INTRODUCTION

For Zambian girls, social isolation, economic vulnerability, and lack of appropriate health information and services are critical problems that prevent a healthy transition from girlhood to womanhood. The challenges that girls are confronted with—high rates of gender-based violence, unsafe sex that puts girls at risk for unwanted pregnancy and HIV infection, school dropout, lack of economic resources and income-generating options, lack of agency and participation—are linked together through their root causes. Therefore, the solutions must be interconnected as well.

Through the Adolescent Girls Empowerment Program (AGEP), the Population Council and partners are implementing a social, health, and economic asset-building program for vulnerable adolescent girls in Zambia.

PROGRAM COMPONENTS

Safe spaces

The core of the safe spaces component, implemented in partnership with YWCA Zambia, is a weekly girls’ group meeting in which 20 to 30 girls get together with a mentor—a young woman from their community—for short training sessions on a variety of topics as well as a chance to discuss the events of the past week. These ongoing, stable group sessions serve two critical functions: 1) they build a platform in which girls meet and can be reached with a variety of interventions and educational topics, and 2) they build social assets, including friendships, trusting relationships, and self-esteem, that have a positive influence on other dimensions of their lives—their livelihood and health. The safe spaces meetings have become an integral part of what girls expect in their lives and can be sustained in the long term via cultural change.

Savings accounts

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 that AGEP participants are able to open. The NatSave account has a very low minimum opening balance, and any amount can be deposited or withdrawn with no fee. While girls are able to make deposits on their own, in order to adapt to the Zambian legal minimum age of 18 for opening accounts, girls select a cosignatory—a woman aged 18 or older—to assist with account opening and withdrawals. This financial mentor can be the girl’s mother, however the participant has the option to choose another female in her life who she trusts (i.e., older sister, teacher, aunt, neighbor).
In partnership with the Ministry of Community Development, Mother Child Health (MCDMCH) and InSTEDD, the Council is developing an e-Health Voucher that AGEP participants can redeem for a package of health services at contracted public and private health providers. The services covered by the voucher include basic wellness exams as well as age-appropriate sexual and reproductive health services. Service providers use text messages to interact with a web-based system that logs and issues authorization for the services in real-time. The Council trains providers at participating clinics in the provision of adolescent-friendly health services and conducts ongoing monitoring and quality-assurance visits at participating clinics. Providers are reimbursed per service provided based on pre-approved rates.

RESEARCH OVERVIEW

In conjunction with program activities and in partnership with the Ministry of Health, Council researchers are also conducting a rigorous four-year impact evaluation of the program using a randomized communities design. The study is following girls for the two-year intervention period and for two years after completion of the intervention. Communities where AGEP is being implemented have been randomly assigned different components of the intervention—including the full program (safe spaces, savings accounts, and health vouchers), safe spaces with a health voucher, and safe spaces only. The outcomes for AGEP participants will be compared with control group participants. Study instruments include a survey that measures self-esteem, social networks, attitudes and behaviors related to gender, work and savings activity, nutrition status, literacy and numeracy skills, cognitive function, sexual and reproductive health knowledge, and sexual behavior. In addition, study participants aged 15 and above will be tested for HIV and HSV-2 and the height and weight of themselves and their children collected. Baseline data for program and control girls were collected between July 2013 and January 2014 prior to program initiation.

PROGRESS TO DATE

The AGEP intervention has been rolled out in the program’s 10 sites, contained in four provinces: Lusaka, Central, Copperbelt and Northwestern. Over 10,000 girls are currently enrolled in the program and are meeting in their weekly safe spaces groups. Over 2,100 savings accounts have been opened and more than 4,300 health vouchers distributed. The intervention will end in a staggered fashion across the sites starting with the first sites in August 2015 and the final site closing in March 2016. The second round of survey data was collected between July – December 2014 and the third round, reflecting the effect immediately post the two-year intervention, will be collected between July – December 2015. Preliminary results after the first year are currently available and the main evaluation results will be available by mid-2016.

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CONTACT INFORMATION

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adolescent-girls-empowerment-program

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