Engineering Society (AISES),** a national, non-profit organization focused on increasing representation of American Indians, Alaska Natives, Native Hawaiians, Pacific Islanders and First Nations peoples in science, technology, engineering, and math (STEM) study and careers.

APPLYING GLOBAL TOOLS, LOCALLY

IMAGEN's first meeting provided a space to explore the GIRL Center's intentional girl program design approach. Tools were shared that allow program staff to simply and accurately assess the realities of adolescent girls in their communities and ways to tailor programs accordingly. Sessions included: Protective Asset-Building, The Girl Roster: A Tool to Make Girls Visible, The Building Assets Exercise, and Defining Girl Segments in Your Community.

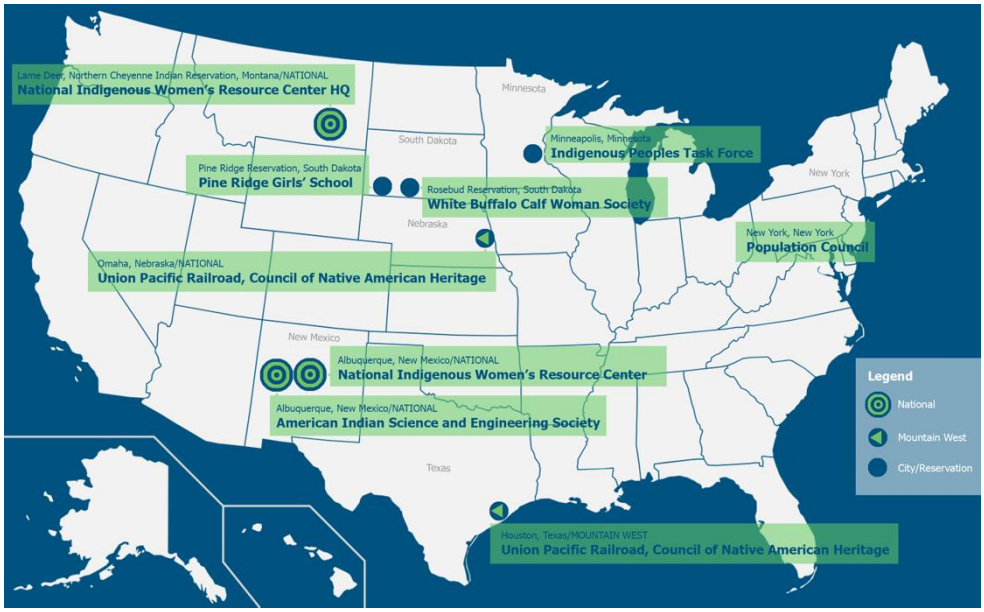
LESSONS LEARNED & NEXT STEPS

Programs that work with Native young people in the U.S. do not appear to focus on differentiating the needs of girls versus boys, or younger versus older groups. This requires critical attention, as Native girls in the U.S. have a drastically unique risk profile that leaves them vulnerable to early pregnancy, sexual violence, trafficking and other negative health outcomes.

The enthusiasm of participants at IMAGEN's first meeting demonstrate a genuine need and willingness to advance this work. Going forward, IMAGEN will increase membership through networking and workshops in various US locations and through technical assistance to organizations wishing to more intentionally build a better future for Native adolescent girls.

FOR MORE INFORMATION

Kelly Hallman (*Cherokee*), PhD:
khallman@popcouncil.org



Brief

INDIGENOUS ADOLESCENT GIRLS' EMPOWERMENT NETWORK (IMAGEN):

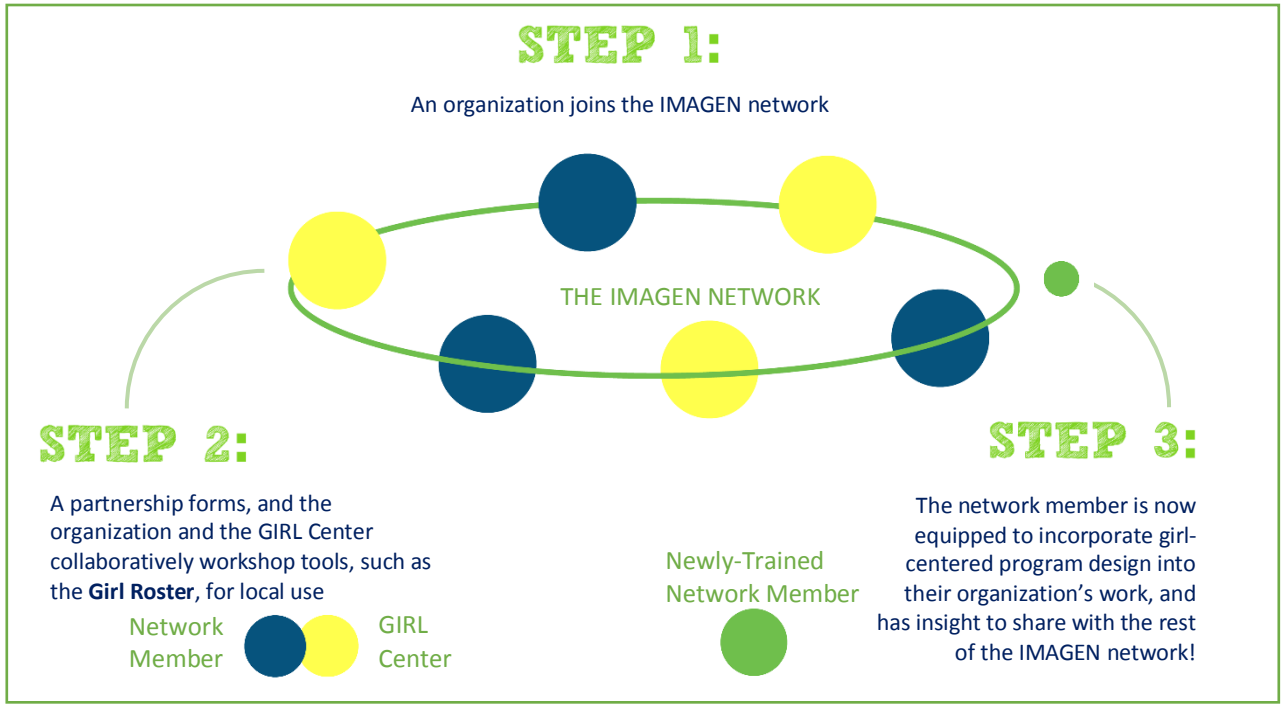
ADAPTING THE GIRL ROSTER™ FOR LAKOTA COMMUNITIES

A FIRST-OF-ITS-KIND PARTNERSHIP

In July 2017, the White Buffalo Calf Woman Society (WBCWS) and the GIRL Center came together for a workshop on Girl-Centered Program Design, the Girl Roster, and how these two could be adopted and adapted into the organization's future programmatic work. Held at Her House on WBCWS' campus on the Rosebud Reservation in Mission, South Dakota, the week-long training came on the heels of the inaugural meeting of the Indigenous Adolescent Girls' Empowerment Network (IMAGEN) in March 2017 in New York City. That meeting was a first conversation between the GIRL Center and organizations such as WBCWS that work locally with Native American communities to understand the specific needs of adolescent girls in Indian Country. It opened the doors for collaborations such as the workshop described in this brief, and laid the groundwork for the IMAGEN Approach to supporting Girl-Centered Program Design among organizations looking to effectively meet the needs of Native American girls.

THE IMAGEN APPROACH

The members in the IMAGEN network bring a wealth of insight concerning the needs of the Native communities they serve, and the GIRL Center houses myriad programmatic tools and resources that have been tried and tested in global settings for several decades. The IMAGEN Approach is an adaptable process that links these two worlds, with the overarching goal of helping those organizations who are ready to incorporate girl-centered programming do so in a sustainable and impactful way. The partnership builds an opportunity for the two organizations to adapt, test, and apply tools specifically created for facilitating Intentional Design, with a long-view towards incorporating girl-centered programming into the organization's work.



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WORKSHOP ON THE ROSEBUD RESERVATION

The White Buffalo Calf Woman Society (WBCWS), led by Executive Director Janet Routzen, provides services to victims of domestic violence, sexual assault, dating violence, and stalking on the Rosebud Reservation. Over the course of a week, a staff team from WBCWS and facilitators from the GIRL Center met to discuss the concepts behind intentional girl-centered program design and the importance of avoiding "elite capture," and worked to master the use and adaptation of the Girl Roster tool. Sessions included:

- → Making Girls Visible: a discussion of how adolescent girls and young women are often excluded from programming, and why intentional design matters in identify the most-excluded girls.
- → Understanding the Accessible Community for AI Girls: a discussion that examined the physical and social geography of girls' lives in Rosebud, and the unique access that different segments of girls may possess.
- → Introduction to the Girl Roster: a presentation on the purpose of the Girl Roster tool, how it has been used previously at the GIRL Center.
- → Girl Roster Technology Set Up and Testing: a walk-through of the technology and set-up involved in the Girl Roster, with live demonstrations using Android phones.
- → Field Exercise: the WBCWS team piloted the Girl Roster in one community on the reservation. The outcomes of this exercise are discussed at greater length in the side panel.
- → Lessons Learned from Field Exercise: the WBCWS team and GIRL Center facilitators convened to discuss how their approach and the questions were received in the communities, in addition to logistical considerations.
- → Planning Next Steps: WBCWS participants created a plan for moving forward with the Girl Roster and girl-programming for the coming months in five designated communities.

WHAT IS THE GIRL ROSTER?

The Girl Roster is a hallmark tool at the GIRL Center, created in the shadow of development programs that aimed to engage girls in their programming, but reached fewer than they could and primarily those who stood the least to gain. An Android-based application with a user-friendly output for program and monitoring purposes, the Girl Roster is a resource designed to assist organizations in enumerating the universe of girls in the communities they work. Framed as a short series of optional, non-sensitive questions, the roster provides an opportunity to visualize the breakdown of girls in the community by factors such as age, living situations, education, and marital status. This visual segmentation facilitates the intentional program design process.

ADAPTING GLOBAL TOOLS TO WORK LOCALLY

Prior to and during the field exercise, modifications were made to build a Girl Roster that would be responsive to the context of the Rosebud community and WBCWS' work. These changes included:

Removing questions that asked for # of persons or families living in a household

Due to local policies limiting household size, respondents were reluctant to answer or became suspicious of intent when asked this

Including language that captured when an adolescent was living with a grandparent

In the local context, adolescents living without either biological parent but with a grandparent is common and a predictor of different needs

Modifying the Girl Roster to be a Youth Roster

The Girl Roster was expanded to ask the same questions for both female and male adolescents, which will compliment WBCWS' current and future work

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COMMUNITY INSIGHTS AND LESSONS LEARNED

Before Rostering Begins, Community Awareness is Vital

Immediately after the pilot rostering took place during the workshop, WBCWS shared negative reactions they received both during and after the exercise. Despite the community being aware of WBCWS' purpose as an organization, the staff conducting the survey were at times met with suspicion or rejection by potential respondents. The reasons varied from general suspicion to a belief that the survey was tied to federal government activity.

To resolve this moving forward, WBCWS created a series of public service announcements (PSAs) that were read over the widely-accessed radio station. These PSAs clarified the purpose of the rostering as a step towards creating programs for adolescents in the community, and explicitly stated the dates in which the team would be in certain communities. Additionally, the team collaboratively created a script to be read at the beginning of each survey that clarifies the intent of the rostering and explains how the information will and will not be used.

Timing Matters

Another initial challenge that was faced during the field exercise was the time at which the rostering took place. The WBCWS team went out to survey at approximately 10:45 AM in one of the communities hardest hit by unemployment. As a result, many households presumably did not answer their doors because they were sleeping. Additionally, the staff expressed concern in approaching some residences who were likely to have household members who use alcohol or drugs (meth use is a major problem in the community).

To resolve this moving forward, the team plans on carrying-out rostering activities later in the day.

Team Composition and Safety Need to be Assessed Prior to Rostering

The rostering team from WBCWS was comprised of the organization's full-time staff who had varying experiences of out-of-office outreach experience and training. As a result, there were some members who felt less prepared in going door-to-door. Some staff members had previous encounters through their work on violence mitigation at WBCWS that necessitated avoiding contact with specific members of the community. Additionally, there was significant concern about the dangers presented by unleashed and vicious dogs known to roam around the area.

To resolve these concerns, the pairs were reconfigured to match newer employees with those who had more experience in dealing with potentially inflammatory situations. Additionally, WBCWS opted to adopt trios rather than pair teams. Prior to rostering, the team also reviewed the assigned houses to ensure that certain households would not be assigned to certain staff members. The concern about the dogs were addressed by using vehicles for transport between households (vehicular support is also necessary in this context, as communities are remote and often cover large areas). The team also decided to alert the police to their future activities to have additional support.

Mandated Reporting Carries Over into Rostering

A newer development for the roster in Rosebud, which has not been faced as often in its previous global contexts, is the understanding that the door-to-door process may reveal scenarios in which the staff member will have to fulfill their duties as a mandated reporter. As WBCWS is at its core a provider to victims of domestic violence, all staff are mandated reporters.

During the field exercise debrief, Janet Routzen reiterated the team's responsibility to alert authorities to problematic situations they witness. The team was also reminded to bring violence services support materials from WBCWS to distribute.

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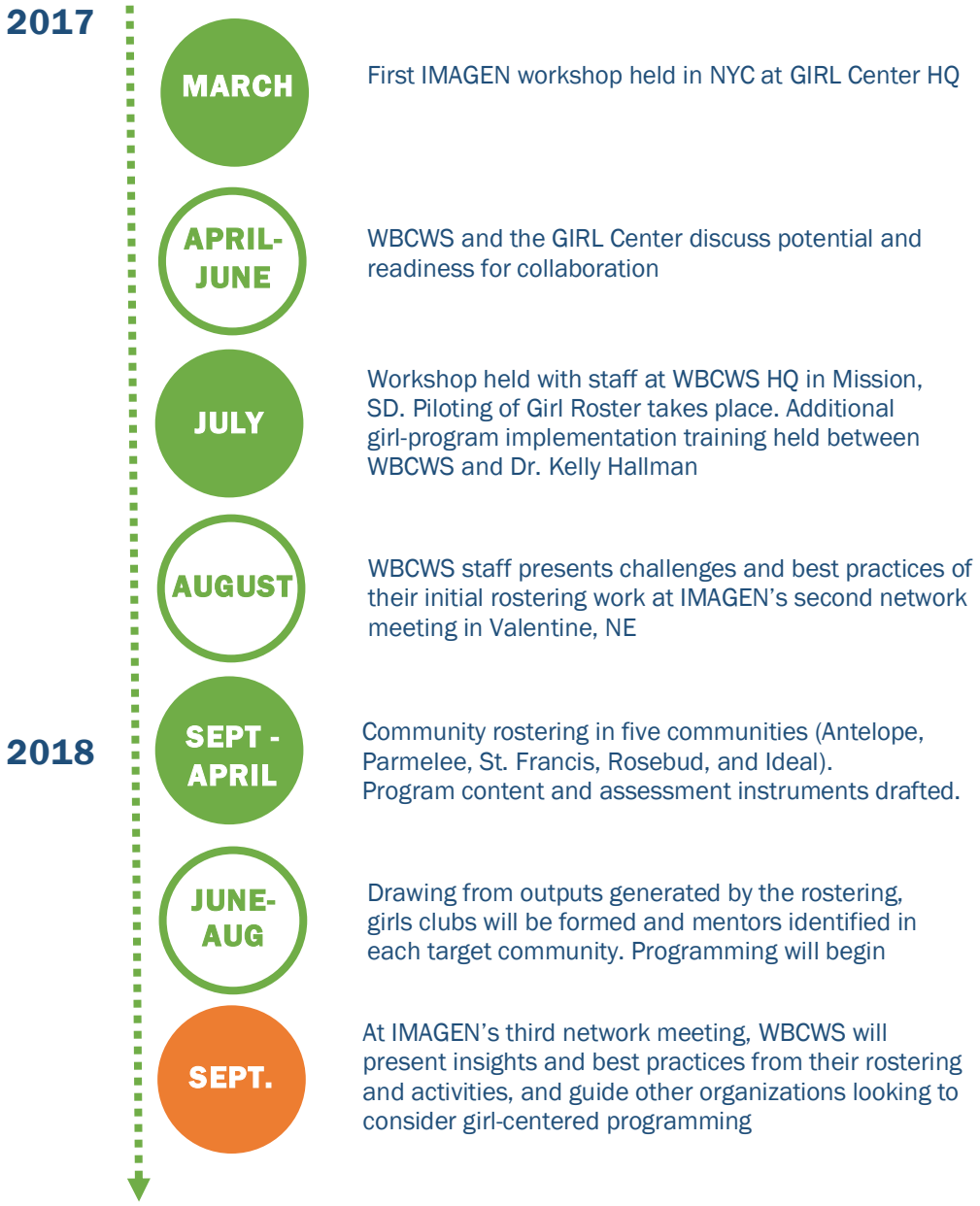
IMAGINING THE NEXT STEPS IN GIRL-CENTERED PROGRAMMING WITH THE WHITE BUFFALO CALF WOMAN SOCIETY



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IMMEDIATE NEXT STEPS

- Beginning in September, WBCWS will roster in 5 selected towns representing both the most populous communities of the Rosebud Reservation, and those of highest need. These five communities are highlighted in the map below.

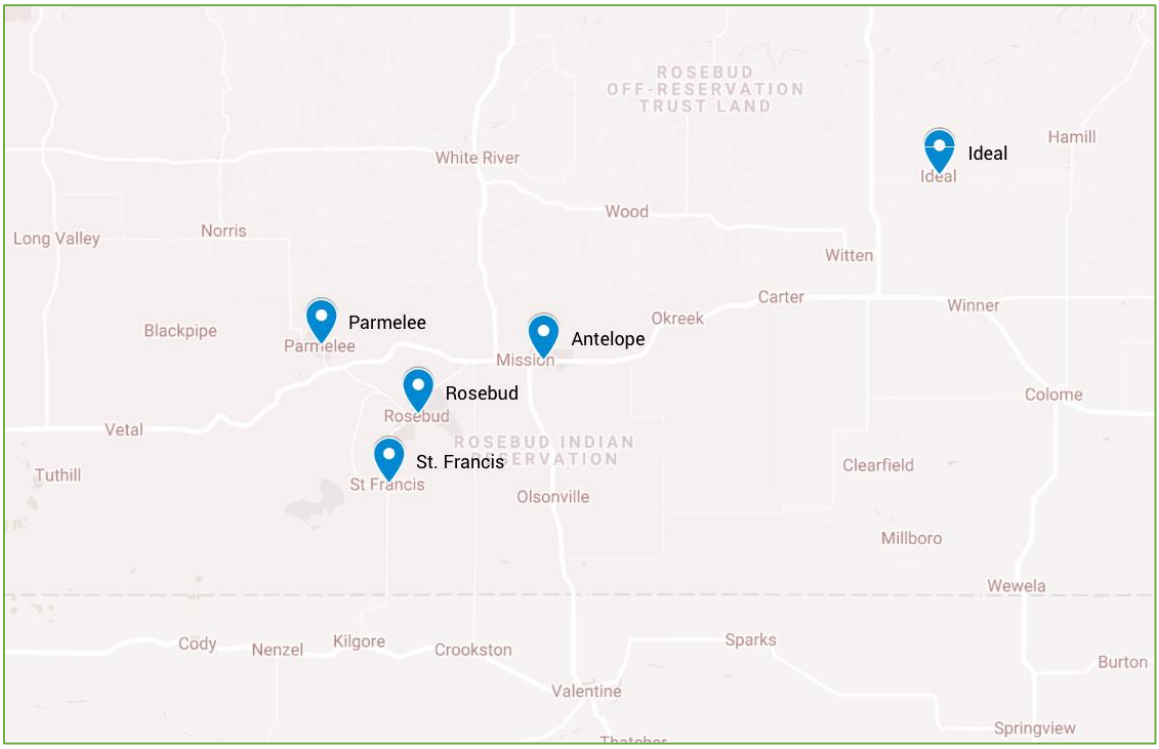
- Simultaneously, WBCWS is scheduling community meetings and a convening with the Tribal Council so that residents understand the purpose of the Girl Roster and the intentions of the girl programs that will be carried-out by the organization.

- Building off of a benchmark exercise conducted during the workshop, WBCWS will develop an appropriate curriculum for the girls' clubs.

- As roster outputs are being assessed, WBCWS will draft job descriptions for girl mentors, and plan the structure and logistics for the girl groups. The groups themselves will be guided by two mentors and one staff member per group. Initial mentor training will begin in October.

- Continued assistance and support will be provided by the GIRL Center.

Five Program Communities for WBCWS Girl-Centered Work



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The work presented in this brief are supported by the GIRL Center and the Indigenous Adolescent Girls' Empowerment Network, in partnership with the White Buffalo Calf Woman Society.

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IMAGEN
Indigenous Adolescent Girls' Empowerment Network

White Buffalo Calf
WOMAN SOCIETY
A Safe Haven for Community Families

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For more information, contact Dr. Kelly Hallman (*Cherokee*) at khallman@popcouncil.org

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ISSUE PAPER SERIES

A REVIEW OF CONTROL-COMPARISON INTERVENTIONS ON GIRLS AND HEALTH IN LOW AND MIDDLE-INCOME COUNTRIES

by

Kelly Hallman, Marie Stoner, Michelle Chau, AJ Melnikas[1]

Paper Commissioned by Girl Hub,
a strategic partnership between Nike Foundation and the
UK Department for International Development

February 2013

GIRLEFFECT.ORG

1 The authors work for Population Council (www.popcouncil.org)

INTEGRATED APPROACHES TO IMPROVING THE LIVES OF ADOLESCENT GIRLS

ISSUE PAPERS SERIES

This paper is one of a series of five Issue Papers commissioned by the Department for International Development, UK (DFID) and the Girl Hub, synthesizing key evidence on integrated approaches to economic assets, health, education, social norms and preventing violence, in improving the lives of adolescent girls. The focus on integrated approaches (addressing more than one area such as health and education) aimed to assess evidence testing the strength of integrated approaches, and to avoid duplicating recent sectoral based reviews.

Each Issue Paper is accompanied by a mapping of relevant research and evaluations of interventions. These mappings are available separately at the address below, where a compilation of mappings is also available.

The Issue Papers were commissioned to feed into a Technical Expert Meeting on Adolescent Girls, hosted by DFID and the Girl Hub on the 17th-18th October 2012 in London. The meeting drew together more than 60 leading experts working on adolescent girl research, programming, and evaluation to discuss priority research and evidence gaps and consider key methodological questions around research in this area.

This report represents solely the view point of the author, and does not necessarily represent the views or policy of Girl Hub, Nike Foundation, or DFID.

All the Issue Papers, the mappings, the compilation of mappings and the workshop report are available on http://www.girleffect.org.

OUTLINE

I. EXECUTIVE SUMMARY

II. INTRODUCTION

III. METHODOLOGY

IV. STATE OF THE LITERATURE

V. WHAT ARE THE CHARACTERISTICS OF PROGRAMS THAT SHOWED IMPACT

VI. CRITICAL OPPORTUNITIES

REFERENCES

ANNEX 1 MAPPING OF INITIATIVES
(In separate Excel document. Find it online at girleffect.org.)

ANNEX 2 FEATURED PROGRAMS

I. EXECUTIVE SUMMARY

Much attention has been devoted in recent years to the adolescent girl in low- and middle-income countries. The large number of related interventions has likely been beneficial to girls, but too little evidence is available on impact. The purpose of this paper is to assess progress made since the release of the influential papers **Girls Count** (Levine et al., 2008) and **Start with a Girl** (Temin & Levine, 2009). Through a structured in-depth literature review we shed light on what has been learned and what research and program evidence is still needed.

The literature review yielded 190 bibliographic references to interventions in low- and middle-income countries that included girls' health as an outcome. These consisted of published primary articles, published secondary literature reviews, grey-literature reports and citations in review articles.

Among the 190, there were 49 citations describing control-comparison pre-post intervention studies for which girl-specific results are reported. This group of 49 forms the basis for the discussion in this paper.

The thematic breakdown of the 49 featured studies is the following:

- 18 have a primary focus on HIV/AIDS.
- 18 have a primary focus on sexual and reproductive health.
- 6 have a primary focus on mental health.
- 2 have a primary focus on non-communicable disease.
- 4 have a primary focus on financial education or savings.
- 1 has a primary focus on leadership.

This group of 49 studies has the following characteristics:

- Approximately one-half are single-sex girl-only interventions.
- One-half include girls younger than 14 years of age.
- One-third target school-enrolled girls with classroom-based content.
- One-half took place in rural areas only, 20 percent in urban areas, and 27 percent in mixed urban and rural settings.
- 60 percent involved random allocation of the intervention to participants.
- 63 percent had a follow-up period longer than 12 months; 29 percent followed participants for longer than 24 months.
- Costing information was found for 20 percent.
- 61 percent were multi-level, engaging actors in addition to the targeted girl herself.
- One-quarter of studies incorporated school retention or school re-entry as a goal.
- 27 percent incorporated cash or in-kind incentives or offered credit.
- 31 percent included training in financial education or saving.
- 20 percent offered vocational training.
- 29 percent incorporated training in health, economic, social or legal rights.

- 45 percent had program content designed for an age range of six years or less and/or a school grade range of three or fewer years.
- Slightly more than one-half offered girls a safe space in the community to meet regularly.

There was not enough information provided in the documents found to classify programs along the following dimensions: girl literacy status/educational attainment, and program implementation methods.

The interventions that demonstrated an impact on health status, health behaviors or health mediators for girls had the following common characteristics. The majority:

- were single-sex, girl-only interventions;
- included girls younger than 14 years of age;
- were offered to rural populations;
- had a follow-up period of more than 12 months;
- used a multi-level intervention approach;
- provided a safe space in the community for girls to regularly meet in groups;
- offered financial education or savings training;
- had a rights training element;
- employed age- or grade-specific targeting and content;
- collected cost data.

These findings are indicative of promising design and evaluation elements for girls' health. We should not however make simple attributional statements about the merits of these features without first having more evidence from future (and a handful of on-going) studies in which the treatment is randomly allocated and follow up is long term. Better tools are needed for reporting on implementation methods and accurately assessing participant exposure.

II. INTRODUCTION

For the past 15 years the Population Council has undertaken policy and intervention research designed to improve the health and overall wellbeing of girls in developing countries. The approach has consistently been one of utilizing empirical analysis to carefully identify the economic, social and cultural antecedents that directly influence girls' health outcomes and choices; and then attempting - through program and policy experiments - to shift these. Particularly influential early work in this area included **The Uncharted Passage** (Mensch et al., 1998) and **Growing Up Global** (Lloyd, 2005).

With the appearance of **Girls Count** (Levine et al., 2008) and **Start with a Girl** (Temin & Levine, 2009), attention to girls as a program target group blossomed. This burgeoning of girl interventions was also fueled by the recognition that girls lie at the very heart of meeting the MDGs. The purpose of this paper is to assess progress made since the release of **Girls Count** and **Start with a Girl**.

Recently, much attention has been focused on the adolescent girl. October 2012 saw the UN declaration of the first annual "Day of the Girl Child." The explosion of interventions for girls has likely been beneficial to girls, but do we really know to what extent and how girls are faring in the wake of these various programs? Good intentions are needed but they do not always result in improved outcomes. The time is right to assess the impacts of resources going toward girl-focused programs.

Through a structured in-depth literature review the paper will attempt to shed light on what we have learned and what we still need to learn through research and programmatic evidence. With the end of the MDG window approaching and post-MDG discussions ramping up, taking stock is more relevant than ever.

The conceptual framework utilized for the paper is the Sen (1993) capabilities approach. Health capabilities include knowledge, skills and attitudes, but of key importance to influencing health behaviors and outcomes are factors in the environment surrounding the girl (culture, social norms, economic constraints, barriers to access) that influence choice and functioning – in other words, if and how girls are able to put knowledge and skills into action. We were therefore purposeful in our review to include not only programs intended to improve girls' health, knowledge, skills and status; but also those that considered the characteristics of the environment the girl resides in but does not have control over.

The review strategy is described in the next section. The focus was on multi-sectoral and multi-level interventions aimed at HIV prevention, sexual and reproductive health, mental health and non-communicable diseases. Programs that were not necessarily multi-sectoral but prominent in the field were also included.

The "health" impacts discussed in the paper are along the continuum of that deemed necessary to change health behaviors and ultimately health outcomes. Categories along the spectrum include: health knowledge, attitudes, intentions, behaviors, service use, mediators and status.

III. METHODOLOGY

CRITERIA FOR INCLUSION

The following eligibility criteria were used to identify program interventions and studies to be included in the review:

Language: English only (contract resources were not sufficient to cover review in other languages).

Geography: Global with an emphasis on low- and middle-income countries.

Population: Adolescent girls aged 10 to 19.

Types of interventions: Integrated/multi-sectoral interventions that address adolescent girls and health plus another area. Not specifically health alone.

Study design: Qualitative, quantitative (cluster-randomized trials, quasi-experimental design, pre-post designs, post-only designs).

Intervention components: Reproductive health, HIV/AIDS, mental health, substance abuse, non-communicable disease, plus one or more of the following: formal education, livelihood, vocational, microfinance, financial education or other economic components, legal, violence.

Outcomes: HIV, HSV-2, STIs, sexual, reproductive, contraceptive, mental health, alcohol, smoking, substance misuse outcomes and behaviors; health care utilization; health agency, skills and decision-making; health attitudes; health knowledge.

Date: From 1995 to present.

SEARCH STRATEGY

KEY SEARCH TERMS

Based on the main concepts examined in the review, key questions, and eligibility criteria for inclusion, we developed the following key search terms to identify relevant literature:

Population: (Girls, females, or women) AND (adolescents, youth, young, adolescence, teenager, daughter, school girl, teenage mothers).

Interventions: intervention, program, programme, life-skills, skill-building, workshop, training.

Types of interventions: multi-sectoral, multi-level, integrated, multi-pronged, holistic, multi-dimensional.

Health: HIV, HSV-2, STIs, sexual, reproductive, contraceptive, mental health, health, disease, well-being, psychological, mental, physical, reproductive, sexual, maternal, non-communicable disease, smoking, alcohol, substance abuse, misuse.

Other intervention topics: economic, financial, vocational, livelihoods, empowerment, micro-credit, microfinance, savings, leadership.

SOURCES

The review includes published, peer-reviewed studies, gray literature, and conference abstracts. Efforts were also made to identify unpublished studies and program interventions.

The following sources were used in the search:

Bibliographic databases: The following databases were searched for published and peer-reviewed studies:

- Google Scholar
- PubMed
- ProQuest
- JSTOR
- POPLINE (Population, family planning, and related health issues)
- JOLIS (World Bank and IMF Papers)
- WHOLIS (World Health Organization Library Database)

Website searches: The following websites were searched for relevant research and working paper series:

- World Health Organization (http://www.who.int/en/)
- The World Bank (http://www.worldbank.org/)
- UNICEF (http://www.unicef.org/)
- CARE (care.org)
- Plan (http://plan-international.org/)
- Mercy Corps (https://www.mercycorps.org/)
- Nike Foundation (http://nikeinc.com/pages/the-nike-foundation/)
- Department for International Development, UK (www.dfid.gov.uk)
- Governance and Social Development Resource Centre (http://www.gsdrc.org/)
- The Overseas Development Institute (ODI) http://www.odi.org.uk/)
- International Centre research for women (http://www.icrw.org/icrw-library)
- The London School of Hygiene & Tropical Medicine (http://www.lshtm.ac.uk/publications/)
- Institute of development studies (http://www.ids.ac.uk/go/home)
- International Development Research Centre (http://publicwebsite.idrc.ca/EN/Pages/default.aspx)
- Poverty Action Lab (http://www.povertyactionlab.org)
- Innovation for poverty action (http://www.poverty-action.org/)
- The Center for Global Development (http://www.cgdev.org/)
- The Center of Evaluation for Global Action (CEGA) (http://cega.berkeley.edu)

- Centre for International Development (CID) Micro-Development Initiative, Harvard University (http://www.hks.harvard.edu/centers/cid/programs/micro-development-initiative)
- The Development Impact Evaluation Initiative (DIME)
- The Chronic Poverty Research Centre (CPRC) (http://www.chronicpoverty.org)
- UNESCO (http://www.unesco.org/)
- ELDIS (http://www.eldis.org/)
- Freedomfromhunger (http://www.freedomfromhunger.org/)
- Population council (http://popcouncil.org/)
- Policy pointers (http://www.policypointers.org/)
- Search4Development Netherlands (http://www.search4dev.nl/)
- BRIDGE – (http://www.bridge.ids.ac.uk/)
- BRAC (http://www.brac.net/)
- Bread for the World (http://www.bread.org)
- Centers for Disease Control and Prevention (http://www.cdc.gov/)
- Futures without violence (http://www.futureswithoutviolence.org/section/our_work/international)
- ActionAid International (http://www.actionaid.org.uk/)
- Breakthrough (http://breakthrough.tv/)
- Centre for Development and Population Activities CEDPA (http://www.cedpa.org/)
- EngenderHealth (http://www.engenderhealth.org/index-main.php)
- Human Rights Watch (http://www.hrw.org/home)
- International Planned Parenthood Federation (http://www.ippf.org/en)
- International Women's Health Coalition (http://www.iwhc.org/index.php?option=com_content&task=view&id=132&Itemid=74)
- Save the Children (http://www.savethechildren.org/)
- Pathfinder International (http://www2.pathfinder.org/site/PageServer)
- Tostan (http://www.tostan.org/)
- United Nations Development Programme (UNDP) (http://www.undp.org/content/undp/en/home.html)
- UNFPA (http://www.unfpa.org/public/)
- Bill & Melinda Gates Foundation (http://www.gatesfoundation.org/Pages/home.aspx)
- Population Services International (http://www.psi.org/)

- Guttmacher Institute (http://www.guttmacher.org/)
- Family Health International (http://www.fhi360.org/en/index.htm)
- Youth Coalition (http://www.youthcoalition.org/html/index.php)
- Global Fund to Fights AIDS, Tuberculosis and Malaria (http://www.theglobalfund.org/en/)
- USAID (http://www.usaid.gov/)
- World Vision (www.worldvision.org)
- Partners in Health (http://www.pih.org/)
- International Rescue Committee (http://www.rescue.org/)
- Marie Stopes International (http://www.mariestopes.org/)
- Clinton Foundation (http://www.clintonfoundation.org/)
- African Development Bank (http://www.afdb.org/en/)
- Packard Foundation (http://www.packard.org/)
- JHPIEGO (http://www.jhpiego.org/)
- Restless Development (www.restlessdevelopment.org)
- Hewlett Foundation
- Packard Foundation
- AIDS Alliance
- HIV and AIDS Consortium
- Stepping Stones
- Interact Worldwide
- UNAIDS

Web searches: We also conducted web searches using Google to identify other relevant organizations that implement adolescent girl interventions or conduct evaluations of such interventions. Once identified, the organization websites were searched for relevant literature.

IV. STATE OF THE LITERATURE

The literature review yielded 190 bibliographic references to interventions in low- and middle-income countries that included girls and health. These consisted of published primary articles, published secondary literature reviews, grey-literature reports and citations in review articles.

Of the 190 citations, 32 were secondary review articles. Among the 158 primary citations describing projects, 4 did not mention having an evaluation component. A further 27 were featured in review documents which did not contain enough detail to determine the evaluation design and for which primary references were not found through the internet search.

This yielded 127 primary studies detailing intervention projects. The following is the breakdown of these:

- 51 references describe mixed-sex adolescent/youth interventions for which girl-specific results are not reported in the abstract. Many of these are school-based. It is possible that a number of them were not designed with sufficient sample size/statistical power to perform a gender disaggregated analysis. The thematic breakdown of these projects is the following:
    - 19 have a primary focus on HIV/AIDS
    - 19 have a primary focus on sexual and reproductive health
    - 8 have a primary focus on mental health
    - 5 have a primary focus on non-communicable disease
- A further 5 citations describe quantitative interventions with fewer than 100 participants. The thematic breakdown is the following:
    - 2 have a primary focus on HIV/AIDS
    - 2 have a primary focus on sexual and reproductive health
    - 1 has a primary focus on mental health
- 22 references describe projects that did not include a control group in the evaluation design. The thematic breakdown is the following:
    - 2 have a primary focus on HIV/AIDS
    - 19 have a primary focus on sexual and reproductive health
    - 1 has a primary focus on microfinance

The 49 remaining citations describe control-comparison studies with pre- and post-intervention assessments and for which girl-specific results are reported. This group forms the basis for the discussion in this paper.

The thematic breakdown of the featured 49 is the following:

- 18 have a primary focus on HIV/AIDS
- 18 have a primary focus on sexual and reproductive health (SRH)
- 6 have a primary focus on mental health
- 2 have a primary focus on non-communicable disease (NCD)
- 4 have a primary focus on financial education or saving
- 1 has a primary focus on leadership

TABLE 1 provides information on characteristics of program participants (page 33).

GENDER COMPOSITION

Among the projects that provide girl-specific results, approximately one-half are single-sex girl-only interventions. SRH projects are more commonly single-sex (two-thirds) than are those classified as HIV, mental health or NCD. School-based programs featured here (mainly HIV, mental health and NCD) are more likely to be mixed-sex, due to the fact that most are undertaken in co-ed schools and during classroom hours.

INCLUSION OF VERY YOUNG ADOLESCENTS

The formation of health beliefs, attitudes and behaviors begins at a very young age. Many interventions, however, target age groups in which it is more difficult to change these precursors. Although one-half of the featured studies included girls before the age of 14 years, not all incorporated age-specific program content (the latter issue is discussed further in the program features section). SRH and mental health projects were the most likely to include girls younger than 14 years of age.

SCHOOL-ENROLLED VS. NON-ENROLLED GIRLS

Studies also differed by school enrollment status of the intended participants. Enrollment status of participants has a major influence on program design and delivery (including location, time of day, day of week, pedagogical/engagement methods, and single- versus co-ed sessions). In settings where girls' access to schooling is restricted, a study using a school-enrolled population would be non-representative and favor more advantaged girls, leading to a potentially biased picture of the likely impact on the overall population of girls if the intervention was scaled up.

Of the 49 featured studies, one-third targeted school-enrolled girls and only 3 focused exclusively on out-of-school girls, a particularly difficult to reach group. The remainder were largely community-based projects, open to both in- and out-of school participants. The majority of mental health and NCD studies found were school-based interventions.

LITERATE/HAS SOME EDUCATION

Literacy and educational attainment of target participants impact the methods used for engagement and assessment of impact. From a welfare point of view, non-literate girls are among the most difficult to reach, often being members of socially marginalized or mobile populations. Due to the strong social, cultural and economic constraints on such girls, they are also hard to retain in studies. The majority of projects in the review did not clearly specify literacy or educational attainment criteria for participation. The only explicit information found was the extent to which interventions were aimed at school-enrolled participants – and the grade level they were aimed at. The most common were the upper primary or lower secondary grades.

MARRIED VS. UNMARRIED

Compared with unmarried girls, married girls are usually more subject to restrictions on their physical and social mobility, are under pressure to bear children, and more vulnerable to sexual and domestic violence. For these reasons, married girls are problematic to reach and retain in many interventions. Only three projects (five studies) in the review had a clear marital status inclusion criteria: two of these, Zomba in Malawi and the Nyeri Youth Health Project in Kenya, were for never married girls, and one, the First Time Parents Project in India, was designed specifically for young women who were currently pregnant or had an infant.

HAS A CHILD OR NOT

Obviously, girls with children have experiences, needs and constraints that differ from girls who do not have children. Also, depending on the context, girls with children will have experienced pregnancy at a

young age and some outside of a marriage or union. These can present additional social and cultural challenges for girls. Only one project of the 49 case-comparison studies found made a distinction in its design, targeting and content regarding whether a girl had a child or not – the First Time Parents Project in India.

PARENTAL SURVIVAL/CO-RESIDENCE

The majority of programming for orphaned and vulnerable children or displaced children is intended for younger children. Most such interventions lack gender-specificity in their targeting and design. Moreover, among the OVC interventions that have been evaluated, many do not disaggregate results by gender. In this review, we encountered the following with regard to inclusion criteria pertaining to girls' orphan and co-resident parent status: three interventions (four studies) included only orphans and were intended to address HIV prevention and AIDS mitigation. One intervention in Uganda (SUUBI) also assessed reproductive health behaviors, as well as mental health status.

RESIDENCE TYPE

Urban versus rural is obviously a vast oversimplification of the range of different geographic areas where adolescent girls reside. Descriptions of interventions, however, often use these common terms. Half of the studies in the review took place in rural settings; one of five in urban areas; and another 27 percent in both urban and rural settings. HIV prevention interventions were more likely to take place in rural areas (two-thirds); sexual and reproductive health and other types of studies were spread more evenly across geographic areas.

TABLE 2 describes characteristics of the interventions and evaluations (page 35).

STUDY DESIGN

In 60 percent of the 49 studies featured, the intervention was randomly allocated to participants, mostly at the cluster level (enumeration area, school, or classroom) but some at the individual level. The remaining forty percent of studies were quasi-experimental or some variation thereof. Random allocation of the treatment was most commonly observed in HIV prevention and mental health interventions.

FOLLOW-UP INTERVAL

The length of follow-up for measuring project impact ranged from 3 to 108 months, with the average across all studies being 27 months. (Note that single interventions with multiple published studies are represented by publication in each appendix table.) HIV interventions, many of which have larger budgets and more rigorous designs than sexual and reproductive health interventions, have the longest follow-up periods at 38 months on average (though this is skewed to the right due to MKV in Tanzania having five publications in the matrix). SRH interventions had a mean follow-period of 25 months. Mental health studies (most of which were with school-based younger populations) had the shortest mean tracking period at 8 months. This is likely also due to mental health indicators being amenable to change more quickly than many of the HIV and SRH outcomes that the other interventions target. The other three smaller categories of intervention each had a mean follow-up length of 18 months.

Across the 49 featured studies, 63 percent had a follow-up period of more than 12 months, while 29 percent followed participants for longer than 24 months. Again, HIV prevention interventions were more likely than others to have longer tracking periods.

COST INFORMATION

Costing information is not plentiful for health interventions that involve girls. Such data should be collected more regularly, and the capacity to do so needs to be more heavily invested in. Across the 49 studies,

costing information was found for only 20 percent. The majority of these are SRH interventions evaluated by the Population Council for which costing information was coordinated by Sewall-Menon, et al. (2012).

MULTI-LEVEL APPROACHES

Three out of five interventions had components that involved actors in addition to the target girl herself. These included direct training of and/or engagement with educators, parents, community leaders, sexual partners, community health workers, etc. (School-based programs that only worked within the classroom were not classified as multi-level.) SRH and HIV interventions were the most likely to employ this strategy, with the school-based mental health projects being least likely.

MULTI-SECTORAL ELEMENTS

The interventions reviewed were scanned for non-health program components that recognized the multi-dimensional determinants of adolescent health behavior and status.

Approximately one-fourth of studies incorporated school retention or school re-entry as an explicit goal. This did not vary greatly across program theme but was more common among those targeting younger adolescents.

Twenty-seven percent of programs incorporated elements involving credit, cash or in-kind incentives to participants. Most with cash or in-kind incentives involved younger adolescents and were tied to school retention. Those with credit components were mainly for older adolescents and aimed at micro-enterprise development.

Thirty-one percent of interventions included financial education and/or savings as components. Most projects with a credit component did so, but a number of others had financial education as an element in and of itself. Among the health interventions featured, SRH projects were the most likely to include this feature. Vocational or livelihood skills training is a related approach, often – but not always – offered in combination with micro-credit. Vocational training is becoming less common as market demand studies are deemed necessary to determine the type of job training to offer.

Training in health, economic, social or legal rights is another aspect of adolescent interventions. Twenty-nine percent of all projects had such an element, with SRH being the most common type to include it.

AGE AND GRADE-SPECIFIC CONTENT

Social, psychological and physiological needs differ for girls at different stages of development and interventions should in principle be more effective when tailored to the specific age and development stage of the girl.

Forty-five percent of the featured studies had program content designed for an age range of six years or less and/or a grade range of three or fewer years. This was most common for school-based studies that targeted a narrow grade range; in this review, these are the mental health and NCD interventions. Among the non-school-based studies, financial education and saving, and leadership programs were more likely than the HIV or SRH interventions to have age-specific content.

Slightly more than one-half of interventions discussed covered at least two adolescent development stages (an age-range larger than six years) and included content and/or delivery methods that were not described as age-, development stage-, or life-cycle specific.

SAFE SPACES AND SOCIAL SUPPORT

Slightly more than one-half of the 49 studies had a component where girls come together regularly in same-sex groups in safe places in the community. This approach is intended to increase access to mentors,

social support and positive social capital of girls. This approach was the most common in SRH interventions and those that are not school-based.

IMPLEMENTATION METHODS

Insufficient information was provided in the studies reviewed to establish a clear set of mutually-exclusive implementation process descriptors. The ones for which there was any degree of representation among the 49 studies included (a) in-school versus out-of-school, (b) whether the program had a multi-level element or not, and (c) the use of a safe space in the community for girls.

V. WHAT ARE THE CHARACTERISTICS OF PROGRAMS THAT SHOWED IMPACT?

TABLE 3 displays the types of impacts and outcomes reported for girls (page 37).

Only a minority of interventions showed impact on girls' health status. Fourteen of the 49 studies (covering 12 different interventions) reviewed had a significant effect on girls' health status. The most common outcome affected – regardless of project objective – was a reduction in self-reported pregnancies (six studies, five interventions). The second most common was a reduction in HSV-2, reported in two studies (two interventions). For each of the following seven outcomes there was one study (one intervention) that demonstrated impact: HIV, FGM, GHQ-12, depression, conduct problems, pro-social behavior and PTSD.

Of the five interventions that reported a reduction in self-reported pregnancy rates, four were single-sex girl-only; three included girls younger than age fourteen years; only one was for school-enrolled girls only; all five included rural areas (three exclusively rural, two mixed rural and urban); four of five were cluster randomized trials (CRTs); all five had follow-up periods greater than 12 months; three of five included a school retention or re-entry element; two had a school economic incentive; two had age- or grade-specific content; two incorporated safe spaces in the community; and four of the five were multi-level, engaging actors in addition to the girl herself.

The two interventions that reduced HSV-2 incidence (Baird et al. 2012; Jewkes et al. 2008) each had a sizeable number of rural participants, were CRTs, and had follow-up periods of 24 months. The only intervention that impacted HIV incidence was the Zomba study in Malawi (Baird et al. 2012). The Tostan intervention in Senegal (UNICEF et al. 2008) reported a decline in FGM, while Muyinda et al. (2003) reported a decline in STI symptoms among girls in Uganda. The latter two studies utilized a multi-level intervention, intensively training and sensitizing adult women, who then work with local adolescent girls – an approach well worth considering in future interventions.

Of the six interventions that had positive impacts on girls' mental health status, five were targeted to children younger than fourteen years of age; five were school-based programs; five included rural populations; in all six the intervention was randomly allocated to participants.

Seven studies (seven interventions) reported changes to two or more self-reported sexual behaviors. Two of these are classified as HIV prevention programs, four are SRH and one is financial education/savings. Six of the seven are girl-only programs; four included girls younger than age fourteen; all were community-based (none were classroom-based); all seven had a presence in rural areas (four were rural only; three were mixed urban and rural); five had a financial education or savings component; three involved vocational skills training; six brought girls together on a regular basis in groups in a safe space in the community; four had multi-level components; two were CRTs and five were quasi-experimental in design.

Ten studies (ten interventions) reported changing two or more health mediators among girls. Here health mediators are defined as increases in school enrollment, marriage age, self-esteem, communication about HIV or SRH, legal or financial literacy, or safety from violence. Nine of these ten interventions were single-sex girl-only; seven included girls younger than fourteen years of age; six were among rural populations; four had a school retention or re-entry element; six had a financial education or savings component; seven provided training in rights; seven had age-/grade-specific content; all ten utilized safe spaces in the community; seven used a multi-level approach; eight followed girls for more than 12 months; seven had costing information; one was a CRT, the others were quasi-experimental in design.

In sum, the interventions that demonstrated an impact on health status, health behaviors or health mediators for girls had the following common characteristics. The majority:

- were single-sex, girl-only interventions;
- included girls younger than 14 years of age;
- were offered to rural populations;
- had a follow-up period of more than 12 months;
- used a multi-level intervention approach;
- provided a safe space in the community for girls to regularly meet in groups;
- offered financial education or savings training;
- had a rights training element;
- employed age- or grade-specific targeting and content;
- collected cost data.

VI. CRITICAL OPPORTUNITIES

RESEARCH OPPORTUNITIES

Cluster randomized experiments to test the program characteristics demonstrated as promising in quasi-experimental studies should be funded. The on-going Population Council (2012) study in Zambia will add some evidence.

Segmented interventions (multi-arm studies) to assess the impact of different program elements should be supported. Most interventions only test a package versus nothing, making it impossible to assess which element had what impact. Five on-going studies should shed light on this issue (Poverty Action Lab, 2007; Population Council, 2012; Ashraf, McGinn, Low, 2012; Austrian et al., 2012; Bhatacharjee and Dos, 2011).

Further investigation is needed of the effect of girl-only versus mixed-sex interventions (e.g. through an identical intervention with a girl-only groups tested against mixed-sex groups).

Research is needed on what aspects of the interview environment might most impact girls' self-reporting of sensitive behaviors.

Operations evaluations are needed on how girl programs are implemented. There is still too little information available in the literature. It might be worthwhile to consider developing an mHealth tool to allow programmers to quickly submit "how" information on a regular (e.g., daily/weekly) basis.

Medium- and long-term follow-up of interventions are needed. We currently only know the short-term, or medium-term, impacts of interventions. More longitudinal research of existing well-designed interventions is needed.

Greater use of biomarkers (with funding for adequate sample size and long-term follow-up) and other objective measures are encouraged.

Simple costing tools should be developed and costing data collected.

PROGRAMMING OPPORTUNITIES

Simple clear tools should be developed for documenting in real time (daily/weekly) how the intervention is being implemented, who is getting what, how frequently and with what intensity (mHealth tools perhaps).

A more narrow age range is needed for targeting, developing content and choosing engagement methods with participants.

It appears that interventions with financial education/savings and/or formal education support are promising for girls' health and should therefore be expanded.

Program managers should receive support for implementing simple costing tools.

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ANNEX 1
MAPPING OF INITIATIVES

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
HIV PREVENTION										
Wight, Plummer, Ross. 2012.	Tanzania	**MEMA kwa Vijana**	Young females and males (15-30 years) who had attended intervention or comparison schools between 1999 and 2002.	Grades 10-12	Teacher-led, peer-assisted in-school education, youth-friendly health services, community activities, and youth condom promotion and distribution	8-9 years	CRT	This piece attempts to explain intervention outcomes by reviewing the process evaluation findings, particularly in terms of contextual factors	The contextual barriers involved four interrelated socio-structural factors: culture (i.e. shared practices and systems of belief), economic circumstances, social status, and gender. At an individual level they appeared to operate through the constructs of the theories underlying MEMA kwa Vijana - Social Cognitive Theory and the Theory of Reasoned Action - but the intervention was unable to substantially modify these individual-level constructs, apart from knowledge.	Wight D, Plummer M, Ross D. The need to promote behaviour change at the cultural level: one factor explaining the limited impact of the MEMA kwa Vijana adolescent sexual health intervention in rural Tanzania. A process evaluation. BMC Public Health. 2012 Sep 14;12:788. doi: 10.1186/1471-2458-12-788.
Doyle et al. 2011.	Tanzania	**MEMA kwa Vijana**	In 2007, a cross-sectional survey was conducted in the 20 trial communities among 13,814 young females and males (15-30 years) who had attended intervention or comparison schools between 1999 and 2002.	Grades 10-12	Teacher-led, peer-assisted in-school education, youth-friendly health services, community activities, and youth condom promotion and distribution	8-9 years	CRT	Assess differential impact of intervention according to gender, age, marital status, number of years of exposure and time since last exposure to the intervention	No strong effect-modifiers emerged. Impact on pregnancy knowledge and reported attitudes to sex increased with years of exposure to high-quality intervention.	Doyle AM, Weiss HA, Maganja K, Kapiga S, McCormack S, Watson-Jones D, Changalucha J, Hayes RJ, Ross DA. The long-term impact of the MEMA kwa Vijana adolescent sexual and reproductive health intervention: effect of dose and time since intervention exposure. PLoS One. 2011;6(9):e24866. doi: 10.1371/journal.pone.0024866. Epub 2011 Sep 13.
Doyle et al. 2010.	Tanzania	**MEMA kwa Vijana**	Cross-sectional survey (June 2007 through July 2008) of 13,814 young people aged 15-30 years who had attended trial schools during the first phase of the MEMA kwa Vijana intervention trial (1999-2002).	Grades 10-12	Teacher-led, peer-assisted in-school education, youth-friendly health services, community activities, and youth condom promotion and distribution	8-9 years	CRT	HIV; HSV-2; HIV/AIDS knowledge, attitudes and behaviors	No significant reduction in risk of HIV (males adjusted prevalence ratio [aPR] 0.91, 95%CI 0.50-1.65; females aPR 1.07, 95%CI 0.68-1.67) or HSV-2 (males aPR 0.94, 95%CI 0.77-1.15; females aPR 0.96, 95%CI 0.87-1.06). Reduction in proportion of males reporting more than four sexual partners in their lifetime (aPR 0.87, 95%CI 0.78-0.97) and an increase in reported condom use at last sex with a non-regular partner among females (aPR 1.34, 95%CI 1.07-1.69). Clear and consistent beneficial impact on knowledge, but no significant impact on reported attitudes to sexual risk, reported pregnancies, or other reported sexual behaviors.	Doyle AM, Ross DA, Maganja K, Baisley K, Masesa C, Andreasen A, Plummer ML, Obasi AI, Weiss HA, Kapiga S, Watson-Jones D, Changalucha J, Hayes RJ; MEMA kwa Vijana Trial Study Group. Long-term biological and behavioural impact of an adolescent sexual health intervention in Tanzania: follow-up survey of the community-based MEMA kwa Vijana Trial. PLoS Med. 2010 Jun 8;7(6):e1000287. doi: 10.1371/journal.pmed.1000287
Larke et al. 2010.	Tanzania	**MEMA kwa Vijana**	Approximately 14,000 young people aged 15-30 years who had attended trial schools during the first phase of the MEMA kwa Vijana intervention trial (1999-2002).	Grades 10-12	Twenty communities, including 39 health facilities, were randomly allocated to the intervention or comparison arm. Health workers from the intervention arm were trained in the provision of youth-friendly health services, as part of a package of interventions.	2-3 years	CRT	Attendance at health facilities	Attendance by young males was greater in intervention communities at endline after adjustment for baseline differences (p = .005), and this difference increased over time (p-trend = .022). The mean difference in attendance was however relatively modest, at 1.1 per month after adjustment for baseline (95% CI: .5, 1.7). There was weaker evidence of an intervention effect on attendance by young women (p = .087). Few condoms were distributed, although a greater number were distributed in intervention facilities (p = .008). Generally, intervention health workers tended to be less judgmental and provided more comprehensive information.	Larke N, Cleophas-Mazige B, Plummer ML, Obasi AI, Rwakatare M, Todd J, Changalucha J, Weiss HA, Hayes RJ, Ross DA. Impact of the MEMA kwa Vijana adolescent sexual and reproductive health interventions on use of health services by young people in rural Mwanza, Tanzania: results of a cluster randomized trial. Journal of Adolescent Health. Volume 47, Issue 5 , Pages 512-522, November 2010.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
Ross et al. 2007.	Tanzania	**MEMA kwa Vijana**	9645 adolescents recruited in late 1998 before entering years 5, 6 or 7 of primary school.	Years 5-7 of primary school	Teacher-led, peer-assisted in-school education, youth-friendly health services, community activities, and youth condom promotion and distribution	3 years	CRT	HIV incidence, herpes simplex virus 2 (HSV-2) and other sexual health outcomes	Significant impact on knowledge and reported attitudes, reported sexually transmitted infection symptoms, and several behavioural outcomes. Only five HIV seroconversions occurred in boys, whereas in girls the adjusted rate ratio (intervention versus comparison) was 0.75 [95% confidence interval (CI) 0.34, 1.66]. Overall HSV2 prevalences at follow-up were 11.9% in male and 21.1% in female participants, with adjusted prevalence ratios of 0.92 (CI 0.69, 1.22) and 1.05 (CI 0.83, 1.32), respectively. There was no consistent beneficial or adverse impact on other biological outcomes. The beneficial impact on knowledge and reported attitudes was confirmed by results of a school examination in a separate group of students in mid-2002.	Ross DA, Changalucha J, Obasi AI, Todd J, Plummer ML, Cleophas-Mazige B, et al. Biological and behavioural impact of an adolescent sexual health intervention in Tanzania: a community-randomized trial. AIDS (Lond, Engl) 2007; 21: 1943–1955.
Baird, Garfein et al. 2012.	Malawi	**Zomba**	3,796 never-married females aged 13–22 years from 176 rural and urban enumeration areas within 16Km radius of Zomba City.	13-22 years	Random assignment by enumeration area (1:1) to receive cash payments (intervention group) or nothing (control group). Intervention enumeration areas were further randomly assigned to conditional (school attendance required to receive payment) and unconditional (no requirements to receive payment) groups. Participants in both intervention groups were randomly assigned by a lottery to receive monthly payments ranging from US$1 to $5, while their parents were independently randomly assigned to receive $4–10.	2 years	CRT	HIV; HSV-2.	For the 1289 persons enrolled in school at baseline with complete interview and biomarker data, weighted HIV prevalence at 18 month follow-up was 1.2% in the combined intervention group versus 3·0% in the control group (adjusted odds ratio [OR] 0·36, 95% CI 0·14–0·91); weighted HSV-2 prevalence was 0.7% versus 3.0% (adjusted OR 0·24, 0·09–0·65). In the intervention group, no difference between conditional versus unconditional intervention groups for weighted HIV prevalence or weighted HSV-2 prevalence. For individuals who had already dropped out of school at baseline, no significant diff erence between intervention and control groups for weighted HIV prevalence or weighted HSV-2 prevalence.	Baird SJ, Garfein RS, McIntosh CT, Ozler B. Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial. Lancet. 2012 Apr 7;379(9823):1320-9. doi: 10.1016/S0140-6736(11)61709-1. Epub 2012 Feb 15.
Hallfors et al. 2011.	Zimbabwe	**none**	All orphan girls in grade 6 in 25 primary schools in rural eastern Zimbabwe, were invited to participate in the study in fall 2007 (n=329). Primary schools were randomized to condition.	Grade 6	All primary schools received daily feeding program. Intervention students received school support including fees, exercise books, uniforms, and other school supplies (e.g., pens, soap, underpants, and sanitary napkins). Female teachers at intervention primary schools selected and trained by research personnel as helpers (approximately 1 helper to 10 participants) to monitor participants' school attendance and assist with absenteeism problems, but were not to provide special HIV information or life skills training. A small fund was available to helpers for addressing attendance problems. After grade 7, girls matriculated to high school and new helpers were selected and trained in new schools.	Two follow-ups; 12 months between each survey	CRT	School attendance and retention, marriage status, attitudes about school; sexual and gender attitudes and self-reported behaviors.	The intervention reduced school dropout by 82% and marriage by 63% after 2 years. Compared with control participants, the intervention group reported greater school bonding, perceive that the teachers cared for them, better future expectations (better chances of completing school and mkaing money by age 30), more equitable gender attitudes, and more concerns about the consequences of sex.	Hallfors, D., H. Cho, et al. (2011). "Supporting adolescent orphan girls to stay in school as HIV risk prevention: evidence from a randomized controlled trial in Zimbabwe." Am J Public Health 101(6): 1082-1088.
Dunbar et al. 2010.	Zimbabwe	**SHAZ!**	out of school, orphan females aged 16 to 19 in per-urban or urban communities. 50 adolescent female orphans in pilot, 315 orphans average age 18 in phase II study	16-19 years	Life-skills–based HIV education, business training and mentorship, and access to microcredit loans for business development.	Pre and post 6 months apart. In phase 2, pre and post 24 months apart.	CRT	Intervention delivery process, HIV knowledge and behavior, economic indicators. Tested for HIV, HSV-2, and pregnancy.	At six months there were improvements in knowledge and relationship power dynamics. Loan repayment and buseiness success were poor. A small percentage of participants were able to pay back the loan. The microcredit component may not be feasbile in this setting/ needs to be adjusted	Dunbar, M. S., M. C. Maternowska, et al. (2010). "Findings from SHAZ!: A Feasibility Study of a Microcredit and Life-Skills HIV Prevention Intervention to Reduce Risk Among Adolescent Female Orphans in Zimbabwe." J Prev Interv Community 38(2): 147-161.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
Cowan et al. 2010.	Zimbabwe	**Regai Dzive Shiri Project (RDS)**	Impact was assessed in a representative community survey of 4,684 18-22-year-olds after 4 years. Thirty communities were selected and randomised in 2003 to early or deferred intervention implementation.	14-18 years	Theoretically based in social learning theory and stages of change model; aimed to achieve change in societal norms within communities using three components: (1) The youth programme for in- and out-of-school youth. Trained young adults live and work in rural communities for 8–10 months. Act as role models for young people and as a bridge between adults and youth within communities. Used structured, theoretically-based materials, delivered in a participatory manner. (2) Programme for parents and community stakeholders was a 22-session community-based program, aimed at improving knowledge of reproductive health, communication between parents and their children and community support for adolescent reproductive health. (3) The programme for nurses and other staff working in rural health clinics aims to improve accessibility of clinics for out-of-school youth.	4 years	CRT	HIV and herpes simplex virus type 2 (HSV-2) incidence; rates of unintended pregnancy; self-reported sexual behaviour, knowledge and attitudes. At endline participants self-completed a questionnaire and gave a dried blood spot sample for HIV and herpes simplex virus-2 (HSV-2) antibody testing. Young women had a urinary pregnancy test. Analyses were by intention-to-treat and were adjusted for clustering.	Four thousand six hundred and eighty-four, 18-22-year-olds participated in the survey (97.1% of eligible candidates, 55.5% women). Just over 40% had been exposed to at least 10 intervention sessions. There were modest improvements in knowledge and attitudes among young men and women in intervention communities, but no impact on self-reported sexual behavior. There was no impact of the intervention on prevalence of HIV or HSV-2 or current pregnancy. Women in intervention communities were less likely to report ever having been pregnant.	Frances M Cowan, Sophie JS Pascoe, Lisa F Langhaug, Webster Mavhu, Samson Chidiya, Shabbar Jaffar, Michael Mbizvo, Judith M Stephenson, Anne M Johnson, Robert M Power, Godfrey Woelk, and Richard J Hayes, on behalf of the Regai Dzive Shiri Trial team. The Regai Dzive Shiri Project: results of a randomised trial of an HIV prevention intervention for Zimbabwean youth. AIDS. 2010 October 23; 24(16): 2541–2552. doi: 10.1097/QAD.0b013e32833e77c9
Pronyk et al. 2008.	South Africa	**Intervention with Microfinance for AIDS and Gender Equity (IMAGE)**	Subgroup of 262 14-35 year-old participants. Eight villages were pair-matched and randomly allocated to receive the intervention. This paper covers subgroup at baseline and after 2 years, HIV risk behavior was assessed among female participants aged 14-35 years. Wider range age of women were served.	14-35 years	The IMAGE study had two components: (1) Group based microfinance, in which groups of five women received loans to establish small businesses. Further credit was offered when all women in these 'solidarity groups' repaid their loans. (2) Gender and HIV training curriculum, which was integrated into established meetings of 40 women that took place every 2 weeks for approximately 1 year.	24 months	CRT	HIV comminication w sexual parters; HIV counseling and testing; self-reported sexual behavior (multiple partners, condom use)	After 2 years of follow-up, when compared with controls, young participants had higher levels of HIV-related communication (adjusted risk ratio 1.46, 95% confidence interval 1.01-2.12), were more likely to have accessed voluntary counseling and testing (adjusted risk ratio 1.64, 95% confidence interval 1.06-2.56), and less likely to have had unprotected sex at last intercourse with a nonspousal partner (adjusted risk ratio 0.76, 95% confidence interval 0.60-0.96). Qualitative data suggest a greater acceptance of intrahousehold communication about HIV and sexuality. Although women noted challenges associated with acceptance of condoms by men, increased confidence and skills associated with participation in the intervention supported their introduction in sexual relationships.	Pronyk, P. M., J. C. Kim, et al. (2008). "A combined microfinance and training intervention can reduce HIV risk behaviour in young female participants." AIDS 22(13): 1659-1665.
Jewkes et al. 2008.	South Africa	**Stepping Stones**	70 villages (clusters) in Eastern Cape; 1360 men and 1416 women aged 15-26 years	15-26 years	Improve sexual health through participatory learning approaches to build knowledge, risk awareness, and communication skills and stimulate critical reflection. Villages were randomised to receive either this or a three hour intervention on HIV and safer sex. 50 hour program spanning 6–8 weeks. Consisted of 13 three-hour long sessions complemented by three meetings of male and female peer groups and a final community meeting.	12 months and 24 months	CRT	incidence of HIV/HSV-2, unwanted pregnancy, reported sexual practices, depression, and substance misuse	No effect on HIV incidence (adjusted incidence rate ratio 0.95, 95% confidence interval 0.67 to 1.35). 33% reduction in incidence of HSV-2 (0.67, 0.46 to 0.97; P=0.036)—(i.e., reduced thenumber of new HSV-2 infections over a two year period by 34.9 (1.6 to 68.2) per 1000 people exposed). Significantly lower proportion of men reporting perpetration of intimate partner violence across two years of follow-up and less transactional sex and problem drinking at 12 months. In women desired behaviour changes were not reported and those in the Stepping Stones programme reported more transactional sex at 12 months.	Jewkes, R., M. Nduna, et al. (2008). "Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial." BMJ 337: a506.

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Poverty Action Lab. 2007.	Bangladesh	**Kishoree Kontha (KK) project**	307 villages randomly selected to receive one of four intervention packages. All girls between 15 to 17 in these villages are eligible	15-17 years	1) Basic Package: Literacy and numeracy training, study support and educational mentoring for school-going girls. Social competency training, including information on health, rights, and general negotiation and social skills. 2) Livelihoods Package: Basic package plus additional sessions on financial education and livelihood readiness. 3) Full Package: Livelihood package, plus a direct conditional incentive to delay marriage until the legal age of 18 years old (16 liters of cooking oil per year). 4) Delayed Marriage Package: This package provides only the cooking oil incentive to delay marriage, as described above, without any peer-led sessions in the communities.	3 years	CRT	School attendance and advancement, marriage status, financial literacy, health and rights knowledge, negotiation and social skills	Not yet available	Poverty Action Lab. "Empowering Girls in Rural Bangladesh." from http://www.povertyactionlab.org/evaluation/empowering-girls-rural-bangladesh.
Duflo et al. 2006.	Kenya	**Randomized evaluation in western Kenya**	70,000 primary school female and male students from 328 schools in two rural districts of western Kenya	Primary school students	328 schools, with random assignment of various combinations of (1) teacher training reinforcement, (2) condom debate and essay work, and/or (3) school uniform subsidy ($6 US). Intervention combinations resulted in 6 distinct groups. All learners received the default national lifeskills program.		CRT	Childbearing; HIV/AIDS knowledge, attitudes, and behaviors	After two years, girls in schools with extra teacher training more likely to be married in the event of pregnancy. Little impact on knowledge, attitudes, and behavior, or on incidence of teen childbearing. Condom debates and essays increased practical knowledge and self-reported use of condoms without increasing self-reported sexual activity. Paying for school uniforms reduced dropout rates, teen marriage, and childbearing.	Duflo et al. 2006. World Bank Policy Research Working Paper. 4024; Background paper, 2007 World Development Report.
Harvey et al. 2000.	South Africa	**DramAide**	Seven pairs of secondary schools were randomized to receive either written information about HIV/AIDS or the drama programme. One thousand and eighty students participated in the first survey and 699 in the second.	Secondary school students	High school drama-in-education program	6 months	CRT	Questionnaire surveys of knowledge, attitude and behaviour were compared before and 6 months after the interventions.	Improvements in knowledge (P=0.0002) and attitudes ($P < 0.00001$) about HIV/AIDS were demonstrated in pupils at schools receiving the drama programme when compared to pupils receiving written information alone. These changes were independent of age, gender, school or previous sexual experience. In schools receiving the drama programme, sexually active pupils reported an increase in condom use ($P < 0.01$).	Harvey B, Stuart J, Swan T: Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: a randomized community intervention trial. International Journal of STD and AIDS 2000, 11:105-111.
Erulkar et al. 2012.	Ethiopia	**Biruh Tesfah**	3700 out-of-school girls aged 10-19 years. Participants drawn from house-to-house surveys in poor urban areas.	10-19 years	Formation of girls' groups by female mentors, and education on HIV/AIDS, life skills, and basic literacy. Mentorship also provides girls with social support to deal with situations where violence or coercion might take place. Also covers nonformal education, communication skills, self-esteem, GBV and rape, family planning methods, financial literacy and savings, entrepreneurship.	2 years	Quasi-experimental	Vulnerability, coerced and/or transactional sex, exploitative labor, social isolation, knowledge of sexual and reproductive health, financial literacy.	At endline, girls in the intervention sites were more than twice as likely to report social support (odds ratio (OR) = 2.0) compared to girls in the control site. They were also twice as likely (OR = 1.9) to score highly on HIV knowledge questions, to know where to obtain voluntary counseling and testing (OR = 2.0) and to want to be tested (OR = 1.9).	Erulkar, Annabel S., Ferede, Abebaw; Girma, Woldemariam; Ambelu, Worku. Evaluation of 'Biruh Tesfa' (Bright Future) program for vulnerable girls in Ethiopia. Vulnerable Children and Youth Studies (forthcoming).
Underwood and Schwandt, 2011.	Botwana, Malawi, Mozambique	**Go Girls! Initiative (Gender Initiative on Girls' Vulnerability to HIV)**	All 10 to 17 year old girls and their guardians in study communities	10-17 years	Community mobilization, Adult-child communication, Entertainment-education through radio and community drama, Life skills curricula in and out of school, Training for teachers and school administrators, Legal literacy training for girls and guardians	1 year	Quasi-experimental	Program participation, HIV knowledge among adults, adult-child communitcation, school environment, legal literacy among adolescents, legal literacy among adults	High participation rate among girls and parents. Girls reported feeling safer at school and a decrease in teachers asking for sex in exchange for favors. Parent participation increased parent-child discussion of HIV and improved parent-child relationships. Adult knowledge of HIV increased. Significant increases adolescent and adult legal literacy.	Underwood, C.& Schwandt, H. 2011. Go Girls! Initiative Research Findings Report. Johns Hopkins Bloomberg School of PublicHealth/Center for Communication Programs. Baltimore, Maryland. Developed under the terms of USAID Contract No. GHH-1-00-07-00032-00, Project SEARCH, Task Order 01.

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Coffman et al. 2011.	South Africa	**HealthWise**	n=2383 Adolescent 8 and 9th graders (50% girls) in Western Cape. Four control and 5 intervention schools.	Grade 8 and 9	The program consists of 12 lessons in grade 8, followed by 6 booster lessons in grade 9. Each lesson requires two to three class periods to deliver (see Caldwell et al. 2004 for a further description). Lessons cover topics typical to most social-emotional skills programs (e.g., anxiety and anger management, decision making, self-awareness) but also target the positive use of free time (e.g., beating boredom, overcoming leisure constraints, leisure motivation). These lessons are complemented by specific lessons on attitudes, knowledge, and skills surrounding substance use and sexual risk (e.g., relationships and sexual behavior, condom use, realities and myths of drug use). The curriculum is provided in either English or Afrikaans.	1, 2 and 3 years	Quasi-experimental	Onset of sexual activity; sex in prior month; condom use; initiation of alcohol use; alcohol use in past month; smoking initiation; smoking use in past month; marijuana use in past month	Students were assessed at beginning and end of each school year, beginning in grade 8 and ending in grade 11. Intervention was delivered in 12 lessons during the 8th grade and 6 lessons during the 9th grade. Using three-level multiphase mixed-effects models, HealthWise had a statistically significant positive effect on condom use self-efficacy, although effects differed for boys and girls. HealthWise had an effect during the first phase of the intervention (8th grade) for girls and during the second phase (9th grade) for boys. Authors speculate gender differences occur because the 8th grade lessons taught skills such as discussion, decision making, and negotiation, which may be more salient to girls, and a 9th grade lessons explicitly focused on condom use within the context of sexual relationships, which may have been more salient to boys.	Coffman DL, Edward A. Smith, Alan J. Flisher, Linda L. Caldwell. Effects of HealthWise South Africa on Condom Use Self-efficacy. Prev Sci. Prev Sci. 2011 June; 12(2): 162–172. doi: 10.1007/s11121-010-0196-z PMCID: PMC3102775.
Maticka-Tyndale et al. 2007	Kenya	**National primary school HIV intervention in Kenya.**	Standard 6 and 7 (upper primary) students in 40 intervention and 40 matched control primary schools	Standard 6 and 7 (11-16 years)	School based lifeskills designed to (1) increase HIV-related knowledge; (2) increase communication with parents and teachers about HIV and sexuality; (3) increased assistance to fellow pupils to avoid sexual activity; (4) increase self-efficacy related to abstinence and condom use; (5) decrease exposure to HIV through delayed first intercourse, decreased sexual activity and increased condom	18 months	Quasi-experimental	Adequacy of program delivery to standard 6 and 7 pupils; HIV-related knowledge; communication with parents and teachers about HIV and sexuality; assistance to fellow pupils to avoid sexual activity; self-efficacy related to abstinence and condom use; age at first intercourse, sexual activity and condom use	Existing infrastructure was deemed adequate for national roll-out of the program; program had its most beneficial effect on sexually inexperienced youth and should therefore be implemented with the youngest age groups possible; gains are gender specific, with boys reporting increased condom use while girls are more likely to decrease or delay sexual activity.	Maticka-Tyndale E, Wildish J, Gichuru M. Quasi-experimental evaluation of a national primary school HIV intervention in Kenya. Eval Program Plann. 2007 May;30(2):172-86. Epub 2007 Jan 26.

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SEXUAL AND REPRODUCTIVE HEALTH										
Population Council. 2012.	Bangladesh	**SAFE**	8,336 slum dwelling adolescent girls and women; and 2,634 young men in communities surrounding three Marie Stopes clinics in Dhaka located in Mohammadpur, Mohakhali, and Bashabo	unclear	1. Rights awareness among girls and women. 2. Community mobilization to change gender norms to promote gender equity and create an enabling environment for adolescent girls' and women's sexual reproductive health and rights and freedom from violence 3. Making health services adolescent girl and women friendly; related referrals; availability of information, advice and assistance. 4. Action research to inform intervention design, document intervention process, evaluate outcome and create policy and advocacy content	18 months	CRT	Awareness regarding rights of choice and consent; reduction in experience of violence; service use among victims of violence; male attitudes towards violence against women	Not yet available	Population Council. 2012 Growing up Safe and Healthy (SAFE): Addressing Sexual and Reproductive Rights and Violence against Adolescent Girls and Women in Urban Bangladesh. http://www.popcouncil.org/projects/326_SAFE.asp#/jQueryUITabs1-1
Ashraf, McGinn, Low. 2012.	Zambia	**Negotiating a Better Future**	2,400 grade eight girls from 20 schools in Lusaka	Grade 8	Via public lottery, randomly assign girls to Social Capital, Info Only, or Info+ Negotiation group. Two-week intervention. period.	not clear	CRT	Survey: Self-perception, locus of control, intra-household allocation, sexual risk exposure. School-reported: Pregnancy, school attendance and advancement.	Not yet available	https://www.poverty-action.org/sites/default/files/499_561_gn_summary.pdf
Austrian et al. 2012.	Zambia	**Adolescent Girls Empowerment Programme**	10,000 poor and vulnerable adolescent girls in Zambia	10-19 years	Health and financial education and life skills during weekly girls group meetings led by young women from the community; Girl-friendly individual savings accounts that will be developed in partnership with a Zambian financial institution; and Health vouchers entitling girls to health services provided by facilities in the community.	unclear	CRT	social, health, and economic resources; school attendance; marriage status; self-reported sexual activity and pregnancy; biomarkers for HIV & HSV-2.	Not yet available	http://www.makingcents.com/pdfs/ourWork/Making%20Cents.Zambia%20AGEP.pdf
Baird, Chirwa, et al. 2009.	Malawi	**Zomba**	1,225 never-married 13-22 year-old females in 88 randomly selected	13-22 years	Education conditional cash transfer program. $10/mo for 10 months to the household: 30% to the girl, 70% to guardian. Plus school fees paid directly to the school. Treatment status was assigned at the EA level.	2 years	CRT	Self-reported marriage, pregnancy and sexual activity	The probability of getting married and becoming pregnant declined 40 percent and 30 percent, respectively. Incidence of the onset of sexual activity was 38 percent lower among all program beneficiaries than the control group.	Baird, Chirwa, et al. 2009. World Bank Policy Research Working Paper 5089. October 2009
Erulkar et al. 2009.	Ethiopia	**Berhane Hewan**	All girls aged 10–19 (married or unmarried) residing in urban study communities were eligible to participate	10-19 years	Elements: 1) group formation by adult female mentors; 2) support for girls to remain in school (including an economic incentive), and participation in nonformal education (e.g., basic literacy and numeracy) and livelihood training for out-of-school girls; and 3) "community conversations," to engagethe community in discussion of key issues	2 years	Quasi-experimental	Marriage status; school attendance; gender norms, and sexual/RH behaviors; experience of violence.	Pilot: Intervention was associated with considerable improvements in girls' school enrollment, age at marriage, reproductive health knowledge, contraceptive use, equitable gender attitudes; decrease in food insecurity, reduction in reported physical and sexual violence. Among girls aged 10–14, those exposed to program more likely to be in school at the endline survey (OR 3.0) and were less likely to have ever been married (OR 0.1). However, among girls aged 15–19, those in intervention area had an elevated likelihood of having gotten married by endline (OR 2.4). Sexually experienced girls exposed to intervention had elevated odds at endline of having ever used contraceptives (2.9).	Erulkar, A. S. and E. Muthengi (2009). "Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia." International Perspectives on Sexual and Reproductive Health 35(1): 6-14.
Ssewamala et al. 2009.	Uganda	**SUUBI**	AIDS-orphaned adolescents in grades 7 and 8 from 15 comparable primary schools. N=277. Randomization at school-level.	7th and 8th grade	Treatment participants received child savings accounts, workshops, and mentorship. This economic intervention was in addition to the traditional care and support services for school-going orphaned adolescents (counseling and school supplies) provided to both treatment and control groups.	10 months	CRT	5-item sexual risk taking attitudes and intentions scale.	Boys in the experimental group reported a significant decrease in the approval of risky sexual behaviors. Experimental girls did not report changes, compared to an increase in acceptance of risky behaviors among control girls.	Fred M. Ssewamala, Leyla Ismayilova, Mary McKay, Elizabeth Sperber, William Bannon, Jr, and Stacey Alicea. Gender and the Effects of an Economic Empowerment Program on Attitudes Toward Sexual Risk-Taking Among AIDS-Orphaned Adolescent Youth in Uganda. J of Adol Hlth. 46 (2010) 372–378.

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ICRW. 2008	India	**Development Initiative Supporting Healthy Adolescents (DISHA)**	Married and unmarried, male and female youth, ages 14-24 years (n=4,645), and among adults aged 30 years and older (n=1,601) living in six NGO catchment areas. The program was implemented in poor, urban districts.	14-24 years	1) Improve youth skills and capacity through peer education, youth groups and livelihoods training; 2) Create an enabling environment by building community support; 3) Ensure youth-friendly health service delivery and access; and 4) Build the technical and implementation capacity of the partner NGOs.	2-3 years	Quasi-experimental	Age at marriage, contraceptive use, knowledge and attitudes on early marriage and reproductive health	Increases in age at marriage and contraceptive use, more likley to know legal age at marriage, where to access contraceptives or health services, more likely to think girls should wait to be married	ICRW (2008). Catalyzing Change Improving Youth Sexual and Reproductive Health through DISHA, an Integrated Program in India.
Peña et al. 2008.	Nicaragua	**Entre Amigas (Between Friends)**	559 10-14 year-old girls in Ciudad Sandino, Managua, Nicaragua	10-14 years	Promotion of sexual health-related knowledge and skills through girl support groups. (1) Group meetings in which girls talked and worked with other girls, (2) mothers taking an active role in the peer groups, and/or (3) girls watching the soap opera "Sexto Sentido."	not clear	Prepost non-equivalent control group design	Sexual and reproductive health knowledge and gender empowerment "vision"	Girls participating in the peer groups were twice as likely to have satisfactory sexual health-related self-esteem as those who did not participate. Eleven percent of the girls achieved satisfactory self-esteem as a result of the (peer groups × mothers) interaction and 15% due to the (peer groups × mothers × "Sexto Sentido") interaction. Girls participating in the peer groups were three times as likely to have satisfactory gender visions; if exposed to all three components, they were almost four times as likely to develop satisfactory gender visions	R. Peña, M. Quintanilla, K. Navarro, J. Martínez, V. Castillo, W. Pérez, and C. Källestål (2008) Evaluating a Peer Intervention Strategy for the Promotion of Sexual Health-Related Knowledge and Skills in 10- to 14-year-old Girls. Findings from the "Entre Amigas" Project in Nicaragua. American Journal of Health Promotion: March/April 2008, Vol. 22, No. 4, pp. 275-281.
Santhya et al. 2008.	West Bengal and Gugarat, India	**First Time Parents Project**	Young women married during the two years preceding the survey, young women pregnant for the first time at the time of the survey and young women who had delivered their first child during the 18 months preceding the survey.	late teens-early 20s	The First time Parents project focuses on newly married, pregnant, or postpartum for the first time. Husbands of young women, senior family members,and health care providers were also included. The project consisted of three mutually reinforcing components: • Providing health education and information; • Modifying existing pregnancy, childbirth, and postpartum services; and • Establishing groups of married girls to reduce their social isolation and increase their agency. Intervention activities were tailored to reflect the unique characteristics of each population and the comparative strengths of the NGO partners at each site.	2 years	Quasi-experimental	Knowledge of sexual and reproductive health; autonomy; social support and networks; partner relations; attitudes toward gender relations	In both study sites the intervention had a significant, positive net effect on most indicators reflecting married young women's autonomy, social support networks, partner communication and knowledge of sexual and reproductive health. However, the net effect of exposure was mixed with regard to indicators related to reproductive health practices, gender role attitudes, and attitudes towards domestic violence. While exposure to the intervention had a significant, positive net effect on such indicators as use of contraceptives to delay the first birth, comprehensive antenatal care, delivery preparations, routine postpartum check-ups and breastfeeding practices in one or both sites, it did not appear to positively influence institutional delivery at first birth in either site.	Santhya, K. G., N. Haberland, et al. (2008). Empowering married young women and improving their sexual and reproductive health: Effects of the First-time Parents Project. New Dehli, Population Council.
UNICEF et al. 2008.	Senegal	**Tostan**	Women 15-49 from 53 rural villages in regions where circumcisions have been common practice. Villages split into 3 categories: 1) villages that benefited from a Tostan program before 2000 and publicly declared that they would abandon the practice of circumcision; 2) villages that were associated with a public declaration before 2000 but did not benefit from Tostan program; 3) control villages-villages which perform circumcision but have not been directly or indirectly exposed to Tostan program.	Girls at risk of FGM; intervention targets adult women	FGM education program geared at a group of people in a village, as well as community mobilization. Human rights and responsibilities; the resolution process; basic hygiene; personal health. Culmination of awareness-building state is community mobilization during a public declaration where villagers collectively agree to give up harmful practices. Before, during and after training beneficiaries implement activities they perform on their own or with Tostan's support.	7 years	Quasi-experimental	Knowledge, practices relating to reproductive health and hygiene; participation in a public declaration; early marriage (level and trends); practice of FGM (level and trends); evalution of the continuation of circumcision at the village level after the public declaration.	Possible influence on prevalance of child marriage but only for those before age 15 (no significant testing); no influence on circumcision rates (DHS). Appears to have had an influence on attitudes towards circumcision, with more women wanting to see it discontinued. Probable impact on prevalence of circumcision among daughters of women surveyed (no significance testing). Qualitative results suggest impact on individuals based on comments recorded.	UNICEF, Long term evaluation if the Tostan program in Senegal: Solda, Thies and Fatick regions. Statistics and Monitoring Section, Child Protection Section Working Paper. September 2008.

