

# Mapping of Integrated Sexual and Reproductive Health and Rights and Economic Empowerment Programmes for Adolescents and Young People





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# ACRONYMS AND ABBREVIATIONS

<b>A&amp;Y</b>	Adolescents and Youth
<b>ASRHR</b>	Adolescent Sexual and Reproductive Health and Rights
<b>CCT</b>	Conditional Cash Transfer
<b>CSE</b>	Comprehensive Sexuality Education
<b>ESA</b>	East and Southern Africa
<b>FP2020</b>	Family Planning 2020
<b>ICPD</b>	International Conference on Population and Development
<b>IDI</b>	In-depth Interviews
<b>MAYE</b>	Meaningful Adolescent and Youth Engagement
<b>MYE</b>	Meaningful Youth Engagement
<b>PMNCH</b>	Partnership for Maternal, Newborn and Child Health
<b>PYD</b>	Positive Youth Development
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>SDGs</b>	Sustainable Development Goals
<b>SSA</b>	Sub-Saharan Africa
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization
<b>YEE</b>	Youth Economic Empowerment
<b>YIELD</b>	Youth Investment, Engagement and Leadership Development

# 1. INTRODUCTION

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*“The skills, knowledge, and innovation that people accumulate are the greatest assets of economies on the rise... This is profoundly important for Africa today.”<sup>1</sup>*

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East and Southern Africa are experiencing the largest ever cohort of young people with over 32% of their populations between the ages of 10-24, the majority of whom are in the youngest age bracket (10-14). To harness the potential of the demographic dividend, UNFPA advocates for national investments in the three “E’s” of its demographic-dividend policy framework, namely young people’s empowerment, education and employment.

This approach aligns with the African Union Council (AUC) initiative launched in 2019 entitled: 1 million by 2021. The AUC initiative aims to reach a million young people in Africa by creating opportunities for youth to actively and meaningfully drive the full realization of Africa’s Agenda 2063. The initiative was launched at the AU headquarters in Ethiopia during a four-day Pan African Forum organized under the theme “Africa Unite for Youth: Bridging the gap and reaching African youth”. This initiative is built around four key areas of intervention: Employment, Entrepreneurship, Education and Engagement (4E’s) to accelerate socioeconomic development on the continent.

UNFPA and its partners currently support a variety of Youth Economic Empowerment (YEE) programmes and interventions in the sub-region linked to their broader ICPD mandate. They range from economic empowerment interventions, to asset-building and life-skills training (as part of comprehensive sexuality education for in- and out-of-school adolescents and youth). YEE interventions are linked to programmes that seek to increase information and education around SRH and/or on removing barriers to prevent and eliminate harmful practices and teenage pregnancies. These interventions aim to strengthen youth employability by providing necessary skills, in particular soft skills (e.g. communication, negotiation and decision-making, goal-setting, individual leadership, and self-confidence) to navigate their future economic and family life. The effectiveness of the various YEE and asset-building approaches embedded in adolescent sexual and reproductive health and rights (ASRHR) programmes had not, until now, been comprehensively reviewed.

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## 1.1. MANDATE

UNFPA ESARO mandated a systematic mapping of documented, existing initiatives and programmes<sup>2</sup> that integrate/d sexual and reproductive health and rights (SRHR) in economic empowerment and/or asset-building and/or entrepreneurship frameworks/programmes for young people.

This mandate is taking place in the context of the Global Initiative on Decent Work for Young People led by a worldwide alliance committed to creating quality jobs for young people. The objective of the initiative is to scale up action and impact on youth employment in support of the 2030 Agenda for Sustainable Development. It offers a platform to catalyse partnerships, collaboration and coordinated action grounded in evidence-based strategies.

UNFPA is a partner to the initiative and in the framework of its overall, long-lasting commitment to ASRHR, is interested in enlarging the evidence base on successful programming that integrate elements of ASRHR and youth economic empowerment. The mapping exercise should bring about the diversity of approaches and the different pathways of integration of the two fields, and highlight best practices and their key interventions, as well as potential for replication or scale-up.

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<sup>1</sup> <https://www.worldbank.org/en/news/opinion/2017/04/03/human-capital-the-greatest-asset-of-economies-on-the-rise>

<sup>2</sup> Supported by UNFPA and other UN agencies and civil society organizations in Eastern and Southern Africa (ESA)



## 2. STUDY METHODOLOGY

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### 2.1. OVERVIEW

UNFPA commissioned a mapping of Youth Economic Empowerment (YEE) initiatives in the East and Southern African region with the aim of:

- documenting existing initiatives and programmes supported by UNFPA and other UN agencies and civil society organizations that integrate SRHR and economic empowerment for young people; and
- identifying good practices that can be scaled-up or replicated.

The mapping was set up in three phases: a rapid scoping review (to establish a theoretical and conceptual framework for the mapping); development of the Mapping Matrix (for the selection and extraction of programmes and interventions); and the literature review.

### 2.2. RAPID SCOPING REVIEW

To focus the inquiry, a **rapid scoping review** was done to capture the latest framework and conceptual thinking on the YEE interventions. The scoping reviewed recent theoretical and conceptual thinking on YEE and asset-building literature as situated vis-à-vis larger youth development and empowerment frameworks such as Positive Youth Development (PYD) and Youth Investment, Engagement and Leadership Development

(YIELD).<sup>3</sup> The scoping review informed the development of a holistic working definition of the concept of “economic empowerment” of young people.

An operational definition was established to guide the mapping exercise by providing preliminary criteria for the identification and analysis of integrated SRH and economic empowerment programmes.

### 2.3. MAPPING MATRIX AND INCLUSION CRITERIA

A **Mapping Matrix** was created based on the results of the rapid scoping including the operational definition of YEE, a list of key criteria/indicators and review questions (to guide the mapping of programmes and the analysis of their key components).

Inclusion criteria were established around a typology of interventions drawn from Plourde (2013). For a programme or intervention to be included in the mapping they had to focus on one of the following types of interventions:

- Microfinance;
- Microcredit;
- Microsaving (including youth savings products; youth savings programmes; and youth savings policies);
- Entrepreneurial programmes;
- Youth development livelihood programmes;
- Financial literacy training;
- (Conditional) cash transfer; and
- Asset-building programmes.

In addition, Technical Education and Vocational Training (TVET) programmes were also included as they were often

linked to specific intervention-approaches listed above.

Other inclusion criteria were:

- Geographical focus (primarily East and Southern Africa)
- Age (adolescents and youth population up to age 35)
- Link to sexual and reproductive health or HIV programme outcomes.

To reach and target diverse sub-groups of young people, these interventions could take place in any setting but all were established in three primary settings: in school, out of school (in the community, in households, in youth centres, in safe spaces, etc), and/or in the workplace.

The Mapping Matrix for the programmes also captured additional information related to:

- Specific approaches and interventions for youth economic empowerment (within the classified types listed above);
- Integration pathways between SRHR and youth economic development including entry points and aspects of SRHR involved in integrated approaches with economic empowerment;

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<sup>3</sup> <https://www.summitfdn.org/equality-for-women-and-girls/yield/>

- Socioeconomic context where the programme is/was taking place (high/low income, urban/rural, etc.);
- Geographical scope of the intervention;
- Target group and size of target group within the adolescent and youth population; focus on specific sub-population groups, especially the most marginalized;
- Adherence to the principles of meaningful adolescent and youth engagement (MAYE); positioning vis-à-vis youth participation best practices as evidenced by the YIELD research; and
- Possibility for replication/scale-up including evidence generation and use of data.

Good practices that can be scaled up or replicated would be identified and the key components be analysed according to the above-mentioned criteria.

The Matrix was approved as part of the Inception Report. It was then used for the data-extraction exercise cataloguing the included interventions and programmes (see Annex 1 for a summary of the Matrix).

