The Adolescent Girls Empowerment Program (AGEP) is a randomized controlled trial to evaluate a multisectoral program intended to increase girls’ social, health and economic resources. AGEP involves over 10,000 vulnerable girls ages 10–19 in Zambia. The girls participate in weekly girls’ group meetings (safe spaces), receive vouchers that they can exchange for a variety of health services, and open savings accounts. AGEP operates in ten sites—five urban and five rural—across four provinces in Zambia. (For more about the program and research design visit: popcouncil.org/research/adolescent-girls-empowerment-program.)

The evaluation of AGEP is based on the randomization of girls to participate in one of four arms of the program:
1) safe spaces only
2) safe spaces + health voucher
3) safe spaces + health voucher + savings account; and
4) no program (control).

The sample of girls being tracked in the evaluation includes over 5,000 unmarried girls 10–19 years of aged at the first or baseline survey. The girls will be observed over four years, including the two years of the program and two years after the program has ended.

This AGEP brief highlights trends in the data after the girls had participated in one of the two years of the program.

**THEORY OF CHANGE**

The theory of change behind AGEP posits that:
- adolescent girls are empowered—the outcome we seek—by acquiring social, health, and economic assets,
- they can then draw on these assets to reduce vulnerabilities and expand opportunities, and

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**Asset Building Theory of Change**

- **Intervention**
  - “Safe Spaces” Mentoring sessions
  - Financial education
  - Sexual and reproductive health education
  - Health vouchers

- **Mediating**
  - Economic assets
    - Savings accounts opened
  - Social assets
    - Increased school completion
  - Health assets
    - Delayed sexual debut

- **Longer-Term**
  - Reduced early marriage
  - Reduced gender-based violence
  - Fewer early/unintended pregnancies
  - Reduced STI transmission
  - Reduced HIV transmission

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• the result of this empowerment will be an increased likelihood of completing school, delayed sexual debut, and reduced risk of early marriage, unintended pregnancy, acquisition of HIV, and other poor outcomes.

One year into the four-year study, we would expect to see positive change on the mediating factors—that is, increased social, health, and economic assets.

Methodology

The second round of data collection was conducted between July and December 2014. Out of the 5,241 girls interviewed at baseline (that is, the first round of data collection), 4,701 were interviewed in the second round for a 90% follow up rate. On average, the girls who were not reached were older, more likely to have been out of school, and living in urban sites.

Results

An analysis was conducted assessing differences after one year with regard to social, health, and economic assets (illustrated as mediating factors in the Theory of Change) between girls participating in one of the three experimental arms of AGEP and girls in the control group. The analysis took into account the differences between urban and rural areas, as well as the assignment of girls to the different program arms. Furthermore, an intent-to-treat analysis was used, an approach that reduces bias by including girls in the program sample for analysis if they were invited to participate, whether or not they actually participated. This is a more conservative assessment of program effect, but eliminates the selection bias that would differentiate girls who chose to participate in the program from those who did not (approximately 25%).

Social Assets: The survey looked at a range of social assets including self-esteem, number of friends, and social safety nets—including having a female adult confidant, having a place to stay in case of emergency, and having a safe place in the community to meet other female friends apart from home and school. Higher self-esteem scores were observed for AGEP participants compared to girls in the control group across the four segments of girls (girls aged 10-14 who live in a rural area, girls aged 10-14 who live in an urban area, girls aged 15-19 who live in a rural area, girls aged 15-19 who live in an urban area); the effect being strongest amongst the younger rural girls. Girls participating in AGEP programs also had significantly stronger safety nets than the girls in the control group, with the effect being strongest for younger girls. There was no difference after one year between AGEP participants and nonparticipants in the reported number of friends that girls have.

Health Assets & Outcomes: Data was collected that assessed girls’ sexual and reproductive health knowledge, as well as sexual and reproductive health behaviors. There was no difference in knowledge on sexual and reproductive health or HIV, nor difference in experiences of physical violence. There was, however, a positive difference in sexual behavior, with AGEP girls 15 and older being 25% less likely to have had unwanted sex. In addition there was a greater likelihood of condom use at last sex, but only among the girls in the rural sites.

Economic Assets: After one year of exposure to the program, girls participating in AGEP programs were more likely than the girls in the control group to believe that they made good decisions in their money management. Girls participating in AGEP programs scored higher on the financial literacy scale at Round 2 than the girls in the control group did. They were also more likely to have saved in the past year. However, these differences were only significant for girls who were in the program arm that opened savings accounts.

CONCLUSION

One year into the AGEP program, the trends indicate that girls’ social, health and economic assets, as well as some health outcomes, are improving. We expect that the next round of data, which will reflect the effect after the full two years of the intervention, will show positive impact one step further on the theory of change—with increased assets in the short term leading to increased education, improved reproductive health, and other positive outcomes in the long term.

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CONTACT INFORMATION

For more information about AGEP, call +260 211 295925
or email agep@popcouncil.org
or visit: http://www.popcouncil.org/research/adolescent-girls-empowerment-program

Population Council
Plot #3670 No. 4 Mwaleshi Road
Olympic Park
Lusaka, Zambia 10101