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Brady et al. 2007.	Egypt	**Ishraq**	13–15-year-old **out of-school** girls in rural upper Egypt. N=277	13-15 years	Community safe spaces for girls. Literacy classes, life skills, sports and social support.	30 months	Quasi-experimental	Literacy, re-entry into school, health knowledge and attitudes, social networks, self-perception, community and gatekeeper perceptions of girls	Higher levels of literacy,and self confidence. Desire to marry later, less likely to think FGC is necessary, involvement in an outside club or association. Parents and male beers also partcipated in community discussions and had more progressive views about women	Brady, M., A. Salem, and N. Zibani (2007) 'Bringing new opportunities to adolescent girls in socially conservative settings: The Ishraq program in rural Upper Egypt', Promoting Healthy, Safe, and
Erulkar and Chong. 2005.	Tap and Reposition Youth (TRY)	**Kenya**	Out-of-school adolescent girls and young women aged 16 to 22 residing in low income and slum areas of Nairobi. N=?	16-22 years	social support, savings and credit opportunities, and mentoring (over the course of different experiments), with the aim of building up girls' health as well as economic resources. The overall aim of the project was to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes by improving their livelihoods options.	2 years	Quasi-experimental	Savings, assets, health knowledge, gender attitudes, condom use, resfusal of sex	By endline, experimental girls had doubled their savings, and the amount saved was significantly larger than the control group. Experimenta girls were nearly three times more likely to be able to insist on condom use, and 1.7 times more likely to refuse sex. The also expressed more liberal gender attitudes. There were no significant difference in health knowledge.	Erulkar, A. and E. Chong (2005) 'Evaluation of a Savings & Micro-credit Program for Vulnerable Young Women in Nairobi', Nairobi: Population Council
Grant, Mensch, Sebastian. 2005.	Allahabad, India	**none**	1017 adolescent girls ages 14-19 residing in urban slums	14-19 years	Literate 14–19-year-old girls who had their parents' permission were trained to be peer educators. These girls attended a six-day reproductive health training course and a two-day training course to improve their communication skills. Each peer educator was expected to visit every household in her locality and invite all eligible young women to participate in the project. When approximately 20 girls had been given permission to participate, a group was formed that met once a week at the home of a peer educator. Group sessions on reproductive health were held weekly in both experimental and control areas for 7–10 weeks. Participants in experimental areas also received vocational counseling, savings account information, and follow-up support from a peer educator. Over a 10-month period, 19 vocational courses were offered, including tailoring, pot decoration, mehndi (painting of hands or feet), candle making, creative painting, rug weaving, mending and embroidery, beekeeping, food preservation, and basic cooking.	10 months	Quasi-experimental (propensity score matching)	Social connections; social skills; self-esteem; knowledge of reproductive health; leisure activities; gender role attitudes; mobility; work expectations; time use; labor market work.	Girls in the experimental areas were significantly more likely than the matched control respondents to know about safe locations for unmarried women to congregate, be a member of a group, score higher on indexes measuring social skills and self-esteem, be informed about reproductive health, and spend time on leisure activities. On the other hand, the project did not have a demonstrable effect on gender role attitudes, mobility, work expectations, time use, or labor market work, likely because of the short duration of exposure, as well as the limited number of times that groups convened.	Grant, Monica J.; Mensch, Barbara S; Sebastian, Mary P. Introducing adolescent livelihoods training in the alums of Allahabad, India
van Rossem and Meekers. 2000.	Cameroon	**100% Jeune**	Youths aged 15-24 years in Cameroon	Aged 15-24 years	Condom social marketing campaign aimed to improve condom use through intensive youth-oriented mass media and interpersonal communications and widespread distribution of subsidized condoms.	13 months	Repeated cross-section	Awareness of sexual risks, knowledge of birth control methods, and discussion of sexuality and contraceptives, use of oral contraceptives, condom use	The intervention had a significant effect on several determinants of preventive behavior, including awareness of sexual risks, knowledge of birth control methods, and discussion of sexuality and contraceptives. The intervention increased the proportion of female youths who reported using oral contraceptives and condoms for birth control. However, condom use is not yet consistent. Although the proportion of young men who reported using condoms for birth control also increased, this change could not be attributed to the intervention. Although this short intervention successfully increased the reported use of various birth control methods, including condoms, there is no evidence that the intervention increased use of condoms for STD prevention of sexually transmitted diseases.	R. van Rossem and D. Meekers, "An evaluation of the effectiveness of targeted social marketing to promote adolescent and young adult reproductive health in Cameroon," AIDS Education and Prevention, vol. 12, no. 5, pp. 383–404, 2000.
Meekers et al. 2005.	Cameroon	**100% Jeune**	Representative reproductive health survey of youth aged 15-24 years in Cameroon in 2000 and 2002.	Aged 15-24 years	Condom social marketing campaign aimed to improve condom use through intensive youth-oriented mass media and interpersonal communications and widespread distribution of subsidized condoms.	2 years	Repeated cross-section	Perceived condom attributes and access, self-efficacy, and perceived social support, condom use at last sex with regular partner.	Significant changes in perceived condom attributes and access, self-efficacy, and perceived social support. Consistent with these changes, the percentage of youth who used a condom in last sex with their regular partner increased from 32% to 45% for females ($p < .05$) and from 44% to 61% for males ($p < .01$). Additional analyses suggest that exposure to the "100% Jeune" campaign has contributed to these trends.	Meekers D, Agha S, Klein M. The impact on condom use of the "100% Jeune" social marketing program in Cameroon. J Adolesc Health 2005;36:530.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
Erulkar et al. 2004.	Kenya	**Nyeri Youth Health Project**	Cross-sectional surveys in 1997 and 2001 in control and comparison communities. Unmarried young people aged 10-24 years.	10-24 years	Culturally consistent reproductive health program for young people in Kenya. Objectives: delay the onset of sexual activity among youth who were not yet sexually active; prevent sexually experienced youth from suffering negative consequences of sexual activity; create a reproductive health information and service environment that was responsive to the information and service needs of young people. The design drew heavily on the following six principles for youth programming: recognize the diversity of adolescents; begin with what young people want and what they are already doing to obtain sexual and reproductive health information and services; include skills building; engage adults to create a safe and supportive environment; use a variety of settings and providers; and make the most of existing infrastructure.	3 years	Quasi-experimental	Sexual initiation, "secondary abstinence" (prolonged abstinence after sexual debut), condom use, reduction in the number of sex partners, communication on sexual and reproductive health topics	The 36-month project was associated with considerable changes in young people's sexual and reproductive health-related behavior, but behavior change differed by gender. Females in the project site were significantly more likely than those in the control site to adopt secondary abstinence (odds ratio, 3.3) and less likely to have had three or more sex partners (0.1). Males in the project site were more likely to use condoms than those in the control site (3.7). Both males and females in the project site were more likely to discuss sexual and reproductive health issues with a nonparent adult than were young people in the control site (1.9 and 5.5, respectively).	Erulkar AS, Ettyang LIA, Onoka C, Nyagah FK, Muyonga A. Behavior change evaluation of a culturally consistent reproductive health program for young Kenyans. Int Fam Plann Perspect 2004; 30: 58-67.
Muyinda et al. 2003.	Uganda	**Senda**	113 (83 intervention, 30 control) 13-19 year old girls in 2 interventiona and 1 control village. (Boys also participated.)	13-19 years	Sengas (father's sisters) are traditional channels of communication for sexual and reproductive health needs for girls. The intervention modified the senga approach and trained women "sengas" to counsel adolescent girls on sexual reproductive health issues. Training was 7 days in duration. Used multiple methods (role playing, videos, lecture, workshops, discussions. Topics included HIV knowledge, condom use, talking ab sex, family planning, norms, counselling and communication skills. Trained sengas were then made available to members of villages over 12 month period. Sengas had monthly meetings and sex month workshops.	12 months	Quasi-experimental	HIV knowledge; sex communication skills; consistent condom use; family planning service use; symptomatic STDs	Knowledge of HIV, sexual communication skills, consistent condom use, and family planning services increased in the intervention group compared to control. Symptomatic STDs decreased in intervention group.	Muyinda, H., J. Nakuya, et al. (2003). "Harnessing the senga institution of adolescent sex education for the control of HIV and STDs in rural Uganda." AIDS Care 15(2): 159-167.
Shuey et al. 1999.	Uganda	**none**	Students in final year of primary school, Soroti district of Uganda	Final year primary, average age 14 years	School health education program designed to improve access to information, improve peer interaction and improve quality of performance of the existing school health education system.	2 years	Repeated cross-section	Sexual abstinence	The percentage of students who stated they had been sexually active fell from 42.9% (123 of 287) to 11.1% (31 of 280) in the intervention group, while no significant change was recorded in a control group. The changes remained significant when segregated by gender or rural and urban location. Students in the intervention group tended to speak to peers and teachers more often about sexual matters. Increases in reasons given by students for abstaining from sex over the study period occurred in those reasons associated with a rational decision-making model rather than a punishment model.	Shuey DA et al.: Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district, Uganda, Health Educ Res, 1999, 14: 411–419.
Mgalla et al. 1998.	Tanzania	**none**	1219 secondary schoolgirls aged 13-19 years in urban and rural schools.	13-19 years	Female teachers trained as girls guardians who can be consulted by schoolgirls in cases of sexual violence or sexual harrassment and for advice on sexual and reproductive health.	8 months	Post-test of schools with and without program	Sexual history and current sexual activity; experience of sexual violence and harrassment; types of problems reported to guardians; sexual abuse by male teacher; experience of transactional sex; sources of advice and support; guardians' and girls' assessment of program to-date	No marked differences in levels of sexual activity among girls following guardian program; 61% of girls had met with a guardian- sexual harrassment by boys was most common reason for meeting; girls said guardian acted as an advisor (68% said this) and protector (29%); girls in schools without guardian less likely to report consulting with female teacher on issues of sexual harrassment or for info on SRH	Mgalla Z, Schapink D, Boerma JT. Protecting school girls against sexual exploitation: a guardian programme in Mwanza, Tanzania. Reproductive Health Matters. 1998;6(12):19-29.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
MENTAL HEALTH										
Ssewamala et al. 2009.	Uganda	**SUUBI**	AIDS-orphaned adolescents from 15 comparable primary schools. N=267. Randomization at school-level.	7th and 8th grade	Experimental group offered the opportunity to open a savings account for secondary education or for microenterprise development, and twelve 1–2 hour training sessions on career planning, and financial planning.	10 months	RCT	20 items of the Tennessee Self-Concept Scale (TSCS: 2) a standardized measure for self-esteem and measured overall health using a self-rated health measure.	Multilevel regression analysis indicates that participants in the treatment condition reported higher self-esteem at the 10-month follow-up than the control group. With regard to gender, girls were likely to have higher self-esteem than boys. Homeownership was significantly associated with positive changes in children's self-esteem.	Ssewamala, F. M., C.-K. Han, et al. (2009). "Asset ownership and health and mental health functioning among AIDS-orphaned adolescents: Findings from a randomized clinical trial in rural Uganda." Social Science & Medicine 69(2): 191-198.
Baird, de Hoop, Ozler. 2011.	Malawi	**Zomba**	3,796 never-married 13-22 year-old females in 176 randomly selected rural and urban EAs within 16Km radius of Zomba City.	13-22 years	Treatment status at EA level. Sample of 176 EAs randomly divided into two equally sized groups: treatment and control. In 88 treatment EAs, all baseline dropouts were offered conditional cash transfers. The 88 treatment EAs were then randomly assigned to one of three groups to determine the treatment status of baseline schoolgirls: in 46 EAs a randomly determined share of baseline schoolgirls received transfers conditional on regular school attendance (CCT arm), while in 27 EAs a randomly determined share of baseline schoolgirls received unconditional transfers (UCT arm). In remaining 15 EAs baseline schoolgirls received no transfers.	2 years	CRT	Mental Health: General Health Questionnaire 12 (GHQ-12)	Among baseline schoolgirls offered unconditional cash transfers, the likelihood of suffering from psychological distress was 38 percent lower than the control group, and 17 percent lower if the cash transfer were conditional on regular school attendance. No impact on mental health of girls who had already dropped out of school at baseline. The beneficial effects of cash transfers were limited to the intervention period and dissipated quickly after the program ended.	Baird, de Hoop, Ozler. 2011. World Bank Policy Research Working Paper 5644. April 2011.
Bolton et al. 2007.	Uganda	**none**	Study participants were Acholi adolescents aged 14 to 17 years living in 2 camps for internally displaced persons near Gulu town in northern Uganda.	14 to 17 years	Random allocation to three groups: 105 to psychotherapy-based intervention [group interpersonal psychotherapy]; 105 to activity-based intervention [creative play]; 104 to wait-control group [individuals wait listed to receive treatment at study end]). Intervention groups met weekly for 16 weeks.	16 weeks	RCT	Depression symptom scale; anxiety, conduct problem symptoms, and function scales. Depression, anxiety, and conduct problems were assessed using the Acholi Psychosocial Assessment Instrument with a minimum score of 32 as the lower limit for clinically significant symptoms (maximum scale score, 105).	Difference in change in adjusted mean score for depression symptoms between group interpersonal psychotherapy and control groups was 9.79 points (95% confidence interval [CI], 1.66-17.93). Girls receiving group interpersonal psychotherapy showed significant improvement in depression symptoms compared with controls (12.61 points; 95% CI, 2.09-23.14). Improvement among boys not statistically significant (5.72 points; 95% CI, −1.86 to 13.30). Creative play showed no effect on depression severity (−2.51 points; 95% CI, −11.42 to 6.39). No statistically different improvements in anxiety in either intervention group. Neither intervention improved conduct problem or function scores.	Bolton P, Bass J, Betancourt T, Speelman L, Onyango G, Clougherty KF. et al. Interventions for depression symptoms among adolescent survivors of war and displacement in northern Uganda: a randomized controlled trial. JAMA. 2007;298(5):519–27. doi: 10.1001/jama.298.5.519.
Tol et al. 2012.	Sri Lanka	**none**	Of 1,370 children screened in randomly selected schools, schools were randomly assigned to an intervention (199 children) or waitlist control condition (n=200 children).	Grades 4-7 (9 to 12 years)	15 manualized sessions over 5 weeks of cognitive behavioral techniques and creative expressive elements, including group activities such as cooperative games, music, drawings and psychodrama that focus on stabilization and safety, individual coping strategies, traumatic exposure narratives, and future-oriented resources.	3 months	CRT	Post-traumatic stress disorder (PTSD), depressive, and anxiety symptoms.	No main effects on primary outcomes were identified. A main effect in favor of intervention for conduct problems was observed. This effect was stronger for younger children. Furthermore, we found intervention benefits for specific subgroups. Stronger effects were found for boys with regard to PTSD and anxiety symptoms, and for younger children on pro-social behavior. Moreover, we found stronger intervention effects on PTSD, anxiety, and function impairment for children experiencing lower levels of current war-related stressors. Girls in the intervention condition showed smaller reductions on PTSD symptoms than waitlisted girls.	WIETSE A. TOL, IVAN H. KOMPROE, MARK J.D. JORDANS, ANAVARATHAN VALLIPURAM, HEATHER SIPSMA, SAMBASIVAMOORTHY SIVAYOKAN, ROBERT D. MACY and JOOP T. DE JONG. Outcomes and moderators of a preventive school-based mental health intervention for children affected by war in Sri Lanka: a cluster randomized trial. World Psychiatry. 2012 June; 11(2): 114–122.
Jordans et al. 2010.	Nepal		Children (n = 325) (mean age = 12.7, SD = 1.04, range 11-14 years) with elevated psychosocial distress were allocated to a treatment or waitlist group.	11 to 14 years	15 manualized sessions over 5 weeks of cognitive behavioral techniques and creative expressive elements, including group activities such as cooperative games, music, drawings and psychodrama that focus on stabilization and safety, individual coping strategies, traumatic exposure narratives, and future-oriented resources.	3 months	CRT	Depression, anxiety, posttraumatic stress disorder), psychological difficulties, resilience indicators (hope, prosocial behavior) and function impairment	Moderate short-term beneficial effects for improving social-behavioral and resilience indicators: reduction in psychological difficulties and aggression among boys, increased prosocial behavior among girls, and increased hope for older children. The intervention did not result in reduction of psychiatric symptoms.	Jordans MJ, Komproe IH, Tol WA. Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial. J Child Psychol Psychiatry. 2010;51:818–826.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
Tol et al. 2010.	Indonesia	none	Children aged 8-13 in Central Sulawesi, Indonesia (treatment condition n = 182, waitlist control condition n = 221).	8 to 13 years	15 manualized sessions over 5 weeks of cognitive behavioral techniques and creative expressive elements, including group activities such as cooperative games, music, drawings and psychodrama that focus on stabilization and safety, individual coping strategies, traumatic exposure narratives, and future-oriented resources.	3 months	CRT	Posttraumatic stress symptoms and function impairment	Compared with the waitlist group, those receiving treatment showed maintained hope, increased positive coping, maintained peer social support, and increased play social support. Of these putative mediators, only play social support was found to mediate treatment effects, such that increases in play social support were associated with smaller reductions in posttraumatic stress disorder (PTSD) symptoms. Furthermore, the authors identified a number of moderators: Girls showed larger treatment benefits on PTSD symptoms; girls, children in smaller households, and children receiving social support from adults outside the household showed larger treatment benefits on function impairment.	Tol WA, Komproe IH, Jordans MJ. Mediators and moderators of a psychosocial intervention for children affected by political violence. J Consult Clin Psychol. 2010;78:818–828.

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
NON-COMMUNICABLE DISEASE										
Smith et al. 2008.	South Africa	**HealthWise**	n=2383 grade 8 and 9th students (50% girls) in Western Cape. Four intervention and 5 control schools.	Grade 8 and 9	The program consists of 12 lessons in grade 8, followed by 6 booster lessons in grade 9. Each lesson requires two to three class periods to deliver (see Caldwell et al. 2004 for a further description). Lessons cover topics typical to most social-emotional skills programs (e.g., anxiety and anger management, decision making, self-awareness) but also target the positive use of free time (e.g., beating boredom, overcoming leisure constraints, leisure motivation). These lessons are complemented by specific lessons on attitudes, knowledge, and skills surrounding substan+F67ce use and sexual risk (e.g., relationships and sexual behavior, condom use, realities and myths of drug use). The curriculum is provided in either English or Afrikaans.	1 year	Quasi-experimental	Onset of sexual activity; sex in prior month; condom use; initiation of alcohol use; alcohol use in past month; smoking initiation; smoking use in past month; marijuana use in past month	For first cohort at five waves of data collection: Results indicate that HealthWise was effective in increasing the perception of condom availability for both genders (OR = 1.6). As compared to HealthWise participants, control participants also had steeper increases in recent and heavy use of alcohol (OR = 1.4 [95% C.I. = 1.1-1.8], 1.6 [1.2-2.2], respectively) and recent and heavy cigarette use (OR = 1.4 [1.1-1.7], 1.4 [1.1-1.8], respectively). There were also several significant gender by treatment interactions, which are discussed.	Smith, E. A., L.-A. Palen, et al. (2008). "Substance use and sexual risk prevention in Cape Town, South Africa: an evaluation of the HealthWise program." Prevention Science: The Official Journal Of The Society For Prevention Research 9(4): 311-321.
Resnicow et al. 2008.	South Africa	**none**	Grade 8 and 9 students in 36 public schools in KwaZulu-Natal and Western Cape.	Grade 8 and 9	Schools randomized to one of three treatment groups: Group 1 (comparison) schools (n=12) received usual tobacco use education. Group 2 schools (n=12) received a harm minimization curriculum in grades 8 and 9. Group 3 schools (n=12) received a life skills training curriculum in grades 8 and 9.	2 years	CRT	Self-reported past month use of cigarettes.	The net change in 30-day smoking from baseline to 2-year follow-up in the control group was 6% compared to 3% in both harm minimization (HM) and life skills training (LST) schools. These differences were not statistically significant. Intervention response was significantly moderated by both gender and race. The HM intervention was more effective for males, whereas the life skills intervention was more effective for females. For black African students, the strongest effect was evident for the HM intervention, whereas the strongest intervention effect for "colored" students was evident for the LST group.	K Resnicow, P Reddy, S James, R Omardien, N Kambaran, H Langner, R Vaughan, D Cross, G Hamilton, T Nichols. Comparison of Two School-Based Smoking Prevention Programs among South African High School Students: Results of a Randomized Trial. Ann. Behav. Med. (2008) 36:231–243. DOI 10.1007/s12160-008-9072-5
FINANCIAL EDUCATION OR SAVINGS										
Bandiera et al. 2012.	Uganda	**Empowerment and Livelihood for Adolescents (ELA)**	Girls aged 14-20 years	14-20 years	Intervention consists of 'adolescent development clubs', located in a fixed meeting place within each community. Clubs are often housed in a single dedicated room which is either donated by the community or rented by BRAC. Typically, the club is open five afternoons per week and timed so that girls enrolled full-time in school can attend. Club activities are led by a female mentor.	2 years	CRT	Self-reported income generating activities; health and risk behaviors.	Intervention signicantly raises the likelihood that girls engage in income generating activities by 32%, mainly driven by increased participation in self-employment. Self-reported routine condom usage increases by 50% among the sexually active, and the probability of having a child decreases by 26%. Strikingly, the share of girls reporting sex against their will drops from 21% to almost zero.	O Bandiera, N Buehren, R Burgess, M Goldstein, S Gulesci, I Rasul and M Sulaimany. 2012. Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda. econ.lse.ac.uk/staff/rburgess/wp/ELA.pdf
Hallman et al. 2012.	KwaZulu-Natal, South Africa	**Siyakha Nentsha**	715 grade 10 and 11 learners (359 females; 356 males) in rural secondary schools adjacent to Umlazi Township, Durban	Grade 10 and 11	Arm 1: Control - national default lifeskills (100 girls; 69 boys). Experimental arms: (Eighty [80] hours possible exposure, June 2008-May 2009). Arm 2: Financial skills + Social support + HIV prevention skills (85 girls; 126 boys). Arm 3: Stress reduction skills + Social support + HIV prevention skills (145 girls; 136 boys).	18 months	Quasi-experimental (with nested CRT)	Self-reported sexual behaviors; financial activities and saving; social capital. Raven's tests of cognitive skills.	Compared with the control girls: Arm 2 and 3 girls significantly more likely to interact with financial institutions and be saving money; Arm 2 (Financial+) girls had significantly higher cognitive skills. Compared with the control boys: Arm 2 and 3 boys had significantly greater knowledge of social grants, were significantly less likely to have sexually debuted, and if sexually active, had fewer sexual partners. No significant impact for either Arm 2 or Arm 3 on condom use (at last sex or consistent use) for either females or males, girls' level of sexual activity or number of sexual partners, or boys' access to financial services or saving behavior.	Hallman et al. 2012. Siyakha Nentsha: A Randomized Experiment to Enhance the Health, Social and Financial Capabilities of Girls & Boys in KZN, South Africa. Population Association of America Annual Meeting. http://paa2012.princeton.edu/papers/122389 ; and http://www.youtheconomicopportunities.org/sites/default/files/uploads/resource/An%20Experiment%20Pop%20Council.pptx

AUTHORS	COUNTRY	PROGRAM NAME	STUDY POPULATION	AGE/GRADE AT BASELINE	INTERVENTION DESCRIPTION	FOLLOW-UP	STUDY DESIGN	OUTCOMES MEASURED	RESULTS	CITATION
Austrian. 2011.	Uganda	**Safe and Smart Savings Program for Vulnerable Adolescent Girls**	1076 girls aged 10-14 and 15-19 in poor urban communities	10-14 and 15-19 years	Build upon safe spaces model; groups of 20-25 girls open individual savings accounts, have weekly meetings with mentors, meetings include financial education; parents meetings also held; girls get an ID card	12 months	Quasi-experimental	Self-reported work activity, money sources, savings behavior, social capital, social networks, self-esteem, gender norms, future life goals, knowledge of sexual and reproductive health	INT participants reported a significant increase in savings from baseline to endline (4.2 (finca) and 4.7 (finance trust) times more likely to have saved compared to non-INT girls); INT girls significantly more likely to use formal savings methods; girls with a group were 1.6 times more likely than those with an account alone to disagree that they felt worthless (self-esteem measure); at endline girls without a group (account only) were 2 times more likely to have experienced sexual harrassment; girls in group had higher knowledge of HIV/AIDS and RH; girls in savings group 1.7 times moer likely at endline than girls with savings acct only to disagree that men rape girls because they can't control themselves.	Austrian K. 2011. Safe and Smart Savings Products for Vulnerable Adolescent Girls: Uganda Pilot Evaluation Report (unpublished work) and Austrian K. Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda: Results from Uganda Pilot Evaluation (conference presentation- Global Youth Economic Opportunities Conference, Septebmer 2011).
Bhattacharjee and Das. 2011.	Bangladesh	**Social and Financial Empowerment of Adolescents (SoFEA) Programme**	Girls aged 11-21 years in rural communities	11-21 years	Six basic components: safe space called 'Adolescent Club' for girls to socialize, life-skills training, livelihood training, financial literacy, savings and credit facilities and community participation.	not clear	Quasi-experimental	Socio-demographic profile, awareness regarding health, social and legal issues, financial literacy; perception of marriage, gender roles; overall status in personal and family settings; parents' perceptions of their girls on these issues	Not yet available	Bhattacharjee, A. and N. C. Das (2011). Profile of the Adolescent Girls: Findings from the Baseline Survey for Social and Financial Empowerment of Adolescents (SoFEA) Programme. Research Monograph Series Dhaka, Bangladesh, BRAC. 46.
LEADERSHIP										
Catino et al. 2011.	Guatemala	**Abriendo Oportunidades**	8-12 and 13-18 year-old Mayan girls residing in rural communities	8-12 & 13-18 years	Girls in the program are divided into age cohorts (8-12) (13-18) and participate in a life-cycle specific program of activities. In each annual girls' club cycle, new peer mentors/girl leaders are identified and trained; some older girls also apply for one-year paid professional internships with local institutions in the public and private sectors. Each mentor leads a club of approx 40 girls/cycle. Workshops are conducted on key topcs at regular intervals at a safe space identified with the help of the community.	12 months	Comparison to district means	Completion of 6th grade, in school status, parity, reported autonomy, reported 'role at home', having a bank account, having paid employment	Among Peer Educators: 100% have completed the 6th grade; 72% were in school at end of 2009-2010 cycle; 97% remained childless during program cycle; 94% reported experiencing greater autonomy; 84% reported role at home had improved; 88% reported having a bank account and 44% had obtained paid employment when program cycle finished.	Catino J, Colom A, Ruiz MJ. Equipping Mayan girls to improve their lives. Transitions to Adulthood Brief no. 5. Population Council. March 2011. (Evaluation of impact on 8-12 and 13-18 year-old participants is planned.)

ANNEX 2
FEATURED PROGRAMS

CONTROL-COMPARISON STUDIES WITH GIRL-SPECIFIC RESULTS REPORTED

HIV

Baird SJ, Garfein RS, McIntosh CT, Ozler B. Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial. Lancet. 2012 Apr 7;379(9823):1320-9. doi: 10.1016/S0140-6736(11)61709-1. Epub 2012 Feb 15.

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Doyle AM, Ross DA, Maganja K, Baisley K, Masesa C, Andreasen A, Plummer ML, Obasi AI, Weiss HA, Kapiga S, Watson-Jones D, Changalucha J, Hayes RJ; MEMA kwa Vijana Trial Study Group. Long-term biological and behavioural impact of an adolescent sexual health intervention in Tanzania: follow-up survey of the community-based MEMA kwa Vijana Trial. PLoS Med. 2010 Jun 8;7(6):e1000287. doi: 10.1371/journal.pmed.1000287

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TABLE 1 PARTICIPANT CHARACTERISTICS

	SINGLE SEX	AGE<14 YEARS INCLUDED	SCHOOL-ENROLLED ONLY	LITERATE/ SOME EDUCATION	OUT OF SCHOOL	MARRIED V. UNMARRIED	HAS CHILD OR NOT	PARENTAL SURVIVAL, CO-RESIDENCE	RURAL	URBAN	MIXED URBAN RURAL
HIV PREVENTION											
Wight, Plummer, Ross. 2012.									y		
Doyle et al. 2011.									y		
Doyle et al. 2010.									y		
Larke et al. 2010.									y		
Ross et al. 2007.									y		
Baird, Garfein et al. 2012.	y	y				never married					y
Hallfors et al. 2011.	y	y	y	Y				orphaned	y		
Dunbar et al. 2010.	y				y			orphaned		y	
Cowan et al. 2010.									y		
Pronyk et al. 2008.	y								y		
Jewkes et al. 2008.									y		
Poverty Action Lab. 2007.	y								y		
Duflo et al. 2006.		y	y	Y					y		
Harvey et al. 2000.			y	Y					not specified	not specified	
Erulkar et al. 2012.	y	y							y		
Underwood and Schwandt, 2011.	y	y									y
Coffman et al. 2011.			y	Y						y	
Maticka-Tyndale et al. 2007		y	y	Y							y
HIV TOTAL	**39%**	**33%**	**28%**	**28%**	**6%**	**6%**	**0%**	**11%**	**67%**	**17%**	**17%**
SEXUAL AND REPRODUCTIVE HEALTH											
Population Council. 2012.	y									y	
Ashraf, McGinn, Low. 2012.	y		y	Y						y	
Austrian et al. 2012.	y	y								y	
Baird, Chirwa, et al. 2009.	y	y				never married					y
Erulkar et al. 2009.	y	y							y		
Ssewamala et al. 2009.		y	y	y				otphaned	y		
ICRW. 2008.										y	
Peña et al. 2008.	y	y								y	
Santhya et al. 2008.	y					married	pregnant / infant		y		
UNICEF et al. 2008.	y	y							y		
Brady et al. 2007.	y	y			y				y		
Erulkar and Chong. 2005.	y				y					y	
Grant, et al. 2005.	y									y	
van Rossem and Meekers. 2000.											y
Meekers et al. 2005.											y
Erulkar et al. 2004.		y				unmarried					y

TABLE 1 PARTICIPANT CHARACTERISTICS

	SINGLE SEX	AGE<14 YEARS INCLUDED	SCHOOL-ENROLLED ONLY	LITERATE/ SOME EDUCATION	OUT OF SCHOOL	MARRIED V. UNMARRIED	HAS CHILD OR NOT	PARENTAL SURVIVAL, CO-RESIDENCE	RURAL	URBAN	MIXED URBAN RURAL
Muyinda et al. 2003.		y							y		
Shuey et al. 1999.		y	y	y					y		
Mgalla et al. 1998.	y	y	y	y							y
SRH TOTAL	**67%**	**61%**	**22%**	**22%**	**11%**	**17%**	**6%**	**6%**	**33%**	**33%**	**28%**
MENTAL HEALTH											
Ssewamala et al. 2009.		y	y	y				orphaned	y		
Baird, de Hoop, Ozler. 2011.	y	y				never married					y
Bolton et al. 2007.			y	y					IDP camp		
Tol et al. 2012.		y	y	y							y
Jordans et al. 2010.		y	y	y							y
Tol et al. 2010.		y	y	y							y
MENTAL HEALTH TOTAL	**17%**	**83%**	**83%**	**83%**	**0%**	**17%**	**0%**	**17%**	**17%**	**17%**	**67%**
NON-COMMUNICABLE DISEASE											
Smith et al. 2008.			y	y					not specified		
Resnicow et al. 2008.			y	y					not specified		
NCD TOTAL	**0%**	**0%**	**100%**	**100%**	**0%**	**0%**	**0%**	**0%**			
FINANCIAL EDUCATION OR SAVINGS											
Bandiera et al. 2012.	y										y
Hallman et al. 2012.			y	y					y		
Austrian. 2011.	y	y								y	
Bhattacharjee, Das. 2011	y								y		
FINANCIAL TOTAL	**75%**	**25%**	**25%**	**25%**	**0%**	**0%**	**0%**	**0%**	**50%**	**25%**	**25%**
LEADERSHIP											
Catino et al. 2011.	y	y							y		
LEADERSHIP TOTAL	**100%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**0%**	
ALL FEATURED PROGRAMS	**47%**	**49%**	**35%**	**35%**	**6%**	**10%**	**2%**	**8%**	**47%**	**20%**	**27%**

TABLE 2 STUDY CHARACTERISTICS

	STUDY DESIGN	LONGEST FOLLOW-UP (MOS)	FOLLOW-UP>12 MONTHS	FOLLOW-UP>24 MONTHS	COST INFO-MATION	ECOLOG ICAL, MULTI-LEVEL	SCHOOL RETENTION / REENTRY	INCENTIVE (CREDIT, CASH, IN-KIND)	FINANCIAL EDUCATION /SAVING	VOCATION-AL / LH TRAINING	RIGHTS TRAINING	AGE/GRADE-SPECIFIC CONTENT (≤6 YRS; 3 GRADES)	SAFE SPACE, SOCIAL SUPPORT
HIV PREVENTION													
Wight, Plummer, Ross. 2012.	CRT	108	1	1		y							
Doyle et al. 2011.	CRT	108	1	1		y							
Doyle et al. 2010.	CRT	108	1	1		y							
Larke et al. 2010.	CRT	36	1	1		y							
Ross et al. 2007.	CRT	36	1	1		y							
Baird, Garfein et al. 2012.	CRT	24	1	0		y	y	y					
Hallfors et al. 2011.	CRT	24	1	0		y	y	y				y	
Dunbar et al. 2010.	CRT	24	1	0				y	y	y		y	y
Cowan et al. 2010.	CRT	48	1	1		y						y	y
Pronyk et al. 2008.	CRT	24	0	0		y		y	y	y	y		y
Jewkes et al. 2008.	CRT	12	0	0									
Poverty Action Lab. 2007.	CRT	36	1	1		y	y	y	y	y	y	y	y
Duflo et al. 2006.	CRT					y	y	y					
Harvey et al. 2000.	CRT	6	0	0									
Erulkar et al. 2012.	QE	24	1	0	Y				y	y	y		y
Underwood and Schwandt, 2011.	QE	12	0	0		y	y				y		y
Coffman et al. 2011.	QE	36	1	1								y	
Maticka-Tyndale et al. 2007.	QE	18	1	0		y						y	y
HIV PREVENTION TOTAL		38	72%	44%	6%	72%	28%	33%	22%	22%	22%	33%	39%
SEXUAL AND REPRODUCTIVE HEALTH													
Population Council. 2012.	CRT	18	1	0		y					y		y
Ashraf, McGinn, Low. 2012.	CRT	not clear	not clear	not clear								y	y
Austrian et al. 2012.	CRT	not clear	not clear	not clear	Y	y		y	y				y
Baird, Chirwa, et al. 2009.	CRT	24	1	0		y	y	y					
Erulkar et al. 2009.	QE	24	1	0	Y	y	y	y	y	y			y
Ssewamala et al. 2009.	CRT	10	0	0		y	y	y	y			y	y
ICRW. 2008.	QE	36	1	1		y				y			y
Peña et al. 2008.	Prepost non-equivalent control group	not clear	not clear	not clear		y					y	y	y
Santhya et al. 2008.	QE	24	1	0	Y	y					y		y
UNICEF et al. 2008.	QE	84	1	1		y					y	y	y
Brady et al. 2007.	QE	30	1	1	Y	y	y				y	y	y
Erulkar and Chong. 2005.	QE	24	1	0	Y				y		y		y
Grant, Mensch, et al. 2005.	QE	10	0	0					y	y		y	y

TABLE 2 STUDY CHARACTERISTICS

	STUDY DESIGN	LONGEST FOLLOW-UP (MOS)	FOLLOW-UP>12 MONTHS	FOLLOW-UP>24 MONTHS	COST INFO-MATION	ECOLOG ICAL, MULTI-LEVEL	SCHOOL RETENTION / REENTRY	INCENTIVE (CREDIT, CASH, IN-KIND)	FINANCIAL EDUCATION /SAVING	VOCATION-AL / LH TRAINING	RIGHTS TRAINING	AGE/GRADE-SPECIFIC CONTENT (≤6 YRS; 3 GRADES)	SAFE SPACE, SOCIAL SUPPORT
van Rossem, Meekers. 2000.	Repeated cross-section	13	1	0									
Meekers et al. 2005.	Repeated cross-section	24	1	1									
Erulkar et al. 2004.	QE	36	1	1	Y	y			y				y
Muyinda et al. 2003.	QE	12	0	0		y							y
Shuey et al. 1999.	Repeated cross-section	24	1	0								y	
Mgalla et al. 1998.	Post-test of schools with, without program	8	0	0		y					y		
SRH TOTAL		25	75%	31%	35%	76%	24%	24%	35%	18%	41%	39%	82%
MENTAL HEALTH													
Ssewamala et al. 2009.	RCT	10	0	0			y	y	y	y		y	y
Baird, de Hoop, Ozler. 2011.	CRT	24	1	0		y	y	y					
Bolton et al. 2007.	RCT	4	0	0								y	y
Tol et al. 2012.	CRT	3	0	0									
Jordans et al. 2010.	CRT	3	not clear	not clear								y	
Tol et al. 2010.	CRT	3	not clear	not clear								y	
MENTAL HEALTH TOTAL		8	25%	0%	0%	17%	33%	33%	17%	17%	0%	67%	33%
NON-COMMUNICABLE DISEASE													
Smith et al. 2008.	QE	12	1	1								y	
Resnicow et al. 2008.	CRT	24	1	0								y	
NCD TOTAL		18	100%	50%	0%	0%	0%	0%	0%	0%	0%	100%	0%
FINANCIAL EDUCATION OR SAVINGS													
Bandiera et al. 2012.	CRT	24	1	0					y	y			Y
Hallman et al. 2012.	QE	18	1	0	Y	Y			y		Y	y	Y
Austrian. 2011.	QE	12	0	0	Y	Y			y		Y	y	Y
Bhattacharjee and Das. 2011.	QE	not clear	not clear	not clear		Y		y	y	y			Y
FINANCIAL ED. & SAVINGS TOTAL		18	67%	0%	50%	75%	0%	25%	75%	25%	50%	50%	75%
LEADERSHIP													
Catino et al. 2011.	Comparison with district means	18	1	0	Y	Y	y		y	y	Y	y	y
LEADERSHIP TOTAL		18	100%	0%	100%	100%	100%	0%	100%	100%	100%	100%	100%
ALL FEATURED PROGRAMS		27	63%	29%	20%	61%	24%	27%	31%	20%	29%	45%	55%

TABLE 3 GIRL EFFECTS

	HEALTH KNOWLEDGE	ATTITUDES	HEALTH INTENTIONS	HEALTH BEHAVIOR	HEALTH SERVICE USE	HEALTH MEDIATOR	HEALTH STATUS
HIV PREVENTION							
Wight, Plummer, Ross. 2012.	1						
Doyle et al. 2011.	1	1					
Doyle et al. 2010.	1						
Larke et al. 2010.							
Ross et al. 2007.	1	1					
Baird, Garfein et al. 2012.				2			HIV,
HSV-2, pregnancy							
Hallfors et al. 2011.		2				2	
Dunbar et al. 2010.	1					1	
Cowan et al. 2010.	1	1					pregnancy
Pronyk et al. 2008.				1	1	1	
Jewkes et al. 2008.				1			HSV-2
Poverty Action Lab. 2007.	not yet available						
Duflo et al. 2006.	1			1		1	pregnancy
Harvey et al. 2000.	1	1		1			
Erulkar et al. 2012.	2		1			1	
Underwood, Schwandt. 2011.						3	
Coffman et al. 2011.						1	
Maticka-Tyndale et al. 2007.				1			
Total number significant effects	10	6	1	7	1	10	5
Completed HIV studies with significant effects (n)	10	6	1	7	1	8	4
Completed HIV studies with significant effects (%)	59%	35%	6%	41%	6%	47%	24%
SEXUAL AND REPRODUCTIVE HEALTH							
Population Council. 2012.	not yet available						
Ashraf, McGinn, Low. 2012.	not yet available						
Austrian et al. 2012.	not yet available						
Baird, Chirwa, et al. 2009.				1		1	pregnancy
Erulkar et al. 2009.	1	1		2		5	
Ssewamala et al. 2009.		1					
ICRW. 2008.	1	1		1		2	
Peña et al. 2008.						2	
Santhya et al. 2008.	1	2		3	2	3	
UNICEF et al. 2008.		1					FGM
Brady et al. 2007.		2	1			3	
Erulkar and Chong. 2005.		1		2			
Grant, Mensch, Sebastian. 2005.	1					4	
van Rossem and Meekers. 2000.	2					1	

TABLE 3 GIRL EFFECTS

	HEALTH KNOWLEDGE	ATTITUDES	HEALTH INTENTIONS	HEALTH BEHAVIOR	HEALTH SERVICE USE	HEALTH MEDIATOR	HEALTH STATUS
Meekers et al. 2005.	1			1		1	
Erulkar et al. 2004.				2		1	
Muyinda et al. 2003.	1			1	1	1	STI symptoms
Shuey et al. 1999.				1		1	
Mgalla et al. 1998.						1	
Total number significant effects	8	9	1	14	3	26	3
Completed SRH studies with significant effects (n)	6	6	1	8	2	12	3
Completed SRH studies with significant effects (%)	40%	40%	7%	53%	13%	80%	20%
MENTAL HEALTH							
Ssewamala et al. 2009.						1	
Baird, de Hoop, Ozler. 2011.							GHQ-12
Bolton et al. 2007.							depression
Tol et al. 2012.							conduct problems
Jordans et al. 2010.							pro-social behavior
Tol et al. 2010.							PTSD
Total number significant effects						1	5
Completed mental health studies with significant effects (n)						1	5
Completed mental health studies with significant effects (%)						17%	83%
NON-COMMUNICABLE DISEASE							
Smith et al. 2008.	1			1			
Resnicow et al. 2008.				1			
Total number significant effects	1	0	0	2	0	0	0
Completed NCD studies with significant effects (n)	1	0	0	2	0	0	0
Completed NCD studies with significant effects (%)	50%	0%	0%	100%	0%	0%	0%
FINANCIAL EDUCATION OR SAVINGS							
Bandiera et al. 2012.				2			pregnancy
Hallman et al. 2012.	1	1				3	
Austrian. 2011.	1	1				3	
Bhattacharjee and Das. 2011.	not yet available						
Total number significant effects	2	2	0	2	0	6	1
Completed financial studies with significant effects (n)	2	2	0	1	0	2	1
Completed financial studies with significant effects (%)	67%	67%	0%	33%	0%	67%	33%
LEADERSHIP							
Catino et al. 2011.						4	pregnancy
Total number significant effects	0	0	0	0	0	4	1
Completed leadership studies with significant effects (n)	0	0	0	0	0	1	1
Completed leadership studies with significant effects (%)	0%	0%	0%	0%	0%	100%	100%

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

GAGE Rigorous Review

Girls' clubs, life skills programmes and girls' well-being outcomes

Rachel Marcus, Nandini Gupta-Archer, Madeleine Darcy and Ella Page

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Abbreviations

ADP	Adolescent Development Programme (Bangladesh)
AGEP	Adolescent Girls Empowerment Programme (Zambia)
AGI	Adolescent Girls Initiative (Kenya, Rwanda)
BALIKA	Bangladesh Association for Life Skills, Income, and Knowledge for Adolescents
BLO	Better Life Options (India) (BLO I: Delhi, Madhya Pradesh; BLO II: Uttar Pradesh)
CBO	Community-based organisation
CEDPA	Centre for Development and Population Activities
CHATS	Creating Healthy Approaches to Success (Malawi)
ELA	Empowerment and Livelihood for Adolescents (Bangladesh, Tanzania and Uganda)
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GEMS	Gender Equity Movement in Schools (India)
GGI	Go Girls Initiative (Botswana, Malawi and Mozambique)
HTP	Harmful traditional practice
ITSPLEY	Innovation through Sport: Promoting Leaders, Empowering Youth (Bangladesh, Egypt, Kenya and Tanzania)
LMIC	Low- and middle-income country
MENA	Middle East and North Africa
NGO	Non-government organisation
PAGE	Planning Ahead for Girls' Empowerment and Employability
PTLA	Power to Lead Alliance
RCT	Randomised controlled trial
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SVAGS	Stop Violence Against Girls in School (Ghana, Kenya, Mozambique)
TEGINT	Transforming Education for Girls in Nigeria and Tanzania
TRY	Tap and Reposition Youth
VAWG	Violence against women and girls
VCT	Voluntary Counselling and Testing

Executive Summary

Girls' clubs have become an increasingly common component of school-based and community-based programmes that aim to improve outcomes and well-being of girls in developing countries. Yet views on their effectiveness (often based on scant evidence) are somewhat polarised. While some are enthusiastic about the potential of such clubs to empower girls, others raise questions about their impact, reach, sustainability and cost-effectiveness. This study – the first rigorous narrative review to do so – has synthesised 63 studies on the empowerment impacts of 44 girls' or youth development clubs and life skills programmes with a gender equality focus. We found substantial evidence of the positive impact of these programmes, but questions of reach, sustainability and cost-effectiveness are under-explored.

The vast majority of programmes we reviewed were implemented in sub-Saharan Africa or South Asia (50% and 48% respectively), with only three in the Middle East and North Africa (Yemen and Egypt) and just one in any other region (Honduras). These programmes all worked with poor adolescents. Roughly equal numbers of programmes worked in rural and urban areas, while 11 explicitly aimed to reach marginalised adolescents who were either out of school or working, or were recent migrants. Only one programme appeared to have made an effort to make clubs available to disabled girls, and none took place in conflict-affected environments.

The clubs examined were primarily community-based (33/44), with 10 school-based clubs, and 6 life skills programmes (numbers add up to more than 44 because some programmes had multiple components). Two-thirds of programmes worked only with girls (other than outreach work). In the main, they were small scale, with half reaching fewer than 20,000 girls and a quarter reaching fewer than 5,000. The five programmes with the greatest reach were community-based initiatives run by large non-government organisations (NGOs) such as BRAC, working fully or partially through the education system as part of broader quality improvement initiatives. Few evaluations discuss whether sufficient clubs were available to meet demand in particular schools or communities, or whether there was sizeable unmet demand.

All programmes provided life skills education, which focused primarily on sexual and reproductive health (SRH), communication skills and changing gender norms. Most provided additional activities, of which vocational training, savings and loans were the most common. The 44 programmes were associated with a wide range of empowerment outcomes: overall, the most common achievements were in greater social and psychological empowerment and knowledge (identified in 37 and 34 programmes respectively), followed by changes in gender-related attitudes and gender-discriminatory practices (32 programmes); by contrast, only six led to increased civic or political engagement.

Methodology

Two-thirds of the studies reviewed used experimental or quasi-experimental designs; 17 used randomised control trials (RCTs), and 17 (with some overlap with the RCT studies) used statistical analytical methods particularly suited to impact evaluation, such as propensity score matching and difference-in-difference analysis. Twenty-two mixed-methods studies combined rigorous quantitative analysis with valuable qualitative insights into the perspectives of girls, their families and, in some cases, programme implementers. Very few studies used retrospective approaches to understand participants' perceptions of the long-term impacts of club participation. Just over half the studies were internal evaluations (34/63); 24 (almost 40%) were carried out by external evaluators. The quantitative data reported in this study draws primarily on the experimental and quasi-experimental evaluations; the qualitative data also reflects the studies with observational designs.

Main findings

The programmes reviewed contributed to girls' empowerment in the following areas:

Change in discriminatory gender norms and practices

Almost three-quarters of programmes led to changes in attitudes to gender equality, while more than half helped

reduce gender-discriminatory practices, such as child marriage or limits on girls' mobility outside the home. The nine programmes that led to successes in reducing child marriage rates were all community-based and engaged parents and other family members in activities, as well as empowering girls to speak out. Twelve programmes (spanning school and community settings) contributed to reduced acceptance of gender-based violence (GBV). Though increases in reported experiences of GBV were common following an intervention, this was generally attributed to increased awareness of what constitutes GBV and greater knowledge of how to report and challenge it.

Pyschosocial gains

Nearly half the programmes – a mixture of school- and community-based clubs – helped girls increase their confidence to speak out among peers, family or in the community. This was usually through activities to boost communications skills, paired with gender and rights education. Almost all these programmes worked with girls only. Thirteen community-based programmes also helped out-of-school girls build stronger peer networks, while five helped girls develop stronger networks with adults in their communities who they could turn to in times of need. Seven also helped strengthen parent–child communication – these were mostly programmes that ran joint sessions with parents and children.

Increased knowledge and educational achievement

Community-based clubs and extra-curricular clubs led to some impressive increases in knowledge, particularly of SRH and girls' legal rights. For example, in one programme, the proportion of girls who understood puberty and menstruation rose by more than 20 percentage points. A quarter of programmes helped increase school enrolment and attainment and reduce drop-out. These were either larger education improvement initiatives that included extra-curricular clubs, or community-based programmes offering catch-up education to girls who had missed out on schooling, with some offering financial incentives to offset schooling costs. Some clubs appeared to play an important role in boosting girls' aspirations, leading to greater commitment to study.

Economic well-being

Less than half the programmes involved economic empowerment components; all those that did were community-based and worked with girls only, mostly with older cohorts, though savings programmes targeted a wider age range. The most common economic empowerment components were vocational training, financial literacy education and support for savings, with a few programmes targeting older girls and providing loans and entrepreneurship education. Ten led to enhanced vocational skills, in most cases via training provided by a technical specialist rather than by programme staff providing life skills education, while ten led to enhanced savings.

Civic engagement

Six programmes reported increased community-level action, ranging from participants negotiating with elected officials to improve local services and reporting child abuse or planned child marriages to the authorities, to taking part in village councils. One particularly striking finding was that younger adolescents (10-14) were just as willing to get involved in civic action of this kind as their older peers. The more effective programmes typically:

- **worked with family members, wider community members and other opinion-formers and gatekeepers.** This was particularly important in changing perceptions of programmes from being seen as places for girls to gossip or as a threat to local cultures and traditions to being seen as valuable places for learning new skills and knowledge;
- **had a stronger emphasis** on gender equality within programme curricula, though there were some notable exceptions;
- **provided training that girls and parents perceived as useful.** This not only enhanced skills and knowledge but also provided a hook that maintained commitment to the programme, creating space for education on gender equality and rights and empowerment processes;
- **provided adequate remuneration and refresher training to facilitators**, to sustain motivation, and also monitored their performance;
- **ensured sufficient time for girls to relax and socialise** as well as providing structured learning.

The importance of this aspect of girls'/adolescent clubs is often not recognised, but process evaluations increasingly suggest that it plays a critical role in the development of girls' self-confidence and social networks;

- **integrated games and other fun and active methods of learning.** Some programmes achieved this through regular games nights, while others ensured participatory activities in all sessions. Alongside incentives such as snacks and rations, and non-financial rewards such as graduation ceremonies and certificates, ensuring that sessions were enjoyable seemed to help ensure regular attendance and thus greater impact.

Girls who experienced the largest changes typically attended more regularly (at least half to two-thirds of sessions). The two evaluations that examined the impact of attending for a longer period also found greater impacts from attendance lasting more than a year. However, relatively few studies explored how the duration of programmes or regularity of attendance affect impact, and there is certainly evidence of attitude and practice change from some short (12-session) life skills courses.

Knowledge gaps

The report identifies a significant number of knowledge gaps, some of which the Gender and Adolescence: Global Evidence (GAGE) programme of longitudinal and participatory research is well placed to fill:

- **Relative impact of clubs and more system-focused activities**. The studies examined provide evidence of the immediate impact of girls' and child/adolescent clubs and life skills programmes. However, they do not provide a basis for comparing the relative contributions of programmes that work directly with girls with those that strengthen service delivery systems or reduce poverty. In part, this reflects the fact that these approaches are not comparable – they work in different ways and complement one another; but it also reflects the fact that such comparisons – of interest for policy-oriented questions and audiences – were outside the scope of evaluations that focused on the impact of individual projects.

- **Cost-effectiveness.** The few evaluations that did report on cost-effectiveness provide estimates of cost per girl/ participant but these are rarely compared with other potential approaches. GAGE's longitudinal and qualitative studies can contribute to generating evidence on this issue.

- **Specific programme activities.** Overall, there were some surprising gaps in activities within the 44 programmes. For example, none offered access to helplines, though these are steadily becoming more common among programmes combating violence or abuse, in particular. None of the programmes used mobile phone technology to link girls or to communicate with them; indeed, only two provided any opportunities for girls to learn ICT skills. Only three programmes had a sports component, and apart from one programme where it was the main focus, the effectiveness of sports activities for girls' empowerment is under-researched.

- **Most appropriate age-segmentation in programmes.** While girls' clubs and life skills programmes target girls across the adolescent age range (10-19) or narrower age bands within it, relatively little is known about tailoring programmes to particular age groups. Programmes encouraging economic activity are most effective with older adolescents, although savings programmes are appreciated across a wider age range. Programmes that provide SRH information to younger age groups have proved controversial, and age-tailoring is particularly important to prevent families refusing to allow their daughters to participate. Many programmes targeting younger groups include sports, games and health information, as well as more general education on gender equality, and appear to have been effective in building confidence, social networks and knowledge, and in changing attitudes. There has been no systematic study of the effectiveness of different aspects of life skills programme content with different age groups – or indeed how different age groups understand that content – despite on-the-ground experimentation to simplify it.

- **Sustainability.** All programmes were externally funded and time-limited. We found no studies of more institutionalised groups, such as Girl Guides or groups

associated with religious organisations. GAGE will be starting to address this evidence gap. There was limited discussion of under-funding, though this is a recognised problem, particularly for school-based clubs. Only one evaluation discussed the problem of teachers in school clubs being trained to run extra-curricular clubs and then moving on to take up new jobs, which can undermine impact as others need to be trained up in their place. There is a clear need for greater attention to promoting sustainability, and more analysis of what has proved successful and what has proved ineffective over time.

- **Legacy and spillover effects.** There is also limited attention to how long changes persist, and whether some changes persist longer than others; more retrospective analysis with programme graduates after some years would help shed light on this issue. There is also little evidence related to the effectiveness of approaches to extend the impacts of programmes over time and to a wider set of beneficiaries. Alumnae clubs and follow-up events in the community have potential, as does an approach that involves engaging graduates as mentors to current-day clubs. However, there has been no research into the effectiveness of any of these approaches. Likewise, simple approaches to widening impact – such as encouraging participants to share knowledge with others – could also be researched and, if effective, easily built into future programmes.

A number of questions on how to generate the maximum impacts from programming are under-researched, including:

- whether there are thresholds above which additional participation has diminishing returns;
- how sustained engagement with other stakeholders needs to be for maximum effect, and what types of engagement are most effective. For example, parent–child communication programmes that are focused on building positive relationships may be as effective as programmes that focus directly on norm change;
- the relative gains and disadvantages of single-sex and mixed-sex groups;
- the relative impacts of different components, both within life skills programmes and comparing life skills and additional components;
- how to most effectively engage the most marginalised groups, including disabled girls, whose specific constraints are hardly discussed in this set of evaluations;
- how important incentives (such as meals or snacks at clubs or take-home rations) are in encouraging attendance, and whether providing stipends to cover transport costs would facilitate greater participation in urban areas;
- how to reduce resistance (particularly in community-based programmes); whether different framings of the programme, more intensive outreach and/or more or different programming with key family members and others in the community would help reduce resistance.

1 Introduction

1.1 Background

Recent years have seen an exponential increase in concern about the well-being of adolescent girls. Motivated in part by instrumental objectives (e.g. improving educational, economic or health outcomes), and in part in the belief that enhancing girls' empowerment and rights is intrinsically valuable, there has been a substantial growth in programmes targeting this cohort. While the majority are community-based and target girls not attending school, school-based groups have become increasingly common, sometimes with an explicit educational purpose (e.g. study groups), sometimes with a broader life skills or empowerment focus. HIV and AIDS education has also given risen to school-based life-skills interventions, some of which retain a strong sexual and reproductive health (SRH) focus, while others are broader in scope.

Girls-only groups are an increasingly common approach to programming, based on the theory that girls will find it easier to build self-confidence, knowledge and skills in a girls-only group, that the peer support and expanded social networks that these groups offer helps combat social isolation among out-of-school girls who are largely confined to the home, or that parents and other family members will be more likely to allow them to attend. (This approach is often described as creating 'safe spaces'.) Girls' groups are typically (at least by intent) strongly empowerment-oriented, though what this means in practice varies considerably from programme to programme and by context. They have much in common with broader youth development programmes, of which they are a subset, though the latter vary in the extent of their emphasis on combating gender inequality. Girl-oriented programmes and youth development programmes often span a range of activities, with life skills education, vocational training and savings promotion activities the most common, some providing alternative basic education and some promoting engagement in sports or civic activity.

Finally, there has been some innovation with school-based life skills education, with a focus on gender equality, delivered within regular school hours. These initiatives have typically grown out of SRH education, with a trend towards incorporating activities that problematise gender inequality and particular manifestations of it, such as gender-based violence (GBV).

Despite this burgeoning activity, we are aware of no systematic analysis of the effectiveness of any of these types of programming. Previous reviews have either focused on one subset of these programmes without comparing across programme types (Marcus and Page, 2016, examine school-based girls' clubs) or have focused on illustrative examples (e.g. Warner et al., 2014, highlights some examples of club-based programmes that contribute to reducing child marriage). Other mappings or overviews provide a listing of relevant programmes without detailed analysis of their impact (e.g. Rohwerder, 2014).

Girl-oriented programmes have also been criticised for their insufficiently nuanced interpretation of empowerment processes and an excessive focus on building up girls' assets without enough attention to the gender relations and economic and social processes that maintain girls' disadvantage (Chant, 2016; Cobbett, 2014). In addition, concerns about sustainability and cost-effectiveness have been raised and there are questions as to whether similar (or stronger) outcomes could be achieved by other means. The longitudinal evaluations conducted by Gender and Adolescence: Global Evidence (GAGE) will examine the impact of community-based girl-focused programmes (among other programming approaches). By highlighting what we already know as well as key knowledge gaps about this type of programming, this review is intended both to contribute to knowledge on girl-focused programming and to directly inform GAGE research design.

The review examines three main types of programme:

- Community-based girls' or youth development clubs. These typically take place in community centres, buildings belonging to non-governmental organisations (NGOs), and occasionally sporting facilities. They are generally led by a mentor or trained facilitator, often from the local community, and typically engage the community more than the other two programme types.
- School-based girls' or gender equality clubs, generally led by a teacher or an external facilitator as an extra-curricular activity.

- School life-skills classes with a gender equality focus, as part of regular school instruction, typically delivered by a teacher or occasionally peer educators.

To be included in this review, all programmes had to involve an explicit objective or commitment to promoting gender equality, while programme evaluations had to report on at least one gender equality measure.

1.2 Conceptual framing and key questions

Despite the flurry of girl-centred programming in recent years, work conceptualising girls' empowerment and distinguishing it from women's empowerment is at a relatively early stage. Most girl-centred programming broadly aims to contribute to girls' empowerment, addressing disempowerment related to some or all of the following factors and processes: discriminatory gender norms; lack of self-confidence; limited decision-making power; lack of knowledge; limited educational opportunities; and poverty. As this list shows, the factors that disempower adolescent girls in low- and middle-income countries (LMICs) and impede their development are numerous and varied in nature: some (such as poverty and discriminatory gender norms) are structural; others (such as the quality and accessibility of education, knowledge and skills-development opportunities) are institutional; others still (such as limited self-confidence) are individual, though related to structural factors.

Many of the programmes we examined draw, implicitly or explicitly,[1] on an asset-based theory of change, which views improving health or education outcomes, social connectedness, or enhanced self-confidence as assets. The focus is largely on building this set of assets among a cohort of girls, with the hope that that they may prove transformational in individuals' lives and lead to social change – if not immediately, then over time. These assets are recognised as being mutually reinforcing, such that (for example) greater formal education or expanded knowledge may contribute to increased self-confidence and greater voice and agency.

This theoretical underpinning reflects many of these programmes' origins in building health knowledge and access to financial resources, and has some similarities to the capabilities approach and, in particular, recent iterations that focus on girls' capabilities (GAGE Research Framework, chapter 2). For example, GAGE identifies six capability areas critical to adolescent girls' development: education, economic well-being, physical well-being, psychosocial well-being, bodily integrity and voice and agency – some or all of which may be promoted by a particular intervention or set of interventions. Drawing on the now common socio-ecological conceptualisation of action on a wide set of social problems and change agendas (e.g. Heise, 2011), it also emphasises the importance of action at multiple levels (by the individual, community, front-line service providers, and law- and policy-makers and implementers). The outcome areas discussed in this review have many similarities to this set of capabilities, but are framed slightly differently, reflecting the emphases of the literature reviewed.

A subset of the programmes studied in this review incorporate this socio-ecological approach in their theories of change and programme activities, with efforts to change attitudes and practices among girls' families and communities, and to challenge discriminatory gender norms in the wider environment (for example, among service providers). Although girl-focused programmes have drawn some criticism for a primarily individual-focused theory of change (Chant, 2016; Cobbett, 2014), some have always incorporated (while others have only more recently recognised) the importance of work with a broader set of actors. Thus, a growing number of programmes work with girls' parents, the husbands of married girls, and with boys, to change norms on gender equality.

The conceptual framework for this review and thus the key questions it seeks to answer (see Box 1) are informed by programme theories of change and GAGE's conceptual framework, which itself is grounded in the literature on capability development in adolescence and on women and girls' empowerment. The set of questions around programme impact on various capabilities or assets, and on gender norms and attitudes, reflect this underpinning. They also draw on two other areas of concern.

Rigorous narrative reviews such as this have evolved from a systematic review tradition that focuses on 'what works' to (1) give stronger emphasis to understanding the processes that give rise to outcomes, and (2) to identify which interventions are effective or ineffective and to gauge the degree of change they lead to (Snilstveit, 2012; Petticrew, 2015; Edgley et al., 2016). Inspired by literature

1 The Population Council programmes examined explicitly use this conceptualisation (as do Girl Effect programmes, not included in this review because of the lack of direct programming with girls); it is implicit in many others

on the crucial importance of programme implementers ('street-level bureaucrats') and by an accumulated body of practice-based knowledge on what leads to effective (or ineffective) programming, this review probes in detail the programme design features and implementation processes that contribute to or undermine effectiveness. With GAGE's explicit interest in effective programming for different age groups, and how programming for younger adolescent girls can provide a foundation for future capability development, the review examines the evidence on age-differentiated programming.

Finally, the review aims to probe equity issues. It therefore examines which social groups are targeted by different programmes and the extent to which those programmes are effective in reaching and enhancing capability development among marginalised groups of girls.

1.3 Structure of the report

Section 2 outlines the methodology for the review (for further details of searches undertaken, see Annex 3). Section 3 provides an overview of the programmes found. Sections 4-8 discuss evidence of the impact of the programmes examined on various domains of girls' empowerment (psychosocial empowerment, social connectedness, civic and political engagement, skills and educational achievement, and changes in attitudes and practices on gender-equality issues and economic empowerment). These sections are structured to reflect the emphases of the literature examined and thus cut across the six GAGE capability areas. Section 9 explores cross-cutting issues that impact on programme effectiveness, such as engagement with other stakeholders, age segmentation of activities and the role of incentives, and issues around long-term effects

Box 1: Key Questions

The review seeks to answer the following questions:

How effective are girls' clubs and life skills programmes in promoting girls' empowerment? Specifically, how effective are girls' clubs and life skills programmes in:

- increasing girls' self-confidence and communication skills?
- improving girls' educational outcomes?
- helping girls acquire vocational skills?
- increasing girls' financial literacy?
- increasing girls' knowledge about their bodies and sexual and reproductive health?
- expanding girls' social networks?
- changing attitudes and gender norms?
- contributing to a reduction in harmful practices such as child marriage or violence against women and girls (VAWG)?
- helping girls engage in civic and political activity?

What maximises effectiveness?

What practices or approaches seem to maximise impact?

Which combinations of activities appear most effective?

What do we know about optimum duration and intensity of programmes?

What do we know about the most effective facilitation (e.g. selection and training of facilitators, teaching methods used)?

What is the evidence on membership fees or incentives to attend?

How have girls' clubs and life skills programmes adapted to respond to specific barriers and challenges?

How common, effective and important is outreach to families, other community members, and other stakeholders such as service providers?

What evidence is there on the impact of girl-only versus mixed-sex activities and programmes?

What evidence is there on cost-effectiveness?

Are girls' clubs and life skills programmes more effective for some groups of girls than others?

What evidence is there on the differential impact on girls of different age groups, ethnic groups, rural/urban girls, girls with disabilities, married/unmarried girls, girls with/without children and other marginalised social groups?

on participants, effects on the wider community, and resistance to programmes of this nature. Section 10 draws together key findings and evidence gaps. Annexes 1 and 2 provide a detailed overview of the programmes examined and of the life-skill curricula used.

An evidence gap map with searchable database has also been produced to accompany this report. This provides a visual representation of the strength of evidence on different issues, a filterable database of the included studies, and a summary of each paper.

2 Methodology

This review and associated evidence gap map used systematic principles to locate studies of the impact of girls' clubs and life skills programmes, and the processes by which those impacts were achieved. Our approach draws on the previous experience of creating evidence synthesis products at the Overseas Development Institute (ODI) and 3ie. Building on helpful technical assistance from 3ie's evidence-gap mapping process, this review and associated gap map placed a greater emphasis on process as well as impact studies in order to better understand the dynamics of effective programmes; it also included rigorous qualitative as well as quantitative studies. Details of the tools used are available in Annex 3.

2.1 Literature search

A framework of intervention and outcomes categories was developed to inform the literature search (Annex 3.5). Keywords were then developed and tested and academic databases, online databases and other relevant websites were comprehensively searched for relevant materials (see Annex 3.1). The search of the academic literature was conducted by 3ie in Academic Search Complete, Global Health, Medline and PsycInfo. The ODI research team screened the results and conducted all other search activities. We also conducted backwards and forwards snowballing and consulted with GAGE members for literature recommendations. The search took place in June and July 2016, with additional hand-searching in February 2017.

The results returned were screened using a comprehensive screening protocol (Annex 3.2) at title, abstract and full-text levels. Studies were screened by two people at each stage, and any disagreements concerning inclusion were discussed among the team to reach a consensus.

Inclusion criteria were based around the standard Population, Intervention, Comparison, Outcome (PICO) framework and are outlined in Table 1. We included studies of programmes in LMICs working directly with groups of girls or young people – mixed programmes (for boys and girls) as well as single-sex. Programmes could also include older youth or younger children as long as adolescent girls within the 10-19 age range were part of the target group.[2] Programmes that worked only with other stakeholders and not directly girls (i.e. to influence girls' well-being) were excluded. We also excluded interventions that may have (partially) targeted adolescent girls but did not involve direct empowerment-oriented work with girls, such as cash transfers, employment guarantee programmes, or in-kind transfers (e.g. uniforms or food rations intended to promote school attendance).

There were no restrictions on the setting or the organisation running the intervention. Interventions could take place in schools or community settings, and could be run by schools, NGOs or community-based organisations (CBOs), religious organisations, private sector actors or other bodies.

We included impact evaluations[3] and process studies and would have included systematic reviews if we had found any that were relevant. During the course of the analysis we also searched for and drew on programme descriptions to extend our understanding of the detail of programme content and, in particular, the content of life skills curricula. These documents are not included in the gap map but are listed in the bibliography. We distinguished evaluations with a rigorous quantitative methodology used in 3ie evidence gap maps from quantitative studies using other methodologies and from qualitative studies; these distinctions did not affect inclusion but informed our analysis.

Non-comparative studies, theoretical studies, literature reviews that did not describe search and analytical methods, editorials and commentaries were also excluded.

2 In practice, this wide age range – and the fact that in many countries older adolescents (especially those who are married or have children) are considered adults – meant that we also included programmes that targeted adult women, so long as adolescents were clearly included and outcomes were disaggregated by age group.

3 Impact evaluations were defined as studies that use experimental or observational data to measure the effect of a programme relative to a counterfactual representing what would have happened to the same group in the absence of the programme. In a few cases, the counterfactual was hypothesised rather than directly measured or observed.

Table 1: Inclusion criteria

Domain	Criteria
Population	• Adolescent girls (10-19) are a specified target group • Any LMIC • Group-based programmes (mixed or single sex) • May work with other stakeholders in addition to girls or young people
Intervention	• Girls' empowerment or gender-equality interventions that take place in a community-based or school-based club • School life-skills lessons with a focus on gender equality
Comparison	Studies need to show the impact of the intervention, programme or policy. This could be achieved in various ways via control or comparison group, a longitudinal design, comparative case studies or other reasonable method
Outcomes	Planned and unplanned outcomes (both positive and negative will be included). Outcome indicators will cover the following domains: • psychosocial empowerment • knowledge of SRH and gender equality issues • access to and use of services • educational outcomes • economic well-being • attitudes towards gender equality • gender-discriminatory practices • strength of social relationships • civic and political engagement See Annex 3.6 for more information

2.2 Coding and analysis

Studies were uploaded to EPPI-Reviewer and those that met the inclusion criteria were coded to identify study methodology, programme geographical location, type of programme, client group, activities undertaken, and outcomes. We included 63 studies in total, covering 44 programmes. As we started to probe the studies to understand in more depth how impacts had been achieved, and taking into account emerging questions of interests to GAGE partners, we also coded issues related to facilitator training and eligibility requirements, impact of duration and intensity of programming, evidence of spillover effects, evidence of legacy effects, and the content of life skills curricula. Studies were single coded, with some revision of coding taking place during analysis (see Annex 3.6).

This review adopted a narrative approach to analysis that focused on identifying the key factors underpinning outcomes. Outcomes were grouped to facilitate analysis and the report broadly follows these groupings. In each outcome area, using simple descriptive statistics and narrative analysis, we examined how programme design and implementation influenced outcomes, probing issues such as the type of programme (community-based club, life skills programme, extra-curricular clubs), the gender and age of participants, the extent of outreach to other stakeholders, the mix of activities carried out, the duration and intensity of programming, the quality of facilitation, and any other factors identified that influenced outcomes.

Once all coding was complete, three evidence gap maps were constructed building on models shared with us by 3ie. The gap maps provide a visual display of the research studies included in this review – they highlight the extent of evidence available on particular issues and allow users to easily locate the studies most relevant to their interests. We produced a total of three gap maps:

- A map of girls' outcomes against the type of programme and activities. For example, this enables the viewer to see the number of studies of community-based clubs with financial literacy components that recorded changes in social relationships.
- A map of outcomes against the other stakeholders (in addition to girls) that different programmes worked with. For example, the viewer can see the number of studies of programmes that included work with employers and recorded outcomes around improved knowledge of SRH.
- A map of programme activities by type of programme and other stakeholders (in addition to girls). For example, the viewer can see the number of studies of school-based groups that focused on developing communication skills and the number that worked with girls' fathers.

In addition to the gap maps, we developed a database of all the studies included in the review, which enables the viewer to see more detailed information about the studies. The viewer can filter the database to find papers that fit particular categories – for example, all the studies that included activities delivered by teachers. The record for each study is then linked to a short summary that provides more detail of the programme and study methodology, as well as a link to the full text online.

2.3 Overview of evaluation methodologies used

We did not attempt to assess how well researchers implemented a given methodology but rather to describe and classify the approaches taken, based on statements in the studies reviewed. There was no clear association between type of programme and evaluation method.

Overall, two-thirds of the studies (42) employed experimental or quasi-experimental designs that attempted to isolate the effects of an intervention as compared to other factors. Of these, 17 studies employed randomised control designs; 11 randomised control trial (RCT) studies focused on community-based programmes and 5 focused on school life-skills teaching. Just one study of an extra-curricular school club used an RCT design. Sixteen studies employed a quasi-experimental design.

The quantitative studies used a range of analytical approaches (Table 2 shows the most commonly used). None of the studies used regression discontinuity or synthetic controls, both of which are considered rigorous impact evaluation methods.

Around half the studies (32) used observational approaches, where researchers observe the effects of an intervention without manipulating the intervention or randomly assigning participants. Twenty-five of these observational studies used quantitative designs such as case control designs, cross-sectional designs and surveys. Eleven studies used both experimental or quasi-experimental and observational approaches.

Qualitative tools were employed in 27 studies; 22 of these used mixed qualitative and quantitative methods. These included in-depth interviews (18), focus groups (15), photovoice (a component of a study of the Choices programme – see IRH, 2011), semi-structured interviews (7), key informant interviews (6) and interviews with positive deviants (a component of a study of the Temuulel programme – see Tower and McGuinness, 2011).

Table 2: Frequency of analytical methods used in quasi-experimental and experimental studies

Methodology	Number of studies
Difference-in-difference	10
Instrumental variables	1
Propensity score matching	3
Other matching	3

We have not formally segmented the analysis by research design. However, we do primarily report quantitative data from studies with experimental or quasi-experimental designs. The qualitative observations also come primarily from these studies, except where there are very clear additional insights from the observational studies.

2.4 Study limitations

The studies in this review are notably geographically skewed. There is a clear lack of insights from South-East Asia, East Asia and the Pacific, and Latin America; there is also a total absence of materials from conflict-affected contexts. Geographical biases are likely to reflect the fact that only English language sources were used. There is also bias towards materials produced by international organisations; evaluations conducted by local organisations, which are not necessarily published on the internet, are harder to find.

The evolution of the methodology may have led to the exclusion of some relevant studies. The team initially used the same methodological inclusion and exclusion criteria as 3ie uses in its evidence gap maps, which favour rigorous quantitative evidence. Although we always included qualitative studies, we initially only included studies making some degree of comparison either with a control group or baseline. Later, as feedback from partners raised other relevant questions for programme design, we conducted a second round of searching, with looser inclusion criteria; in particular, we included qualitative studies with retrospective analysis rather than a strict comparator. Thus it is possible that some relevant studies were omitted at the beginning.

Having a team of four researchers may also have led to some inconsistency about inclusion and exclusion of studies, based on different individuals' interpretation of these criteria, although all studies were double-screened to avoid potential misclassification.

3 Overview of programmes

In this section, we present an overview of the 44 programmes examined by the 63 studies: their broad focus, geographical distribution, age and gender distribution of participants, and main outcomes. Table 3 categorises the programmes by type, target group (only girls, girls and boys together, or girls and boys in single-sex groups). Annex 1 gives a full overview of the programmes examined, the evaluation approach used and programme outcomes.

Table 3: Programmes examined in this review

	Girls-only (29)	Girls and boys together (7)	Girls and boys separately (3)	Not clear (6)
Community-based programmes (33)	Adolescent Girls Empowerment Programme (Zambia) Adolescent Girls' Initiative Kenya Adolescent Girls' Initiative Rwanda BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) Berhane Hewan (Ethiopia) Better Life Options I (India) Better Life Options II (India) Biruh Tesfa (Ethiopia) Deepshikha (India) Empowerment and Livelihoods for Adolescents (ELA) Bangladesh Empowerment and Livelihoods for Adolescents (ELA) Uganda and Tanzania Filles Éveillées (Burkina Faso) First Time Parents Project (India) Ishaka (Burundi) Ishraq (Egypt) Kishori Mandal (India) Learning Games for Adolescent Girls and their Mothers (India) Meseret Hiwott (Ethiopia) Peer Education CEDPA (Nepal) Safe and Smart Savings (Kenya and Uganda) Savings Innovation and Expansion for Adolescent Girls in Mongolia SHAZ! (Zimbabwe) Tap and Reposition Youth (TRY) (Kenya)	Choices (Nepal) DISHA (India)	Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth Growing Up Safe and Healthy (SAFE) (Bangladesh)	Adolescent Development Programme (ADP) (Bangladesh) Adolescent Development Programme (ADP) in Border Regions (Bangladesh) Go Girls! Initiative (Mozambique, Botswana and Malawi) Innovation Through Sport: Promoting Leaders, Empowering Youth (ITSPLEY) (Bangladesh, Egypt, Kenya and Tanzania) Kishori Abhijan (Bangladesh) Power to Lead Alliance (PTLA) (Egypt, Honduras, India, Malawi, Tanzania and Yemen)

	Girls-only (29)	Girls and boys together (7)	Girls and boys separately (3)	Not clear (6)
School extra-curricular clubs (10)	Bal Sabha (Girls' Parliament) (India) CHATS (Malawi) Moving the Goalposts (Kenya) Savings Innovation and Expansion for Adolescent Girls (Mongolia) Stop Violence Against Girls in Schools (SVAGS) (Ghana, Kenya and Mozambique) Wezesha Vijana – Girls' Advancement (Kenya)	Gender Equity Movement in Schools (GEMS) (India) Transforming Education for Girls in Nigeria and Tanzania (TEGINT)	Gender Equity Movement in Schools (GEMS) (India)	Innovation Through Sport: Promoting Leaders, Empowering Youth (ITSPLEY) (Bangladesh, Egypt, Kenya and Tanzania) Power to Lead Alliance (PTLA) (Egypt, Honduras, India, Malawi, Tanzania and Yemen)
School life skills programmes (6)	PAGE – Planning Ahead for Girls Empowerment and Employability (India)	MEMA Kwa Vijana (T)	Gender Equity Movement in Schools (GEMS) (India)	Go Girls! Initiative (Mozambique, Botswana and Malawi)

Note: programmes with multiple components may appear in more than one cell.Programmes examined in this review

3.1 Geographical distribution

Most of the programmes examined were in sub-Saharan Africa (22/44) and South Asia (21/44). Only three programmes in from the Middle East or North Africa (MENA) and only one in Latin America (part of a multi-country programme). We found no studies that met our criteria from the Caucasus, Central Asia or East Asia and the Pacific. Two programmes spanned more than one region (ITSPLEY and the Power to Lead Alliance), working variously in Latin America, sub-Saharan Africa, South Asia and MENA.

3.2 Sex and age distribution of participants

3.2.1 Sex distribution

Reflecting a strong focus on empowerment through single-sex 'safe spaces' programming, 30 of the 44 programmes (most of them community-based clubs) worked with girls only for at least some of their activities. Eight programmes worked with boys and girls together, while four programmes involved activities with boys and girls separately; in nine cases (again, mostly community-based clubs), it was unclear whether activities were carried out with girls and boys together or separately. Mixed programmes were more common in school life-skills lessons and extra-curricular clubs (Table 4), reflecting the strong 'safe space' focus of many community-based clubs.

3.2.2 Age distribution of participants

The 44 programmes targeted young people across a wide age range (Figure 1), but mid-adolescence was the most common stage of intervention: 13-17-year-old participants were the target of the largest number of programmes. Reflecting the transitional nature of adolescence, 16 programmes targeted participants beyond the 10-19-year-old age range; 14 programmes included participants aged 20 and above, and one (Stop Violence Against Girls in School) included children aged below 10.

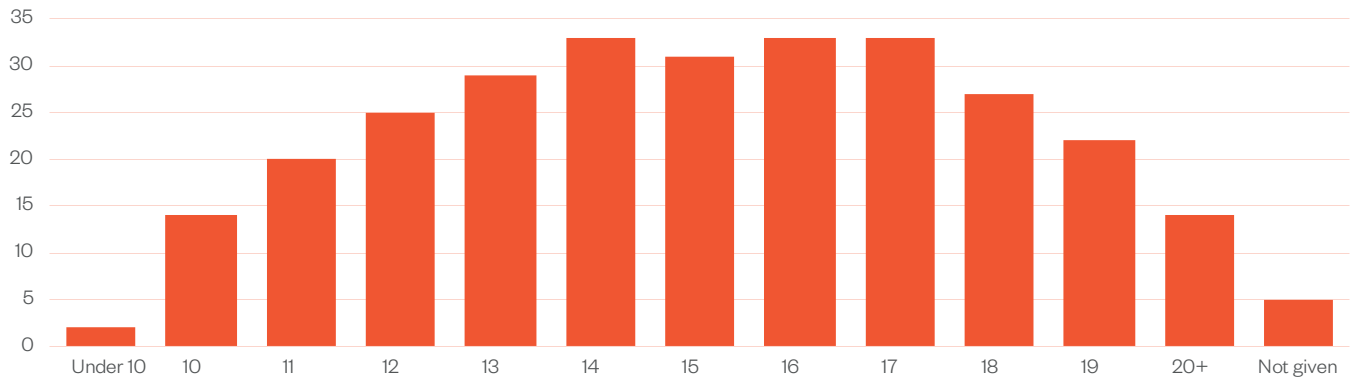
Most programmes (31) targeted young people in both the 10-14 and 15-19 age groups. Five focused exclusively on those aged younger than 14; these were largely community-based programmes, diverse in character, but all with an emphasis on building younger girls' knowledge, confidence and leadership, and in one case – the Adolescent Girls Initiative (AGI) Kenya – supporting them to continue in

Table 4: Distribution of types of programmes by sex of participants

Type of programme/ sex of participants	Community-based club	Extra-curricular club	School life skills lessons	Total
Girls only	23	6	1	30
Girls and boys together	2	2	4	8
Girls and boys separately	2	1	1	4
Not clear	6	2	1	9

Note: Because some programmes involve both school and community-based components and two had girls-only and mixed activities, numbers add up to more than 44.

Figure 1: Programme impacts on different indicators



school by giving small school fee payments and supplies for managing menstruation. A school-based programme in India, the Gender Equity Movement in Schools (GEMS), aimed to educate young adolescent girls and boys on gender equality issues; Choices (Nepal) was a similar, community-based programme.

The six programmes that focused exclusively on older adolescents were also primarily community-based, and were strongly oriented towards skill development or economic empowerment, or to healthy pregnancy. More commonly, programmes were made available to most of the 10-19 age group, and the studies examined did not specify whether activities were age segmented, or which age groups made greatest use of the activities on offer. Section 8 explores how both age-segmented and non-age segmented programming worked in practice, and the implications for effective programming. Two school-based programmes – Creating Healthy Approaches to Success (CHATS) in Malawi and Wezesha Vijana in Kenya – did not make it clear precisely which age group was being targeted by the programme.

3.2.3 Specific groups targeted

The evaluated programmes varied considerably in which social groups they targeted (see Table 5). A quarter of programmes did not specify social groups beyond sex and age. Roughly equal numbers of programmes worked in rural and urban areas, with a few being specifically oriented either to serving vulnerable urban populations or to working in isolated rural areas (or occasionally, as in the case of AGI Kenya, both). Many programmes targeted multiple groups simultaneously (e.g. poor girls in urban areas with high migrant populations). Eleven evaluations reported on girls' marital status: eight specified that the programmes concerned worked with married girls, and nine that they worked with unmarried girls – with six of these programmes being open to girls regardless of marriage status.

Programmes were generally located in poor areas; 11 explicitly aimed to reach very poor adolescents (typically through applying other eligibility criteria, such as being out of school or working). Several programmes also targeted vulnerable groups such as recent migrants or girls with limited sources of social support. While some of the community-based programmes – Population Council programmes and the Go Girls! Initiative (GGI) – selected participants based on the use of a vulnerability index, this was not common; in most cases, programme location (in poor areas) was the main means of targeting marginalised groups in both school and community-based programmes. The lack of detailed discussion means there are only limited insights on how effective these programmes were in reaching marginalised groups and whether targeting was beneficial in ensuring that disadvantaged girls were able to participate. However, it must be noted that only one of the evaluations (Biruh Tesfa in Ethiopia)[4] discussed the inclusion (or exclusion) of disabled adolescents,[5] and none specifically mentioned orphans (though girls with limited social support might fall in this category).

Because some programmes had more than one type of activity, total numbers of programmes targeting each group may be smaller than the sum of the cells.

3.2.4 Scale of programmes

Table 6 shows that most programmes were relatively small scale, with half reaching 10,000 or fewer participants. This said, many of these were pilots, some of which were subsequently scaled up. The smallest programmes were all community-based; the larger programmes mostly took place through schools or in partnership with the education system. Two exceptions were Meseret Hiwott, a community-based programme in Ethiopia that reached 230,000 married girls and 130,000 husbands, and BRAC's Empowerment and Livelihood for Adolescents (ELA) clubs in Uganda, which reached 50,000 girls. We discuss issues related to scaling up further in Section 9.

3.3 Programme activities

All programmes examined in this review provided life skills education. Although not all evaluations and programme documentation provide a full picture of the curricula content, from the available information it appears that some broad areas were commonly covered (Figure 2).

4 In this evaluation summary, Erulkar et al. (2011) note that Biruh Tesfa partnered with Ethiopian Women with Disabilities National Association (EWDNA) to engage its staff as mentors, serving as role models for girls and their families and facilitating recruitment. In addition, EWDNA has worked to make meeting spaces accessible to disabled participants by constructing ramps, and providing participating girls with crutches, wheelchairs, and/or accompaniment to and from the sessions. As a result, at the time of the evaluation, nearly 200 disabled girls were currently participating in Biruh Tesfa.

5 One protocol we examined, that of the experimental COMPASS programme in Ethiopia and the Democratic Republic of Congo (DRC), noted that potential participants with cognitive impairments were excluded in all sites (Falb et al., 2016).