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## 2.4. LITERATURE REVIEW (INCLUDING SEARCH STRATEGY)

A targeted **literature review** of peer-reviewed, scientific publications and grey literature was conducted.

### Search strategy

The search strategy was a web-based search using key word combinations (drawn from the inclusion criteria above) in Google, Google Scholar, Pubmed, and Web of Science. Websites of respective UNFPA and UN organizations and partners in ESA countries were also searched. Finally, we conducted a hand search of the bibliographies of all included articles and reviews identified through the search.

We limited the search from 2000 to the present. There were no language restrictions. The search was initially focused on sub-Saharan Africa and then narrowed to ESA countries.

### Evidence extraction and classification

Identified programmes and interventions were then analysed and mapped. The mapping includes information on country intervention approaches; results (ideally from evaluations or published results); implementers and donors and links to the study

references. The quality of the results was difficult to assess as the type of documentation varied greatly between studies. Externally evaluated studies and Randomized Control Trials were generally considered to provide strong evidence; results from internal evaluations and findings from observational studies were considered moderate; and findings that were self-reported or unclear how they were arrived at were considered weak. These findings have been summarized as classified in the Summary Table in Annex 1.

### Key informant interviews

To validate the findings, the team attempted to contact key informants to provide more information on what worked, best practices and replicability. Experts<sup>4</sup> were selected that had extensive knowledge of YEE programmes in Southern Africa. The contacts were not available in December but were asked to review the mapping in January 2020. Their inputs inform the final mapping.

This report represents the findings of the three-phase process and the mapping conducted. In consultation with UNFPA, a master presentation on the findings of the mapping will be prepared.

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<sup>4</sup> Experts include: Fred Ssewamala, Washington University, St Louis, the George Warren brown School of Social Work, St Louis, Missouri (Editor: Special issue of JAH on economic empowerment in health); Karen Austrian, Population Council, Nairobi, Kenya (developed and evaluated financial literacy and savings programmes for adolescent girls; principal investigator on several large-scale studies evaluating the impact of adolescent girls' programmes that include financial literacy, savings and cash transfers); and Shireen Motara, Sustainability Solutions, South Africa (Expert on Economic Empowerment programmes and the Rapariga Biz programme in Mozambique).

# 3. CONCEPTUAL FRAMEWORK AND EVIDENCE FOR THE INTERSECTION OF ASRH AND ECONOMIC EMPOWERMENT FOR YOUNG PEOPLE

## 3.1. KEY DEFINITIONS IN THE FIELD OF YOUTH ECONOMIC EMPOWERMENT

### Typology of youth economic empowerment interventions

The field of youth economic empowerment is characterised by multiple, often overlapping concepts. The range of interventions to achieve it is diverse with interchangeably used approaches which require clear definition.

Economic empowerment is the ability to make and act on decisions that involve the control over and the allocation of financial resources (Golla et al., 2011). It is a process by which one develops increased access to resources (informational, social and economic) and greater agency (or control), ultimately improving capabilities, or the capacity to effect outcomes in one's own life (Dunbar et al., 2014).

The concept of empowerment has been significantly researched in relation to women's economic and political participation and access.

Empowerment is the process by which individuals take control and ownership of their lives through expansion of their choices. There are three main dimensions in this process:

- **Resources**, which are favourable pre-conditions to make decisions, including human, economic and social resources;
- **Agency**, which is the process by which an individual can make and act on her (or his) own choices; and
- **Achievements**, which are the outcomes from decision making.

Source: (Kabeer, 2005).

Given the overlap of concepts, it is important to specify the nature of youth economic empowerment interventions. Plourde (2013) provides an exhaustive typology of interventions:

- 1. Microfinance** is an umbrella strategy including the provision of a range of financial services such as loans, credit, savings, money transfers and insurance to low-income people or households who lack access to mainstream banks and could otherwise not have access to similar funds. The programmes are self-sustaining by recovering operational costs through the services provided. The exact structure of microfinance programmes can vary by provision of services, implementation and delivery (O'Malley & Burke, 2017).
- 2. Microcredit** is the provision of small loans, usually in cash but occasionally in kind, to finance household activities or to start or expand business ventures. Microcredit programmes often target poor people to support entrepreneurial activities, such as creating small businesses or other income-generating activities. Microcredit is a component of the larger field of microfinance and has been widely used to promote financial inclusion of poor communities globally, primarily by providing credit to adult women. Given the success of microcredit programmes among adult women, some organizations have tried applying microcredit strategies to promote economic advancement among adolescent girls (Fewer, 2013).
- 3. Microsaving** programmes offer deposit services to people who lack access to mainstream banks. Microsaving models can vary; they may offer individual savings opportunities or may be a part of a group-based savings model where an entire group saves and members are able to borrow from shared savings. Microsaving is often linked to microcredit and may be a condition of receiving a loan, or offered as



part of a combined intervention. There are a variety of models, including offering savings accounts and savings education to young people. Three types of youth savings initiatives can be found in the literature:

- a. *Youth savings products*: Products offered by a financial institution, typically for commercial purposes; these rarely involve additional stakeholders or support services.
- b. *Youth savings programmes*: Programmes offered as a result of initiatives by a non-profit institution to promote specific social outcomes; often involve a financial institution partner; sometimes designed as a small-scale pilot of a future policy, and almost always involve additional external support services.
- c. *Youth savings policies*: Policies offered as a result of an act of government, covering either all youth or a specific category of youth; designed to encourage asset building or other positive behaviours; typically feature both direct financial incentives/subsidies and restrictions on the withdrawal and/or use of funds (Fewer et al., 2013).

Youth saving can be a powerful tool but many countries have legal barriers that prevent the private sector from delivering savings products to young people (Fewer, 2013).

- 4. Entrepreneurial programmes**: training on how to start and operate a business and/or working with the labour market to influence youth employability.
- 5. Youth development livelihood programmes**: often focus on youth working in the informal economy and have a specific focus on self-employment.
- 6. Financial literacy training**: often focus on increasing young people's understanding of finance with the goal of building their capacity to make appropriate decisions

related to their personal finances, assessment of risky income sources, and planning for the future. Financial literacy programmes are mostly run by civil society organizations, and promote knowledge and skills in budgeting, financial planning, and how to access and use financial services (Fewer, 2013).

- 7. (Conditional) cash transfer**: provides youth, or the households in which they reside, with small sums of money, sometimes with no conditions attached. On the other hand, conditional cash transfer programmes can stipulate that recipients meet certain behavioural requirements - such as school attendance - to remain eligible for the funds. Cash transfers involve the transfer of cash or other assets and are a form of social protection typically targeted at the poor (High Impact Practices in Family Planning (HIPs), 2017).
- 8. Asset-building programmes**: based on the theory that family resources, including economic assets, social assets (peer networks, mentors, self-esteem, communication/negotiation skills, etc.) and health assets (SRH knowledge, access to services, etc.) may affect children's risk-taking behaviour, including SRH behaviour. These interventions focus on strengthening the family's economic assets.

Importantly, to reach and target diverse sub-groups of young people, these interventions can take place in three primary settings: in school, out of school (in the community, in households, in youth centres, in safe spaces, etc.), and/or in the workplace.

Technical Education and Vocational Training (TVET - further defined below) is not included in Plourde's typology, but could be seen as overlapping with some of these interventions, especially with entrepreneurial programmes and financial literacy training.

## Strategies for youth economic empowerment

In the literature, the different interventions for youth economic empowerment have been used as stand-alone interventions or in combination. Youth programming has often clustered these different interventions in three types of strategies:

- 1. Financial Services Strategies**, which include microcredit, youth savings initiatives, and financial literacy education.
- 2. Employment Strategies**, with two main approaches to promoting employment among adolescents: vocational training and initiatives focusing on the school-to-work transition.
- 3. Life-Skills and Social Support Strategies**, which include creating social networks and providing reproductive health and gender equity training.