Table 5: Social groups targeted by type of programme

	School-based club	Extra-curricular club	Community club	Total
Rural	2	3	12	17
Urban	2	3	10	13
Married girls	1	0	8	8
Very poor	1	2	8	8
Out of school	1	0	8	8
Unmarried	1	0	9	9
Recent migrant	1	0	3	3
Lacking supportive social network	1	0	4	4
Domestic worker	0	0	2	2
Ethnic / religious minority	0	0	1	1
Marginalised castes	0	0	1	1

Table 6: Breakdown of programmes by participant numbers

Number of participants	0-500	501-1000	1001-5000	5001-10,000	10,001-20,000	20,001-100,000	100,000+	Unclear
Number of programmes	4	4	7	4	4	5	4	12

Figure 2: Content of life skills curricula

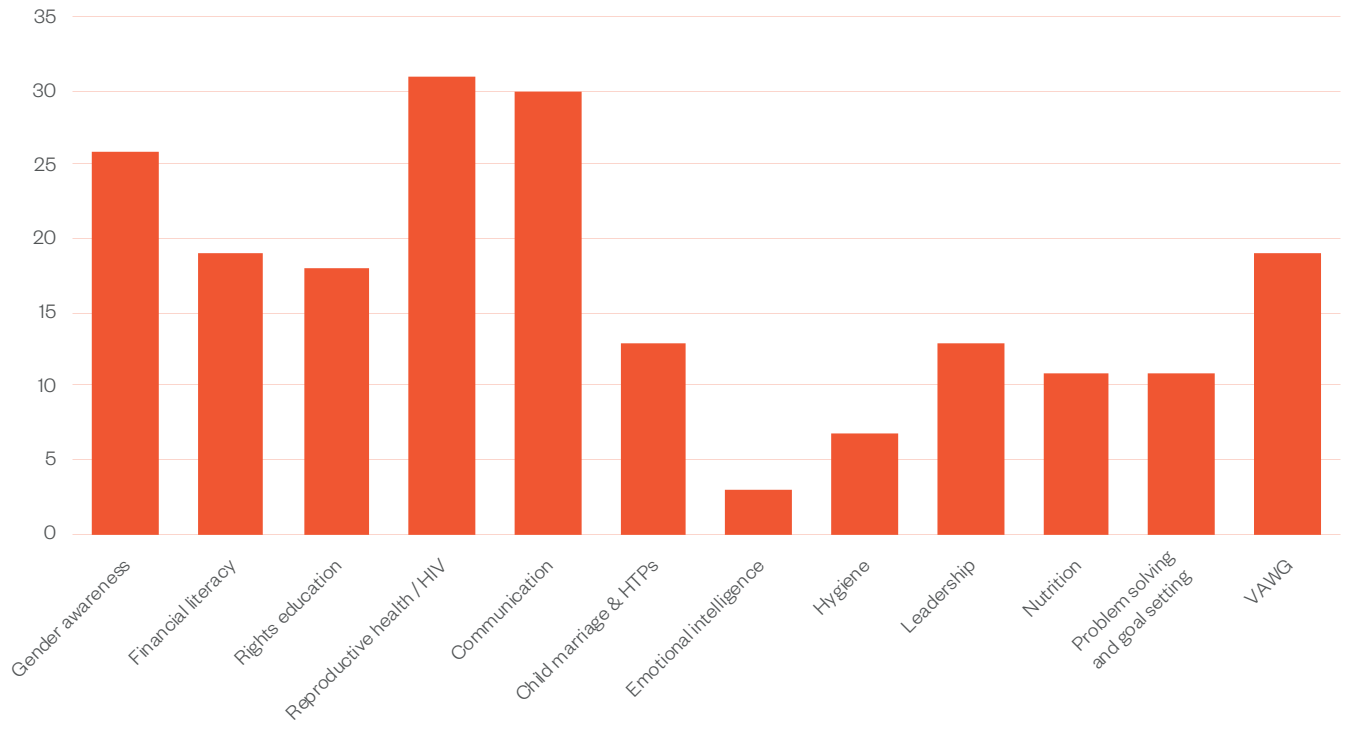


Table 7: Programme components by type of programme

Type of programme	Life skills component (n=44)					Additional activities (n=30)									
	Changing gender norms and attitudes	Financial literacy	Knowledge of laws and rights	Reproductive health / HIV	Training in communication skills	Vocational skills	Catch-up basic education	Political / civic engagement	Sport	Savings and loans	Stipends and incentives	Training peer educators	Youth friendly services	Other	No additional activities
Community-based club (n=33)	19	17	16	26	22	15	9	3	6	14	8	2	3	2	8
Extra-curricular club (n=10)	6	2	0	3	8	1	0	3	3	2	1	2	0	0	4
School-based life skills classes (n=6)	4	1	3	4	4	1	1	0	0	0	1	1	1	1	4
Overall	26	19	18	31	30	17	10	4	7	15	10	4	4	3	14

These curricula covered a range of topics related to gender equality, while also aiming to develop skills, such as communication and leadership skills.

Sexual and reproductive health (SRH) was the most commonly covered topic in life skills sessions (31 of the 44 programmes), followed by communication skills (30) and gender norms (26). Nine programmes offered at least three core life-skills components (out of gender awareness, financial literacy, rights education, reproductive health education and communication skills); 18 programmes involved activities to develop the kinds of soft skills, such as problem solving, emotional intelligence and leadership skills that are increasingly recognised as important for social and economic well-being and success (see Section 6 for further discussion). Twenty-six had specific content on either violence against women and girls (VAWG) (19 programmes) or child marriage and other harmful traditional practices (HTPs) (11 programmes), though material on gender norms and equality may have included these issues. Fourteen included additional material on health, hygiene or nutrition over and above the widespread focus on sexual and reproductive health. Table A.2 Annex 1, gives further detail of the combinations of content of life skills programmes.

Of the life skills curricula examined, 27 programmes had a strong focus[6] on gender equality, 11 a moderate focus, and 6 a weak focus (see Annex 2 for more detail on the content of life skills curricula). In sections 4-8 we explore the relationship between life skills curriculum content and change in empowerment outcomes.

Fourteen programmes aimed to provide a 'safe space' for girls to meet, socialise, learn and build confidence in a supportive setting. Most programmes offered additional activities (Table 7). For the purposes of clarity, the life skills curricula topics outlined in Table 7 have been grouped together into five main areas, with other activities, such as sport, counted separately. In general, there was a spread of programme activity by programme type.

Eighteen programmes included a focus on girls' and women's legal rights, while 19 taught financial literacy (Table 7). Fourteen of the 44 programmes offered life skills education only (with no additional activities) while the vast majority (30 programmes) offered additional activities alongside life skills education.

6 We classified programmes as having a strong, medium or weak gender focus based on the breadth and depth of life skills topics covered in curricula. Generally, programmes categorised as having a strong gender focus explicitly included 'changing gender norms and attitudes' as a key life skills component in addition to a specific focus on VAWG, child marriage and HTPs or self-esteem. Programmes categorised as having a medium focus on gender generally had an implicit focus on gender (for instance, through reproductive health sessions); those categorised as having a low gender focus generally dealt with financial literacy and communication skills.

3.4 Overview of outcomes

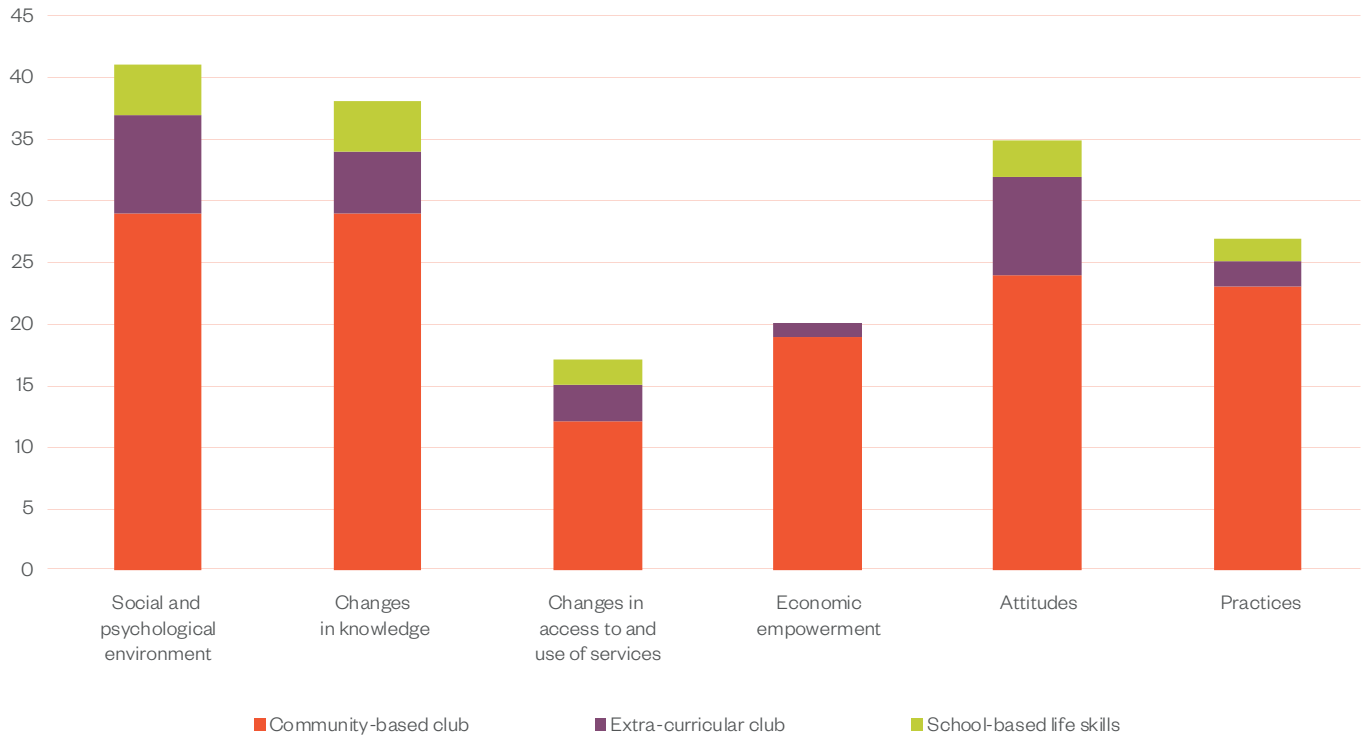
The 44 programmes were associated with a wide range of outcomes. Overall, changes in knowledge were the most common (identified in 34 programmes), followed by changes in gender-related attitudes and gender-discriminatory practices (32 programmes); by contrast, only six led to increased civic or political engagement (Figure 3).

Unsurprisingly, outcomes varied with the nature of activities undertaken, which (as already noted in Section 3.3) varied by type of programme. Almost all extra-curricular clubs were associated with changes in psychological well-being; school life skills programmes primarily led to knowledge-related outcomes, while also contributing to psychological empowerment. School extra-curricular clubs and community-based clubs had the most significant effects on educational achievement, probably because a subset of programmes focused specifically on homework support and study skills (extra-curricular clubs) or catch-up education (community-based programmes) or provided school stipends/materials (both types of programmes).

The most common outcomes of community-based clubs were changes in knowledge, particularly of SRH and rights, changes in attitudes to gender equality, changes in gender-discriminatory practices and in psychological empowerment. Enhanced vocational skills and civic and political engagement were almost entirely confined to community-based clubs (Figure 3). Sub-outcomes within each category will be discussed further in the following sections.

Having outlined key aspects of programme activity and outcomes, we now discuss evidence of impact in each of our five GAGE research areas in more detail (sections 4-8). Section 9 draws together evidence on the cross-cutting factors that have affected the impact of girls' and youth clubs and life skills programmes.

Figure 3: Number of programmes by outcome areas



4 Social and psychological empowerment

Key points: social and psychological empowerment

Most programmes focused on building girl participants' self-confidence and self-esteem, communication, negotiation and leadership skills, and self-efficacy; some also emphasised creating a more supportive environment by strengthening girls' social networks and relationships.

Given the nature of their aims, most worked with girls only through school-based or community-based clubs, and the programmes and curricula had a strong or medium gender focus.

Results include girls reporting greater confidence to speak out among their peers and family; in some cases, impacts were stronger for girls who participated more actively and more regularly.

Thirteen programme evaluations reported positive impacts in enhancing girls' social networks outside their family by enabling them to meet regularly with other girls; some also noted stronger connections with friendly or supportive adults or sources of support in the community.

Six evaluations reported impacts on girls' civic action, such as lobbying local officials for improved service provision, reporting perpetrators of sexual abuse or harassment and seven reported enhanced leadership skills.

Thirty-seven of the 44 programmes aimed to contribute to girls' empowerment through strengthening their 'power within' – their self-confidence and self-esteem, their communication and negotiation skills, their agency, leadership skills, and their 'power to and with'[7] – their civic and political engagement – as well as creating a more supportive environment by strengthening their social networks and relationships. (Changes in attitudes and norms – another key aspect of a supportive environment – are discussed in Section 6.) As might be expected, community-based clubs are strongly represented (29 of the 37 programmes). The high number of school extra-curricular clubs is more surprising, and points to the strong emphasis on empowerment in these clubs.

Given the strong emphasis on building girls' agency to negotiate for their desired goals and influence decisions about their lives – and the perception that girls' social networks are often more constrained than boys' networks – it is not surprising that a slightly higher proportion of these programmes worked with girls only (78% of the programmes examined compared with 66% of all programmes). The programmes discussed in this section mostly had a strong or medium focus on gender equality within life skills curricula, and the key programme activities (e.g. strengthening communication skills, raising awareness of gender equality) reflect the activities undertaken by the broader set of programmes examined.

Table 8 shows the programmes that led to change on each of the indicators examined in this section, and the distribution of outcomes. These were overwhelmingly positive, with only two instances of negative change (both from the same programme) and seven instances of no change, compared with 67 positive outcomes recorded.

4.1 Self-esteem and self-confidence

Boosting girls' self-confidence and self-esteem was an important objective for many of the programmes examined – the evaluations of Power to Lead Alliance (PTLA) and ITSPLEY clearly articulated the programmes' theory of change[8] that self-confidence and voice are building blocks for empowerment (Miske, 2011a; 2011b). Evaluations of 18 programmes recorded changes in girls' self-confidence or self-esteem. In five cases (BALIKA, Safe and Smart Savings, Peer Education Nepal, Ishaka and ELA Bangladesh) this was simply an observation; the other evaluations presented either qualitative or quantitative evidence of change.

7 Rowlands (1997) and VeneKlasen and Miller (2002) distinguish 'power within' (self-confidence, self-efficacy etc) from 'power to' achieve goals, 'power with' – the power of acting collectively with others, and 'power over' (power to control or dominate). These differences are succinctly explained at: www.powercube.net/other-forms-of-power/expressions-of-power, last checked on 28/05/2017.

8 This was unusual – few programmes explicitly articulated a theory of change, though it was implicit in most.

Table 8: Programmes leading to changes in social and psychosocial empowerment

Indicator	Outcome		
	Positive	No change	Negative
Self-esteem/ self-confidence (n=19)	AGEP; AGI Kenya; AGI Rwanda; BALIKA; BLO I (Delhi and Madhya Pradesh); CHATS; Deepshikha; Filles Éveillées; Ishaka; ITSPLEY; Moving the Goalposts; PAGE; Peer Education Nepal; PTLA; Safe and Smart Savings; SVAGS; TEGINT; TUSEME (n=18)	Ishraq (n=1)	(n=0)
Aspirations (n=6)	CHATS; ELA Tanzania and Uganda; PAGE; TEGINT (n=4)	ELA Bangladesh (n=1)	Bal Sabha (n=1)
Self-efficacy and decision-making (n=12)	AGEP; BLO I (Delhi and Madhya Pradesh); BLO II (Uttar Pradesh); Deepshikha; First Time Parents Project; Kishori Mandal; PAGE; Peer Education Nepal; SAFE; TUSEME (n=10)	SVAGS (n=1)	Bal Sabha (n=1)
Strength of social relationships outside family (n=13)	AGI Kenya; Filles Éveillées; First Time Parents Project (one site); Kishori Abhijan; Ishaka; Ishraq; PTLA; Safe and Smart Savings (n=11)	First Time Parents Project (one site) (n=1)	ELA Bangladesh; AGEP; (n=2)
Strength of family relationships (n=9)	BLO I (Delhi and Madhya Pradesh); BLO II (Uttar Pradesh); Choices; GEMS; Go Girls!; Learning Games; PTLA (n=7)	DISHA; First Time Parents (n=2)	(n=0)
Leadership skills (n=8)	BLO I (Delhi and Madhya Pradesh); CHATS; Deepshikha; ITSPLEY; Learning Games; Moving the Goalposts; Peer Education Nepal; PTLA (n=8)	(n=0)	(n=0)
Civic/ political engagement (n=6)	ADP; BLO I (Delhi and Madhya Pradesh); Deepshikha; ELA Bangladesh; Go Girls! PTLA (n=6)	(n=0)	(n=0)

Most of the studies focused on general self-confidence, particularly the confidence to speak out among peers, family or in the community (examples include ITSPLEY, PAGE, Deepshikha, CHATS and TUSEME, Better Life Options (BLO) I, Filles Éveillées). While many of the quantitative increases in reported self-confidence were relatively small (in the 2-4 percentage point range in Deepshikha, up to 11 percentage points in Filles Éveillées), two studies noted substantial increases. The evaluation of BLO I found participant girls to be 50% more likely to talk in front of elders in the family than the controls (CEDPA, 2001). Similarly, in the PTLA and ITSPLEY programmes, reported levels of self-confidence also increased substantially, particularly among active (regular) participants, and the evaluations feature case studies of girls who overcame shyness to lead groups and speak out in public about issues that concerned them.

For example, in PTLA and ITSPLEY, all participant girls in India and Malawi, more than 80% of participants in Honduras and more than 90% in Yemen, 64% in Tanzania and 54% in Egypt all reported a substantial increase in their self-confidence to speak out as a result of their participation (Miske et al., 2011a; 2011b). This is noteworthy as these programmes focused on the building blocks of leadership, with a major emphasis on building confidence. It is not clear why there should be such variation within the ITSPLEY programme, or between programmes. There are, for example, no discernible patterns in terms of extent of gender focus or intensity of programme; there are insufficient details on the quality of facilitation to draw conclusions on its significance.

Evaluations of programmes with strong economic empowerment components measured confidence on economic-related issues. For example, the evaluation of the Adolescent Girls Empowerment Programme (AGEP) in Zambia measured girls' self-confidence in relation to decision-making about money. Austrian and Hewett (2016) found that girls who participated in AGEP intensively were significantly more likely to have higher levels of efficacy and confidence relative to the control girls and to girls who participated less intensively (or not at all). The impacts were reported to be greatest among younger girls in rural areas who participated frequently in activities. Similarly, the evaluation of AGI Rwanda found that although there was little change in girls' already relatively high levels of self-esteem, their entrepreneurial self-confidence

increased significantly. Girls reported that they became significantly more assured of their abilities to identify business opportunities, to run their own businesses, and to interview for a professional job – skills directly related to the training curriculum. Likewise, girls in ELA Uganda reported increased confidence in their business skills, both as a result of life skills and vocational training (Bandiera et al., 2015).

Qualitative evidence from these studies also suggests that girls particularly valued the increase in their confidence to speak out. Across programmes with quite different focuses (e.g. economic empowerment in AGI Rwanda, leadership in ITSPLEY and PTLA and enhancing educational outcomes in CHATS, Malawi), the value girls put on being able to speak out emerges repeatedly:

> *'I was shy to speak in public before AGE. I was shivering in front of people but when I saw my friends facilitating in AGE, I also got courage that I can do it too.' (Participant in CHATS girls' club, Malawi, Sidle et al., no date: 8)*
>
> *'Before I joined the AGI project I was isolated and I was often disrespected. AGI taught me to accept myself; before I wouldn't speak much but my life changed a lot, I now have friends and am actively looking for a job.' (Participant in AGI Rwanda – female-only life-skills and economic empowerment programme, p. 41)*
>
> *'I used to feel shy when I first went there [the centre]. I would not play, sit or laugh with anyone and didn't talk to anyone. When the session ended I would go back home. Now I can talk to anyone.' (Age 17, regular participant, in Better Life Options II (Uttar Pradesh), Acharya et al., 2009: 47)*

Other stakeholders also noted this change:

> *'It was not that common and easy for a pupil to articulate their problems or express themselves before the heads of schools, teachers, parents and other members of the community. They are now speaking their problems in and out of schools. This is impressive.' (Interview, District Education Officer, Iringa Rural District, Tanzania, cited in Mhando et al., 2015: 26)*

Reflecting a strong empowerment focus in some of the extra-curricular school clubs, there were large reported increases in self-confidence among girls attending school-based clubs. For example, 71% of participants in TEGINT (Transforming Education for Girls in Nigeria and Tanzania) clubs in Tanzania said that attending the clubs had helped them gain confidence. Additionally, 7% of non-participants also felt that the clubs had helped them, which may indicate spillover effects. A smaller proportion of participants in Nigeria (but more non-participants) felt that the TEGINT club had helped them gain confidence (36% and 23% respectively). This may reflect the overall quality of the clubs as the impacts on self-confidence in Nigeria were far lower than in Tanzania (Mascarenhas, 2012; Wetheridge and Mamadu, 2012). Parkes and Heslop's evaluation of SVAGs in Kenya, Mozambique and Ghana also found that increased confidence among the children they surveyed (boys and girls) was attributed to participation in girls' and boys' clubs. Almost all pupils (96%[9] of boys and girls) surveyed in the evaluation of TUSEME reported that, as a result of their participation in clubs, they felt confident that they had acquired appropriate life skills to deal positively and effectively with demands and challenges of everyday life. A high proportion (70%) reported feeling confident about taking actions to solve their problems; 80% of girls and 72% of boys felt confident they could speak out and express their views on academic and social problems they encounter. These evaluations do not probe the routes by which participants developed self-confidence – and, in particular, the relative roles of the content of the curriculum as compared with practice in speaking in front of a group.

Two studies found no evidence or only limited evidence of increased self-esteem (Sieverding and Elbadawy's 2016 study of Ishraq; Botea et al.'s 2015 study of AGI Rwanda). In both cases, this reflects high levels of self-esteem at baseline – an important reminder to programme designers that poor adolescent girls do not necessarily lack self-esteem. It may also be the case that social pressures lead them to report high levels of self-esteem.

Although 18 (around half) of the programmes that contributed to increased self-confidence or self-esteem worked with other stakeholders, it appears to be the empowerment process that took place within the club rather than any work outside of it that led to increased self-confidence. However, without a change in others' attitudes towards girls and on gender inequality, this increased self-confidence may not translate to significant change (see Section 6 for discussion on changes in other people's attitudes towards girls). We now move on to discuss changes in girls' aspirations.

4.2 Aspirations

Aspirations are increasingly considered an important part of a 'soft skill set' that can help individuals develop

9 These figures are rounded to whole numbers.

sustainable and secure livelihoods (Burnett and Jayaram, 2012). Evaluations of six programmes – three school-based and three community-based – recorded impacts on girls' aspirations; all had a strong gender focus in life skills programme content, and all but one (BRAC ELA in Bangladesh) worked exclusively with girls, consistent with their empowerment focus.

In all but one case, these evaluations focused on girls' educational aspirations. The evaluation of BRAC's ELA programme in Uganda found a statistically significant impact on the age at which girls aspired to marry (an increase of over a year) and a 7% increase in the age they aspired to start childbearing (Bandiera et al., 2015).

The three school-based programmes (TEGINT, PAGE and CHATS) all found positive impacts on girls' aspirations. For example, among girls attending TEGINT clubs in Tanzania, the proportion who wanted a profession almost doubled from 41% in 2008 to 76% in 2012 (Mascarenhas, 2012); 45% stated that they wanted more knowledge and capabilities – a new aspiration not recorded at all at baseline. Participants in CHATS in Malawi showed a significantly stronger understanding of future career opportunities and educational pathways after one year of the programme. They were more likely to have reflected on the relative timing of their extended training and schooling as compared to other life goals than had non-participants (Sidle et al., no date). This may be the result of discussion and mentoring within school-based girls' clubs. Qualitative evidence suggests that girls who participated in the PAGE programme in India found the 'goal-setting' component of the life skills curriculum helpful in identifying their goals and working out how to address any barriers, including discriminatory gender norms, that might stop them from achieving them. Beyond this, none of these evaluations probed whether participants felt that discriminatory gender norms might prevent them from achieving their goals. The evaluation of TEGINT, however, found that poverty (identified by 58% of respondents) was a major obstacle to girls achieving their educational aspirations (Mascarenhas, 2012).

One study (of BRAC's ELA programme in Bangladesh) found no impact on girls' education aspirations, though it recorded aspirations towards non-traditional careers (Shahnaz and Karim, 2008). The study of Bal Sabha in Rajasthan, India, which ran two streams – one where participants were elected to the programme and one where there were randomly selected – found negative impacts on education aspirations among those not elected in the elected participants stream, but not where participants were randomly selected. These non-participants were 17%-18% less likely to want to complete grade 12 and 14%-15% less likely to want to complete a degree than non-participants in schools where girls were randomly invited to the programme. The authors suggest that not being elected had a negative impact on self-efficacy and aspirations; however, these effects did not occur where it was clear that participants were selected randomly (Delavallade et al., 2015). The study does not discuss how far the programme's curriculum may have influenced these findings.

4.3 Self-efficacy and control over decision-making

Analyses of girls' empowerment processes, and the theories of change of many of the programmes examined, identify the development of self-efficacy – belief in one's ability to succeed in accomplishing tasks or goals – as a key component of agency (examples from this review include CARE's multi-country ITSPLEY and PTLA programmes, and the Population Council's AGEP programme in Zambia). The evaluations of 12 programmes recorded changes in girls' sense of self-efficacy, in three cases through composite indices. Another three studies examined girls' control over particular forms of decision-making. Consistent with their strong emphasis on girls' empowerment through developing self-confidence and self-efficacy, 10 of these 12 programmes worked with girls only. Eight were community-based clubs, two were school-based clubs and two provided school life-skills lessons.

Four of the five evaluations that examined changes in self-efficacy indices or scores found positive increases in girls' self-efficacy, but in three cases this was somewhat qualified. In BLO II (Uttar Pradesh, India), girls' sense of self-efficacy increased most significantly as a result of the programme among regular participants; there were also increases (though less marked) among irregular participants and the control group (Acharya et al., 2009). The evaluation of AGEP in Zambia found a statistically significant difference in girls' perceived self-efficacy with respect to money (the only measurement made) between rounds 1 and 2, but control girls had caught up by round 3 (Austrian and Hewett, 2016).The evaluation of PAGE, a school life-skills programme in India, found a significant increase in perceived self-efficacy among girls (and particularly older girls) exposed to the intervention

(Nanda et al., 2017).[10] One encapsulated her sense of empowerment as follows:

> *'[one can] either keep following what your parents ask you to do. Don't think much and don't argue, just listen to them. Or fight for your own rights. Tell them what you want whether they feel good or bad about it.' (16-year-old girl, grade 12, cited in Nanda et al., 2016: 20)*

The only study to find any negative impacts on self-efficacy was that by Delavallade et al. (2015), of the Bal Sabha girls' parliament in Rajasthan. Similarly, with the findings on self-confidence, Delavallade et al. found that non-participants in schools where other girls had been chosen to participate experienced reduced self-efficacy after the programme.

Three studies found an increase in girls' involvement in decision-making; in two cases (both from India, BLO II in Uttar Pradesh and Kishori Mandal in Gujarat), the increases were notably larger as a result of regular programme participation (Acharya et al., 2009; Kalyanwala et al., 2006). Kalyanwala et al. found that irregular participants had lower levels of control over decision-making than the control group. CEDPA's (2001) evaluation of BLO I was the only study to probe changes in girls' control over different areas of decision-making as a result of programme participation. They found that participants were: 56% more likely than non-participants to have a say in decisions about studying further, or to make this decision themselves; 113% more likely to make decisions about whether or not to work; and 261% more likely to make decisions about the timing of marriage, either alone or with their parents. However, beyond examining regularity of participation, these studies shed little light on what contributed to girls' increased control over decision-making. It seems, in these cases, to have been driven by the empowerment process in the girls' clubs, as there was relatively little outreach to other stakeholders.

Finally, two studies reported on girls' perceptions of whether they could take action on sexual harassment. Mhando's evaluation of TUSEME found an increase in programme participants reporting or challenging sexual abuse/harassment in their villages (i.e. impacts were not confined to school). By contrast, the evaluation of SVAGS (Parkes and Heslop, 2013) found that despite the confidence-boosting effects of participating in in school girls' clubs, girls nevertheless felt constrained by prevailing norms from taking action on sexual harassment.

4.4 Strengthening social networks and social relationships

The evaluations of 13 programmes reported on efforts to enhance girls' social networks outside their families by enabling them to meet regularly with other girls, and all found positive impacts.[11] Some programmes had an explicit emphasis on providing a place where girls could socialise with other girls, through organised games or quiet space, in addition to scheduled activities and classes. In others, this expansion of social networks appeared to be more a by-product of participating in the programme.

The 13 evaluations focused on changes in girls' friendship networks. Six (Kishori Abhijan, AGEP Zambia, Safe and Smart Savings Programme, Ishraq, Berhane Hewan and First-Time Parents project) found statistically significant positive effects on girls and young women's friendship networks in at least some of the project sites. The actual indicators examined varied from project to project. Thus, the First-Time Parents project in Gujarat, India, focused on the expansion of girls and young women's friendship networks in their marital villages, while the evaluation of Berhane Hewan in Ethiopia examined changes in the proportion of girls who reported having a non-familial best friend.

Several of the evaluations of Population Council-funded programmes (e.g. AGEP Zambia, Berhane Hewan, Ethiopia, and Safe and Smart Savings Programme in Uganda and Kenya) also focused on changes in whether girls felt they had a place where they could meet a friend outside of home or school. This probably reflects the funding body's emphasis on creating 'safe spaces' for girls to socialise. All these evaluations found an increase in the proportion of girls feeling that they had a safe space in which to socialise. Only a few of these evaluations included qualitative insights, with the initial evaluation of AGI in Kenya probing the role of safe spaces in helping girls develop friendships:

> *'Adolescents from Kibera and Wajir reported that they formed positive relationships and friendships with other girls within their Safe Spaces group, explaining that*

10 Additionally, the evaluation of Deepshikha's community-based girls' empowerment programme in India found slightly higher scores on self-efficacy at endline (52% among participants compared with 50% for controls), but with no baseline figures given and no assessment of statistical significance, it is unclear whether this represents a notable increase.

11 One study found an overall decline in the proportion of adolescents socialising, although the programme itself still had a positive impact. The impact of one programme was classified as neutral – the study provided insufficient evidence of change in adolescent girls and young women's social networks.

they are able to laugh together, share what they have learned, visit each other outside of group meetings, and help each other when they are in need. Although a number of girls reported that they already knew some of the girls in their group, they described becoming even closer with these friends and being able to share with them more easily… However, most girls did not see any major differences in their relationships with the girls in the group compared to those outside of the group.' (Muthengi et al., 2016: 24)

Three other programmes (Ishaka in Burundi, AGEP in Zambia and BALIKA in Bangladesh) reported changes in the proportion of participants belonging to a club. For some programmes, this was a somewhat self-referential indicator as they typically provided such clubs and spaces (as with Ishaka in Burundi, for instance). Nonetheless there are some interesting insights from granular data. For example, BALIKA resulted in a statistically significant increase in belonging to a club for girls participating in all intervention strategies, with the greatest impact among those in the gender awareness arm (compared with the education and livelihoods arms) (Amin et al., 2016).

While the Deepshikha programme in India did not explicitly aim to create a safe and social place for girls, one of the modules in the life skills curriculum was on 'love and friendship', while another session centred on how to work well in groups as a team player. Thus, Deepshikha aimed to create a supportive environment for participating girls. Consequently, the proportion of girls who reported that they could never express their opinions with their peers decreased from 18.4% to 8.6% in intervention sites and from 15.8% to 9.3% in comparison sites (Sambodhi Research and Communications, 2014). Though the percentage decreased in both groups, it was greater among girls participating in the programme.

The evaluation of CARE's ITSPLEY programme in four countries (Miske et al., 2011a), which combined qualitative and quantitative insights, found more positive and friendly relationships between girls and boys as a result of participating in the programme's school- and community-based clubs, which were generally open to girls and boys. ITSPLEY was one of the few partially school-based programmes to examine impacts on participants' social relationships; most other evaluations of school-based programmes concentrate on other impacts, such as self-confidence, communication skills, knowledge, changing gender norms, and educational outcomes.

Impacts on social networks were closely linked to impacts on mobility, discussed in section 6. For example, the evaluations of Kishori Abhijan (Amin, 2011) and BRAC ELA in Bangladesh (Shahnaz and Karim, 2008) highlighted increases in the proportion of girls visiting friends, thereby strengthening their social networks.[12]

Two evaluations (Kishori Abhijan in Bangladesh and AGEP in Zambia) suggested that stronger social contacts between participant and non-participant girls were important mechanisms through which programmes had spillover effects (see section 9.3.2). For example, the Kishori Abhijan evaluation found a similar increase in girls' social networks, mobility and access to information among participants and controls, suggesting that the project's influence may have spread to nearby districts.

Comparing the impacts of BRAC's ELA programme in Uganda and Tanzania, Banks (2015) highlights both the socio-cultural context and the availability of a physical space to meet as important factors that have underpinned programme effectiveness in Uganda. In particular, she suggests that relative cultural openness has facilitated building strong peer solidarity networks, as participants have typically been willing to discuss their personal experiences without fear of judgement.

Banks further argues:

'It is easy to underestimate the importance of the "social" side of club activities. Time use allocations in Uganda highlight that large proportions of young people's time are taken up by work, study, and domestic responsibilities, leaving little time for entertainment or escaping the responsibilities and pressures of everyday life (Banks and Sulaiman 2012). Parents (or husbands) frown upon time that is not spent "productively" away from household duties and obligations, but young people see these social activities as critical to developing their talents. Group participation assists with the development of a range of social competencies such as self-esteem, communication skills and confidence, and builds social assets through expanding friends and social networks, engaging with young people from other backgrounds and communities, and promoting positive perceptions of young people in the community.' (Scales et al., 2001; Tanti et al., 2011; Banks and Sulaiman, 2012, all cited in Banks, 2015)

12 The evaluation of BRAC ELA in Bangladesh indicates an overall decline in adolescents socialising between baseline and endline, though the positive impact of the programme still stands.

Likewise, Kalyanwala et al. (2006: vii) conclude that in the Kishori Mandal programme in Gujarat:

> *'... what was universally appreciated was the opportunity to meet in a legitimate space on a regular basis, to visit new places and learn about life outside the village, and to acquire vocational skills. Even adolescents who expressed dissatisfaction with or could not recall the content of the training programmes enthusiastically endorsed these aspects of the intervention. Indeed, it would appear that simply meeting on a regular basis facilitated the establishment of strong peer networks, which along with having access to the outside world and developing new skills became an empowering experience for secluded adolescent girls.'*

4.4.1 Stronger relationships with other adult community members

Five studies of community-based programmes also reported changes in girls' connections with friendly or supportive adults or sources of support in the community who they could borrow money from or turn to in an emergency (for example, the Population Council's Safe and Smart Savings Programme in Kenya and Uganda, Austrian et al., 2012; Filles Éveillées in Burkina Faso; Biruh Tesfa in Ethiopia; AGEP in Zambia). In all these cases, girls reported a stronger network of supportive adults.

Evaluations of three of the school-based programmes (GEMS, Planning Ahead for Girls' Empowerment and Employability (PAGE) and TUSEME) also found evidence of stronger relationships and better communication between students and teachers. All these programmes involved work with teachers as well as students. In Jharkhand, India, the GEMS evaluation concluded that the combination of training of teachers to facilitate the programme, the strong emphasis on gender equality and rights, and the group-based sessions for students all contributed to improved communication between students, and between students and teachers; students also reported feeling more comfortable interacting with members of the opposite sex (Achyut et al., 2016).

Likewise, the PAGE programme (also in India) paid particular attention to improving girls' communication with teachers because qualitative analysis revealed that girls thought highly of their teachers as 'positive influencers; and viewed them as important sources of knowledge, but that at times they were afraid to articulate their feelings honestly in the presence of a teacher' (Nanda et al., 2017). It included orientation sessions with selected teachers and created a network of teachers interested in bolstering programme uptake in schools in the long run. Some of the teachers' networks managed to provide regular and greater support to the girls. The evaluation found positive and statistically significant differences between control and intervention groups at endline in girls' responses to statements such as 'I like going to school because my teacher respects me' and 'I like going to school because I can talk to my teachers about any problems I may be facing at home or at school' (Nanda et al., 2017).

4.4.2 Improved quality of family relationships

Two of the qualitative studies, particularly of community-based clubs, highlighted the importance of greater understanding and therefore less conflictual relationships within families as a positive outcome of participation in girls' clubs and life skills programmes. For example, a participant in CARE's PTLA programme in Honduras reported:

> *'My mother trusts me and she knows who I am and she encourages me to go to meetings and trainings. She says that I am going to become someone in life and I know that I am going to be a big enterprise manager.' (Girl in Honduras, Miske et al., 2011b: 32)*

Participants in the Choices programme in Nepal also noted improved relationships between brothers and sisters, with boys showing greater respect and consideration for their sisters and taking a greater share of domestic duties (IRH, 2011).

Life-skills sessions with training in communication skills, and discussion of gender norms and SRH can encourage girls to speak more openly about taboo subjects. Four evaluations reported improved communication on sensitive issues between family members. For example, the evaluation of BLO II in Uttar Pradesh, (Acharya et al., 2009) found a greater improvement in parent-daughter communication on SRH matters among participants than among non-participants and control girls. In Malawi and Mozambique, mothers and fathers who had taken part in the Go Girls! Initiative (GGI) were more likely to communicate with their daughters on the topic of HIV and AIDS than those who did not take part. Logistic regression demonstrated that girls in Botswana were 2.8 times more likely to report that their relationship with their mother had improved over the past year than non-participants

(Underwood and Schwandt, 2011). By contrast, DISHA's programme in Bihar and Jharkhand, India did not lead to any changes in girls' ability to communicate with their parents over the timing of marriage (Kanesathasan et al., 2008). This may reflect the lack of joint sessions involving young people and their parents.

The Learning Games programme in India, in which mothers and daughters participated together so that they would have shared knowledge of the issues discussed (SRH and financial management), emphasised the importance of parent–daughter communication. The evaluation found that reported communication on SRH matters increased more among participants than among non-participants and control girls (Gray and Chanani, 2010).

The curriculum for the PAGE programme in India included sessions on 'effective communication' within its efficacy module. Surveys at baseline and endline assessed several domains, including interpersonal communication between girls and their parents, girls and their teachers and girls and their peers. Older girls were significantly more able to negotiate and share their aspirations with their families after taking part, with communication between girls and their fathers (in particular) improving with age. The evaluators concluded that younger girls' lower levels of communication with family members reflected a lack of self-confidence (Nanda et al., 2017).

Three studies of programmes that worked entirely or partially with married girls found evidence of improved communication between partners. Among married girls, CEDPA's BLO in Gujarat found that the programme had improved spousal communication on family planning issues (a statistically significant difference of 55 percentage points between the intervention and control groups). This helps explain the finding of significantly higher levels of use of temporary contraceptives (e.g. condoms and pills) among programme alumnae (CEDPA, 2001). The evaluation of DISHA's programme in Bihar and Jharkand, India found a small effect on married young people's ability to talk to their spouse about using contraception (Kanesathasan et al., 2008).

The evaluation of the First-Time Parents project in Gujarat and West Bengal (India) examined changes in three aspects of communication between spouses, with mixed findings. It found that married young women who were exposed to the intervention (either through young women's groups, community events or one-to-one outreach) were significantly more likely to have discussed contraceptive use with their husbands than those from the control group, with the effect being greater among young women who were exposed to more than one component. The project had a positive impact on married young women's ability to express their opinion to their husbands when they disagreed with them in one site (West Bengal) but not in the other (Gujarat). The evaluation found that in neither site did the project have a significant effect on husbands' support to their wives during conflicts with other family members. Additionally, the evaluation of Meseret Hiwott in Ethiopia hypothesises that improved health outcomes and more egalitarian divisions of labour reflected increased communication between partners (Erulkar and Medhin, 2014).

These evaluations do not discuss in any detail which aspects of club or life skills programme participation led to the reported changes in family relationships. However, it appears to have been a combination of working with other family members (in the majority of cases) or of parents seeing the changes in their daughters' knowledge and skills that underpinned these changes.

4.5 Leadership skills and civic and political engagement

The evaluations of six programmes found impacts on girls' civic or political engagement, and seven reported enhanced leadership skills, which could underpin future public activity of this kind. Because most evaluations were undertaken within six months of a programme ending or of participants exiting it (see section 9.3.1), longer-term spin-off effects such as subsequent involvement in community action are generally not recorded. It may also be the case that relatively few programmes anticipate impacts of this kind and thus evaluations do not investigate them.

The programmes discussed in this section were varied in nature: most were community-based; two took place at least partially in school-based clubs; two used sports as a means to boost self-confidence and leadership skills; most focused on girls only but three were open to girls and boys; and most spanned much of the adolescent age range, though ITSPLEY focused on younger adolescents (10-14) and Better Life Options worked with older adolescents (16-19). They covered a range of geographical settings, with the two CARE programmes including some very conservative contexts, and (in the case of the CEDPA programme in Nepal), working to promote better inter-caste relationships as well as reduce gender discrimination.

4.5.1 Engagement with governance and political system

Deepshikha, a programme in India supported by the Sambodhi Trust, was the only one to promote girls' direct engagement with local governance structures – in this case, gram panchayats (village councils).[13] At baseline, only 6% of girls reported that they attended gram panchayat meetings, compared with 10% at endline. Similarly, at baseline, about 5% of girls reported having been involved in handling a village-level problem, rising to 14% by endline (8% in the comparison area). As a result of the project, 14 adolescent girls had been elected as village leaders while another 353 were serving on village-level committees. The evaluation reports that they had been active in stopping planned child marriages and in improving village sanitation (Sambodhi Research and Communications, 2014).

Among project participants and a control group of girls, there was a notable reduction in the proportion of girls who did not feel confident expressing views in public or participating in decision-making among their peers or within their families. There was also a notable reduction in the proportion of girls who did not feel confident convincing others. The greatest change (of over 25 percentage points) was in the proportion of girls who felt comfortable speaking in public and convincing others, though the evaluation does not report whether this was statistically significant.

Two other evaluations points to indicators of increased civic and political engagement: the evaluation of BRAC's ELA programme in Bangladesh indicates an increase in the proportion of participants who were aware of the name of the local government chairperson (Shahnaz and Karim, 2008). Miske et al.'s (2011b) evaluation of the PTLA found that participants had successfully negotiated for representation on local councils (though the evaluation does not record how seriously they were taken by other council members).

4.5.2 Campaigning and influencing

Evaluations of two connected programmes (ITSPLEY and PTLA) recorded changes in girls' leadership skills and action on locally important issues. In all countries except Honduras, the programme had met its target in terms of number of girls taking leadership action. The evaluations cited examples of such actions: in Bangladesh, girls spoke out about child marriage; in Egypt, they organised a health workshop for their mothers, inviting a doctor to speak; and in Tanzania, they spoke to ward officers about trucks on the road stirring up dust, causing respiratory problems (Miske et al., 2011a). Also in Tanzania, girls appeared to be influencing others in village forums and in ward development committees. They negotiated for representation on these committees, using the opportunity to request schools to provide official time for students to participate in sports activities (Miske et al., 2011b). The evaluation of TUSEME also suggests that the programme educated and inspired participants to hold teachers accountable for their behaviour. Interviews and focus group discussions indicated that teachers' classroom attendance has increased because students could report teacher absenteeism to the headteacher. Girls and other interviewees (teachers, community leaders) also reported that girls were more likely to confront men making sexual advances, and (as discussed in more detail in section 4.1) were more likely to report such behaviour to the police, which may have deterred potential harassers (Mhando et al., 2015).

Studies of two BRAC programmes in Bangladesh, ELA and the Adolescent Development Programme (ADP), highlight evidence of participants taking action against child marriage. In the case of ELA, the study mentions this in passing (Shahnaz and Karim, 2008); the study of ADP quantifies changes in participants' actions and finds that they talked to friends, explained the problems associated with early marriage to grooms' parents, and protested against early marriage. The increase in taking actions of this kind was substantial – between 57 and 62 percentage points among leaders and other girl participants respectively. Participant boys also reported engaging in action against child marriage substantially (46 percentage points) more than the control group, but change over time is not reported (Alim et al., 2012). The evaluation does not report how frequently respondents engaged in these actions.

The evaluation of GGI in Botswana, Malawi and Mozambique recorded changes in participants' intention to take action. It found that groups formed as a result of programme participation (which appeared to include adolescent girls and adults) intended to take action to protect vulnerable girls. Some of the actions included: persuading community leaders to enact laws to protect vulnerable girls; encouraging girls and adults to attend

13 A Girls' Parliament programme examined by Delavallade et al. (2015) reports only on changes in girls' self-efficacy and aspirations, and not on their engagement in civic or political action.

other programme activities; modifying HTPs; encouraging girls to go to school; ending early marriages; building latrines at the school; and clearing the students' route to and from school to make them safe from perpetrators of violence (Underwood and Schwandt, 2011).

The evaluation of CEDPA's programme in Nepal, which trained adolescent girls as peer educators on health and social issues, found that participating in the programme 'gave girls the opportunity to develop leadership skills and a shared sense of the power of group efforts, by leading group discussions and by organising community outreach on priority advocacy issues' (CEDPA, 2001: 299). The study does not specify what these priority advocacy issues were, but given the programme's broader focus, it is likely that they included menstrual restrictions. This project was also notable in that it paired girls of different castes working together as peer educators and thus helped reduce the significance of caste barriers. None of these studies addresses possible selection bias in that the programmes may have disproportionately attracted more outspoken girls who would be more likely to engage in civic or political action.

4.5.3 Using leadership skills for community development

At least two evaluations (Choices and BLO) also provided indirect evidence of the growth in girls' leadership skills; both recruited recent programme graduates (alumnae) to facilitate groups for younger girls or children (IRH, 2011), while the evaluation of BLO in Gujarat found that alumnae had got involved in community activities. Just under a quarter of the BLO graduates interviewed were involved in organising, facilitating or helping in training camps, 26% were community volunteers, and 14% were running their own training centres (CEDPA, 2001).

Two programmes (ITSPLEY and Moving the Goalposts in Kenya) used sport and associated life skills classes as a means to promote girls' leadership. The evaluation of Moving the Goalposts found that girls' confidence in their leadership abilities increased with time, though this was largely a result of growing self-confidence as they got older rather than necessarily related to longer participation in the programme.

4.5.4 What contributed to enhanced civic and political engagement?

In most cases, the evaluation and programme details do not reveal how far the curricula emphasised taking action on the issues discussed and helped participants understand how they could do so. Such an emphasis is clearest in CARE's PTLA programme in Egypt, Honduras, India, Malawi, Tanzania, and Yemen, and its ITSPLEY programme in Bangladesh, Egypt, Kenya and Tanzania. The curriculum (and evaluation) focused on developing confidence, voice and assertion, decision-making and action, organisation skills, and vision and ability to motivate others. Additionally, the Yemen programme included conflict management and group dynamics as core skills. In all countries, the programme used material on civic engagement. It is likely that this strong emphasis on leadership and civic engagement contributed to the relatively large number of examples given in the evaluation of girls taking action on issues that concern them.

One of the school-based programmes, Age Africa, included an explicit objective to enhance participants' leadership skills. In its CHATS programme in Malawi, girls' club members were mentored and supported to deliver sessions, which involved them mastering the programme content and developing facilitation skills. The evaluation does not mention whether they then used these skills to advocate for change in their communities.

Most other examples come from programmes with strong emphasis on education for gender awareness and women's and girls' rights (e.g. GGI, CEDPA and ADP). Given that most of the 44 programmes examined have a strong emphasis on education on gender issues and rights, but relatively few report subsequent civic engagement, it is likely that life skills sessions providing information on how to engage with local governance structures and to make one's voice heard in the public arena are important enablers of girls' civic and political engagement. However, the lack of longitudinal evidence about the impact of these programmes, and limited retrospective studies of women in positions of power, means there is little concrete evidence of long-term effects such as these.

5 Changes in knowledge

Key points: changes in knowledge

- Girls' clubs and life skills curricula have had positive impacts in increasing girls' knowledge in a range of areas, often through group discussions in safe spaces.
- Many of the programmes led to improvements in girls' knowledge of SRH, though there is far less evidence on girls' knowledge of menstruation.
- Increases in knowledge of legal rights largely focused on marriage and GBV.
- Positive changes in girls' knowledge of SRH do not always translate into changes in girls' lives, particularly as they lack power to change their experiences of 'sticky' gender norms and harmful practices.
- There has been some resistance to programmes educating girls on SRH issues.
- Community-based programmes tended to have spillover effects, with girls imparting some of what they learned to parents, families and the wider community.

5.1 Overview of the evidence

Most of the 44 programmes (36) led to participants gaining new areas of knowledge. Mirroring the distribution of the overall sample, 29 of these 36 programmes were community-based clubs, 5 were extra-curricular clubs and 4 were school-based life-skills sessions). Also mirroring the wider set of programmes examined, 25 of these 36 targeted girls only, compared with 5 that worked with girls and boys together and 2 that worked with girls and boys separately.

The most common area of changes in knowledge was SRH (31 programmes), followed by changes in knowledge of rights (16) and knowledge of finances (15). Changes in knowledge of laws, and of services and sources of support were less common (9 and 7 respectively). Table 9 demonstrates that changes in knowledge were overwhelmingly positive, with just a couple of programmes reporting no changes. No evaluations reported negative results (such as participants knowing less about an issue at endline than baseline).

Table 9: Distribution of changes in knowledge

Outcome	Positive change	No change
Knowledge around SRH (n=31)	ADP; ADP in Border Regions; AGEP; AGI Kenya; BALIKA; Berhane Hewan; BLO I; BLO II; Biruh Tesfa; Deepshikha; DISHA; ELA; Tanzania and Uganda; ELA Bangladesh; Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces; Filles Éveillées; First-Time Parents project; Ishaka; Kishori Abhijan; Learning Games; Mema Kwa Vijana; Meseret Hiwott; Moving the Goalposts; Peer Education Nepal; SAFE; Safe and Smart Savings; TEGINT; TUSEME; Wezesha Vijana (n=28)	Ishraq; TRY; CHATS (n=3)
Knowledge of rights (n=16)	ADP in Border Regions; AGEP; Berhane Hewan; Biruh Tesfa; CHATS; Deepshikha; ELA Bangladesh; ELA Tanzania and Uganda; Ishaka; Moving the Goalposts; SAFE; Step Change Window; TUSEME; Wezesha Vijana (n=14)	ADP; TRY (n=2)
Knowledge of laws (n=9)	ADP; BLO I; BLO II; Deepshikha; DISHA; Go Girls! Initiative; SAFE; TUSEME (n=8)	ADP in Border Regions (n=1)
Knowledge of services (n=7)	ADP; AGEP; Biruh Tesfa; Berhane Hewan; Filles Éveillées; SAFE (n=6)	CHATS (n=1)
Knowledge around finance (n=15)	AGEP; AGI Kenya; AGI Rwanda; BALIKA; Biruh Tesfa; **BLO II (Uttar Pradesh); Deepshikha; ELA Bangladesh; Filles Éveillées; Ishaka; Kishori Mandal; Learning Games; Safe and Smart Savings; Temuulel; TRY (n=15)**	

Table 10: Distribution of changes in knowledge by programme component

	Life-skills components					Additional activities								
Programme component / outcome indicator	Financial literacy	Reproductive health/HIV knowledge	Changing gender norms/attitudes	Knowledge of laws and rights	Training in communication skills	Vocational skills	Catch-up education	Sport	Savings or loans	Youth-friendly services	Stipends or incentives	Training peer educators	Political/civic engagement	Other
Knowledge around SRH	16	27	20	16	22	12	9	5	12	3	5	2	1	1
Knowledge of rights	9	12	11	8	13	5	4	3	7	1	5	2	1	1
Knowledge of laws	2	9	7	7	5	5	2	2	2	2	0	1	1	1
Knowledge of services / support	4	7	5	3	5	2	4	1	2	1	4	1	0	0
Knowledge of finance	13	10	8	8	12	6	4	2	13	0	4	0	1	0
Knowledge changes (overall)	18	28	21	17	26	14	10	5	15	3	7	3	1	1

Note that numbers add up to more than 44 as many programmes had multiple components and led to outcomes in multiple areas.

Table 10 illustrates that changes in knowledge were achieved through a range of programme activities. Most of the changes came from the life skills curricula: reproductive health and HIV education (28 programmes), training in communication skills (26) and efforts to change gender norms (21) were the most common components leading to knowledge-related outcomes, while vocational training (14) and savings and loans (15) were the most common additional activities. Activities to promote political and civic engagement, train peer educators and establish youth-friendly services were far less commonplace in programmes leading to changes in knowledge and, perhaps surprisingly, there was no strong relationship between knowledge of laws and rights and activities around promoting civic and political engagement.

5.2 Changes in knowledge around SRH

Reflecting the fact that many girls' clubs and life skills programmes have grown out of adolescent SRH programmes, education on reproductive health and HIV was the most common component among programmes leading to changes in SRH knowledge (27 programmes). Of these, 23 were community-based clubs, 2 extra-curricular clubs and 2 school-based sessions. Moreover, most programmes aiming to strengthen SRH knowledge focused on HIV and contraception, while a few provided information on of menstruation and puberty. This echoes a GAGE Rapid Evidence Review conducted by Coast and Latoff (2016), who highlighted the dearth of programmes educating young adolescents on menstruation.

The programmes examined generally had a positive impact, though in Deepshikha (India) there was also an increase in knowledge among non-participant girls (it is not clear whether this was due to the programme or other parallel activities). For instance, reported awareness of puberty among girls in project areas increased from 55% at baseline to 80% at endline, compared to an increase from 57% to 74% of girls respectively in comparison areas. Menstruation knowledge improved from 75% of girls to 99% in project areas, and from 77% to 99% in comparison areas (Sambodhi Research Communications, 2014). AGI Kenya mentors mentioned that the health education curriculum benefited girls and their parents in terms of increasing knowledge about menstruation.

> *'It helps them to learn that adolescence age is not something abnormal. Before, they used to get frustrated when they get their periods, but now they learnt it's normal for every adolescent girl to go through this process and this has been achieved through health education.' (Muthengi et al., 2016: 21)*

Similarly, although adolescent girls in BRAC's ADP programme areas in Bangladesh did not understand the term 'reproductive health', when asked about boyosondhikal (puberty) they could answer questions correctly (Alim, 2012). Girls from non-ADP areas did not have any knowledge

of reproductive health or boyosondhikal. Qualitative data demonstrate that ADP participants shared their new knowledge of puberty with other family members who did not always have accurate information.

Interestingly, several evaluations stated that the life skills curricula included sessions on puberty, yet often changes in this area of knowledge were not evaluated at all. For instance, AGEP in Zambia teaches adolescent girls about the menstrual cycle, though the evaluation suggests that this is primarily so they can understand the stages in which pregnancy is less likely to occur. Thus, some programmes seem to be designed with older adolescent girls in mind; even where they target younger adolescent girls, curricula are not tailored to them. For example, CEDPA (2001) states that the first phase of the BLO programme (BLO I) (Delhi and Madhya Pradesh) included sessions on menstruation and puberty. BLO used the CEDPA Choose a Future! (CAF!) manual, which focuses on gender awareness, reproductive health and civic participation within an enabling environment and supportive community. Yet the impacts of this curriculum on participants' knowledge of puberty were not analysed. Instead the evaluation measures – contraceptive health, prenatal care in the most recent pregnancy, delivery and postnatal care and obstetric history – were all areas of SRH relevant to older adolescents. Nonetheless, CEDPA (2001) found that BLO I was the major source of knowledge on contraceptives among married girls. Acharya et al. (2009) found that while comprehensive awareness of HIV increased by 18 percentage points among the control group (from 18% at baseline to 36% at endline), it increased by 29 percentage points among all intervention participants (from 21% to 50%) and by 37 percentage points among regular participants (from 26% to 63%).

The ELA programme in Bangladesh used life skills sessions to increase SRH knowledge and reduce risky sexual behaviours, early pregnancy, and transmission of sexually transmitted infections (STIs) and HIV. Although the study does not compare participants with a comparison group, there is some evidence of gains in participants' knowledge: a greater proportion were aware of STIs, HIV and AIDS in 2007 than in 2005. Indeed, in 2007, an additional module was incorporated into the ELA evaluations to assess the level of critical thinking among participants compared with non-participants. Adolescents were asked to agree or disagree with six statements relating to superstitions around menstruation. Overall, ELA participants agreed with an average of 1.3 superstitious statements and non-participants agreed with 1.8 superstitious statements (Shahnaz and Karim, 2008).

Group discussions within SRH curricula often led to increased knowledge. The evaluation of Meseret Hiwott (working with married girls in Ethiopia) found that in-depth group discussions influenced participants' knowledge of SRH topics, with the most commonly discussed topic being HIV and AIDS (92% of participants mentioned this), followed by family planning (77%) (Erulkar and Tamrat, 2014). Similarly, Berhane Hewan aimed to reduce child marriage in rural Ethiopia through facilitating the formation of girls' groups, supporting girls to remain in school and promoting community awareness. Life-skills sessions through girls' groups were facilitated by mentors who were recognised leaders in their community. After receiving training, mentors went door-to-door to identify suitable participants. Mekbib and Molla (2010) demonstrate the importance of increasing other stakeholders' knowledge at the same time as working with girls. Their evaluation found that community conversations, group meetings by mentors, and house-to-house visits by mentors were mentioned first, second and third respectively by parents and husbands as the most significant approaches for increasing SRH knowledge. In-depth interviews gave community conversations, social mobilisation and school incentives the same priority sequence (Mekbib and Molla, 2010).

Gray and Chanani (2010) emphasise the importance of communicating with the wider community and parents before programme implementation to ensure support for girls' participation and minimise misinformation about the programme's purpose. This is particularly vital when implementing SRH education programmes due to cultural sensitivities. Qualitative research conducted by Spielberg et al. (2010) revealed that women expressed dissatisfaction with their daughters receiving an intervention if they had not also received it, or were at least aware of the content, since daughters often asked questions at home after attending the sessions that the mother could not confidently answer:

> *'Some of the questions were embarrassing and made the girls ask us embarrassing questions back home. We could not face them, as they know nothing about those things yet.' (Mother) (Spielberg et al., 2010: 7)*

However, there were some differing opinions among daughters who were sometimes more comfortable discussing sexual health when mothers or other women were not present, as they could speak more freely among

their peers. The Learning Games programme in India also had to overcome mentors' discomfort with some of the content of the curriculum they were to teach (Spielberg et al., 2010). Despite their discomfort, the programme appeared to be more effective at increasing HIV-related knowledge than financial knowledge, and while HIV-testing was still rare, girls who reported knowing where to get a test increased significantly.

Several evaluations of the MEMA kwa Vijana programme in Tanzania also found increased knowledge around HIV to be the clearest positive outcome.[14] The programme led to statistically significant improvements in knowledge, even eight years on (Anon, 2008; Ross et al., 2007). The programme's impact on pregnancy knowledge increased with years of exposure, with little variation across population subgroups (the subgroups analysed in this evaluation were gender, age, marital status, years of exposure and exposure in more recent past) (Doyle et al., 2011). However, these increases in knowledge did not translate to changes in health outcomes three or eight years after participation; one study concluded that a greater focus on changing norms among participants and the general population was needed (Anon, 2008).

Only three evaluations found no evidence of change in knowledge around SRH. In TRY, participants were not more knowledgeable on SRH issues despite these being covered by facilitators in sessions. There was some evidence that they improved their negotiation skills in terms of sexual relations, but this cannot be seen as certain owing to a high loss of participants by endline (Erulkar and Chong, 2005). Both Ishraq in Egypt and CHATS in Malawi did not lead to increases in knowledge of a scientific and technical nature. For example, despite the enhanced awareness of pubertal changes, contraceptive methods and ability to identify danger signs of ill health after giving birth (as reported in the Ishraq programme), the programme had no effect on participants' abilities to name the most fertile stage of the menstrual cycle (Brady et al., 2007). This could be due to a lack of focus on menstruation and puberty in the curriculum or a stronger focus on social or psychological empowerment than on biology. Ishraq, for instance, used a participatory curriculum based on the 'Learn to be free' curriculum (itself based on Paolo Freire's pedagogy), along with CEDPA's New Horizons curriculum, which focused on communication, team building, volunteering, negotiation, decision-making and critical thinking. Similarly, the CHATS curriculum aimed to empower girls to stay in school and transition successfully to work or higher education; mentors received intensive training in psychosocial support.

5.3 Changes in knowledge of rights

Of the programmes that led to changes in knowledge of rights, 11 were community-based, 3 were extra-curricular and 2 were school-based. Table 10 reveals that training in communication skills (13 programmes), reproductive health and HIV (12) and changing gender norms (11) are the most common focuses of life skills programmes leading to changes in girls' knowledge of their rights.

For instance, the TUSEME programme implemented through school-based clubs in Tanzania takes a gender-focused and rights-based approach, promoting participation and communication. The life skills curriculum centres focus heavily on rights and even the programme title (TUSEME means 'Let's Speak Out') reflects this. An evaluation conducted by Mhando et al. (2015) found that the key activities TUSEME club members engaged in included participatory and interactive activities such as debates, role-play, songs, small group discussions, poems and dramas. Teachers, headteachers and district education officers strongly acknowledged the empowering effects of girls participating in TUSEME in supporting them to speak out and defend their rights (Mhando et al., 2015). 73% of male participants and 78% of female participants reported that TUSEME had helped them to understand their basic rights. Likewise, the evaluation of the Ishaka programme in Burundi notes that its human rights and advocacy component led to a modest increase in girls' and families' basic knowledge of their rights and a new willingness of survivors to refer cases of rape and other rights violations to the justice system (Rushdy, 2012).

A similar approach is taken by Wezesha Vijana, which combines 'health assets' built by increasing girls' health and rights knowledge with 'social assets' created through peer support groups and deepening communication within the family (Wamukuru and Orton, no date). The programme led to an increase in the proportion of participants who were able to give correct answers to questions on rights and where to seek support services for gender-based violence (GBV). By endline, 90% of participants were able to answer correctly, compared to 62% of the control group.

14 This may be because it is easier to increase knowledge than to shift deep-seated attitudes or traditional practices, and easier to measure changes in knowledge than changes in practices.

Eight programmes leading to changes in knowledge of rights involved clear rights-based education components. Life-skills curricula with a focus on rights broadened participants' horizons and enabled them to learn about new issues. For instance, one member of the ADP in Border Regions of Bangladesh commented:

> *'Now we know a lot of things which we didn't know earlier. Child and women trafficking and HIV-related issues were unknown to me but after joining this programme I have learnt a lot of things.' (Ara and Das, 2010: 9)*

Deepshikha's life skills programme in India consisted of two 10-day modules focusing on gender, health, and financial literacy. Sambodhi Research Communications (2014) report that 95.5% of participants attended the session on rights and 75.5% of participants found them useful.

Meanwhile, ELA Bangladesh sessions focused on improving knowledge on rights, confidence and solidarity. The programme evaluation also found evidence of spillover effects, as ELA girls shared knowledge with their non-participant friends. Those who received rights training appeared to voluntarily act as mentors to younger adolescent girls or those who missed sessions. Mothers became more aware of the subjects that their daughters were learning about, including around rights. The employers of participants in the Filles Éveillées programme in Burkina Faso, along with community members, also highlighted spillover effects as participants shared their knowledge with children in their employers' households, friends, and other local people (Jarvis and Kabore, 2012).

Only two programmes found unclear or mixed changes in knowledge of rights. Erulkar et al. (2006) reported that participants of the Tap and Reposition Youth (TRY) programme in Kenya did not gain more knowledge of their rights, yet they stated they were more able to defend their rights – demonstrating once more that changes in knowledge and changes in practice do not necessarily run in parallel. This may be due to the fact that the programme's life skills curriculum did not include a module specifically educating participants on their rights: indeed, in the absence of such a module, it is unlikely that girls' knowledge of rights would improve. However, as the TRY curriculum included components on financial management and reproductive health and HIV, it is possible that these components indirectly empowered girls to be more assertive in defending what they perceived as their rights, despite lacking knowledge of their actual rights.

5.4 Changes in knowledge of laws

Nine programmes led to changes in girls' knowledge of laws: eight were community-based, one was school-based (TUSEME) and one (Go Girls! Initiative) spanned both elements. Three programmes targeted girls only, two worked with girls and boys together, and one worked with girls and boys separately. However, the mix of participants in these three programmes was unclear.

All nine programmes educated participants on the minimum legal age of marriage. Participants of BLO II in Uttar Pradesh, India, experienced much more significant increases in awareness of the legal minimum age of marriage than girls in the control site (Acharya et al., 2009). The evaluation notes that even after accounting for secular changes and other external factors in both intervention and control sites, much of the improvement in girls' knowledge and awareness of the legal minimum age of marriage – particularly in-depth awareness – can be attributed to the programme, especially to regular participation in programme activities. Of girls surveyed, 62% reported attending at least one session and 96% learnt something new by attending, while only 5% reported that they felt embarrassed during the session (compared to 71% in the sessions on reproductive health).

Two programmes focused on the legal minimum age of marriage but also emphasised the importance of educating participants on laws around domestic violence. For example, the Growing Up Safe and Healthy (SAFE) programme in Bangladesh explicitly aimed to enhance access to legal remedies and related referrals through the implementation the Domestic Violence (Protection and Prevention) Act 2010. As a result, the percentage of participants aware of the legal minimum age of marriage increased from 50% at baseline to 80% at endline. The percentage aware of marriage registration processes increased from 50% to 75% and the percentage aware of legal recourse against dowry increased from 60% to 70% (although the study does not compare these percentages to a control) (Naved and Amin, 2014). Deepshikha in India saw small changes in girls' knowledge on the legal age of marriage (70% at baseline to 90% at endline) (Sambodhi Research and Communications, 2014). Trainers across programme districts recommended that more emphasis should be given to sessions on rights and laws, especially girls and women seemed largely unaware of developments such as the Domestic Violence Act and various government schemes available to them.

Six programmes which led to improvements in participants' legal knowledge also conducted activities with adults in the wider community. For instance, DISHA carried out community events, embarked on awareness-raising activities and encouraged community dialogue with participants' parents. One of its overriding goals was to ensure that young people in the intervention areas were equipped with complete and accurate information on marriage. As such, young people exposed to DISHA were 14% more likely to know the legal age at marriage for girls, while adults exposed to the programme were twice as likely (at endline) to know the legal age of marriage (Kanesathasan et al., 2008). Since it is parents who generally make decisions on their adolescent daughters' marriage, it is vital that programmes target them too. However, young people exposed to DISHA were only 4% more likely than young people in the control group to think the ideal age of marriage was over 18, demonstrating that changes in knowledge do not always affect deep-rooted attitudes and practices.

Similarly, the evaluation of the Go Girls! Initiative highlights that knowledge of laws and the belief that laws are enforced was the area where programme impact was greatest. Provision of legal information was a key theme that was woven throughout the programme components. The evaluation measured legal literacy among adolescents and adults by asking questions about laws on rape, sex with minors, and restrictions of alcohol sales to minors. The findings were more robust among adolescent girls than among adults, but there were strong associations between legal literacy and programme participation for girls across Botswana, Malawi and Mozambique, as well as for adults in Mozambique.

The only programme to find mixed changes in knowledge of laws was ADP in the Border Regions of Bangladesh; this was despite its main objective being to raise awareness among adolescents, their parents and wider communities on a range of social and legal issues, including gender equality, SRH, marriage and dowry. The programme had a positive impact on knowledge around punishment for acid-throwing, trafficking of children and women, and the opportunity to take legal action. Although knowledge of the legal age of marriage for males and females increased more among intervention participants than among comparison participants, the difference-in-difference was insignificant (Ara and Das, 2010). The qualitative exploration, however, did find an increase in the proportion of adolescents who knew about the legal age of marriage. Ara and Das (2010) conclude that legal awareness among adolescents and their parents remains low despite programme efforts, suggesting that the programme should do more to provide leaflets and posters to adolescents to display in their houses and communities.

5.5 Changes in knowledge of health services

Six programmes which led to changes in knowledge of services involved community-based clubs and one was an extra-curricular school club. Changes were achieved through a range of programme activities; for example, seven programmes included reproductive health and HIV in the life skills curricula, while six carried out additional activities with adults to encourage health service uptake. Participants of AGEP in Zambia (for example) received a health voucher that could be redeemed for a package of general wellness and SRH services at local public and private SRH centres. During weekly meetings, mentors taught girls in the group about the voucher services and told them the location of participating clinics (Austrian and Hewett, 2016). Monthly meetings facilitated by mentors to provide supervision, refresher training and financial literacy sessions proved critical components for the successful rollout of financial services and utilisation of health services. Community sensitisation that went beyond obtaining buy-in was necessary so that the community consistently felt aware of programme aims and activities. Likewise, Berhane Hewan's community conversations were ranked as the most influential component for increasing knowledge and uptake of services (Mekbib and Molla, 2010).

Both Biruh Tesfa (Ethiopia) and Filles Éveillées (Burkina Faso) adopted the safe spaces model, similar to that of AGEP and Berhane Hewan, while simultaneously engaging the wider community on the topic of SRH and providing girls and their families with information on available services through outreach sessions, community events and home visits. By endline, Biruh Tesfa participants were twice as likely to know where to obtain voluntary counselling and testing (Erulkar et al., 2013); knowledge of where to seek HIV testing services increased from 88% to 100% among Filles Éveillées participants (Engebretsen, 2012).

Only one programme that led to changes in knowledge of health services included actively connecting girls with youth-friendly services (providing details and organising

visits). The evaluation of the SAFE programme in Bangladesh (an RCT) found that knowledge and awareness of health services increased across all three intervention arms. The percentage of participants that knew of service delivery points for sexual health problems increased from 72% to 97.3% in Arm A (male groups, female groups and community campaign), from 73.7% to 97.2% in Arm B (female groups and community campaign) and from 79.7% to 97.8% in Arm C (community campaign – comparison arm). Naved and Amin (2014) then used these data to measure the additional impact of a female group (4.4 points), the additional impact of a male group (1.8 points) and the additional impact of male and female groups (6.2 points).

Only one programme evaluation (CHATS in Malawi) found no changes in knowledge of health services: although participants demonstrated significant gains in SRH knowledge, there was no increase in knowledge on how to access services (Sidle et al., no date).

5.6 Changes in financial knowledge

Our review identified 14 community-based programmes that led to changes in financial knowledge, along with one programme that was a community club but included an element that took place on school premises outside of school hours (Temuulel).

The fact that 19 programmes included financial literacy sessions in their life skills curricula is likely to be the most significant contributor to changes in girls' financial knowledge. For example, the Deepshikha programme consisted of two 10-day modules with a focus on financial skills, including family budgeting, accounting, savings and simple book-keeping. The evaluation found that 61% of participants attended these financial literacy sessions and 76% said they found the sessions useful. Deepshikha led to changes in financial knowledge: by endline, only 4.5% of participant girls reported that they did not know about any means of saving money, compared to 10% of comparison girls. In suggesting topics for further training, the Deepshikha evaluation explains that financial literacy should be emphasised in rural as well as urban areas, as saving and budgeting are vital life skills for all girls regardless of background. However, very few girls (11%) discussed what they had learnt about financial literacy with their parents, compared to 81% who discussed what they had learnt about puberty and menstruation with their parents.

Gray and Chanani (2010) report a similar finding from the Learning Games programme in India, which included financial games and health games. Although daughters and their mothers improved their knowledge on ways to save and bargain, what to spend money on and making a savings plan, daughters and mothers alike were more positive in their feedback about the health games, which they found more enjoyable. Moreover, their knowledge of health increased more significantly than their knowledge of financial management. The evaluation authors concluded by stating that the financial games need to be assigned more sessions and more time to maximise impact.

However, the programme's strong savings focus was not sufficient to lead to changes in savings behaviour (whether in access to microcredit, income or assets). Learning Games also included savings education, with four sessions designed to help girls save, bargain, prioritise their spending, and follow a savings plan (Spielberg et al., 2010). Learning Games was associated with short-term improvements in knowledge of savings, attitudes towards savings, and the proportion of girls who had savings (Gray and Chanani, 2010; Spielberg et al., 2010). However, after a year, there was no difference between participants and the control group. Gray and Chanani (2010) highlight problems with participation and implementation, but the key factor limiting savings was the overall decline in participants' economic circumstances due to broader economic changes that reduced their incomes. While the programme did not significantly change savings behaviour overall, there was qualitative evidence of improvement for some girls: those who were able to save were able to bargain for lower prices or reduce expenditure, and are likely to be able to do so again in the future (Gray and Chanani, 2010).

The evaluation of ELA in Bangladesh notes that a financial literacy test was not conducted in 2005 at baseline, but a test was included in the 2007 endline survey, which found that participants had a slightly higher level of financial literacy than non-participants. Shahnaz and Karim (2008) found that education was one of the key determinants of financial literacy, but also that extra-curricular reading had a positive association with financial literacy too. Yet, programme participation per se did not have any significant association with financial literacy. Since the skill development training in ELA Bangladesh was focused on a particular enterprise, Shahnaz and Karim (2008) suggested that the inclusion of financial literacy as a generic module in the skill development training could be beneficial.

Girls in Safe and Smart Savings clubs in Kenya and Uganda received a financial education curriculum that included 16 sessions accompanied by a savings diary. Austrian and Muthengi (2014) stress that although it was not the only education topic in the group meetings, financial education sessions proved critical for building a base of knowledge and skills on personal money. Mentors used a simplified set of financial education sessions, entitled 'Young Women: Your Future, Your Money', that were adapted for girls in Uganda from the Microfinance Opportunities 'Young People: Your Future Your Money' universal youth financial education curriculum. Topics included planning for the future, having savings goals, making savings plans, controlling spending, knowing the difference between needs and wants, financial negotiations, and resolving conflicts about money. In addition to the group mentor (or social mentor), girls participating in the programme were also required to choose a financial mentor above the age of 18 to provide ongoing support and education (Austrian and Muthengi, 2013).

By endline, most Safe and Smart Savings respondents answered the evaluation questions on financial literacy correctly: 67% and 82% of Kenyan and Ugandan participants respectively could correctly name two reasons for savings, while 90% of girls in both countries could correctly name both a formal and informal place to save money (Austrian and Muthengi, 2013). However, Kenyan girls in the intervention group overall did worse on financial literacy questions at the endline survey in comparison to baseline – and a similar trend was found in the comparison areas. Austrian and Muthengi (2013) explain that since most girls were below the age of 15 at baseline, they may not have fully understood the meaning of various financial concepts, and thus their reports were inaccurate or subject to social desirability bias (where interviewees responded simply in a manner that is viewed positively). Yet, by endline, girls were older, more exposed, and more educated, and they were therefore more likely to report accurately since they possessed a better understanding of what a savings plan or budget entails. Nonetheless, the qualitative evidence supports the notion that the Safe and Smart Savings programme was overall effective in encouraging girls to understand the importance of saving and how to go about doing so, as one Kenyan participant commented:

> *'You must know why you are saving and must have a plan; don't save just because people are saving.' (Austrian and Muthengi, 2013: 11)*

Providing girls with opportunities to put their knowledge into action was an important theme that emerged from these programmes – for instance, in Filles Éveillées (Burkina Faso) there was a significant difference in the proportion of girls who reported having a savings plan between baseline (79%) and endline (88%). Engebretsen (2013) notes that the module on financial capability helped participants learn how to save and set goals. Interestingly, the module on financial literacy was brought forward in the order to second placed (rather than last), precisely so that girls could put their knowledge into practice over the course of the programme, and so that mentors could monitor the girls' progress in saving.

Considering the emphasis on putting learning into action in many curricula, it is not surprising that 16 programmes in our review included a savings and loans component. For example, the Temuulel programme in Mongolia connected girls with financial institutions, and the evaluation found that girls who received the intervention (either Financial Education Plus Savings or Savings Only) demonstrated a significant increase in knowledge, skills, and attitudes relative to comparison girls. Girls who received Financial Education Plus Savings tended to be familiar with a slightly wider range of services than those who received the Savings Only input (Tower and McGuinness, 2011).

The TRY programme adopted a staged approach, bridging knowledge-based activities with practical activities, which were encouraged. Programme activities for younger, more reticent adolescents living in constrained circumstances included promotion of savings linked to financial education, while activities for older adolescents living in better circumstances consisted of credit and other financial services. Erulkar and Chong (2005) found that the impact of the programme on financial indicators was greater for the older girls (20 and over) than for younger girls. Older girls were significantly more likely to have greater numbers of household assets, larger incomes and more savings, and were more likely to keep these savings in a financial institution. Although younger participants were more likely to have better financial indicators than their control counterparts, the differences between intervention and control participants were far weaker, while younger participants seemed to be more likely to drop out of the programme.

Likewise, the AGI Rwanda programme was able to instil a savings culture and financial management skills in participants through helping trainees open individual Savings and Credit Cooperatives (SACCO) accounts and encouraging the use of deposits as start-up capital for their

cooperatives. Six months after completing the training and no longer receiving stipends, respondents still reported significantly higher savings than at baseline. One participant explained:

> *'Knowledge is very important because I will not go back to the life I was living because I am no longer ignorant. I learned to save money and I managed to buy livestock.' (Botea et al., 2015: 21)*

As well as providing participants with the opportunity and space to practise their knowledge, it is also important to ensure that these spaces are safe; thus 7 of the 15 programmes had a strong gender focus in their life skills curricula alongside the financial literacy sessions, while 5 had a medium focus and 3 had a weak focus. Moreover, all 15 programmes targeted girls only.

In the AGEP programme (Zambia), the financial education curriculum was part of the Safe Space groups, and all girls participated in lessons on the importance of saving, budgeting, and prioritising different kinds of spending, as well as the risks of certain kinds of income. However, only girls in one arm of this experimental programme had savings accounts as well as financial education. It was girls in this arm who showed the strongest positive effect in terms of financial literacy scores and savings behaviour. This indicates the importance of actually having a savings account so that girls are able to put their learning and theoretical skills into practice. The Population Council worked in partnership with the National Savings and Credit Bank (NatSave) and Making Cents International to develop the Girls Dream savings account for AGEP girls (Austrian and Hewett, 2016). Reflecting the participation of girls in AGEP overall, younger rural adolescents were more likely to open an account. AGEP organised and paid for travel, thereby eliminating the barrier of distance for rural girls who wanted to open an account. Overall, account usage remained low throughout the programme; those who opened accounts were more likely to have saved in the past year. The programme's theory of change posits that increased financial security will contribute to reduced rates of teenage pregnancy and marriage, later sexual debut, and greater educational achievement. AGEP girls echoed this understanding in interviews:

> *'If you have your own money, you cannot find yourself in [bad situations], if you make your own money you are your own boss and you can do whatever you want to do with your money, no implications in the end.' (Austrian and Hewett, 2016: 30)*

Meanwhile, Young Savers Clubs in the TRY programme in Kenya worked to provide girls with a place that they could save safely while also giving them the opportunity to meet other girls their own age. A quote from a female participant explains some of the benefits she perceived:

> *'Sometimes I do not want my husband to know that I have money, so I take it to my female friends to keep for me.' (Erulkar et al., 2006: 25)*

While the household incomes, assets and savings of participants and controls were similar at baseline, by endline, TRY participants were significantly better off, and were more likely to know whether they should keep their savings in a safe place compared to control girls, who were at greater risk of having their savings stolen or confiscated by parents and husbands. Similarly, the AGI programme in Kenya included a wealth creation component, which provided financial and savings education delivered within the Safe Spaces model. Adolescents from both sites reported being satisfied with this component of the Safe Spaces meetings, with many describing that they liked learning how to save money. Parents also recognised the improvement in their daughters' financial literacy, explaining that they now know the importance of saving, how to save, and can demonstrate financial responsibility.

> *'Because the girls are learning new things. Even though, my daughter is a little girl... she can also understand how to save and the importance of saving. For instance, she told me she was taught that if she gets 10 shillings she can buy a candy at 5 shillings and save the rest. That's quite resourceful.' (Muthengi et al., 2016: 21)*

Programmes aiming to increase girls' financial knowledge differed in some important respects from other programmes. Apart from the Learning Games programme (which provided financial education to mothers and daughters), no other programmes included outreach work with parents around girls' savings – indicating that direct work with girls was much more important to improving financial knowledge. Changes in financial knowledge are particularly strong when girls are provided with the opportunity to save and receive loans as they are able to put their learning into practice through being connected to savings groups and financial institutions (see Section 8.2 for more on changes in girls' economic well-being through access to savings and bank accounts). There is also some evidence that changes are stronger for older girls, who are more likely to be economically active and therefore may have a deeper understanding of financial management in practice.

6 Changes in attitudes to gender equality and gender-discriminatory practices

Key points: changes in attitudes to gender equality and gender-discriminatory practices

- Almost three-quarters of the 44 programmes reviewed succeeded in changing attitudes to gender equality, while more than half helped reduce gender-discriminatory practices such as child marriage or restrictions on girls' mobility outside the home. Most worked with girls only.
- Success in reducing child marriage rates was usually due to engaging parents and other family members, as well as girls feeling more empowered to speak out.
- Of the 29 programmes for which there is evidence on attitude change, 23, engaged other stakeholders (typically parents) through community-level outreach, including awareness-raising campaigns), community dialogue, street theatre and other community events, and home visits, which proved useful in allaying parents' fears about proposed activities.
- Many more programmes (17) led to changes in girls' experiences of mobility than resulted in changed attitudes towards their mobility.
- Although most programmes led to changes in attitudes, practices or both, a few had mixed or limited impacts; this may reflect that although girls may feel more able to voice their opinions about marriage partner and timing of marriage, their parents ultimately take the decision.
- Although 16 programmes contributed to changes in attitudes towards GBV, fewer (11) reported changes in girls' experiences of GBV; of those 11, results were mixed, with more instances of no change or negative impacts than positive reductions (a common finding which is linked to greater awareness of what constitutes GBV as a result of such programming).

Of the 44 girls' clubs and life skills programmes reviewed, 37 programmes were associated with changes in either attitudes or practices. Thirty-two were associated with changes in attitudes to gender equality, 25 led to changes in gender-discriminatory practices, and 20 were associated with changes in both attitudes and practices. Depending on the programme design, the evaluations measured changes among girls only (safe spaces without outreach components), girls and boys (mixed programmes and those with outreach components to boys) and parents (generally those with outreach components, but occasionally also to test whether changes in girls views influenced attitudes or practices among their family members). These changes tended to be positive (see tables 11 and 12). Full details of the programmes discussed and their impacts can be found in Annex 1.

In keeping with the overall distribution of programmes, most of the programmes that led to changes in gender discriminatory attitudes or practices worked with girls only (25 of the 37 programmes). Five programmes worked with girls and boys together and two programmes worked with single-sex groups. Most programmes worked with adolescents across the 10-19 age range. Around a third included women aged 20 and over, and just one, Stop Violence Against Girls in Schools (SVAGS), included children aged 9 or under.

Most programmes that led to changes in gender discriminatory attitudes and practices were delivered through community-based clubs (29 of the 37 programmes). Eight were school life-skills programmes and four were extra-curricular clubs. (Numbers add up to more than 37 as several programmes operated multiple types of activity.)

Table 11: Distribution of changes in attitudes to aspects of gender equality

Outcome indicator	Positive change	Mixed/No change
Girls' gender attitudes (n=29)	ADP, AGI Kenya, Berhane Hewan, BLO I (Delhi and Madhya Pradesh), BLO II (Uttar Pradesh), CHATS, Choices, ELA Bangladesh, ELA Uganda, Filles Éveillées, GEMS, Ishaka, Ishraq, TEGINT, TRY, TUSEME, PAGE, PTLA, SAFE, SVAGS (n=20)	ADP in Border Regions, AGEP, BALIKA, Bal Sabha, ITSPLEY, FTPP, Kishori Mandal, Learning Games, Moving the Goalposts (n=9)
Others' attitudes towards girls (n=9)	ADP in Border Regions, Berhane Hewan, Choices Nepal, Filles Éveillées, GEMS, PTLA (n=6)	ELA Bangladesh, ITSPLEY, SAFE (n=3)
Child marriage (n=12)	BLO I (Delhi and Madhya Pradesh), GEMS, Balika, ELA Uganda, Ishraq, Bal Sabha, Berhane Hewan, Choices, DISHA, AGI Kenya, Moving the Goalposts (n=11)	ELA Bangladesh (n=1)
Gender-based violence (n=16)	GEMS, ELA Bangladesh Balika, Ishraq, TRY, Choices, Filles Éveillées, TUSEME, AGI Kenya, PAGE, SAFE, Deepshikha (n=12)	AGEP, Safe and Smart Savings, SVAGS, FTPP (n=4)
FGM/C (n=2)	Ishraq, Berhane Hewan (n=2)	(n=0)
Mobility (n=4)	BLO (Uttar Pradesh), ELA Bangladesh, Ishraq (n=3)	Safe and Smart Savings (n=1)
Domestic work (n=4)	BorderADP, Choices, Filles Éveillées, Kishori Mandal (n=4)	(n=0)

Table 12: Distribution of changes in practices

Issue	Impacts on practices (n=25)		
Outcome indicator	Positive change	Mixed/No Change	Negative
Child marriage (n=12)	BALIKA; Berhane Hewan; BLO (Delhi, Madhya Pradesh); BLO (Uttar Pradesh); DISHA; ELA Bangladesh; ELA Uganda; Ishraq; Kishori Abhijan; SAFE (n=9)	ADP, Moving the Goalposts (n=2)	(n=0)
Gender-based violence (n=11)	BALIKA, ELA Uganda, GEMS, SAFE, SHAZ! (n=5)	ELA Bangladesh, GoGirls! Meseret Hiwott, Safe and Smart Savings (n=4)	AGI, Ishraq (n=2)
FGM/C (n=1)	Ishraq (n=1)	(n=0)	(n=0)
Mobility (n=17)	ADP, ADP in Border Regions, BALIKA, BLO I (Delhi and Madhya Pradesh), BLO II (Uttar Pradesh), ELA Bangladesh, ELA Tanzania and Uganda, Deepshikha, DISHA, FTPP, Ishaka, Kishori Mandal, Safe and Smart Savings (n=13)	AGEP, Ishraq Moving the Goalposts, Meseret Hiwott, (n=4)	(n=0)
Domestic work (n=2)	Choices, Meseret Hiwott (n=2)	(n=0)	(n=0)
Engagement in risky sex (n=1)	(n=0)	AGEP (n=1)	(n=0)

6.1 Relationship between programme activities and outcomes

The programmes associated with changing attitudes and practices included a wide range of activities. Reproductive health education was the most common, followed by activities designed to change gender norms or attitudes (Table 13).

Many evaluations did not report on changes in attitudes and practices for a given issue. The absence of a change in practice when a programme changed attitudes – or vice versa – does not necessarily mean that the programme was ineffective in achieving such change; it may simply reflect the focuses of particular evaluations.

However, there were four programmes that contributed to changes in attitudes but not changes in practice (Moving the Goalposts, ELA Bangladesh, AGI Kenya and Ishraq).

Table 13: Frequency of programme activity (note that many programmes involved multiple activities)

	Changing gender norms and attitudes	Financial literacy	Knowledge of laws and rights	Reproductive health / HIV	Training in communication skills	Vocational skills	Catch-up basic education	Political / civic engagement	Sport	Savings and loans	Stipends and incentives	Training peer educators	Youth-friendly services	Other	No additional activities
Change in attitudes (n=32)	21	10	14	23	21	10	7	1	7	11	4	3	2	1	9
Change in practices (n=25)	16	4	11	20	12	12	5	4	4	10	3	1	3	2	7

Common factors that prevented changes in attitudes being translated into changes in practices include girls' relative lack of power compared to other decision-makers, the entrenched nature of social norms, and insufficient community engagement. These mechanisms are discussed further below.

6.2 Changes in attitudes to gender equality

Evaluations of 29 programmes (21 of which involved community-based clubs, 8 of which ran school-based clubs and 3 of which ran school-based life-skills programmes) captured evidence about changes in girls' attitudes towards gender equality. Of these, 20 led to positive (more gender egalitarian) changes, and 9 had no significant impact or mixed impacts, with school-based programmes (clubs and life skills) more likely to lead to attitude change. This may reflect the more consistent content and delivery of school-based programmes (all were externally funded rather than being part of the regular school curriculum), or it may simply be that the larger numbers of community-based programmes mean an increased likelihood that some would not be effective. Nine programmes also led to changes in the attitudes of other members of the community towards adolescent girls (six positive, while three evaluations recorded no significant impact or mixed impacts). None of the programmes led to negative changes in the attitudes of girls or the attitudes of members of the community towards girls.

Positive changes in attitudes towards gender equality were achieved through programmes that provided education on SRH, gender norms and/or training in communication skills. Fifteen of the 20 programmes associated with positive changes in girls' gender attitudes had a strong focus on gender roles, inequality and power. One such example was Choices in Nepal, which provided a series of sessions on gender equality in children's clubs attended by boys and girls; the evaluation found statistically significant changes in attitudes to gender equality on all dimensions measured. Discussions with participants also indicated new recognition of gender inequality as a result of participating in these activities. As one boy participant commented:

> *'Life for boys and girls is not equal in our community. Most of the boys go to school while girls have to look after household chores. Men have more freedom; they don't have to work at home. Girls are married and sent to her husband's home. However, we have learnt from the child club that life for boys and girls is equal. We have to work together and help each other.' (IRH, 2011: 31)*

Curriculum focus appears to have played an important role, but was not always the key factor that underpinned change. Two programmes (PTLA and Ishaka) with a limited curriculum focus on gender led to positive changes in girls' gender attitudes. This may reflect their strong practical focus, which led to changes in attitudes through girls' (and, in the case of PTLA, also boys') experiences of undertaking different activities.

Nineteen programmes (including AGEP, BLO and ELA) involved components to boost adolescent girls' economic well-being (such as savings and loans, incentives, stipends or financial literacy), and it is likely that there was some synergy between girls' increased economic well-being, self-confidence and self-efficacy, and more positive attitudes towards girls from other members of the community (see Section 8). For example, BLO II in India

(Uttar Pradesh) contributed to the development of more egalitarian attitudes towards gender roles and gendered divisions of labour. The evaluation attributes 44% of the change in attitudes on gender roles and all of the change in attitudes to gendered work roles to the programme (Acharya et al., 2009). It suggests that the programme's impact in fostering egalitarian gender-role attitudes is a consequence of its livelihoods training component, which focused on engaging girls in economic activities and promoting economic independence, as well as the more indirect focus on girls' traditional gender role attitudes (ibid.). Synergies between components and the relative importance of each component in achieving change are discussed in more detail in Section 9.

In 13 programmes that led to positive changes in attitudes towards gender equality (including BLO I, BLO II, Ishraq, SAFE, ADP and AGI Kenya), gender-focused life skills content was delivered alongside or integrated into SRH material. Empowering girls to understand their own biology, health, sexual agency and reproductive choices may have contributed to their more egalitarian gender attitudes, or changes in gender attitudes may have supported changes in their SRH knowledge and agency.

6.2.1 Community engagement

Of the 29 programmes for which there is evidence on attitude change, 23 involved activities with other stakeholders, mostly mothers and fathers. The most common of these were community-level outreach, informing participants of programmes (6 programmes), awareness-raising campaigns (5), community dialogue (5), community events such as street theatre (5) and home visits (5).

The importance of community engagement in changing gender attitudes is highlighted by two programmes in which failure to engage or delayed community outreach led to poor outcomes. Planning Ahead for Girls' Empowerment and Employability (PAGE) was a pilot programme delivered in government schools in Delhi, focusing on 15-17 year olds. The evaluation points to positive, significant improvement in measures of attitudes towards gender equality among older girls (Nanda et al., 2017). A 19-year-old PAGE graduate commented that she learned about:

> *'... the position of girls in the society and how they are not respected and how that should not be the case; there should be equal respect for both girls and boys.' (Quoted in Nanda et al., 2017: 22)*

However, the programme was not able to bring about significant changes in attitudes towards gender equality among younger participants (not defined). The evaluation suggests this might have been a consequence of parents not being engaged until relatively late in the process (Nanda et al., 2017).

Likewise, the absence of any change in gender attitudes among participants of AGEP in Zambia may be a consequence of insufficient community engagement. Mid-term results found no change in perceptions of gender equality (e.g. in gender norms on education and household decision-making) (Austrian and Hewett, 2016). This was despite a health and life-skills curriculum that focused on gender roles, GBV and women and girls' rights. The evaluation suggests there is a need to involve the wider community when trying to effect social change (ibid.).

The evaluations of Ishraq's (Egypt) life skills and catch-up education programme through girls' groups found mixed evidence on the effectiveness of outreach to other stakeholders (parents and brothers). The evaluation of the first phase found that parents adopted more gender-egalitarian views about girls' roles, rights and capabilities after participating in community discussions, though brothers did not (Brady et al., 2007). However, an evaluation of the scaled-up programme (Sieverding and Elbadawy, 2007), using a different gender role attitude index, found that it did not lead to significant change in the attitudes of parents or brothers, and argued that a greater duration or intensity of activity would be necessary to do so.

6.2.2 Intensity and duration

The intensity of participation was an important factor affecting outcomes of five programmes (Ishraq, Kishori Mandal, BLO II, GEMS and AGEP) and this is discussed further in Section 9. For example, the evaluation of Ishraq's pilot programme found no significant difference in change in gender role attitudes (as measured by an index) between girls with one year's participation (or less) and non-participant or control girls; however, participants who attended for more than 13 months had significantly more gender-egalitarian attitudes (Brady et al., 2007).

Intensity of participation was a significant factor in the outcomes of Kishori Mandal, a livelihood skills and communication skills intervention in Gujarat, India, delivered through adolescent girls' groups. Gender attitudes became significantly more egalitarian among participants who attended regularly – defined as three or more days

per week and participating in at least one vocational skills programme (Kalyanwala et al., 2006). There was, however, no significant change among participants who attended irregularly (more than half of the cohort) (ibid.). BLO II (Uttar Pradesh) produced the same increase in gender-egalitarian attitudes for all participants (not just regular participants), but an index showed significantly more egalitarian work-related attitudes among girls who attended regularly (Acharya et al., 2009).

6.3 Child marriage: changes in attitudes and practices

Eleven programmes led to positive change in attitudes towards child marriage while one (ELA in Bangladesh) had no significant effect. Nine programmes led to positive changes in the age at marriage or rate of child marriage, while three had no significant impact or mixed impacts. Six programmes were associated with changes in attitudes and practices, while Moving the Goalposts led to positive changes in attitudes but did not lead to changes in practice for reasons discussed below.

All the programmes that contributed to positive changes in rates of child marriage were community-based clubs. There were also two-school based programmes (GEMS, delivered as part of regular classes to boys and girls, and Bal Sabha, an extra-curricular activity for girls only) that led to changes in attitudes towards child marriage in India that did not report on changes in practice. This section considers the key factors that led to change: more intense or longer participation; greater engagement with other stakeholders, particularly those making decisions about girls' marriages; and incorporation of vocational skills training components, highlighting evidence from particular programmes.

Five community-based clubs led to positive changes in attitudes towards child marriage and to rates of or age at child marriage. The evaluations highlight increased knowledge of laws around marriage and girls' increased ability to protest against early marriage as key factors in the reported changes. For example, DISHA's programme of education on SRH and gender equality for married and unmarried youth in Bihar and Jharkhand (India) was associated with changed attitudes and practices around child marriage (Kanesathasan et al., 2008). Adults and young people who were exposed to the programme were significantly more likely to think that girls should wait until 18 or older to marry than those not exposed to the programme, and rates of awareness of the legal age for marriage doubled among participant adults. Following exposure to the programme, the average age at marriage in the intervention areas increased by almost two years to 17.8 years (ibid.).

There is evidence from two programmes in Bangladesh, BALIKA and ELA (discussed below), that girls who participated in clubs were better able to protest against early marriage. BALIKA was implemented as an RCT where girls received one of three sets of interventions alongside weekly 'safe space' meetings for girls only: education in maths and English or computing or financial training; gender rights awareness training; or livelihood skills. The evaluation indicates that all three types of intervention led to significant reductions in the likelihood of girls marrying as children (Amin et al., 2016). There were no significant differences in outcomes between the three intervention arms, suggesting that the common elements of the programme – community engagement, safe spaces and use of locally recruited mentors and teachers – drove the changes in attitudes towards child marriage. Qualitative evidence suggests that participant girls gained confidence to voice their opinions about marriage timing. As one BALIKA participant in Pankhali, Dacope, said:

> *'I learned from BALIKA that I can say "no" to a marriage proposal. I learned that if a marriage proposal comes and I am too young to marry, I am able to express my opinion to convince my parents. If I couldn't convince them, then I would seek out someone in the family who would understand me or else I would consult with my friends.' (Quoted in Amin et al., 2016: 25)*

The evaluation notes that the child marriages that were prevented by the programme were among girls whose families were most receptive to making such changes (Amin et al., 2016). The evaluation authors suggest that over time, the impact may spread to those families who are more resistant to change, though they do not present any evidence from other programmes to support this view.

We now discuss some of the factors that underpinned positive changes.

6.3.1 Intensity and duration of participation

As with changes in attitudes towards gender equality (see Section 6.1), there is some evidence that the duration of programme participation influenced the extent of changes in attitudes and practices on child marriage. This is clear

in the evaluation of the pilot phase of Ishraq (Egypt). Very few girls in the intervention or comparison groups were married at baseline because of their age (13-15 years), but at endline, marriage rates were higher among non-participants in programme villages than in control villages (Brady et al., 2007). The proportion of girls desiring to marry early fell significantly, but the greatest decline was among full-term participants (ibid).

Declines in marriage rates among participants also varied with the extent of participation. Among those who participated for less than 12 months, marriage rates were similar to non-participants (22% in programme villages and 16% in control villages), but among those participating for 13-29 months, the marriage rate was 12%, falling to 5% among full-term participants (Brady et al., 2007). The changes observed could reflect 2008 legislation increasing legal age of marriage for girls from 16 to 18 that may have biased responses from participants and non-participants (ibid.). The evaluation of the scaled-up programme did not measure rates or age of marriage.

In both phases of the BLO programme (India), more intensive participation also contributed to greater levels of impact on early marriage. The programme focused on broadening girls' life choices through community-based clubs that offered vocational skills alongside reproductive health services and basic education. More than a third (37%) of participants married after the legal age of 18, compared to a quarter (26%) of the control group (CEDPA, 2001). BLO II in Uttar Pradesh led to positive changes in attitudes towards child marriage and age at marriage. The proportion of girls wishing to delay marriage until after the age of 19 increased among all participants, particularly regular participants (Acharya et al., 2009).

6.3.2 Vocational skills

Programmes with vocational skills components generally had positive impacts on the rate of child marriage, though in some programmes the impact varied according to participant characteristics. The evaluation of the BRAC ELA programme in Bangladesh, which provided life skills, vocational skills and communication skills training along with credit, found that it did not significantly change attitudes towards child marriage or positively impact child marriage practices. In fact, there was a larger increase in the rate of marriage among participants than non-participants (Shahnaz and Karim, 2008). Importantly, more than half of the attrition rate of this programme – loss of participants – was due to girls getting married, which would have biased the results. Qualitative evidence, however, suggests some that members of ELA centres gained confidence that enabled them to protest actively against early marriage. The fact that girls' increased ability to protest did not reduce marriage rates highlights the importance of challenging prevailing community norms. Likewise, Kishori Abhijan, a livelihoods and skills-training programme in Bangladesh, changed marriage age for some participants only – the youngest and poorest girls in the poorest communities (Alim, 2011). The evaluation recommended more attention to economic drivers of marriage and dowry payments that typically underpin early marriage.

By contrast, in Uganda, BRAC's ELA programme led to reduced acceptance of child marriage and lower rates of child marriage and cohabitation among participants. Girls in intervention communities reported significantly higher ideal ages of marriage for women and for men (Bandiera et al., 2015). These differences may reflect differences in the extent to which early-marriage norms are entrenched, and thus the different challenges that programmes face in terms of these norms.

6.3.3 Engagement with other stakeholders

Six programmes that led to positive changes in attitudes towards child marriage or in the age at marriage or rate of marriage involved engaging other stakeholders: DISHA, BLO, Ishraq, Berhane Hewan, AGI Kenya and SAFE. These stakeholders included parents (DISHA, BLO, Ishraq), government officials (BLO, Ishraq) and important men in girls' lives – their brothers (Ishraq) and partners or husbands (SAFE). The stakeholders engaged through AGI Kenya were not specified, though the programme included community dialogue.

The evaluation of the SAFE programme in Bangladesh (Naved and Amin, 2014) provides clear evidence about the relative impact of working with different groups of stakeholders and suggests that a broad community awareness campaign was effective. The programme sought to promote SRH and rights and reduce child marriage and GBV through group activities for men and women, and community campaigns. The latter included a range of mobilisation activities such as support groups, awareness campaigns linked to national/ international days, cultural events, issue-based dialogues and video

shows, and the deployment of volunteer 'connector change makers'.

The SAFE evaluation compared three intervention arms: the first included male groups (18-35), female groups (10-29) and a community campaign; the second included female groups and a community awareness campaign; the third was a community awareness campaign only. The intervention was associated with a number of changes in marriage practices: over the 20-month intervention period, the proportion of girls that married below the age of 15 declined in all three study arms, and by most, almost 4 percentage points in the group that received only the community campaign. Marital instability declined, while there was an increase in the number of marriages that were registered and where the woman consented beforehand. Compared to baseline, the proportion of dowry demanded and paid declined at endline in all three study arms, though the evaluation does not discuss how these aspects changed in marriages of girls aged under 20. The evaluation does, however, highlight that neither of the first two outreach interventions – groups for men and women, or women's groups only – was significantly more effective in achieving change in early marriage than the community awareness campaign alone.

6.3.4 Changes in attitudes not translating to changes in practice

Although most programmes led to changes in attitudes, practices or both, there were a few examples of mixed or disconnected impacts.

Moving the Goalposts, a programme in Kenya that focused on promoting girls' football along with health, education, community and small business initiatives, did not lead to significant changes in practice despite some impacts on attitudes to child marriage. Duration of participation was found to be a significant predictor of the likelihood of a girl reporting that she could decide who and when to marry, but not with the likelihood of reporting that this would be their parents' decision (Woodcock et al., 2012). The evaluation noted that although young women may express their wishes regarding marriage, parents may still make the decision. This example reinforces the point that it may be necessary to change the attitudes of parents to achieve changes in the rate of or age at marriage.

Several programmes were associated with changes in attitudes towards child marriage but did not measure changes in practices, often because they were carried out immediately after the programme finished. They do, however, provide evidence of short-term changes in attitudes. For example, in Nepal, after being exposed to the Choices curriculum (which focused on gender norms) through child clubs, there was a clear trend among girls and even more noticeably among boys towards more gender-equitable behaviour. For example, boys in the intervention group reported speaking out against the early marriage of their sisters (IRH, 2011). In India, the GEMS evaluation found that the proportion of students believing girls should be at least 18 (the legal age) at the time of marriage increased, reaching nearly 100% at endline (though baseline figures were not reported). For those receiving a combined intervention (group lessons and a school campaign) the proportion of girls believing they should delay marriage until the age of 21 increased from 15% to 22% (Achyut et al., 2011).

Another school-based programme, Bal Sabha (Girls' Parliament), an extra-curricular club in Rajasthan, included a game where students were taught to 'stand firm' when a father decides that a daughter will marry before the age of 18. Among girls elected to take part in the programme, the proportion of girls expecting to get married at age 18 or older significantly increased. Interestingly, in schools where participants were elected to join the parliament, there were also positive impacts on the proportion of non-participants' expected to marry at 18 or older; this proportion was higher than among non-participants at schools where participants had been randomly selected (Delavallade et al., 2015). Among randomly selected participants, the programme had no significant effects on attitudes (ibid.).

6.4 Mobility: changes in attitudes and practices

Three programmes led to positive changes in attitudes towards mobility (BLO II, ELA, Ishraq), and 13 to positive changes in experiences of mobility. Almost all were community-based clubs and one, Moving the Goalposts (Kenya), was an after-school club. In almost all cases, the programmes targeted girls only, though DISHA focused on girls and boys. The gender of participants in ADP Border Regions and ELA Bangladesh was unclear. It is notable that eight of these programmes (i.e. around half) involved outreach work with girls' communities.

BLO II in Uttar Pradesh, ELA Bangladesh and Ishraq

were all associated with positive impacts on attitudes towards mobility, and the first two were also associated with positive changes in practice. The remaining 10 programmes that led to changes in mobility did not measure changes in attitudes towards mobility. The information we have about the life skills and gender equality curricula suggests that mobility was not an explicit focus of the programmes examined. Instead, the changes in attitudes and practices around girls' mobility were a consequence of broader shifts in gender norms and girls' empowerment. The programmes also enhanced mobility by providing girls with a safe place to go and new social groups to engage with. Changes in mobility are closely related to changes in the strength of girls' social relationships, discussed in Section 4.4 above.

6.4.1 Enhanced agency and decision-making skills

Programmes that build girls' agency and decision-making skills can indirectly boost mobility. For example, following participation in the (community-based) BLO II programme (Uttar Pradesh, India), girls reported being able to visit significantly more places unescorted relative to baseline – with a significantly larger change in mobility among girls in the intervention group than the control group. The mobility index increased by 86% among all intervention participants and 100% among regular participants (Acharya et al., 2009). Yet the programme did not directly focus on increasing girls' mobility (although it did include exposure visits to places of interest). Rather, it indirectly enhanced mobility by exposing girls to the world around them, providing a context where they could develop stronger relationships with peers, and building their confidence, knowledge of rights, ability to exercise choice and negotiation skills.

6.4.2 Norms about girls' mobility

Changing community norms about where girls can go and what activities they can engage in is an important channel for increasing girls' mobility. Deepshikha (Maharashtra, India) and Ishraq (Egypt) provide evidence of how programmes contributed to mobility by making it more acceptable for girls to move around in their community. An evaluation of Deepshikha, an adolescent girls' empowerment project, found indications of greater mobility among participants. For example, in project villages, 28% of girls reported never being allowed to visit friends or relatives outside the village unescorted, compared with 31% in comparison groups (however, baseline scores were not reported for these indicators) (Sambodhi Research and Communications, 2014). The lack of baseline data means these increases cannot be conclusively related to the impact of the project. Mobility was not a key component of the programme curriculum, which focused on life skills, gender, health and financial literacy. However, qualitative evidence suggests that the programme did lead to changes in mobility. As one participant noted:

> *'Earlier they used to look down and move meekly in their village. But now they felt confident and fearless to move around in public.' (Group member, quoted in Sambodhi Research and Communications, 2014: 80)*

The evaluation of the Ishraq pilot in Egypt reported that participants' attitudes towards mobility changed: fewer girls who participated in the full intervention (more than 29 months) agreed that a girl should be beaten if she goes out without permission than did those in control villages, those who participated for less than 12 months or non-participants (Brady et al., 2007). Changes in girls' attitudes towards mobility reflect their empowerment and knowledge of their rights.

However, as with the other areas covered by this section, deep-rooted factors such as community norms and the influence of parents and partners may mean that changes in attitudes towards girls' mobility are not necessarily reflected in changes in practice. Indeed, an evaluation of the scaled-up Ishraq programme found no significant change in the proportion of girls who reported going to the market in the past week (Sieverding and Elbadawy, 2016). However, through its design, the programme established new spaces where girls could go, and challenged the patriarchal norms that excluded girls from public spaces. By employing local women as promoters and working to engage the community (including through home visits), girls faced fewer restrictions on their access to public spaces. Engaging parents was important, and many were reported as speaking positively about Ishraq following the intervention:

> *'In the beginning people used to say it was a useless programme. Now girls go for medical check-ups and are careful about their health. They went to places they have never been to before; even we have not been to these places before! They examine them to see if they have eye problems, or a certain deficiency or bilharziasis.' (Parent quoted in Brady et al., 2007: 19)*

6.4.3 Increased mobility as a direct consequence of programme activities

Participation in programme activities can also directly enhance girls' mobility. The First-Time Parents Project, for example, took groups of young women on exposure visits to the village/block administrative office, banks and post offices. Among BLO II participants (Uttar Pradesh) at baseline, the group was the only place outside the home that more than half its members were allowed to visit (Acharya et al., 2009). The centres opened as part of the programme often stayed open even after the day's activities were finished. Alumnae groups gave girls who had completed the programme a safe space outside the home to spend time, and around three-fifths of participants did join such groups (ibid.). BRAC's ADP Border Regions programme (Bangladesh) was associated with a notable increase in participants' mobility, with significantly more adolescents in the intervention group reporting visiting the playground and friends' houses than in the comparison group (Ara and Das, 2010). This may be a consequence of the programme enabling girls to build their social network and have more friends with whom to engage in these activities. As one participant explained, when asked what mobility meant:

> *'Before joining the club I remained at home and now I go to club, participate in rally, what I did not know before I have learnt now. I can go to college coaching alone.' (Quoted in Alim, 2012: 26)*

The evaluation of BRAC's ELA programme (Bangladesh) noted that key processes that enhanced mobility included providing girls with a place to play indoor and outdoor games, and the opportunity to receive training and to get involved in income-generating activities (Shahnaz and Karim, 2008). The BRAC ELA centre built a strong, positive reputation among parents and the community, which enabled girls to visit it alone and without needing permission. Interestingly, the greater mobility of participant girls may have increased the perceived mobility of non-participant girls through a demonstration effect (ibid.).

6.4.4 Health education and mobility

It is likely that the health education imparted in many programmes included information about how to access services such as clinics, providing another channel for girls' greater mobility. All of the programmes that led to changes in mobility included a focus on improving adolescents' and young women's SRH, typically alongside other focal areas. For example, among participants in DISHA (Bihar and Jharkhand, India), the proportion of girls and young women (aged 14-24) who reported being able to seek health services outside of the village unaccompanied increased by 11 percentage points for unmarried girls and women and 16 percentage points for married girls and women from baseline to endline (Kanesathasan et al., 2008). Increases in mobility were also apparent in the First-time Parents Project (West Bengal and Gujarat). There was a significant increase in the proportion of young women (in intervention and comparison groups) who felt able to visit places unescorted, with a small but positive impact attributable to the intervention (Santhya et al., 2008).

6.5 Gender-based violence: changes in attitudes and practices

Sixteen programmes contributed to changes in attitudes towards GBV and 11 to changes in experiences of GBV. Changes in attitudes were largely positive (i.e. less accepting of violence) in three-quarters of cases. Changes in girls' experience of violence were more mixed, with more instances of no change or negative impacts than positive reductions. This is a common finding among programmes addressing GBV (as in Marcus and Page, 2014; Heise, 2011), which reflects the fact that as awareness of GBV rises, so does reporting, which can give the (false) impression that violence appears to be rising. For example, the Ishraq programme was associated with a significant increase (of around 10 percentage points) in the proportion of girls (who participated for longer than 29 months) who reported experiencing harassment. The evaluation suggests this may be a consequence of girls' greater awareness of what constitutes harassment, or of greater mobility in public space and thus greater exposure to harassment (Brady et al., 2007).

Both school-based and community-based clubs were an important forum for changing girls' attitudes towards GBV. Nine of the 12 community-based clubs examined led to positive changes in girls' attitudes towards violence. For example, the gender equality and life skills curricula used in Choices (Nepal) and Deepshikha (Maharashtra, India) both contributed to significant positive changes. Choices participants (girls and boys) developed less accepting attitudes towards GBV (IRH, 2011). Deepshikha was associated with positive changes in girls' attitudes

towards the acceptability of violence inflicted by a teacher or student, by a husband on a wife, or by a parent on a child (Sambodhi Research and Communications, 2014). However, neither evaluation measured changes in experience of violence. Four community-based clubs did lead to reductions in girls' experiences of violence. Given that all but one of these programmes only worked with girls, this change is likely to have been the result of girls' greater assertiveness rather than direct change on the part of boys or men. Only two (SAFE and BALIKA) were associated with positive changes in improving attitudes towards as well as reducing experiences of violence. These interventions are discussed further below.

Interestingly, content on sexual violence was a part of eight other community-based programmes that did not report on changes in girls' attitudes or experiences of violence. Information about sexual abuse was included as part of the curriculum of ADP, ADP Border Regions and Kishori Abhijan, while AGEP (Zambia) and AGI (Kenya and Rwanda) included GBV in their life skills curriculum. The Biruh Tesfa programme included gender and power dynamics, rape and coercion as topics in the curriculum. The MEMA kwa Vijana programme included content that may have enabled girls to reduce their experiences of sexual violence by helping adolescents say no to sex and to negotiate safer sex. It is possible therefore that some of these programmes may have had unrecorded impacts on girls' attitudes towards GBV and their experiences of it.

School-based life-skills programmes were also generally effective in reducing acceptance of GBV, with positive impacts found in three of the four school-based programmes. For example, in GEMS (Mumbai and Jharkhand), a combination of school life-skills lessons and awareness-raising around GBV was found to be more effective than a school awareness-raising campaign alone. Students who were involved in both group-based education and an awareness-raising campaign were 2.4 times more likely to oppose violence than those in the control (Achyut et al., 2011).

School-based clubs were mostly part of integrated interventions that aimed to change the school environment to reduce girls' experiences of violence, as well as building students' confidence and capacity to resist and report violence. For example, TUSEME (Tanzania) included training in gender-responsive pedagogy for teachers. Its participatory approach was reported to have empowered girls to speak out about sexual harassment and take steps to report such experiences. This appeared to be leading to decreased prevalence though this was not quantified (Mhando et al., 2015). Among TUSEME participants, 60% of boys and 70% of girls felt they could report violent incidents. However, although there was little difference between participants and non-participants in their willingness to report such incidents to a teacher, TUSEME participants were 5 percentage points more likely to report such incidents to the police (ibid.).

The evaluation of the Stop Violence Against Girls in Schools (SVAGS) programme (Ghana, Kenya and Mozambique) points to the contribution of efforts to make classroom processes more gender-sensitive and child-friendly, as well as training staff and working with school management and the broader community in addition to girls' and boys' clubs (Parkes and Heslop, 2013). Girls' clubs enabled girls to have discussions, break taboos around sex and sexual violence, and to change their reporting practices while boys' clubs enabled boys to explore notions of masculinity and its links with GBV. Girls' clubs were found to have positive effects on girls' knowledge, confidence, attitudes and practices in managing violence and inequality, and particularly in reporting violence. In Mozambique, for example, girls' club members were almost twice as likely to report violence as non-members (however, there were no baseline data for this indicator).

6.5.1 What underpins success?

Although some programmes had a specific focus on violence, there was no clear pattern of such programmes being more effective in achieving changes in attitudes towards GBV or experiences of GBV. Engaging the community was a key approach in seven programmes that were effective in changing attitudes and experiences. In Bangladesh, the SAFE programme included access to health and legal services, interactive sessions with men, young women and girls, and awareness-raising campaigns in the community; different arms of this RCT-based programme tested the impact of different combinations. The evaluation found the largest reduction of GBV among people who participated in an integrated intervention with all the above-listed components (Naved and Amin, 2014).[15] There was no reduction in GBV among those who participated in the community awareness arm only; among

15 Networks established between service providers and police and group members and community volunteers also reduced gender-inequitable attitudes in the community (Naved and Amin, 2014).

those adolescent girls receiving the female-only group sessions, economic violence increased by 10 percentage points (ibid.). There was no explanation given for this.

Further evidence of the importance of engaging husbands or partners in efforts to reduce GBV comes from Meseret Hiwott (Ethiopia), where girls who participated in a group without their husbands had significantly higher experiences of forced sex in the past three months than non-participants or than husband and wife participants (Erulkar and Tamrat, 2014). However, this result may also reflect selection bias (ibid.).

Changing attitudes towards and experiences of GBV is challenging because of entrenched gender norms. This may explain some of the four instances where interventions led to no change in participants' experiences of violence. Meseret Hiwott, for example, had no significant impact on the proportion of women who had been beaten in the past three months (ibid.). The evaluation notes that this lack of change could reflect relatively less reporting compared to other outcomes, or the fact that it is difficult to change the power dynamics that lead to domestic violence (ibid.). The evaluation of SAFE (Bangladesh) highlights that some groups may be more receptive to change than others. In terms of reduced spousal violence, married adolescent girls benefited more from the intervention than women aged 20-29; the evaluation suggests this may be because the husbands of adolescent girls were younger and more educated, and therefore more receptive to new ideas (Naved and Amin, 2014).

Two programme evaluations discussed the evidence on female genital mutilation/cutting (FGM/C), and suggest that in order to change girls' experiences programmes need to work with adults and the wider community. The evaluation of Ishraq (Egypt) specifically measured changes in attitudes and practices towards FGM/C. According to Brady et al.'s (2007) evaluation of the pilot, it had no clear impacts on FGM/C prevalence, largely because participants were older than the usual age of circumcision. Support for FGM/C declined over time among all girls, with the greatest decline among those who had participated for more than a year (ibid.). The evaluation of the scaled-up Ishraq programme (Sieverding and Elbadawy, 2016) found that it was associated with a 15 percentage point increase in the proportion of girls who do not intend to have FGM/C performed on their daughters in future, but it did not report on prevalence among participants. Changes in reported attitudes towards FGM/C do not guarantee that future practices will change, because decisions are influenced by other family members and members of the wider community. There is also qualitative evidence from the evaluation of Berhane Hewan that community conversations among adults led to some communities taking collective decisions not to circumcise their daughters (Mekbib and Molla, 2010).

6.6 Domestic division of labour: changes in attitudes and practices

Evaluations of four community-based programmes discussed shifts in attitudes towards the domestic division of labour and care work (Meseret Hiwott, Choices, ADP Border Regions and Filles Éveillées) and two evaluations included insights into changes in the division of labour in practice. The curricula of all four programmes had a strong or medium gender focus.

The evidence demonstrates that groups that include the domestic division of labour in their curriculum can build commitment to gender-equitable roles and empower girls to speak out on this. This was clear in the evaluation of Meseret Hiwott, a community-based club for married girls aged 10-24 in Ethiopia. Participants were more than 2.5 times more likely to have received assistance with domestic work from their husbands in the past three months than non-participants. The evaluation suggests that participants were more able to ask their husband for help because the group enhanced their confidence, communication skills and awareness of gender-equitable relationships (Erulkar and Tamrat, 2014). If the husband and wife both participated in sessions, husbands were eight times more likely to help in the home (ibid.), highlighting the importance of exposing men to ideas about gender equality to achieve actual changes in the domestic division of labour.

Recognition of gender norms and how they relate to divisions of labour was also a driver of change. Choices, a non-formal curriculum of eight participatory activities implemented in child clubs in Nepal, focused on changing gender norms, including those around gender divisions of labour. More boys in the intervention group than the control group recognised gender inequity and stated that they would make small changes in their behaviour – for instance, helping female family members with domestic chores (IRH, 2011).[16] One girl in the intervention group said

16 The sample size was too small to test statistical significance.

that in response to a photograph of a brother helping his sister with chores:

> *'If everyone's brother was like this, life would be better.' (Quoted in IRH, 2011: 26)*

The evaluation of the ADP Border Regions programme changed attitudes towards domestic divisions of labour by building an understanding of how a more equal division of household and family responsibilities could help reduce gender inequality in the labour market (Ara and Das, 2010). However, these changes were not quantified in the evaluation.

In contrast to Choices, Meseret Hiwott and the ADP Border Regions programme, Filles Éveillées (Burundi) did not include an explicit focus on building gender-equitable norms (the curriculum covered life skills, financial literacy, health and hygiene, and reproductive health). However, it did lead to a significant increase in the proportion of girls who felt that boys should have to spend the same amount of time as girls on household tasks (Engebretsen, 2012).

6.7 Conclusions

Overall, the evidence reviewed suggests that community- and school-based clubs and life skills programmes have generally been effective in changing girls' attitudes on various aspects of gender equality; school clubs and lessons have also been effective in changing boys' attitudes, and where measured, some practices. The extent of gender focus in life skills curricula does not seem strongly linked to changes in attitudes towards gender equality or gender-discriminatory practices, but girls who participated more regularly generally changed their attitudes more and were more able to negotiate for changes in their lives. In community-based programmes, change among other stakeholders has been more mixed (typically reflecting lesser engagement with these stakeholders) but has been positive where engagement has been sustained.

Few programmes directly tackled issues such as domestic divisions of labour, but where they did, changes in attitudes and practices were recorded. Changes in GBV were more mixed, largely because increased reporting can create the impression of an increase in violence, though the majority of programmes, both school and community-based were effective in changing attitudes towards GBV.

7 Access to and use of health and education services

Key points: health and education

- Five programmes sought to increase adolescents' use of health services. Though three programmes were partially successful, a range of barriers limited change – even when financial barriers were addressed. These included perceptions of low quality services with long waiting times, and restrictions on married girls' mobility.
- Twelve programmes led to increased educational enrolment or attendance and nine to increased attainment (though this was sometimes qualified – for some age groups, in some subjects etc).
- In education, most evaluations reviewed did not probe the mechanisms through which girls' clubs or life skills programmes contributed to enrolment, retention or attainment, or their added value as part of broader education quality improvement programmes. There are some indications that these programmes contribute to 'soft skills' and greater commitment to study. GAGE would be well-placed to examine these gaps further.
- The community-based programmes that provided tuition to help girls catch up on missed education were effective in helping them access the formal education system; in one programme the added value of tutoring over more general life skills education was unclear.

Seven programmes led to changes in access to and use of health services, while 12 led to changes in access to and use of educational services (see Table 14). In this section, we also report on educational outcomes: nine programmes led to positive changes while six did not lead to any changes. Because the evaluations tended not to examine health outcomes, but rather changes in health knowledge or practices, these have already been reported in sections 5 and 6 and are not repeated here.

7.1 Health services

The evaluations of five community-based clubs measured changes in access to health services: AGEP Zambia, BLO I (Delhi and Madhya Pradesh), Biruh Tesfa (Ethiopia), DISHA (India) and the First-Time Parents Project (India). These programmes all had a partial focus on enhancing reproductive health or HIV knowledge. However, only two – BLO and Biruh Tesfa – had positive impacts on girls' access to health services.

Two programmes (AGEP Zambia and Biruh Tesfa) provided vouchers for health services, but these were only moderately successful. In AGEP, during weekly girls' group meetings, a subset of girls received a voucher for services at public and private health providers and mentors told them where they could access health services. The evaluation provides some evidence that the voucher helped to improve girls' confidence that clinic waiting times would not be as long and staff would treat them with respect. This is clear in the response of one participant:

'I am very confident [to seek health services]... It was

Table 14: Overview of programmes leading to changes in access to and use of services

Outcome indicator	Positive change	No change / mixed changes
Access to and use of healthcare services (n=7)	BLO I; Biruh Tesfa; SAFE; SHAZ! (n=4)	AGEP Zambia; DISHA; First-Time Parents Project (n=3)
Access to and use of educational services (n=12)	ADP in Border Regions; AGI Kenya; BALIKA; Berhane Hewan; BLO I; Biruh Tesfa; CHATS; Ishraq; Camfed Step Change Window; TUSEME; Wezesha Vijana (n=11)	Kishori Abhijan (n=1)
Educational achievement (n=16)	BALIKA; BLO I; ELA Tanzania and Uganda; Filles Éveillées; Ishraq; Kishori Abhijan; Camfed Step Change Window; TE-GINT; Wezesha Vijana (n=10)	AGEP; ADP in Border Regions; AGI Kenya; Berhane Hewan; Biruh Tesfa; CHATS (n=6)

easy for me because I have a health voucher, so they attended to me and gave me the medicine... [Without the voucher] it would have been a bit slow and they would have asked me to buy some of the medicines... They attend better to us now that we have the voucher and we are given all the meds that we need unlike before when we didn't have the voucher, they would even shout at us.' (Girl, 18-21, quoted in Austrian and Hewett, 2016: 26)

Yet, despite this qualitative data, the evidence overall reveals a rather different picture: just one-fifth of recipients reported using the vouchers, and of these, one-third used them to access SRH services (Austrian and Hewett, 2016). The evaluation notes that low demand for health services reflects a number of things: the relative overall health of the cohort of girls; gender norms about premarital sex; and girls' perceptions that they would face long waiting times if they did attend health facilities (ibid.). The AGEP evaluation highlights how vouchers can be implemented effectively but may not deliver the intended outcomes in contexts where cost is not the key constraint in girls' accessing services.

Biruh Tesfa (Ethiopia) also offered girls a health voucher subsidy, providing free medical consultations, services and medications. Partner clinics were established, and girls were able to request a voucher from their mentor. Mentors were able to go to the clinic with girls who may not know where to go or had misgivings about attending. During the six-month project period, 487 vouchers were issued to 320 participants for a range of basic medical issues. Most girls who used the vouchers (70%) had never visited a health facility before, indicating that the scheme was an effective way to introduce girls to formal health services (Erulkar and Medhin, 2014). However, voucher usage declined when the safe space groups ceased meeting. This implies that regular social interaction with girls and engagement with mentors encouraged girls to use the vouchers to access services (ibid.).

The evaluation of the First-Time Parents project recorded no clear change in participants' access to health services (Santhya et al., 2008). It found that married young women and girls were less likely to seek out healthcare than older women because of low awareness, limited mobility, and lack of power in decision-making and control over resources. It also highlighted the need to tailor services to the specific needs of different subsets of married young women, and to recognise that married young women often return to their home village to give birth (ibid.). The programme's main mechanism for increasing use of health services was to raise awareness through the young women's groups and house-to-house visits by mentors. It also included several activities to encourage uptake of SRH services (e.g. orientation workshops and sensitisation days with public and private health service providers). However, the evaluation noted that as there were several government information and advocacy campaigns operating during the course of the intervention, it was difficult to determine whether improvements in access to and use of services were due to the intervention or to other initiatives.

The first phase of BLO (BLO I – Delhi and Madhya Pradesh) was effective in encouraging health service uptake. As with the First-Time Parents Project, BLO I offered age-appropriate information on general and reproductive health services during girls' group meetings, and encouraged social mobilisation through advocacy and community involvement. Consequently, the programme led to significant improvements in participants' access to and use of health services. Alumnae were more likely to have used prenatal care in the most recent pregnancy compared to controls. In addition, 48% more girls in the BLO received postnatal care and they were 51% more likely to receive postnatal care within a month of delivery, as well as 37% more likely to receive postnatal care in hospital compared to girls in the control group (CEDPA, 2001).

SAFE (Bangladesh) combined increased provision of SRH services with advocacy strategies. It established one-stop service centres, offered a confidential information hotline, and embarked on general advocacy activities – for instance, through the Proti Shonglap (In Conversation) Talk Show – to encourage SRH service uptake and contraceptive use. The evaluation asked all women who said they experienced an STI in the past 24 months if they sought services, and asked only ever-married females who had given birth in the past two years if they had sought antenatal and postnatal care services. However, these findings cross age cohorts and are not available for adolescents. The evaluation results clearly showed increases in STI service uptake across the intervention arms (Arm A was male groups, female groups and a community awareness-raising campaign; Arm B was female groups and a community campaign; Arm C was a community awareness-raising campaign only). However, the differences between arms were not statistically

significant. For example, compared to the control group, there were clear differences in the proportion of participants who visited a service to manage an STI (20% difference in Arm A, 26% difference in Arm B, and 32% difference in Arm C).

The one programme that aimed to increase access by helping service providers develop more youth-friendly services had little impact on this goal, though it was successful in changing attitudes and expanding knowledge. DISHA (in Bihar and Jharkhand, India) worked with 108 health service providers and 313 youth depot holders, including married and unmarried young men and women. These depot holders, nominated by their peers from among peer educators and active group members, received training in contraceptive counselling and social marketing (Kanesathasan et al., 2008). Implementation challenges included less time than anticipated to promote youth-friendly services and to build demand from youth. In addition, the project faced problems with coordination of social marketing activities, as supply lines were difficult in some rural villages. Moreover, young women visiting health centres often preferred to visit a female depot holder, yet DISHA faced challenges recruiting women to these positions, as families frequently did not approve of their daughters' being involved in selling condoms (ibid.). There was some increased access to health services linked to girls' greater mobility as a result of the programme: participant girls were 60% more likely to travel to seek health services.

7.2 Education services: enrolment, retention and attainment

Twelve programmes (eight community-based, two school-based life-skills programmes and two extra-curricular school programmes) were associated with positive impacts on access to and use of education services (see Table 14). One programme, Kishori Abhijan (Bangladesh), had no clear impact. As well as increasing access to and use of education services, nine programmes led to positive changes in educational achievement, while six led to mixed changes (AGEP, ADP in Border Regions, AGI Kenya, Berhane Hewan, Biruh Tesfa and CHATS), presenting the most mixed picture of all the indicators studied. In reality, these mixed changes were typically improvements among some age groups, or in some subjects, with no change in others.

7.2.1 Catch-up education activities

Three programmes in this review offered tutoring or alternative basic education courses to help participants return to education (or to attend for the first time). Of all the community-based clubs examined, Ishraq (Egypt) had the strongest emphasis on this. Programme activities included life skills discussions in girls' groups, tutoring in English and Arabic, home visits to convince parents about the importance of daughters continuing school, and challenging discriminatory gender norms among the wider community. The evaluation showed that 92% of participants who took the government literacy exam passed and 69% of participants who completed the Ishraq programme entered or re-entered school (Brady et al., 2007). Indeed, at baseline, only 17% of girls in control and intervention villages had attended formal school at some point in their lives. Along with the strong emphasis on catch-up education, one of the central reasons for Ishraq's effectiveness was its ability to create a safe space for girls and to encourage villages to create a 'girls-only' space for current and former participants.

Tutoring to increase girls' school performance was also a component of BALIKA in Bangladesh, but this was not highlighted in the programme evaluation of a driver of the recorded positive impacts on access to education services. Instead, these appear to have resulted from community engagement, safe spaces, access to mentoring, and basic life-skills training (Amin et al., 2016). BALIKA provided educational support to girls to reduce the rate of child marriage. Despite other programmes that used incentives for girls' schooling (e.g. Berhane Hewan in Ethiopia) achieving success through this mechanism, BALIKA chose not to use incentives because the government had already introduced a stipend programme for girls' education. BALIKA thus opted to use a safe space model, with centres run by locally recruited female mentors who went on to recruit girl participants. The centres were situated in primary schools, and the curriculum covered life and livelihood skills, gender awareness, and basic literacy and numeracy. Even without the stipend component, in BALIKA communities where girls received educational support, by endline, girls were 31% less likely to be married below the age of 18 than girls in control communities. Girls in all intervention arms of BALIKA were more likely to be attending school, while girls who completed the education support and life skills training were 20% more likely to have improved their mathematical skills (ibid.).

The literacy arm of the Filles Éveillées programme for female migrant domestic workers in Burkina Faso was optional, and courses aimed to teach girls in the local language. Yet girls overwhelmingly reported that they wanted to learn in French, as this would serve them better in the long run. Participants were therefore offered the option of enrolling in evening classes instead. This allowed those who had never been to school or who had not finished school the opportunity to gain primary or secondary education, starting at any level. This component led to a decrease in the proportion of girls who had never been to school, and a two-fold increase in the percentage of girls who could read (Jarvis and Kabore, 2012).

ADP in Border Regions in Bangladesh did not include any specific educational component and was the only programme that did not lead to any changes in educational enrolment, retention or attainment. Any effect on educational attendance therefore would have come indirectly, through awareness-raising on the value of education, rather than directly. Although the completion rate at primary school level increased slightly among the intervention group (baseline 12.5% vs. follow-up 13.3%) and declined among the comparison group, the difference-in-difference was insignificant. One of the main differences between ADP and ADP in Border Regions is that ADP usually works where the BRAC education programme is already operating, and uses BRAC school rooms for its clubs, while in the border regions, there was no prior BRAC education programme. Indeed, Ara and Das (2010) noted that since the programme had no direct education component, it was unlikely that it would have any direct impact on education in the short term but it is notable that despite raising awareness around girls' right to education, the programme had no impact on enrolment rates.

7.2.2 Use of incentives

Four programmes that led to positive impacts on enrolment or retention, and six that led to positive impacts on attainment, provided financial or in-kind support for girls to stay in school. The evaluations did not separate out the impact of provision of school materials from participation in clubs or other activities, and in two cases it appears that gains might be the consequence of national efforts to improve education.

Biruh Tesfa (Ethiopia) gave participant girls exercise books, pens, pencils, textbooks and a book bag. However, Erulkar et al. (2013) stressed the crucial role played by adult female mentors, recruited locally, who were trained to deliver a 30-hour curriculum. The mentors were tasked with recruiting marginalised, out-of-school girls via door-to-door visits. The evaluation suggests this was key to the programme's success because girls are frequently confined to the home. The connections that mentors were able to make with girls' families meant that both they and the programme became a trusted part of the community. Between baseline and endline, participation in formal schooling among formerly out-of-school girls increased dramatically from 0% to 38%. However, no significant results were detected in terms of learning outcomes, as significant increases in literacy and numeracy skills were recorded across both intervention and control groups. The evaluation indicates that these changes may be attributed to a Ministry of Education campaign to boost enrolment and attendance rates that was operational in the area at the same time as Biruh Tesfa (Erulkar and Medhin, 2014).

Berhane Hewan (also Ethiopia) used support for education as a tool to reduce child marriage, alongside community engagement and group formation. In-school girls received materials such as exercise books, pens and pencils, as did out-of-school girls wishing to return to formal education. Again, the research design did not separate out the impact of each programme component, so it is not possible to discuss the relative contribution of discussions in girls' clubs or the non-formal component in motivating girls to return to school. At baseline, 45% of participant girls aged 10-14 and 28% of control girls could not read, but these proportions were similar at endline – 21% and 19% respectively. This means that illiteracy improved more among participant girls than among controls. Girls aged 10-14 experienced significant improvements in school enrolment by endline, although it was too recent at the time of the evaluation to be reflected in their mean years of schooling. Some of this increase may be attributed to a general intensification of efforts to promote education around the Millennium Development Goals (MDGs). Among older adolescents, changes in school status were not as clear; although enrolment increased between baseline and endline, no significant differences were found between the intervention and control sites (Erulkar and Muthengi, 2009).

The evaluation of AGI in Kenya compared four randomised arms: violence prevention through girls' clubs; violence prevention and an education intervention; violence prevention, education and a health intervention; and violence prevention, education, health and a wealth

creation intervention (Muthengi et al., 2016). The education intervention included four components: (1) each girl received sanitary pads, underwear, soap and petroleum jelly, and an exercise book and pen; (2) a proportion of school fees was paid directly to the school termly; (3) a conditional cash transfer equivalent to 10% of four months' average household expenditure; and (4) schools received a monetary incentive. The education programme was associated with improvements in attendance and enrolment. The qualitative evaluation (ibid.) does not separate out the relative impact of each of the four components, nor does it discuss synergies between them, but it does provide evidence of how the programme has benefited girls:

'What I like is that it helps us girls to have self-esteem. It also pays our fees and helps our parents if they don't have money. Sometimes let us say that you have been sent away from school and your parents don't have money so you see AGI-K will pay fee for you so that you won't be sent away from school again.' (Kibera adolescent respondent, age 14, quoted in Muthengi et al., 2016: 11)

> *'Before this group, only boys used to go to school but now since our fees are paid by Save the Children, many girls got the opportunity to go to school and learn.' (Wajir adolescent respondent, age 13, quoted in Muthengi et al., 2016: 11)*

These quotes highlight the impacts of financial support for girls' fees; however, the evaluation does not comment on whether the content of discussions in girls' clubs or the social relationships developed at these clubs also played a role in increasing school attendance.

7.2.3 Soft skills, empowerment and educational outcomes

Only one evaluation directly explored the effects of increasing self-confidence and growing aspirations on girls' educational outcomes, though there is a growing literature highlighting the potential of this approach (Marcus and Page, 2016). Prior to 2013, CHATS in Malawi solely provided scholarships for girls to improve educational attainment. However, from the 2013-2014 academic year, it began offering extra-curricular clubs in schools. Sidle et al.'s evaluation (undated) therefore aimed to understand the programme's impact on the two separate groups of girls. There was no significant evidence of changed study habits in school, but there was some evidence of improved academic outcomes in some subjects (although worse outcomes in others).

Similarly, the Camfed Girls' Education Challenge Step Change Window project aims to increase marginalised girls' retention in early secondary education and improve their opportunities to learn. At midline, the evaluation showed that relative to comparison schools, the project had increased retention rates and improved learning outcomes (Camfed, 2016). Like other programmes examined in this section, Step Change Window addressed a range of barriers to girls' education. It provided financial support for marginalised girls at risk of dropping out, distributed study guides for teachers and students, and built students' confidence through deploying female learner guides (mentors). These were recent secondary school graduates who were employed to provide a female role model at rural schools (where most teachers are male). These learner guides delivered a life skills curriculum, organised study groups, supported class teachers, provided counselling services and worked with students at risk of leaving school (ibid.). The success of Step Change Window reflected the relevance of each of these components, effective engagement of parents and the wider community, and strong partnerships with relevant government departments (Camfed, 2016). It was particularly effective in enabling girls with low or medium levels of attainment to stay in school.

Similarly, the evaluation of TEGINT (Nigeria and Tanzania), which used multiple activities to address the barriers to girls' enrolment and success in school, found that the programme led to improved retention rates (Wetheridge and Mamedu, 2012; Mascarenhas, 2012). Activities such as girls' clubs, teacher training and support to school management led to near gender parity in enrolment and completion in participating primary and junior secondary schools (Wetheridge and Mamedu, 2012). As with other education interventions, the evaluation did not probe the relative impacts of different components. Reflecting these high attendance rates, Mascarenhas (2012) documented a 12% increase in the number of girls enrolled to sit the Primary School Leaving Exam in project areas in Tanzania between baseline and endline. Girls' learning outcomes (as measured by the exam pass rate) increased by 6% from baseline to 73%. Meanwhile, in Nigeria, the exam pass rate in project primary schools increased by 6% to 83% (Wetheridge and Mamedu, 2012). The gender parity index (GPI) in enrolment at primary and junior secondary schools increased significantly from 0.66 in 2008 to 0.82 in 2012.

8 Changes in economic well-being

Key points: changes in girls' economic well-being

- Nineteen programmes, all of them community-based and almost all of which worked with girls only, led to changes in adolescent girls' economic well-being.
- Programmes that provided assets and vocational training were most successful with older girls, who could set up small businesses.
- Financial literacy education and savings schemes led to increased savings across age cohorts.
- While some programmes that increased girls' economic well-being reduced their vulnerability to GBV, others appeared to increase vulnerability to GBV.
- There is some evidence of synergies between life skills and economic empowerment programmes, with life skills education increasing the impact of vocational skills training, but the mechanisms for such synergies need further investigation.

Nineteen programmes were associated with changes in economic well-being. Almost all worked with girls only (the gender mix was unclear in one case, Kishori Abhijan, which built on existing BRAC and other programmes, while Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth worked with girls and boys separately). These programmes were either open to girls in the 10-19 age range (without specifying the age distribution of participants), or targeted girls older than 14 (four programmes). None focused solely on girls younger than 14.

The 19 programmes achieved change in a range of economic well-being outcomes (Table 15). All involved additional economic strengthening components alongside life skills education for girls, savings or loans (13 programmes), financial literacy (also 13 programmes), or vocational skills which were a focus of 10 of the 19 programmes.

All programmes were community-based, though one, Temuulel in Mongolia, also included extra-curricular components in schools. Eighteen programmes were delivered by a trained facilitator or mentor.[17] No programmes required facilitators to have prior knowledge or experience of economic empowerment issues. Instead, community-based facilitators usually provided training in life skills while entrepreneurs or professional vocational trainers provided technical training. The content of vocational training and financial literacy training is discussed further below.

Interestingly, given the strong community links of these types of activities, almost all programmes targeted girls only. None involved outreach activities with adolescent boys or adult men, though five programmes included components with adults in the community – primarily to raise awareness and build support for the programmes (as in the case of Filles Éveillées, AGI Kenya, AGEP Zambia and BLO II). Home visits were undertaken to build support for participation in the programme or to follow up on attendance in Filles Éveillées and AGEP Zambia, while Learning Games included mothers in some activities and disseminated information to them.

In this section, we discuss the impact of girls' clubs on earnings, employment and entrepreneurship, savings and access to credit, and control over assets, focusing on the factors that led to effective programming.

8.1 Earnings, employment and entrepreneurship

Income is an important component of girls' economic empowerment. Programmes can contribute to economic empowerment by increasing the earnings of girls who are already working, either via more hours or a shift to higher-paid employment, or engaging in more profitable business ventures. Programmes can also contribute to economic empowerment by helping girls who are not involved in income-generating activities to enter the workforce or establish their own businesses.

17 The delivery agent was unclear in Kishori Abhijan.

Table 15: Distribution of changes in economic well-being

Outcome indicator	Positive	Mixed/no change
Income (n=7) **Programmes increased income/led to girls earning more**	AGI Rwanda; BALIKA; ELA Bangladesh; Kishori Abhijan; TRY (n=5)	ELA Tanzania and Uganda; Learning Games (n=2)
Control over assets (n=6) **Programmes led to a change in the proportion of girls able to make decisions about money**	BLO I; Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth; Temuulel (n=3)	Deepshikha; Filles Éveillées; Learning Games (n=3)
EGenerating an income (n=10) **Programmes increased the proportion of girls in paid employment, or the proportion of girls running their own businesses**	AGEP Zambia; AGI Rwanda; BLO I; BLO II; BALIKA; ELA Bangladesh; ELA Tanzania and Uganda; Ishaka; Kishori Abhijan; SHAZ! (n=10)	ELA Tanzania and Uganda (n=1)
Self-employment/ entrepreneurship (n=3) **Programmes increased the proportion of girls running their own businesses (subset of the row above)**	AGI Rwanda; BLO I; ELA Tanzania and Uganda (n=3)	(n=0)
Increased savings (n=14) **Programmes that increased the proportion of girls saving or the amount saved**	AGEP Zambia; AGI Rwanda; BLO II; Deepshikha; ELA Tanzania and Uganda; Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth; Filles Éveillées; Ishaka; Safe and Smart Savings; Temuulel; TRY (n=11)	ELA Bangladesh; Kishori Mandal; Learning Games (n=3)
Banking services (n=10) **Programmes that increased the proportion of girls accessing formal bank services (accounts)**	AGEP Zambia; AGI Kenya; AGI Rwanda; BLO I; Deepshikha; Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth; Filles Éveillées; Safe and Smart Savings; Temuulel; TRY (n=10)	(n=0)
Access to credit (n=5) **Programmes that changed access to credit**	ELA Bangladesh; ELA Tanzania and Uganda; SHAZ!; TRY (n=4)	Ishaka (n=1)
Vocational skills (n=11) **Programmes that led to changes in participants' skills around practicing a specific vocation, for instance, carpentry skills or hairdressing**	AGI Rwanda; Better Life Options I; Better Life Options II; Deepshikha; ELA Bangladesh; ELA Tanzania and Uganda; Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth; Ishraq; Kishori Mandal; PAGE (n=10)	DISHA (n=1)

Nine programmes increased the proportion of girls who were earning an income, including three that increased the proportion of girls running their own businesses. Five programmes increased the earnings of girls who were already working. Key channels for achieving these changes were vocational training and providing microcredit or other capital inputs. The ELA programme in Tanzania did not significantly change income generation or earnings, while Learning Games did not significantly change earnings.

8.1.1 Vocational training

Six programmes that led to positive changes in economic well-being included vocational training components, which in some cases led to increased employment and earnings. Generally, the evaluations provide relatively little information about the quality of vocational training offered. However, it is clear that community-based clubs offering a range of activities can deliver effective vocational training, particularly where specialists provide the training. Indeed, vocational training is often a key factor in encouraging girls to participate and making programmes acceptable to parents and the wider community.

Vocational training can increase girls' engagement in income-generating activities by enabling them to become self-employed. For example, BRAC's ELA programme in Uganda included vocational training, delivered by people with specialist knowledge and expertise, which aimed to allow girls to build small businesses. This training covered opportunities

such as hair-dressing, tailoring, computing, agriculture, poultry rearing and small trades. Girls could self-select into courses, which were delivered alongside life skills. Bandiera et al. (2015) found that girls in participant communities were 7 percentage points more likely to engage in income-generating activities relative to girls in control communities, which may reflect their greater interest and aptitude for entrepreneurial activities, in addition to the quality of vocational training. After two years, the programme increased the likelihood of girls engaging in income-generating activities by 72% and raised their private consumption expenditure by 38% (ibid.). The increases in income observed were driven by higher rates of self-employment, reflecting the programme's emphasis on entrepreneurial skills through vocational training. At endline, girls in intervention communities were 90% more likely to be self-employed relative to baseline, compared with a third more likely in control communities.

AGI in Rwanda, another girl-friendly vocational skills programme, increased non-farm employment, with surveyed girls 1.5 times more likely than non-participants to work outside their families' farms (Botea et al., 2015). Similarly to ELA in Uganda, the shift in employment was driven by higher rates of self-employment. Respondents had increased entrepreneurial self-confidence by the end of the project, particularly in identifying business opportunities and running a business – areas directly covered by the programme curriculum (ibid.). Participants' incomes almost doubled because they were able to engage in much more lucrative income-generating activities than agriculture, which they had previously been engaged in.

However, the skills delivered through vocational training programmes are not necessarily used by girls and may not translate into work opportunities. In AGI Rwanda, between 38% and 53% of culinary, food processing, and agri-business trainees were doing work related to their training at endline. However, only 12% of arts and crafts trainees were using their trade, although 61% of them had at least one non-farm income generating activity (Botea et al., 2015). The difference in application of trade-specific training reflects the availability of markets and start-up costs. In response to a question about whether the training met their expectations, one respondent said that the food processing training did not:

> *'... because we study very few things and because the foods we studied in theory – like strawberries and apples – are not available in practice'. (Quoted in Botea et al., 2015: 51)*

In contrast, non-traditional trades such as mechanics, engineering, carpentry, construction and welding were reported to better reflect local market demands in Rwanda (Botea et al., 2015).

Quality of programme implementation is an important determinant of whether vocational training translates into changes in economic empowerment outcomes. The ELA programme in Tanzania included the same components as the Ugandan programme. However, in Tanzania, it had no positive impacts on girls' earnings or engagement in income-generating activities. Buehren et al. (2015) used qualitative evidence to discuss the reasons behind the differences in ELA impact in the two countries. They found differences in quality of implementation due to resources and contextual factors that included scalability, resource requirements in pilots and adaptations. Banks (2015) noted that there were some concerns around the training offered by ELA in Tanzania; courses were introductory and short (around a week) and insufficient to equip members with sufficient skills to engage in income-generating activities.

Overall, there is limited information about the quality of the vocational education provided by the programmes reviewed. In India, Kishori Mandal offered vocational training in both traditional female occupations (e.g. tailoring) and occupations typically perceived as men's jobs (e.g. computer training and nursing), alongside life skills training. The evaluation did not report on changes in employment but did state that recall of the training programmes was poor, and the content may not have been of interest to adolescent girls (Kalyanwala et al., 2006). BLO II (Uttar Pradesh) offered a livelihood skills training course focused on tailoring, as well as life skills. The evaluation noted that programme staff tried to encourage girls to take up training for less traditionally female occupations, but girls – and the community – chose tailoring (Acharya et al., 2009). One participant reported:

> *'I thought I should learn how to sew. So I put my name down and since then, I have been going to the centre. I wanted to learn a skill so that I can earn and would not need to ask anyone for money. I thought that if I sew one or two outfits a day, I could earn some money.' [Age 15] (Quoted in Acharya et al., 2009: 31)*

Despite girls' interest in tailoring, at endline, 70% felt they could not use their new skills independently. The BLO II evaluation noted that there was a need to link girls with market and business opportunities and support them to translate their newly acquired skills into income generation (Acharya et al., 2009). But additional skills (e.g. marketing)

or other inputs may be required to do this. This finding was echoed by the evaluation of AGI Rwanda, as highlighted by a trainer from Gahaya when she described the skill level of girls upon graduation:

> *'They have no capacity. Nobody should lie to you. They are still shy. They can't approach anybody, so they need to create a marketing component of AGI.' (Quoted in Botea et al., 2015: 50)*

Vocational training helped not only to engage participants but also to secure approval for the programme from members of the community, especially girls' parents. For example, in BLO II, all girls cited learning a livelihood skill as the motivation for enrolling. While parents were very supportive of the livelihood skills training component, they were somewhat wary about the life skills content (Acharya et al., 2009). Livelihoods training also made an earlier iteration of the programme (BLO I in Delhi and Madhya Pradesh) more acceptable to parents (CEDPA, 2001). In BRAC's ELA programme (Tanzania), vocational skills were so much more of a pull for participants than life skills education that the latter were only introduced six months after the programme started (Banks, 2015). Including livelihood skills could thus be an effective way to increase community acceptability of combined interventions. For example, a community leader in Ndola, Zambia, observed that:

> *'If they [AGEP] would include skill training...they would use it to get a job even after the programme is finished. That would make the programme much more meaningful than it already is.' (Quoted in Austrian and Hewett, 2016: 17)*

There is also some evidence from BALIKA (Bangladesh) suggesting that vocational skills training (in computing and information on income-earning options through mobile phone apps, photography, health and entrepreneurship) did not have any additional impacts on livelihoods over and above the life skills component, which provided training on gender rights and negotiation, critical thinking and decision-making (Amin et al., 2016). Similarly, the evaluation of Kishori Mandal, a livelihood-skills-building programme, noted the need for livelihood programmes to focus on increasing girls' communication, negotiation and social skills and ability to confront gender norms, as these would have greater impact on girls' agency (Kalyanwala et al., 2006). These findings echo those of Burnett and Jayaram (2012), who synthesised evidence on different kinds of skills development and found that transferable skills such as problem-solving generally have a greater impact on young people's incomes and employment in the long term than training in technical vocational skills. (This study confirmed, however, that vocational skills remain important in enabling young people to get their first job.)

8.1.2 Microcredit and capital

One important barrier to girls' economic empowerment is the capital required to start a business or make investments such as in health care, housing or education. Four programmes were associated with increased access to credit (ELA Tanzania, ELA Bangladesh, SHAZ! and TRY). In all four cases, microcredit was provided. However, overall, there is relatively little evidence of the effectiveness of microfinance or loans on girls' economic empowerment.

Two studies – of BRAC's ELA in Bangladesh and TRY in Kenya – highlight that making microfinance available does not mean that all girls will be able to use it. Evidence from ELA indicates that girls were more likely to have taken a loan if they received income-generation training. Girls at ELA centres took up loans to pursue enterprises in the area they had received training in, and the evaluation noted that the extent of borrowing increased after participants received skills training (Shahnaz and Karim, 2008). In contrast, girls who did not receive skills training were far less likely to take out loans or to use those loans for their own businesses, borrowing instead to support the enterprises of fathers or brothers. Qualitative evidence indicates that skills training was critical in developing entrepreneurship, confirming that girls who did not receive skills training did not take out loans for business or their own education. In contrast, girls who had received skills training had plans for the future and took the initiative, such as borrowing money to finance their education (ibid.). Adolescents from very poor families reported not taking out loans and having no future plans to do so, citing their fears of not being able to meet repayments (ibid).

Only some girls exposed to the TRY initiative took out loans. While more than 90% of participants were exposed to training, savings and mentors, only around half took microloans (Erulkar and Chong, 2005). Getting a loan required savings, developing a business plan and gaining the approval of group members; girls who belonged to the group for a short time were less likely to take out a loan (the process took six months). Of those receiving loans, 45% used it to start a new business and 45% used it to expand an existing business, while less than 5% reported using it for other reasons (such as education, clothes or

repaying a previous loan) (ibid.). These examples highlight the fact that not all girls will be able to leverage loans into educational or business opportunities. Nonetheless, for those that are motivated to take them, and who are able to convert skills training into effective economic activity, they play an important role in helping them achieve their economic goals.

There was some evidence from TRY that the effectiveness of credit components depends on participants' age. Erulkar and Chong (2005) noted that younger adolescents had higher dropout rates, and that group savings and credit worked better with older girls. Younger participants were reported to be more interested in savings and making friends, and less interested in taking loans. Age-based differences were also noted in the evaluation of the Safe and Smart Savings Products in Kenya and Uganda. Older girls (15-19) had higher financial literacy than younger girls (10-14), but there was no significant different in savings behaviour (Austrian and Muthengi, 2013).

Evidence for the additional impact of microcredit services comes from ELA Tanzania. Buehren et al. (2015) found that offering microcredit services to targeted adolescents increased their interest in programme activities, improved programme uptake and enhanced participants' savings.

Our review found one example of a programme that was not able to increase girls' access to microfinance because of contextual and implementation challenges. Ishaka, an adaptation of a village savings and loan model that focused on income-generation with adolescent girls (14-22) in Burundi, successfully enabled girls to save and generate income but was not able to connect them with microfinance institutions. This was because resources were focused on other areas of the project and because microfinance institutions were not trusted in the local context (Rushdy, 2012). Participants and their families reported that this inability to access microfinance was a key limitation of the project.

Several programmes included additional in-kind inputs. For example, SHAZ! in Zimbabwe offered a $100 micro-grant for capital equipment, supplies or additional training for participants who successfully completed vocational training and developed a business plan (Dunbar et al., 2014). ELA in Uganda and Tanzania included additional inputs of seeds for agriculture and chicks for poultry enterprises (Banks, 2015; Bandiera et al., 2012). In Tanzania, the programme included start-up capital equivalent to around $100 (Banks, 2015). Buehren et al. (2015) explain, however, that an important variation between the ELA livelihood training package in both countries was that in Uganda, girls were provided with in-kind support (of around $30) in the form of tools, seeds or chickens. In Tanzania, however, the livelihood training was not complemented in this way. Although ELA in Uganda was, overall, more effective than the Tanzania programme, and had more of a positive impact on a wide range of outcomes, none of the evaluations specifically connect components of in-kind support with programme outcomes.

In some cases, girls were able to leverage stipends associated with programme participation into family business opportunities. For example, in BRAC's ELA programme (Bangladesh), some girl participants gave the money they were able to borrow to their parents or spouse; indeed, evidence indicates that some parents allowed their daughters to participate precisely in order to access financial services in this way (Shahnaz and Karim, 2008).[18] In AGI Rwanda, participants were paid a stipend that some girls were able to leverage productively, though the impact differed among urban and rural participants. Urban girls faced higher transport costs and a greater opportunity cost of participation in programme activities due to lost income, so the stipend was important for encouraging them to participate (Botea et al., 2015). In rural areas, however, girls were able to use some of the stipend for productive purposes such as investing in livestock. Similarly, programme monitoring of SHAZ! in Zimbabwe suggests that some participants may have turned the reimbursement they received for study into economic opportunities by paying for school fees or buying goods and reselling them at a higher price (Dunbar et al., 2014). None of the studies discussed the longer-term impact of use of stipends, though in the case of AGI Rwanda, this activity may be reflected in the overall increases in employment and earnings among programme graduates.

8.2 Savings and access to banking services

Eleven programmes led to positive changes in savings, increasing either the proportion of girls saving or the amount they save. Of these programmes, seven increased the proportion of girls with access to formal banking services (AGEP Zambia, Safe and Smart, AGI Rwanda,

18 While some may view this as adults exploiting girls' access to financial assets, there is no discussion in the studies reviewed of how girl participants perceived being a conduit to assets in this manner.

Filles Éveillées, TRY, Deepshikha, Temuulel). Some programmes modified accounts to make them suitable for the needs of adolescent girls. For example, in Temuulel, a savings programme for 14-17-year-olds in Mongolia, the accounts had low minimum balance requirements, which may have contributed to increased savings. Programmes that established formal savings accounts (e.g. Safe and Smart) worked with local financial institutions to conduct market research to understand girls' needs, test the suitability of products and train staff to be sensitive to adolescent girls' needs (Austrian and Muthengi, 2013).

Evidence from two programme evaluations that compared different economic empowerment components suggests that access to a savings account was a key driver of savings behaviour. AGEP Zambia, an RCT, compared three interventions: safe spaces; safe spaces plus a health voucher; and safe spaces, a health voucher and a savings account. The proportion of girls who had saved at all and the proportion of girls who saved more than 20 kwacha were only significant in the arm with the savings account, even though all girls were exposed to financial education (including the importance of saving, budgeting and prioritising spending) (Austrian and Hewett, 2016). The evaluation of Temuulel in Mongolia also highlights the importance of savings products. It compared girls who received financial education and savings accounts with those who only received savings accounts. While the combined programme contributed more to improved knowledge and attitudes at endline, girls were more likely to report saving money relative to baseline regardless of which intervention they received (Tower and McGuinness, 2011).

Informal or group-based savings schemes were less common but can also increase savings among girls. The TRY programme adapted adult microcredit for adolescent girls and included weekly meetings where girls deposited savings (among other activities such as discussions, sports and games); the savings of all groups were held in one account. Many participants reported that the programme effectively helped them to save. For example:

> *'I have tried [saving money at] home many times, but I see something like shoes, and I break the tin and use it [the money]. With Young Savers, the money is safe because it is in the bank. It cannot be given to someone else, like my husband when he sees something he wants to buy with my money.' (19-year-old married participant quoted in Erulkar et al., 2006: 3)*

Participants of Learning Games expressed a preference for savings through their own bank accounts because it would be safe, more reliable and not require interacting with a self-help group to withdraw the money (Gray and Chanani, 2010). One participant reported:

> *'It's not that I don't trust the group but both my parents have bank accounts. I would like to save money there. I think it is safer and easily accessible. In a group one has to depend on other people's opinions and time. In a bank one can withdraw or make deposits as per one's wish.' (Quoted in Gray and Chanani, 2010: 34)*

8.2.1 Participation intensity

There is mixed evidence about the impact of the regularity of participation on savings. In the case of BLO II, it appears that the intervention had a significant effect and that any exposure to the intervention – not necessarily regular exposure – was sufficient to encourage girls to save (Acharya et al., 2009). Kishori Mandal in Gujarat, India, sought to achieve changes in access to income or assets. The evaluation (Kalyanwala et al., 2006) found that there were no significant changes in the proportion of girls reporting they had any money saved from wages, gifts and/or pocket money from baseline to endline, either overall or among regular attendees. This intervention included financial literacy education that stressed the importance of savings, provided information on products and opportunities to enhance savings, and even an exposure visit to the Self Employed Women Association (SEWA) bank. However, just over half the girls (53%) recalled receiving savings training when they were surveyed at endline. More than half (55%) were irregular attendees, participating in fewer than three mandals each week, and among this group there was a significantly lower proportion of girls saving relative to the control group.

8.3 Control over assets

Six programmes measured changes in the proportion of girls able to make decisions about money. There is relatively little evidence about the programme components that led to increased control over economic assets.

Three programmes (BLO I, Enhancing Financial Literacy, HIV/AIDS Skills, and Safe Social Spaces Among Vulnerable South African Youth, and Temuulel) led to positive changes in girls' control over assets. For example, the evaluation of BLO II found that along with increases in earnings, girls exposed to the programme were also significantly more likely to decide how to spend their

income (42% of alumnae made autonomous spending decisions, compared to 12% of the comparison group) (CEDPA, 2001).

In three cases (Filles Éveillées, Deepshikha and Learning Games) the interventions did not significantly change girls' control over economic assets. For example, Deepshikha did not lead to a significant change in the percentage of girls participating in decision-making relating to finance (Sambodhi Research and Communications, 2014), while Filles Éveillées did not lead to a significant difference in the proportion of girls reporting that they alone decide on their spending (Engebretsen, 2013). It did, however, increase girls' reported ability to discuss money with their employers and heightened their financial capabilities, including those related to savings, budgeting and planning for the future.

Programmes that did not directly report on control over assets may still have built girls' financial autonomy. For example, TRY in Kenya increased the likelihood that participants were saving in a bank rather than at home, and this reduced the risk of their savings being stolen or confiscated by parents, guardians or husbands (Erulkar and Chong, 2005).

8.4 Economic empowerment and gender-based violence

Economic empowerment activities such as financial literacy training, access to savings and credit and vocational education can contribute to reducing girls' vulnerability to physical and sexual violence. For example, Ishaka in Burundi implemented a village saving and loan model that was adapted to meet the needs of adolescent girls organised into solidarity groups, alongside training, awareness raising, outreach and advocacy. Economic empowerment reduced participants' vulnerability to unwanted sexual advances, as one solidarity group member explained:

> *'Before I joined Ishaka, I had sex even with 500 BIF (=$0.5). One year later, after the share out, things are very different. One day, one of the boys who used to have sex with me came and showed me a 2,000 BIF banknote thinking I'll be "hot-headed". I showed him a 10,000 BIF banknote. He went away covered with shame.' (Quoted in Rushdy, 2012: 11)*

However, as has been recognised in a growing literature (Panda and Agarwal, 2005; Heise, 2011), programmes that increase girls' and women's economic assets without other complementary interventions can increase girls' vulnerability to GBV. Two studies in our sample indicate such findings. Among girls who received savings accounts only in the Safe and Smart Savings programme in Uganda, there was a significant increase from baseline to endline in the proportion who experienced indecent touching and teasing (Austrian and Muthengi, 2014). There were no significant changes in these indicators among girls in the combined intervention (savings accounts plus life skills education) (Austrian and Muthengi, 2014); this may indicate that girls who received life skills education became more assertive and better able to protect themselves against sexual harassment.

Participation in the AGI Rwanda programme was also associated with greater likelihood of experiencing sexual harassment (Botea et al., 2015). However, changes in prevalence were not examined and the evaluation notes that rather than an actual increase in incidence of GBV, it is possible that girls were more confident to report their experiences or better able to recognise past experiences of harassment. This interpretation is supported by qualitative evidence. There was no indication of girls' reporting heightened abuse throughout the programme, and a number of girls noted that attending vocational training had direct and indirect benefits in terms of reducing vulnerability to abuse. For example, 'you come to school, you don't have time to go where they can trick you' (participant quoted in Botea et al., 2015: 45). The vocational programme also has economic empowerment benefits:

> *'AGI paid for our tuition, we studied, and it taught us to become entrepreneurs so that the abuses we experienced at home stopped.' (Participant quoted in Botea et al., 2015: 45).*

9 Cross-cutting issues

Key points: cross-cutting issues

- Few programmes targeted girls within a narrow age band; most worked across age ranges. To do this effectively may require better tailoring of curricula to girls of different ages and education levels.
- Few studies examined links between the quality of facilitation (and the training facilitators receive) and girls' outcomes. In some cases, it appears poorly trained and remunerated facilitators may have constrained effective implementation. Also, while having female mentors close in age to target participants may be desirable to build rapport and trust, they are usually subject to the same gender discriminatory norms as participants, which may influence their ability to work effectively (e.g. restrictions on mobility, time use, low status).
- Many of the evaluations provide evidence of stronger impact when girls participate more intensively; there is less evidence about the impact of programme length, with positive impacts from short (12-week) courses as well as from attending for a year or more.
- Most programmes have multiple components but tend to measure combined impact rather than the relative impact of individual components. RCT-based studies that compare different programming combinations are starting to rectify this but there are relatively few of them.
- Half the programmes worked with other stakeholders as well as girls the most commonly targeted groups were girls' parents, followed by young men and boys (either husbands or partners of married girls) or other young men in the community. Qualitative evidence suggests that engaging other stakeholders is vital but needs to be sustained to lead to clear change in gender discriminatory attitudes and practices.
- Evidence on the long-term impacts of girls' clubs and life skills programmes is extremely limited.; likewise there is limited evidence of how far benefits spill over to other community members.
- Most of the resistance to girls' clubs reflects fears that the information and values girls are exposed to are contradictory to religious and traditional values, particularly with respect to SRH and child marriage. The other major concern was that it was a waste of time. There appeared to be less opposition to girls' programmes per se; one evaluation recorded a demand for similar programmes for boys.

In this section, we bring together evidence on three main issues: age-differentiated programming; influences on effective programming (quality of facilitation, duration and intensity of programme, role of combined interventions, engagement with other stakeholders, and the role of incentives in overcoming barriers to attendance); and issues related to the long-term and broader impact of girls' club and life skills programmes. We also consolidate evidence on resistance to these programmes. Some of these issues – particularly those related to effective programming – have been covered in some thematic sub-sections. Recognising that readers may have focused on the thematic section(s) of particular interest to them, we bring this evidence together here across the sample of programmes.

9.1 Age-differentiated programming

A key set of issues that GAGE will be exploring through its primary research is whether certain activities or programming combinations are most appropriate and effective at particular ages, and what evidence exists on age-differentiation or age-sequencing of programming. One surprising finding was how few programmes (a quarter of the total) targeted a narrow age band – almost three-quarters worked across age ranges. Although the actual age ranges of participants may have been narrower, the evaluations do not provide this detail. Here, we summarise the limited insights on age-differentiated programming, discussing conclusions reached by evaluations on both life skills education and other programme activities.

No programmes worked exclusively with 10-12-year-olds, though 25 programmes were available to girls in this

Table 16: Age groups targeted, by programme activity

Life skills focus / age	10-12	13-15	16-19	Unclear
Financial literacy	10	17	17	1
Reproductive health	17	26	25	4
Changing gender norms	17	24	20	2
Knowledge of law	11	17	16	0
Communication skills	19	26	23	3
Vocational skills	7	14	15	1
Catch up education	9	10	8	0
Sport	3	5	4	1
Savings or loans	7	13	15	0
Youth friendly services	1	2	3	1
Stipends or incentives	5	5	5	1
Training peer education	1	2	2	2
Political / civic education	3	3	1	1
Total number of programmes	25	36	33	5

Note that many programmes had multiple components and targeted multiple age groups

age group as part of a broader age band. The programmes that worked only with girls aged 10-14 focused on training in communication skills, changing gender norms, and leadership skills for political and civic engagement. The latter may seem a surprising focus for this younger cohort, but the programmes that worked with this age group (e.g. PTLA and ITSPLEY) were well received and, as discussed in Section 4, reasonably effective, prompting local communities to request similar programmes for older age groups. Compared to the programmes targeting older cohorts, those aimed at younger participants had less emphasis on knowing one's rights or the law, on financial literacy or other economic empowerment issues.

As Table 16 shows, roughly similar numbers of programmes targeted 13-15-year-old and 16-19-year-old girls. While there are many similarities between the programmes offered to all age groups (all had a strong emphasis on communication skills, for example), there is more commonality between the programmes offered to these two age groups; in particular, they tended to emphasise strengthening knowledge on reproductive health issues, challenging gender norms, and economic empowerment. Within SRH education components, education for younger girls tended to focus on understanding one's body, puberty and menstruation, though some did also cover sexuality and protection from STIs. In many cases, though, the content of SRH curricula is not clear from the documents studied.

The economic empowerment slant is even more marked among programmes focusing on the oldest age cohort: programmes targeting only girls aged 16 and over all had a strong economic empowerment focus (AGI Rwanda, TRY and SHAZ!). As discussed in Section 8, it is typically the oldest age group who are best placed to make use of vocational training and loans, though support for savings is appreciated by younger girls too. These broad patterns may also explain why the largest number of life skills programmes with a strong focus on gender equality targeted the 13-15 age group.

Evidence from qualitative and process evaluations indicates that participants' age is a potentially important variable as it influences the appropriateness of particular life skills programme content and participants' ability to understand that content. For example, the evaluation of AGI Kenya noted that mentors found it difficult to discuss issues around sex with the youngest participants (11-12-year-olds); furthermore, parents were most resistant to girls in this age group discussing these issues, and mentors and parents alike were concerned that doing so could lead to earlier sexual experimentation and initiation. Some parents felt that the life skills sessions (regardless of content) should be provided only to older girls (16 plus) (Muthengi et al., 2016).

As the following examples show, however, there is no simple relationship between age and the appropriateness of programme content or a girl's ability to understand it; education levels also matter. The process evaluation of Filles Éveillées found that the younger girls struggled with its content. Mentors experimented with dividing groups by age but found that doing so had little impact in improving girls' understanding (Jarvis and Kabore, 2012). This implies a need to tailor content more closely to participants' education levels. Likewise, the evaluation of AGI Rwanda reports that trainers found the life skills curriculum too advanced and that participants needed more time to internalise it. Trainers dealt with this challenge by focusing more on the practical exercises rather than teaching theory.

Overall, then, while girls' clubs and life skills programmes target girls across the adolescent age range and across smaller age bands, there is relatively little known about tailoring programmes to particular age groups. It is clear that programmes encouraging economic activity are most effective with older age groups but that savings programmes are appreciated across a wider age range. However, there has been no systematic study of the effectiveness of life skills programme content with different age groups (or the ability of girls of different ages to understand that content), despite on-the-ground experimentation to simplify content. We now turn to other aspects of effective programming revealed by our review of the evaluation studies.

9.2 Effective programming

9.2.1 Quality of facilitation

Only a small sub-set of the studies examined (around a quarter) explored the impact of the quality of facilitation in girls' club and life skills programming on girls' outcomes. Most life skills programmes (35) were delivered by a trained facilitator or animator from the local community, usually a young woman with secondary education.[19] Teachers delivered life skills education in 10 programmes and peer educators were involved in delivery in four, working alongside teachers or adult facilitators from the community. While teachers led the majority of school-based programmes, five were led by specialist facilitators, usually from NGOs partnering with the schools to provide life skills programmes.

The evaluations of only nine programmes provided insights into minimum requirements for facilitators, which typically concerned age, level of education or knowledge, experience, familiarity with the locality (or being from a specified community) and, occasionally, attitudes. For example, AGEP in Zambia prioritised young women from target communities who had at least basic SRH knowledge, prior facilitation experience and a 'commitment to improving the situation of girls in their community' (Austrian and Hewett, 2016). Although gender sensitivity has formed part of selection criteria in other (adult-focused) programmes, such as Stepping Stones in South Africa (Jewkes, 2008), it was not specified as a requirement for facilitators in the girl-oriented programmes we examined, with the exception of AGEP.

The programmes examined generally aimed to recruit facilitators who were relatively young, so that participants could relate easily to them. However, in some cases, the age range was quite large (20-40 in AGEP Zambia). The educational and other requirements for facilitators also varied considerably. As Table 17 indicates, many evaluations and programme documents did not give detail on facilitator requirements.

Only 10 evaluations provided details of the extent of training that facilitators received; as Table 18 shows, training was limited, with 5 of the 10 programmes providing a week or less. In addition to initial training, many programmes provided either in-service refresher training or less formal training, with monthly meetings with facilitators to track progress and address any problems that had arisen. There is no clear relationship in this small sample of programmes between the length of facilitator training and programme outcomes. Only one study assessed this quantitatively and found an association between mentors' motivation and participants' knowledge of HIV (Spielberg et al., 2010).

Given the short duration of facilitator training programmes, it is not surprising that several evaluations found weaknesses in facilitators' understanding of issues, some of which they passed on to participant girls. For example, the evaluation of Deepshikha (India) found that around one in four trainee facilitators could not fully understand the content on life skills and tools, and around 30% struggled to understand the content on reproductive health, which limited their ability to conduct workshops on

19 Two notable exceptions were Choices (Nepal) and GEMS (India), both of which worked with young adolescent girls and boys and which aimed for equal numbers of male and female facilitators (IRH, 2011; Achyut et al, 2016).

Table 17: Facilitator requirements

Programme/ requirement	Age	Gender	Education/ knowledge	Language	Origin	Attitude
AGEP, Zambia	20-40	F	Complete secondary school (12 years education) & SRH knowledge	Fluency in English and local language	'From community'	Commitment to helping girls
Safe & Smart Savings, Kenya & Uganda	20-35	F			'From community'	
Ishraq, Egypt	17-25	F			'From local community'	
Berhane Hewan		F	At least 10th grade			
Choices, Nepal	18-24	1 M, 1 F per group			Former child club members	
Filles Éveillées, Burkina Faso	20-30	F	At least a few years' secondary education	Ability to speak local language (Dioula)		
PAGE, India	20-28	F			Previous experience of life skills programme facilitation	
CEDPA, Nepal	12-24	F	Mix of facilitators attending and not attending school		Mix of castes	
GEMS		M &F				

Table 18: Duration of facilitator training

Facilitator training duration	Number of programmes
1 week or less	5
1-2 weeks	3
Over 2 weeks	1
In-service refresher training	4
n/a	34

these issues (Sambodhi Research and Communications, 2014). The evaluations of AGEP Zambia and Learning Games (India) also indicate inaccurate understanding of reproductive health issues on the part of some facilitators. It should also be noted that while young female mentors are likely to be able to develop good rapport with participants, they are often subject to the same constraining gender norms, which can undermine their mobility, and may affect their views and the information they communicate (Sambodhi Research and Communications, 2014; Austrian and Hewett 2016).