These strategies often overlap in programme design and implementation. Together they create a comprehensive and integrated approach for adolescents' economic empowerment (Calder, 2018; Fewer et al., 2013).

## Other key definitions and approaches

**Technical and Vocational Education and Training (TVET)** refers to the acquisition of knowledge and skills for the world of work (Pompa, 2014). It comprises education, training and skills development relating to a wide range of occupational fields. It can take place at secondary, post-secondary and tertiary levels and includes work-based learning and continuing training and professional development which may lead to qualifications. In its content and delivery, TVET can show large variations according to national and local contexts and can be delivered by governmental or NGO-programmes (UNESCO, 2015). Vocational training is a common strategy used to strengthen the skill-base of the workforce and help adolescent girls enter the formal labour market (Fewer, 2013). More than an approach, TVET is sometimes also seen as a "sector," encompassing a range of actors and interventions.

**Skills development** is used to describe a wider array of institutions and activities influencing employment and earnings. Skills training is the education or training

designed to provide the participant with the basic skills and certification necessary for employment in an occupational area.

**Livelihoods:** Livelihoods are composed of the physical, natural, human, financial, social and political capabilities, assets and activities required for households to obtain and maintain access to the resources necessary to ensure their immediate and long-term survival (INEE, 2011; USAID, 2005). Livelihood training can also refer to training in fields of lower-skilled, especially informal types of work (Pompa, 2014).

**Life-Skills** are often referred to as 'soft skills' and fall into three basic categories: 1) social or interpersonal skills which may include communication, negotiation, assertiveness, cooperation, etc.; 2) cognitive skills such as problem solving, understanding consequences, decision making, critical thinking, etc.; and 3) emotional coping skills which include a positive sense of self, self-control, managing stress, etc. They are abilities that promote adaptation to and success in managing the tasks of daily life (Richards 2018, Pompa, 2014).

## Strategies to Promote Economic Empowerment

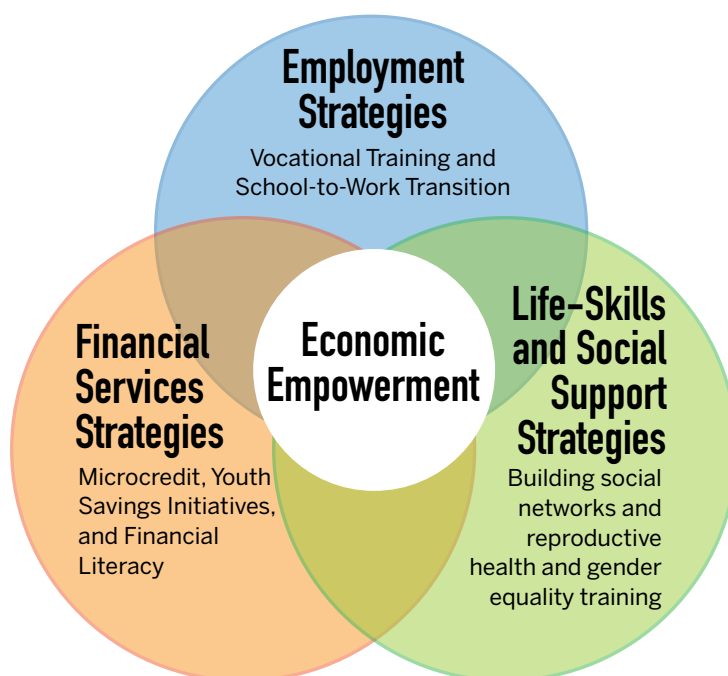


Figure 1: Strategies to promote economic empowerment  
Source: Fewer et al., (2013)

## 3.2. FRAMEWORKS AND CROSS-SECTORAL APPROACHES

### 3.2.1. Positive Youth Development framework

Following the development of positive psychology in the 1990s, a number of theories and interventions targeting adolescents and youth development have coalesced around the field of Positive Youth Development (PYD). PYD broadly refers to the range of developmental experiences that optimally prepare young people to attain well-being and their adult potential. **It views youth as having developmental assets to be strengthened and nurtured, rather than as having problems to be solved and risks to be managed** (Alvarado et al., 2017). PYD is a radical change from a tradition of research and practise primarily focused on a deficit-based or problem-oriented approach to youth development.

The YouthPower initiative of USAID has operationalized the PYD approach through the framework shown in Figure 2. USAID seeks to strengthen and ensure the effectiveness of youth programming by moving investments from single-sector, problem-focused responses toward cross-sectoral PYD investments that help countries support youth in reaching their full potential.

The PYD approach puts the emphasis on developing the personal assets of young people, especially skills that promote a broad set of interrelated positive outcomes. This includes strengthening internal assets, soft skills, competencies, and individual character. It opens the way for cross-sectoral youth programming focused on strengthening a set of soft skills that are relevant for different domains of young people's life (Soares et al., 2017).

PYD programmes have had a beneficial impact on sexual and reproductive health (SRH) and behaviours, gender norms, as well as employment outcomes (Alvarado et al., 2017). Development assets and strengths were shown to act as protective factors against SRH and to increase the adoption of positive SRH behaviours among young people (Arbeit et al., 2015). Looking at youth development holistically, PYD supports integration of youth economic empowerment and adolescent sexual and reproductive health (ASRH).

### 3.2.2. Asset-Building frameworks

Building on the evidence from the PYD and the social capital literature, asset-building frameworks have been designed to inform youth empowerment programming. A research study identified six key factors (assets/

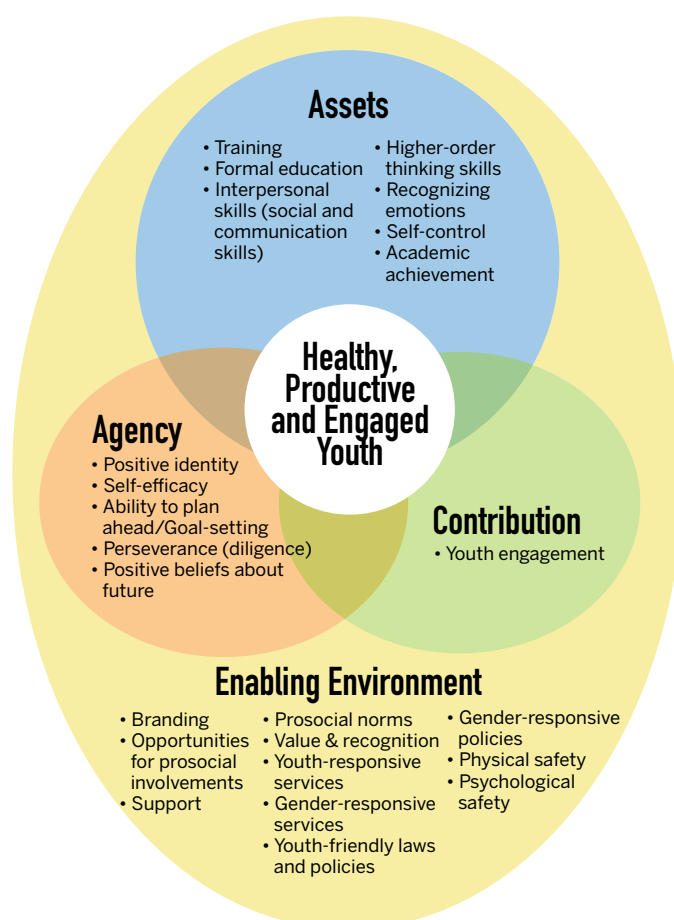


Figure 2: The PYD framework (source: youthpower.org)

capital) contributing to adolescent girls' economic empowerment (Fewer, 2013):

1. Financial capital (e.g., cash, savings, access to credit, and other financial assets);
2. Human capital (e.g., education, health, self-esteem, and communication skills);
3. Social capital (e.g., social networks, friends, mentors, and supportive family members);
4. Physical capital (e.g., ID card, household goods, land, housing, and transport);
5. Social norms (e.g., early marriage, childbearing, influence of age, gender, and ethnicity);
6. Institutions (e.g., political and legal rights, market structure, and the education system).