These findings raise questions about the extent to which programmes are relying on poorly trained and remunerated mentors to be the lynchpins of implementation. Although there were examples (such as Ishraq) where high-quality training and support equipped mentors to play their role as facilitators of girls' empowerment very effectively, several other evaluations indicate disappointment in the quality of mentors' work. For example, the evaluation of Learning Games notes that:

> *'many SHPIs [Self-Help Promoting Institution] fell short of the expectations Reach India had set in their training of SHPIs for quality of delivery for the Learning Games.' (Gray and Chanani, 2010: 16)*

And, in the words of one of the participants,

> *'I felt that the people who taught us did not know enough themselves. We need a person who has better knowledge of things.' (Gray and Chanani., 2010:17)*

Programmes used a range of methodologies to educate young participants in life skills, with participatory approaches such as discussions, role plays and workshops most common, and no clear variation between type of programme. This said, although facilitators were trained in participatory approaches, they did not always run sessions in a participatory way. For example, as one of the participants in Kishori Mandal in Gujarat, India, reported, a mentor simply read out material rather than discussing it:

> *'I did not like the way they read the Akashganga in one go. They should explain, only then is it of any use. And we get to learn things, and we feel good when reading about such things. If they read it this way there is no fun. I can read, but they need to explain to us the meaning of the story, only then can I understand.' (Kalyanwala et al., 2006: 26)*

None of the evaluations discussed the relative effectiveness of different approaches to life skills education, though some qualitative evaluations highlighted participants' perceptions of games and discussions as an approach to learning:

> *'When we were playing the "Mela" [bargaining] game, one of us became the shopkeeper and the others customers. That was lots of fun. We learned to bargain and the mothers who were present here laughed a lot at our inability to bargain like them. It was fun.' (Participant in the Learning Games, cited in Gray and Chanani, 2010: 28)*

In addition, several evaluations revealed mentors not necessarily sticking to their contractual obligations, or putting in minimum effort to run groups. For example, Learning Games mentors were often casual in their attendance, arriving late, failing to set the timing of the next session in advance.

The Learning Games evaluation (Kalyanwala et al., 2006) also mentioned participants' disappointment with perceived broken promises – where mentors asked them what skills they wanted to learn but then did not deliver them. Where programmes were unable to provide vocational skills (which, for many young people, are the main reason for attending), this may lead to dropout and a lost opportunity to undertake other activities.

Where programmes involve microfinance components, effectiveness can also be undermined if mentors are required to collect loan repayments. The evaluation of TRY in Kenya, for example, found that where mentors performed both roles, having to enforce financial repayments undermined the relationships of trust and warmth they had developed with participants and thus undermined programme effectiveness. Likewise, the evaluation of Learning Games found that mentors collecting loan repayments could sometimes dominate meetings, squeezing out time for life skills activities.

Some school-based programmes or components, such as those in ITSPLEY, experienced challenges in placing programme-trained mentors in schools, sometimes due to resistance from teachers. ITSPLEY was also affected by transfer of teachers trained by the project out of its operational area and an orientation among teachers to focus on examination subjects rather than life skills (Miske et al., 2011a). The evaluation does not detail whether the project was able to take any steps to overcome these challenges.

Where mentors were well trained and were able to form good relationships with participants, this had positive spin-offs beyond the content of classes. As the evaluation of Filles Éveillées in Burkina Faso concluded,

> *'Participants said that they considered their mentors like friends, went to them for advice, and felt comfortable asking them questions. Mentors also reported that participants sought them out for advice on a variety of subjects such as marriage and relationships with employers.' (Jarvis and Kabore, 2012: 12)*

In Filles Éveillées and Biruh Tesfa (Ethiopia), mentors played a vital role, interfacing with employers. Similarly, in AGI Kenya, mentors sometimes mediated between girls and their parents. Strong relationships such as these may help explain why many programmes recorded increased sources of social support among participant girls.

> *'In my class, there is a girl who got pregnant when she joined form 1 but she was unable to tell her parents because she feared them, but she came and told me. I looked for a way and talked to her parents until they calmed down. The parents were very harsh but I just talked to them and we even went with her to her school and the teachers also agreed and said there is no problem and that when her time to deliver comes they would give her time to go and give birth then come back to school.' (Mentor in Kibera, Kenya, Muthengi et al., 2016: 28)*

Three evaluations highlight the importance of monitoring implementation. As well as AGEP in Zambia, the evaluation of BRAC ELA in Tanzania highlights an association

Box 2: What contributes to good mentorship? Insights from AGEP Zambia

The evaluation of AGEP in Zambia investigated the quality of facilitation by carrying out 'spot checks' (unannounced visits) and considering facilitators' characteristics. They found that older mentors who had completed secondary school, with a relatively good socioeconomic background and who had never been married, had the greatest probability of providing good mentorship. They used the observation data and data from interviews with participants and mentors to identify areas of weak programme implementation and provide additional support to mentors to address problems.

They also found that among girls who attended at least half the sessions, those whose mentors had positive attitudes towards contraception were less likely to have ever been pregnant; those who were particularly effective at creating a positive safe space were less likely to have been married, had sex, unwanted pregnancy, or given birth; and girls with mentors who scored high in terms of self-efficacy were less likely to be HIV-positive and have had unwanted sex. Those whose mentor rated highly in terms of building relationships with girls and the community were also less likely to have had unwanted sex (Austrian and Hewett, 2016).

between the extent of monitoring and the quality of implementation, with implementation more patchy in more isolated areas where programme staff were not able to monitor frequently.

Beyond personal characteristics, good training and regular monitoring, a strong institutional support structure for mentors and the wider programme are likely to play an important role in ensuring effectiveness. Although this is only discussed explicitly in one evaluation (PTLA), other evaluations (of Ishraq, AGEP and Deepshikha) hint at it. Several evaluations (e.g. AGI Kenya) also discuss the role of facilitator remuneration, and argue that the incentives paid may need to be raised to attract and retain good facilitators; otherwise, facilitators may not be sufficiently motivated to undertake time-consuming and expensive travel to distant villages (Muthengi et al., 2016) or might simply leave to take up better-paid work (Erulkar et al., 2006). In most cases, mentors or facilitators are seen as semi-voluntary positions; where they are treated as more professional positions, with stronger investment and pay, and also greater background support, this appears to lead to positive outcomes. The evaluation of Deepshikha also highlights the problem of facilitators moving away upon marriage, and suggests recruiting young married women to avoid this problem (Sambodhi Research and Communications, 2014).

9.2.2 Impact of programme participation on facilitators

Four evaluations highlighted the impact of participation on facilitators. In all cases, the facilitators were young and therefore close in age to the participants. The facilitators in BALIKA (Bangladesh) were only slightly older than participant girls, and faced many of the same social and other constraints. They reported the experience of working as a facilitator to be transformative. AGI Kenya's facilitators also commented that they had learnt a great deal through the training and then teaching the material they had learnt to others (Muthengi et al., 2016). In particular, they stressed gains in confidence:

> *'Before, I never had the confidence to stand in front of people but now I gained so much confidence that I can facilitate the session without any fear.' (25-year-old mentor)*

The evaluation of Ishraq discusses the impact on facilitators ('promoters') in most detail, noting their strong impact beyond the immediate target group (they worked with girls and with the wider community). Brady et al. (2007) suggested that the training provided by promoters enabled them to play a significant role in helping girls realise their rights – for example, in obtaining ID cards and accessing health care. The training provided by the programme, and the growth in promoters' confidence as they became increasingly experienced in running the programme, enabled them to become effective community development agents:

> *'Many [promoters] have matured from being "just a girl from the village" to becoming respected role models in the eyes of both the girls and other community members. Over the course of the program, promoters took on greater responsibility and sought an expanded role in selecting and training future promoters, planning activities with village committees and the board of directors of youth clubs, and sharing what they learned in the implementation of the pilot phase…'*
>
> *'Many former promoters have assumed more visible roles in their communities. Their presence is now felt as board members of youth clubs and community development associations. Some have established women's associations, joined political groups, accepted*

local leadership positions, and lobbied successfully to increase the access of girls and women to local youth centers. Such civic development activities represent a notable training ground for effective citizenship, particularly in settings where political channels and processes are perceived as remote and inaccessible for girls and women. Ishraq clearly helped create a group of young women leaders able to participate effectively in local politics and to act as role models for others.' (Brady et al., 2007: 12-13)

Deepshikha facilitators also subsequently took on a variety of roles in their communities, from kindergarten workers to police assistants, governance committee members and village representatives (Sambodhi Research and Communications, 2014).

However, none of the studies probed the longer-term effects of working as a facilitator, which may prove to be another route by which programmes contribute to change in gender relations. This is something that GAGE longitudinal studies could usefully probe.

9.2.3 Which components or approaches have greatest impact?

Most of the programmes had multiple components. However, only eight evaluations provide some insight into the relative impact of each (AGEP Zambia, BALIKA, Berhane Hewan, Safe and Smart Savings, SAFE, SHAZ!, GEMS and Temuulel). Overall, there is limited information about the relative impact of different components, with the exception of access to banking services as a key component for savings outcomes.

The evaluations of three programmes (SAFE, DISHA and GEMS) provide insights into the relative importance of awareness-raising campaigns and group-based education. The GEMS programme in Mumbai focused on challenging discriminatory social norms (Achyut et al., 2011). The evaluation compared the impact of participating in group-based education activities and a week-long, school-based awareness-raising campaign with exposure to the awareness campaign only. The proportion of boys and girls deemed to hold highly gender-equitable views more than doubled in both groups, but among girls, the combined intervention was more effective than the awareness-raising campaign alone. This suggests that group participation was an important mechanism for changing the attitudes of girls.

The evaluation of DISHA in India also found greater changes in attitudes as a result of participation in DISHA groups than exposure to community awareness-raising activities. For example, young men who participated in DISHA groups were twice as likely as those exposed to the awareness campaign to think that the ideal age of marriage was 18 or over; young women were four times more likely to think the same. In addition, young people (male and female) were twice as likely to have correct knowledge of contraceptives, and girls and young women were almost twice as likely to believe they could negotiate with their elders over the timing of their marriage.

SAFE Bangladesh sought to promote SRH and rights and reduce child marriage and GBV through group activities (for men and women) and community campaigns. It was designed as an experimental programme that compared the impact of three different arms: the first involved working with men's groups (aged 18-35), women's groups (10-29) and a community awareness-raising campaign; the second involved working with women's groups and a community awareness-raising campaign; and the third was a community awareness-raising campaign only. All arms also received health and legal services. Neither group-based intervention was significantly more effective in achieving change in early marriage and rights related to marriage than the community awareness-raising campaign alone (Naved and Amin, 2014) – a surprising finding given that most analyses of efforts to change gender norms find group-based activities more likely to lead to change than awareness-raising campaigns alone (Marcus and Page, 2014).

However, the SAFE groups proved effective in changing attitudes and behaviour on GBV: the largest reduction in experiences of GBV was among people who participated the first arm: an integrated intervention that included community mobilisation, service provision, and separate female and male group sessions. By contrast, there was no reduction in GBV among participants exposed to the community awareness-raising campaign only (Naved and Amin, 2014). These findings are more consistent with findings in the wider literature (e.g. Marcus and Page, 2014). The diversity in findings across different issues and contexts highlights the complexity of these change processes and the challenges in drawing conclusions about what works best.

9.2.4 Impacts of combined interventions

The evaluations of SHAZ!, BALIKA and AGEP Zambia provide support for the view that combined interventions are often more effective in improving girls' outcomes. In AGEP and BALIKA, group meetings in safe spaces emerged as a key programme component, more so than the additional programme activities. For example, mid-term results from AGEP indicate that most of the statistically significant findings (with the exception of two savings indicators) were consistent across the three intervention arms, highlighting the importance of participation in girls' group meetings as a driver for change. This is consistent with the analysis by Banks (2015) from Uganda and Tanzania of the importance of the safe space/group as a setting for personal development.

The evaluation of BALIKA compared impact of the programme across three intervention arms, with a control group: a core set of activities conducted in 'safe space groups' with 44 hours of basic skills training provided by local mentors and community engagement, plus support for either (1) education, (2) enhanced gender-rights awareness training or (3) livelihood skills training. The study authors found that reductions in child marriage, changes in attitudes towards violence, increased earnings and increased SRH knowledge indicators point to the contribution of common programme components (Amin et al., 2016).

This said, each of the three intervention arms had specific impacts – e.g. the education intervention led to a decline in experience of violence at home, while the gender and livelihoods interventions led to reduction in experience of harassment at school or in public places, and a substantial (one-third) increase in the likelihood of girls doing paid work. It is noteworthy that the vocational skills training in areas such as ICT, photography, health and entrepreneurship was not significantly more effective than the gender awareness training, which included life skills focused on gender rights and negotiation, critical thinking and decision-making (ibid.).

The evaluation of SHAZ! found that providing vocational education, micro-grants and social supports in addition to life skills and health education had significantly greater impacts than life skills and health education alone for some indicators (Dunbar et al., 2014). Relative to the control group, the combined intervention significantly reduced food insecurity among participants, increased the proportion of girls with their own income, lowered the risk of transactional sex and increased the likelihood of condom use with a current partner. The evaluation did not separate out the relative contributions of additional components of the combined intervention – livelihoods including financial literacy education or vocational training, micro-grants and integrated social support comprising guidance counselling and mentoring – but did indicate that programmes that include vocational training and micro-grants have potential to synergise with life skills and health education to boost their impact.

Although the evaluations examined included 17 studies that used RCT methodologies, most of these employed a treatment versus control design (e.g. Learning Games, MEMA kwa Vijana, ELA Uganda and Kishori Abhijan), which examined the impact of the combined package rather than individual components. Bal Sabha was also evaluated with a focus on participation, comparing the impacts when participants were randomly selected and elected. One study (Mekbib and Molla, 2010) of Berhane Hewan (Ethiopia) found that girls' family members considered community conversations, girls' groups and house-to-house visits to have played the greatest role in changing attitudes to child marriage, but that incentives (school materials) had contributed most to keeping girls in school. Two other studies (Banks, 2015 and Bandiera et al., 2012) offer their own analysis of the key activities that contributed to change. Bandiera et al. suggest that the notable decline in girls reporting unwanted sexual contact is likely to reflect the life skills lessons, which focused on issues such as rape and women's legal rights.

One current programme, AGI Kenya, is being delivered as an RCT with multiple intervention arms: violence prevention only; violence prevention and education; violence prevention and education and health; and violence prevention, education and health and wealth creation (Muthengi and Austrian, 2016). Qualitative evidence points to changes arising through all programme components; more information about the relative impact of each component should be revealed by future quantitative data. Overall, the evidence about impact of different programme components is relatively limited, highlighting an important knowledge gap that GAGE can contribute to filling.

9.2.5 Involvement of other stakeholders

Half of the programmes (22/44) undertook activities with other stakeholders such as community dialogue, awareness

Table 19: Distribution of other stakeholders targeted

	Mother	Fathers	Husbands/ Partners	Adolescent boys	Young men	Government officers	Service providers	Teachers	Religious leaders	Not specified	Adult women	Community leaders	Employers	Other relatives
Community-based club	13	11	6	1	3	2	1	0	0	2	3	1	2	0
Extra-curricular club	3	2	0	1	0	1	0	2	0	1	0	0	0	0
School-based life skills	2	2	0	0	1	0	0	1	0	1	1	0	0	1
Overall	15	12	6	2	3	3	1	3	0	4	3	1	2	1

raising or home visits. Table 19 indicates that community-based clubs were more likely than other clubs to undertake activities with other stakeholders, and that the most commonly targeted groups were girls' parents, followed by young men and boys (either husbands or partners of married girls) or other young men in the community. By contrast, it is notable how few programmes worked with government officials, community leaders or health workers to change attitudes and practices and to institutionalise more gender-egalitarian approaches to service provision and to adolescent girls more generally. Moreover, none of the programmes engaged with religious leaders.

Figure 4 shows the main activities undertaken with other stakeholders. The most common activities were efforts to complement direct work with girls with initiatives to raise awareness of gender inequality and girls' and women's rights and to promote norm change, typically carried out through community events, dialogue and awareness-raising campaigns (either open access or sessions for specific groups such as husbands of married girls). The few programmes that worked with service providers or officials typically involved training workshops or regular meetings. However, the evaluations do not discuss the impact of these activities. We therefore concentrate on community-level activities in this section.

9.2.6 Outreach activities and home visits

The qualitative and process-oriented elements of several evaluations (e.g. Biruh Tesfa and Filles Éveillées) emphasised the importance of home visits both to recruit eligible girls and to follow up where participants were attending less frequently or seemed to be at risk of dropping out. These visits were important in building trust with parents (or, in the case of girl domestic workers in Biruh Tesfa and Fillees Éveillées, employers) to allow girls to participate, by explaining the programmes objectives and anticipated benefits. In the words of a 16-year-old Filles Éveillées participant in Burkina Faso:

> *'[Home visits] were useful for us and for our employers because we benefited from learning and that was profitable for our employers. They saw the importance of the program and they let us participate in the program.' (Jarvis and Kabore, 2012)*

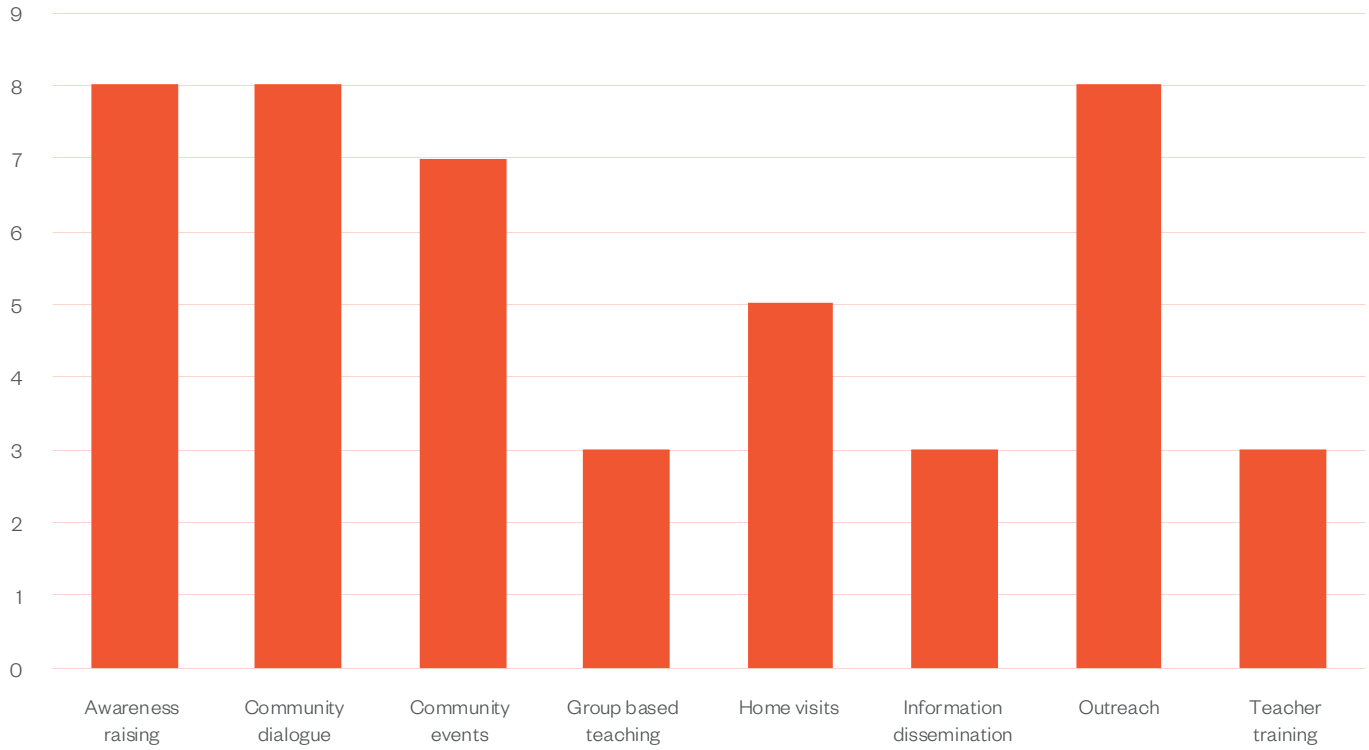
9.2.7 Community conversations and events

Two evaluations commented on the effectiveness of community dialogues. Mekbib and Molla's (2010) study of the relative impact of the different components of Berhane Hewan found that mothers, fathers and husbands of married girls all perceived community conversations to be the most effective activity for reducing child marriage. They do not explain why, but this may reflect the intensive discussion and community-based decision-making that community conversations are intended to foster (Erulkar and Muthengi, 2009).

Muthengi et al.'s (2016) evaluation of AGI in Kenya reported a perception that attending community conversations was an obligation on the part of parents whose daughters were benefiting from the programme, rather than an opportunity to discuss and change attitudes and behaviours; people also expected to be paid to attend. While the interim evaluation was optimistic about the programme's ability to overcome these constraints, this signals potential challenges for this strategy – particularly in areas with considerable pre-existing development activity.

One study – Kanesathasan et al.'s (2008) study of DISHA in India – compared the impact of general community awareness-raising events and more focused

Figure 4: Main activities undertaken with other stakeholders



discussion groups, which were held separately for women and men. They found that adults who participated in group discussions were almost 2.5 times more likely to believe that girls should be at least 18 when they are married as those who were not exposed to DISHA. Adults who participated in general community awareness-raising activities, such as street theatre, were only 1.5 times more likely to agree that girls should be 18 or older at marriage.

The Go Girls! Initiative (GGI) (Botswana, Malawi and Mozambique) – uniquely among this set of studies – made use of radio broadcasts and listener discussion groups to generate change in attitudes and greater commitment to gender equality. Underwood and Schwandt's (2011) evaluation found that these groups had generated commitments to action, such as: persuading community leaders to enact laws to protect vulnerable girls, encouraging girls and adults to attend other GGI activities, modifying HTPs, encouraging girls to go to school, ending early marriages, building school latrines, and ensuring safe routes to school. We could not find further documentation discussing the extent of implementation of these plans.

9.2.8 Activities with boys and men

It is increasingly recognised that changing gender norms and practices among boys and young men is a key strategic priority for girls' empowerment and a shift towards more egalitarian gender relations (Van der Gaag, 2014). The programmes examined reflect this recognition, with boys and young men constituting the largest group of stakeholders targeted after parents, and the third largest group if parents are split into mothers and fathers. In this section, we probe how the programmes are working with boys and young men, and discuss the impact of these activities where evidence is available.

Of the 44 programmes examined, 15 worked with both boys and girls – either in single-sex or mixed activities. (Single-sex groups were generally the preferred option for discussing biological/reproductive health issues or where programme organisers felt that girls could build up confidence more easily in single-sex environments.) Two girl-focused programmes ran additional activities with adolescent boys: Ishraq, in Egypt, (which held a life skills and gender awareness course for participants' brothers that was subsequently extended other local adolescent boys), and SVAGs, (which, having started by setting up only girls' groups, responded to demand to set up boys' groups too). In one Deepshikha site, a facilitator also allowed boys into the sessions, both for reasons of equality and to stop disruption of the girls' sessions (Sambodhi Research and Communications, 2014). Some evaluations contained strong statements on the importance of working with boys as well as girls to end gender discrimination:

> *'Discrimination is a deep-rooted problem connected with our culture and traditions. Changing the mindset of the girl alone will not help. They shouldn't solely bear the burden of bringing about a social change. We should take these teachings to the entire community. Focusing on boys and the entire community is a must.' (Sambodhi Research and Communications, 2014: 88)*

However, none of the studies compared the relative impacts of working with single-sex groups of girls and boys as opposed to mixed groups.

Seven programmes undertook activities with young men; one (GGI) targeted young men in the community while six (all Population Council programmes) focused (though often not exclusively) on the husbands of married girls. These involved community-level meetings and classes (Berhane Hewan, Meseret Hiwott, SAFE) and home visits from male health workers (First-Time Parents Project).

Three evaluations compared the relative impacts of working directly with young men (or not). Here we only discuss findings related to the gender of participants, as other findings have been reported in previous sections. SAFE in Bangladesh, an RCT-based programme, tested the impact of working with both separate male and female groups and working with female groups only. Overall, sites which engaged men in the sessions saw the greatest increase in gender-equitable relations (Naved and Amin, 2014). In the Meseret Hiwott programme (Ethiopia), change in indicators such as use of family planning and husbands accompanying their wives to the clinic were greater when both husband and wife participated (Erulkar and Tamrat, 2014). Likewise, in households where husbands took part in Meseret Hiwott activities, 81% of girls reported that their husbands undertook housework compared with 59% of participant girls whose husbands were not involved and 33% of non-participant girls (Erulkar and Tamrat, 2014).

By contrast, in Ishraq, working with men brought no significant impact on brothers' (or parents') attitudes towards girls' playing sport, appropriate age at marriage, girls' participation in decision-making and girls' education (Brady et al., 2007). Ishraq ran classes for boys aged 13-17 based on the New Visions curriculum, which aimed to make boys more aware of gender equality, civil and human rights and self-responsibility. The evaluation authors attributed this lack of change to the relatively short duration of the programme (six months). The evaluation of the scaled-up component was unable to assess the impact of the boys' component on outcomes because of the small size of the sample (Sieverding and Elbadawy, 2016).

The lack of change in Ishraq is consistent with the conclusions of several other evaluations (e.g. AGI Kenya, AGEP Zambia), which found limited levels of change in gender norms. They acknowledge that shifts in norms of masculinity and femininity often take much longer than the year or two in which participants (and communities) typically engage with a programme. Indeed, some of the strongest findings on the importance of engaging with other stakeholders come from programmes that focused almost exclusively on girls. For example, the AGEP Zambia evaluation concludes:

> *'The lack of change in perceptions of gender, gender roles, and violence against women points to the deeply ingrained nature of these normative attitudes and beliefs and the need to potentially complement Safe Space group trainings with additional community-based interventions that can serve to reinforce girls' own assessments. It is possible, for example, that while many internalized assets are more malleable to a direct girl-based asset-building approach, perceptions of what is normative or external to the girls themselves in the enabling environment require appropriate messaging to come from actors in that environment, e.g., boys, men, families, and communities.' (Austrian and Hewett, 2016: 5)*

Eleven programmes were recorded as undertaking some activity with girls' fathers. However, in eight cases (BLO II, ADP, AGEP, Berhane Hewan, Biruh Tesfa, DISHA, ITSPLEY and PAGE) this was primarily through inviting all adult community members to community events or dialogues, or through outreach visits to homes to recruit girls and through regular information meetings. Four programmes (ADP Border Regions, Ishraq, PTLA and GGI) targeted girls' fathers more directly, inviting them to events, classes or discussion meetings. The GGI evaluation was the only study to probe the impact of engaging with fathers on any aspect of girls' well-being. Underwood and Schwandt (2011) found that where fathers attended sessions on adult-child communication, girls perceived an improvement in their relationships with their father (statistically significant in Malawi and Mozambique and marginally statistically significant in Botswana).

The lack of programme engagement with fathers reflects the limited engagement with parents in general. Only two more programmes aimed to engage mothers as well as fathers, through joint sessions with girls (Learning

Games and Wezesha Vijana). This relatively limited attention to engaging with girls' parents suggests that many programmes are missing ways of influencing 'gatekeepers' (those with significant influence over girls' lives). GAGE longitudinal studies may be able to explore in more depth the effectiveness of different ways of doing so.

9.2.9 Outreach to in-laws where many girls are married/ engaged

Although many of the programmes were operating in contexts with high levels of child marriage, and although nine studies mentioned married girls as a target group, only two evaluations (Learning Games and First-Time Parents Project, both in India) highlighted the importance of outreach to in-laws as well as parents and spouses. In contexts where girls move to their husbands' parental home on marriage, mothers-in-law exert substantial influence over girls' lives. The evaluation of Learning Games indicated that the programme should have included mothers-in-law as well as mothers as a target group:

> *'The daughter-in-law and mother-in-law will reach the same decision. Mother-in-law may not accept the suggestion of daughter-in-law in any case, but if they both learn the same thing, then there would be no conflict. It is better to learn the same thing at the same place.' (community leader, cited in Gray et al., 2010: 39)*

The First-Time Parents Project involved outreach through home visits as well as young women's groups. Facilitators used these home visits to engage with mothers-in-law, mothers and husbands of participants. Other than commenting that this was important to reduce resistance to girls' and young women's participation, the evaluation does not provide more detail on the impact of this engagement.

9.2.10 Programme duration and intensity

Although the studies reviewed mostly indicate how long participants attended any given programme (Table 20), only five examined the impact on outcomes of attending for longer or attending more regularly. Intensity of a programme may also be measured by exposure to additional programme components.

In most programmes, longer duration of participation and greater regularity of attendance led to a greater degree of change in outcomes measured. Five programmes found stronger impacts from participating for longer or more regularly on most outcomes, though one (Kishori Mandal) found that the effects varied from outcome to outcome (Table 21).

At least two qualitative studies point to the importance of a long-term commitment to a programme in an area. For example, Miske et al (2011a's) study of ITSPLEY argues:

> *'It took over a year in most countries to do the necessary mobilization and training with the support groups and actors to prepare the schools and communities for change. The model is just now showing real change and impact.' (Miske et al., 2011a: 46)*

9.2.11 Use of incentives

Only five programme provided stipends or incentives to encourage participants to attend life skills classes. In two cases, these were structured into the programme as rewards for good attendance, and included small prizes. Two programmes built in other rewards such as graduation ceremonies for participants who attended sufficient sessions (AGEP and Filles Éveillées).

Two programmes provided incentives to alleviate material poverty such as soap, sanitary supplies and school supplies (Biruh Tesfa, Ethiopia) or the offer of a goat if a girl remained unmarried until age 14 (Berhane Hewan). Filles Éveillées also provided snacks or meals to

Table 20: Overall length of participation

Length of participation / Type of club	3 months or less	3–6 months	6 months – 1 year	1–2 years	Over 2 years / open ended	Not specified
Community-based club	2	0	4	4	7	16
Extra-curricular club	0	0	1	1	1	7
School-based life skills	0	0	0	2	0	4
Overall	2	0	5	6	8	23

Table 21: Impacts of regular or longer attendance

Programme	Impacts of more regular/ longer attendance
Ishraq (Egypt) (Brady et al., 2007)	Proportion of participants married by endline was 5% for those who attended the full programme (2.5 years) compared with those who attended for any shorter period of time (12%). Changes in gender attitudes (e.g. to girls' mobility) were most significant among girls with the longest participation, followed by those who participated for more than a year, compared to those who participated for a year or less. Girls who participated for the full 2.5 years also demonstrated greater increases in academic skills in reading, writing and mathematics.
Kishori Mandal (India) Kalyanwala et al. (2006)	Regularity of participation had no statistically significant impact on many outcomes: regardless of programme intensity, all participants' reported greater control over decision-making, greater ability to save, greater mobility, and changes in their views on the acceptability of domestic violence. Participating regularly (three or more times a week and taking part in at least one vocational skills training session) led to a greater impact on gender role attitudes, reproductive health awareness and familiarity with safe spaces in the community where girls could meet.
BLO II (Uttar Pradesh, India) Acharya et al. (2009)	Regular participation (attending more than half of the sessions) was associated with greater levels of change towards more gender egalitarian attitudes but only three-fifths of all participants attended regularly. Comprehensive awareness of HIV transmission routes increased from 21% to 50% among all intervention participants and from 26% to 63% among all regular participants.
MEMA kwa Vijana (Tanzania) Doyle et al. (2011); Ross et al. (2007)	Association between greater health knowledge (of pregnancy prevention) and length of participation, particularly for boys.
AGEP (Zambia) Austrian and Hewett (2016)	Girls who participated more intensely experienced greater changes in empowerment indicators (e.g. knowledge, self-esteem/ self-confidence, mobility and having a bank account) and in longer-term / behavioural outcomes (e.g. reduction in transactional sex, increase in condom use) than infrequent participants or controls.
Moving the Goalposts (Kenya) Woodcock et al. (2012)	Increases in positive thoughts and feelings (self-esteem and self-efficacy) were associated with length of a site's operation, indicating the importance of the quality and stability of the programme, rather than individuals' length of attendance.

Box 3: Promising practices for encouraging regular attendance

In addition to home visits, prizes, food incentives and snacks, some community-based programmes have promoted increased attendance through:

- Allowing girls to register with friends or siblings, who may encourage each other to attend;
- Introducing more games/fun
- Sessions once a month or every two months;
- Scheduling sessions to reduce conflict with other responsibilities (schooling, key domestic activities).
- The effectiveness of these practices has not yet been evaluated.

Source: Austrian et al. (2016); Jarvis and Kabore (2012)

enable girls to concentrate, reflecting high levels of food poverty and limited access to nutritious food among the target group (girl domestic workers); Ishraq provided a monthly food ration box to girls who attended regularly (Sieverding and Elbadawy, 2016). None of these evaluations provide much assessment of the effectiveness of these incentives, although the AGEP evaluation (Austrian et al., 2016) suggests that the effort, time and costs involved in procurement of prizes may have been disproportionate to their benefit, particularly for older girls with more domestic (including childcare) responsibilities.

A second group of programmes (CHATS in Malawi, AGI Rwanda, Camfed's Step Change Window programme in Tanzania and Zimbabwe, and AGI Kenya) provided stipends to facilitate school attendance or vocational training. While these were generally much appreciated by participants and their families, and contributed to girls' education or economic empowerment achievements, there is no discussion of how they interacted with life skills activities.

Only one evaluation – of BLO II in Uttar Pradesh (Acharya et al., 2016) records girls having been asked to contribute to the cost of classes. The study does not probe whether this fee proved a deterrent to poorer girls or was set at a sufficiently low level to enable their participation.

9.3 Legacy, spillover effects and resistance

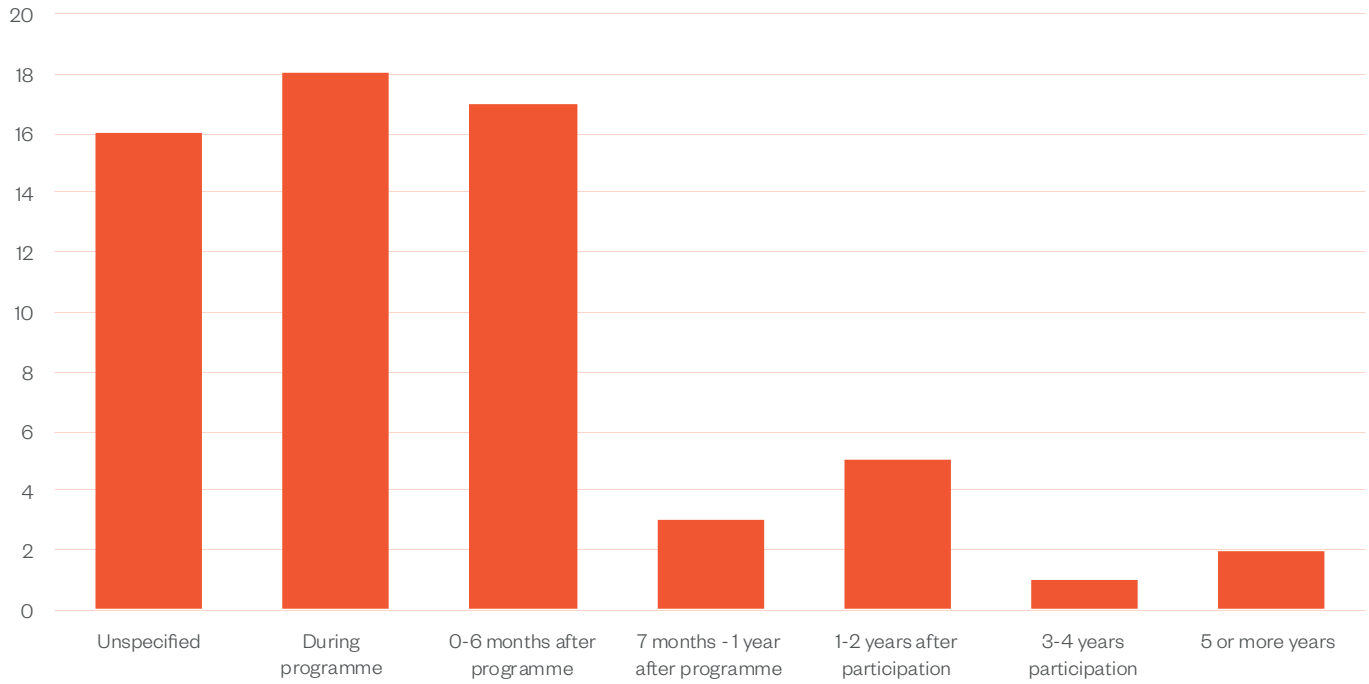
9.3.1 Legacy effects

In addition to understanding immediate outcomes, a key question for this review was how far changes brought about through girls' clubs and life skills curricula are sustained, and what factors contribute to sustained impact on girls' well-being. Studies of behaviour and norm change with other groups (e.g. adult men) or on other issues (e.g. changes in health behaviour) suggest that effects are often not sustained after the end of an intervention. However, a recent UK study (Dibben, 2016, cited in New Scientist, 2016) indicates benefits sustained over many years from participating in Scouts or Guides in childhood, including better mental health in adulthood. We do not know whether there are similar benefits from participation in girls'/adolescent clubs in developing countries, or what aspects of programmes girls find most beneficial over the long term. It is therefore important (not least in terms of cost-effectiveness) to explore how far girls' clubs and life skills curricula represent an investment that can change an individual's subsequent life path.

Unfortunately, the pool of studies on which to draw is small – as Figure 5 shows, only 12 of the 63 evaluations and impact studies reviewed took place seven months or more after participants had exited (or after the programme had finished). Studies of only two programmes (ELA in Uganda and MEMA kwa Vijana) generated any quantitative evidence on their long-term effects, though three others made some relevant observations concerning longer-term impacts or the time frame necessary for evaluations to study these effectively. For example, Acharya et al. (2009), discussing BLO II (Uttar Pradesh), concluded that the two-year timeframe for the intervention and study was too short to enable an exploration of longer-term effects on income generation, control over resources, marriage-related decision-making, and the actual timing of marriage and pregnancy among all intervention participants.

The evaluation of MEMA kwa Vijana, a programme combining life skills teaching on SRH in school, community activities, training and supervision of health workers and

Figure 5: Timing of evaluation



peer condom marketing, involved follow-up studies after three, five and eight years. Ross et al. (2007) found that after three years, it had had a lasting effect on SRH knowledge, attitudes, behaviour and reported cases of STIs after three years. The evaluation, undertaken after 5.4 years, also found lasting effects on attitudes towards sexuality and reported sexual behaviours (Anon, 2008), though it is not explicit about changes in attitudes concerning gender relations. However, there were no significant impacts on biological outcomes after 3, 5.4 or 8 years of implementation. Nor was there evidence that marital status or gender affected programme impact (Doyle et al., 2011).

The evaluation of BRAC's ELA programme in Uganda measured impacts after two years of participation, and then after another two years. After the first two years, the intervention was associated with improved knowledge, reduced involvement in risky sexual behaviour, increased involvement in income generation, reduced child marriage and reduced experiences of sexual violence (Bandiera et al., 2012; 2015). The follow-up (after four years) found that the girls with the highest gains in economic empowerment and control of their bodies after two years were most likely to migrate after four years, suggesting that the programme may have expanded their horizons and aspirations (Bandiera et al., 2015). Migration of former participants, plus attrition from the control sample, meant that it was not possible to fully estimate the effects of the programme after four years.

The evaluation of SHAZ!, a SRH life skills and economic empowerment programme for adolescent girls and young women in Zimbabwe, found that after two years there were statistically significant differences between the intervention and control groups and between different participants in different intervention arms in terms of economic empowerment indicators (such as having their own income). There was also a marginally statistically significant reduction in experience of GBV (though numbers concerned were very low), but no significant changes on indicators such as sources of social support, power in relationships or risky sexual behaviour (Dunbar et al., 2014).

By contrast, the evaluation of the Learning Games programme in India (West Bengal) suggests that the gains in increased savings observed at six months, and greater confidence in prioritising expenditure or motivation to save, did not persist beyond a year, probably because of the more challenging economic environment as the programme continued. Discussing Kishori Mandal, also in India (Gujarat), Kalyanwala et al. (2006) noted that participants had poor recall of the content of several of the training modules. It may be that there are particular challenges in sustaining gains in knowledge acquired through short courses, particularly where trainees lack opportunities to put knowledge into practice, as with some of the nutrition information taught in the Learning Games (Gray and Chanani, 2010).

There is some evidence (particularly from economic empowerment interventions) to suggest that the gains achieved may have positive long-term effects. For example, almost all participants (92%) in the BLO programme in Uttar Pradesh (BLO II) reported that they would use the livelihood skills gained to generate an income in future. At the time of the evaluation, 74% had made use of the skills they learnt after completing training (Acharya et al., 2009). Alumnae of BLO I in Gujarat, Madhya Pradesh and Delhi – some of whom had left the programme more than a year before the evaluation – were playing various leadership roles within their communities (CEDPA, 2001).

Although these evaluations give no insights into the extent that changes in attitudes were sustained, the evaluation of AGEP Zambia summarises the analysis and intent of many programmes, in that:

> *'Overall, the impact results on girls' empowerment due to the program were modest as measured immediately after the end of two-year AGEP program period. It is possible that AGEP has, however, set girls on a different trajectory of further acquisition of assets and hence the cumulative impact of AGEP on empowerment may be revealed in later rounds of observation.' (Austrian et al., 2016: 5)*

One mechanism by which programmes may seek to extend the duration of their impacts is via alumnae groups. BLO II (Uttar Pradesh) set up such groups, meeting two or three times a week; some initiated informal additional training and savings groups. More than half (57%) of participants joined an alumnae group and of those who did, 97% were still attending 12-18 months later. An additional 29 non-participants also joined these groups (Acharya et al., 2009). More evidence about the impact of such groups would be informative for programmes seeking to extend the impact of their work.

Overall, the evidence about long-term impacts of girls' clubs and life skills programmes is extremely limited; GAGE is uniquely well placed to contribute to the global body of evidence on these issues through its longitudinal studies.

9.3.2 Spillover effects

Another key measure of programme effectiveness is how far change occurred outside participant groups. Only six evaluations explored this issue, of which five found some degree of impacts on the wider community. Although it is intuitive that programmes with outreach activities to other stakeholders are more likely to have broader effects, the studies that did explore this issue mostly found that spillover effects occurred through informal contacts between participants and non-participants.

Kanesathasan et al.'s (2008) evaluation of DISHA in India found significant behaviour change in DISHA communities, despite the relatively short duration and challenging setting of the project. DISHA was most successful in changing behaviour that relied largely on individual or community action, such as increases in age at marriage and significant increases in contraceptive use among married youth. Behaviour changes that depended on shifts in economic or political policies to be successful – such as livelihood opportunities (which need a supportive economic environment) and quality service provision (which needs strong, widespread health infrastructure) – were much harder to achieve, both among participants and in project communities. One study – Mhando (2015)'s study of TUSEME clubs in Tanzania schools – indicates greater accountability of school teachers as an indirect result of participation in clubs; specifically, teacher absenteeism had reduced because students could now report their absences to headteachers.

More commonly – as found in four other studies – the reported impacts were on other adolescent girls. For example, Amin et al.'s (2011) study of Kishori Abhijan in Bangladesh found that among participants and non-participants alike, there was an increase between baseline and endline in girls reporting having friends in the same village, having travelled outside the village, gone to the movies, visited friends in the village, listened to the radio, watched television, and read the newspaper. Amin et al. suggested that the reduction in social isolation among participants and non-participants may be one way in which the project's influence diffused widely throughout the rural districts where it operated.[20] The qualitative element of Muthengi et al.'s (2016) evaluation found that girls who participated in AGI Kenya were sharing the knowledge they learnt in life skills classes with non-participants (see also Section 5.2).

One study provided evidence of 'harder' spillover effects. Buehren et al.'s (2015) study of BRAC's ELA programme, which provided microfinance as well as life skills and vocational training in some communities, found increased savings and increased participation in savings groups among non-participant women (ages not specified, but adolescents were the target) in project communities. They suggest these increases were driven by interactions between participants and non-participants. (These changes only occurred in areas where ELA provided microfinance services.)

Delavallade et al.'s (2015) study of the effects of participating in an extra-curricular girls' parliament in Rajasthan, India, was the only study that found negative effects on non-participants. They found that not being involved in the programme was associated with lower educational aspirations and lower self-efficacy. They suggest this reflects a demoralising effect of not being selected into the programme. However, they found positive effects on aspiration to marry after age 18, though these were not as strong as for participant girls.

Taken together, these studies point to an important issue for programmes with insufficient resources to reach all eligible and interested girls in an area: how to encourage (formal or informal) sharing of programme benefits and insights? None of the evaluations indicate whether participants were encouraged to share their learning with their friends; given the role of informal contacts in spreading programme benefits, GAGE could test whether concerted encouragement to share learning increases spillover effects and, if so, on what issues these kinds of impact are strongest.

The evaluation of AGEP (Zambia) also offers insights into how an RCT-based programme can undermine both impact on participants and spillover effects:

> *'AGEP programme implementation was, in many ways, constrained by the need to integrate a highly rigorous evaluation. In particular, due to fears of contaminating the control areas and undermining the evaluation, community engagement and involvement was necessarily limited. On the positive side, this allowed for a rigorous assessment of the Safe Space girls' group model by isolating its activities. The mid-term results, however, are suggestive that an adolescent girls' asset-building programme may not be sufficient to lead to immediate and substantial change on its own. This may particularly be the case given the entrenched nature of traditional social gender norms, attitudes towards adolescent sexuality, and use of contraceptives, to*

20 Their brief report does not discuss the possibility that these changes may have been driven by factors external to the project, such as shifting social norms.

name a few. A more comprehensive ecological theory would dictate that complementary work is needed in the enabling environment, particularly at the family and community level. A promising approach that has been found effective elsewhere would be to engage the boys, men, adults, and other key stakeholders in girls' lives, addressing norms at household and community levels in order to benefit girls. This may be an important way to help girls leverage the assets they are building in the safe spaces.' (Austrian et al., 2016: 7)

9.3.3 Resistance to girls' clubs and life skills programmes

In contexts where girls are socially and economically marginalised and disempowered, girl-focused empowerment programmes can be controversial. So too are programmes that provide SRH information to young people, male or female, as they are often perceived as encouraging early sexual activity that is socially and morally unacceptable. Most programmes combined a focus on girls, provision of SRH information or both, and therefore it is not surprising that some of the evaluations recorded suspicion or concerns about programme content and how this fit (or did not fit) with local cultural norms. Such issues are more commonly raised in qualitative and process-oriented evaluations, such as Muthengi et al. (2016).

At the mildest level, parents (and other family members) expressed fears about girls' safety and what they would be learning at the club or life skills class (Miske et al., 2011a), or indeed that the girls would be wasting time that could otherwise be spent on studying or housework (Shahnaz and and Karim, 2008; Muthengi et al., 2016). The evaluation of ITSPLEY (Miske et al., 2011a) noted specific fears of harassment by sports coaches; the Moving the Goalposts evaluation noted concerns that engaging in sport would be injurious to girls' health; in other programmes, girls' participation in mixed programmes was a concern given previous experience of harassment by adolescent boys (Tanzania) or because of potential damage to their reputations (as in Egypt) (Miske et al., 2011a).

As discussed in Section 9.2.3, a key approach to countering this concern was community information events and home outreach visits so that facilitators/promoters could explain the programme and allay any parental fears. Over time, in some programmes, once the positive benefits of girls' participation became evident, these concerns receded. As a participant in BRAC's ELA programme in Bangladesh put it:

'Initially people used to think that we go to the centres only to gossip but now they remind us to go there when its time.' (Shahnaz and Karim, 2008: 33)

Nonetheless, several evaluations (e.g. Filles Éveillées, Biruh Tesfa and AGI Kenya) noted that girls' workloads – whether employed as domestic workers or carrying out chores for their own families – were an ongoing barrier to their attendance, as employers, parents and in-laws prioritised these activities over attendance. Indeed, domestic responsibilities were cited as an explanation for irregular attendance by 32% of participants in BLO II (Acharya et al., 2009). The AGI Kenya evaluation echoes this finding:

'There are some parents who still believe that these things are for the girls and these ones are for the boys. That is why you will find some during Safe Space they will say that they didn't come because the mother left her with the baby, your mother left you the baby and she knew that you are supposed to come to Safe Space. Maybe you have a brother who is free maybe at that time he has even gone to play football because taking care of the baby is a girl's work, your mother has left you with the child so they will say that this is for the boys and this is for the girls. There are still those gender roles.' (Kibera Safe Spaces mentor respondent, quoted in Muthengi et al., 2016: 26)

Some community gatekeepers perceived girl-oriented programmes as threatening to gender norms or broader cultural values and religious beliefs and traditions. For example, the AGI evaluation recorded concerns about the project's stance on FGM/C and early marriage, as the following quotes indicate:

'It's a must for every parent to cut their daughters whether it is a small cut or a big one, therefore prevention of FGM looks like interfering with the religion and culture of the community.' (Adult male respondent, Wajir, Muthengi et al., 2016: 23)

'I think it will affect the girls negatively since they will not marry immediately and normally if a girl receives her menses first, second, and third time then she should get married. So as a parent you will be answerable on the Day of Judgment.' (Older male respondent, Wajir, Muthengi et al., 2016: 23)

'It may lead to lack of good behavior because she is a girl... In my opinion you should do away with these meetings... because girls will lose their good behavior. Secondly they will not attend duksi (madrasa). Sometimes they miss

duksi (madrasa) so that they attend the meeting, which may lead to duksi (madrasa) drop outs. Thirdly, she will go to the meeting while her mother needs her help, that is why am saying we should do away with the meeting.' (Middle-aged male respondent, Wajir, Muthengi et al., 2016: 23)

The evaluation of ITSPLEY in Bangladesh noted that 'men's perspectives slowed the program and necessitated the inclusion of male local and religious leaders.' (Miske et al., 2011a: 41); unfortunately, further details of this engagement are not specified.

Muthengi et al. (2016) also reported parental concerns that sex education was leading to early sexual experimentation; others also felt that the provision of sanitary towels to all participants was inappropriate and should be restricted to girls who had started menstruating. The same evaluation also recorded some resistance to programme messaging from girls, particularly married girls, who feared that being encouraged to negotiate around family planning and other SRH issues could lead to divorce. As noted in Section 9.1, some resistance was caused by concerns around the age at which girls were being taught sex education, with many parents and mentors considering such content matter more appropriate for older and not younger girls.

A third set of concerns related to fears that Western-funded projects were covertly spreading Christianity in mainly Muslim areas. These concerns were raised in AGI Kenya's operations in Wajir province (Muthengi et al., 2016) and in the ITSPLEY and PTLA programmes in Bangladesh (Miske et al., 2011a; 2011b); they were tied in with more general concerns about challenges to cultural traditions (cited above).

Finally, there were concerns that programmes perceived as being for girls only constituted unfair discrimination against boys, given the limited educational, leisure and economic opportunities that many adolescent boys experience. We found evidence of this in two of the girl-focused programmes – a finding that mirrors experience with other girl-focused programmes such as Girl Effect's Ni Nyampinga in Rwanda.[21] In two cases, pressure from boys who also wanted to take part in programmes led to the creation of either mixed classes (in some Deepshikha sites) or boys' groups (SVAGS). In both cases, programme implementers considered that extending the programme to boys was important to boost effectiveness. In the case of Deepshikha, this removed a practical obstacle. As one trainer of facilitators put it, describing the work of another:

'Earlier the boys used to create nuisance by pelting her [the facilitator's] sessions with stones, whistling or by calling names. But when she invited the boys to join the sessions, they too reciprocated positively and they started supporting [it].' (Sambodhi Research and Communications, 2014: 88)

Facilitators felt that it was important to include boys in some instances both to provide them with (sorely lacking) information, and to challenge gender norms by helping boys become more gender-sensitive, responsible, and less violent citizens (ibid.).

Related to this, in mixed programmes with a focus on girls' empowerment, two evaluations found that the branding and programme emphasis made it harder to bring boys and men on board. For example, Underwood and Schwandt (2011) found that in GGI (Botswana, Malawi and Mozambique), men and boys found the focus on girls off-putting. The evaluators suggested that the project undertake a concerted effort to stress the importance of male participation, and how men and boys stand to benefit alongside girls, both in community meetings and in the project's radio broadcasts. ITSPLEY (Bangladesh) also found it hard to mobilise adolescent boys, either because they perceived the activities as not useful or interesting to them or because they clashed with their income-earning activities.

Taken together, the material in this section highlights some of the granularity and complexity of running programmes of this kind. It stresses the importance of framing programme activities in locally acceptable ways, and of bringing other stakeholders on board, while at the same time ensuring that programmes are able to provide the information and opportunities that will actually contribute to girls' empowerment. It is notable that none of the programmes that encountered resistance involved economic empowerment components, and it may be that clear economic or educational gain helps neutralise family concerns about other aspects of the programme, and thus 'buys' space for empowerment processes and the sharing of more controversial information to take place. This issue would be worth exploring further in GAGE's longitudinal studies.

21 This programme is not included in the review as we were unable to find an evaluation of it during the search period.

10 Conclusions

Girls' clubs are sometimes characterised in policy circles as something of a development 'luxury' – likely to have positive impacts but not necessarily the most effective means of promoting girls' development. The implicit message is that concentrating on schooling for all, access to reproductive health care and livelihoods support for older adolescents will probably achieve more change for more girls. While the available data do not allow us to compare impacts of different strategies, it is clear from this review that girls' clubs and school life skills programmes have a range of positive effects, and that while not every programme is effective on every dimension of change, overall they make a significant contribution to girls' empowerment and well-being. Figure 6 summarises programme outcomes by type of change.

While most of the quantitative changes were in the region of 5-10 percentage points, there were examples of much more substantial increases. For instance, Deepshikha (India) led to a 22 percentage point increase in the proportion of girls with correct knowledge about puberty and menstruation; Filles Éveillées (Burkina Faso) saw a 27 percentage point reduction in the number of girls who thought that GBV was ever acceptable; and there was a two-year increase in the mean age at marriage among girls who participated in BLO II (Uttar Pradesh, India). It should also be noted that smaller percentage point changes may still represent significant change if the starting point is low – for example, participants in ELA Uganda were 7 percentage points more likely to engage in income-generating activity – a 71% change.

Figure 6: Overview of programme outcomes by type of change

10.1 Key findings – aspects of girls' empowerment

Even allowing for positive bias in reporting, it is very clear that the vast majority of programmes have led to clear and positive changes in girls' lives, often across a range of indicators. Key findings are as follows.

10.1.1 Change in discriminatory gender norms and practices

Almost three-quarters of programmes (32/44) led to changes in attitudes to gender equality while 25 contributed to change in gender-discriminatory practices. These programmes generally had a strong focus on gender equality in life skills curricula; over half also had economic empowerment components. Some studies drew a direct connection between girls bringing resources into the household and a change in the attitudes of other people towards them, as well as their own self-confidence and sense of agency.

The nine programmes that contributed to positive changes in the rate of child marriage were all community-based clubs. Factors that contributed to success were more intense or longer participation, greater engagement with other stakeholders (particularly those making decisions about marriage) and incorporation of vocational-skills-training components.

Seventeen community-based programmes led to increases in girls' mobility, despite this rarely being an explicit curriculum focus. These changes were achieved through linking girls with health services, building their social networks or challenging prevailing norms about appropriate spaces and activities for girls.

Twelve programmes (spanning school and community settings) contributed to reduced acceptance of GBV. Though increases in reported experiences of GBV were common following an intervention, this was generally attributed to increased awareness of what constitutes GBV and girls having greater knowledge of how to report and challenge it. There was no clear association between a curriculum focus on GBV and the effectiveness of programmes in achieving changes related to violence.

10.1.2 Self-confidence

Eighteen programmes were successful in helping girls develop increased self-confidence and, in particular, the confidence to speak out among peers, family or in the community. Reflecting the overall distribution of programmes, most of these clubs were community-based, but it is notable that four programmes with school-based clubs also contributed to increased self-confidence among girls. The key common element was an emphasis on building communication skills, and most of these programmes delivered gender and rights education that enabled girls to see themselves as individuals with the right to express their views. Most of these programmes were open to girls only, reflecting an emphasis on empowerment in 'safe spaces', but five mixed school-based programmes also contributed to girls' increased self-confidence, suggesting that single-sex environments are not necessarily essential for achieving results on this indicator.

10.1.3 Strengthened social networks and relationships

Eight programmes were associated with expansion of girls' friendship networks; all of these were community-based programmes that brought together out-of-school girls with limited opportunities to meet peers. In addition, five programmes saw notable increases in girls developing connections with other adults in the community who they could turn to in an emergency. Seven programmes (which all involved other family members directly in some of their sessions) contributed to strengthened family relationships and communication with parents, siblings or spouses; exposing other family members to the same programme content as girls appears to have played a key role.

10.1.4 Increased knowledge

SRH issues and rights were the two most common areas of increases in girls' knowledge. Thirty-one programmes contributed to changes in SRH knowledge, most focusing on HIV and sexual health; far fewer programmes helped girls develop knowledge on menstruation, and even where this formed part of a life skills curriculum, evaluations did not always measure change. The other main impacts were in increased knowledge of the law (9 programmes) and rights (17). Law-focused programmes dealt almost entirely with knowledge of the legal minimum age for marriage, reflecting the emphasis of many girls' clubs on combating child marriage. These programmes mostly targeted girls only; most were community-based clubs, though four school-based clubs also contributed to increased knowledge about SRH and rights. Interestingly, none of the school-based life skills programmes recorded changes in these areas of

knowledge; this may reflect the strong emphasis on gender norm change and on communications skills in programmes included in this review.

10.1.5 Enhanced school attendance and attainment

Twelve programmes contributed to increased school enrolment or retention, nine led to positive changes in educational achievement and six to mixed change or no changes. In some of these cases, however, the programmes did not include any education-focused activities, so the lack of impact is not surprising.

Programmes that led to increased educational enrolment, retention and achievement were mostly larger programmes designed to enhance quality of education, which included extra-curricular clubs. Evaluations of these programmes did not assess the added value of clubs, but looked at the impact of the whole package. Qualitative studies, however, suggest that girls' participation in these clubs led to increased aspirations, commitment to study and self-confidence. GAGE would be well placed to probe such issues further.

The three community-based programmes that provided tutoring or alternative basic education all led to increased educational enrolment; however, in one of these, it was not clear that tutoring had added value over the more general promotion of education and awareness of gender equality.

Six programmes employed incentives, all with positive results, though again, these were assessed as part of a whole package rather than as individual components. The incentives provided were generally appreciated and considered important for supporting girls' school attendance; however, they were often small compared to those provided by national schemes and, in such cases, may have added little value.

10.1.6 Economic well-being

Less than half the programmes (19) involved economic empowerment components; all those that did so were community-based and worked with girls only, mostly with older cohorts, though savings programmes targeted a wider age range. The most common economic empowerment components involved vocational training, financial literacy education and support for savings, with a few programmes targeting older girls (providing loans and entrepreneurship education). Ten led to enhanced vocational skills, in most cases via training provided by a technical specialist rather than programme staff delivering life skills education. In most cases, such training was considered helpful for enhancing livelihoods, though qualitative insights indicated a few instances of poor-quality training or training that was mismatched with local demand for skills. The two studies that considered synergies between economic empowerment and life skills education found that soft skills gained through life skills classes made a significant contribution to enhanced livelihoods.

Eleven programmes led to increases in the proportion of girls saving money or the amount saved, with the greatest increases among programmes that facilitated access to bank accounts and financial literacy curricula. Only four programmes – all of which focused on older girls – provided loans, and although these were generally appreciated, uptake was low.

10.1.7 Civic engagement

Six programmes – all community-based clubs – reported increased community-level action by adolescent girls who had attended clubs. This ranged from negotiating with elected officials to improve local services and reporting child abuse or planned child marriages to the authorities, to taking part in village councils. In one programme, club participants had successfully increased the accountability of school teachers, leading to reduced teacher absenteeism and reduced sexual harassment. Another seven evaluations reported enhanced leadership skills, which could drive subsequent community action. One particularly striking finding was that younger adolescents (10-14) were just as willing to get involved in civic action of this kind as their older peers, and were effective in doing so. It is not clear from the evaluations how far club participation had boosted girls' capacity to act collectively and whether the examples given were largely the actions of individual girls.

10.2 What underpinned change?

Impacts were generally greatest when girls attended regularly (at least half to two-thirds of programme sessions), though there was some variation between programmes and on different indicators. Where programmes ran over a long period (a year or more, with girls often attending several times a week), girls who attended for longer experienced greater change. This finding is based on two studies only, so further testing is needed. Qualitative evidence and more

process analysis does, however, indicate the importance of embedding programmes in communities and maintaining that support for the long term to achieve lasting change. Short and focused programmes (typically with 12 sessions spread over three months) also led to notable change. However, it is less clear how long these short-term impacts are sustained, and research into the longer-term effects of girls' empowerment programmes could helpfully explore this gap.

The more effective programmes typically:

- involved outreach to parents and other gatekeepers (e.g. in the case of girl domestic workers, their employers). This was vital for overcoming concerns about what girls would be learning, who they would be taught by and who else would be in the classes; it also demonstrated the positive value of addressing some gatekeepers' concerns that groups were undermining culture and traditions, or that girls should be prioritising housework over attending a club;
- provided training perceived by girls and parents as useful, such as vocational skills or health and hygiene knowledge, and used this as a springboard for promoting other aspects of gender equality and life skills education;
- tried to address poverty-related barriers to girls' participation through providing snacks, rations or other incentives to attend. However, there was no assessment of the relative effectiveness of food-based incentives compared with outreach and persuasion;
- ensured that girls had sufficient time to relax and socialise as well as benefiting from structured learning. Some process evaluations suggested that the importance of this aspect of girls'/adolescent clubs is often not recognised, but that it plays a critical role in the development of girls' self-confidence and social networks;
- integrated games and other fun and active methods of learning. Some programmes achieved this through regular games nights, while other ensured participatory activities in all sessions;
- involved exposure visits (e.g. to community facilities) and helped girls put learning into practice – for example, by helping them open a savings account and giving them opportunities to practise good hygiene behaviour;
- provided regular in-service training to mentors and monitored their activity to ensure that they were providing good-quality programmes and support. They also made sure mentors were adequately paid and provided refresher courses to help them improve the quality of their facilitation.

10.3 Programming and knowledge gaps

10.3.1 Programming gaps

Overall, there were some surprising gaps in the activities undertaken by the programmes reviewed. For example, none offered access to helplines, though these are becoming more common among programmes combating violence or abuse, in particular. None of the programmes used mobile phone technology to link girls or to communicate with them; indeed, only two provided any opportunities for girls to learn ICT skills.

Sports: Though at least three programmes had sports components, these were relatively minor except for one – Moving the Goalposts – to which sports were integral and which contributed to increases in girls' self-confidence. There are strong claims in the Sports for Development Literature concerning the positive impacts of sports programmes on gender equality (through challenging norms about suitable activities for girls, and through boosting girls' self-confidence) (Hancock et al., 2013) but the number of studies examined was too small to draw conclusions. Further investigation would help establish whether a greater emphasis on sports would have further positive synergies for self-confidence and gender equality, as well as potential health benefits.

Positive parenting: Almost all the programmes examined were engaging with girls' parents but in a limited way – primarily through outreach work; only in three cases were there elements focused on changing gender norms, or on improving communication between parents and children. None had a positive parenting element. We are therefore not in a position to draw conclusions about the potential contribution of positive parenting activities to adolescent girls' well-being.

10.3.2 Knowledge gaps

Relative impact of clubs and more system-focused activities. The studies examined provide evidence of the immediate impact of girls' and child/adolescent clubs and life skills programmes. However, they do not provide a basis for comparing the relative contributions of programmes that work directly with girls with those that

strengthen service delivery systems or reduce poverty. In part, this reflects the fact that these approaches are not comparable – they work in different ways and complement one another; but it also reflects the fact that such comparisons – of interest to more policy-oriented audiences – were outside the scope of evaluations that focused on the impact of individual projects.

Limited cost-effectiveness analysis. The few evaluations that did report on cost-effectiveness provide estimates of cost per girl but these are rarely compared with other potential approaches. However, in a context of scarce resources, some indication of the relative effectiveness is important for targeting interventions. GAGE's longitudinal and qualitative studies can contribute to generating evidence on this issue, by examining the relative impact of different strategies, particularly within the Act With Her programme.

Relative importance of different components. Few evaluations (8/63) compare the effectiveness of different strategies within overall programmes. These evaluations confirm that club participation and focused discussion generally leads to greater change in gender-discriminatory attitudes and practices than exposure to public awareness campaigns, and as such it is an effective way of addressing deep-rooted harmful norms and practices. Studies that compared the value of combined economic empowerment and life skills activity suggested that life skills education enhances the effectiveness of economic empowerment components (both savings and vocational skills).

Two studies suggest that gender-focused life skills may be a vital foundation for change. For example, the study of BALIKA (Bangladesh), which involved a detailed comparison of different programme combinations, found that gender- and communication-focused life skills classes were associated with as good economic outcomes as vocational training. Likewise, the evaluation of AGEP (Zambia) found that participation in club sessions with at least a partial focus on gender equality was the single component with the greatest impact.

Relative contribution of school-based and community-based clubs. The question of whether school- or community-based clubs are more effective or a better investment is an issue of ongoing interest to programme designers. None of the evidence reviewed compares the impacts of these two types of programmes and, in many ways, they are not comparable; other than both aiming to promote social and psychological empowerment (and often to impart specific knowledge), they operate in different ways. Out-of-school clubs have a comparative advantage in reaching out-of-school girls, including those who are working or already married. They make a specific contribution to reducing social isolation among girls in this age group and some provide opportunities for girls to catch up on missed education and to develop livelihood skills. Unless these programmes are supported by a 'parent' institution, they are generally externally funded and not necessarily sustainable.

By contrast, school-based clubs (unless they receive external project funding) often face severe resource constraints, and there is some evidence of teachers continuing didactic styles in these clubs (Jones et al., 2015). However, they have the potential to reach large numbers and, like community-based clubs, increase girls' self-confidence, contribute to attitude change and help girls acquire life skills knowledge. There is some evidence of school-based clubs inspiring girls to take action on problems they and others in their communities face. School-based clubs are also generally associated with greater academic achievement among participants.

Neither approach is an inherently superior model, but where programmes run both school- and community-based activities, more in-depth comparison of impacts between the two settings would help hone programme design and implementation.

Effective age-segmentation. The studies examined provided limited insights about the importance of segmenting clubs and curriculum content for different age groups, or about the most effective ways to do so. From the available evidence, three points stand out: loans and more technical vocational training are most commonly provided to older groups who are more engaged in income-earning; providing information on SRH to younger cohorts is controversial; and content across all life skills areas and age groups needs to be kept simple, particularly where education levels are low. Where programmes targeted a narrow age cohort, there was some evidence of demand for similar programmes for a wider age group.

Sustainability. All programmes were externally funded and time-limited. Perhaps because they were almost all time-bound, there was limited discussion of under-funding, though this is a recognised problem, particularly for school-based clubs (Marcus and Brodbeck, 2015). Only one study (Banks, 2015) focused on how the practicalities of programme delivery – strongly associated with available

resources – affect the quality of provision. This study found that having a dedicated space for clubs was both practically and symbolically important: practically, because girls knew where to meet every week and because materials could be stored there; symbolically, because it gave girls dedicated public space in their communities.

Resources also affected the extent of monitoring of clubs in more isolated areas – an important factor for ensuring quality provision. Likewise, only one evaluation discussed the problem of teachers in school clubs being trained to run extra-curricular clubs and then being moved on (or moving on to another job), which can undermine impact as it takes time for other teachers to be trained up. More attention to promoting sustainability is needed, along with more analysis of what has proved successful or ineffective over time.

Long-term, institutionalised provision. Despite focused searching, we found no studies of more institutionalised groups (such as Girl Guides) or groups associated with religious organisations (such as the Islamic association clubs that will be explored further in forthcoming GAGE qualitative studies in Palestine and Jordan). We also found no studies that explicitly examined the impacts of adolescent girls' participation in women's groups alongside their mothers. Further research into clubs of this kind would provide a broader assessment of their contribution to adolescents' development and well-being in different contexts.

Scaling-up and quality trade-offs. Most of the programmes studies were relatively small scale, with over half reaching fewer than 20,000 girls. The largest programmes typically worked through schools or in partnership with them (e.g. Step Change Window, ITSPLEY), though there are examples of large-scale community-based programmes (Meseret Hiwott in Ethiopia, BRAC's ELA clubs in Uganda, and ADP in Bangladesh) that reached between 50,000 and 200,000 girls. Seven pilot programmes, most of which started off small, were subsequently scaled up, but none of the evaluations (of either the pilots or the large-scale programmes) discuss challenges related to scaling up in any depth. There was only one example of an NGO programme being taken on by government – Deepshikha in Maharashtra, India – though at the time of the evaluation, this was still in the planning and discussion stage.

Legacy and spillover effects. Few studies examined the persistence of changes over time, and whether some changes persist longer than others. More retrospective analysis with programme graduates some years after the programme has ended would help shed light on this issue. It would also help isolate how far apparent changes reflect girls and their families telling researchers what they perceive to be the 'right' answers, and how far they reflect genuine change.

There is also little evidence related to the **effectiveness of approaches to extend the impacts of programmes over time and to a wider set of beneficiaries.** Alumnae clubs and follow-up events in the community have potential, as do encouraging graduates to become mentors to current clubs. Likewise, simple approaches to widening impact, such as encouraging participants to share knowledge with others, could also be researched and, if proven to be effective, easily built into future programmes. The studies examined did not explore the effectiveness of any of these approaches.

Because most studies were programme evaluations, largely conducted to meet reporting requirements of programme implementers and funders, there is very little analysis of how programme experiences and insights have been taken up by other organisations or influenced policy.

The quality of facilitation is under-discussed in the evaluations examined. Based on their on-the-ground observations, GAGE researchers report that so-called 'participatory' clubs are often run in a didactic manner, with limited use of games or other interactive learning materials, or space for girls to interact with one another. Some qualitative and process evaluations touch on this, and some evaluations point out the high quality of some sessions. The challenge of maintaining good-quality facilitation is also touched on in a few evaluations – primarily in relation to facilitator remuneration and the challenges of monitoring the quality of clubs. But this area needs more systematic attention.

Analysis of variation by context. Because most clubs operate in a relatively bounded geographical area, there is fairly limited analysis of variation by context; evaluations do not generally compare impacts between urban and peri-urban or rural areas, or between conflict-affected and more stable areas. We therefore do not know whether clubs make a greater contribution in rural areas, for example, where adolescents have fewer opportunities for learning, socialising and entertainment, or whether they fulfil specific functions in urban areas. Nor did evaluations comment on specific adaptations necessary to run clubs effectively in different contexts. These are important practical knowledge gaps.

A number of issues related to **how to maximise impacts from programming** are under-researched:

- Whether there are thresholds above which additional participation has diminishing returns.
- How the importance of length of involvement in a programme compares with regular participation, the benefits of which are more clearly established.
- How sustained engagement with other stakeholders needs to be to achieve maximum impact. Two studies that explored this in more depth suggest that sustained engagement is vital to change attitudes, particularly where gender-discriminatory norms are 'sticky' and not likely to change over a short period of time.
- The relative benefits and disadvantages of single- and mixed-sex groups. Surprisingly, none of the studies in this review addressed this issue.
- The relative impacts of different components, both within life skills programmes and comparing life skills and additional components. With the rise of RCTs, some analysis has started to explore these issues, though this is still in its infancy.
- How to engage the most marginalised groups, including disabled girls, whose specific constraints are hardly discussed in the 63 evaluations reviewed.
- How important incentives are to encouraging attendance (e.g. would providing stipends for transport costs facilitate greater participation in urban areas?) (Experience of vocational training programmes that have provided transport stipends suggests they play an important role, as does GAGE's qualitative work in Jordan.)

Most effective ways of overcoming resistance. Six studies note some degree of resistance to girls' participation in clubs and life skills programmes. This was sometimes based on ignorance of the programme, in which case fears could be allayed by outreach work and/or by evidence that girls were learning economically viable skills or useful knowledge (particularly about health). More fundamentally, some resistance reflected a perception that clubs were a waste of time or were teaching ideas and values that conflicted with local traditions and culture. This was most clearly documented in relation to FGM/C and to the content of some SRH information, which parents and mentors feared might encourage rather than discourage early, risky sexual activity. Further analysis of effective approaches to changing such perceptions would help combat resistance that could jeopardise programmes with strong potential to enhance adolescent girls' well-being.

None of the programmes that generated resistance involved economic empowerment components. It may be that clear economic or educational gains help neutralise family and community concerns about other aspects of these programmes, 'buying' space for empowerment processes and the sharing of more controversial information, though this cannot be taken for granted. This issue would be worth exploring further in GAGE's longitudinal studies.

10.4 Final observations

By taking a multidimensional approach to well-being and capability development, this review has highlighted the varied ways in which girls (and the wider community) stand to gain by investments in girls'/adolescent clubs that may be less achievable through other means. In particular, these include social and psychological gains, such as increased self-confidence, greater aspirations and self-efficacy, social connectedness (especially for out-of-school girls), and the development of leadership skills and civic mindedness. 'Soft skills' like these are increasingly recognised as critical for future livelihoods and well-being; that girls'/adolescent clubs are quite successful in helping young people develop these skills suggests they are an important complement to formal education. Community-based clubs also offer a forum for girls outside the formal education system to develop vital knowledge and skills for managing their transition into adulthood.

The evidence reviewed indicates that greater engagement with parents, in particular, is important for translating changes in self-confidence, attitudes and knowledge into changes in parental attitudes, discriminatory practices and wider gender norms. Relatively few programmes undertake anything more than a few sessions of outreach work, even though more sustained engagement appears to lead to greater change; programmes that encouraged parent–child communication were often much appreciated.

There is currently a significant challenge of scale. Many of the programmes we examined were small, experimental programmes that lasted for a few years and reached fewer than 20,000 girls. Enabling programmes of this nature to achieve positive changes requires a long-term commitment to embed them in communities, and it is likely that there is much to learn from organisations that have done so, such as Scouts, Guides and religious groups. If scaled up, they have the potential to lead to lasting changes for a generation of disadvantaged girls.

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Annex 1: Overview of programmes

Table A1: Overview of programmes, evaluation methods and outcomes

Key:	Green: Positive change	Amber: No changes or mixed changes	Red: Negative change
	Changes in KNOWLEDGE	Changes in PRACTICES	ECONOMIC changes
	Changes in ATTITUDES	SOCIAL AND PSYCHOLOGICAL EMPOWERMENT changes	Changes in SERVICES

Programme details	Main activities	Evaluation methods	Outcomes
Adolescent Development Programme (ADP) Bangladesh BRAC Age: 10-19 Gender: Girls and boys (Unclear if taught separately or together) Type: Community club Scale: 8,100 adolescent clubs of 25-35 members (202,500 – 283,500 members)	Consisted of adolescent clubs (Kishori Kendro) that were safe spaces for girls to read, socialise, play games, take part in cultural activities and openly discuss personal and social issues with their peers. The Adolescent Peer Organised Network (APON) aims to improve education and skills through peer education. It includes livelihood training courses to empower girls financially.	Alim et al., 2012 The study used primary sources collected from the field, as well as secondary sources, which included a rigorous quasi-experimental UNICEF report. The study area was purposively selected.	**KNOWLEDGE** Rights: There was a low level of knowledge of sexual harassment, but ADP did equip participants with knowledge of rights: 39.6% of adolescent girls and 45.6% of adolescent boys in intervention sites and 61.9% of girls and 60.4% of boys in control sites reported they did not know what sexual harassment was. 73% of mothers in intervention sites and 81% in control sites did not know what sexual abuse was. Laws: 39% of girls in non-ADP areas knew about the legal age of marriage, compared with 84.8% in ADP sites. Marriage and birth registration knowledge was high among participants. Services: Post-natal care knowledge was high among participants. SRH: Although adolescent girls in ADP areas did not understand the term 'reproductive health', when asked about *boyosondhikal* (puberty) they could answer correctly. **ATTITUDES** Gender norms: All ADP participants were able to answer questions on gender discrimination correctly at endline, while in non-ADP areas almost all adolescents were unaware of gender and gender discrimination. The knowledge gained by ADP girls and boys, mothers and village influential people on gender was shared with their family members, especially with parents. Others' attitudes towards girls: 70.3% of adolescent girls in intervention sites favoured joint decision-making compared to 64.8% in control sites. Often, families and communities were unable to overcome entrenched norms, attitudes and beliefs that are ingrained in the family and community. Dowry was not stopped. Mobility: ADP participants had more gender-equitable views on girls' movement outside of the home by endline compared to baseline, when girls largely remained in the home. Child marriage: Qualitative data revealed that there was a continued fear of social pressure around dowry, which perpetuated early marriage. Although participants at endline were able to answer most questions around definitions of child marriage correctly, adolescent boys still cited several advantages to early marriage. Violence: There was an increase in male and female participants at endline who thought that violence was unacceptable.

Programme details	Main activities	Evaluation methods	Outcomes
			PRACTICES Child marriage: In some cases, adolescent girls were still unable to prevent their early marriage despite having thorough knowledge on child marriage and related issues and sharing this knowledge with their parents. Violence: Declines in reports of witnessing violence among adolescent girls. Mobility: 16.7% of peer educators at endline reported that they were not allowed to go anywhere outside their villages compared to 44.4% at baseline. SOCIAL AND PSYCHOLOGICAL EMPOWERMENT Civic / political engagement: More young people participating in rallies.
Adolescent Development Programme (ADP) in Border Regions Bangladesh BRAC Age: 11-19 Gender: Girls and boys Type: Community club Scale : Six districts	Slight variation of the ADP programme (above). Main objective was to raise awareness among adolescents and their communities of social and legal issues such as HIV/AIDS, gender equality, marriage and dowry. The centres were based out of school, and life skills were often taught using the peer-to-peer model of BRAC's APON. The centres were a safe space for socialising, networking and retaining literacy skills.	Ara and Das, 2010 The evaluation used two rounds of survey data on the same adolescents collected in 2008 (baseline) and 2010 (follow-up). The researchers used a difference-in-difference approach to analyse the data.	**KNOWLEDGE** Rights: Increased awareness and knowledge of rights among participants from baseline to endline. Laws: Increased knowledge of marriage and divorce laws, but overall, knowledge was still low. For instance, knowledge of the legal divorce procedure was 6.5% in comparison groups and 10.8% in intervention groups in 2008. SRH: Life skills training led to increases in knowledge on sexual and reproductive health (SRH) and HIV. Those who reported correct knowledge on how to avoid contracting HIV through protected sex increased from 45% to 51%, and those who reported correct knowledge on avoiding HIV through hygienic injection increased from 58% to 61%. **ATTITUDES** Gender norms: Although the idea that 'everyone in a family should abide by the husband" decreased to some extent, the proportion remained high (93.5% agreed with this statement, down from 94.6% at baseline). Others' attitudes towards girls: Overall positive impact on the awareness of gender among adolescents. Increase in parents who thought girls and boys should have equal rights and girls should eat as much as boys. On equal rights to girls' education and diet, the double differences were found to be positive and significant at 5% and 1% level respectively. Divisions of domestic work: More gender-equitable views of domestic work among participants at endline. **PRACTICES** Mobility: Increase in adolescents visiting specified places in the past month, including playground, health centre, club and a friend's house. SERVICES Change in access/use of services: Increase in percentage of ADP participants attending school from baseline to endline. Educational achievement: The programme had no significant impact on schooling.

Programme details	Main activities	Evaluation methods	Outcomes
Adolescent Girls Empowerment Programme (AGEP) Zambia Population Council Age: 10-19 Gender: Girls Type: Community club Scale: 11,390 girls started the programme	Targeted vulnerable adolescent girls. Implemented in 10 sites, it consisted of weekly Safe Space girls' group meetings conducted over two years. The girls received short training sessions on a range of health, life skills, and financial education topics, and were encouraged to discuss important experiences over their past week. Two additional components were added on top of the Safe Spaces meetings. Firstly, selected girls were provided a health voucher that was redeemable for a package of health services at public and private health providers in their communities. Secondly, selected girls were offered a Girls Dream savings account at the National Savings and Credit Bank(NatSave).	Austrian et al., 2016 A rigorous impact evaluation was embedded in the programme design to assess its effects on adolescent girls' outcomes. A randomised cluster design with 4 study arms was designed and implemented. The 4-arm design meant that AGEP operated in 120 clusters (communities), along with 40 additional control clusters – so each AGEP site had 12 experimental and 4 control clusters, randomly selected.	**KNOWLEDGE** Rights: Increase in knowledge and understanding of human rights and children's rights, women's rights, HIV/AIDS and SRH rights due to a detailed rights-based life skills curriculum. Services: The implementation of the health voucher was successful, with a sufficient number of health facilities contracted in each site. Girls reported its main benefit as increasing their confidence in shorter clinic waiting times, as long waits used to deter them from seeking services. They also knew they would be treated with respect by the providers because of the voucher. SRH: AGEP girls, particularly younger adolescents in rural areas, were significantly more likely to acquire greater contraceptive knowledge than girls in control areas. This was observed primarily after two years of implementation. However, differences between AGEP and control girls emerged after the first year. The mean number of contraceptive methods known by AGEP girls increased by 70% compared with 50% among control girls. Finance: Reflecting the participation of girls in AGEP overall, younger adolescents in rural areas were more likely to open an account. Since AGEP organised and paid for travel, this removed one of the barriers to accessing services for rural girls. Though account usage remained low throughout the programme, those who opened accounts were more likely to have saved in the past year. **ATTITUDES** Gender norms: No clear evidence of change in perceptions of gender norms and equality. Violence: Acceptability of violence was difficult to shift and the percentage who believed that a husband had the right to hit or beat his wife did not change significantly. **PRACTICES** Engagement in risky sex: No change in proportion of girls engaging in risky sex. Mobility: Although AGEP girls were more likely than control girls to attend community centres and other such meeting places, this had little impact on girls' mobility to other common spaces, such as markets, stores and restaurants. **ECONOMIC** Savings: Participants were significantly more likely to have saved in the past year than control girls. Access to income and assets: Increase in participation in income-generating activities among AGEP girls at endline – with fewer girls participating in transactional sex by endline too. **PSYCHOLOGICAL** Self-confidence: Adolescent girls reported increased confidence and esteem due to the programme. Self-efficacy/ decision-making power: The module on community leadership focused on putting leadership skills into action and increased participants' ability to take action. Strength of social network and family relations: The average number of friends that could be counted on in times of need did increase, whether in terms of providing economic support or in helping more generally when problems or emergencies arose.

Programme details	Main activities	Evaluation methods	Outcomes
			SERVICES Access to and use of services: The health voucher component meant more girls were visiting health services more often. All girls commonly used the voucher for general wellness services but older girls made much more use of the SRH services. General wellness services were a bridge to SRH services. There was still low uptake overall though. Older participants said SRH services in urban areas were crowded. Also, when Safe Space groups stopped meeting, voucher usage dropped even lower. Educational achievement: There was no significant difference between the AGEP and control girls on educational attainment.
Adolescent Girls' Initiative (AGI) Kenya Kenya Population Council Age: 11-14 Gender: Girls Type: Community club Scale: 76 community conversation groups; 4,068 girls received education support; 103 active Safe Spaces groups with 92 trained mentors; 517 girls opened savings accounts, 432 girls received home banks	Aims to combat violence through prevention, and promote education, health, and wealth creation, to adolescent girls aged 11-14 in two marginalised areas of Kenya (Kibera and Wajir).	Muthengi et al., 2016 A randomised controlled trial (RCT) design is being used to compare the impact of the 4 intervention packages. The RCT aims to determine the cost-effectiveness of each component and whether intervening in early adolescence will impact girls' lives as they transition into early adulthood. This report provides a brief overview of the RCT research design and intervention components being delivered, and also presents findings from the first round of qualitative data collection.	**KNOWLEDGE** SRH: Parents and adolescents both gained knowledge on SRH during the programme, particularly around menstrual hygiene and management. Mentors said they had overcome barriers and were able to talk about these sensitive topics. Finance: Adolescents from both sites reported being satisfied with this component of the Safe Spaces meetings, with many reporting that they liked learning how to save money. Parents also recognised the improvement in their daughters' financial literacy, explaining that they now know the importance of saving, how to save, and can demonstrate financial responsibility. **ATTITUDES** Gender norms: Participants demonstrated more equitable/ equal attitudes towards men and women. Child marriage: Early evidence of changes in attitudes towards child marriage. Violence: Community conversation facilitators said that the conversations had empowered them to fight against all forms of violence as leaders and were satisfied with the sessions. **PSYCHOLOGICAL** Self-confidence: In Kibera, findings indicate increased self-esteem among participants. Strength of social network and family relations: The evaluation found that the safe spaces played an important role in helping girls develop friendships. In Wajir, adolescents were slowly able to talk with their parents about the harmful effects of child marriage. **SERVICES** Access to services: Increase in school attendance among participants. Educational achievement: Most programme beneficiaries from both study sites reported satisfaction with the education intervention, which included the provision of a schooling kit, payment of school fees, and receiving a household cash transfer (CT). It reportedly decreased financial burden and improved school attendance and enrolment. However, there remained misconceptions and concerns about the education support component, with many parents unaware that they would still need to pay some costs.