Asset-building frameworks follow the principle that the protective effect of assets or capitals come from their combination in a given context, and that one type of asset only is unlikely to be conducive to - or sustain - youth empowerment. In that sense, they are holistic approaches which inform complex interventions. "Safe Spaces" are an example of social asset-building methodologies which combine interventions to address girls' social isolation, economic insecurity, lack of access to services, and sexual and gender-based violence. These approaches have been tested extensively by the Population Council in Ethiopia, Kenya and Zambia in the ESA region.

### 3.2.3. Skills development for youth cross-sectoral programming

PYD approaches have drawn attention to a large range of internal youth assets and skills. Cognitive and technical skills have made well-documented contributions to positive youth development across life domains, but a growing body of evidence recognizes the importance of “soft skills” in predicting positive outcomes in different life domains including health and economic outcomes (Gates et al., 2016).

Soft skills refer to a broad set of competencies, behaviours, attitudes and personal qualities that enable people to effectively navigate their environment, relate well with others, perform well, and achieve their goals. These skills are applicable across sectors and complement the acquisition of other skills such as technical and academic skills. (Gates et al., 2016)

Soft skills have been equally referred to as: non-cognitive, workforce readiness, life, behavioural, and 21st century skills. In 2015, extensive research was conducted to identify the soft skills most critical to youth workforce successes such as employment, performance on the job, wages, and entrepreneurial success. (Lippman, Ryberg, Carney, & Moore, 2015). Building on this evidence, additional research established that a number of these soft skills can foster positive outcomes across three different areas: workforce development, violence prevention, and SRH. Looking at the most supported skills in the literature within these three domains, a 2016 review identified that seven age-appropriate (ages 12–29) and adaptable skills strongly predict outcomes across the three domains, as well as where they intersect (see Figure 3). These soft skills are: positive self-concept, self-control, higher-order thinking skills, social skills, communication, empathy, and goal orientation (Gates et al., 2016).

At the intersection of workforce successes and SRH, only four skills (**positive self-concept, self-control, high-order thinking skills and communication**) enjoy strong evidence of yielding positive outcomes across both domains.

**Positive self-concept** refers to “a realistic awareness of oneself and one’s abilities that reflects an understanding of his/her strengths and potential”. In the SRH literature, positive self-concept is frequently referred to as “self-efficacy” when related to specific sexual behaviours, such as condom use or the prevention of HIV. Positive self-concept and its effect on SRH behaviour have the most support from the literature. (Lippman et al., 2015).

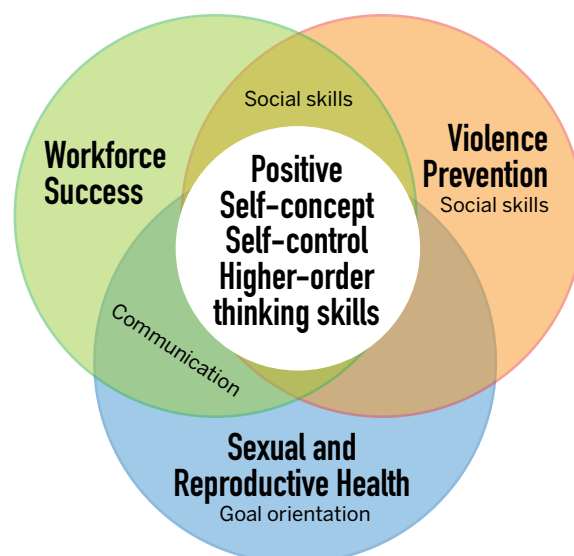


Figure 3: Key Skills for Cross-Sectoral Youth Development: Top Supported Skills Across Fields (Source: Soares, 2017)

**Self-control** refers to one’s ability to delay gratification, control impulses, direct and focus attention, manage emotions, and regulate behaviours, and in the SRH field, it is the ability to regulate and refrain from risky sexual behaviours (Lippman et al., 2015).

**Higher-order thinking skills** refer to three inter-related constructs: problem-solving, critical thinking, and decision-making, which are often combined into one construct because they are frequently measured together in the youth workforce literature (Lippman et al., 2015).

**Communication** refers to one’s ability to effectively express and understand knowledge and ideas, including one’s ability to negotiate and persuade, as well as transmit and interpret knowledge (Lippman et al., 2015).

**Observations**

This cluster of skills is recommended for inclusion in cross-sectoral youth programming on SRH and economic empowerment. Integrated and sectoral programmes in SRH and economic empowerment should strive to adopt a common skills approach to youth development building, focusing on those skills which have a high impact in both domains.

### 3.3. SUMMARY OF EVIDENCE ON YOUTH ECONOMIC EMPOWERMENT AND SRH OUTCOMES

The following chapter summarizes evidence from reviews and peer-reviewed research on YEE and SRH outcomes. Where possible, evidence is presented according to specific intervention as per Plourde's typology but this was not consistently possible due to multicomponent interventions or reviews that aggregate topics. The comprehensive mapping is available in Annex I. A summary overview of the evidence is provided in Table 1 below.

Table 1. Summary of the Evidence on Youth Economic Empowerment Programmes (for ESA sub-region)

	Microcredit & finance:	Savings and credit:	Safe space with financial literacy:	Cash transfers
SRH	<ul style="list-style-type: none"> <li>▲ CCT showed a significant reduction in the prevalence of the four curable STIs (5)</li> </ul>		<ul style="list-style-type: none"> <li>▲ Effects on SRH knowledge (16)</li> <li>▲ Improvements in age at marriage (but not for 15-19 year old) and RH knowledge (17)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Improvements in mental health (28) (33)</li> <li>▶ Reduction in the prevalence of the four curable STIs tested every 4 months (33)</li> <li>▼ Young women had higher levels of correct knowledge about <b>STI</b> prevention, lower levels of STIs and higher condom use (24)</li> </ul>
FP	<ul style="list-style-type: none"> <li>▼ Increased likelihood to have a health check and FP services (3)</li> </ul>	<ul style="list-style-type: none"> <li>▼ Girls don't engage in early sexual activity without protection (8)</li> </ul>	<ul style="list-style-type: none"> <li>▲ High uptake of modern FP by girls (when HCD is added) (14)</li> <li>▲ No significant impacts on contraceptive use (15)</li> <li>▲ Improved contraceptive use (17)</li> <li>▲ Sexually experienced girls had elevated odds of having ever used contraceptives (17)</li> </ul>	
HIV	<ul style="list-style-type: none"> <li>▲ Increased VCT among young women (1)</li> <li>▲ Increased communication with partners among young women (1)</li> <li>▲ Increased/sustained condom use (1)</li> <li>▶ Reduction in mean # of sexual partners among FSWs (2)</li> <li>▶ Increase in HIV-related knowledge and relationship power (6)</li> <li>▶ Increased HIV risk through new mobility and economic strategies (6)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Increase in HIV-related knowledge (6)</li> <li>▲ No significant change in current sexual activity or condom use at last sex (6)</li> <li>▲ Increased HIV risk through new mobility &amp; economic strategies (6)</li> <li>▼ Change from 10 % to 75+% tested for HIV (8)</li> <li>▶ Family cohesion and social support from caregivers associated with adherence to ART among HIV+ adolescents (10)</li> </ul>	<ul style="list-style-type: none"> <li>▲ No significant impacts on HIV and HSV-2 prevalence (15)</li> <li>▲ 2X as likely to score well on HIV knowledge questions, to know where to obtain VCT and to want to be tested (19)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Increased numbers of YP reported knowledge and testing for HIV and sought treatment for STIs; Increased numbers of women actively advocated for condom use and other means of safer sex; HH improved gardening practices, nutritional habits, and methods of caring for people living with HIV (29)</li> <li>▲ No effect on HIV status or reported sexual behaviour; men who received the cash transfer were slightly more likely than women to engage in risky sex (34)</li> </ul>

Key to interventions/studies \* = complex intervention, ▲ strong evidence, ▶ moderate evidence, ▼ weak evidence

1*. IMAGE - Microfinance for AIDS & Gender Equity (South Africa)	14*. A360 Smart Start financial planning and life coaching (Ethiopia, Nigeria, Tanzania)	25*. Siyakha Nentsha - Social, health & financial support of young people (KwaZulu-Natal)
2. Micro-enterprise Study (Kenya)	15*. AGEF - Adolescent Girls Empowerment Programme (multi-sectoral approach in Zambia)	26*. Shujaaz - Health and income for Kenyan youth (Kenya)
3. Microfinance and Women's Health (Ethiopia)	16*. AGI-Kenya - Adolescent Girls' Programme (multi-sectoral approach in Kenya)	27. Stepping Stones & Creating Futures - Peer-led sessions for youth (South Africa)
4*. Pigs/Rabbits for Peace: Agricultural micro-investments (DRC)	17*. Berhane Hewan - Safe spaces and support for adolescent girls (Ethiopia)	28. Cash Transfer for Orphans & Vulnerable Children (CT-OVC for caretakers in Kenya)
5*. Rewarding STI prevention and control (Tanzania)	18*. Binti Pamoji Centre (Adolescent Girls' Safe Spaces Initiative in South Africa)	29*. Engendering Equality project-generation, information, food gardens (Kenya)
6*. SHAZI Adolescent girls' training (Zimbabwe)	19*. Biruh Tesfa Services for urban migrant adolescent girls (Ethiopia)	30*. MUVA - Economic programme for disadvantaged young urban women (Mozambique)
7*. Safe and smart savings project for girls (Uganda/Kenya)	20*. BRAC Adolescent Development Programme - Girl club training & microfinance (Uganda)	31*. Nuru ya Jamii - HIV/AIDS care (Kenya)
8*. SSTOP - Income generating project for girls as a means of preventing transactional sex (Mozambique)	21*. COMPASS - mentoring, parental involvement & safe spaces programme (Ethiopia)	32. Child Support Grant (CSG Conditional Cash Transfer to caregivers in South Africa)
9. SUUBI - Child savings accounts for AIDS orphans (Uganda)	22*. CyberRwanda - interactive, digital activities for adolescents (Rwanda)	33. Unconditional Cash Transfer Study by GiveDirectly to poor households (Kenya)
10*. SUUBI plus - Child savings accounts for AIDS orphans plus social programme (Uganda)	23*. DREAMS - Adolescent girls' support programme against HIV (14 countries)	34. Zambia Project, CCTs for maintaining HIV status (Malawi Incentives Project)
11*. TRY - Livelihood options for adolescents (Uganda, Kenya)	24*. Geração & Rapariga Biz-Complex interventions for adolescent SRHR (Mozambique)	
12. VSLA Village Savings & Loan Associations for women living in poverty CARE (51 countries)		
13*. Women's Protection and Empowerment programme (VSLA plus, Ivory Coast)		



COMMUNITY & FAMILY COHESION	<ul style="list-style-type: none"> <li>▲ Loan centres can become a hub for community mobilization and awareness raising (1)</li> <li>▲ CCT showed a significant reduction in the prevalence of the four curable STIs (5)</li> <li>▶ Complex package of HIV interventions showed no significant change in current sexual activity or condom use at last sex (6)</li> <li>▼ Community-based livestock microfinance programme increases family cohesion (4)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Girls reduced their sexual risk-taking compared to boys (9)</li> <li>▶ Family cohesion and social support from caregivers associated with adherence to ART among HIV+ adolescents (10)</li> </ul>	<ul style="list-style-type: none"> <li>▲ 2X as likely to receive social support (19)</li> <li>▲ Girls (with financial training added) felt greater levels of social inclusion in their communities (25)</li> <li>▲ Increase in reporting MSM at last sex; no impact on condom use or transactional sex (27)</li> <li>▶ Positive changes in social networks' mobility &amp; gender norms (18)</li> <li>▶ Digital media for BCC associated with 18.1% increase in using condoms and a 19% increase in recommending the use of condoms to friends and partners (26)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Delaying sexual debut, decreases in young age pregnancy (28)</li> <li>▶ Adolescent girls who received cash transfers were associated with a reduced incidence of transactional sex by 95% and a reduced incidence of age-disparate sex. No significant effects for boys (32)</li> </ul>
FUTURE PROSPECTS AND EDUCATION		<ul style="list-style-type: none"> <li>▲ Girls used their savings to reduce vulnerability during emergencies, and plan for their future education (7)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Significant effects on primary school enrolment, completion, schooling self-efficacy (16)</li> <li>▲ Better girls' school enrolment (10-14yrs) (17)</li> <li>▲ Out of school girls reading and numeracy tests increased significantly (19)</li> <li>▲ No effect on girls' school attendance or engagement in transactional sexual exploitation (21)</li> <li>▲ Boys were more likely to have a South African ID and girls were more likely to have obtained a national birth certificate (25)</li> <li>▲ Boys who received financial education were more likely to have reported undertaking an income-generating activity (25)</li> <li>▶ Programmes attract girls who believe they could be successful entrepreneurs but currently lack the quantitative skills to do so (20)</li> <li>▶ Villages exposed to NGO projects are less likely to intend to participate (20)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Improved school outcomes and increased labour supply (28)</li> </ul>
EMPOWERMENT AND SELF-EFFICACY	<ul style="list-style-type: none"> <li>▲ Improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action (1)</li> <li>▶ Increased relationship power (6) (11)</li> </ul>	<ul style="list-style-type: none"> <li>▼ Girls delay marriage, and don't engage in early sexual activity without protection (8)</li> <li>▶ Increase in relationship power (6)</li> <li>▶ Increased equitable gender norms (6)</li> <li>▲ Girls reduced their sexual risk taking compared to boys (9)</li> </ul>	<ul style="list-style-type: none"> <li>▶ No significant impact on child marriage rates, gender norms, (only for those who are self-motivated) (15)</li> <li>▶ No significant impact on child marriage and birth over long-term (except for those highly motivated) (15)</li> <li>▶ Effect on positive gender norms and self-efficacy (16)</li> <li>▶ Improvements in age at marriage (but not for 15-19-year-olds) (17)</li> <li>▶ Positive changes in social networks, mobility and gender norms (18)</li> <li>▲ Girls reported higher self-esteem and greater confidence in their ability to obtain a condom if necessary; Boys more likely to have remained sexually abstinent and those who did have sex, reported fewer sexual partners (25)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Increased # women (&gt;15) who understood how to reduce their vulnerability to infection within marriage; Increased # married men who support gender equity in the distribution of family wealth; Increased # of men reported their commitment to, and advocacy for, monogamy and fidelity in marriage among their peers; Increased # of women with improved capacity to resist traditions of widow inheritance; and women's groups reported increased ability to influence national debates toward greater inclusion and equality (29)</li> <li>▼ Gender equitable discussions of sex and sexuality among male and female students and teachers (24)</li> </ul>
FAMILY VIOLENCE, VAWG	<ul style="list-style-type: none"> <li>▲ 55% reduction in risk of physical/sexual violence from an intimate partner (1*)</li> <li>▶ Physical &amp; sexual, violence drops by 58% over a 2-yr period (6)</li> <li>▶ Increase in equitable gender norms (6)</li> <li>▼ Community-based livestock microfinance programme decreases family violence (4)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Girls in a child marriage benefit less from interventions to reduce IVP (13)</li> <li>▶ Physical and sexual violence reduced by 58% over a 2-year period (6)</li> <li>▼ 22% significant reduction in the incidence of violence in the last two weeks and a 46% reduction in physical harm (no significance reported) (12)</li> </ul>	<ul style="list-style-type: none"> <li>▲ No significant impacts on girls' acceptance and experience of violence (15)</li> <li>▲ Reduction in sexual violence experience by young women; No impact on sexual or physical violence perpetrated by young men (27)</li> </ul>	
POVERTY REDUCTION	<ul style="list-style-type: none"> <li>▲ Increased HH assets (1) (11)</li> <li>▲ Increased membership in savings groups (1)</li> <li>▶ Decrease in food insecurity (6)</li> <li>▲ Savings programmes with financial education showed significant increases in saving by girls (7)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Girls saved for future goals, e.g. plans to start their own businesses (7)</li> <li>▶ Decrease in food insecurity (6)</li> <li>▼ Better home finances &amp; income generation (9)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Effects on social safety nets, financial literacy and savings behaviour and HH economic status (16)</li> <li>▲ No effect on girls' economic vulnerability (21)</li> <li>▲ Participants reported a large increase in knowledge of social grant requirements and criteria, had improved budgeting and planning skills, and were more likely to have attempted to open a bank account (25)</li> <li>▼ Analogue and digital media were associated with improved income generating outcomes; exposure to digital media was associated with an increase in monthly income (26)</li> </ul>	<ul style="list-style-type: none"> <li>▲ Increase in investment spending on food and health (28)</li> <li>▲ Strong consumption response with an increase in HH monthly consumption within nine months after the transfer began (33)</li> <li>▶ HH reported improved income levels, family livelihood capacity, and general long-term economic and social standing, as result of women's linkage to microfinance institutions and marketing outlets (29)</li> </ul>