Programme details	Main activities	Evaluation methods	Outcomes
Adolescent Girls' Initiative (AGI) Rwanda Rwanda: Gasabo, Kicukiro, Gicumbi and Rulindo World Bank Age: 16-24 Gender: Girls Type: Community club Scale: 2,000 girls and women	Aimed to promote economic empowerment of adolescent girls. It included life skills curriculum, financial literacy classes, vocational training, entrepreneurship training and mentoring. The skills development and entrepreneurship support activities consisted of a 2-week induction with orientation, 40 hours of life skills training and 20 hours of entrepreneurship skills training. This was followed by 6 months of technical skills training provided for 5 hours each day and a 5.5-month follow-up period including a work placement, cooperative formation and mentoring for setting up small businesses.	Botea et al., 2015 The evaluation focuses only on the skills development and entrepreneurship support component of the programme. It used a tracer methodology, which follows individuals before, during and after the intervention, with no comparison group. The evaluation is based on 160 girls from the second cohort of beneficiaries. Qualitative analysis was also undertaken.	**PRACTICES** Violence: Reports of gender-based violence (GBV) increased considerably, with a larger share of respondents indicating that they experienced sexual harassment at least once in their lifetimes (25% at baseline to 43% at endline). The data are not adequate to know whether this harassment occurred during or because of the programme. However, the percentage of respondents reporting being sexually harassed was higher among those operating their business on a fixed location on the street (75%), compared to mobile businesses (60%) or from a storefront/market (55%). In comparison, 40% of those operating their business from home reported harassment, suggesting that AGI girls were indeed more vulnerable to violence. **ECONOMIC** Access to income and assets: There was only a slight increase in the number of respondents who reported being paid for at least one of their income-generating activities (IGAs) (from 55% to 58%), but amounts earned increased significantly, as average cash incomes almost doubled. The proportion engaged in IGAs relating to the vocational skill they trained in varied. Vocational skills: Evidence of improvements in vocational skills among participants. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Self-confidence was already high at baseline and so increases were only slight.

Programme details	Main activities	Evaluation methods	Outcomes
BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) Bangladesh Population Council Age: 12-18 Gender: Girls Type: Community club Scale: 9,000 girls	Participants met weekly with mentors and peers in a safe, girl-only environment called BALIKA centres. This helped girls develop friendships, receive training on new technologies, borrow books, and acquire new skills.	Amin et al., 2016 The BALIKA programme implemented an RCT involving 9,000 girls in 72 intervention communities and 24 control communities. Communities received 1 of 3 interventions over 18 months: an educational intervention (involving tutoring in mathematics, computing and financial literacy); a gender-awareness training intervention, (involving life skills training on critical thinking and negotiation); or a livelihood skills intervention (involving training on entrepreneurship, photography and basic first aid).	**KNOWLEDGE** SRH: Evidence of improvements in knowledge of SRH. Finance: Respondents cited improvements in participants' understanding of the importance of saving and budgeting compared to control girls. **ATTITUDES** Gender norms: Increase in more equal attitudes towards gender among participants in all three arms in comparison to the control arm, but most notably in the livelihood intervention arm, although responses on the masculinity questions were not significantly different. Child marriage: Increase in the percentage who agreed with the statement 'girls are allowed to say no to an arranged marriage' from 45.9% to 58.2% in the gender-awareness arm, compared with an increase from 46.1% to 54.3% in the control arm. Violence: Respondents in intervention villages were much less likely to condone GBV at the endline survey compared to the control group. **PRACTICES** Child marriage: Girls who received educational support were 31% less likely to be married as children; girls who received life skills training were 31% less likely to be married as children; girls who received livelihoods training were 23% less likely to be married as children. Violence: Decrease of violence in schools in both gender awareness and livelihood arms. Mobility: At endline, 71% in the education arm, 71% in the gender awareness arm and 70% in the livelihoods arm were able to go to the market alone – compared to 67% in the control arm. These percentages were similar for participants going to the playground, visiting friends, going to the cinema, playing outdoors with boys, going out after sunset and going to a club, association or library. However, only the educational arm was statistically significant. **ECONOMIC** Income: Girls in the life skills or livelihoods training arms were one-third more likely to earn an income than control girls. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Girls gained confidence when offered opportunities to learn traditionally male-dominated vocational skills in the livelihoods arm – (proportion of participants able to visit their friends increased from 60% to 63% baseline to endline in the gender awareness arm but decreased from 64% to 60% in the control arm). Strength of social network and family relations: Girls had a better social life as a result of participating in the programme and were more likely to go out and visit friends by endline.

Programme details	Main activities	Evaluation methods	Outcomes
			SERVICES Access to and use of services: Improved access and use of educational services; girls across all three intervention arms were more likely to be attending school, while girls who completed the education support and life skills training were 20% more likely to have improved mathematical skills. Educational achievement: BALIKA girls in all intervention arms were more likely than control girls to be attending school. Girls that completed the education support and life skills training were 20% more likely to have improved mathematical skills than control arms.
Bal Sabha (Girls' Parliament) India, Rajasthan Educate Girls Age: 10-14 Gender: Girls Type: Extracurricular club Scale: Programme run in hundreds of schools. 1,200 girls in RCT	Participants were democratically elected by their classmates to take part in Girls' Parliaments (Bal Sabha) on Saturdays, where they received life skills training, practiced debating skills and public speaking and played games to discuss how to deal with different scenarios. Participants used these sessions to set goals for their school and were encouraged to pass on learning to their peers. Implemented over 6 months.	Delavallade et al., 2015 The evaluation used a randomised trial in 30 schools (10 standard programme with girls elected, 10 modified programme where girls were randomly selected, 10 no programme) and baseline and endline surveys.	**ATTITUDES** Gender norms: No significant effects on attitudes about gender roles, though positive changes in attitudes about marriage, women's work, and acceptability of disagreeing with men in public. Child marriage: Approx. 20 percentage point (ppt) increase in participants who expected to get married after the age of 18 from baseline to endline. Among non-participants in democratically elected programme there was a 10 ppt increase – indicative of spillover effects. No significant effects on participants in randomly selected treatment arm. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Aspirations: Where participants were democratically elected rather than randomly selected, participants become more pessimistic about their career prospects. Non-participants (those not chosen) had significantly lower aspirations. Self-efficacy/ decision-making power: Negative impacts on educational aspirations among the participants who were elected to Bal Sabha. Girls were 17-18% less likely to want to complete grade 12 and 14-15% less likely to want to complete a degree. These negative impacts only occurred among participants who had been elected. Girls who were not elected but were in the elected group, experienced negative impacts on self-efficacy and aspirations; these effects did not occur where girls were randomly selected.

Programme details	Main activities	Evaluation methods	Outcomes
Berhane Hewan Ethiopia: Amhara Population Council Age: 10-19 Gender: Girls Type: Community club Scale: Over 12,000 girls	Aimed to reduce child marriage in rural Ethiopia through facilitating the formation of girls' groups, supporting girls to remain in school and promoting community awareness. Life skills sessions through girls' groups were facilitated by mentors who were recognised leaders in their local community. After receiving training, mentors went door-to-door to identify local married or unmarried girls aged 10-19 and encourage them to join the programme, which is being implemented through the Addis Ababa Youth and Sports Bureau. The programme promotes functional literacy, life skills, and reproductive health education, including HIV awareness. Non-formal education was taught in each of the sessions, using the Ethiopia Ministry of Education curriculum.	Erulkar and Muthengi, 2009 This evaluation measured the impact of the programme using pre- and post-surveys in experimental and control villages (the latter having a similar socioeconomic profile). Mekbib and Molla, 2010 A cross-sectional design was conducted for this evaluation using both qualitative and quantitative methods. Data were collected in 2009 through 9 in-depth interviews (IDIs), along with data from 150 respondents (fathers, mothers and husbands of participants).	**KNOWLEDGE** Rights: Increase in understanding of rights among participants from baseline to endline (Erulkar and Muthengi, 2009) Services: Community conversations were ranked as the most influential component for increasing knowledge and use of services (Mekbib and Molla, 2010). SRH: Community conversations (85% fathers, 74% mothers and 76% husbands), group meetings by mentors (56% fathers, 52% mothers and 64% husbands), and house-to-house visits by mentors (48% fathers, 42% mothers and 44% husbands) were mentioned first, second and third respectively as the intervention components that brought the clearest improvements in SRH knowledge and practice among participants. IDIs gave community conversation, social mobilisation and school incentives the same priority sequence (Mekbib and Molla, 2010). **ATTITUDES** Gender norms: More progressive attitudes towards gender relations as a result of the programme (Mekbib and Molla, 2010). Others' attitudes towards girls: Increase in gender-equitable attitudes towards girls among participants in comparison to controls (Mekbib and Molla, 2010). Child marriage: At baseline, 11% of the intervention group and 5% of the control group wanted to marry before age 18, compared to 3% for both groups at endline (Erulkar and Muthengi, 2009). Female genital mutilation/cutting (FGM/C): Community conversations led people to commit to ending FGM/C (Mekbib and Molla, 2010). **PRACTICES** Child marriage: Proportion of girls aged 10-14 who had married dropped from 10% to 2% in intervention sites, but increased from 14% to 22% in control sites. Girls aged 15-19 in intervention areas were 2.4 times more likely to be married at endline than baseline. At baseline, 46% in the intervention group and 57% in the control group were ever-married. At endline, these figures were 46% and 30% respectively. Percentage of married girls aged 15-19 in the intervention group did not change over the study period (Erulkar and Muthengi, 2009). Ultimately, the programme worked for young girls but not older girls, as communities and families tended to keep girls unmarried under 14 to receive the incentive but then married them at 15. **PSYCHOLOGICAL** Strength of social network and family relations: Improvement in social relations and networks (Erulkar and Muthengi, 2009).

Programme details	Main activities	Evaluation methods	Outcomes
			SERVICES Access and use of services: Increase in use of education services (Erulkar and Muthengi, 2009). Educational achievement: 45% of participants aged 10-14 and 28% of control girls could not read at baseline, but these proportions were similar at endline (21% and 19% respectively); in other words, illiteracy declined much more among participants than among control girls. Girls aged 10-14 experienced significant improvements in school enrolment by endline, although it was too recent at the time of the evaluation to be reflected in their mean years of schooling. Among older adolescents, changes in school status were not as clear; although enrolment increased between baseline and endline, no significant differences were found between the intervention and control sites.
Better Life Options (BLO) I India: Delhi, Madhya Pradesh Age: 12-20 Gender: Girls Type: Community club Scale: Over 10,000 girls and women	An out-of-school club programme, comprising more than 20 sessions delivered by local animators who charged a small fee from girls for their participation. Participants were unmarried girls aged 13-17 at baseline. The Better Life Options curriculum focused on gender norms, reproductive health, soft skills, vocational skills and building social networks. Programme activities included discussion, drama, role-play and games, as well as focusing on sports, savings, loans and vocational training.	Centre for Development and Population Activities (CEDPA), 2001 The evaluation compared 858 alumnae (from 1996 and 1999) with 858 young women (15-26) who had not been exposed to the programme, controlling for girls' education and parental education/ occupation and matched on ethnic group and access to health facilities.	**KNOWLEDGE** Laws: A significantly higher percentage of BLO alumnae knew the legal age of marriage (18 years) compared to the control group. SRH: BLO was the main source of knowledge on contraceptives for married girls. **ATTITUDES** Gender norms: 51% more alumnae than control felt that a woman should initiate discussions with her husband about the number of children they should have. **PRACTICES** Child marriage: Significantly higher percentage of alumnae married after 18 (37%) compared to control group (26%). Control group were 35% more likely to marry before the age of 18. Mobility: Alumnae were twice as likely to report being able to use public transport (58% versus 25%). **ECONOMIC** Access to income and assets: Alumnae 39% more likely to be earning money. 42% made autonomous decisions about how to spend their income, compared to 12% among control group. Vocational: 99% of participants had learnt a vocational skill by endline compared to 22% of control group. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Participants were 50% more likely to talk in front of elders in the family than control group girls. Self-efficacy/ decision-making power: Increased decision-making among family BLO, with girls reporting they could express their ideas or convince others of their viewpoint more than non-participants. Leadership: 47% of participants were also members of village-level groups compared to just 2% of control girls and 14% were running their own training centres.

Programme details	Main activities	Evaluation methods	Outcomes
			Strength of social network and family relations: BLO girls were more likely to be able to visit friends than control girls. The probability of BLO girls discussing family planning with their husbands was 55% higher than the control group (risk ratio 1.55). Girls and were more likely to report that they found it easy to make new friends. Civic and political engagement: A significantly higher proportion of alumnae compared to control girls use mass media for information, participate in camps, and are aware of major issues in India, especially issues facing girls/women. Alumnae had played varied leadership roles within the community to organise events. For example, 24% were involved in facilitating training camps and 26% were community volunteers. **SERVICES** Access to services: Alumnae were more likely to have used prenatal care in the most recent pregnancy compared to control girls. In addition, 48% more alumnae received postnatal care and were 51% more likely to receive postnatal care within a month of delivery, as well as 37% more likely to receive postnatal care in hospital, compared to the control girls. Educational achievement: 21% more alumnae were in formal schooling. 66% had completed secondary education compared with 46% of the control group.
Better Life Options (BLO) II India: Uttar Pradesh Age: 13-17 Gender: Girls Type: Community club Scale: 390 girls in programme	Similar to BLO I, implemented in one block (Malihabad) or rural Lucknow district of Uttar Pradesh. It included several components such as safe spaces and girls' groups, and implementation of a life skills curriculum. Activities focused on gender norms, reproductive health, soft skills, vocational skills and building social networks.	Acharya et al., 2009 This study assessed the impact of the programme on participants in Lucknow, using a quasi-experimental design using difference-in-differences. 18 intervention villages and 9 control villages were matched on traits including female literacy and population demographics. Baseline and endline surveys were undertaken before the intervention and 9-15 months post intervention (n=1038).	**KNOWLEDGE** Laws: Much more significant increases in awareness of the legal minimum age of marriage among participants than control girls. The evaluation noted that even after accounting for secular changes and other external factors in intervention and control sites, much of the improvement in girls' knowledge and awareness of the legal minimum age – particularly in-depth awareness – could be attributed to exposure to the programme, especially to regular participation in programme activities. 62% reported attending at least one session and 96% learnt something new by attending, while only 5% reported that they felt embarrassed during the session (compared to 71% in the sessions on reproductive health). SRH: Comprehensive knowledge of HIV/AIDS increased from 26% to 63% among regular participants. Finance: Improvements in financial management among participants compared with control girls. **ATTITUDES** Gender norms: Participation had a positive and significant net effect on enhancing girls' gender role attitudes beyond what would be expected in the absence of programme participation, as participants became more egalitarian in their views. The positive net effect of exposure to the intervention on agency and gender role attitudes was much greater among girls who attended the programme regularly. Child marriage: The proportion of girls preferring to delay marriage until after 19 increased from baseline to endline among all girls from 48%-55% to 62%-75%. Mobility: Increase in liberal attitudes towards girls' freedom of movement outside the home and village between baseline and endline.

Programme details	Main activities	Evaluation methods	Outcomes
			PRACTICES Child marriage: Among those who married during the programme, age at marriage increased modestly (5–6 months) among participants compared to no significant change among either girls from the control site or non-participants from the intervention site. Mobility: Although the programme did not make direct efforts to improve girls' mobility, the mobility index value increased for girls in the control site by 62% compared to 86% among all intervention participants and 100% among regular intervention participants. **ECONOMIC** Access to income and assets: Savings increased significantly for all girls in intervention site. Vocational: By endline, two-thirds of girls reported having developed a livelihood skill that they were able to use independently or with little help. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-efficacy/ decision-making power: Findings suggest that self-efficacy increased mildly but significantly among participants and girls in the control site. The most impressive increase occurred among participants who took part regularly. Strength of social network and family relations: Participants demonstrated improved relations with their families compared with non-participants at endline. Parent-daughter communication on SRH matters increased more sharply among all participants (0.6 to 1.8) than among girls in the control site (0.8 to 1.8) and girls in the intervention site who did not participate (0.6 to 1.7).

Programme details	Main activities	Evaluation methods	Outcomes
Biruh Tesfa Ethiopia: Addis Ababa and Amhara Population Council Age: 10-19 Gender: Girls Type: Community club Scale: 3,159 girls took part in programme expansion after six months	Supports the poorest adolescent girls in urban Ethiopia and improves their awareness of how to avoid contracting HIV. Adult female mentors were recruited from project communities to identify local out-of-school girls. Mentors were then trained to cover a 30-hour curriculum on topics such as self-esteem, communication, gender, voluntary counselling and testing (VCT) and financial literacy. Sessions were held in community centres close to participants' homes. Mentors provided girls with vouchers for subsidised or free medical and HIV services at participating clinics. Also, girls were provided with supplies to manage their menstruation.	Erulkar et al., 2011 (transitions to adulthood brief); Erulkar et al., 2013 (published evaluation) Quasi-experimental research design involving pre- and post-intervention surveys in intervention and control areas. Baseline surveys in Addis Ababa, Bahir Dar and Gondar, endline survey in Gondar only. Erulkar and Medhin, 2014 A longitudinal study of girls from Biruh Tesfa sites and in comparable areas where Biruh Tesfa was not implemented.	**KNOWLEDGE** Rights: Participants reported an increase in general knowledge on how to avoid contracting HIV and how to report violence (Erulkar et al., 2011). Services: By endline, participants were twice as likely to know where to obtain VCT (Erulkar et al., 2013). SRH: Erulkar et al. (2013) report that by endline, participants were twice as likely to score highly on HIV knowledge questions. Finance: Between baseline and endline, participants experienced improved skills around finance including knowledge on saving, budgeting and bookkeeping, as well as how to get a loan. **ECONOMIC** Access to income and assets: Increase in access to financial assets among participants. Following completion of the training, graduates were placed in salons so that they could begin earning immediately and not have to return to domestic work (Erulkar et al., 2011). **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: Biruh Tesfa girls were twice as likely to report some form of social support than control girls (Erulkar et al., 2013). **SERVICES** Access to services: Biruh Tesfa girls were significantly more likely to have visited a health facility in the previous 6 months compared to control girls. In addition, the voucher component proved significant in introducing girls to the formal health system. Among girls who reported using the voucher, 70% said they were first-time users of the health system (Erulkar and Medhin, 2014). Educational attainment: Between baseline and endline, levels of education in the control area increased significantly, from an average of 4.0 years at baseline to 5.3 years at endline. This compared to a mean of 4.4 years for counterparts in the intervention sites at endline, a statistically significant difference (Erulkar et al., 2013). Participation in schooling increased dramatically in the intervention site – as did attendance at non-formal schooling. No significant results in terms of learning outcomes as significant increases in literacy and numeracy skills were recorded across both groups (control and intervention). The evaluation noted that this was likely to be related to an intensive Ministry of Education campaign to reintegrate young people into schooling (Erulkar and Medhin, 2014).

Programme details	Main activities	Evaluation methods	Outcomes
CHATS (Creating Healthy Approaches to Success) Malawi AGE (Advancing Girls' Education in Africa) Africa Age: 13-19 Gender: Girls Type: In-school Scale: 650 girls	A 2-year after-school programme in 21 secondary schools reaching 650 girls. Focuses on training in soft skills, changing gender norms and raising awareness about SRH issues. All clubs are coached by faculty advisors (teachers at each school). They undergo intensive training in the CHATS curriculum as well as facilitation and psychosocial support.	Sidle et al., nd This evaluation aimed to understand the impact of CHATS on girls' educational and livelihood outcomes, particularly the comparative impact on girls with scholarships and girls without. Quantitative and qualitative assessment tools were used, such as pre-and post-tests, and end-term surveys, as well as interviews and focus group discussions (FGDs) with students, faculty staff and parents. This was supplemented with primary source data from attendance records, dropout rates, and exam scores. The programme is still in mid-cycle so ultimate impact will not be known for several years.	**KNOWLEDGE** Rights: Increase in understanding and awareness of rights among participants. Services: Although participants demonstrated significant gains in SRH knowledge, they did not demonstrate an increase in knowledge on how to access SRH services. SRH: Increased knowledge on sexually transmitted illnesses (STIs) and HIV and pregnancy, but no increases in knowledge of a more technical and scientific nature. **ATTITUDES** Gender norms: Participants had better knowledge and understanding of gender equity than comparison students. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Improved self-esteem among participants. Aspirations: Significant improvement in girls' understanding and planning of their future career opportunities and educational pathways after having taken part for one year. Leadership: All participants reported increases in leadership skills and voice, which often coincided with an increased capacity for self-advocacy. **SERVICES** Access to and use of services: Increase in access and use of education and health services among participants. Educational attainment: Participants had very high secondary school completion rates (88% plus) compared to the national average (below 50%)). No significant evidence of changed study habits in school, but some evidence of improved academic outcomes in some subjects, with worse outcomes in others.

Programme details	Main activities	Evaluation methods	Outcomes
Choices Nepal: Siraha Save the Children Age: 10-14 Gender: Girls and boys Type: Community club Scale: 309 children (148 girls, 161 boys)	The Choices curriculum was a 3-month programme consisting of 8 2-hour sessions delivered by trained individuals from the community aged 18-20 who had graduated from child clubs themselves. Each club had one male and one female facilitator. The programme was designed with a gender reflective and transformative approach, encouraging discussion between girls and boys, and reflection on gender inequality and power.	IRH, 2011 This evaluation used a pre-test, post-test quasi-experimental method to compare 12 child clubs in intervention villages and 12 child clubs that did not receive the intervention.	**ATTITUDES** Gender norms: Most respondents agreed with traditional gender norms when interviewed at baseline, in both the control and experimental groups; but after Choices, the intervention group rejected the idea of rigid, stereotypical gender norms. Others' attitudes towards girls: Reduction in discrimination against women and in stereotypical images of men and women. Discrimination scale measured discrimination based on sex and increased from 0.421 to 0.823 in intervention group, compared to 0.388 and 0.475 in control group. Social image scale measured perceptions of social image and expectations from men and women in society, with significant increase from 0.426 to 0.786 in intervention compared to 0.401 and 0.419 in control group. Child marriage: Qualitative evidence that boys reported changing their behaviour, e.g. advocating against early marriage, which suggests that attitudes had changed. Violence: Statistically significant reduction in the acceptability of violence; significant increases in violence scale, which measured attitudes towards GBV, from 0.457 to 0.812 in intervention group compared to 0.457 to 0.440 in control group. Division of domestic work: A gender-role scale was based on an activity where children classified tasks based on whether they could be performed by men or women. Significant increase in the intervention group from 0.330 to 0.824, but no significant change in the control (0.316 to 0.338), suggesting that the intervention broadened the range of activities participants felt could be conducted by a woman. **PRACTICES** Division of domestic work: Qualitative evidence indicates that boys reported an intention to change their behaviour. This was also supported by photovoice evidence, with the intervention group taking images of more gender-equitable actions and behaviours. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: Improved family relations among participants from baseline to endline.

Programme details	Main activities	Evaluation methods	Outcomes
Deepshikha India: Maharashtra UNICEF Age: 12-18 Gender: Girls Type: Community club Scale: 64,360 girls	An adolescent girls' education project that aimed to provide life skills education and mobilise adolescent girls to form self-help groups (SHGs). A school-based child rights and life skills education project promoted savings among children and helped them to start entrepreneurial projects in schools. A state gender resource centre was developed to support adolescent and gender programming in Maharashtra to assist UNICEF and the state government to scale up the project. 2,238 adolescent girls' groups were formed, reaching 64,360 girls. Monthly meetings were held, facilitated by Prerikas (mentors). Girls received financial and entrepreneurial skills education. The girls' groups also engaged in community-level health, nutrition and education activities.	Sambodi Research and Communications, 2014 Pre-post design with project and comparison group – 583 girls in project and 324 girls in comparison areas. Propensity Score Matching (PSM) was employed to identify a comparison group.	**KNOWLEDGE** Rights: 89.7% of parents surveyed thought that knowledge of rights was an important topic that needed to be covered, 95.5% of participants attended the session on rights and 75.5% of participants found it useful. Laws: Small changes in knowledge on the legal age of marriage (18) – 89.7% of adolescent girls in project sites and 86.7% of girls in comparison sites were aware of the legal age for marriage. SRH: Reported awareness of puberty among girls in project areas increased from 55% to 80%, compared to 57% to 74% of girls in comparison areas. Menstruation knowledge improved from 75% to 99% in project areas, and 77% to 99% in comparison areas, from baseline to endline. Finance: By endline, only 4.5% of participant girls reported that they did not know about any means of saving money, compared to 10% of comparison girls. **ATTITUDES** Violence: 90% of girls in project areas considered violence as unjustified compared to 84% in comparison areas. **PRACTICES** Mobility: At endline, 13.7% of participant girls were never allowed to go to public places in the village unescorted project compared to 14.5% of girls in comparison groups. 28.0% of girls in project villages reported that they were never allowed to visit friends or relatives outside the village unescorted, compared with 31.2% in comparison groups. Baseline scores were not reported for these indicators. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Evidence that programme instilled a level of confidence in participating girls. In particular, programme facilitators consistently mentioned increases in participants' levels of confidence and self-esteem as a result of Deepshikha. Leadership: Participants reported increased confidence and experience in leading families, communities and groups compared to non-participants. Self-efficacy/ decision-making power: The percentage of girls participating in decision-making related to self increased from 59%-73% in project areas and from 61%-71% in comparison areas. The proportion of girls who reported that they can never express their opinions with their peers decreased from 18.4% to 8.6% in intervention sites and from 15.8% to 9.3% in comparison sites. Increases in girls being able to express their opinions and convince others of their views. At baseline, 20% of respondents in project areas said they had never expressed their opinion in their family and 18% had never expressed their opinion with their peers. This percentage decreased significantly by endline: only 7% of girls in project areas not expressing opinion within family and 9% with peers. Also, a significant difference in girls' perceptions when asked if they feel confident dealing with unexpected situations (74% in project areas and 68% in comparison areas).

Programme details	Main activities	Evaluation methods	Outcomes
			Civic and political participation: A number of participant girls went on to become 'key functionaries under various government schemes', as well as leaders and members of self-governance committees. By endline, 14 adolescent girls had been elected to become the Sarpanch (leader) of the gram panchayat (village administration unit). 85% of mentors felt the programme was useful, with most citing the leadership skills instilled in girls as particularly effective. **ECONOMIC** Vocational: 5,297 adolescent girls from 315 SHGs started IGAs. 5,622 adolescent facilitators started IGAs.
DISHA India: Bihar and Jharkhand Integrated Development Foundation Age: 14-24 Gender: Girls and boys Type: Community club Scale: 11,791 youth	Aimed to increase access to SRH services and information for married and unmarried young men and women aged 14-24. It also aimed to delay marriage and childbearing and strengthen young people's ability to make informed decisions, providing them with livelihoods skills as an alternative option to early marriage. Around 600 youth groups were established in 30 youth resource centres where young people could discuss adolescence, gender, sexuality, fertility and contraception with the support of peer educators. These youth centres were safe spaces for young people where they could come to access information and services, as well as participate in livelihood training.	Kanesathasan, 2008 This evaluation used a quasi-experimental study, using multivariate propensity score matching techniques to compare intervention and control groups.	**KNOWLEDGE** Laws: Correct knowledge of the legal age at marriage increased by 30% between baseline and endline among participants. SRH: Increase in awareness of SRH, contraceptives and HIV/AIDS among participants. **ATTITUDES** Child marriage: Significant increases in the proportion of youth exposed to the intervention who consider the ideal age of marriage for girls is 18 or older among males (66% to 94%) and females (60% to 87%) relative to baseline. At endline, adults were 73% more likely to agree girls should wait until 18 or older to be married compared to baseline. **PRACTICES** Child marriage: At baseline, the mean age at marriage was 15.9, but in the sample, of the 198 girls who married during the programme, 40% were under age 18. Moreover, the average age at marriage increased by almost two years to age 17.8. Mobility: Girls exposed to the intervention were 60% more likely to be able to travel unaccompanied outside the village to seek health services than non-participants. **ECONOMIC** Vocational: The number of participants in the livelihood activities was not large enough to undertake a meaningful quantitative analysis. Young people, particularly women, overwhelmingly reported valuing the opportunity to acquire livelihood skills. It increased their value at home as well as in the wider community. However, overall, the programme fell substantially below target in the livelihoods component. DISHA had planned to do livelihood programme work in 176 villages, but only succeeded in 69. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: The programme did not lead to any changes in girls' ability to communicate with their parents over the timing of marriage.

Programme details	Main activities	Evaluation methods	Outcomes
			SERVICES Access to and use of services: Mixed effects in terms of access to health services; those who reported being able to seek health services outside of the village unaccompanied increased by 52% for unmarried females and 59% for married females. However, overall, there was limited uptake of these services. Implementation challenges included less time than anticipated to promote youth-friendly services and to build demand from youth. Young women visiting health centres often preferred to visit a female health worker, yet DISHA faced challenges recruiting women whose families frequently did not approve of their involvement in selling condoms, for example.
Empowerment and Livelihood for Adolescents (ELA) Uganda and Tanzania BRAC Age: 14-20 Gender: Girls Type: Community club Scale: 50,000 girls	Mobilises girls aged 14-20 into 'adolescent development clubs' – a fixed meeting point in each community. Club participation is voluntary and sessions are facilitated by mentors, who use discussion, role-play, drama and workshops to cover a life skills curriculum alongside vocational skills training. Sessions focus on gender norms, laws and rights, and health-related knowledge, attitudes and behaviour.	Bandiera et al., 2012 and Bandiera et al., 2015 Evaluations using an RCT (n=5966) with clubs randomly assigned to 100 treatment and 50 control communities. Banks, 2015 Qualitative methods through secondary document analysis. Buehren et al., 2015 This evaluation tested for the differential impact of providing microcredit services. 5,454 adolescent girls from 150 villages were surveyed at baseline. The process had a high attrition rate (42%) between baseline and follow-up.	**KNOWLEDGE** Rights: Improved knowledge of women's rights among participants (Bandiera et al., 2012). SRH: Positive returns of combining social and economic interventions in a safe space for young women in reducing risky sexual behaviours, since those cannot be viewed separately from limited economic opportunities, poverty and a lack of financial independence that increase young women's vulnerability (Banks, 2015). Participants were more aware of HIV/AIDS, STIs and contraceptives at endline compared to baseline. **ATTITUDES** Gender norms: Statistically significant increase in agreement with egalitarian gender attitudes as measured by a scale based on roles in labour markets and households (Bandiera et al., 2012; 2015). Child marriage: Among participants there was a 4.58-year delay in the preferred age of marriage for a (hypothetical) daughter (Bandiera et al., 2012; 2015). **PRACTICES** Child marriage: Participant girls were 6.9 ppts less likely to be married or cohabiting at endline. Significant and large (58%) reduction in rate of marriage and cohabitation (Bandiera et al., 2012; 2015). Violence: Proportion of adolescents who reported having had sex unwillingly in past year was 5.8 ppts lower in treatment communities – a 41% reduction from baseline of 14% in control communities (Bandiera et al., 2012; 2015). Mobility: Being in an ELA centre was associated with a significant increase in mobility **ECONOMIC** Access to income and assets: Adding a microcredit component improves take-up of the programme and savings of participants. Layering additional microfinance services to an adolescent development programme can be an effective tool for attaining greater inclusion of youth in financial services (Buehren et al., 2015). Microcredit: Increased access to credit increased young people's status within their families as the intermediary to accessing that credit.

Programme details	Main activities	Evaluation methods	Outcomes
			Income: Increased income as a result of vocational training and participation in IGAs. Vocational: 35% increase in the likelihood of girls taking part in some form of IGA (Bandiera et al., 2012). Bandiera et al. (2015) found substantial increases in economic empowerment after two years of combined provision of vocational skills and life skills. Participant girls were 7 ppts more likely to engage in IGAs relative to control girls. This corresponds to a 72% increase in girls engaged in IGAs almost entirely driven by additional engagement in self-employment activities. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Aspirations: Increased aspirations among girls in terms of a later ideal age of marriage, a later ideal age of childbearing and a smaller ideal number of children. Findings further suggest that mothers would like their daughters to get married on average 4.58 years later. **SERVICES** Educational achievement: The Ugandan club members were more interested in economic and livelihood components, but their counterparts in Tanzania expressed greater interest in receiving support for their education. This is in line with the higher rate of school enrolment among Tanzanian ELA club members than in Uganda (80% vs. 71%) (Buehren et al., 2015).
Empowerment and Livelihood for Adolescents (ELA) Bangladesh BRAC Age: 14-20 Gender: Girls Type: Community club Scale: 1,725 centres	See entry above – same activities above	Shahnaz and Karim, 2008 Comparison of ELA centre participants and non-participants in 2005 and 2007 (n=949) using difference-in-differences, multivariate analysis and propensity score matching.	**KNOWLEDGE** Rights: High level of knowledge of spillover effects, as ELA girls shared knowledge with their non-participant friends. Members who received training appeared to voluntarily act as mentors to younger adolescent girls, or those who missed sessions, educating them on their rights. SRH: Greater proportions of ELA members in 2007 were aware of STDs and HIV/AIDS than in 2005. In 2007, an additional module was incorporated into the ELA evaluation to assess the level of critical thinking among members compared to non-members. Adolescents were asked to agree or disagree with six statements relating to superstitions around menstruation. Overall, ELA members agreed with an average of 1.3 superstitious statements and non-participants agreed with 1.8 superstitious statements. Finance: A financial literacy test was not conducted at baseline (2005) but was included in the 2007 endline survey. Participants had a slightly higher level of financial literacy than non-participants. Education is one of the key determinants of financial literacy, but extracurricular reading also has positive association with financial literacy. **ATTITUDES** Gender norms: Qualitative evidence that girls who participated in the intervention had more egalitarian attitudes to gender norms, such as aspirations to play sport. **PRACTICES** Child marriage: 19% of participants and 50% of non-participants in 2005 were married. This increased by 13 and 7 percentage points respectively in 2007. Mobility: Participating in an ELA centre was associated with a significant increase in mobility.

Programme details	Main activities	Evaluation methods	Outcomes
			ECONOMIC Access to income and assets: Evidence of increased engagement in IGAs among ELA participants due to vocational training. Microcredit: Increased access to credit also increased young people's status within families as they were the intermediary to access credit and agents of economic change through their involvement in IGAs. Income: Increase in participants' access to income between 2005 and 2007. Positive difference-in-difference is more likely for the variables in which the two groups were similar in 2005. Vocational: Increase in skills for IGAs. 30% of participants were active in an IGA at baseline, which increased to 59% at endline after participation in the ELA centre. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Aspirations: ELA graduates were ambitious and eager to participate in the public realm. Graduates had clear ideas of future professions – naming doctors, lawyers, NGO staff, BRAC staff, and 'good officials' as potential jobs. No significant difference in educational aspirations in terms of how long participants would like to continue studying for. Strength of social network and family relations: A decline in sociability with friends between 2005 and 2007. Civic / political engagement: Greater proportion of participants knew who their local governor was by endline.
Enhancing financial literacy, HIV/AIDS skills, and safe social spaces among vulnerable South African youth South Africa Population Council Age: The intervention reached young people aged 16-24 years who were no longer attending school, and young people aged 14-20 years who were enrolled in grades 8-11. Gender: Girls and boys separately Type: Community-based club Scale:	The programme featured the facilitating of safe spaces and social networks, financial management sessions and awareness on HIV/AIDS sessions.	Hallman et al., 2007 The evaluation a quasi-experimental design for the non-school going group. Young men and women were interviewed at baseline and again two years later. The school going group formed organically and their experience was assessed qualitatively through focus groups with young adult programme mentors, parents, grandparents, and guardians.	**KNOWLEDGE** SRH: At baseline, 87% of young women in the intervention group knew that a person can do something to protect themselves from contracting HIV/AIDS, but after the intervention 100% of respondents reported knowing. Girls who participated in the intervention arm of the project were also more likely to have had an HIV test than they were before the project (34% at baseline and 57% at endline). **ECONOMIC** Control over assets: Young women who had participated in the programme reported increased autonomy regarding decisions about how to spend their own money, from 82% at baseline to 90% at endline. Savings: There was a 50% increase in girls saving in the intervention group from baseline to endline, compared to almost no change among the control group. Banking: Young women in the intervention group increased their use of financial services from a bank from 6% at baseline to 17% to endling, compared to no change at all in the control group (where usage remained at 3% baseline to endline).

Programme details	Main activities	Evaluation methods	Outcomes
Filles Éveillées ('Girls Awakened') Burkina Faso Population Council Age: 11-18 Gender: Girls Type: Community club Scale: Designed to target 300-400 girls	Aimed to provide migrant adolescent domestic workers with skills, knowledge and social capital to reduce their vulnerability and increase their opportunities. Targeted girls aged 11-16 (Bobo Dioulasso) and 15-18 (Ouagadougou). A safe space was set up for girls to meet peers so they could develop social networks, with the support of a female mentor.	Jarvis and Kabore, 2012 The evaluation included a careful analysis of primary quantitative and qualitative data collected over the course of the programme using monitoring and evaluation (M&E) tools. Engebretsen, 2013 A pre-test was conducted in November 2012 before the programme was implemented. The post-test was conducted shortly after the programme was completed in 2013. The survey was largely close-ended and included sections on life skills and social capital, health and hygiene, SRH, financial capabilities, and gender. Results from the first cohort are described elsewhere, this evaluation report measured changes in girls participating in the second cohort from 2012–13.	**KNOWLEDGE** Services: Knowledge of HIV testing services was high at baseline (88%) but improved in the post-test, with 100% of participants knowing where to seek such services (Engebretsen, 2012). SRH: Employers appreciated that the programme addressed themes like sexuality, which they could not talk about with their employees. Several employers and community members highlighted spillover effects as participants shared their knowledge with children in their employers' households, friends and other local people (Jarvis and Kabore, 2012). Finance: A significant difference, from 79% at baseline to 88% at endline (girls who reported having a savings plan). **ATTITUDES** Gender norms: Though the programme was not designed to address gender norms, Engebretsen (2012 and 2013) used the pre- and post-tests to explore whether the asset-building, girl-only, life skills classes had any impact on gender norms. The evaluations found slight improvements towards more progressive gender attitudes – for instance, the proportion agreeing with the statement 'boys should be prioritised over girls in schooling' decreased from 54% to 43%. Others' attitudes towards girls: Employers were less likely to mistreat girls or pay them irregularly – treating girls with more respect as a result of community outreach (Jarvis and Kabore, 2012). Violence: The proportion of girls who agreed with the statement 'The husband should have the right to beat his wife if she doesn't obey him' decreased from 58% at baseline to 31% at endline. Divisions of domestic work: The proportion who agreed with the statement 'boys should have to spend the same amount of time as girls on household tasks' increased from 22% to 40%. **ECONOMIC** Savings: The programme led to improved savings behaviour and increased savings goals (Engebretsen, 2012). Employers and participants cited that they were pleased with having learnt how to save money and set savings goals. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Girls reported increased self-confidence (Engebretsen, 2012). Increase between baseline and endline in proportion of participants that felt comfortable asserting themselves and making decisions. Qualitative evidence of improved speaking and listening among participants from baseline to endline (Jarvis and Kabore, 2012).

Programme details	Main activities	Evaluation methods	Outcomes
		Engebretsen, 2012 A pre-test was conducted in early November 2011 in Diarradougou, Koko and Accart-Ville and in early 2012 in Sikassocira, Sarfalao and Lafiabougou. The post-test survey was conducted in June/ July 2012, soon after completion. Questionnaires were checked for data quality and completeness.	Strength of social network and family relations: The programme increased social networks and safety nets for girls (Engebretsen, 2012; 2013). 97% agreed they had more friends at endline (Engebretsen, 2012). Social capital was measured at baseline and endline by asking whether girls had a safe place to meet friends (56% vs. 63%), or whether they had had someone to borrow money from in an emergency (62% vs. 72%), and had people to talk to for advice (91% vs. 98%). **SERVICES** Educational achievement: Decrease in the proportion of girls who had never been to school, and a two-fold increase in the percentage of girls who could read because they were encouraged and enabled to attend catch-up schooling.
First-Time Parents Project Diamond Harbour (West Bengal) and Vadodara (Gujarat), India Age: mean age 19.4 Gender: Young women Type: Community club Scale: In 24 villages, each with a population of about 25,000	Aimed to develop and test a health and social interventions package to improve married young women's SRH knowledge and practices, enhance their ability to act in their own interests and expand their networks of social support. The intervention had three components: information provision, health care service adjustments and group formation.	Santhya et al., 2008 Quasi-experimental design, surveys at baseline and endline in control and intervention villages. Data analysed using difference-in-differences.	**KNOWLEDGE** SRH: Married girl participants' knowledge increased from an index value of 6.7 to 10.3 in programme areas, compared to 7.2 to 10.7 in control areas (Santhya et al., 2008). **ATTITUDES** Gender norms: While gender role attitudes became more egalitarian across all groups, there was no significant effect in Vadodara. In Diamond Harbour, there was an increase of 38% among those exposed to the intervention, compared to 32% among the control group – exposure to intervention had a significant effect (indicated by regression). Violence: In Diamond Harbour, there was a 42% increase in violence among those participating in the intervention compared to 35% among those from the control group. Marginal percentage change across all groups in Vadodara. Regression indicates that exposure to the intervention did not significantly affect young women's views about domestic violence. **PRACTICES** Mobility: Small net effect on married women's mobility. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-efficacy/ decision-making power: Increase in taking action as a group, although the evaluation does not detail what this action consisted of. Strength of social network and family relations: Improvements in social support networks in both implementing regions – increases in number of friends who girls could discuss confidential matters with. Married young women who were exposed to the intervention were significantly more likely to report having friends in their marital village than those from the control group. Positive net effect of project on most indicators reflecting autonomy and partner communication.

Programme details	Main activities	Evaluation methods	Outcomes
			SERVICES Access to and use of services: Few baseline respondents in control villages reported receiving reproductive health services, but at endline it was evident that a substantial proportion of married young women had received information and services from government, making it difficult to compare the situation of intervention and control groups and to attribute change to programme exposure.
Gender Equity Movement in Schools (GEMS) India, Mumbai and Jharkhand Age: 12-14 Gender: Girls and boys Type: After-school programme Scale: 8,000 girls and boys in phase I, scaled up to 250 schools	School-based programme that promotes gender equality by encouraging equal relationships between girls and boys. Encourages participants to examine the social norms that define men's and women's roles, and question the use of violence. Uses participatory methodologies such as role-plays, games, debates and discussions to engage students. Sessions lasted 45 minutes and covered a range of topics such as gender, the body, violence and discrimination.	Achyut et al., 2011 Schools randomly allocated to receive group-based education and a school campaign (GEA+), just a school campaign or no intervention (control). Data analysed using a difference-in-difference approach. Achyut et al., 2016 Reports on an RCT that used longitudinal, mixed-method data collection to evaluate the programme's effectiveness. 80 schools were selected to participate in the study and randomly assigned to the intervention and comparison arms. GEMS was implemented in 40 schools over 2 academic years in the intervention arm, while the comparison schools did not experience any intervention. In addition, IDIs were conducted with a select cohort of girls and boys, and teachers were interviewed using semi-structured interviews.	**ATTITUDES** Gender norms: Participants had a higher degree of belief in gender equality from baseline to endline. The proportion of boys and girls in high gender equality category more than doubled in both intervention arms (GEA+ 28% to 57% for girls, 12% to 28% for boys; campaign only increased from 19% to 39% for girls, 10% to 20% for boys). Among girls, GEA+ was more effective than the campaign alone (57% vs. 39%). The programme led to an increase in understanding of the subtle and obvious manifestations of gender inequality in the professional sphere. Others' attitudes towards girls: Some changes in gender-related attitudes among parents and teachers. Child marriage: Proportion of students believing girls should be 18 at marriage increased over time in all groups. In GEA+ group, girls and boys consistently supported an even older age of marriage – 21 (proportion increased from 15% to 22%, compared to decline from 18% to 14% in control schools). Violence: Fewer positive changes in attitudes towards violence perhaps because of more gender-equitable attitudes towards violence at baseline. Among girls in GEA+, 20 ppt increase in proportion who disagreed that 'a woman should tolerate violence in order to keep her family together'. After two rounds of the intervention, GEA+ students were 2.4 times more likely to oppose violence than those in the control, and campaign students were 1.5 times more likely than those in the control to do so. **PRACTICES** Violence: Achyut et al. (2016) found a decline in support for corporal violence among students post-intervention, as well as a decline in acceptance of peer violence. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: In Jharkhand, India, the evaluation concluded that the combination of training of teachers to facilitate the programme, the strong emphasis on gender equality and rights, and the group-based sessions for students all contributed to improved communication between students, and between students and teachers, as well as students feeling more comfortable interacting with members of the opposite sex.

Programme details	Main activities	Evaluation methods	Outcomes
Go Girls! Initiative (GGI) Botswana, Malawi, Mozambique Age: 10-17 Gender: Girls Type: School-based life skills programme Scale: Implemented in four communities in Malawi, four communities in Botswana and eight communities in Mozambique	Works at the structural level through economic strengthening and school personnel training; at the community level through community mobilisation; at the family level through adult-child communication; and at the individual level through community-based and school-based life skills. Also a reality radio programme (reaching all those levels).	Underwood et al., 2011 The evaluation used a cross-sectional baseline survey (2009) and endline survey (2010) – no control or comparison sites. Limited outcomes measured at endline.	**KNOWLEDGE** Laws: Although no single activity focused on laws, it was a key theme woven into a number of components, and participants reported increased knowledge of laws and belief that laws are enforced. **PRACTICES** Violence: Girls in all three countries who attended school components were significantly more likely than girls in non-participating schools to report feeling 'very safe' in school. In Botswana, girls in GGI schools (59%) were significantly more likely to report a decrease in teachers asking for sex in exchange for favours compared to girls in non-GGI schools (35%). In Malawi, the respective figures were 72% and 67%. In Mozambique however, girls in non-GGI schools were significantly more likely to feel safe than those in GGI schools. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Civic and political engagement: Increase in community mobilisation. Strength of social network and family relations: At the family level, GGI focused on adult-child communication (ACC). Participants at endline were asked about their communication and relationships with their parents. In Malawi and Mozambique, mothers and fathers who had taken part in the ACC programme were more likely to communicate with their daughters on the topic of HIV/AIDS than those who did not take part. Logistic regression demonstrated that girls in Botswana were 2.8 times more likely to report that their relationship with their mother had improved over the past year than non-participants.

Programme details	Main activities	Evaluation methods	Outcomes
Innovation through Sport: Promoting Leaders, Empowering Youth (ITSPLEY) Kenya, Tanzania, Egypt and Bangladesh Age: 10-19 Gender: Girls and boys Type: Community club with some extracurricular components on school premises Scale: More than 100,000 girls and boys	A 3-year programme funded by the United States Agency for International Development (USAID) implemented in 2009. Focused on girls and gender empowerment, using sports as a vehicle for leadership development and girls' empowerment, and the Marketplace Model as a tool for developing organisational partnerships and individual organisational capacity. Activities covered four areas: sports, traditional games, life skills, and civic action, delivered by a trained mentor.	Miske, 2011a Evaluation included focus groups, semi-structured interviews, activity observations and measuring a quantitative Girls' Leadership Index and a Gender Equity Index using surveys.	**ATTITUDES** Gender norms: Active girls had a significantly higher mean score on equality of rights measured by an index than the comparison group in Egypt (0.82 versus 0.73), Bangladesh (0.93 versus 0.85) and Tanzania (0.89 versus 0.72). No significant difference in Kenya (0.88 versus 0.84). Active girls had significantly higher gendered social norm scores than comparison girls in Kenya (0.85 versus 0.73) and Tanzania (0.73 versus 0.63), but there were no significant differences in Bangladesh (0.53 versus 0.52) or Egypt (0.43 versus 0.47). Others' attitudes towards girls: Qualitative evidence of shifts in attitudes towards girls by men, women and boys. Quantitative evidence of shifts in boys' attitudes: 100% of active and inactive boys in Bangladesh reported that their attitude towards girls had changed a lot. 100% of active boys in Egypt reported that their attitude towards girls had changed a lot (inactive figures not available). In Kenya, 94% of active boys and 89% of inactive boys reported that their attitude towards girls had changed a lot. In Tanzania, no boys reported that their attitude had changed a lot, but 63% of active boys and 19% of inactive boys reported that they were beginning to think differently about girls. Women were encouraging girls by giving them more freedom to participate in programme activities, and these changes are likely to challenge prevailing social norms. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Active girls in Egypt showed modest gains in self-confidence, while those in Kenya showed the most dramatic gains. The percentage of girls who said that they had 'noticed a big difference' over the past two years in being able to state opinions and ideas increased in all four countries, except Tanzania, where all active girls said they had changed but still needed to work on it. Leadership: Girl participants developed a stronger sense of leadership than girls that were not active. Girls and boys reported that they were developing as leaders because the programme gave them opportunities to practice leadership through sport. Most girls in Bangladesh, Egypt and Tanzania said they were developing as leaders, while responses in Kenya were tied between developing as a leader (44.4%) and feeling successful as a leader (44.4%). None of the comparison girls and boys said they felt successful as leaders, except for 14.2% of Egyptian girls. Civic and political engagement: Increase in youth practising leadership skills in community.

Programme details	Main activities	Evaluation methods	Outcomes
Ishaka Burundi CARE Age: 15-22 Gender: Young women Type: Community club Scale: Developed to target 20,000 girls	A multi-component programme aiming to increase girls' income generating abilities. Ishaka is an adaptation of CARE's Village Savings and Loan (VS&L) model, in which Solidarity Groups (SG) mobilise and grow their savings without external capital. The programme aimed to connect girls to microfinance institutions, while community agents were elected to represent their group to serve as a link to Ishaka. Awareness-raising sessions reached 7,570 people, while Radio Publique Africaine (RPA) produced and aired 98 Ishaka-focused broadcasts.	Rushdy, 2012 This evaluation reviewed key documents, conducted an initial briefing with senior staff, carried out a workshop with ex-project staff and partners and FGDs with 3 SGs (two in Bujumbura and one in Gitega). Individual and group interviews with parents, husbands, and community members and leaders were also carried out, and available monitoring and evaluation data were analysed.	**KNOWLEDGE** Rights: Increase in awareness of rights; the human rights and advocacy component led to a modest increase in girls' and families' basic knowledge of human rights and a new willingness of survivors to refer cases of rights violations, such as rape, to the justice system. Laws: Increase in knowledge of Burundi's legal frameworks. SRH: Evaluation highlights a sharp increase in contraceptive use, along with some decrease in unwanted pregnancies, and an increased willingness to undertake regular voluntary HIV and STI testing. This component has helped break a taboo about discussing sexual topics. Finance: The financial literacy component improved participants' knowledge of finances, such as how to plan ahead for emergencies, how to save and how to account. **ATTITUDES** Gender norms: Increase in gender-equitable attitudes among participants. Men value the fact that girls are contributing to meet household needs and boys are expressing a preference to marry SG members because of their newfound competences acquired through the project. Ishaka has enabled girls to learn new trades and find employment, including in trades that were previously reserved for boys/men. **PRACTICES** Mobility: Increase in participants' agency, with some more free to travel as they pleased than at baseline. **ECONOMIC** Access to income and assets: Girls are more able to meet their basic needs, upgrade their living conditions, reintegrate into school or university because of a new ability to cover costs of education and to contribute to the needs of their families. Savings: The Nawe Nuze component has allowed girls to save, accumulate capital, earn income by engaging in various activities, and manage money responsibly. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Belonging to an SG, being financially empowered and being exposed to knowledge about SRH and human rights mean that girls feel proud of themselves as well as more secure overall. Strength of social network and family relations: SGs improved participants' social networks. Life skills training has meant that girls have often stepped forward in resolving conflicts among themselves, within families and in the community, which has increased respect for them. FGM/C: Increased within each population sub-group, but much more so in the control villages, demonstrating some positive effect on preventing FGM/C (Brady et al., 2007). Violence: Significant increase in proportion of girls who experienced harassment at endline among full participants (approximately 10 ppts) (Brady et al., 2007). No significant impact on situations when it is justified to beat a girl, according to Sieverding and Elbadawy (2016). Mobility: No significant change in the proportion of girls who reported going to the market in the past week (Sieverding and Elbadawy, 2016).

Programme details	Main activities	Evaluation methods	Outcomes
Ishraq Egypt, Al Minya Age: 13-15 (pilot phase), and 11-15 (scaled-up programme) Gender: Girls Type: Community club Scale: Pilot programme of 277 girls, scaled up to approximately 3,000	A multi-dimensional programme for out-of-school girls, which combined traditional tested programme elements (literacy, life skills, nutrition) with more innovative ones (sports, financial education). Sessions were held in youth centres and facilitated by female secondary school graduates, known as promoters, who had been selected from the communities.	Brady et al., 2007 This evaluation used a quasi-experimental pre-test and post-test study design to compare Ishraq participants with a matched control group of adolescent girls in 6 roughly matched villages (4 intervention and 2 control). Sieverding and Elbadawy, 2016 Evaluates the scaled-up phase of Ishraq. They used baseline and endline surveys, and analysed the data using difference-in-differences estimation.	**KNOWLEDGE** SRH: Sieverding and Elbadawy (2016) found increases in SRH knowledge. Brady et al. (2007) found enhanced awareness of pubertal changes, contraceptive methods and STIs, and ability to identify danger signs. However, confusion persists regarding some aspects of fertility. For instance, there was no effect on ability to name the most fertile stage of the menstrual cycle. **ATTITUDES** Gender norms: No significant changes from baseline to endline in control villages, and among non-participants and those who participated less than 12 months. Significant increases among those who participated from 13-29 months and full participants (30+ months) (Brady et al., 2007). Mobility: Significantly lower proportions of girls agreed that a girl should be beaten if she goes out without permission at endline in the 13-29-month group and full participation group than control, non-participants or those who participated for less than a year (Brady et al., 2007). However, according to Sieverding and Elbadawy (2016), Ishraq had no significant impact on the attitudes of parents or brothers towards girls' playing sport, appropriate age at marriage, girls' participation in decision-making and girls' education. Child marriage: In terms for support for marriage under age 18: there was a significant decline in support among those who had full participation (26% to 1%) and those who participated between 13-29 months (28% to 5%); there was no significant change among those who had participated for less than 12 months (Brady et al., 2007). Violence: Significantly fewer girls who participated from 13-29 months or in the full intervention than controls agreed that a girl should be beaten if she disobeys her brother at endline (Brady et al., 2007) FGM/C: Reduced support (71% to 18%) among girls who participated for 12 months-plus (Brady et al., 2007). Sieverding and Elbadawy (2016) report that the proportion of girls who do not intend to have FGM performed on their daughters in the future increased by 15 ppts. **PRACTICES** Child marriage: Rate among those participating 13-29 months was 12% (5% among full-term participants) (Brady et al., 2007). **ECONOMIC** Vocational: Increases in vocational skills among selected participants in comparison to non-participants (Brady et al., 2007). **SERVICES** Access to and use of services: Increase in access to education services. At baseline, only 17% of girls in control and intervention villages had attended formal school at some point in their lives; at endline 68.5% were enrolled in formal schooling (Brady et al., 2007). Educational achievement: Following Ishraq, 92% of participants who took the government literacy exam passed and 69% of participants who completed the programme entered or re-entered school (Brady et al., 2007).

Programme details	Main activities	Evaluation methods	Outcomes
			SOCIAL AND PSYCHOLOGICAL EMPOWERMENT Strength of social network and family relations: Participants reported that they had stronger friendship groups and networks at endline in comparison to baseline. Self-confidence: No changes in girls' self-esteem, in part due to a high level of self-confidence at baseline.
Kishori Abhijan (Adolescent Girls' Adventure) Bangladesh Age: 10-19 Gender: Girls Type: Community club Scale: 15,000 girls	Facilitated the creation of out-of-school clubs, focusing on changing gender norms, knowledge of rights, reproductive health and vocational skills. The programme aimed to lower school dropout rates, increase girls' independent economic activity, and raise the age at which girls marry. Using a peer-led approach, it targeted adolescent girls and boys, including rural in-school girls aged 14-19, and rural out-of-school girls aged 10-19.	Amin, 2011 Researchers randomly selected 6,000 boys and girls aged 13-22 from 75 intervention villages and 15 control villages. 2,500 girls were re-interviewed in 2003 during a follow-up survey, while 3 villages were chosen randomly for an in-depth prospective qualitative study.	**KNOWLEDGE** SRH: Participants were more likely than non-participants to give correct answers to questions about HIV transmission and aspects of female reproductive biology. **PRACTICES** Child marriage: Younger girls (aged 12-14) in the poorest district experienced lower marriage rates. However, the programme did not address the issue of dowry – respondents who married later had to pay much higher dowries. **ECONOMIC** Income: Significantly increased self-employment and part-time employment opportunities among participants compared with non-participants. These outcomes were most pronounced in programmes that included microcredit. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: Participants had formed a stronger sense of self-worth and connectedness than those in the control villages. They were more likely to report having friends in the same village. **SERVICES** Access to and use of services: Younger girls (12–14) in the poorest district had increased school enrolment rates. Educational achievement: Increase in grades from baseline to endline

Programme details	Main activities	Evaluation methods	Outcomes
Kishori Mandal India, Gujarat Age: 13-19 Gender: Girls Type: Community club Scale: 450 – 900 girls	Implemented in 30 villages of Ahmedabad and Vadodara districts. The 18-month intervention was delivered through adolescent girls' groups of 15-30 participants aged 13-19 that met 3-4 times a week and was facilitated by a group coordinator (*sahayika*), who were literate women drawn from the programme communities. Sessions focused on learning soft skills, vocational training and building social networks for girls. *Sahayikas* then met monthly to discuss challenges and lessons learned.	Kalyanwala et al., 2006 Baseline and endline surveys (pre-post intervention assessment design) with 375 girls, and comparison with a cohort of future kishoris (who formed a control group, n=275)	**KNOWLEDGE** Finance: Participants had improved knowledge of how to save and how to budget at endline compared to baseline. **ATTITUDES** Gender norms: The index of gender egalitarian attitudes increased significantly from baseline to endline among participants overall (3.1 to 3.3) and among those who attended regularly (3.1 to 3.5). No significant change among those who attended irregularly. Division of domestic work: Adolescents more likely to agree that domestic work should be divided between men and women after participating in the programme. **PRACTICES** Mobility: Adolescent girls did universally appreciate the opportunity to meet in a safe space on a regular basis and learn about life outside the village. Those who participated fully and partially had only slightly different mobility than those not exposed to the intervention. Irregular participants were significantly less than control participants to have mobility outside the village. **ECONOMIC** Access to income and assets: No significant changes from baseline to endline in proportion of girls with money saved from wages, gifts and/or pocket money (40% to 45%), including among regular attendees (51% to 54%). No significant changes in savings relative to comparison cohort (49%) for the intervention overall (45%) or regular attendees (54%). Vocational: Qualitative evidence demonstrates that participants improved specific vocational skills. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-efficacy/ decision-making power: Evidence of increased self-efficacy as participants reported being more able to assert their opinions and were more respected by their families at endline compared to baseline. Participants reported being more able to take part in important decisions.

Programme details	Main activities	Evaluation methods	Outcomes
Learning Games for Adolescent Girls and their Mothers India Age: 10-19, primary focus on adolescent girls aged 17-19 Gender: Girls Type: Community club with some delivery through extracurricular activities on school premises Scale: 36,000 girls as of November 2009	Aimed to advance young women's access to social and economic resources and influence in rural India, targeting girls aged 10-19 (primary focus on 17-19-year-olds). The programme used a model known as the Learning Games comprising 10 30-minute sessions that focus on improving financial literacy, building social networks and developing decision-making, negotiation and assertiveness skills. It encouraged mothers and daughters to attend sessions delivered by trained mentors known as 'animators'. Sessions were delivered in single-sex girls' groups as well as mixed-sex groups.	Gray and Chanani, 2010; Spielberg et al., 2010 Evaluated Learning Games using quantitative and qualitative surveys, FGDs and IDIs. Also reported on a cluster RCT among 55 villages in West Bengal.	**KNOWLEDGE** SRH: Greatest impact was observed with the HIV game; while HIV testing was still rare, knowledge of HIV testing increased significantly (Spielberg et al., 2010). Finance: Daughters and their mothers had improved knowledge on ways to save, how to bargain, what to spend money on and making a savings plan; daughters and mothers were overall more positive in their feedback about the health games, which they found more enjoyable. Moreover, their health knowledge increased more significantly than their knowledge in financial management. **ATTITUDES** Gender norms: No significant changes from baseline to endline between participants and non-participants concerning ideal age a girl/boy should finish studies, ideal age for marriage or ideal number of children (Gray and Chanani, 2010). **ECONOMIC** Access to income and assets: After 6 months, significant differences: participants had significantly greater confidence in prioritising spending, managing income and savings compared with the control group. At 12 months, no significant differences between intervention and control groups in the proportion of girls confident to talk to families about savings, as well as motivation to save and girls' ability to control their savings (Gray and Chanani, 2010). Spielberg et al. (2010) reported no significant impact on girls knowing they can save by putting money aside, having a plan for savings and being motivated to save over the next three months, or actually having savings. Savings: No increase in savings (Spielberg et al., 2010). Microcredit: Improved access to microcredit. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Strength of social network and family relations: Improved networks and communication between mothers and daughters. Girls became more comfortable discussing a range of topics with family members (Gray and Chanani, 2010). Leadership: Evidence of increased leadership skills among participants.

Programme details	Main activities	Evaluation methods	Outcomes
MEMA Kwa Vijana (Swahili for 'Good Things for Young People') Tanzania Age: 10-19 Gender: Girls and boys Type: School-based life skills education Scale: 62 primary schools and 18 health facilities, with 10 communities	4 components: first consisted of teacher-led, peer-assisted classes in schools, which focused on SRH education. These were participatory lessons and included the use of drama, stories and games. Second component comprised youth-friendly reproductive health services; third involved condom promotion and distribution; fourth involved community activities in order to create a supportive environment for the adolescent sexual health interventions.	Anon, 2008; Hayes et al., 2005 (overview of programme design); Ross et al., 2007; Doyle et al., 2011 (long-term effects); Plummer et al., 2007 (process evaluation) Randomised trial in 20 communities. In 10 intervention communities, activities were implemented in 62 primary schools and 18 health facilities, with 10 communities (63 primary schools and 21 health facilities) acting as comparison. First impact evaluation (2002) focused on 9,645 adolescents recruited in 1998. 2007-08 survey evaluated long-term impact of programme by surveying 13,814 young people. The process evaluation drew on participant observation and used qualitative and quantitative methods, also using monitoring and supervision and group discussion.	**KNOWLEDGE** SRH: Statistically significant improvements in knowledge, even 8 years after programme ended, but it was not changing practices (Anon, 2008). Doyle et al. (2011) found that impact on pregnancy knowledge and reported attitudes to sex increased with years of exposure to high-quality intervention. Long-term impact did not vary greatly according to the sub-groups. Ross et al. (2007) noted that the intervention substantially improved knowledge, reported attitudes and some reported sexual behaviours, especially among boys, but had no consistent impact on biological outcomes within the 3-year trial period.

Programme details	Main activities	Evaluation methods	Outcomes
Meseret Hiwott Ethiopia, Amhara Age: 10-24 Gender: Married girls, with parallel husbands' programme Type: Community club Scale: 230,000 married girls and 130,000 husbands	Aimed to support young married girls in rural areas of Amhara region, providing them with social networks, knowledge and skills to improve their SRH outcomes. Female mentors were recruited from rural communities and trained to mobilise and lead girls' groups. They visited families to identify married girls aged 10-24 and encouraged them to participate. This allowed mentors to negotiate with other gatekeepers, such as husbands, parents and in-laws. Participants formed girls' groups that met 3 times a week, in local meeting spaces such as community halls, participants' houses, or under a tree. The 32-hour curriculum covered topics like SRH and self-esteem.	Erulkar and Tamrat, 2014 Used cross-sectional data from 2 rounds of post-intervention, population-based surveys to compare outcomes across 3 treatment groups: those not exposed to the intervention; married girls exposed to the intervention for them alone; married girls exposed to the intervention and whose spouse was exposed to the parallel intervention for husbands.	**KNOWLEDGE** SRH: Increases in knowledge due to in-depth group discussions on a range of SRH topics. Most commonly discussed topic was HIV/AIDS (92% of participants mentioned this), followed by family planning (77%). **PRACTICES** Violence: Practices changed more in the mixed group and control group than in the women-only group. Proportion of respondents reporting that a spouse had beaten their wife or forced sex in the past three months was highest in the wives-only groups (9.4% at baseline and 21.6% at endline) compared to the control (8.9% and 13.2%) and husband and wives in groups (4.3% and 12.4%). Logistic regression predicting the likelihood of being beaten in the past three months did not show a significant change due to the programme. Mobility: Girls who did not participate in the programme were more likely to need permission to leave the house than girls who did (81% vs. 75%). Division of domestic work: In households where husbands and wives had both participated in interventions, spousal assistance with housework in the past three months was 80.8%, compared to 59.0% in wives-only groups and 33.1% among those with no participation.

Programme details	Main activities	Evaluation methods	Outcomes
Moving the Goalposts Kenya, Kilifi district Age: 10-25 Gender: Girls Type: Extracurricular club Scale: Unclear, sample size for study 333	A Sport for Development project using football to provide leadership, negotiation skills and self-confidence for adolescent girls through primary schools. Includes a range of activities such as football matches, girls' committee meetings, peer education, counselling, training in coaching, training in referring and first aid skills.	Woodcock, 2012 Conducted a cross-sectional study at 15 different sites, with survey data from 333 members. The main independent variable was membership duration, from self-report, coded in years.	**KNOWLEDGE** Rights: Led to overall improvements in girls' knowledge of rights to education and health issues, as well as knowledge of the right to make decisions on marriage. SRH: Improved awareness of SRH, contraceptives and HIV among participants. **ATTITUDES** Gender norms: Likelihood of a girl thinking she can follow education as much as boys and make important decisions increased with membership duration. No significant association between membership duration and the likelihood of a girl considering she had as many career choices as a boy. Child marriage: Likelihood of a girl reporting having a say in who to marry and when increased with membership duration. More accessible sites and sites with longer-established programmes were also significant predictors of this indicator. **PRACTICES** Child marriage: Likelihood of a girl reporting that her parents decide when and where she will marry is not significantly associated with membership duration. Mobility: Proportion of girls who are free to attend meetings outside home was not significantly associated with membership duration. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: 'Positive thoughts and feelings' were found to be related not to membership duration, but rather how long a project site had been operating. This indicates the importance of creating a positive, enabling culture over time. Leadership: Improved leadership skills were mainly age-related, with older girls feeling their leadership skills were greatly improved – a stronger relationship than between membership duration and leadership relationship. Members at more established sites benefited more; members at more and less accessible sites benefited similarly. Increased negotiation in family context – older girls in particular were more able to have their voice heard in family matters and were more respected at endline compared to baseline.

Programme details	Main activities	Evaluation methods	Outcomes
PAGE – Planning Ahead for Girls' Empowerment and Employment Age: 15-17 Gender: Girls Type: In-school life skills curriculum Scale: 4,100 girls	Implemented in government schools, targeting girls (15-17 years) from low-income communities. Curriculum focused on 2 components: empowerment and employability. Empowerment component focused on building girls' understanding of gender and power and developed self-efficacy skills; employability component gave girls concrete pathways to envision career possibilities.	Nanda et al., 2017 Evaluation used mixed-method, quasi-experimental design. 7 purposively sampled government schools in New Delhi participated in the study: 4 intervention schools and 3 control schools. Pre-post quantitative surveys in intervention and control schools were used to measure programme impact.	**ATTITUDES** Gender norms: Positive change in attitudes toward gender equality among older girls and clear change in attitudes toward discrimination. Qualitative data showed that girls' schooling is leading to a change in the way role divisions are perceived. The indicator measuring girls' experiences of violence and discrimination found changes in attitudes towards discrimination among older girls, but no significant change in attitudes among young girls. Violence: Evidence of decrease (from baseline to endline) in numbers who agreed that violence against women and girls was acceptable. **ECONOMIC** Vocational: Positive and highly significant effect on employability. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Qualitative evidence highlights the impact on increased self-esteem and self-confidence among participants, from baseline to endline. Aspirations: Girls were able to identify and plan their future professional and personal goals. Moreover, they shared their aspirations with their families. Self-efficacy/ decision-making power: Significant increase in self-efficacy among participants from baseline to endline, and greater impact among older girls. Significant change among older girls after controlling for other variables and covariates. Qualitative analysis also showed that older girls were able to articulate their concerns and relate gender challenges to their everyday realities in a concrete manner. Using the Gender Equitable Men Scale (GEMS) to measure the impact, found that girls were more able to negotiate gender and power inequalities to advance their lives.
Peer Education Nepal, Baglung, Mahottari and Udayapur CEDPA Age: 10-24 Gender: Girls and young women Type: Community club Scale: 3,000 girls Phase I, 504 peer educators led sessions for 1,537 girls and young women in Phase II	Offered basic life skills classes, an intensive literacy course, how to manage menstrual restrictions and HIV awareness and prevention classes. Local NGOs developed a peer education programme that sought to increase peer educators' (PE) leadership and collective efficacy for informing peers and adults in their communities about the effects these issues have on women and girls.	Posner, 2009 A longitudinal design was employed to compare attitudes and behaviours of the same PEs, before and after participation in the programme. A structured questionnaire was used and after the project ended, the same questionnaire was administered. Baseline survey administered June 2006; endline survey December 2006.	**KNOWLEDGE** SRH: STI and HIV knowledge increased by 15% from baseline to endline. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Increase in self-esteem among participants. Self-efficacy/ decision-making power: Girls from different castes and educational backgrounds were able to work together to change individual behaviour and to address socio-cultural norms in their communities. Leadership: Leadership self-efficacy, a central aim of the programme, provided a strong predictor of both increased HIV knowledge and of practising fewer menstrual restrictions at endline.

Programme details	Main activities	Evaluation methods	Outcomes
Power to Lead Alliance (PTLA) India, Tanzania, Egypt, Malawi, Honduras, Yemen Age: 10-14 Gender: Girls; some involvement of boys Type: Community club with some extracurricular components on school premises Scale: Egypt 12,405 students, Honduras two municipalities, India 6,188 girls and 1,026 boys, Malawi 17,433 girls, Tanzania 17 primary schools, Yemen 3,867 girls, 3,519 boys, 1,913 women and 2,789 men	Aimed to promote girl leaders in vulnerable communities. Primary objective was to cultivate opportunities for girls to practise leadership skills. Secondary objective was to create partnerships to promote girls' leadership. Also aimed to enhance knowledge to implement and promote girls' leadership programmes. Intervention was rooted in CARE's Gender Empowerment Framework, which asserts that 3 interactive dimensions of empowerment – agency, relation change, and structural change – must be present in girls' leadership programming.	Miske, 2011b Quantitative baseline data were available in Honduras, Malawi and Yemen, so endline data were collected from participants. In India, Tanzania and Egypt, endline data were collected from active participants and a comparison group of youth not active in PTLA activities drawn from the same site in Egypt and India and with a comparison site in Tanzania.	**ATTITUDES** Gender norms: Qualitative evidence that participants became interested in activities that were considered traditionally male or female. Across all countries there were statistically significant differences between girls in the active and comparison groups on equality of rights. The difference was the greatest in Malawi. Girls in the active group agreed with 78% of the items in regards to gender equality on a measurement scale, in contrast to girls in the comparison group who agreed with only 10% of the items. Girls from sites in Egypt, India, Tanzania, and Honduras agreed to more than 80% of the items. Others' attitudes towards girls: Qualitative evidence of changes in girls' attitudes and changes in community attitudes towards girls. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: All countries met or were close to meeting the 50% target on one of the self-confidence items. Although in Yemen, different instruments were used, Yemen also met the target of 50% of girls having improved self-confidence. Leadership: All countries met or were close to meeting the 70% target of possessing leadership skills and competencies. In addition, girls in all countries met the 70% target of taking leadership action, with the exception of Honduras. Strength of social network and family relations: Girls and boys interacted positively with one another in their social networks across all countries. Girls, in particular, made good and varied relationships with a range of people as a result of the programme, including peers, parents and community leaders. Encouragement from peer leaders, parents and teachers emerged as the most important issue in terms of leadership development.

Programme details	Main activities	Evaluation methods	Outcomes
SAFE (Growing Up Safe and Healthy) Bangladesh, Dhaka Age: 10-35 Gender: Married and unmarried girls and young women and young men Type: Community club Scale: 16,491 group members in 600 groups (150 groups for women and girls)	Targeted adolescent girls and young women in urban Bangladesh, aiming to improve SRH rights and reduce GBV and child marriage. Combined several strategies for prevention and service delivery into a single approach, including interactive sessions and awareness-raising campaigns. 13 single-sex sessions were delivered to 150 married and unmarried young people.	Naved and Amin, 2014 Multi-cluster RCT with 3 intervention arms: A: male groups, female groups and community campaign; B: female groups and community campaign; C: community campaign (comparison arm).	**KNOWLEDGE** Rights: At endline, one-third of participants knew they had they right to refuse a marriage – an increase from one-quarter at baseline. Laws: Participants aware of the legal minimum age of marriage increased from 50% to 80% from baseline to endline; awareness of marriage registration processes increased from 50% to 75% and awareness of legal recourse against dowry increased from 60% to 70%. Services: Knowledge and awareness of service delivery increased across all 3 arms of the SAFE intervention. Knowledge of service delivery points for sexual health problems increased from 72% to 97.3% (Arm A), 73.7% to 97.2% (B) and 79.7% to 97.8% (C). SRH: Knowledge of adolescent pregnancy and family planning increased in all 3 arms. **ATTITUDES** Gender norms: Qualitative evidence of changes in girls' gender norms and attitudes. Others' attitudes towards girls: Significant increase in the proportion of males with equitable attitudes towards gender roles where there were male groups (by 7.1 ppts) and male and female groups (8.5 ppts). The female-only group intervention did not positively change men's gender attitudes, and in fact negatively impacted men's gender-equitable attitudes (-6.3 ppts). Violence: Male-only groups significantly increased the proportion of men with equitable attitudes towards violence against women and girls, by 7.8 ppts. **PRACTICES** Child marriage: The proportion of young women aged 15-19 who were married in the year before the survey declined significantly in all intervention arms, with the greatest decline (3.8 ppts) in the community intervention. There was a significant increase in the proportion of marriages where the woman's consent was sought. Violence: Significantly reduced physical or sexual violence when females and males received group sessions (by 11.4 ppts). Significantly reduced severity of violence when females and males received group sessions (by 7 ppts). Significantly reduced frequency and severity of violence where females only received group sessions (by 6.6 ppts and 8.2 ppts respectively). **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-efficacy/ decision-making power: Increased reporting of violence. A higher proportion of survivors sought help through services at endline in all 3 study arms compared to baseline. The rate of help-seeking from an informal source increased by 4%-13%, for instance. Help-seeking from informal sources in particular increased when females and males were both targeted.

Programme details	Main activities	Evaluation methods	Outcomes
Safe and Smart Savings Kenya and Uganda Age: 10-19 Gender: Girls Type: Community club Savings PLUS Uganda Age: 10-19 Gender: Girls Type: Community club Scale: 2,000 girls in pilot	Targeted vulnerable adolescent girls. Consisted of weekly group meetings with a female mentor (each group comprising c. 15-25 girls aged 10-14 or 15-19). The groups were based on the Population Council's Safe Spaces Model. Mentors delivered life skills sessions using discussion, printed materials and workshops. The second main activity was a financial education curriculum developed and tested by the Population Council. Savings PLUS: Comprised 4 components: Safe Spaces group meetings; reproductive health training; financial education; and savings accounts. It targeted girls aged 10-19 living in low-income areas of Kampala.	Austrian and Muthengi, 2013 Used a baseline and endline survey of participants and comparison girls recruited from areas similar to where the programme was being implemented (n=899 in Kenya, n=1062 in Uganda). Data used a difference-in-difference approach. Austrian and Muthengi, 2014 Compared 2 treatment groups with a comparison group: One treatment group received Safe Spaces group meetings with reproductive health and financial education plus a savings account (Savings PLUS). One treatment group only received a savings account (Savings Only). The comparison group did not receive any intervention.	**KNOWLEDGE** SRH: Girls found the health sessions helpful in avoiding unwanted pregnancies. The proportion of participants who knew that HIV can be transmitted sexually increased from 85% to 92% but decreased from 85% to 81% among girls not belonging to a group. HIV testing increased from 31% to 43% while knowledge of contraceptive methods increased from 74% to 88% (compared to 76% - 76% in the control) (Austrian and Muthengi, 2013). Finance: By endline, most respondents answered the evaluation questions on financial literacy correctly: 67% of Kenyan participants and 82% of Ugandan participants could correctly name two reasons for savings, while 90% of girls could correctly name both a formal and informal place to save money (Austrian and Muthengi, 2013). **ATTITUDES** Violence: In Kenya, intervention girls were significantly less likely to report that they feared getting raped (69% at baseline and 66% and endline compared to 63% at baseline and 72% at endline among controls), or had been teased by people of the opposite sex (from 44% to 34% in intervention, compared to 36% to 38% in control). No significant changes in proportion of participants in Uganda feeling scared of being raped, or in proportion experiencing teasing (Austrian and Muthengi, 2013). Mobility: No significant changes in proportions of girls in Kenya who reported feeling safe walking around their neighbourhood in the day. Small increase in proportion of girls in Uganda reporting feeling safe walking around in the day compared with control group (84% to 88%), but no significant changes in intervention group (Austrian and Muthengi, 2013). **PRACTICES** Violence: No significant differences in experiences of being touched indecently within the previous 6 months (Kenya), slight significant increase from baseline to endline (8% to 10%) among intervention group (Uganda). This increase was only noted among girls who did not participate in Safe Spaces groups (Austrian and Muthengi, 2013). Among Savings PLUS, no significant change in proportion of girls who experienced indecent touching (7% to 8%), or were teased by members of the opposite sex (23% to 24%). Among Savings Only girls, significant change from baseline to endline in the proportion who experienced indecent touching (9% to 15%) and teasing (19% to 25%) (Austrian and Muthengi, 2014). Mobility: Significant increase in proportion of girls in Kenya able to go to local health clinic alone (13% to 24% in intervention group, compared to 24% to 28% for control group) and to youth groups alone (46% to 51% in intervention group, decline from 41% to 26% in comparison group) (Austrian and Muthengi, 2013). **ECONOMIC** Access to income and assets: Girls who participated had increased access to resources. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Qualitative evidence of improved self-confidence among participants. Strength of social network and family relations: Girls reported more friends and close relationships, and stronger networks they could rely on in an emergency.

Programme details	Main activities	Evaluation methods	Outcomes
Temuulel: Savings Innovation and Expansion for Adolescent Girls Mongolia Age: 15-19 Gender: Girls Type: Out-of-school club and After-school club / club on school premises Scale: 4,520 girls received financial education training, 5,013 girls opened accounts (of these 792 had financial education training)	Temuulel savings accounts were available in all XacBank outlets in 2011. The life skills component consisted of 8 core sessions covering general savings, budgeting, and saving at a bank, plus optional sessions on loans and debt management.	Tower and McGuinness, 2011 Baseline research was undertaken in 2010 and endline research was conducted in 2011. Qualitative data were collected from girls, parents and key informants, while demographic data were collected from all of the girl research participants. Sampling sought low-income girls and separated them into 3 groups: the 8-week financial education course plus the Temuulel savings product; the Temuulel savings product only; and a comparison control group of girls with no intervention.	**KNOWLEDGE** Finance: Participants were more likely to develop knowledge of banks and savings than girls in the comparison group. This was the case for girls taking part in both intervention arms (those receiving the savings product only, and those receiving financial education plus savings). **ECONOMIC** Access to income and assets: At endline, girls in all intervention groups had control of their savings accounts, while no girls in the comparison group did. Savings: At endline, 100% of savings only and 97% of combined intervention girls reported saving money, compared to 74% of comparison girls. At baseline, 83%-100% of savings only girls had managed to save, 78% of combined intervention girls had savings, and 42%-47% of comparison girls were savers. Combined intervention girls had higher median savings (25.000 MNT, $10.94) than those in the comparison group (10,000 MNT, $4.38) and in the savings only group (6,000 MNT, $2.63). All intervention participants agreed savings were important at endline, compared to half at baseline.

Programme details	Main activities	Evaluation methods	Outcomes
SHAZ! (Shaping the Health of Adolescents in Zimbabwe) Zimbabwe Age: 16-19 Gender: Girls Type: Community club Scale: 158 girls	A combined intervention package working with orphaned girls aged 16-19. All participants received reproductive health services, including a health screening at each study visit. All participants also received life skills education and home-based care training comprised of 14 modules delivered to groups of 25 over 4-6 weeks on: HIV/STIs and reproductive health; relationship negotiation; strategies to avoid violence; and identification of safe and risky places in the community. Additionally, they received 6 weeks of home-based training to develop skills to safely care for people living with HIV. Intervention participants received financial literacy education and a choice of 6-month practical and theoretical vocational training courses at local institutes. After successful completion, intervention participants received integrated social support in the form of guidance counselling and mentoring.	Dunbar et al., 2014 Report on an RCT with 315 participants (158 intervention and 157 control) to compare a combined intervention of life skills and health education, vocational training, micro-grants and social support to a life skills and health education alone.	**PRACTICES** Violence: Intervention participants reported a greater reduction in experience of violence over time, of marginal statistical significance (IOR50.10 vs. COR50.63, $p < 0.06$). Overall prevalence of violence was very low. After 6 months, 5% of intervention participants and 8% of control participants reported physical/sexual violence or rape, which declined to 0% after 24 months among the intervention group, compared to 3% among the control group. **ECONOMIC** Access to income and assets: Intervention participants had a significantly higher likelihood of receiving their own income relative to those in the control (intervention OR=2.05 compared to control OR=1.67, p=0.002). There was a significantly greater decrease in food insecurity among those in the intervention (intervention OR=0.83 compared to control OR=0.68, p=-0.02).

Programme details	Main activities	Evaluation methods	Outcomes
Step Change Window (SCW) project Tanzania and Zimbabwe Camfed's Girls' Education Challenge (GEC) Age: Gender: Girls Type: In-school Scale: 108,131 girls (67,912 in Zimbabwe, 40,219 in Tanzania)	Implemented in 24 districts in Zimbabwe and 11 districts in Tanzania. Girls received a range of life skills interventions across 991 secondary schools, including providing financial support to meet girls' needs and distributing low-cost, self-directed study books in core curriculum and life skills subjects. Interventions reinforced existing local government and community structures and engaged with national education partners. Since these interventions were carried out in schools, the life skills components were usually delivered to girls and boys together by teachers or mentors.	Camfed, 2016 Midline evaluation used a quasi-experimental research design with intervention schools clustered in intervention districts and comparison schools clustered in districts where no Camfed programmes were active. The approach made comparisons within countries, between countries, between girls and boys, and between marginalised and less marginalised pupils. These comparisons can be done either at one point in time (cross-sectional analysis) or over time (longitudinal analysis).	**KNOWLEDGE** Rights: More than 95% of students agreed that the sessions had improved their knowledge of their rights – with significantly more girls agreeing than boys. **SERVICES** Access to and use of services: The intervention was particularly effective at enabling lower-to-medium-attaining girls to stay in school, while 'learner guides' (recent secondary school graduates from marginalised backgrounds) were introduced as female role models. Educational achievement: In intervention sites in Tanzania, marginalised girls increased their English scores by 7.26 marks more than marginalised girls in comparison schools, and their Maths scores by 16.61 marks. (All assessments were scored out of 100.) Meanwhile, in Zimbabwe, marginalised girls in intervention schools increased their English scores by 2.36 marks more than in comparison schools, and their Maths scores by 1.12 marks. (These assessments were scored out of 50.) Boys tended to perform better than girls in baseline Maths assessments in both Tanzania and Zimbabwe, but in Tanzania, this gender gap narrowed by the midline, while it grew in Zimbabwe. While boys outperformed girls in English in Tanzania, girls outperformed boys in Zimbabwe. The gender gap had grown in favour of boys in Tanzania by midline, while it remained unchanged in Zimbabwe.

Programme details	Main activities	Evaluation methods	Outcomes
Stop Violence Against Girls in School Ghana, Kenya, Mozambique Age: 8-10, 11-13 and 14-17 Gender: Girls and boys Type: Extracurricular club Scale: 45 primary schools and communities across three countries	This multi-level, 5-year project (2008-13) combined several approaches: Girls' clubs and boys' clubs in schools; in Mozambique a gender club combined activities for girls and boys. Girls' club members have also been involved in community outreach; Reflect circles and other discussion groups for community members to discuss and deliberate. Teacher training on gender norms and equality and advocacy for schools to adopt gender-sensitive policies.	Parkes and Heslop, 2013 Mixed-methods study which combines baseline and endline surveys, longitudinal qualitative study with girls, and insights from the project's M&E. 2,739 respondents participated in the study. Quantitative data were collected from 1,855 participants, qualitative data from 1,377 participants in the longitudinal and endline studies. All schools implementing the project were included in the research.	**ATTITUDES** Gender norms: Post-intervention, girls in all 3 countries were more likely to have gender-equitable attitudes about whether boys and girls should help with housework. Violence: Following the intervention, 83% of girls in Ghana, 90% of girls in Kenya and 80% of girls in Mozambique said they had experienced some form of violence in the past 12 months (no baseline or comparison available). **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Qualitative evidence demonstrates clear increases in participants' confidence in themselves, in reporting violence and speaking up for their rights at endline in comparison to baseline. Self-efficacy/ decision-making power: Challenging violence and gender equality index measured responses to attitude statements and calculated a score between 0 and 1, with 1 indicating high levels of challenge. This was significantly higher for girls in clubs in Kenya (0.60 compared to 0.54) and Mozambique (0.68 compared to 0.60) but there was no difference in Ghana (0.54 and 0.54).