### 3.3.1. Evidence summary of microfinance/microcredit and youth SRH outcomes

Globally, the majority of microfinance borrowers are women aged 18 and above but some programmes intentionally target girls from 14 years of age (O'Malley & Burke, 2017). The majority of evidence on microfinance/microcredit and SRH thus concerns women and girls, but some key learning can still be insightful for more general youth programming.

Several reviews concur to establish that microfinance can have a positive impact on a range of women's health knowledge, behaviours, and outcomes, but that strength of the evidence is weak. Further, limited current research does not support a direct link between microfinance programmes and contraceptive use as measured in existing studies. Microfinance interventions can however be useful platforms to reach key beneficiaries with family planning and reproductive health messaging (Family Planning High Impact Practices, 2017; Kennedy, Fonner, O'Reilly, & Sweat, 2014; O'Malley & Burke, 2017).

**Microfinance and HIV/Aids:** Reviews suggest that joint microfinance and sexual health intervention programmes can increase knowledge of HIV/AIDS prevention strategies and testing and treatment resources among participants.

For example, an observational study of microfinance (group lending) and health education sessions (including STIs and HIV/ AIDS, breast examination, and cervical cancer screening) in Malawi, revealed at follow-up stage, an 8 per cent increase in STI symptom knowledge, a 10 per cent increase of knowledge of HIV prevention strategies and a 17 per cent increase of healthcare seeking by women when signs of STI present (Sherer et al., 2004). The programme IMAGE (highlighted below) is a compelling example of this type of programming (O'Malley & Burke, 2017).

**Microfinance and SRH:** Several studies have demonstrated the benefits of combining microfinance and health in a variety of areas, including neonatal and maternal mortality, infants' and children's health and nutrition, sexually transmitted infections and gender-based violence (Leatherman, Metcalfe, Geissler, Dunford, 2011). In some programmes, joint microfinance and access to health-related services and information can increase contraceptive use among participants as in the IMAGE programme (see below) (O'Malley & Burke, 2017).

In 2008 in Kenya, the Single Mothers Programme (SMP) provided a group of vulnerable single mothers with basic relief (e.g. food supplements, clothing, and hygiene packets), microfinance, and business education and

training (including information about HIV/AIDS and family planning). Programme participants reported an increase in contraceptive use after two years in the programme. Condom use "every time" increased from 8 per cent at baseline to 21 per cent after two years. Use of birth control other than condoms increased from 41 per cent at baseline to 65 per cent after two years (Mainthia et al., 2013). Other observation studies however failed to demonstrate a relationship between microfinance membership and family planning practices (O'Malley & Burke, 2017).

**Microfinance and youth outcomes:** A 2009 review of combined microfinance and gender empowerment interventions highlights that young people's outcomes within this type of programming are generally less successful than with adult beneficiaries. Finance and gender transformative interventions have considerable success with the least vulnerable to HIV but are less impactful as a way to reduce HIV risk and vulnerability among young people. Microfinance is better at supporting people with existing small-scale businesses than in enabling new businesses to emerge, hence older women typically benefit more. There is also evidence that some programmes (such as the SHAZ! Phase Feasibility Study- see below) have increased HIV risk and vulnerability for adolescent beneficiaries rather than decreasing it (Gibbs, Willan, Misselhorn, & Mangoma, 2012). Microcredit programmes may not be adapted to adolescent girls given their lower ability to manage microcredit loans (Dunbar et al., 2010).

### Programme Highlights

Several adolescent-specific interventions provide insights into the relationship between microfinance and youth SRH outcomes.

#### **The Intervention for Microfinance and Gender Equity (IMAGE) project, South Africa, 2001-2007**

The IMAGE project combined a microfinance intervention with gender/HIV-awareness training to prevent HIV transmission and intimate-partner violence among adult women in South Africa. The project targeted women (average age being 42) with microfinance lending and a 10-session sexual health education intervention programme, and monitored effects on the women as well as on household co-residents aged 14-35 years and at community level. The project was evaluated through a cluster randomized trial during trial phase (2001-2004) and scale-up phase (2005-2007).

Findings show that female participants who had higher levels of HIV-related communication were more likely to have accessed voluntary testing and counselling,

experienced a 55 per cent reduction in intimate-partner violence and were less likely to have had unprotected sex at last intercourse with a non-spousal partner compared to women in the control group. With younger households' co-residents, there was evidence of effect related to household communication on sex or sexuality. Positive health outcomes were attributable to the combined intervention and were not achieved through a microfinance only programme. Although this initiative does not target adolescent girls, its findings among adult women show the potential of combined economic and health interventions that may have important implications for adolescent girls. A successful joint initiative for adolescent girls, however, would depend on age-appropriate and relevant financial services and life-skills trainings (Fewer et al., 2013; Kim et al., 2009; Pronyk et al., 2006).

### **Shaping the Health of Adolescents in Zimbabwe (SHAZ!) Programme, Zimbabwe, 2006-2008**

**The SHAZ!** programme was a randomized controlled trial of a combined intervention including life-skills and health education, vocational training, microgrants and social supports compared to life-skills and health education alone. It targeted adolescent girls aged 16 to 19 years and its objective was to reduce HIV and related sexual risk among adolescent girls.

In SHAZ! phase 1 (feasibility study), beneficiaries received life-skills education combined with access to microcredit (a modified group-lending model which did not include some of microcredit's known best practices). Among the key results, the study noted that only a small percentage of the participants were able to pay back loans and that adolescent girls' exposure to physical harm, sexual abuse, and coercion had increased. This suggests that microcredit is not the best livelihood option to reduce risk among adolescent girls in this context and that microcredit without additional safeguarding measures such as adequate family and/or social support, placed girls at increased risk of sexual harassment and violence as they engaged in new livelihood strategies (Dunbar et al., 2010).

Based on this assessment, the economic empowerment approach from SHAZ! phase 2 evolved from microcredit to microgrant (not requesting repayment) and livelihoods training. Results from phase 2 showed that participants exposed to the full combined intervention, experienced improved economic outcomes (reduced food insecurity; having their own income), had a lower risk of transactional sex and a higher likelihood of using a condom with their current partner, compared to baseline. There was also evidence of fewer unintended pregnancies among intervention participants. No statistically significant changes were reported for contraceptive use (other than condoms). Overall, this programme suggests

important potential for HIV prevention intervention packages that include vocational training and microgrants, and lessons on integrated social support and counselling in economic livelihoods' interventions with adolescent girls (Dunbar et al., 2014; Gibbs et al., 2012).

### **The Tap and Reposition Youth (TRY) programme, Kenya, 1998-2004**

The Tap and Reposition Youth (TRY) programme in Kenya (1998-2004) combined a microfinance intervention including access to loans, savings, and business training, with life-skills training addressing reproductive health and rights as well as mentoring. The programme targeted urban out-of-school adolescent girls and young women aged 16-22 living in low income and slum areas of Kenya. The goal was to reduce adolescents' vulnerability to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihood options.

The model of economic empowerment for girls evolved from group formation and credit (phase 1) to strengthening the social support component (phase 2) and forming Young Savers' Clubs and providing safe spaces (phase 3). This evolution was a response to a drop in repayment rates and girls starting to leave the programme. The first phase emphasized the provision of credit but with little recognition of the girls' need for social support and the importance of having safe and accessible savings. In the second phase, social support was expanded through the recruitment of mentors who provided, among other services, large-scale seminars on reproductive health topics. Dropout rates continued however, as girls continued to fear for the security of their savings. The third phase transitioned the approach to Young Savers Clubs which guaranteed more security for savings, more discipline in money management, and offered girls livelihood and social support opportunities without the pressure associated with loans and repayment.

The evaluation of the programme showed that TRY participants exhibited stronger financial outcomes compared to the control group, including higher incomes, more savings, and a greater tendency to keep savings in a bank, rather than at home. TRY participants demonstrated marginal improvements in gender attitudes but their reproductive health knowledge was not significantly higher. There was some indication that TRY participants had greater ability to refuse unwanted sex and insist on condom use, compared with controls. The TRY programme demonstrated the importance of safe, accessible savings for girls and young women and the need for social space for girls to build relationships with peers and mentors (Annabel Erulkar & James Matheka, 2006; Dunbar et al., 2014).

### Observations

Integrated microfinance programmes combined with health interventions can have positive effects on SRH outcomes, particularly HIV prevention. To mitigate risk, programmes require an integrated social support and counselling component to safeguard adolescent girls in economic livelihoods' interventions.

### 3.3.2. Evidence summary of savings interventions and youth SRH outcomes

#### Savings interventions in the context of HIV

Traditionally targeting adults (especially women), savings interventions are increasingly used to promote the economic empowerment and financial inclusion of adolescents and young people (Flynn & Sumberg, 2018; Plan International UK, 2016). Savings Groups (SGs) for young people are frequently used as part of an HIV prevention and mitigation strategy. This approach is predominant in the DREAMS<sup>5</sup> initiative, and especially in the Orphan and Vulnerable Children (OVC) programming (Andrew Meaux, 2016; Jennine Carmichael, 2018).

A review of the [links between Savings Groups interventions for HIV-affected young people aged 14-24 years and HIV outcomes, established that the evidence is limited](#) (Richards & Ramirez, 2018). While well-designed savings interventions could bolster HIV prevention efforts for female sex workers, findings are less conclusive for adolescents (Kennedy et al., 2014). [Savings Groups for retaining adolescent girls and young women \(AGYW\) in HIV prevention have a strong evidence base in several contexts, unlike Girls' Clubs which suffer from nonstandard implementation especially regarding the use of curriculum, lack of routine collection of data, poor record keeping and inadequate engagement with young beneficiaries to design a service adapted to their needs](#) (do Nascimento, 2018).

Other available evidence suggests that youth participation in SGs contributes to a number of positive economic empowerment outcomes including well-being outcomes (such as increased self-esteem, self-efficacy, and hope) (Rushdy, 2012; Senefeld, Miller, Mgugu, Mavise, & Rowe, 2012).

If reviews overall are inconclusive, several programmes offer promising evidence of savings interventions for HIV outcomes such as the SUUBI research (highlighted below).

#### Savings interventions and other SRH behaviours and outcomes

While the impact of savings interventions on SRH-related outcomes other than HIV is less established according to some reviews (High Impact Practices in Family Planning (HIPs), 2017), promising evidence is emerging from a number of programmes.

#### SGs can increase access to health, reduce sexual risk-taking behaviour, and improve psychosocial well-being.

SGs involving children and youth increase savings available for health emergencies and can lead to increased health expenditures. There is evidence from savings interventions in Rwanda and in West Africa that youth savings groups increase health insurance coverage and yearly medical expenses for orphans and vulnerable children aged 0 to 5 years (Andrew Meaux, 2016). Having financial assets, such as saving accounts, has been shown to reduce sexual risk-taking and improve psychosocial well-being in adolescents and youth as evidenced by the SUUBI programme (highlighted below) (Ssewamala et al., 2010; Ssewamala et al., 2012). While SGs can lead to the economic and social empowerment of girls, the effect of SGs on food security, nutrition and educational attainment is unclear (Andrew Meaux, 2016).

Adolescent and Youth Savings Groups (AYSGs) are rarely implemented as a stand-alone activity, but rather serve as a platform for complementary add-on services ("SG plus") such as financial education, vocational training, and sexual and reproductive health education (Jennine Carmichael, 2018; Richards & Ramirez, 2018).

### Programme Highlights

#### The SUUBI research programme (Asset-Ownership for Orphaned Children), Uganda, 2005-2009, present

This research programme examines the effect of an economic empowerment model of care and support on a number of social and health aspects among AIDS-orphaned adolescents in rural Uganda. The SUUBI intervention focuses on economic empowerment of families caring for orphaned youths. It attempts to address the health risks and poor educational achievements resulting from poverty and limited options.

<sup>5</sup> Determined, Resilient, Empowered, AIDS-free, Mentored and Safe.

Specifically, the intervention promotes children's savings accounts, also known as children development accounts, for post-primary education and micro-enterprise development (i.e., development of small income generating businesses) along with monthly mentorship, and life-skills training.<sup>6</sup>

A number of randomized clinical trials were conducted as part of this research programme.

**Savings and attitudes toward sexual risk-taking:** The SUUBI research found that adolescent boys and girls saved comparable amounts, and that both boys and girls developed more protective attitudes toward sexually-risky behaviour than their same-sex counterparts in the control arm. However, the intervention worked better for boys than girls in improving attitudes towards sexual risk-taking behaviours and seems to have had a modest or smaller effect for girls (Ssewamala et al., 2010).

#### **Savings, ART adherence and viral load suppression among young people living with HIV:**

The SUUBI+Adherence five-year longitudinal study (2012-2017) examined the effect of a savings-led economic empowerment intervention on viral suppression among adolescents living with HIV in Uganda. The study intervention combines a matched savings account, financial education, health education, and income-generating activities.

This study found that:

- Youth economic empowerment had an effect on adherence to medication and viral load suppression: At 24-months post intervention initiation, the proportion of virally suppressed participants in the intervention cohort increased tenfold relative to the control group;
- Youth economic empowerment was significantly associated with lower odds of intervention in adolescents having a detectable viral load at both 12-months and 24-months (Bermudez et al., 2018);
- Adolescents with greater economic advantage in ownership of household assets, financial savings, and caregiver employment had higher odds of ART adherence. These findings suggest that interventions addressing economic and social inequities may be beneficial to increase antiretroviral therapy (ART) uptake among economically vulnerable youth, especially in sub-Saharan Africa (Bermudez et al., 2016);
- Unpublished (currently under review) results from the same research programme found that economic empowerment increased the incidence of undetectable VL among intervention participants and that girls were more likely to attain undetectable viral load.<sup>7</sup>

The study concluded that interventions addressing economic insecurity have the potential to bolster health outcomes, such as HIV viral suppression, by improving ART adherence among vulnerable adolescents living in low-resource environments.