Programme details	Main activities	Evaluation methods	Outcomes
Tap and Reposition Youth (TRY) Kenya, Nairobi Age: 16-22 Gender: Girls Type: Community club Scale: 100 girls in pilot period, membership peaked at 535 girls	A multi-phase initiative implemented by the Population Council and K-Rep Development Agency (KDA). It aimed to improve adolescent SRH outcomes, including combating HIV by improving livelihoods. Targeted out-of-school adolescent girls and young women aged 16-22. Groups received a 6-day training course that focused on business management and planning skills, entrepreneurial skills, life skills, and gender roles.	Erulkar et al., 2006 The evaluation used surveys to compare girls entering TRY project and controls matched on the basis of residence, age, education, marital status and childbearing status (n=834). Erulkar and Chong, 2005 A longitudinal study of participants and matched controls, who were interviewed pre- and post-intervention. They were interviewed at registration and again when they exited, between 2002 and 2005. Most attempts to match a TRY participant who was interviewed at endline were unsuccessful as only 17% of original controls were located at the endline. The survey was a close-ended instrument.	**KNOWLEDGE** Rights: Overall, girls' knowledge of their rights did not increase, but they were more able to defend their rights (Erulkar et al., 2006). SRH: Participants were not more knowledgeable on SRH issues despite it being covered by facilitators in sessions. Some evidence that they improved their negotiation skills in terms of sexual relations, but this cannot be seen as certain due to a high loss of participants by endline (Erulkar and Chong, 2005). Finance: Young Savers Clubs worked to provide girls with a place they could save safely while also giving them the opportunity to meet other girls their own age. While the household incomes, assets and savings of participants and controls were similar at baseline, by endline, TRY participants were significantly better off, and were more likely to know to keep their savings in a safe place compared to control girls, who were at greater risk of having their savings stolen or confiscated by parents and husbands. **ATTITUDES** Gender norms: Evaluation states that TRY participants held measurable and significantly more liberal gender-role attitudes than control girls (details not reported) (Erulkar and Chong, 2005). Violence: Evidence of more progressive views among participants towards violence against women and girls. **ECONOMIC** Access to income and assets: Positive impact on assets, income and savings, as well as attitudes towards gender and decision-making power. The evaluation finds that rigorous microfinance models could be appropriate for a sub-set of girls, especially older girls who are less vulnerable, as the model seemed to be most effective in improving indicators for this group of girls. Impact in improving girls' status in terms of economic indicators appears more successful than non-economic indicators, which remain unclear (Erulkar and Chong, 2005). Savings: Girls reported that they had 2 main motivations for saving: one related to economic security and having a safe place to keep their savings; the other linked to an interest in accumulating resources to take advantage of livelihood opportunities. By endline, TRY girls had more than doubled their savings. Data from the baseline survey revealed that 28% of girls in the control group had already started to save, as had 57% of TRY participants. The programme was less effective for young participants though. Older participants had greater incomes and savings compared with younger girls (Erulkar et al., 2006). At baseline, TRY members had saved an average of KSh 3,308 ($43), less than the control KSh 5,385 ($70). At endline, TRY members had saved an average of KSH 7,308 ($95), more than the control (KSH 5,145, $67). At endline, participants were more likely to save in a bank relative to control (42% vs. 24%).

Programme details	Main activities	Evaluation methods	Outcomes
Transforming Education for Girls in Nigeria and Tanzania (TEGINT) Age: 11-22 Gender: Girls Type: Extracurricular club/ School-based life skills programme Scale: Six districts	A multicomponent programme designed to address the key challenges and obstacles to girls' school attendance, academic achievement and vulnerability to gender violence and HIV. It combined several approaches: Teacher-led girls' clubs, each club consisting of 40 girls and 20 boys, undertaking a range of life skills-based activities' Teacher training in gender and participatory methodologies, and school management capacity building. Advocacy and support to girls' education with local government officials and capacity building with local partners.	Mascarenhas, 2012 An endline research summary report drawing on a baseline and endline survey, with no comparison sites, and focusing on Tanzania. Wetheridge and Mamedu, 2012 Analyses Nigeria intervention using baseline and endline data, with no comparison site.	**KNOWLEDGE** Around SRH: Girls who were members of clubs had better knowledge of HIV by the end of the programme than they did at the outset. **ATTITUDES** Gender norms: Girls' Empowerment Index (GEI), (closer to 1, indicates greater empowerment) ranged from 0.613 to 0.683 across districts, and was higher in urban areas (0.668 compared to 0.624 in rural areas) and at secondary schools (0.766 compared to 0.695 in primary schools). **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-confidence: Mascarenhas (2012) reports on change using the GEI, a new indicator for this study, developed to compile information on changes in girls' confidence and capacity. The evaluation finds clear signs of greater confidence among girls about their rights, capacity and opportunity to gain education to improve their socioeconomic status. Aspirations: The number of girls who aspired to having a profession doubled from 41% in 2008 to 76% in 2012. **SERVICES** Access to and use of services: Improved access to education. Mascarenhas (2012) documents a 12% increase in the number of girls enrolled sitting their Primary School Leaving Examination in project areas in Tanzania between baseline and endline. Educational achievement: The endline study compared members and non-members of girls' clubs and found a strong and significant correlation between membership and having a better class position at the end of the year. Girls' learning outcomes were measured by the pass rate at this exam, which increased by 6% from the baseline to 73% overall. Meanwhile, in Nigeria, Wetheridge and Mamedu (2012) documented that the exam pass rates in project primary schools increased by 6%, from 77% in 2008 to 83% in 2012.

Programme details	Main activities	Evaluation methods	Outcomes
TUSEME (Kiswahili for 'Let's Speak Out') Tanzania Forum for African Women Educationalists (FAWE) Age: 10-17 Gender: Girls and boys Type: Extracurricular club/ school-based life skills programme Scale: 600 secondary teachers and 17,600 secondary school students, students from 400 primary schools and more than 600 primary school teachers	Aimed to empower girls to overcome problems that constrain their social development, including academic achievement. TUSEME empowers girls to speak out and express their problems, find solutions and take appropriate actions to address the problems identified.	Mhando, 2015 Analysed the relevance, efficiency and effectiveness of the programme, as well as impact and sustainability to inform its future direction. Data sources mainly came from student questionnaires, IDIs and FGDs.	**KNOWLEDGE** Rights: Clear increases in knowledge of rights and how to report sexual and physical violence. Laws: Greater awareness of legal frameworks. Around SRH: Notable impact in increasing young people's knowledge of HIV/AIDS, equipping them with skills to identify and avoid risky behaviours. **ATTITUDES** Gender: Attitudes towards gender equality became markedly more progressive. Violence: Decrease in percentage of pupils agreeing that violence is acceptable. **SOCIAL AND PSYCHOLOGICAL EMPOWERMENT** Self-efficacy/ decision-making power: Increase in reporting of violence by participants between baseline and endline, including reporting violence by teachers. TUSEME remains relevant and has been effective in empowering girls to speak out about their problems and take appropriate actions to address them, including reporting to appropriate authorities matters related to sexual harassment and teacher absenteeism. Self-confidence: Increases in self-efficacy and self-esteem. **SERVICES** Access to and use of services: Increase in access to and use of educational services.
Wezesha Vijana – Girls' Advancement Age: Adolescent girls and young women Gender: Girls Type: Extra-curricular school club on premises Scale: 722 girls, 230 mothers and 20 mentors	Combined a focus on health assets and social assets; increases health and rights knowledge and creates peer support groups to equip girls with knowledge, confidence and conviction. Peer support was provided through after-school clubs, family conversations around sexual maturation and girls' health through mother-daughter meetings.	Wamukuru and Orton, no date The project was piloted in 6 schools in 2012 in rural communities; 4 other schools were added in 2013. 722 girls, 230 mothers and 20 mentors participated in the intervention. The evaluation focused on the first two years of implementation. 208 participants were randomly selected to participate in a qualitative evaluation along with 78 control group subjects.	**KNOWLEDGE** Rights: Increased knowledge of rights. Participants were 28.4 ppts more likely to know where to seek support for GBV. Around SRH: Increased knowledge of SRH. Relative to the control group, participants were 22.2 ppts more likely to answer questions about pregnancy correctly and 18.3 ppts more likely to answer questions about transmission of STIs correctly. **SERVICES** Educational achievement: Contributed to improvements in school attendance and retention and academic performance: 38.9% of participating girls reported absence in the past 6 months compared to 63% in the control group. Control group participants reported missing school due to menstruation 1.5 times more frequently than girls in the intervention group. Many more girls in the invention group scored above average in standard tests relative to the control (23.6% vs. 2.6%). In one-fifth of project schools, teachers reported that girls in the groups were among the best-performing pupils in national examinations. Access to and use of services: Increase in access to and use of educational services.

Table A2: Life skills curricula combinations

		Core curricula					Additional components: Soft skills			Additional components: Health		Additional components: Specific aspects of gender equality	
		Gender awareness	Financial literacy	Rights education	Communication	Reproductive health/ HIV	Emotional intelligence	Problem solving and goal setting	Leadership	Hygiene	Nutrition	Child marriage & HTPs	VAWG
All 5 main curricula areas	ADP	X	X	X	X	X						X	X
	AGI Kenya	X	X	X	X	X				X	X	X	X
	BALIKA	X	X	X	X	X	X		X		X	X	X
	Biruh Tesfa	X	X	X	X	X							X
	ELA Tanzania and Uganda	X	X	X	X	X		X	X			X	X
	PAGE	X	X	X	X	X		X	X				
4 of the 5 main curricula areas	ADP in Border Regions	X		X	X	X						X	X
	Better Life Options II	X		X	X	X							
	Deepshikha	X	X	X		X					X	X	
	Filles Éveillées		X	X	X	X				X	X		
	Go Girls! Initiative	X		X	X	X						X	
	Ishaka		X	X	X	X							
	Learning Games		X	X	X	X				X	X		
	Peer education Nepal	X		X	X	X		X					
	TUSEME	X		X	X	X		X	X				X
3 of the 5 main curricula areas	AGEP	X	X			X			X		X		X
	Berhane Hewan	X			X	X							
	CHATS	X			X	X		X					
	DISHA	X		X		X			X		X		
	ELA Bangladesh	X	X		X			X	X			X	X
	Ishraq	X			X	X		X			X	X	X
	Kishori Abhijan	X		X		X						X	X
	Safe and Smart Savings		X		X	X							X
	TRY		X	X	X								
2 of the 5 main curricula areas	Bal Sabha	X			X		X	X	X			X	
	Enhancing financial...		X			X		X					
	First Time Parents Project		X			X					X		
	ITSPLEY				X	X			X				
	Kishori Mandal		X		X					X			
	MEMA Kwa Vijana	X				X							X
	Meseret Hiwott				X	X				X			
	Moving the Goalposts				X	X			X			X	
	Savings Innovation		X		X								
	TEIGNT	X			X								X
	Wezesha Vijana	X			X					X			

		Core curricula					Additional components: Soft skills			Health		Specific aspects of gender equality	
		Gender awareness	Financial literacy	Rights education	Communication	Reproductive health/ HIV	Emotional intelligence	Problem solving and goal setting	Leadership	Hygiene	Nutrition	Child marriage & HTPs	VAWG
Only 1 of the 5 main curricula areas	AGI Rwanda		X				X	X	X		X		X
	Better Life Options I					X							
	Choices	X											
	GEMS	X											X
	PTLA				X				X	X	X		
	SAFE					X						X	X
	SHAZ!					X							X
	Step Change Window				X			X					
	SVAGS	X							X				X

Annex 2: Life skills curricula and extent of gender focus

Programme	Life skills curriculum	Curriculum content	Gender focus
1. Adolescent Development Programme (ADP) Alim et al., 2012	ADP includes the Adolescent Peer Organized Network (APON), which offers life skills-based education – facilitated by peers – on communication, reproductive health, sexual abuse, children's rights, gender, HIV/AIDS, STIs, 'eve-teasing', child trafficking, substance abuse, violence, family planning, child marriage, dowry, and acid-throwing. Financial management sessions are also offered along with sessions outlining relevant legal frameworks.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Child marriage and harmful traditional practices (HTPs) Violence against women and girls (VAWG)	**Strong**
2. Adolescent Development Programme (ADP) Border Regions Ara and Das, 2011	Peer education is delivered through the APON, where adolescents discuss sensitive issues like HIV/AIDS, reproductive health, early marriage, women's rights and sexual harassment, and communication skills. ADP also offers life skills training to enhance adolescents' status and self-esteem by increasing their earning potential. Sessions were organised in venues such as secondary schools, madrassas, youth clubs and courtyards. As part of this programme, audio-visual materials on HIV/AIDS, gender equality and girls' education were developed for the first time.	**Changing gender norms** **Laws and rights** **Communication** **Reproductive health / HIV** Child marriage and HTPs Self-esteem VAWG	**Strong**
3. Adolescent Girls Empowerment Programme (AGEP) Austrian et al., 2016; Austrian et al., 2013	Austrian et al. (2016) note that AGEP developed three curricula: health and life skills; financial education; and nutrition. The pilot only included the first and second curricula. The health and life skills curriculum includes sessions on reproductive health, HIV, life skills, gender and GBV, leadership and human rights. The financial education curriculum includes sessions on saving, budgeting, financial negotiation, and earning money.	**Changing gender norms** **Financial literacy** **Reproductive health / HIV** Leadership Nutrition VAWG	**Strong**
4. Adolescent Girls Initiative (AGI) Kenya Muthengi et al., 2016	The health education curriculum was developed from those used in similar interventions but was modified to ensure that the teachings were culturally appropriate. It includes education on a variety of health topics, including hygiene, nutrition, HIV/AIDS, SRH, communication and negotiation skills, gender norms, sexual violence and GBV, and early marriage; also financial management classes.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Child marriage and HTPs Hygiene Nutrition VAWG	**Strong**

Programme	Life skills curriculum	Curriculum content	Gender focus
5. Adolescent Girls Initiative (AGI) Rwanda Botea et al., 2015	Module 1 – Introduction Module 2 – Team building Module 3 – Goal setting Module 4 – Problem solving Module 5 – Reproductive health Module 6 – Managing money Module 7 – Leading a team Module 8 – Good parenting Module 9 – Healthy eating Module 10 – GBV Module 11 – Anger, stress and conflict management Module 12 – Emotional intelligence	**Financial literacy** Emotional intelligence Leadership Nutrition Problem solving and goal setting VAWG	**Medium**
6. BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) Amin et al., 2016	The gender-rights awareness intervention strategy is primarily influenced by the experience of implementing the Population Council's 'It's All One Curriculum', which incorporates strategies for promoting financial management, critical thinking, negotiation skills, and rights awareness in life skills programmes.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Emotional intelligence Child marriage and HTPs Leadership Nutrition VAWG	**Strong**
7. Bal Sabha (Girls' Parliament) Delavallade et al., 2015	Elected girls practice setting goals for their school or community and are encouraged to pass on the life skills games to other students. For example, one game consists of working through difficult but common scenarios such as how to stand firm when a girl's father determines that she is to marry as an adolescent before the legal age of 18. Girls in the Parliament undergo life skills training based on World Health Organization (WHO) recommendations: problem-solving; critical thinking; decision-making; communication; self-awareness; creative thinking; interpersonal relationships; coping with stress; coping with emotions; and empathy.	**Changing gender norms** **Communication** Emotional intelligence Child marriage and HTPs Leadership Problem-solving and goal-setting	**Strong**
8. Berhane Hewan Mekbib and Molla, 2010; Erulkar and Muthengi, 2009	Promotes functional literacy, communication and life skills, and reproductive health education, including HIV awareness. Non-formal education sessions were provided, using the Ethiopia Ministry of Education curriculum.	**Changing gender norms** **Communication** **Reproductive health / HIV**	**Strong**
9. Better Life Options CEDPA, 2001	CEDPA used its Better Life Options and Opportunities Model and the Choose a Future! (CAF!) manual to improve young people's knowledge and life skills; the earliest phase focused on reproductive health education.	**Reproductive health / HIV**	**Medium**

Programme	Life skills curriculum	Curriculum content	Gender focus
10. Better Life Options Acharya, 2009	CEDPA used its Better Life Options and Opportunities Model and newly adapted CAF! manual to improve young people's knowledge, life skills and gender awareness, and prepare them to make healthy and productive choices on education, reproductive health and civic participation within an enabling environment and supportive community. The framework of the BLO model includes: individual capacity-building through literacy, post-literacy and linkages with formal education, Family Life Education (FLE); livelihoods such as vocational skills training; age-appropriate general and reproductive health services; and social mobilisation through advocacy and community involvement.	**Changing gender norms** **Laws and rights** **Communication** **Reproductive health / HIV**	
11. Biruh Tesfa Erulkar and Medhin, 2014; Erulkar, Semunegua and Mekonnen, 2011; Erulkar, Ferede, Girma and Ambelu, 2013	Mentors provide training in basic literacy, life skills, financial literacy and savings, and education about HIV and reproductive health. Contents of mentors' training manual include: non-formal education, psychosocial life skills, self-confidence, gender and GBV, reproductive health, personal hygiene, HIV/AIDS, disabilities, financial literacy and entrepreneurship. The curriculum covers topics such as self-esteem, communication, gender and power dynamics, rape and coercion, menstruation, reproductive anatomy, STIs, HIV/AIDS, voluntary counseling and testing (VCT), antiretroviral therapy (ART), and financial literacy.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Self-esteem VAWG	**Strong**
12. CHATS (Creating Healthy Approaches to Success) Sidle et al., no date	Using agency and voice as the foundation of the programme, CHATS is a two-year girls' club curriculum aimed at empowering girls with the agency, knowledge, and skills they need to stay in school and transition successfully to work or higher education. Faculty advisors undergo intensive training in the CHATS curriculum, the principals of facilitation, 'coaching', and psychosocial support. They also work closely with AGE Africa programme coordinators who are part of the hands-on delivery mechanism. The programme exposes participants to women role models who give guest talks linked to the curriculum, on issues such as SRH, livelihoods and career opportunities, gender equity and gender rights, self-esteem, public speaking, self-advocacy, critical thinking and self-esteem.	**Changing gender norms** **Communication** **Reproductive health / HIV** Problem-solving and goal-setting Self-esteem	**Strong**
13. Choices Curriculum IRH, 2011	Includes 8 age-appropriate participatory activities designed to stimulate discussion and reflection between girls and boys and explore themes such as: an understanding of gender inequity and power; how gender equity begins with small actions (i.e. behaviour change) that earn respect; how boys can be respected even if they treat girls as equals; how social norms restrict boys from treating girls as equals; how boys and girls can express emotions and realise hopes and dreams; understanding the roles of boys in empowering girls to achieve their dreams.	**Changing gender norms**	**Strong**

Programme	Life skills curriculum	Curriculum content	Gender focus
14. Deepshikha Sambodhi Research and Communications, 2014	Two 10-day modules were drafted with a focus on life skills, gender, health, and financial literacy (family budgeting/accounting, savings and simple book-keeping). Topics discussed in training sessions by girls with their parents include: puberty and menstruation self-image, knowing oneself, needs, wants and rights nutrition reproductive processes, maternal and child health disease and treatment entrepreneurship HIV/AIDS, STIs marriage and parenthood financial literacy, SHG formation, banking communication skills, self-assertiveness, working in a group	**Changing gender norms** **Financial literacy** **Laws and rights** **Reproductive health / HIV** Child marriage and HTPs Motherhood Nutrition Self-esteem	**Strong**
15. DISHA Kanesathasan et al., 2008	The youth skills and capacity component focused on building skills in areas such as negotiation and leadership. It also worked to build young people's self-confidence and decision-making abilities. Sessions provided information on a range of topics, including adolescence, gender and sexuality, fertility awareness, contraception, HIV/AIDS, safe motherhood, and reproductive health services. They also provided safe spaces for young people to come together to access information and services and participate in livelihood training.	**Changing gender norms** **Laws and rights** **Reproductive health / HIV** Leadership Motherhood Nutrition Self-esteem	**Strong**
16. Empowerment and Livelihood for Adolescents (ELA) Bangladesh Shahnaz and Karim, 2008	Life skills aimed to improve leadership, communication and negotiation skills, knowledge on rights, confidence, and solidarity, as well as financial independence. Overarching aim was to empower women and change discriminatory gender norms.	**Changing gender norms** **Financial literacy** **Communication** Child marriage and HTPs Leadership Motherhood Problem-solving and goal-setting Self-esteem VAWG	**Strong**

Programme	Life skills curriculum	Curriculum content	Gender focus
17. Empowerment and Livelihood for Adolescents (ELA) Tanzania and Uganda Banks, 2015; Buehren, 2015; Bandiera, 2015; Bandiera, 2012	Life skills aimed to improve SRH knowledge and reduce risky behaviours, early pregnancy and transmission of STDs and HIV. Sessions focused on leadership, communication and negotiation skills, improved knowledge on rights, confidence and solidarity, as well as financial independence. Other topics covered include: (1) health-related risks facing young women (puberty, menstruation, family planning, STIs and HIV, SRH issues and rape); (2) life skills such as management, negotiation, leadership and conflict resolution; and (3) legal issues such as bride price, child marriage and VAW.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Child marriage and HTPs Leadership Motherhood Problem-solving and goal-setting Self-esteem VAWG	**Strong**
18. Enhancing financial literacy, HIV/AIDS skills, and safe social spaces among vulnerable South African youth Hallman et al., 2007	Curriculum was specially designed for the context, age and sociocultural group. Specific modules on: (1) making life and work choices; (2) collecting, recording and interpreting data; (3) personal and household financial management; (4) personal income tax and payslip education; (5) sexuality, STIs, and HIV/AIDS; and (6) awareness of household and business activities.	**Financial literacy** **Reproductive health / HIV** Problem-solving and goal-setting	**Weak**
19. Filles Éveillées Jarvis, 2012; Engebretsen 2012; Engebretsen, 2013	The curriculum for the 30 sessions was developed by Population Council staff in Burkina Faso and New York. It was based on formative research and on existing curricula used in similar programmes such as Biruh Tesfa (Ethiopia). Sessions are organised into 4 modules: life skills, financial literacy, health and hygiene, and reproductive health.	**Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Hygiene Nutrition	**Medium**
20. First Time Parents Project Santhya et al., 2008	The groups adopted a participatory learning approach on topics such as legal literacy, enhancing vocational skills, improving access to financial resources (e.g. savings and credit management), pregnancy and postpartum care, the availability of local resources (e.g. government schemes that women can access, and public amenities), spousal relationship issues, and nutrition. Groups of young women were taken on exposure visits to the village/block administrative office, bank, post office and organisations where women's groups play an active role. Group members also worked together on community development projects (e.g. paving village roads, identified as a priority for the community), celebrated common festivals and organised functions to welcome newly-married members.	**Financial literacy** **Reproductive health / HIV** Motherhood Nutrition	**Medium**

Programme	Life skills curriculum	Curriculum content	Gender focus
21. Gender Equity Movement in Schools (GEMS) Achyut, 2011; Achyut, 2016	The manual contains 3 main modules: (1) gender (understanding gender, gender division of labour, gender stereotype and patriarchy); (2) knowing yourself – changing body and hygiene; and (3) violence (GBV and cycle of violence).	**Changing gender norms** VAWG	**Strong**
22. Go Girls! Initiative Underwood et al., 2011	Curriculum includes HTPs, sexuality, gender roles and HIV/AIDS as well as building communication and negotiation skills.	**Changing gender norms** **Laws and rights** **Communication** **Reproductive health / HIV** Child marriage and HTPs	**Strong**
23. Innovation Through Sport: Promoting Leaders, Empowering Youth (ITSP-LEY) Miske and Boardman, 2011	Activities generally in 4 categories: sports, traditional games, life skills, and civic action, including a focus on communication, leadership and SRH education.	**Communication** **Reproductive health / HIV** Leadership	**Weak**
24. Ishaka Rushdy, 2012	Trained in a specific methodology known as 'Nawe Nuze' which focuses on financial literacy, SRH, human rights and life skills.	**Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV**	**Weak**
25. Ishraq Brady et al., 2007; Sieverding and Elbadawy, 2016	The Caritas 'Learn to be free' curriculum was based on Freire's pedagogy. It was participatory and involved active discussions between promoters and girls. CEDPA's New Horizons curriculum was the first in Egypt to present reproductive health information and basic life skills to young women. It included communication, team building, volunteering, negotiation, decision-making and critical thinking. The curriculum focuses on life skills and covers identity, family, and community; girls' rights and duties; reproductive health; nutrition; and the environment. The reproductive health component covers topics such as adolescence, violence, marriage, maternal health, and pregnancy. Sports and physical activity.	**Changing gender norms** **Communication** **Reproductive health / HIV** Child marriage and HTPs Motherhood Nutrition Problem-solving and goal-setting VAWG	**Strong**
26. Kishori Abhijan Amin, 2011	Save the Children Australia created the issue-based life skills curriculum and materials. The Adolescent Peer Organized Network (APON) implemented by BRAC is part of this project. APON offers adolescents life skills-based education – facilitated by peers – on reproductive health, sexual abuse, children's rights, gender, HIV/AIDS, STIs, 'eve-teasing' (verbal sexual abuse), child trafficking, substance abuse, violence, family planning, child marriage, dowry, and acid-throwing.	**Changing gender norms** **Laws and rights** **Reproductive health / HIV** Child marriage and HTPs Self-esteem VAWG	**Strong**

Programme	Life skills curriculum	Curriculum content	Gender focus
27. Kishori Mandal Kalyanwala et al., 2006	The 18-month intervention included 3 broad areas: (a) basic training for adulthood; (b) exposure to the outside world; and (c) vocational skill training. Although each mandal adopted its own timetable and pace, the first 2 components were mainly undertaken during the first 9 months and the vocational skill building component during the second 9 months; mandals continued to meet over the entire 18-month period. Basic training for adulthood; Self Employed Women's Association (SEWA) opted not to develop a special curriculum for adolescent girls but instead implemented training programmes already devised for adults. Therefore, modules were not developed to specifically suit the needs of the adolescent girls. Mandal meetings focused on topics such as the history and philosophy of SEWA, covering women's economic contribution, and physical changes during adolescence, hygiene during menstruation, family planning methods, communication, and financial literacy.	**Financial literacy** **Communication** Hygiene Self-esteem	**Medium**
28. Learning Games for Adolescent Girls and Their Mothers Gray and Chanani, 2010; Spielberg, 2010	Freedom from Hunger developed an education curriculum for adolescent girls called Learning Games for Adolescent Girls and Their Mothers, aiming to improve their health and financial status. The first set of games consists of 10 30-minute sessions. An introductory session provides an overview of the entire module that encourages exchange among mothers and daughters ('Getting to know each other'). 4 sessions focus on financial education (saving, bargaining, prioritising spending, and developing a savings plan). The other 5 sessions focus on health topics such as prevention and treatment of diarrhoea, nutrition, SRH and HIV/AIDS.	**Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Hygiene Nutrition	**Weak**
29. MEMA kwa Vijana Anon, 2008; Doyle et al., 2011; Hayes et al., 2005; Plummer et al., 2007; Ross et al., 2007	Aimed to equip youth with information about adolescent SRH and get them to think about the consequences of their sexual behaviours. The programme title reflects its rationale: MEMA kwa Vijana means 'Good Things (MEMA) for Young People'. Issues addressed include puberty, HIV/AIDS, STIs, gender equality, life skills, saying no to sex, and negotiating safer sex. Curriculum design was based on the principles of social learning theory, aiming to: (1) provide basic knowledge of SRH; (2) improve students' perceptions of their own risk; (3) encourage students to adopt safer sexual behaviours; (4) provide students with sexual negotiation skills; and (5) discuss and challenge commonly held gender stereotypes (e.g. the widely held belief that girls cannot refuse sex if they have received a gift, or if they are approached by a teacher or older member of the community).	**Changing gender norms** **Reproductive health / HIV** VAWG	**Strong**
30. Meseret Hiwott (Amharic for 'Base of Life') Erulkar and Tamrat, 2014	Formed into groups, girls receive a 32-hour curriculum that covers topics such as communication and self-esteem, STIs and HIV/AIDs, VCT, ART, reproductive health, menstruation management, family planning and safe motherhood. Shortly after the groups for girls began (end of 2008), men in the project communities requested a programme of their own. Addis Birhan (Amharic for 'New Light') was designed.	**Communication** **Reproductive health / HIV** Hygiene Motherhood Self-esteem	**Medium**

Programme	Life skills curriculum	Curriculum content	Gender focus
31. Moving the Goalposts Woodcock, 2012	Uses football and peer groups to teach at-risk girls life skills that include leadership, confidence, communication and self-esteem in Kilifi (Kenya). The programme provides scholarships to girls unlikely to attend or complete school, in early marriages, or to girls with HIV or orphaned by AIDS.	**Communication** **Reproductive health / HIV** Child marriage and HTPs Leadership Self-esteem	**Medium**
32. Planning Ahead for Girls' Empowerment and Employability (PAGE) Nanda et al., 2017	The PAGE curriculum, delivered in school settings, employed a participatory pedagogy built on the idea of safe spaces for girls. Curriculum is divided into 2 components, each with 2 modules. The first focuses on empowerment and comprises modules on 'self' and 'efficacy'; the second, employability, comprises modules on 'resourcefulness' and 'employability'. The first module on 'self' introduced girls to concepts of self-identity, gender, power, patriarchy and body image. The second module included sessions on communication, problem-solving, goal-setting and developing leadership skills to build confidence. The employability component focused on helping girls acquire the skills and confidence to be able to take concrete step towards their future. The module on 'resourcefulness' introduced girls to the world of work and financial literacy. The fourth and final module, 'employability', involved doing a skill-mapping exercise to identify the areas of work they might be interested in pursuing.	**Changing gender norms** **Financial literacy** **Laws and rights** **Communication** **Reproductive health / HIV** Leadership Problem-solving and goal-setting Self-esteem	**Strong**
33. Peer Education Programme, Nepal Posner, 2009	The curriculum, an adaptation of CEDPA's Choose a Future, employed participatory discussion groups with sessions on career and educational goals, self-awareness, self-esteem, communication skills, marriage and parenthood, gender relations and women's rights, peer pressure, maturation, HIV/AIDS and reproductive health.	**Changing gender norms** **Laws and rights** **Communication** **Reproductive health / HIV** Motherhood Problem-solving and goal-setting Self-esteem	**Strong**
34. Power to Lead Alliance Miske and Boardman, 2011b	Activities ranged from music, art, and drama, to debate, health, and sports and included participation in youth councils, parliaments, or boards; life skills groups; academic clubs; scouts; awareness campaigns; environment work; and classroom support. Strong programmatic emphasis on leadership and communication skills as vital to empowering girls. Girls developed social networks naturally through the group nature of these activities. Girls clearly felt safe within these environments, as evidenced by their high levels of engagement.	**Communication** Hygiene Leadership Nutrition	**Weak**
35. Growing Up Safe and Healthy (SAFE) Naved and Amin, 2014	Prevention messages focused on bodily integrity, intimate decision-making, choice and consent. Offered a comprehensive package of skills and services through one-stop service centres near slums. Aimed to enhance access to available remedies and related referrals through implementation of the Domestic Violence (Prevention and Protection) Act 2010.	**Reproductive health / HIV** Child marriage and HTPs VAWG	**Medium**

Programme	Life skills curriculum	Curriculum content	Gender focus
36. Safe and Smart Savings Products for Vulnerable Adolescent Girls Austrian and Muthengi, 2013; Austrian and Muthengi, 2014	Combined weekly group meetings facilitated by a female mentor with education on finances, health and life skills, and formal individual savings accounts. Health education component is based on Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum, which has 30 sessions on a range of topics including: puberty, reproduction, family planning, HIV/AIDS and other STIs, drug abuse, communication, sexual feelings, self-efficacy, GBV and peer pressure.	**Financial literacy** **Communication** **Reproductive health / HIV** Self-esteem VAWG	**Medium**
37. Savings Innovation and Expansion for Adolescent Girls Tower and McGuinness, 2011	Primarily a financial education curriculum with some focus on communication and education.	**Financial literacy** **Communication**	**Weak**
38. SHAZ! Dunbar et al., 2014	Life skills curriculum drew on Stepping Stones and CDC-Zimbabwe Talk Time, developed with input from the target population. Comprised 14 modules delivered to groups of 25 girls over 4–6 weeks on: HIV/STIs and reproductive health; relationship negotiation; strategies to avoid violence; and identification of safe and risky places in the community. Participants also attended a 6-week, home-based care training conducted by Red Cross Zimbabwe to learn how to care for people living with HIV.	**Reproductive health / HIV** VAWG	**Medium**
39. Step Change Window (SCW) project Camfed, 2016	Curriculum aimed to develop broad life skills and competencies to better prepare adolescent girls for the critical transition from school to a secure and productive young adulthood. My Better World Curriculum promoted awareness of student rights and life skills, helping students to build self-knowledge, discover their talents, build resilience, select role models, set goals and learn how to achieve them.	**Communication** Problem-solving and goal-setting Self-esteem	**Medium**
40. Stop Violence Against Girls in School (SVAGS) Parkes and Heslop, 2013	Outreach work to encourage children who have dropped out of school to return. Included community-level debates and discussions; training for community leaders and local administrative and religious authorities; training for adult club mentors and club members; training for teachers and teacher trainers; radio and TV programmes/debates/documentaries; community theatre; school clubs; exchange visits between clubs; opportunities for girls to meet with decision-makers at local, district and national levels; partnerships with and training for the media; partnership with networks and coalitions to lobby government for policy and legal change; working with teachers' unions to change policy. Religious and community leaders, parents, and community organisations (among others) were engaged in sensitisation training and broader discussions about gender, different types of violence, and girls' education.	**Changing gender norms** Leadership VAWG	**Strong**

Programme	Life skills curriculum	Curriculum content	Gender focus
41. Tap and Reposition Youth (TRY) Erulkar and Chong 2005; Erulkar et al., 2006	Integrated programme combining savings, micro-credit, training in business and life skills, and mentoring by adults in the community.	**Financial literacy** **Laws and rights** **Communication**	**Medium**
42. Transforming Education for Girls in Nigeria and Tanzania (TEGINT) Mascarenhas, 2012; Para-Mallam, 2012	5 key approaches (1) establishing girls' clubs to empower girls (and boys) with understanding about gender and education rights and provide girls with information, confidence and skills to challenge in-school and out-of-school obstacles to their schooling; (2) in-school teacher training to more than 1,300 teachers to improve the quality of teaching and learning; (3) capacity-building for primary school management committees and community structures including traditional leaders, delivering training on education rights, gender, HIV/AIDS, budget tracking, and school governance to enhance parents, managers and community members' commitment to girls' education; (4) promoting legal and policy frameworks for girls' education, engaging with local government officials on teacher qualifications, deployment and support (especially for female teachers in rural areas), and working with national education organisations on policy issues; (5) partner institutional capacity-building, working with Maarifa ni Ufunguo to become a leading authority on education and gender.	**Changing gender norms** **Communication** Self-esteem VAWG	**Strong**
43. TUSEME Mhando et al., 2015	(1) Training in life skills for action: enabling students to acquire skills to empower them to deal with gender-based obstacles to their education and self-development. Includes building self-confidence and esteem, speaking out, decision-making, assertiveness, negotiation, leadership and self-control. (2) Taking action to solve problems: in this stage, students are equipped with strategies to solve problems they identify, learning how to engage and convince school administration, teachers, other students and community members to take action to improve the social and academic situation at schools.	**Changing gender norms** **Laws and rights** **Communication** **Reproductive health / HIV** Leadership Problem-solving and goal-setting VAWG	**Strong**
44. Wezesha Vijana – Girls' Advancement Wamukuru and Orton, no date	Incorporates life skills sessions on health and hygiene topics with fundamental sanitation needs. Wezesha Vijana uniquely targets girls through tailored workshops that educate and empower girls, and aims to improve their attendance and retention in school. It focuses on a range of topics including gender norms and discrimination.	**Changing gender norms** **Communication** Hygiene	**Strong**

Annex 3: Methodology

This annex outlines the key search and screening tools used.

A3.1 Academic database search strategy*

Base strategy		
Search #	Search syntax	Fields
Topical terms		
We included terms related to meeting spaces for young people, such as group, club, after-school, and extracurricular. We combined these terms with empowerment terms such as skill, sport, self-confidence and train.		
We exclude terms related to particular interventions or outcomes (such as sexual and reproductive health terms) due to the vast number of results it would yield that are unrelated to the topic of group-based interventions we are interested in.		
We tested each individual term on its own and in combination with other terms extensively until we reached the final results below. We added proximity terms (such as space N3 safe) when necessary in order to narrow the results down and to enhance accuracy.		
Club terms		
1	club and (empower* or skill or sport* or awareness or «self-confidence» or «self-esteem»)	ti OR ab or KW
After-school terms		
2	(afterschool or «after school») AND (empower* or skill or (skill N2 life) or train* or sport* or «self-confidence» or «self-esteem»)	ti OR ab or KW
Safe space terms		
3	(space N3 safe) AND (empower* or «rights» or sport* or train* or (skill N2 life)	ti OR ab or KW
Group terms		
4	group AND (empower* or skill or (skill N2 life) or sport* or train* or «self-confidence» or «self-esteem»)	ti OR ab or KW
Extracurricular terms		
5	(extracurricular or «extra-curricular) AND (empower* or «rights» or (skill N2 life) or sport* or «self-esteem» or «self-confidence»)	ti OR ab or KW
Other terms		
6	empower* and sport*	ti OR ab or KW
7	«social space»	ti OR ab or KW
Combine topical terms		
8	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7	
Population terms		
The population terms have been tested by 3ie on numerous occasions, most recently, this past month for an in-house evidence gap map.		
9	(«adolescen*» or juvenile or minors or youth or «young adult» or «young women» or girl* or (school N6 student*) or child* or teen* or schoolgirl*)	ti OR ab OR kw
Population and topical terms combined		
10	8 AND 9	ti OR ab OR kw

* This strategy was prepared by 3ie, whose inputs are gratefully acknowledged.

Base strategy		
Search #	Search syntax	Fields
Impact evaluation terms		
The impact evaluation terms have been tested by 3ie on numerous occasions, most recently, this past month for an in-house evidence gap map.		
11	(((match* N3 (propensity or coarsened or covariate)) or «propensity score» or («difference in difference*» or «difference-in-difference*» or «differences in difference*» or «differences-in-difference*» or «double difference*») or («quasi-experimental» or «quasi experimental» or «quasi-experiment» or «quasi experiment») or ((estimator or counterfactual) and evaluation*) or («instrumental variable*» or (IV N2 (estimation or approach))) or «regression discontinuity»))	ti OR ab OR kw
12	(((experiment or experimental) N2 (design or study or research or evaluation or evidence)) or (random* N4 (trial or assignment or treatment or control or intervention* or allocat*)))	ti OR ab OR kw
13	«Randomized Controlled Trials» or «econometric models» or «experimental design»	ti OR ab OR kw
14	11 OR 12 OR 13	
Programme evaluation terms		
The programme evaluation terms have been tested by 3ie on numerous occasions, most recently, this past month for an in-house evidence gap map.		
15	«program evaluation»	ti OR ab OR kw
16	((impact N2 (evaluat* or assess* or analy* or estimat* or measure)) or (effectiveness N2 (evaluat* or assess* or analy* or estimat* or measure))	ti OR ab OR kw
17	(«program* evaluation» or «project evaluation» or «evaluation research» or «natural experiment*»)	ti OR ab OR kw
18	15 OR 16 OR 17	
Systematic review terms		
The systematic review terms have been tested by 3ie on numerous occasions, most recently, this past month for an in-house evidence gap map.		
19	((systematic* N2 review*) or «meta-analy*» or «meta analy*»)	ti OR ab OR kw
Evaluation terms combined		
20	14 OR 18 OR 19	
Country terms		
The country terms have been tested by 3ie on numerous occasions, most recently, this past month for an in-house evidence gap map.		
21	(Africa or «Sub Saharan Africa» or «North Africa» or «West Africa» or «East Africa» or Algeria or Angola or Benin or Botswana or Burkina Faso or Burundi or Cameroon or «Cape Verde» or «Central African Republic» or Chad or «Democratic Republic of the Congo» or «Republic of the Congo» or Congo or «Côte d'Ivoire» or «Ivory Coast» or Djibouti or Egypt or «Equatorial Guinea» or Eritrea or Ethiopia or Gabon or Gambia or Ghana or Guinea or Guinea-Bissau or Kenya or Lesotho or Liberia or Libya or Madagascar or Malawi or Mali or Mauritania or Morocco or Mozambique or Namibia or Niger or Nigeria or Rwanda or «Sao Tome» or Principe or Senegal or «Sierra Leone» or Somalia or Somaliland or «South Africa» or «South Sudan» or Sudan or Swaziland or Tanzania or Togo or Tunisia or Uganda or Zambia or Zimbabwe)	TI or AB or KW
22	(«South America» or «Latin America» or «Central America» or Mexico or Argentina or Bolivia or Brazil or Chile or Colombia or Ecuador or Guyana or Paraguay or Peru or Suriname or Uruguay or Venezuela or Belize or «Costa Rica» or «El Salvador» or Guatemala or Honduras or Nicaragua or Panama)	TI or AB or KW
23	(Caribbean or «Antigua and Barbuda» or Aruba or Barbados or Cuba or Dominica or «Dominican Republic» or Grenada or Haiti or Jamaica or «Puerto Rico» or «St. Kitts and Nevis» or «Saint Kitts and Nevis» or «St. Lucia» or «Saint Lucia» or «St. Vincent and the Grenadines» or «Saint Vincent and the Grenadines» or «St. Vincent» or «Saint Vincent» or «Trinidad and Tobago»)	TI or AB or KW

Base strategy		
Search #	Search syntax	Fields
24	(«Eastern Europe» or Balkans or Albania or Armenia or Belarus or Bosnia or Herzegovina or Bulgaria or Croatia or Cyprus or «Czech Republic» or Estonia or Greece or Hungary or «Isle of Man» or Kosovo or Latvia or Lithuania or Macedonia or Malta or Moldova or Montenegro or Poland or Portugal or Romania or Serbia or «Slovak Republic» or Slovakia or Slovenia or Ukraine)	TI or AB or KW
25	(«Middle East» or «Southeast Asia» or «Indian Ocean Island*» or «South Asia» or «Central Asia» or Caucasus or Afghanistan or Azerbaijan or Bangladesh or Bhutan or Burma or Cambodia or China or Georgia or India or Iran or Iraq or Jordan or Kazakhstan or Korea or «Kyrgyz Republic» or Kyrgyzstan or Lao or Laos or Lebanon or Macao or Mongolia or Myanmar or Nepal or Oman or Pakistan or Russia or «Russian Federation» or «Saudi Arabia» or Bahrain or Indonesia or Malaysia or Philippines or Sri Lanka or Syria or «Syrian Arab Republic» or Tajikistan or Thailand or Timor-Leste or Timor or Turkey or Turkmenistan or Uzbekistan or Vietnam or «West Bank» or Gaza or Yemen or Comoros or Maldives or Mauritius or Seychelles)	TI or AB or KW
26	(«Pacific Islands» or «American Samoa» or Fiji or Guam or Kiribati or «Marshall Islands» or Micronesia or New Caledonia or «Northern Mariana Islands» or Palau or «Papua New Guinea» or Samoa or «Solomon Islands» or Tonga or Tuvalu or Vanuatu)	TI or AB or KW
27	(developing or less-developed or less* developed or «under developed» or underdeveloped or under-developed or middle-income or «middle income» or «low income» or low-income or underserved or «under-served» or deprived or poor*) N3 (countr* or nation or population or world or state or economy or economies)	TI or AB or KW
28	(«third world» or LMIC or L&MIC or LAMIC or LDC or LIC or lami countr* or transitional countr*)	TI or AB or KW
29	21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28	
Geography and evaluation terms combined		
30	20 AND 29	
All terms combined		
30	10 AND 30	
Limits	English, Academic journals	

A3.2 Girls' empowerment interventions: gap map screening protocol

This protocol was used to screen studies during the database search and initial search period. Some studies may be included that did not meet all these criteria, particularly those that were added later because they added information or insights around a particular programme.

Instructions

Proceed through the questions in order. Note that an "unclear" answer never excludes a study. The questions are designed to be as objective as possible. The questions are meant to start with those easier to ascertain and progress to those that will be harder to answer based on a quick read. The screener should feel confident of any "yes" or "no" answer used to exclude a study.

	Screening questions	No	Yes	Unclear
	Title [Exclusionary questions]			
Data	1. Was the study published in the year 1995 or after?			
	IF NO, THEN EXCLUDE			
Geography	2. Is the study focused in a country or countries classified as low- or middle-income at the time of publication by the World Bank?			
	IF NO, THEN EXCLUDE			
Methods	3. Are data being analysed using quantitative methods?			
	IF NO, THEN SAVE SEPARATELY			
Program	4. Does the study concern a policy, programme or intervention?			
	IF NO, THEN EXCLUDE			
Publication type	5. Is the study a published journal article, working paper, or report? Is it a PhD thesis or soon-to-be published paper?			
	IF NO, THEN EXCLUDE			
	6. Is this a biomedical trial of a product, medication or procedure?			
	IF YES, THEN EXCLUDE			
Population	7. Is the study clearly focused ONLY on girls under the age of 10 or women over the age of 19? *(i.e. if the study title indicates target population is "adult women" or infants)*			
	If YES, THEN EXCLUDE			
Topical	8. Does the study clearly NOT refer to group-based activities with girls/ young people?			
	If YES, THEN EXCLUDE			
	Title and abstract [More detailed exclusionary questions]			
	Repeat questions 1 – 8.			
	9. Does the study include adolescents (aged 10-19)? At this level, if the given age range is 18-24, for example, include.			
	IF NO, THEN EXCLUDE			
	10. Does the study evaluate a policy, program or intervention that is concerned with explicit empowerment activities? (At this stage, include even if there are components aiming to achieve this, even if this is not central aim of intervention)			
	11. IF NO, EXCLUDE			
	IF YES, THEN EXCLUDE			
	IF NO, THEN EXCLUDE			
	12. Are the methods clearly identified?			
	Repeat questions 1-12.			
	13. Are the evaluated interventions focused on group-based programmes that contribute to girls' empowerment?			
	14. IF NO, THEN EXCLUDE			

15. Does the study measure effect sizes for girls' empowerment outcomes? These could include any of: • changes in key life skills knowledge (e.g. legal rights, bodies/ SRH, sources of support, handling money) • changes in self-confidence • changes in communications skills (or perception of own communication skills, including ability to negotiate) • changes in girls' aspirations • changes in ability to take action (individually or collectively) • experience of leadership • contextually relevant measures of empowerment (e.g. ability to refuse unwanted sex, to negotiate over contraception/ fertility, concerning marriage, school attendance, share of housework, etc.) • educational achievement (including literacy, numeracy, and other measures)			
IF NO, THEN EXCLUDE			
16. As far as is possible to tell, do more than half of those sampled for the study fall between the ages of 10-19? EITHER: • More than 50% of the overall initial sample size falls into this age range (where sample size distribution by age is given) OR • If the above is not provided, more than half of the expressed age range falls within adolescent ages (i.e. 18-21 age range means only half falls within our adolescent age range and therefore would be excluded).			
IF NO, EXCLUDE			
17. If this is a mixed programme, does the analysis distinguish between impacts on boys and girls?			
IF NO, THEN EXCLUDE			
18. Does the study use one of the following impact evaluation methodologies: a) Randomized Controlled Trial (RCT). b) Regression Discontinuity Design (RDD). c) Propensity Score Matching (PSM) or other matching methods (as well as synthetic controls). d) Instrumental Variable (IV) estimation (or other methods using an instrumental variable such as the Heckman Two Step approach). e) Difference-in-Differences (DD), or a fixed or random effects model with an interaction term between time and intervention for baseline and follow-up observations. *Note: The study may also use methods in addition to those listed here (such as regression with controls), or may use a primary evaluation methodology not listed (such as in a natural experiment), but must do so in addition to one of the above methods (a-e).*			
IF NO AND NOT A REVIEW, CODE AS 'RELEVANT BUT FAILS METHODOLOGICAL CRITERIA' IF STUDY IS A REVIEW, SKIP TO #18			
19. Does the study have a sample size of at least 50 people per treatment group for RCTs and at least 100 per treatment/ control group for quasi-experimental methods at baseline?			
IF NO, EXCLUDE			
20. Is the study described as a systematic review, synthetic review, and/or meta-analysis? If yes, does the review: a) Include effectiveness studies* undertaken in L&MIC countries b) Describe methods used for search, screening, data collection, and synthesis c) Concern questions other than those related to treatment efficacy (trials undertaken in closed clinical or laboratory settings) d) Have a publication date of 2000 or later?			
IF NO, EXCLUDE			

* Typically, efficacy studies examine treatment outcomes under highly controlled conditions. Effectiveness studies go beyond laboratory trials and examine interventions in real-world settings.

A3.3 Hand-search list

This list outlines websites that were hand-searched.

3ie website
Africa Gender Innovation Lab
African Development Bank Evaluations
ALNAP
American Economic Association RCT Registry (AEA)
Asian Development Bank Evaluations
Australian ODA Evaluations
BRAC - research hub
Care evaluation Database
DAC Evaluation Database
Development Banks
Eldis
EU Aid
Gates Foundation
Girl Hub/ Nike Foundation
ICRW
Independent Evaluation Group
Inter-American Development Bank
IPA
Japanese ODA Evaluations
JPAL/ Innovations for Population Action
MSI
NORAD
Plan International/Canada and UK
Population Council
R4D - DFID publication hub
Registry of International Development Impact Evaluations (RIDIE)
Save the Children Resource Centre
SIEF (education evaluations)
SSRN
UN Women Evaluation Database
UNICEF evaluation database
USAID Development Experience Clearing House
World Bank DIME
World Bank enGENDER
Youth Employment Inventory

A3.4 Interventions included

This table was used to identify the types of interventions to be included and excluded in the review.

Include	Exclude
Core programmes – definitions and descriptions	
Girls'/ adolescent clubs delivering life skills education with a gender focus (typically SRH, legal rights, child marriage, VAWG). These typically cover issues such as changing bodies and reproduction, safe sex (including protection from pregnancy, HIV and other STDs), safe childbirth (including delaying age of first birth, child spacing, attended deliveries), sometimes other health issues, gender equality issues, women's rights, children's rights, specific rights, e.g., related to sexual violence, age of marriage, forced marriage, and what to do in specific situations (e.g., which local officials can help, helplines)	Include after-school clubs
Girls'/ adolescent clubs providing training in communication skills e.g. negotiation skills, problem-solving, leadership. These are sometimes one-off courses but more often are integrated with broader life skills programmes. SRH programmes may help girls develop negotiation skills generally and around sex.	
Girls' / adolescent clubs providing 'catch-up' basic skills, e.g., literacy, numeracy. Given that significant numbers of out-of-school girls have not developed basic literacy or numeracy skills, some clubs / groups targeting out-of-school girls provide education in these areas. Sometimes these are integrated with formal school curricula or sometimes providing alternative basic education these may and enable girls to get specific qualifications (e.g. primary school completion certificates) or to enable girls to (re-)enter the formal school system. In-school girls may benefit from in-school clubs that provide additional educational support or support with homework. These programmes integrate numeracy, literacy and life skills education.	
Girls'/ adolescent clubs providing training in vocational skills (could be on site or through tie-up with training provider). Some programmes provide vocational skills and support for income-generating activities as a 'sweetener' – to encourage parents to send their daughters, and to encourage girls who want to learn specific skills (e.g. computing, English); the programme objectives are typically broader than the vocational skills or income generating component, and economic skills are understood as one element of a multidimensional empowerment process. In other types of programmes, vocational skills training is the primary focus and the emphasis is on 'economic empowerment', but there are additional training components on gender equality, legal rights, SRH, etc.	Evaluations of training programmes that are not tied in with clubs/ life skills programmes
Girls' / adolescent clubs/ programmes providing financial literacy education. Curricula typically include saving, setting up and managing a bank/ credit union savings account, sources of credit, understanding interest. In practice, programmes offering this kind of education often either help girls set up savings accounts or offer savings facilities. Some programmes offer credit to older girls or business start-up grants (in cash or kind).	Savings/ credit programmes without financial literacy or life skills components; programmes aimed at adolescents that don't use work through groups
Additional programme elements Some of the following activities form part of girls'/ youth development programmes that are based around group-based, non-formal education/ empowerment.	
Sports programmes. These are motivated by a range of objectives – giving girls opportunities to exercise and physically active, to build self-esteem, to build cooperation, to have fun, to challenge gender norms about appropriate activities for girls, particularly outdoors in public space. There may be a few life skills programmes with very specific sports activities combined (e.g. swimming components for survival in countries such as Bangladesh). Self-defence. There are a few examples (e.g. BRAC) of self-defence components being integrated into broader life skills curricula/ girls' clubs' activities. Games. Some clubs offer structured games as ice-breakers, to make attending the club an enjoyable experience or to facilitate learning. Others have less structure and enable girls to play games as part of socialising and relaxing. Role-playing and drama. Some girls' clubs involve role-playing or drama as a means of practising communication skills, or for fun. Others use drama/ skits as a way of communicating new ideas (often about gender equality) to the community.	Interventions as part of mainstream curriculum

Radio/ TV/ other media to reinforce life skills education – either targeted at participants or at community more broadly.	Media not tied in with clubs/ life skills programmes
Conditional cash transfer (CCT)/ in-kind incentive e.g. livestock, cooking oil conditional on staying unmarried or in school as in Berhane Hewan (Ethiopia) or Kishori Kontha (Bangladesh) for girls who participate in group-based initiatives.	CCTs / in-kind transfers that are not delivered alongside girls'/ adolescent club programmes
Unconditional incentive e.g. uniform grant, stipend provided to girls' club participants	Uniform grants that are not delivered as add-ons to girls'/ adolescent club programmes
Additional elements aimed at other stakeholders	
Outreach activities focusing on parents, husbands (married girls), brothers, grandparents, in-laws, religious leaders, broader community. Typically take the form of short courses or community dialogues that aim to change attitudes and norms and practices (e.g. on early marriage, violence, FGM, sending girls to school, treating girls and boys equally). Attitude change activities are often integrated with components that provide information on the law, the negative health consequences of specific practices or the benefits of adopting new practices.	General community dialogue/ awareness raising/ training programmes on gender / girls' rights/ children's rights that are not tied in with girls' / adolescent club programmes
Outreach to/ training of service providers. Again, typically provided through short courses, these aim to provide teachers, health workers, government officials and others with up-to-date knowledge of the law or policy or to change attitudes so that they behave in gender-egalitarian ways. These are often additional components of larger programmes featuring girls' clubs, community dialogue and other development activities.	
Economic strengthening activities with parents (e.g. savings, credit, asset building, improving agriculture) aimed at alleviating poverty and thus increasing girls' opportunities/ reducing economic bases of discrimination.	Any activities that are not tied in with/ delivered alongside girls' / adolescent clubs

A3.5 Empowerment outcomes framework

This table outlines the outcomes and possible indicators to be included.

Category	Outcome	Definition/ explanation	Example indicators
Intermediate outcomes	Changing gender attitudes and norms	Attitudes are individually held beliefs/ perceptions, in this case regarding gender. Gender norms reflect perceptions of what others believe to be typical or appropriate behaviour. Most studies measure attitudes rather than norms; changing attitudes give a window on changing norms	Agreement with various locally relevant statements concerning gender equality (e.g. intrinsic worth of males and females, attitudes to girls' education, mobility, women working, attitudes to VAWG, child marriage, FGM/C as appropriate)
	Change in access to information/ technology	We are interested in change in access to sources of information (e.g. newspapers, radio, computers, mobile phones) resulting from programme activities (not from broader trends in the environment) Evidence of impact on girls' ability to use different technologies will be recorded with skills/ knowledge	% of girls having access to newspaper/ radio/ TV/ phone/ computer % of girls using any of the above during a defined period
	Protection from harm (e.g. intimate partner violence (IPV), corporal punishment, sexual harassment, abuse or other forms of violence, child marriage, FGM/C, trafficking, etc)	We are interested in attitudes towards specific harmful practices, and changes in girls' experience of these practices. We are also interested in changes in the knowledge and willingness of girls and others to take action if any of these practices are occurring.	Reported incidence of specific practices (e.g. IPV, corporal punishment, FGM, marriage by abduction, etc) Age at marriage Knowledge of law Awareness of/ use of sources of help (e.g. officials, teachers, helplines) Girls' / others' willingness to take action if they or peers are at risk of harmful practice
Girls capability outcomes	Girls' time use	We are interested in whether programmes have had any effects on the distribution of girls' time (e.g. time spent on studying, doing household chores, doing farm work or other income generating work), leisure time	Hours per day spent on different activities
	Girls' mobility	We are interested in whether programmes have had any impact on attitudes about girls' mobility in their communities or outside, the kinds of places they need permission to go to, and whether girls' actual mobility has changed as a result of these programmes	Places girls can go without permission Attitudes towards girls' mobility
	Education, skills and knowledge	We are interested in impacts on girls' enrolment in/ attendance at primary or secondary school, whether formal or non-formal, and for older girls, post-school education. We are also interested in learning outcomes (e.g. numeracy, literacy, competence in national language, etc.) and in skills/ knowledge acquired through clubs	School enrolment, school attendance (at different levels); test scores, % passing key assessments/ obtaining key certificates, self-reported skills (e.g. language, computing, vocational skills)
	Changes in economic well-being	We are interested in impacts on girls' economic well-being and where relevant, in programmes that work with families alongside girls, the well-being of their families. In terms of girls' economic well-being, we are interested in their assets (e.g. savings), income-generating activities, financial contributions to their households; in terms of families, we are interested in whether any economic strengthening components carried out with families have affected girls' opportunities (this is likely to come primarily from qualitative research)	Reported savings, reported economic well-being, reported business success/ failure, having a bank account Knowledge about savings, credit etc. Family income/ consumption measures

Girls capability outcomes	Changes in physical health or nutrition	We are interested in whether programmes have helped girls gain knowledge about health, have increased their access to nutritious food or health care, and/or have contributed to improvements in health status. Given the nature of the programmes we're looking at, changes in knowledge are most likely	Anthropometric measures Self-reported access to food Self-reported health status Self-reported access to health services Hygiene or other health knowledge (as measured by surveys)
	Changes in sexual and reproductive health	We are interested in whether programmes have helped girls understand SRH issues (e.g. knowledge/ understanding of how bodies work, safe sex). We are also interested in whether programmes have helped girls negotiate about/ within intimate relationships (e.g. whether or not they want a relationship, concerning sex, use of contraception). Given the kinds of programmes we are looking at, it is unlikely that evaluations will be measuring other issues, but we will include other indicators as relevant	Knowledge of reproductive health, safe sex, child spacing (as relevant) Reported use of contraception, pregnancy Age at first birth Reported engagement in transactional sex Incidence of STIs among adolescent girls (e.g. HIV/AIDS or other as appropriate) (unlikely to be measured in evaluations of this kind of programme)
	Changes in psychosocial well-being	We are interested in standard measures of psychological well-being, self-confidence/ self-efficacy and in the more 'social' element – development of friendship/ social support networks	Indicators of psychological well-being/ill-being such as anxiety, depression (using standard assessment tools) Indicators of self-esteem, self-confidence, self-efficacy (using standard assessment tools) Indicators of social support networks (e.g. numbers of friends or strength of friendship networks, numbers of people they can turn to for advice)
	Changes in voice	GAGE is defining voice as the capacity to express one's views, particularly on decisions that affect one's life. It involves self-confidence, an ability to reflect on and formulate one's own views, and an audience who are willing to listen.	Perceived ability to have a say on issues such as: - timing of marriage - choice of partner - schooling and time for homework - allocation of household chores - equal treatment within household - whether to have sex, use of contraception, reproductive decisions Reported influence on decisions about any of the above Expressed self-confidence to speak up in front of family members, in-laws, in class, in community groups, to perform in public Indicators of collective empowerment (e.g. taking action together on proposed marriage, incidence of abuse, engagement in civic or political action)
	Other outcomes	There are likely to be other outcomes measured in the evaluations that we examine - we will assess these for relevance and code these accordingly.	

A3.6 EPPI-reviewer coding framework

Type of paper

- Systematic review?
- Ongoing programme or protocol
- Evaluation or research study

Participants

Participant group (age)

- 10-14 years
  - 10
  - 11
  - 12
  - 13
  - 14
  - Exact age unclear 10-14
- 15-19 or beyond
  - 15
  - 16
  - 17
  - 18
  - 19
  - Exact age unclear 15-19
- Not given
- Includes younger girls (-9)
- Includes women aged 20+
- Age groups
  - 10-12
  - 13-15
  - 16-19

Participant group (gender)

- Girls only
- Girls and boys together
- Girls and boys separately
- Not clear

Marginalised groups/ targeted groups

- Married girls
- Domestic workers
- Very poor
- Ethnic/ religious minority
- Marginalised caste
- Lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI)
- Disability
- None/ not specified
- Out-of-school girls
- Rural
- Urban
- Unmarried girls
- Recent migrant
- Lacking supportive social networks/ orphans
- Affected by conflict

Programme location

Region

- Africa
- East Asia and Pacific
- Europe and Central Asia
- Latin America and Caribbean
- Middle East and North Africa
- South Asia

Country

- India
- Thailand
- Zambia
- Uganda
- Iran
- Turkey
- Ethiopia
- Kenya
- South Africa
- Tanzania
- Egypt
- Bangladesh
- Mongolia
- Botswana
- Malawi
- Mozambique
- Nepal
- Swaziland
- Honduras
- Yemen
- Nigeria
- Rwanda
- Zimbabwe
- Mexico

- Ghana
- Burkina Faso
- Burundi
- DRC

Programme details

What type of programme is it?

- School life skills teaching
- After-school club/programme on school premises
- Community-based club
- Other

Duration of life skills programme/club membership

- Fewer than five sessions
- 5-10 sessions
- 10-20 sessions
- Over 20 sessions
- Unlimited/unspecified

Duration of each session

- 2 hours or less
- More than 2 hours, less than full day
- Full day
- Not specified

Overall length of participation

- 3 months or less
- 3-6 months
- 6 months - 1 year
- 1-2 years
- Over 2 years/ open-ended
- Not specified

Teaching methodology

- Discussion
- Role play/drama
- Video, radio, TV material
- Print materials
- Computer or phone-based learning
- Lecture
- Workshops
- Games
- Not clear

Additional components with adolescent boys

- No
- Yes

Additional component with adults

- No
- Yes
  - What
  - Community events
  - Teacher training
  - Teachers were trained to deliver the intervention
  - Advocacy and work with policy-makers
  - Home visits
  - Information dissemination
  - To wider community
  - Economic strengthening
  - Awareness raising
  - With specific stakeholders such as teachers or religious leaders
  - Community dialogue
  - Discussions that are public and open to anyone
  - Group-based teaching
  - Teaching in groups for selected stakeholders
  - Outreach - explaining programme
  - With whom?
  - Mothers
  - Fathers
  - Husbands/partners
  - Brothers
  - Government officials
  - Young men
  - Service providers
  - Teachers
  - Religious leaders
  - Adult women
  - Community leaders
  - Employers
  - Other relatives
  - Not specified

Delivered by

- Teacher
- Peer
- Trained facilitator/ mentor
- Not specified

Insights on quality of facilitation

Facilitator requirements

- Age
- Education
- N/a

Facilitator training duration

- 1 week or less
- Over 2 weeks
- In-service refresher training
- 1-2 weeks
- N/A

Do girls pay to participate?

- Yes - state amount in info box
- No

Do girls receive incentive to participate?

- Yes they receive incentive
- No incentive

Programme activities

Programme focus

- Financial literacy
- Reproductive health/HIV knowledge, attitudes, practices
- Changing gender norms and attitudes
- Knowledge of laws or rights
- Communication skills
- Vocational skills
- Space to relax, socialise and build social networks
- Catch-up education (literacy and numeracy)
- Sport
- Savings or loans
- Debating or public speaking
- Youth-friendly services
- Stipends or incentives
- Training peer educators
- Political / civic engagement

Gender focus of curriculum

- Strong
- Medium
- Low

Outcomes

- (record positive change, no change or negative change for each)

Social and psychological empowerment

- Changes in self-confidence
- Changes in girls' aspirations
- Changes in ability to take action / self-efficacy
- Social relationships
- Family relationships
- Experience of leadership/ leadership skills
- Civic/ political engagement

Changes in knowledge

- Knowledge of law
- Knowledge of rights
- Knowledge of available services
- Around SRH
- Finance

Changes in attitudes

- Changes in girls' gender norms/attitudes
- Changes in others' attitudes towards girls
- Changes in mobility
- Freedom of movement
- Changes in attitudes towards child marriage/ age at marriage
- Attitude towards violence
- Change in attitude towards FGM
- Changes in attitudes division of domestic/care work

Changes in practices

- Changes in age at marriage or rate of child marriage
- Changes in FGM/C
- Changes in experience of physical or sexual violence
- Change in experience of mobility
- Change in domestic divisions of labour
- Engagement in risky sex

Change in economic well-being

- Income
- Control over assets
- Income generation
- Self-employment
- Savings
- Banking services
- Financial literacy
- Access to credit

Change in access to/ use of services
- Health services
- Education services
- Educational achievement

Discusses spillover effects
- Yes - does discuss
- No - does not discuss spillover effects

Resistance to girl focus
- Yes
- No

Evidence on impact of intensity
- Yes - evidence on impact of intensity
- No evidence on intensity

Methods
Sample size
- Under 50
- 50-100
- 100-300
- 300-1000
- 1000+

Rigorous quantitative methods (as suggested by 3ie)
- Randomised controlled trial
- Quasi-experiment/natural experiment
- Difference-in-difference
- Instrumental variables
- Matching
- Propensity score matching
- Other matching
- Regression discontinuity
- Synthetic controls
- Other methods

Qualitative methods
- In-depth interviews
- Focus groups
- Participatory research
- Photovoice
- Semi-stuctured interviews
- Key informant interviews
- Interviews with outliers/ positive deviants

Other quantitative
- Pre-test, post-test with no control group
- Regressions
- Descriptive statistics
- simple % change with no statistical analysis
- Non-randomised control and/or treatment groups
- Quasi-experimental approach with flaw
- Post-test with control (no pre-test)
- Pre-and post-test control at endline only
- Pre-and post, non-randomised control group

Period of time considered by evaluation
- 0-6 months of programme
- 7 months - 1 year of programme
- 1-2 years of programme
- 3-4 years of programe
- 5 or more years of programme
- Unclear

When evaluation was undertaken
- During programme
- 0-6 months after programme
- 7 months - 1 year after programme
- 1-2 years after participation
- 3-4 years after participation
- 5 or more years after participation
- Unspecified

Evidence about cost-effectiveness
- Yes
- No

Implementation issues discussed
- Yes
- No

Discusses legacy effects
- Yes
- No

About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

Disclaimer

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Front cover: Girls learn about their rights at the Adolescent Friendly Space in Dolakha, Nepal. Credit: Plan International / Max Greenstein

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

GAGE Programme Office
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom
Email: gage@odi.org.uk
Web: www.gage.odi.org

UKaid
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REVIEW ARTICLE

OPEN ACCESS Check for updates

A global comprehensive review of economic interventions to prevent intimate partner violence and HIV risk behaviours

Andrew Gibbs [a,b], Jessica Jacobson[c] and Alice Kerr Wilson[c]

[a]Gender and Health Research Unit, South African Medical Research Council, Pretoria, South Africa; [b]Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, Durban, South Africa; [c]Social Development Direct, London, UK

ABSTRACT

Background: Intimate partner violence (IPV) and HIV are co-occurring global epidemics, with similar root causes of gender and economic inequalities. Economic interventions have become a central approach to preventing IPV and HIV.

Objective/Methods: We undertook a comprehensive scoping review of published evaluations of economic interventions that sought to prevent IPV and/or HIV risk behaviours.

Results: Forty-five separate analyses of interventions met our criteria. Broadly, unconditional cash transfer interventions showed either flat or positive outcomes; economic strengthening interventions had mixed outcomes, with some negative, flat and positive results reported; interventions combining economic strengthening and gender transformative interventions tended to have positive outcomes.

Conclusions: The review highlighted a number of gaps. Specifically, there were limited studies evaluating the impact of economic interventions on female sex workers, young women, and men. In addition, there were missed opportunities, with many evaluations only reporting either IPV- or HIV-related outcomes, rather than both, despite overlaps.

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Background

Intimate partner violence (IPV) and HIV acquisition are co-occurring global epidemics [1]. Globally the World Health Organization (WHO) [2] estimates that 30% of all women have experienced some form of sexual and/or physical violence from an intimate partner in their life. There is clear evidence that IPV is a major driver of HIV acquisition amongst heterosexual women [1,3] with studies suggesting up to 25% of all HIV acquisitions occurring amongst women are linked to their experiences of IPV [3,4]. In addition, HIV acquisition is also a cause of IPV [1]. The recognition of these linkages has led to a concerted effort by global institutions and researchers to design interventions to prevent IPV and HIV simultaneously [1,5–7], with programmes such as the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women's (DREAMS) initiative, a President's Emergency Plan for AIDS Relief (PEPFAR)-led programme in six countries across southern and eastern Africa, channelling significant money into tackling HIV acquisition through reducing women's experiences of IPV, with a particular focus on adolescents.

Studies highlight the overlapping drivers of IPV- and HIV-vulnerability, particularly poverty and gender inequalities [6,8–10]. There is overwhelming evidence that gender inequalities shape men's perpetration of IPV and women's experience of IPV as well as their vulnerability to HIV in heterosexual relationships [3,11–14]. The evidence linking poverty and HIV-vulnerability is less clear, with recent longitudinal studies suggesting poverty can either be a risk or protective factor for HIV depending on other social factors including community acceptability of violence against women [15]. There is stronger evidence about the impact of poverty on women's experiences of IPV. While it is certainly clear that IPV is a global phenomenon experienced by women in high-income as well as low-income countries [2], studies consistently show that women's recent experience of IPV is strongly associated with their experiences of poverty [16–18].

Less contentious is the argument that poverty, when intersecting with gender inequalities, places women in economically and socially dependent relationships with men, which increases their vulnerability to HIV and IPV. This exacerbates the challenges of negotiating condoms, leaving violent and controlling relationships and exposing them to controlling behaviours: all risk factors for HIV acquisition and experiencing IPV [8–10]. More recently for men, qualitative research has argued that men's partial exclusion from the capitalist economy has led men to develop identities that draw on and deploy forms of emphasised heterosexuality (occassionaly labelled a 'hyper-masculinity'), which include control and

CONTACT Andrew Gibbs andrew.gibbs@mrc.ac.za Gender and Health Research Unit, South African Medical Research Council, Pretoria, South Africa

domination over women, including IPV as a way to control women, as well as seeking multiple sexual partners [19–21].

In recognising how poverty shapes IPV and HIV-vulnerability, there has been significant research around using economic interventions to prevent HIV and IPV [6,22–24]. Broadly there are three conceptual approaches. The first is a social protection framework and the direct transfer of resources to households in the form of either cash or food/vouchers [25]. Transfers can be unconditional, or conditional on recipients accessing services or similar, and target poverty as an 'upstream' driver of ill-health [26]. A second approach is located within behavioural economics and uses direct cash transfers to incentivise certain behaviours or outcomes, be this HIV-testing or remaining Sexually Transmitted Infections (STI)-free [26,27]. These assume people make decisions based on trade-offs between alternatives and that the economic incentives are large enough to change behaviours in positive directions [26]. A third approach focuses on supporting those targeted to develop their own economic assets through either extending savings and loans systems to poor populations (e.g. microfinance) or providing vocational training [22]. A subset of these include gender transformative programming at the same time as economic strengthening [6]. These combined interventions are often focused on challenging women's social and economic dependency on men.

There has been recent interest in economic interventions to prevent HIV acquisition and IPV, particularly in the context of UNAIDS' Investment Framework [28,29]. Currently there exist a number of reviews of this evidence base, but these have been limited in scope. Reviews have focused only on economic interventions [22], or only on HIV outcomes or IPV outcomes, or have been of limited geographical scope [6,24,25]. None have sought to review any economic interventions including combined economic and gender transformative interventions and include HIV and/or IPV as outcomes. In this paper we undertook a comprehensive review of economic interventions globally that seek to prevent HIV or IPV.

Methods

We conducted a comprehensive review of published and grey literature. We searched the formal academic websites PubMed, Web of Science and EbscoHost and searched grey literature using Google Scholar. The search terms covered (1) IPV, (2) HIV, (3) economic interventions (the full search string is given in the Appendix). We also used a snowballing technique to search reference lists and review articles to identify other studies.

Articles were included in the review if: (1) they had a quantitative evaluation of an intervention, whatever the study design (including cross-sectional, quasi-experimental and randomised control trial [RCT]); (2) they reported an outcome of either IPV or HIV risk behaviour – HIV risk behaviours had to be behavioural such as condom use at last sex, transactional sex and number of partners; (3) the intervention included an economic component; (4) they were published in English between 1 January 2000 and 1 January 2015.

Exclusion criteria were: (1) qualitative evaluations; (2) they only reported knowledge and/or intentions around HIV (rather than a behavioural outcome); (3) they fell outside of the date range for publication; (4) they were reviews synthesising other studies. There were no exclusion criteria based on quality of study design. The lack of inclusion of qualitative research means that there cannot be a focus on the processes of change in the review.

Initial searches were conducted on relevant databases with all references downloaded to EndNote 7 for review. Articles were initially screened based on title by the first author. A more comprehensive review of abstracts was then conducted. Full texts were read if clarity was further needed (see Figure 1). Data was extracted into a spreadsheet to ensure consistency of reporting.

Where a number of separate analyses sought to understand the impact of the same intervention (for instance multiple analyses of the Child Support Grant [CSG] in South Africa), these are reported separately. We provide a narrative review of the evidence.

Results

In total we identified 45 separate analyses of interventions meeting our criteria (see Figure 1). Given

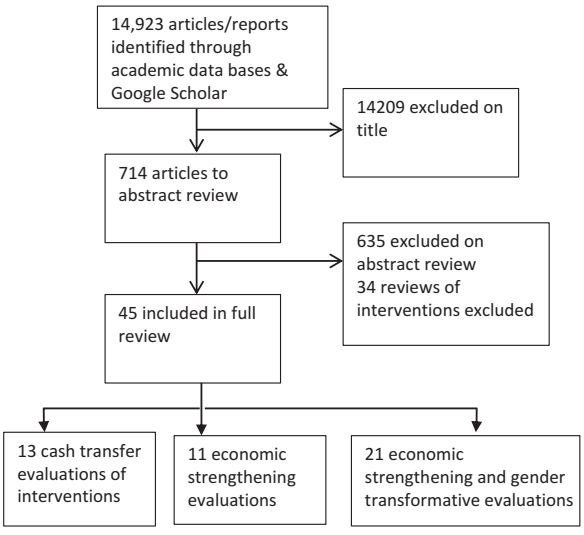

Figure 1. Flow chart of search.

the heterogeneity in interventions we categorised interventions into three categories based on their economic intervention type: (1) evaluations of cash transfer interventions (n = 13; see Table 1); (2); evaluations of economic strengthening interventions (n = 11; see Table 2); and (3) and evaluations of economic strengthening and gender transformative interventions (n = 21; see Table 3). Overall, only eight interventions were reported in the grey literature.

(1) Cash transfer interventions

Thirteen separate analyses of six different cash transfer interventions were identified. They were separated into whether they subscribed to a broad social protection approach, or used a behavioural economics approach as their theoretical underpinnings [26].

(2) Social protection

Ten analyses of social protection interventions were identified on eight different interventions (Table 1); five focused only on child outcomes (all from Africa) and five focused only on adult women's outcomes (all but one from Latin America).

(3) Child outcomes

Five analyses focused on two different interventions. In South Africa the CSG had three different analyses [30–32] and the Kenyan Cash Transfer for Orphans and Vulnerable Children (Kenya CT-OVC) had two different analyses from one study [33,34]. The Kenya CT-OVC [33,34]was an RCT, while one study of the South African CSG used a prospective cohort, with one analysis using propensity score matching to adjust for selection bias [30,31], while the other study of the South African CSG was a cross-sectional design [32].

All five social protection cash transfer evaluations focused on child outcomes (under 18) reported on HIV risk behaviours; none reported on under-18s' experiences of IPV. All analyses of the South African CSG reported positive outcomes for children. Cluver et al. [30] reported a significant reduction in transactional sex and age-disparate sex for girls, but no impact for boys, amongst households receiving the CSG. Similarly cross-sectional analysis of the CSG by UNICEF reported a significant reduction in sexual activity, delayed sexual debut and reduced pregnancies for both girls and boys whose families received the CSG [32]. Cluver and colleagues [31] undertook a separate analysis of cash combined with care (defined as either a supportive teacher or positive parenting at home), and found significant reductions in HIV risk behaviour for girls and boys, where families received the CSG. In Kenya, Handa et al. [33] reported a significant delay of sexual debut for children receiving cash; however, Rosenberg et al. [34] reported no impact of the transfer on transactional sex or relative partner age. They do suggest that there were marginal reductions in transactional sex if the girl was younger or in school [34].

(4) Adult outcomes

Five separate analyses of four different broad-based social protection interventions were identified; all reported adult women's outcomes. All focused exclusively on women's self-reported experiences of IPV, without consideration of HIV outcomes, with four from Latin America and one from Kenya. Two analyses focused on Mexico's Oportunidades, which is a conditional cash transfer linked to accessing health and education services [37,38]; one focused on Bono de Desarrollo Humano (B.D.H), a state-run unconditional cash transfer in Ecuador [35]; and one focused on a humanitarian relief intervention in Ecuador, which operated for six months [75]. The final study was of an unconditional cash transfer called 'GiveDirectly' run by an NGO in rural Kenya, which provided either a lump sum or regular transfers of a smaller amount over nine months [39]. Study quality was generally high with randomised designs in Kenya and Ecuador [35,36,39]. Two studies, both from Mexico, were cross-sectional in design [37,38].

All analyses focused on women's self-reported experience of IPV. Two studies reported reductions of physical and sexual IPV. In Kenya the GiveDirectly intervention showed a 30–50% reduction in various forms of physical violence and a 50% reduction in rape ($p < 0.1$) and 60% reduction in other forms of sexual violence ($p < 0.05$) [39]. Similarly, in Ecuador, the short-term transfer intervention showed reductions in controlling behaviours and women's experiences of IPV [75].

In contrast, other studies reported mixed results. In Mexico, one analysis of Oportunidades showed mixed outcomes for women receiving a cash transfer: while it reduced physical IPV by 40% ($p < 0.01$), it increased women's experiences of emotional violence by 3 to 5 percentage points, but this change was not statistically significant [35]. In the BDH evaluation no impact was seen on reducing violence, while an increase in male controlling behaviours was reported ($p < 0.05$) [35]. Another study showed no long-term impact on IPV; however, analyses suggested this was because women could leave abusive partners because of receipt of the transfer [38].

(5) Cash transfers as incentive for behaviour change

Three cash transfer interventions were based in behavioural economics, aiming to shift health behaviours and thus HIV- or STI-status. Two studies were conducted in sub-Saharan Africa (SSA) [40,41] and one in the USA [42]. In general study design was rigorous, using RCTs in two studies [40,41] and a quasi-

Table 1. Cash transfer interventions to prevent HIV or IPV (1 January 2000–1 January 2015).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
Social protection cash transfers – child-focused outcomes						
Cluver et al. [30]	Child Support Grant (CSG) – paid to caregiver; conditional on low income; value ZAR 250/month in 2010 and ZAR 280/month in 2012; roughly equivalent to US.$ 35	South Africa	Adolescents 10–18	3515 participants; prospective study; 1-year follow-up; propensity score matching	For adolescent girls receipt of cash transfer associated with: * Reduced incidence of transactional sex (odds ratio [OR] 0.49, 95% CI 0.26–0.93; $p = 0.028$) * Reduced incidence of age-disparate sex (OR 0.29, 95% CI 0.13–0.67; $p = 0.004$) * No significant effects for boys	
Cluver et al. [31]	CSG; child-focused care (naturally occurring)	South Africa	Adolescents 10–18	3515 participants; prospective study; 1-year follow-up	* Combined cash plus care reduced HIV risk behaviour for girls (OR 0.55; 95% CI 0.35–0.85; $p = 0.007$) and boys (OR 0.50; 95% CI 0.31–0.82; $p = 0.005$)	
UNICEF [32]	CSG – paid to caregiver; conditional on low income; value ZAR 250/month in 2010 and ZAR 280/month in 2012; roughly equivalent to US.$ 35	South Africa	Children (10 years old) and adolescents (15–17)	716 children; 1726 adolescents; matched participants on early or late entry to CSG; cross-sectional	* Reduced sexual activity and fewer number of partners (signif) * Reduced pregnancy (signif) * Reduced alcohol and drug use (signif)	
Handa et al. [33]	Cash Transfer for Orphans and Vulnerable Children (Kenya CT-OVC): Unconditional transfer US.$ 20/month	Kenya	Young people 15–25	1540 intervention and 754 control households; 28 areas randomly allocated to intervention/control arms; 2-year follow-up	* Reduced sexual debut by 31% (adjusted odds ratio [AOR] 0.69; 95% CI 0.53–0.89) * No statistically significant effects on condom use, number of partners and transactional sex	
Rosenberg et al. [34]	Kenya CT-OVC: Unconditional transfer US.$ 20/month	Kenya	Young people 15–25	1540 intervention and 754 control households; 28 areas randomly allocated to intervention/control arms; 2-year follow-up	* No significant impact on relative partner age, partner school status or transactional sex for young women or men Point estimates on transactional sex were on opposite sides of the null for men and women though not significant: * Men in intervention reported higher rates of transactional sex than control (a.OR = 1.57; 95% CI 0.60–4.07; v2 = 0.85; $p = 0.36$) * Women reported less transactional sex than women in the control arm (a.OR = 0.79; 95% CI 0.40–1.58; v2 = 0.55; $p = 0.51$), with greater effects for younger women (a.OR: 0.65; 95% CI 0.30–1.42; v2 = 1.18; $p = 0.28$) and those currently enrolled in school (a.OR: 0.38; 95% CI 0.13–1.11; v2 = 3.15; $p = 0.08$)	
Social protection cash transfers – adult-focused outcomes						
Hidrobo [35]	Bono de Desarrollo Humano (BDH); means tested; unconditional; US.$ 15/month	Ecuador	Poor families identified through means test	118 parishes randomly assigned, 79 to intervention and 39 to control; 2354 interviews; 24-month follow-up		* Intervention had no effect on emotional and physical violence * Intervention had negative impact on controlling behaviours ($p < 0.05$)
Hidrobo [36]	6-monthly transfer of cash, vouchers or food of U.S.$ 40/month (total U.S.$ 240)	Ecuador	Women	2357 randomised into intervention and control arms; 6-month follow-up		*Intervention reduces controlling behaviors, moderate physical, and any physical/sexual violence by 6 to 7 percentage points ($p < 0.05$)
Bobonis [37]	Oportunidades: conditional grants; food grant; school scholarship; range of values, max 625 pesos/month	Mexico	Poor women	54,000 households; national household survey		* Intervention reduces physical violence by 40% ($p < 0.01$) * Intervention increases by 3–5% points emotional violence (not significant)

(*Continued*)

Table1. (Continued).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
Social protection cash transfers – child-focused outcomes						
Bobonis [38]	Oportunidades: conditional grants; food grant; school scholarship; range of values, max 625 pesos/month	Mexico	Poor women	54,000 households; national household survey		* 5–9 years later no differences on physical and emotional violence * Potential that women left violent relationships
Haushofer [39]	Unconditional cash transfer; either to husband or wife; either lump sum or nine monthly sums; values varied (either US $300 or US $1100)	Kenya	General population	990 households; randomised 3 arms (and more internally); 18-month follow-up		* 30–50% reduction in various forms of physical violence * 50% reduction in rape ($p < 0.1$) and 60% reduction in other forms of sexual violence ($p < 0.05$)
Conditional cash transfers for HIV prevention						
de Walque [40]	Conditional cash transfer (low: US.$ 10/test, high: US.$ 20/test) every 4 months for 12 months	Tanzania	Young women and men	2399 randomised into control, low or high incentive; 12-month follow-up	* Adjusted analyses found high value incentive led to significant reduction in STIs (adjusted risk ratio [a.RR] was 0.73) * No significant changes in low-value incentives	
Kohler and Thornton [41]	Malawi Incentives Project: conditional cash transfer on maintaining HIV-status for one year; reward ranged from zero to approximately 4 months' wages	Malawi	Male and female adults	1307 randomised into value of incentives; 12-month follow-up	* Incentives had no impact on HIV-status or reported sexual behaviour Shortly after transfer find: * Men were 13% points more likely to engage in any vaginal sex ($p < 0.01$) * Men had 0.6 additional days of sex ($p < 0.05$) * Men reported using a condom more often during sex (6.9% points more likely; $p < 0.05$) * Women were less likely to report having any vaginal sex (9% reduction; $p < 0.05$) * Women had no change in reported condom use	
Minnis et al. [42]	Yo Puedo – conditional cash transfers for completion of educational and reproductive health wellness goal; life skills	USA	Youth 16–21 years of age and same-aged members of their social network	72 networks, 162 youth; randomised into intervention and control; 6-month follow-up	*Lower odds of having sex (OR 0.50; $p = .04$)	

Table 2. Economic strengthening interventions to prevent HIV or IPV (1 January 2000–1 January 2015).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
				Microfinance		
Ahmed [43]	Microfinance	Bangladesh	BRAC households, women	422 women in BRAC households, 1622 in non-BRAC households; cross-sectional; 60 BRAC-ICDDR villages		* Higher experience of IPV in BRAC households ($p = 0.05$) * Logistic regression suggests initially violence increases then subsides
Bajracharya [44]	Microfinance	Bangladesh	Women, Demographic Health Surveillance (DHS)data	4195; cross-sectional DHS; propensity score matching		* No difference in IPV experienced between microfinance and non-microfinance participants
Chin [45]	Microcredit	Bangladesh	Women DHS data	1843; cross-sectional DHS		* IPV reduces over time through participation
Dalal et al. [46]	Microfinance	Bangladesh	Women	4465 women; cross-sectional; nationally representative		* For women with secondary or higher education, and women at the two wealthiest levels of the wealth index, microfinance programme membership increased the exposure to IPV two and three times, respectively * The least educated and poorest groups showed no change in exposure to IPV associated with microfinance programmes
Murshid et al. [47]	Microfinance	Bangladesh	Women	4163 ever-married women, DHS		* Significant increase in IPV for women involved in microfinance who were better off ($p = 0.008$)
Koenig et al. [48]	Microcredit	Bangladesh	Women	10,368 currently married women; cross-sectional; 2 districts		Impact of involvement in microfinance on IPV context specific: * In conservative areas involvement increased vulnerability * In more liberal areas it had no impact
Naved and Persson [49]	Microfinance	Bangladesh	Women	2702 women; population-based survey; cross-sectional		* Increase in IPV in urban areas for belonging to credit group (OR 1.83; $p < 0.01$)
Schuler et al. [50]	Microfinance	Bangladesh	Women	1305; cross-sectional		* Membership of microfinance institutions showed significant reduction in IPV ($p < 0.05$)
Hadi [51]	Microfinance	Bangladesh	Women, under 50	500 women, cross-sectional		* Involvement in microcredit institution for more than 5 years reduces sexual violence ($p < 0.1$), similar to those not eligible
Bates et al. [52]	Microcredit	Bangladesh	Women	1212; cross-sectional		* Involvement in microcredit institution reduced IPV by 25% ($p < 0.05$)
Kim et al. [53]	Microfinance	South Africa	Women	1489 in intervention; 1647 in control; cross-sectional	* No impact on HIV risk behaviours	* No impact on IPV outcomes

experimental design in the other [42]. In Tanzania remaining STI-free was incentivised with cash and assessed through testing every 4 months over a 12-month period [40]. In Malawi a study focused on incentivising maintaining HIV status over 12 months for women and men (if HIV-negative at start, maintaining this; if HIV-positive, they automatically received the cash transfer at the end) [41]. Finally, in the USA, a study provided cash transfers on progression through a series of health checks and training programmes [42]. All three studies focused on women and men, 16 years old and older.

There was mixed evidence on the impact of incentivising HIV-status or STI-status. In Tanzania, adjusted analysis showed significant impacts of high-value incentives on remaining STI-free [40]. In Malawi, however, there was no impact on maintaining HIV-status [41]. But, when women and men were given the incentive, HIV risk behaviours reduced for women and increased for men [41]. In the USA, the combination of incentives linked to accessing services and progression in training programmes reduced the likelihood that participants had sex [42].

(1) Economic strengthening interventions

Eleven studies sought to assess the impact of economic strengthening interventions on IPV and HIV-prevention (Table 2). Ten were from Bangladesh and one from South Africa. All studies focused on the impact of microfinance and used cross-sectional study designs. Given study designs – with many looking at population-level data – it is difficult to untangle whether similar interventions were assessed. In Bangladesh Bajracharya [44] used propensity score matching on cross-sectional data to overcome bias. All studies included measures of IPV experienced by women; one study also included measures of HIV risk behaviours [53].

Overall there was no clear evidence on the impact of microfinance on women's experiences of IPV. Two studies – one from Bangladesh and one from South Africa – suggested women's participation in microfinance had no impact on IPV [44,53], while two studies from Bangladesh suggested involvement in microfinance reduced IPV [50,52], with three others suggesting a potential initial increase in women's experience of IPV, and a reduction in risk over a longer time period [43,45,51]. In contrast, the other four studies suggested involvement in microfinance increased IPV, particularly under specific circumstances, including living in a conservative area [48], being wealthier [46,47,49] and residing in urban areas [49], suggesting a significant role was played by contextual factors. The only study which looked at HIV risk behaviours cross-sectionally in South Africa found no impact on these [53].

(1) Economic strengthening and gender transformative

We identified 21 interventions, each with their own separate analysis, which combined economic strengthening interventions with gender transformative components, primarily group-based discussions, and couples interventions (Table 3). Three main types of economic interventions were identified: microfinance/Village Savings and Loans Association (VSLA), formal savings, and vocational training. We report under each of these types separately.

(1) Microfinance/VSLA and gender transformative

Eleven interventions used microfinance or VSLA. Seven studies were undertaken in SSA, three in Asia and one in Latin America. Study design varied: six were RCTs [54–57,60,64], four were quasi-experimental [59,61–63,76] and one was cross-sectional [58]. The additional gender transformative components varied widely. Two used couples discussion groups [55,57], while another study was embedded in a wider community mobilisation intervention for sex workers [62]. The others all worked with women in group settings, such as VSLAs. Nine reported HIV outcomes and four IPV outcomes (only two reported both [54,60]).

In general, despite variations in reported outcomes, there was a trend towards positive outcomes. For HIV-related outcomes, six reported significant improvements in condoms use [23,58,60,62–64], while two reported non-significant improvements [59,77] and one reported no change [56]. Other changes in reported HIV risks included a reduction in STIs [62] and a reduction in the number of sexual partners [63,64], all in sex worker populations.

Four studies reported IPV-related outcomes [54,55,57,60]. Three reported significant reductions on IPV [23,57,60] and one a non-significant but positive outcome [55]. One study also reported a reduction in economic abuse from their partner ($p < 0.0001$) in female participants [55].

(1) Savings and gender transformative

Only one discrete intervention was identified that reported a behavioural outcome in two studies [65,66]. This focused on young women and included a pilot from two countries (Kenya and Uganda) using a pre-test, post-test design [66] and a subsequent larger study from Uganda, with three arms: full treatment, economic-only treatment and comparison group [65]. The full intervention provided safe social spaces, reproductive health training, financial education and opened a savings account for children [65,66]. Only IPV outcomes data were reported.

The outcomes of this saving and gender transformative intervention were mixed. In the pilot there were limited effects seen in Kenya, but in Uganda there was a significant decrease in being indecently touched by anyone (whether a partner or non-partner) in the past six months [66]. In the subsequent

Table 3. Economic strengthening and gender transformative interventions to prevent HIV or IPV (1 January 2000–1 January 2015).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
			Microfinance/VSLA and gendertransformative			
Pronyk et al. [54]	Intervention for Microfinance for AIDS and Gender Equity (I.M.A.G.E) Project. Microfinance; Sisters for Life 10 sessions around gender and life skills	South Africa	Poorest women in communities, identified via participatory wealth ranking; av. age 41	8 clusters randomly allocated into intervention or control; main group-matched control of women 860	* Young women [14–34,37] less likely to have unprotected sex with non-spousal partner (a.R.R. 0.76)	* Reduction of IPV by 55% (a.R.R 0.45 [signif] amongst those directly involved)
Gupta et al. [55]	VSLA for women; 8 couples dialogue sessions	Ivory Coast	Women; av. age 37.7	934 women; 24 intervention clusters, 23 control clusters, randomly allocated; 12–18-month follow-up		* Reduced sexual and physical IPV (not signif) * Reduced economic abuse (O.R = 0.39, $p < 0.0001$) * Reduced acceptability of wife-beating ($p = 0.006$)
Spielberg et al. [56]	Existing self-help groups; 10 sessions around gender and life skills	India	Women participating in self-help groups; adolescents identified by women	Cluster randomised trial; 55 villages assigned to intervention (n = 32) or control (n = 23); 6- and 12-month follow-up	Women saw: * No impact on condom use	
IRC [57]	VSLA for women; 8 couples dialogue sessions	Burundi	Women members of VSLA	483 women; randomised into intervention and control; 15-month follow-up		* Women in the high or moderate risk category at baseline reported a 22% significant reduction in the incidence of violence in the last two weeks and a 46% reduction in physical harm (no significance reported)
Rosenberg et al. [58]	Microfinance; max 5 training sessions; health book	Haiti	Women; age: mean 36.1; range 18–49	192 participants; cross-sectional	* Improved condom use in last year: O.R 0.63 (95% C.I 0.26–1.54) * Improved condom use among those with an unfaithful partner: O.R 3.95 (95% C.I 0.93–16.85)	
Dunbar et al. [59]	SHAZ! 10 life skills modules; 5-day business training; microcredit loans	Zimbabwe	Adolescent female orphans out of school; 16–19; av. age 17.5	49 women; pre-test, post-test; 6-month follow-up; no randomisation	* Use condom with primary partner: post 38% vs pre 67% ($p = 0.35$) *Currently sexually active: post 22% vs pre 18% ($p = 0.79$) * Power in sexual relationship: post 50% vs pre 11% ($p = 0.79$) * Power in non-sexual relationship: post 38% vs pre 5% ($p = 0.04$)	
Bandiera et al. [60]	Life skills training; vocational training; microfinance	Uganda	Adolescent girls; av. age 16	4800 adolescent girls; 100 communities randomly assigned to intervention or control; 2-year follow-up	* Improved condom use ($p < 0.05$)	* 76% reduction in unwilling sex ($p < 0.01$)
Erulkar and Chong [61]	Modified microfinance; mentoring; life skills	Kenya	Girls out-of-school 16–22	326 matched pairs; interviews as exited programme – mixed follow-up time	* Condom use at last sex: at endline TRY = 52.1% vs control = 44.3% (N.S) * Able to refuse sex to spouse/partner: at endline TRY = 80.3% vs control = 71.6% ($p < 0.05$)	

(*Continued*)

Table3. (Continued).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
			Microfinance/VSLA and gendertransformative			
Souverein et al. [62]	Comprehensive sex worker community mobilisation, including STI prevention and treatment, crisis support and microfinance	India	Female sex workers	17,092; using entry and exit from systems, 2005–2010; descriptive study	* Significant reduction in STIs ($p < 0.001$) *Increase in condom use ($p < 0.001$)	
Odek et al. [63]	Existing peer education intervention on HIV; microfinance	Kenya	Female sex workers; av. age: 41.09	227 women; 2-year follow-up; pre-test, post-test; no randomisation	* Reduction in number of sexual partners in past week ($p < 0.001$) * Reduction in number of casual partners ($p = 0.098$) * Reduction in number of regular partners ($p < 0.001$) * No impact on condom use with casual partners ($p = 0.727$) * Increase in condom use with regular partners ($p = 0.031$)	
Witte et al. [64]	34-session HIV sexual risk reduction intervention; microfinance; vocational training	Mongolia	Female sex workers; av. age 36	107 women randomised into intervention or control; clusters 3- and 6-month follow-up	* Reduction in number of paying sexual partners ($p < 0.001$) * 3.72 times more likely to report no unprotected vaginal sex acts at 6 months ($p < 0.05$)	
Savings and gender transformative						
Austrian and Muthengi [65]	Safe spaces; reproductive health training; financial education; savings accounts	Uganda	Girls 10–23; majority under 19	1159 of which 451 received full intervention; 300 savings only; 311 control; 12-month follow-up; delivery error led to natural randomisation		* No impact on indecent touching in full intervention, but in economic-only arm significant increase ($p < 0.01$)
Austrian and Muthengi [66]	Safe spaces; reproductive health training; financial education; savings accounts	Kenya; Uganda	Girls 10–19	1473 in Kenya; 1564 in Uganda; 18-month follow-up; comparison groups		* In Kenya no impact on indecently touched in past 6 months * Significant decrease in being indecently touched in past 6 months in Uganda
Vocational strengthening and gender transformative interventions						
Dunbar et al. [67]	SHAZ! reproductive health services; life skills-based HIV education; vocational training and microgrants; integrated social support	Zimbabwe	Adolescent female orphans (having lost at least one parent) aged 16 to 19	315 randomly assigned to intervention or control; 24-month follow-up	* No difference in sexual debut *Reduction in transactional sex (Intervention Odds Ratio [I.O.R] = 0.64; 95% C.I 0.50–0.83) * Increased likelihood of using condom (I.O.R = 1.79; 95% C.I 1.23–2.62)	* Reduction in violence (I.O.R = 0.10 vs Control Odds Ratio [C.O.R] = 0.63; $p = 0.06$)
Jewkes et al. [68]	Stepping Stones and Creating Futures; reproductive health and gender training; livelihood training	South Africa	Young men and women [18–29,31]; av. age 22	232 participants; shortened interrupted time series design, 12-month follow-up	*Increase in men reporting last person they had sex with was main partner (signif) *No impact on condom use at last sex *No impact on transactional sex	*Reduction in sexual violence experience by women ($p = 0.033$) *No impact on sexual or physical violence perpetrated by men

(*Continued*)

Table3. (Continued).

Reference	Intervention	Country	Population	Study design	HIV outcome	IPV outcome
			Microfinance/VSLA and gendertransformative			
Rotheram-Borus et al. [69]	Street Smart: 10 sessions HIV prevention; vocational training of apprenticeships	Uganda	Age 13–23 years	100 participants; pre-test, post-test with random assignment to immediate intervention or delayed vocational training; 24-month follow-up	*No impact on mean number of partners *No impact on abstinence/100% condom use	
Sherman et al. [70]	JEWEL: HIV education; microfinance; vocational training	USA	Drug-using women who were involved in sex work; aged 18–45	54 women; baseline and 3-month follow-up	*Reduction in receiving drugs or money for sex (100% vs 71.0%; $p < 0.0005$) *Reduction in median number of sex trade partners per month (9 vs 3; $p < 0.02$)	
Sherman et al. [71]	Pi Bags: HIV education; vocational training	India	Female sex workers; age (median): 35	100 participants; randomised into intervention and control; 6-month follow-up	*Reduction in number of sex partners ($p < 0.001$) *Reduction in number of sex exchange partners ($p < 0.001$) *No impact on condom use at last sex exchange ($p = 0.32$)	
Lee et al. [72]	SiRCHESI Hotel Apprenticeship Program (HAP) participants; literacy; health education; life skills; vocational training; apprenticeships	Cambodia	Beer girls/sex workers; av. age: 24.93; range: 19–31	114 participants with baseline and 8-month and 24-month follow-ups	*Increase in condom use at last sex ($p = 0.050$)	
Raj et al. [73]	M.E.N (Making Employment Needs) Count HIV intervention; HIV, gender equity; employment and housing	USA	Men aged 18–54	50 participants; pre-test, post-test; 60–90 follow-up	*Unprotected sex decreased ($p = 0.04$) *No impact on multiple partners	*Too small at baseline to report trends
Hallman and Roca [74]	Siyakha Nentsha Programme: financial training, life skills and reproductive health training	South Africa	School-age boys and girls (14–16)	18-month follow-up; unclear sample or allocation	*Intervention boys significantly more likely to remain abstinent (no *p*-values reported)	

controlled study, the full intervention showed no impact on sexual violence; however, in the economic-only arm, there was a significant increase in indecent touching by anyone in the past six months ($p < 0.01$) [65].

(1) Vocational training and gender transformative Eight interventions provided vocational training combined with gender transformative training [59,68–74]. Four were in SSA, two in Asia and two in the USA. One study was an RCT, although randomisation occurred at the individual, rather than group, level [67]. All others were quasi-experimental, although some did include elements of randomisation. All eight reported on a variety of HIV-related outcomes, however only three reported on IPV as well [67,68,73].

Vocational training varied. For instance, in the JEWEL intervention, Sherman et al. [70] provided jewellery-making training; SHAZ! provided options including hairdressing, garment making and receptionist training, alongside broader business skills [67]; while in the MEN Count intervention [73] employment counselling was provided. In contrast, in Stepping Stones and Creating Futures [68] there was no specific skills training, but rather the intervention focused on promoting critical thinking and reflection around livelihoods and job opportunities. There was a greater focus on younger people in these programmes, with four interventions (out of eight) targeting youth participants [10–24] and typically both women and men were included [67–69,74].

There were significant variations in HIV-related outcomes. Seven studies reported positive outcomes in terms of HIV-related ones, although the specific impact varied. In three studies condom use improved significantly [67,72,73]. In five studies, there were significant changes in other types of sexual behaviour or partner types, suggesting a reduction in HIV risk behaviour [59,68,70,71,74]. Only one study reported entirely no impact on behavioural measures related to HIV risk [69].

In the three studies reporting IPV, all reported reductions in IPV. Dunbar et al. [67] reported a non-significant reduction in IPV (IOR = 0.10 vs COR = 0.63; $p = 0.06$) for SHAZ!, while Jewkes et al. [68] reported a significant reduction in any sexual IPV experienced by women (37%; $p = 0.033$), but did not see a reduction in men's perpetration of IPV for Stepping Stones and Creating Futures. The MEN Count intervention had too small a sample at baseline to report IPV trends, but suggested there was a non-significant reduction [73].

Discussion

This is the first study to undertake a comprehensive review of any types of economic intervention which report either an HIV-related and/or IPV behavioural outcome. We identified 45 separate analyses of interventions that sought to use economic interventions (either on their own or in combination with other interventions) to prevent HIV risk behaviours and/or IPV. Interventions varied substantially in how they conceptualised the role of economics in preventing HIV or IPV, in study design, and in measurement. As such there was too much heterogeneity to undertake a meta-analysis of outcomes. However, the broad scope of the review enables some assessments of the field of interventions to be made.

The provision of cash through broad-based social protection programmes appears to have broadly positive outcomes for children targeted through these interventions. In the five separate analyses that looked at the impact of providing cash transfers to families with children, the results were positive in four of the studies in reducing HIV risk behaviours of children [30–33] and showed no impact in the fifth [34]. This is highly suggestive that, following a range of other reviews, the provision of broad-based social protection mechanisms as an approach to improving child health has multiple and overlapping positive outcomes [26,78]. However, no study looked at the potential impact of social protection on reducing children's vulnerability to IPV as they moved into adolescence.

For adults, however, interventions that solely strengthened economic well-being, through either cash transfers, or involvement of adults in economic strengthening activities such as microfinance or VSLA approaches, showed mixed outcomes, with studies reporting increases, decreases and no impact on HIV risk behaviours and IPV. The 'mixed' findings of these interventions can be explained in a number of ways. First, some studies have emphasised that as women gain economic autonomy and power in relationships more generally, they may face a 'male-backlash' [79], as men start to feel their 'authority' is challenged. In India, a prospective cohort study of married women found that those who secured work in the study period were more likely to experience IPV than those who remained unemployed [80]. Second, studies reviewed highlighted that the impact of economic strengthening interventions on IPV may be contextually specific, with contextual factors including urban or rural residence [49] and whether the community was more liberal or conservative [48] shaping outcomes. Similarly, Heise and Kotsadam [81] in their cross-country analysis highlight that women's work is protective for IPV in contexts where many women work, but increases IPV-vulnerability if few women work.

In contrast, the interventions which combined economic and gender transformative interventions showed positive or flat results, and no negative findings. This highlights the fact that women's experiences of HIV- and IPV-vulnerability are often shaped at the intersection of gender inequalities and economic marginalisation [79] and that successfully

working to reduce these risks needs to combine economic and gender transformative interventions [82].

The review highlighted a lack of evidence around effective interventions for a number of specific populations: in particular female adolescents, female sex workers and men. In general, interventions tended to focus on adult women, with only 14 out of the 45 analyses including women under the age of 18 (of which 5 were child outcomes for broad-based social transfer programmes). The lack of inclusion of women and girls under the age of 18 has been noted in wider reviews of women's economic empowerment interventions [83]. The lack of inclusion of younger women emerges from a confluence of factors including lack of recognition of their vulnerability to HIV and IPV, ethical challenges of working with younger people, and resistance to seeing adolescent girls as autonomous actors.

Only three interventions specifically focused on female sex workers, despite global evidence on the overwhelming burden of HIV and violence in this population [84,85]. Overall, sex worker interventions showed positive results, and were often embedded in wider sex worker mobilisation interventions, rather than being 'standalone' interventions. The potential of wider structural and social change through community mobilisation, as with sex worker mobilisation, is an important avenue for further consideration. In addition, there remains an ongoing debate about definitions of sex work and transactional sex, especially for women under 18, where women who do not identify as sex workers may be excluded from sex worker mobilisation and interventions.

The lack of research around interventions for these two populations (women under 18 and female sex workers) is critical not only because of the high burden of HIV and IPV they face, but also because it is likely they face specific programming challenges. Indeed, the first generation of interventions with adolescent girls and young women showed many of the challenges, with flat or underwhelming outcomes [59,61]. Yet as lessons have been learnt and interventions have been modified, programmes with adolescent girls are increasingly showing positive outcomes [67,68]. Similarly, a review by the Global Network of Sex Work Projects of economic interventions for female sex workers in Africa highlighted the importance of involving sex workers in the design and implementation of projects [86], suggesting that there needs to be significant investment in developing and evaluating economic interventions for sex workers and that there is no simple transferability of interventions from one setting to another.

There was also a lack of focus on the potential and pitfalls of including men in economic and gender transformative interventions. Only 11 interventions out of 41 directly targeted men as recipients of the intervention and/or evaluated the impact on them. That there is little focus on including men in evaluations is a challenge for three reasons. First, men are already included in large-scale public works programmes across the world that seek to build their economic livelihoods and little is known about the impact of involving these men on HIV risk behaviours and IPV perpetration. Second, studies working with men for gender equality continually raise the challenge of poverty and the barriers this causes for transformation of masculinities [87] and as such, there may be significant benefit in including men in combination gender transformative and economic strengthening interventions. Third, given the potential for a 'male-backlash' around women's involvement in economic strengthening interventions, understanding men's responses remains critical. Further research and theorising need to be done to understand how working with men on strengthening livelihoods can be done in a way that promotes gender equality and does not lead to the exclusion of women [88].

The review also highlights missed opportunities in understanding the impacts of interventions at the intersections of HIV and IPV; only 6 out of 45 studies measured both HIV risk behaviours and IPV outcomes. Given the clear evidence of how IPV and HIV have common risk factors, the failure to include both sets of measures is a major evidence gap. Moreover, studies also point to the need to include a wider range of measures. For instance some studies pointed to the potential of economic-based interventions to either increase or decrease male controlling behaviours [35,36,68], an important factor for HIV acquisition and IPV [89], but this measure was not common across many studies. In addition, economic violence was only measured in a limited number of studies [55], yet given the underlying aim of some economic interventions is to increase women's economic autonomy in relation to male partners, this is similarly a missed opportunity.

This review has a number of limitations. There is a widely known publication bias whereby positive results are much more likely to be published [90], which while somewhat mitigated by the inclusion of grey material, is unlikely to have been totally overcome. Additionally, as any quantitative evaluation was included, irrespective of the quality of the study design, comparing different studies to each other may misrepresent interventions' true effectiveness. Finally, as the review was not a full systematic review following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, there are likely to be differences between this review and a PRISMA-guided one.

This comprehensive review of economic interventions highlights the large evidence base that exists around reducing HIV risk and IPV globally through tackling poverty through a variety of interventions. It is highly suggestive that broad-based cash transfer interventions have widespread positive benefits for women who receive them, as well as their children targeted. In

addition, it emphasises the positive outcomes of combining economic strengthening and gender transformative interventions. However, it also highlights the need for further research on this topic, including research on specific populations, female adolescents, female sex workers and men, if a full understanding of the benefits of these interventions is to be achieved.

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Author contributions

AG, AKW and JJ conceptualised the study. AG conducted the study and wrote the first draft. AKW and JJ contributed sections, revised sections for intellectual content and edited the paper. All authors approved the paper for publication.

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Ethics and consent

Not required.

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Paper context

Intimate partner violence and HIV are co-occuring global epidemics. Reviews have not explored the impact of economic interventions on both of these. We undertook a comprehensive review of these interventions. The review highlights that economic interventions combined with gender transformative components have stronger outcomes than economic interventions alone; there is a lack of meaningful inclusion of sex workers, young women and men in evaluations; and there are missed opportunities for measuring HIV risk and intimate partner violence.

ORCID

Andrew Gibbs http://orcid.org/0000-0003-2812-5377

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Appendix A

The search string used for the review was as follows.

Intervention	cash transfer*; cash incentive*; cash reward*; monetary reward*; economic asset*; contingency management; micro-credit; micro credit; microcredit; job training; income generation; income generating; job skills; employment; economic empowerment; cooperatives; microfinance; micro finance; microfinance; micro-enterprise; micro enterprise; microenterprise; small business; small loans; microloans; vocational training; business training; livelihood*
HIV	HIV; acquired immunodeficiency syndrome; acquired AND immunodeficiency AND syndrome;
IPV	domestic violence; family violence; sex offences; sexual violence; battered women; spouse abuse; IPV; intimate partner violence; VAW; violence against women; economic violence; emotional violence; physical violence; anti-violence; anti violence; antiviolence; gender-based violence; gender based violence; GBV; domestic violence; abused women

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Review article

Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews

Kathryn M. Yount [a, b, *], Kathleen H. Krause [c], Stephanie S. Miedema [b]

[a] Hubert Department of Global Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA
[b] Department of Sociology, Emory University, 1555 Dickey Dr., Atlanta, GA 30322, USA
[c] Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA

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Young adulthood

ABSTRACT

This systematic review of reviews synthesizes evidence on the impact of interventions to prevent violence against adolescent girls and young women 10–24 years (VAWG) in low- and middle-income countries (LMICs). Theories of women's empowerment and the social ecology of multifaceted violence frame the review. Child abuse, female genital mutilation/cutting (FGMC), child marriage, intimate partner violence (IPV), and sexual violence were focal outcomes. Our review followed the Assessment of Multiple Systematic Reviews (AMSTAR) for the systematic review of reviews, and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for a systematic review of recent intervention studies. Of 35 reviews identified between June 7 and July 20, 2016, 18 were non-duplicate systematic reviews of medium-to-high quality. Half of these 18 reviews focused on interventions to prevent IPV. Only four focused on adolescents, of which three focused on child marriage and one compared findings across early and late adolescence. None focused on interventions to prevent child abuse or sexual violence in adolescent/young women. From these 18 reviews and the supplemental systematic review of intervention studies, data were extracted on 34 experimental or quasi-experimental intervention studies describing 28 interventions. Almost all intervention studies measured impacts on one form of VAWG. Most studies assessed impacts on child marriage (n = 13), then IPV (n = 8), sexual violence (n = 4), child abuse (n = 3), and FGMC (n = 3). Interventions included 1–6 components, involving skills to enhance voice/agency (n = 17), social networks (n = 14), human resources like schooling (n = 10), economic incentives (n = 9), community engagement (n = 11) and community infrastructure development (n = 6). Bundled individual-level interventions and multilevel interventions had more favorable impacts on VAWG. Interventions involving community engagement, skill-building to enhance voice/agency, and social-network expansion show promise to reduce VAWG. Future interventions should target poly-victimization, compare impacts across adolescence, and include urban, out-of-school, married, and displaced/conflict-affected populations in LMICs, where VAWG may be heightened.

1. Introduction

Violence against women and girls (VAWG) is a prevalent human-rights violation that elevates the risks of acute, long-term, and intergenerational health effects (Clark et al., 2016; Solotaroff and Pande, 2014; Yount and Abraham, 2007; Yount et al., 2011; Zureick-Brown et al., 2015). Evidence also is growing with respect to concurrent or sequential *poly-victimization* (Finkelhor et al., 2007; Sigal et al., 2016; Solotaroff and Pande, 2014; Yount and Abraham, 2007; Yount et al., 2016; Yount and Li, 2010), as well as the adverse effects of VAWG on schooling, market work, and economic independence (Sigal et al., 2016; Solotaroff and Pande, 2014; Yount et al., 2015; Yount et al., 2014). As a result, preventing violence against women and girls has become a global priority (United Nations, 2015). Embedded in United Nations Sustainable Development Goal 5 (SDG5), to achieve gender equality and to empower women and girls, are three ambitious targets to end: "all forms of discrimination against all women and girls everywhere" (5.1; p. 18); "all forms of violence against all women and girls in the public and private spheres …" (5.2; p. 18); and "all harmful

* Corresponding author. Hubert Department of Global Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA.
E-mail address: kyount@emory.edu (K.M. Yount).

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practices, such as child, early and forced marriage and female genital mutilation" (5.3; p.18) (United Nations, 2015).

In tandem with SDG5, governments and private agencies have increased their commitment to evaluate what works to prevent violence against women and girls (Independent Commission for Aid Impact, 2016). Researchers, in turn, have designed intervention studies to provide more robust evidence of impact. As a result, evidence from low- and middle-income countries (LMICs) on the impact of interventions to prevent violence against women and girls is growing (Ellsberg et al., 2015).

Still, gaps in knowledge may persist for critical life stages, and for the risk of poly-victimization, or multiple exposures to violence (Finkelhor et al., 2007 pp. 8–9). Adolescence is a period of rapid developmental change (Patton et al., 2016) and of heightened vulnerability to multiple forms of violence (Finkelhor et al., 2007). Before age 15, girls are not physically or cognitively ready to make safe, consensual, and voluntary decisions about marriage, sexual relations, or reproduction (Dixon Mueller, 2008). In middle adolescence—ages 15 to 17—physical and cognitive readiness varies, depending on the onset and pace of puberty, cognitive maturation, and risks and responsibilities encountered at marriage and childbearing (Dixon Mueller, 2008). Yet, intervention studies to reduce VAWG may focus less on adolescent girls, and on their risk of poly-victimization. Some forms of VAWG, such as FGMC or child marriage, require a programmatic focus on this age group. Yet, for other forms of VAWG, such as intimate partner violence (IPV), attention to adolescents may be limited, and the impacts of programs on poly-victimization in adolescence may be unknown.

Finally, of the intervention studies to prevent VAWG that have targeted adolescent girls, many may not have been designed to compare the impacts of interventions in early (10–14 years) versus later (15–19 years) adolescence and young adulthood (20–24 years). Yet, an adolescent girl experiences many physical, cognitive, and social developmental changes in the transition to adulthood that may affect her and her family's responses to the intervention (Dixon Mueller, 2008; Patton et al., 2016). As a result, programmatic needs may vary across these periods, as may the impacts of interventions (Patton et al., 2016).

We conducted a systematic review of reviews to synthesize evidence on the impact of interventions to prevent violence victimization in adolescent girls and young women ages 10–24 years in LMICs. From included systematic reviews, and a supplemental systematic search for the most recent intervention studies, we extracted and synthesized data from higher quality peer-reviewed and non-peer-reviewed intervention studies to compare findings across early adolescence (10–14 years), late adolescence (15–19 years), and young adulthood (20–24 years). The review of reviews and of intervention studies focused on five forms of VAWG: child abuse/maltreatment (CA), female genital mutilation/cutting (FGMC), child marriage (CM), dating violence or intimate partner violence (IPV), and sexual violence (SV). Our concurrent focus on multiple forms of VAWG is motivated by evidence of their intersecting causes, frequent co-occurrence, and common health consequences (Bacchus et al., 2017; Finkelhor et al., 2007; Guedes et al., 2016). Findings expose important gaps in research, and promising approaches to address poly-victimization, which may allow girls to transition to adulthood with bodily integrity and freedom from violence.

2. Background

2.1. Forms of violence relevant to adolescent girls and young women in LMICs

Many forms of VAWG exist; however, several are especially relevant for adolescent girls and young women in LMICs. These include child abuse/maltreatment, female genital mutilation/cutting, child marriage, dating violence or IPV, and sexual violence. Notably, boys and young men also experience some of these forms of violence (Fulu et al., 2017), and their exposure often contributes to the perpetration of VAWG (Godbout et al., 2017). The nature of the violence and its repercussions, however, often differ by gender (Hamby et al., 2013), so we focus this review on interventions to prevent adolescent girls and young women from becoming victims of these forms of violence.

Child abuse/maltreatment refers to physical, sexual, or psychological forms of punishment or violence, as well as neglect or negligent treatment, including the failure by otherwise able caregivers to meet children's physical or psychological needs, to protect them from danger or harm, or to obtain services to meet those needs (United Nations Children's Fund [UNICEF], 2014b). Worldwide, at least 50% of children in Asia, Africa, and Northern America have experienced violence in a 12-month period, such that 1 billion children 2–17 years have experienced such violence (Hillis et al., 2016). Boys *and* girls experience child maltreatment, but the nature of the maltreatment often differs by gender (Landers, 2013; UNICEF, 2014b), as do the repercussions, which may be more pronounced for girl survivors (Currie & Spatz Widom, 2010).

Female genital mutilation or cutting refers to all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organization [WHO], 2016). Despite overall declines in rates of FGMC, an estimated 200 million girls and women in 30 countries have experienced some form of the practice, and high rates of population growth in practicing countries means that the number of affected women and girls will likely increase by 2030 (UNICEF, 2016). Although FGMC is sanctioned in many cultures, a United Nations Interagency Statement has defined it as a violation of human rights, a form of discrimination on the basis of gender, and a form of violence against girls (OHCHR, UNDP, UNESCO, UNHCR, & UNIFEM, 2008). FGMC, and especially its more severe forms, is linked to child marriage and forced sexual debut (Battle et al., 2017), as well as to health complications across the life course (Farage et al., 2015).

Child marriage, below age 18 years, has affected more than 700 million adult women worldwide, and about 250 million women have experienced *very early child marriage*, before age 15 (UNICEF, 2014a). Boys also may experience child marriage; however, estimates of prevalence are universally higher for women than men among young adults in LMICs (ICF International, 2015). Several UN Agencies have jointly stated that child marriage is a violation of human rights, and researchers have identified it as a form of violence (Solotaroff and Pande, 2014). The practice is associated cross-nationally with a higher risk of physical and/or sexual IPV for women (Kidman, 2017), and with substantial adverse health effects (Raj, 2010).

Intimate partner violence refers to psychological, physical, or sexual aggression or threats of such harm by a spouse, dating, or cohabiting partner (Garcia-Moreno et al., 2005). In surveys of teen dating violence (TDV) in the U.S., exposure to physical force is higher for boys than girls ages 12–17 (7.9% versus 4.5%); however, exposures to sexual force (2.8% versus 1.3%) and to fear-inducing physical or sexual force (4.7% versus 1.4%) are higher for girls than boys (Hamby and Turner, 2013). In high school, any TDV in the prior 12 months is twice as high in adolescent women (21%) than men (10%), and this pattern persists across physical and sexual forms (Vagi et al., 2015). Globally, comparing studies of partner violence in adolescence is challenged by variability in the focus on dating or marital partners and in the instruments used to measure IPV (Exner-Cortens et al., 2016). Across 30 LMICs administering a

comparable scale to ever married/cohabiting women in the national Demographic and Health Surveys, 28% of girls 15–19 years and 29% of women 20–24 years reported lifetime experiences of physical or sexual IPV (Decker et al., 2015). Compared to adult women, adolescents reported a comparable annual risk of IPV, and young women reported a 20% higher risk (Decker et al., 2015). Experiences of IPV in adolescence are associated with various mental-health and behavioral challenges, which may be more severe for girls than boys (Barter and Stanley, 2016).

Finally, *sexual violence* is any sexual act committed against a person without his or her freely given consent. Sexual violence ranges from unwanted sexual contact and non-contact unwanted sexual experiences to completed or attempted forced penetration (Basile et al., 2014). In college-going populations in the U.S., past-year sexual violence is more prevalent in women than men (Coulter et al., 2017), and a similar pattern is apparent in young people throughout Europe (Krahé et al., 2014), although scales and measurement approaches vary across studies. Among sexually experienced women in LMICs, 15% of adolescent girls and 11% of young women have reported forced sexual debut (Decker et al., 2015). An estimated 1 in 14 women ages 15 years or older have reported some form of non-partner sexual violence (Abrahams et al., 2014). Global estimates for the health effects of sexual violence in adolescence are limited, but rape is associated with higher odds of alcohol use, anti-social behavior, and suicide attempts in high-school-going adolescent girls in Cape Town, South Africa (King et al., 2004). A global systematic review showed significant associations between forced sexual debut and a history of STIs, non-use of condoms, and HIV risk in adolescent girls (Stockman et al., 2013).

Several points from this discussion are notable. First, according to standard definitions and recent global estimates, violence against adolescent girls and young women is common, including in LMICs. Second, some forms of VAWG, such as FGMC and child marriage, are more prevalent in LMICs. Third, poly-victimization in adolescence is common (Turner et al., 2016), and experiences of FGMC, child marriage, forced first sex, and IPV may "cluster" in LMICs (Battle et al., 2017). That said, conceptualizing and estimating levels of poly-victimization in adolescent and young adult women in LMICs is nascent. Third, although adolescent girls and boys may experience some forms of violence, such as child maltreatment and TDV/IPV, experiences often are more prevalent for girls than boys, and the health implications may be more severe for girls. Finally, ambiguity persists in defining and estimating some forms of VAWG. This ambiguity arises in part from overlapping definitions of violence. For instance, sexual violence may occur as a form of child abuse, IPV, and/or non-partner violence. This ambiguity also is partly methodological—researchers have studied specific forms of violence without clearly naming the perpetrator; so forms of violence, like forced sexual debut, could have occurred in the family as child sexual abuse or in an intimate partnership as IPV (e.g., Decker et al., 2015; Stockman et al., 2013). These observations justify our focus on common underlying causes and promising interventions to prevent poly-victimization in adolescent girls and young women in LMICS, while assessing the quality of measuring VAWG.

2.2. Underlying causes of violence against adolescent girls and young women in LMICs

According to social ecological theory, nested, multilevel structural and normative systems influence multiple forms of violence against women (Heise, 1998). Heise (1998) argues explicitly that this framework "integrates findings related to all types of [violence against] women to encourage a more integrated approach to theory building" (p. 266). Thus, studying diverse forms of violence against women in the same framework mitigates the risk of masking common underlying causes by focusing on single forms of violence (Malamuth et al., 1991; Finkelhor et al., 2007).

Core elements of Heise's social ecological framework identify unfavorable gender norms and gender imbalances in status and power at *multiple levels* as important drivers of violence against women. At the micro-level of the family, Heise references men's decision-making dominance, their control over wealth and labor, and women's isolation from extra-familial social networks. At the macro-level, Heise references gender norms and systems that privilege men's entitlement or ownership of women; rigid gender roles; masculinity linked to aggression, dominance, and honor; and the acceptance of interpersonal violence. These examples reveal how multiple nested systems converge to disempower women, placing them at risk of experiencing multiple forms of violence across their life course (Solotaroff and Pande, 2014).

The empowerment of girls and women, therefore, is one identified way to reduce their exposure to various forms of violence (Jewkes, 2002). Women's empowerment is the process by which they acquire *enabling human, economic, and extra-familial social resources*, which in turn, may enhance their *voice*, or ability to articulate preferences, and *agency*, or ability to define and make strategic life-choices, even in *contexts* where this ability has been denied (Kabeer, 1999). Resources, voice, and agency may reduce violence against adolescent girls and young women in multiple ways. For example, investing in an adolescent girl's human resources, such as her schooling, may enhance her self-worth and value to other family members, enhance her understanding about her rights or means to secure them, or expose her to new ideas about more equitable gender relations, including non-violence. Providing economic resources to an adolescent girl may enhance her value to her natal family or future spouse, reduce the direct costs of providing other opportunities, such as schooling, and/or enhance her future prospects for economic independence. Investing in an adolescent girl's non-family social resources may expose her to more equitable gender norms and norms of non-violence, build solidarity amongst peers for collective action against violence, and provide access to new, more empowered women role models. Investing in an adolescent girl's life skills and interpersonal skills may enhance her ability to negotiate violence-free relationships and to speak up against threats of violence when they arise. Finally, investments in community infrastructures targeted to girls may reduce gender inequities in access to resources and opportunities, and fostering community engagement may create more proactive and gender-equitable environments, in which local stakeholders promote non-violence against girls and young women.

Notably, a systematic review of intervention studies to prevent child marriage drew implicitly on Kabeer (1999) theory of empowerment to frame intervention components and to interpret the findings (Lee-Rife et al., 2012). The framework of Heise (1998), however, suggests more broadly that empowering adolescent girls and young women, while fostering a more gender-equitable and engaged community, may reduce the risk of *poly-victimization* over a woman's life course. Below, we describe our methodology to assess extant literature on the impact of interventions to prevent multiple forms of violence victimization in adolescent girls and young women in LMICs, to assess which elements of the Kabeer (1999) and Heise (1998) frameworks are most promising.

3. Methods

A systematic review of reviews was the core part of our search strategy. This review followed the Assessment of Multiple

Systematic Reviews (AMSTAR) guidelines (Shea et al., 2007; Smith et al., 2011). We supplemented this review of reviews with a systematic review of recent intervention studies, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al., 2009). This combination – a systematic review of reviews and a supplemental systematic review of recent intervention studies – allowed us to assess the status of thinking on preventing violent victimization from existing reviews and the most recent intervention research.

3.1. Eligibility criteria for reviews

Criteria for the inclusion and exclusion of reviews were developed and applied to all titles, abstracts, and full texts (Supplemental Table 1). Eligible reviews were original reviews of the literature, whether or not the authors stated that the review was systematic. Peer-reviewed reviews and grey-literature reviews (whether or not peer-reviewed) were eligible, but not books, book chapters, conference proceedings, dissertation papers, or editorials. Eligible reviews addressed at least one of the five *a priori* forms of VAWG, described above. Eligible reviews focused on program evaluations or intervention studies of any design, at least one of which took place in a LMIC, according to the World Bank country classification system (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519) and common terms in the literature, such as "developing" country. Eligible reviews had at least one intervention study with a sample of adolescent girls or young women that overlapped in age with the range of interest (10–24 year-olds). Eligible reviews were written in English and available from any date up to the date of the search.

3.2. Search strategy

The authors performed database searches between June 7 and July 20 of 2016 using the PubMed and PsycInfo search engines. All authors met periodically to ensure that the eligibility criteria were applied consistently and to resolve discrepancies by consensus. To undertake these searches, the authors developed comprehensive lists of terms from published reviews, seminal peer-reviewed articles, and pilot searches of the literature. Lists of terms were developed to capture focal forms of violence, and to operationalize the concepts of "review," "intervention," and "LMIC." In PUBMED, MeSH terms were added to capture each form of violence, "intervention," and LMICs (Fremer, 1995; Lowe and Barnett, 1994), expanding the search beyond the terms listed in the string. The authors performed searches separately for each form of violence, applying the final set of terms for "review," "intervention," and "LMIC" consistently across each search to ensure comparability. Supplemental Appendix 1 provides the final search strings and results for each violence outcome.

3.3. Review selection

The next phase involved the screening and full-text review of records for eligibility, with exclusions at each stage documented for each form of violence (Fig. 1, Boxes 1–13). First, duplicate records across the PUBMED and PsycInfo searches were excluded (Boxes 1-2), resulting in 34–586 reviews across forms of violence for a formal assessment of eligibility (Box 3). The authors screened the titles and abstracts of these records and excluded records that were definitively ineligible (Box 4). All records retained at this stage underwent a manual full-text review (Box 5). For all 20 reviews that met the eligibility criteria after the full-text review (Box 7), two authors conducted a manual review of the reference lists, and one author contacted all corresponding authors to identify other peer-reviewed or grey-literature reviews that were not identified in the database search. The reference-list search uncovered 77 reviews, and 12 of 28 corresponding authors recommended 19 records (including reviews, guidelines, and the *What Works* website http://www.whatworks.co.za). Ten corresponding authors did not respond to our inquiries (three emails each), and the remaining corresponding authors responded but suggested no reviews. After screening all additional reviews, 15 non-duplicate reviews were eligible (Boxes 8-9). The search, screening, review, and selection process identified 35 eligible reviews. An independent third party performed a duplicate screening and full-text review on 25% of results from the database search for each type of violence and verified the eligible reviews. These 35 reviews underwent a quality assessment (Shea et al., 2007) (Box 10).

3.4. Review-level data extraction and analysis

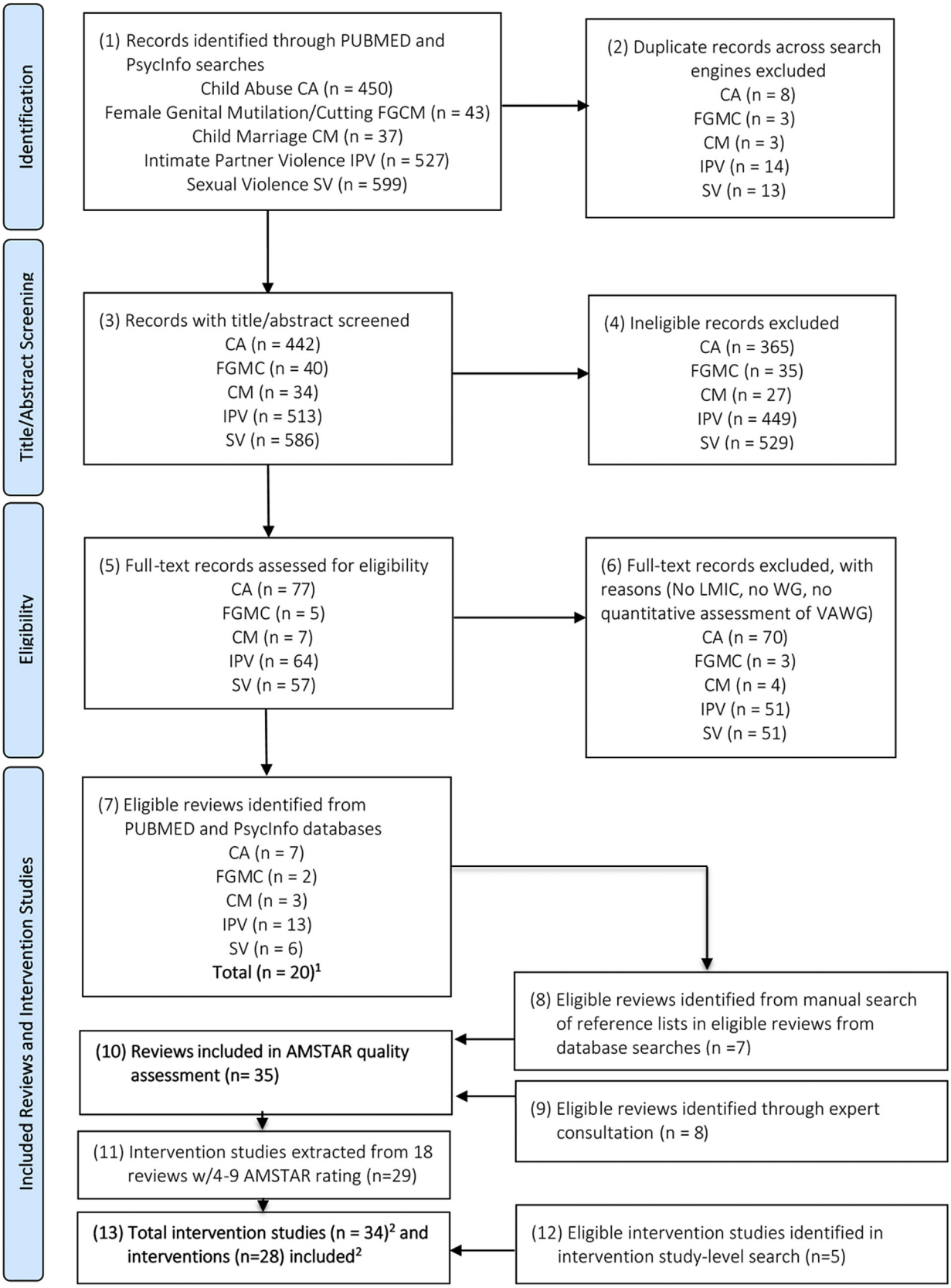
Of the 35 reviews assessed for quality, 18 scored 4–9 on AMSTAR guidelines and were selected for data extraction (Box 11). The authors developed a standard data extraction form to extract comparable data from each review. At the review level, data were gathered on the number of intervention studies assessed in each review, the number of intervention studies conducted in LMICs, the number of LMIC-based intervention studies pertaining to the primary or secondary prevention of violence-victimization outcomes, the number of these primary or secondary prevention intervention studies that included women and girls, and the number of these intervention studies that included at least some adolescent girls or young women. Primary prevention interventions aim to stop violence victimization before it occurs (or aim to stop violence perpetration before it occurs, but these interventions were not the focus of this review). Secondary prevention interventions aim to respond immediately to an act of violence to deal with its acute repercussions (Centers for Disease Control and Prevention, 2004).

3.5. Intervention study level search, data extraction, and analysis

Detailed data on eligible intervention studies also were extracted from the 18 eligible reviews scoring 4–9 on AMSTAR (Shea et al., 2007) and a systsematic search for the most recent eligible intervention studies. For the latter, we removed the "review" criterion and applied the same search strategy to identify intervention studies that were: (a) published from January 1, 2010 to July 20, 2016 and focused on child marriage, or (b) published from January 1, 2015 to July 20, 2016 and focused on all other forms of violence.

Eligible intervention studies were experimental or quasi-experimental evaluations of primary or secondary interventions to prevent victimization in LMICs, including adolescent girls or young women, and measuring at least one violence outcome of interest. For experimental designs, participants were randomized to intervention or control groups, and for quasi-experimental designs, participants were assigned to intervention or comparison groups (Shadish et al., 2002). Program evaluations, as "systematic investigations" (Centers for Disease Control and Prevention, 1999, p.2) were included if they followed an experimental or quasi-experimental design. All included intervention studies used a pretest-posttest assessment. Thus, intervention studies with the highest standards of evidence were extracted to understand what works to prevent violence victimization in adolescent girls and young women (Shadish et al., 2002). These strategies resulted in the inclusion of 34 intervention studies of 28 interventions for data extraction and analysis (Fig. 1, Box 13).

Data extracted on intervention studies included the world region of the study; specific study site (country, sub-region, clusters); years of program implementation; evaluation design; sample size;



[1] Total reviews in full text screen is less than the sum across violence outcomes, as seven reviews covered more than one violence outcome.
[2] Eleven intervention studies were described in more than one review. Four interventions were described in more than intervention study.

Fig. 1. Flow diagram for systematic review of reviews and intervention studies to prevent violence against adolescent girls and young women 10–24 years in low- and middle-income countries.

demographic attributes of the sample (gender, ages, marital status, urban-rural residence, schooling status, other unique attributes); study quality from the original review (if available); description of the intervention components; violence outcome(s) assessed among the five of interest; and effect of the intervention on violence outcomes of interest. The gender of the samples was either all women and girls or girls and boys because no samples of men and boys only were included (Supplemental Table 1).

4. Results

4.1. Quality assessment of eligible reviews

The 35 eligible reviews from our search underwent a quality assessment using 9 of the 11 AMSTAR criteria (Shea et al., 2007), as two criteria pertained to the meta-analytic stage of a systematic review, and only 4 of the 35 reviews included a meta-analysis. Reviews were classified as being of low (0–3), medium (4–6), or high (7–9) quality. Supplemental Table 2 summarizes the results of this assessment and provides detail on application of the AMSTAR criteria. Of the 35 eligible reviews, 13 scored 0–3, 16 scored 4–6, and six scored 7–9. The highest score assigned for a review was an eight. Four of the 35 rated reviews were found to be duplicative at this stage and were removed. In sum, two thirds (n = 18) of the 35 eligible reviews scored 4–9, and were included for intervention-study-level data extraction.

4.2. Characteristics of medium-to-high-quality systematic reviews

Table 1 describes the 18 reviews scoring 4–9 on AMSTAR, specifically characteristics of *all* intervention studies listed in each of the reviews. The same intervention study may be listed in more than one review, so column totals at the bottom of Table 1 may include some duplicates.

As shown in Table 1, columns 3–8, as the criteria applied to all listed intervention studies became more specific, the number of intervention studies eligible for our review declined sharply. Overall, all 18 systematic reviews referenced 1069 intervention studies (unadjusted for duplication across reviews), of which only about half (n = 529) included a violence-related outcome of interest. Only about one third of these intervention studies (175 of 529) took place in LMICs. Among intervention studies in LMICs, a majority (150 of 175) focused on primary or secondary prevention. Most of these prevention intervention studies (127 of 150) focused on women and girls. Together, only about 12% (127 of 1069) of all intervention studies listed in the 18 medium-to-high-quality systematic reviews were relevant to the present review, being primary or secondary victimization-prevention interventions studies including women and girls in LMICs and measuring any of the forms of violence of interest. Although 127 intervention studies may seem like a large body of evidence, this number may include some duplicate intervention studies and synthesizes the body of intervention research in LMICs across five different forms of VAWG.

Half of the reviews focused only on intervention studies in LMICs, and in almost half of these cases, the forms of violence of interest were those that predominate in LMICs (e.g., child marriage and FGMC). The other half of the reviews included intervention studies in high-income countries (HICs) and LMICs; however, in these reviews, most of the intervention studies were from HICs (69%–97%; 100*[column 4-column 5]/column 4). The main types of violence in these mixed HIC-LMIC reviews were globally prevalent forms – child abuse and IPV.

Within reviews, in almost all cases, the intervention studies measuring VAWG in LMICs were focused on primary or secondary prevention (Columns 5 and 6, Table 1). Likewise, with the exception of intervention studies in one review (Spangaro et al., 2013), most or all (75%–100%) primary or secondary prevention intervention studies in LMICs that measured any of the five forms of violence of interest included samples of women and girls (Columns 6 and 7). Across all reviews, only 23 intervention studies focused on boys and men (bottom row: 150–127, possibly with some duplicates). Thus, our review of systematic reviews exposes a large gap in evidence for what works to prevent the perpetration of VAWG by boys and men in LMICs. As boys and men are the primary perpetrators of VAWG, their engagement in interventions is integral to reduce such violence (Jewkes et al., 2015). A future review focused on interventions to prevent violence perpetration by adolescent boys and young men is needed.

A goal of this systematic review of reviews of intervention studies was to synthesize evidence about the prevention of violence victimization against girls and women 10–24 years. From all intervention studies in Column 7, we created where possible a composite age range capturing the ages of all women and girls in the intervention studies listed in each review (Column 9). Column 9 shows that most reviews either did not specify the ages of the sample or included intervention studies with samples of widely varying ages, spanning children to adults. Overall, eight of the 18 reviews in Table 1 did not specify the age range of the intervention-study samples. The remaining systematic reviews included studies in which adolescents, young women, and adult women typically were combined. For example, the reviews by Ellsberg et al. (2015) and Small et al. (2013) included intervention studies to prevent VAWG in LMICs among girls and women 10–49 and 14–49, respectively.

Columns 10 and 11 of Table 1 clarify the extent to which systematic reviews explicitly compared the findings of intervention studies across the major stages of adolescence and young adulthood (10–14; 15–19, 20–24 year-olds) or at least focused on 10–24 year-olds. Only Kraft et al., (2014) added an analytic discussion of how the study findings compared across early versus late adolescence. In other reviews (e.g. Lee-Rife et al., 2012), stages of adolescent development were acknowledged as salient for understanding the risk of exposure to child marriage; however, included intervention studies did not distinguish between younger and older adolescents, so a review-level comparative analysis across periods of adolescence was not possible. Only four reviews focused specifically on adolescence and young adulthood (De Koker et al., 2014; Kalamar et al., 2016; Kraft et al., 2014; Lee-Rife et al., 2012). The age ranges included in the De Koker et al. (2014), Kalamar et al. (2016), and Kraft et al. (2014) reviews most closely matched the relevant age range for this review, 10–24 years.

Not all violence outcomes received equal attention in the 18 reviews. Half of the 18 reviews focused on intervention studies to prevent IPV. Fewer systematic reviews focused on intervention studies to prevent child abuse (n = 5), FGMC (n = 2), child marriage (n = 4), and sexual violence (n = 6). Of the four reviews with a composite age-range across intervention studies of about 10–24 years, three reviews focused on child marriage (Kalamar et al., 2016; Kraft et al., 2014; Lee-Rife et al., 2012) and one focused on IPV or sexual violence (De Koker et al., 2014). No reviews focused on intervention studies to prevent child abuse, FGMC, or sexual violence in 10–24 year-olds. Systematic reviews of intervention studies to prevent FGMC may focus on girls less than 10 years because of the earlier timing of the event in many contexts; however, the absence of systematic reviews focused on intervention studies to prevent child abuse and sexual violence in adolescent/young women in LMICs is a gap. These results underscore that the prevention of child marriage is at the forefront of intervention research on preventing violence against adolescent girls and young women, and intervention research on child abuse and sexual

Table 1
Attributes of eligible systematic reviews of intervention studies assessing effects on five forms of gender-based violence, reviews scoring four or higher on AMSTAR quality guidelines.

(1) Review	(2) Source of Review	Attributes of Intervention Study (Articles) in Review[a]						(9) Age Range of Included Samples	(10) Focus on 10–14 vs 15-19	(11) Focus on age 10–24	Gender-Based Violence Outcomes Assessed[1]						AMSTAR Rating out of nine
		(3) Total #	(4) GBV	(5) LMICs	(6) PS Prev	(7) WnGls	(8) PrRev				CA	FGMC	CM	IPV	SV[2]	Total	
Ellsberg et al., 2015[3]	PR	84	84	14[4]	14	13	7	10–49[5]	N	N		X	X	X	X	4	4
Lee-Rife et al., 2012	PR	34[7]	34	34	34	34	5	NS (<18)	N[6]	Y			X			1	4
Gilbert et al., 2015	PR	21[8]	16	5	5	5	5	NS[9]	N	N				X		1	5
Hughes et al., 2014	PR	355	82	15	15	14	14	6–26[10]	N	N	X			X	X	3	5
Kalamar et al, 2016	PR	11	11	11	11	11	6	9–24	N	Y			X			1	5
Knerr et al., 2013	PR	12	3	3	3	3	3	moms w/kids 0-6	N	N	X					1	5
Small et al., 2013	PR	11[13]	11	11	11	9	9	14–49[14]	N	N				X	X	2	5
Chen & Chan, 2016	PR	37[11]	37	2	NS	NS	2	NS[12]	N	N	X					1	6
Bourey et al., 2015	PR	20[15]	20	20	20	15	15	≤11[16]	N	N				X		1	6
De Koker et al., 2014	PR	8[17]	8	1	1	1	1	11–26	N	Y				X		1	6
Kennedy et al., 2014	PR	12	4	4	4	4	4	≥18[18]	N	N				X		1	6
Spangaro et al., 2013	PR	40[19]	40	40	17[20]	4[21]	3	NS[22]	N	N					X	1	6
Berg & Denison, 2012a[23]	PR	7[24]	7	7	7	6	2	NS[25]	N	N		X				1	7
Kraft et al., 2014	PR	27	3	3	3	3	1	10–25[26]	Y[27]	Y			X			1	7
Mikton & Butchart, 2009	PR	298	74	2	2	2	2	NS[28]	N	N	X					1	7
Mikton et al., 2014	PR	10	10	1	1	1	1	NS[29]	N	N	X[30]			X	X	3	7
Tirado-Muñoz et al., 2014	PR	23	23	1	1	1	1	NS	N	N				X		1	8/10
Morrison et al., 2004 (GL)	GL	59	59	1	1	1	1	≥18	N	N					X	1	6
Total Reviews: 18[41]		**1069**	**529**	**175**	**150**	**127**	**82**				**5**	**2**	**4**	**9**	**6**		

[1] Outcomes may pertain to knowledge, attitudes, or behavior pertaining to the forms of GBV listed here.
[2] SV by a non-partner or where partnership status is not specified. SV in the exclusive context of IPV is categorized as IPV.
[3] Ellsberg et al., 2015 contains the same intervention information as the non-peer reviewed review Arango et al., 2014 and so this row represents information for both.
[4] Review indicates 18 studies were included but Table 1 in review presents information for 14 studies.
[5] Examples of population description where age NS: "primary women in the household," "women who experienced IPV in the past year".
[6] Recognized as important, but primary studies did not distinguish younger versus older adolescence, so such an analysis was not possible with existing data.
[7] 34 articles covering 23 interventions.
[8] 75 articles identified that deal with epidemiology and interventions relating to substance abuse, violence, and HIV/AIDS (SAVA). 21 articles highlighted in review that are evidenced-based interventions that have demonstrated positive effects on 2 or more outcomes. These 21 articles will serve as the reference point.
[9] Examples of population description where age NS: "women," "communities".
[10] Examples of population description where age NS: "female sex workers," "mothers of children age 2–6 years".
[11] 37 articles with 31 interventions.
[12] 37 articles with 31 interventions.
[13] 11 articles and 8 unique studies.
[14] Example of population description where age NS: "men and women," "women".
[15] 20 articles with 16 unique studies.
[16] Example of population description where age NS: "men and women residing in treatment village," "women, living with spouse or partner, at least one preschool age child, no child >6 yrs, eligible for BDH, not recipient of previous welfare, intervention parish resident".
[17] 8 articles with 6 unique interventions.
[18] Example of population description where age NS: "low income rural women," "adolescent female orphans".
[19] 40 articles identified authors note that 20 studies had intervention outcomes; Table 1 and supplemental Table 3 identify 21 studies with intervention outcomes.
[20] Review includes interventions to address SV in conflict/crisis and post-conflict settings; interventions to address SV in conflict/crisis designated as primary or secondary prevention.
[21] 4 explicitly mention women in the study population; other NS descriptions examples include, "survivor witnesses," "personnel".
[22] Examples of population description where age NS: "women survivors of SV," "young women service users".
[23] Berg & Denison, 2012a includes the same intervention information as the non-peer reviewed reviews Denison et al., 2009 and Berg & Denison, 2012b and the peer-reviewed Berg & Denison, 2013, so this row represents information for all.
[24] 7 articles 8 unique studies.
[25] Examples of population description where age NS: "female students," "women".
[26] Examples of population description includes (pregnant) women and their partners; men only.
[27] Recognized as important, but primary studies did not distinguish younger versus older adolescence, so such an analysis was not possible with existing data.
[28] Age range not specified for two interventions in LMICs. Intervention-level details not provided in review, so not included in subsequent data extraction tables at the intervention level.
[29] Example of population description where age NS: "people with intellectual disability".
[30] Outcome included, but not for LMIC.
[31] More than 5 studies reviewed but 5 intervention case studies provided and intervention study-level information otherwise not provided.

[32] One case study did not provide quantitative assessment of results.
[33] Example of population description where age NS: "women suffering from SV".
[34] More than 4 studies reviewed but 4 intervention case studies provided and intervention study-level information otherwise not provided.
[35] Example of population description where age NS: "women and men from within the community".
[36] Narrative review of adverse effects, theory, screening interventions, system-level interventions, primary prevention, women and health care provider perspectives on IPV; 16 studies identified.
[37] Out of 14 studies, 4 studies country NS, 2 studies country not a LMIC, 1 study is a SR with country NS.
[38] 2 studies described as system-level interventions, prevention phase NS.
[39] 2 studies did not describe populations.
[40] Example of population description where age NS: "women," "female sex worker community".
[41] Total number of reviews is less than total number of GBV outcomes represented because some reviews include more than one GBV outcome.

Notes: Column names are abbreviated. Systematic Review includes only first author last name and date of publication. Total = total # of articles in the review, which could be greater than the number of unique intervention studies included. GBV = total # of articles in the review with a GBV outcome as defined in Outcomes of interest. LMICs = total # of articles in the review that were from low or middle income countries. PSP = total # of studies that focus on primary or secondary prevention. WG = total # of articles in the review that included outcomes focused on women and girls. PR = total # of articles in the review that were peer-reviewed. Age = the composite age range of women and girls from all studies in the review, in years (when specified). Age range was not consistently provided for studies within and across reviews. Analytic = Did the review use adolescence (early/late) as an analytic framing for results? Y/N. Focus = Did the review have a specific focus on adolescents? Y/N Outcomes of interest: CA = child abuse, CM = child marriage, IPV intimate partner violence, SV = sexual violence, FGC/M = female genital cutting/mutilation. AMSTAR = AMSTAR quality assessment rating; range 0–9; low = 0–3, medium = 4–6, high = 7–9. AMSTAR quality assessment was not applicable to reviews categorized as Narrative/thematic. Totals are the sum of each column; there are likely overlapping studies.

[a] For each review, columns 4–8 are subsets of the previous column.

violence is lacking.

Finally, Table 1 shows that the majority of systematic reviews (14 out of 18) assessed the impact of interventions on a single violence outcome, and all reviews focusing on adolescent girls followed suit (Kalamar et al., 2016; Kraft et al., 2014; Lee-Rife et al., 2012; Spangaro et al., 2013). One review focused on the impact of interventions on two violence outcomes (Small et al., 2013), two reviews focused on the impact of interventions on three violence outcomes (Mikton et al., 2014; Hughes et al., 2014) and one review focused on four violence outcomes (Ellsberg et al., 2015). Among reviews that assessed the impacts of interventions on two or more violence outcomes, all focused on IPV and sexual violence. Thus, despite the longstanding emphasis of theory on the common underlying causes of VAWG (Heise, 1998; Solotaroff and Pande, 2014), and despite a recognition of the vulnerability of adolescent girls and young women to poly-victimization (Shiva Kumar et al., 2017), intervention studies have not systematically considered poly-victimization in either their intervention or impact-evaluation designs.

4.3. Characteristics of extracted intervention studies

A total of 34 eligible intervention studies representing 28 eligible interventions were extracted from the 18 eligible, higher-quality systematic reviews and the supplemental database search (Fig. 1; Supplemental Table 3). Notably, one intervention study summarized in Green et al. (2015) had two phases, with a new intervention component introduced in Phase II. The intervention was treated as one for the intervention component data. One intervention study cited in Lee-Rife et al. (2012) was not found, so detailed information on it is lacking. Detailed characteristics of the 27 extracted higher-quality intervention studies are described, below.

4.3.1. Geographic distribution

A majority of these intervention studies took place in Sub-Saharan Africa (n = 16), followed by eight in South Asia, two in East Asia, and one each in North Africa and Latin America (Supplemental Table 3). Thus, most of the evidence for higher-quality intervention studies to reduce violence victimization in adolescent girls and young women has come from selected countries in Sub-Saharan Africa (e.g., Burkina Faso, Ethiopia, Kenya, Malawi, Senegal, South Africa, Uganda, Zimbabwe) and South Asia (e.g., Bangladesh, India, Nepal). Except for a National Cash Transfers study in Kenya (Handa et al., 2015), no intervention studies were national in scope, and most were geographically concentrated to a few districts or townships. Although geographically concentrated intervention studies may be simpler to implement, and thus, may help to ensure internal validity, the external validity and statistical power of such studies is uncertain. Larger studies in more geographic regions for a comparative assessment of promising interventions at scale are needed.

4.3.2. Study design

More than half (n = 15) of the intervention studies were experimental by design. Sample sizes for the intervention studies varied from less than 100 to more than 70,000 Supplemental Table 3, but half involved from 500 to 1999 women and girls.

4.3.3. Study populations

The age range of included girls and women was wide, from 0 to 30 years across all studies. A majority of the intervention studies included never-married participants only (n = 7) or never-married and married participants (n = 10). Only two intervention studies focused on married adolescent girls, and nine intervention studies did not state the marital status of the sample.

Intervention studies varied in their focus on in-school versus out-of-school and working samples. Eight studies included only in-school samples, two studies included only out-of-school samples, nine studies included both demographic groups, and nine studies did not state the schooling status of participants. Studies that included in-school and out-of-school samples had varying abilities to compare the impact of the intervention by schooling status.

Half of the intervention studies took place in rural areas (n = 14); whereas, only five studies took place in urban areas. Eight studies took place in rural and urban areas, often to compare findings across areas. Only two studies focused on orphans, and one focused on sex workers. To our knowledge, no intervention studies focused on adolescent girls and young women in conflict-affected populations, where VAWG may be heightened (Hynes et al., 2016).

In sum, relatively few of the high-quality intervention studies extracted for this review focused on married, out-of-school, or urban adolescent girls and young women. Even fewer focused on special populations of adolescents, such as orphans, sex workers, or those affected by conflict. The relatively homogeneous characteristics of the samples across intervention studies suggests that generalizing the findings more widely warrants caution, and underscores the need for intervention research to prevent poly-victimization in much more geographically and demographically diverse samples of adolescent girls and young women.

4.3.4. Violence outcomes

With two exceptions (Supplemental Table 3), all of the included intervention studies measured impacts on a single form of VAWG. Thirteen intervention studies assessed impacts on child marriage; whereas, fewer studies assessed impacts on IPV (n = 8), sexual violence (n = 4), child abuse (n = 3), and FGMC (n = 3). This focus on single forms of VAWG is problematic, since adolescence is a vulnerable period for poly-victimization (Shiva Kumar et al., 2017). FGMC, for example, predicts later child marriage and forced first sex (Battle et al., 2017; Yount and Abraham, 2007), and child marriage predicts later IPV (Yount et al., 2016). Therefore, identifying the intervention components that disrupt poly-victimization in adolescence and young adulthood is a needed avenue for intervention research in LMICs.

4.3.5. Intervention components

The included intervention studies were single-component and bundled multi-component interventions at the individual-level *only*, community-level *only*, and both levels (hereafter called multilevel). The intervention studies tended to include at least one of six components. Supplemental Table 4 provides descriptions of these components, with illustrative activities for each component extracted from intervention studies summarized in Supplemental Table 3 and described in detail in Supplemental Appendix 3.

The components of intervention studies extracted for this review aligned with Heise's multilevel social ecological framework (Heise, 1998), and the resources and agency dimensions of Kabeer's empowerment framework (Kabeer, 1999), so we defined six intervention components with these frameworks in mind. *Economic-resource components* included school fees or free uniforms to defray the costs of staying in school (e.g., Baird et al., 2010; Baird et al., 2011; Duflo et al., 2006), cash transfers to girls to support their staying in school (Baird et al., 2010, 2011; Erulkar and Muthengi, 2007, 2009; Handa et al., 2015), savings groups and access to microcredit (Amin, 2005; Amin and Suran, 2005; Kanesathasan et al., 2008; Shahnaz and Karim, 2008), and cash grants to start a new business (Green et al., 2015). *Human-resource components* included activities to enhance the educational, livelihoods, and vocational skills of adolescent girls. Examples were classes in literacy and numeracy, as well as training in specific livelihoods or for specific local job markets (Amin, 2005; Amin and Suran, 2005; Bandiera et al., 2012; Brady et al., 2007; Erulkar and Muthengi, 2007, 2009; Green et al., 2015; Kanesathasan et al., 2008; Levitt-Dayal et al., 2003; Mathur et al., 2004; Shahnaz and Karim, 2008). *Social-resource components* included the creation of opportunities to develop a range of social relationships outside of the family, including for example, interactions with adult women mentors, role models, or advocates; peer education or interactions; and safe spaces where adolescent girls could convene and socialize (Supplemental Table 4). *Voice-and-agency components* typically offered training in basic life skills, such as using public transportation or visiting the bank or post office; training in interpersonal skills related to assertiveness, communication, negotiation and leadership; and informal educational opportunities designed to raise awareness about adolescent maturation, development, sexual and reproductive health, and women's and girls' rights (Supplemental Table 4).

Finally, two types of community-level components were implemented, albeit less often than individual-level components, in these intervention studies. These components were intended to alter local *norms about gender and violence* and local *institutions*. One community-level component, which we call *community engagement*, focused on participatory activities designed to mobilize its residents to engage in shared problem solving, and to change norms among family members and community leaders to enhance the acceptability of interventions with adolescent girls (Supplemental Table 4). Another purpose of community engagement was to improve the gender normative environment in which girls were growing up, and thereby, to improve the longer-term sustainability of investments in girls.

The second community-level component focused on *infrastructure development*, which mainly involved enhancing the educational- and health-services infrastructures for girls. These enhancements involved teacher training, school-curriculum development, and the provision of adolescent friendly (sexual and reproductive) health services (Supplemental Table 4). In general, community infrastructure development also includes water points and sanitation facilities in schools and communities to reduce girls' risk of sexual assault; our search, however, did not identify intervention studies with this component.

4.3.6. Single versus bundled intervention components

As summarized for each intervention study in Supplemental Table 3 and aggregated in Supplemental Table 5, only seven interventions delivered a single component, and most (n = 20) included at least two components (one study did not state the number of components). Of the 20 multicomponent interventions, 10 delivered two components, four delivered three components, and seven delivered four or more components. At the individual level, a majority (n = 17) of the interventions included activities to enhance girls' voice and agency. The second most common intervention component, included in 14 interventions, involved investments in girls' social resources outside the family. The third most common intervention component involved investments in girls' human resources (10 interventions), followed by investments in girls' economic resources (9 interventions). Community-engagement activities were part of 11 interventions, and community infrastructure development was included in six interventions.

Given the frequency of "bundling," assessing the kinds of intervention components that were bundled is useful. Two interventions bundled only community-level components, and these studies were focused on preventing FGMC (Diop et al., 2004; Ouoba et al., 2004). Eight studies bundled individual-level components, and of these, five combined some type of economic investment with efforts to enhance the human or social resources of adolescents, or to intervene directly to enhance girls' voice and agency through skill-building (Supplemental Tables 4 and 5). Following the social-ecological and empowerment theory (Heise, 1998; Kabeer, 1999, 10 interventions were "multilevel," combining components directed to the adolescent girl with efforts to mobilize community support or to build community infrastructure (Supplemental Tables 3 and 5).

4.3.7. Intervention impacts

Supplemental Table 5 summarizes the impacts of the 27 interventions (with detailed information available) on violence outcomes in adolescent girls and young women in LMICs. Each letter or symbol in the table refers to a unique intervention and links to detailed information on each intervention, including effect sizes, in Supplemental Table 3.

In general, the interventions are organized according to whether they included a specific component (e.g., economic incentives, Panel I); were single-component or bundled at the individual-level only, community-level only, or both levels (Panel II); and the number of components in the intervention (Panel III). The overall impact of each intervention *across violence outcomes* is summarized as favorable, null, or mixed (combined favorable, null, or adverse effects). The effects of each intervention on *specific VAWG outcome(s)* are summarized as favorable, null, or adverse, to assess interventions from a "do not harm" approach for this age group.

The discussion is qualitative and cautionary, because we cannot attribute impact to specific intervention components or bundles of components. Still, the discussion offers insights for future interventions, as well as guidance, based on a synthesis of the best evidence, for programs that seek to bring interventions to scale.

The most common intervention component entailed activities to enhance voice or agency (n = 17 of 27 interventions, Panel 1, Supplemental Table 5), followed by efforts to enhance social networks and role models outside the family (n = 14 of 27 interventions, Panel 1). A majority of interventions were bundled (n = 20, Panel II), most often at the individual and community levels (n = 10), then at the individual level only (n = 8), and less often at the community level only (n = 2). Most interventions contained more than one component (n = 20, Panel III). Interventions most often had two components (n = 9), followed by one component (n = 7), or four components (n = 6). Having more than four components was rare (n = 1).

Four interventions had at least one adverse effect (see adverse outcome(s) column across Panels I-III, Supplemental Table 5). These included two four-component multilevel interventions (I, S); one three-component individual-level intervention (T); and one single-component intervention (W); however, each of these interventions had mixed impact, overall. One intervention had favorable and adverse effects on child marriage (I), one had null and adverse effects on IPV (T), and one had favorable, null, and adverse effects on IPV (W). One intervention (S) that measured multiple forms of VAWG had favorable and null effects on FGMC, a null effect on child marriage, and null and adverse effects on sexual violence. "Adverse" effects could be reflective of increased reporting of VAWG as a result of the intervention; either way, adverse effects were uncommon in this set of intervention studies, and no pattern emerged in the types of interventions having adverse effects on violence against adolescent girls and young women.

Interventions that had only favorable impacts tended to include certain intervention components (Panel I, Supplemental Table 5). Four favorable-impact interventions included activities to enhance social networks and role models outside the family, and four favorable-impact interventions included activities to build skills that would enhance voice and agency. Two favorable-impact interventions had both of these components, and three favorable-impact interventions included community engagement.

Bundled interventions, whether individual-level or multilevel, showed the most favorable overall impacts (Panel II, Supplemental Table 5). Bundled individual-level interventions had more favorable (n = 4) than mixed (n = 2) or null (n = 2) impacts, and one of the mixed-impact interventions had null or favorable effects (L). Bundled multilevel interventions had more mixed (n = 6) than favorable (n = 2) or null (n = 2) impacts; however, four of the mixed-impact multilevel interventions had null or favorable effects (H,O,Q,V). Bundled community-level intervention were uncommon and were evenly split between favorable (n = 1) and null (n = 1) impact.

The number of components also mattered. Specifically, all single-component interventions had mixed (n = 3) or null (n = 4) impacts, and one of the mixed-impact interventions had adverse effects on IPV (W) (Panel III, Supplemental Table 5). Interventions with two components most often had favorable impacts (n = 6) or otherwise null impact (n = 3). Interventions with three components less often had favorable (n = 1) than mixed (n = 2) or null (n = 1) impacts, and one of the mixed-impact interventions (T) had adverse effects on IPV. Interventions with four components had mixed impact only (n = 6), but four of these interventions had only favorable or null (not adverse) impacts. The one intervention with six components had null impact. Thus, relatively simple, two-component intervention designs appeared to have the most favorable impacts and tended not to have adverse impacts.

5. Discussion

Preventing violence against women and girls is now embedded in the 2030 Sustainable Development Goals (United Nations General Assembly, 2015). Yet, gaps in knowledge persist about the impact of interventions to prevent violence victimization across adolescence (10–19 years) and young adulthood (20–24 years). We conducted this systematic review of reviews to synthesize the best available evidence about the impacts of interventions to prevent violence victimization in women and girls across early adolescence (10–14 years), late adolescence (15–19 years), and young adulthood (20–24 years) in LMICs. Drawing on feminist social-ecological theory (Heise, 1998), theory on women's empowerment (Kabeer, 1999), and adolescent vulnerability to poly-victimization (Shiva Kumar et al., 2017), we focused on five forms of violence that heavily affect women and girls at these ages, especially in LMICs: child abuse/maltreatment, FGMC, child marriage, IPV, and sexual violence. Our focus on five violence outcomes alignes with feminist theory on the common social-ecology of VAWG (Heise, 1998). This focus also recognizes the correlated nature of VAWG and adolescence as a period of heightened vulnerability to poly-victimization (Shiva Kumar et al., 2017). Finally, our effort to integrate across violence literature offers the most comprehensive, systematic assessment of what works to prevent violence against adolescent girls and young women in LMICs.

Our review followed AMSTAR guidelines for the systematic review of reviews and PRISMA guidelines for a supplemental systematic review of the most recent published intervention studies of interest. Of 18 medium-to-high quality reviews, only four reviews—three on child marriage and one on IPV—focused on adolescents. Only one review discussed study findings across early and late adolescence, because the intervention studies themselves rarely compared impact across periods of adolescence. Overall, our review-level findings revealed several key findings. Namely, intervention studies to address VAWG in LMICs 1) are much less common than in HICs, 2) have focused almost entirely on the primary or secondary prevention of victimization rather than on the prevention of perpetration by boys/young men, 3) typically have included samples of women and girls without disaggregating by age, 4) rarely have focused on adolescents, 5) typically have focused on single violence outcomes, 6) have focused mainly on child marriage in the adolescent samples, and 7) have not synthesized the literature on interventions to prevent child abuse and sexual violence in adolescence. Thus, evidence is lacking and/or not well synthesized for what works: to prevent VAWG in early versus late adolescence, to prevent child abuse and well-defined forms of sexual violence in adolescence, and to prevent "poly-perpetration" of multiple forms of VAWG among adolescent boys and young men in LMICs.

Our findings at the intervention study level drew on experimental or quasi-experimental intervention studies to measure impacts on VAWG outcomes, leveraging the most rigorous available evidence of impact. Most of the 28 extracted intervention studies took place in Sub-Saharan Africa or South Asia, and most were geographically concentrated, raising questions about external validity and generalizability to under-represented regions. The age-range of included girls and young women was wide (0–30 years), precluding comparisons across early and late adolescence. Few intervention studies focused on married, out-of-school, or urban adolescent girls or young women, with little to no focus on orphans, sex workers, or conflict-affected populations. Therefore, intervention studies are needed to understand what works to prevent violence against adolescent girls and young women in these understudied populations.

Thirteen intervention studies assessed impacts on child marriage; whereas, fewer studies assessed impacts on IPV (n = 8), child abuse (n = 4), sexual violence (n = 4), and FGMC (n = 3). Intervention studies included at least one of four individual-level components related to skills-based training to enhance girls' voice and agency (n = 17), followed by activities to expand girls' social networks outside the family (n = 14), investments in girls' human resources (n = 11), and economic resource transfers (n = 10). Despite the recommendations from violence and empowerment scholars (Heise, 1998; Kabeer, 1999), community-level components were less common; however, observed efforts focused on community engagement (n = 11) or infrastructure development around education and health-care for girls (n = 6). Most interventions were "bundled" (n = 20), and most of these were bundled at the individual level (n = 8) or combined individual and community levels (n = 10).

In general, only four interventions had adverse effects, and there was no clear pattern in the type of intervention producing such effects; adverse effects may be reflective of increased reporting of VAWG. Single-component interventions had the least favorable outcomes; whereas, bundled individual-level interventions and multilevel interventions had the most favorable impacts, especially if they included fewer components. The most promising intervention components were skill-building to enhance voice/agency, strengthening social networks and women role models outside the family, and community engagement.

Several important contributions of this review are noteworthy. First, prior reviews have focused on synthesizing evidence about interventions to prevent single forms of VAWG; however, this systematic review of reviews has contributed to the literature by synthesizing evidence on the impacts of intervention studies across *multiple forms of violence against adolescent girls and young women in LMICs*. This synthesis is critical, given the almost exclusive focus of reviews and extracted intervention studies on single forms of VAWG despite the high documented prevalence of poly-victimization (Finkelhor et al., 2007; Sigal et al., 2016; Solotaroff and Pande, 2014) and common underlying causes of women's (and girl's) disempowerment and vulnerability to violence (Heise, 1998; Jewkes, 2002).

Second, this review has contributed a comprehensive, theoretically grounded framework with which to organize and to examine types, combinations, and levels of interventions that show promise to prevent poly-victimization of adolescent girls and young women. Third, our review provided extensive quantitative and qualitative supplemental material, for exceptional access to the body of intervention work that meets acceptable standards of rigor. Finally, reviewing systematic reviews and examining individual intervention studies allowed us to compare and contrast the focus and findings of these two bodies of literature. Our findings at the review level revealed a clear emphasis on IPV (but not in adolescence/young adulthood), and a clear gap in reviews on what works to prevent child abuse and sexual violence in adolescence/young adulthood in LMICs. Our findings at the intervention study level revealed a preponderance of studies focused on child marriage and a dearth of studies assessing poly-victimization. Findings at this level also revealed a tendency to bundle interventions and to include voice/agency and social-resource components at the individual level. The intervention-level findings clarified that adverse impacts were uncommon and unspecific to a type of intervention, and that bundled individual-level or multilevel interventions with a few components, such as skill-building around voice/agency, expanding girls' social networks, and community engagement, showed promise.

Some limitations of this systematic review of reviews are notable and suggest avenues for new research. First, the diversity of the interventions and of the measurement scales for the outcomes precluded a meta-analysis of the findings from extracted intervention studies. Greater cross-site standardization of intervention study designs, and of the measurement of violence-related outcomes, would permit a quantitative, meta-analytic assessment of programmatic impacts across settings. Second, no samples of boys and young men only were included in this review of reviews. This exclusion allowed us to focus on interventions to prevent violent victimization by empowering adolescent girls and young women and by creating an enabling environment for their empowerment. This focus aligns with and integrates landmark multilevel conceptual frameworks from the violence and human development literature (Heise, 1998; Jewkes, 2002; Kabeer, 1999). A companion systematic review of reviews now is needed to understand what works to prevent "poly-perpetration" of multiple forms of VAWG by adolescent boys and young men in LMICs. Such a review might use a gendered life-course and social-ecological framework to assess the impacts of interventions with adolescent boys and young men to prevent the perpetration of child marriage, non-partner sexual violence, and IPV in marriage.

To date, intervention studies to prevent multiple, correlated forms of VAWG that allow for the comparison of impacts across early versus late adolescence versus young adulthood are lacking. Intervention studies to prevent violence against adolescent girls and young women in urban, married, out-of-school, and conflict-affected populations also are needed. Still, based on available findings, multilevel interventions that rely on community engagement to create a favorable environment, and interventions with adolescents to enhance their social resources outside the family and their voice/agency show promise to reduce VAWG at these important developmental stages. Thus, testing the impact of more comparable multilevel interventions on poly-victimization at these life stages in a more diverse set of countries and in understudied populations is a critical next step for intervention research with adolescent girls and young women in LMICs. Understanding what works to prevent VAWG in early adolescence will likely alter trajectories of victimization across the life course, opening the door for girls to pursue their lives with bodily integrity and freedom from violence.

Conflict of interest

The authors declare no conflict of interest.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at http://dx.doi.org/10.1016/j.socscimed.2017.08.038.

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