Current research is ongoing (**Suubi4Her**) to evaluate, through a cluster randomized-controlled trial, a combination intervention aimed at reducing HIV risk among adolescent girls in Uganda. The intervention combines savings-led economic empowerment through youth development accounts (YDA) with an innovative family-strengthening component delivered via Multiple Family Groups (MFG). Suubi4Her will be one of the first prospective studies to examine the impact and cost of a combination intervention integrating economic and social components to reduce known HIV risk factors and improve mental health functioning among adolescent girls, while concurrently exploring mental health as a mediator in HIV risk reduction. The findings will illuminate the pathways that connect economic needs, mental health, family support, and HIV risk. If successful, the results will promote holistic HIV prevention strategies to reduce risk among adolescent girls in Uganda and potentially the broader sub-Saharan Africa region (Ssewamala et al., 2018).

#### **Safe and Smart Savings Products for vulnerable adolescent girls, Kenya and Uganda, 2008-2011**

Safe and Smart Savings is a Population Council initiative aimed at helping over 12,000 vulnerable adolescent girls aged between 11 and 19 to build assets, establish support networks, and acquire savings in Nairobi, Kenya and Kampala, Uganda. The programme combined weekly group meetings facilitated by a female mentor, and included financial education, health and life skills education, and formal individual savings accounts. It introduced savings in the context of Safe Spaces and mentoring for adolescent girls.

Results indicated that:

- Girls in groups receiving all interventions showed significant improvements in access to emergency resources, increased mobility and increased independence;
- Girls in groups had significantly greater knowledge of sexual transmission of HIV and knowledge of a contraceptive method. The increase in the proportion of girls who had an HIV test was significantly greater for girls in groups than girls not in groups, but not greater than the increase among comparison girls. Among girls in groups, older girls (aged 15-19) had significantly greater knowledge about HIV and contraceptives and

<sup>6</sup> <https://clinicaltrials.gov/ct2/show/NCT01163695>

<sup>7</sup> <https://www.sciencedirect.com/science/article/pii/S2451865419302212>

were much more likely to have had an HIV test than younger girls (aged 10-14);

- Girls who only had a savings account but did not receive reproductive health information and the social support associated with being part of a group, were at increased risk of experiencing sexual harassment and exploitation;
- Compared to younger girls (aged 10-14), older girls (aged 15-19) were significantly more likely to have used a bank service and to have a specific reason for saving and a budget for spending money;
- Girls who participated in all programme components were protected from sexual violence and showed significant improvements in reproductive health knowledge;
- Findings from these initiatives suggest that providing a safe space for girls to gather, learn, and build relationships can provide an important foundation for economic empowerment (Austrian & Muthengi, 2013).

#### **Towards Economic and Sexual Reproductive Health Outcomes for Adolescent girls (TESFA) programme, Ethiopia, 2011 - 2013**

Within CARE's Village Savings and Loan Association (VSLA) model, the TESFA programme explored the relative effectiveness of combined versus single-focus programming on SRH and economic empowerment for married adolescent girls aged 10-19 years old. The programme attempted to address a range of sexual and reproductive health (SRH) issues faced by married adolescent girls in Ethiopia. Programme participants were randomized in three intervention arms: the first including training in SRH only, the second integrating economic empowerment and SRH, and the third serving as a comparison group.

The study results showed that the multicomponent arm led to some improvement across all desired outcomes, but in terms of SRH outcomes, these improvements were smaller than in the SRH-only arm. This suggests that the addition of economic information to the intervention diluted the impact of the SRH curriculum.

The multicomponent arm did not perform definitively better than the single component arm. At least in the short term, the two programme variations resulted in somewhat different outcomes—smaller effects across a broader range of outcomes for the multicomponent arm and larger gains across a narrower range of outcomes for the single component arm. These results suggest that programmers may face a choice between a programme model that delivers somewhat greater impact in terms of SRH outcomes and one that delivers somewhat smaller

effects across a broader range of outcomes (Edmeades, Lantos, Mekuria, & Studies, 2016; Haberland, McCarthy, & Brady, 2018).

#### **Observations**

Savings Groups can have a positive effect on SRH outcomes for youth and contribute to positive economic empowerment and well-being outcomes including increased self-esteem, self-efficacy and hope. Like microfinance programmes, risk mitigation - particularly for girls - must be part of the intervention package. Programme outcomes for health depend on the magnitude of the intervention package on SRH specifically, and a trade-off seems inherent in the package.

#### **3.3.3. Evidence summary of financial education and youth SRH outcomes**

The majority of financial education programmes include non-economic programme components focusing on social or health topics, in a pluralistic or multicomponent approach. The most robust programmes working toward the economic empowerment of adolescent girls contain both social and financial components. When financial education is included in an intervention, it is usually as a secondary programme component in support of another primary focus (te Kaat).

According to a global review of financial education impact on girls' empowerment, the most promising programme model is one that has a core component focused on enhancing girls' life-skills through social education, complemented by financial education. This enables adolescent girls to manage and expand their resources in order to reach their broader life goals. The review also shows that this model would be further strengthened by adding sexual and reproductive health components. Social education and health education alongside financial literacy seems to be a useful and common intervention combination. Social education may include life-skills, interpersonal networking, peer relationships, communication, and personal development (te Kaat).



## Programme Highlights

### **Siyakha Nentsha: Enhancing the Health, Economic and Social Capabilities of Highly Vulnerable Young People in KwaZulu-Natal, South Africa, 2008-2011**

Siyakha Nentsha was a randomized experiment that targeted young people aged 14-16 in schools in South Africa's KwaZulu-Natal province. The long-term objective of the programme was to improve lifelong functional capabilities and well-being of adolescent females and males who face high risks for HIV, teenage pregnancy, school dropout, and unemployment, coupled with the actual or potential loss of one or both parents. It was thus designed as a life-orientation programme to impart lifelong skills and improve the well being of young people by addressing the real-life economic, social and health challenges young people encounter on a daily basis.

Siyakha Nentsha was delivered in secondary schools during school hours. It was led by young adult mentors who were chosen from the local community and received extensive training. Sessions with students occurred two to three times per week and lasted approximately one hour. The skills were geared to offer protective strategies against HIV and mechanisms for coping with and mitigating the impact of AIDS, with the long-term goal of building economic, social and health assets. The study had three intervention arms: control, partial intervention and full intervention.

Results showed that programme participants were more likely than those in the control group to know of a place to get condoms, reported a large increase in knowledge of social grant requirements and criteria, had improved budgeting and planning skills, and were more likely to have attempted to open a bank account. Siyakha Nentsha girls (compared with girls in the control group) reported higher levels of self-esteem and greater confidence in their ability to obtain a condom if necessary. Siyakha Nentsha boys were more likely to have remained sexually abstinent between survey rounds, and Siyakha Nentsha boys who did have sex reported having fewer sexual partners than boys in the control group (Hallman & Roca, 2011).

### **A360's Smart Start intervention, Ethiopia, 2016-present**

Adolescents 360 (A360) is a four-and-a-half-year programme that started in 2016 and works directly with young people to develop and deliver interventions that aim to increase demand for, and voluntary uptake of, modern contraception among girls aged 15-19 in Ethiopia, Nigeria and Tanzania. Smart Start, A360's intervention in Ethiopia, uses financial planning as an entry point to

engage young married couples in planning their futures and reaching financial stability, positioning contraception as a tool to achieve their self-defined goals.

Using a multidisciplinary approach including Human-Centred Design (HCD), the Smart Start approach is based on a deep investigation of girls' life aspirations and reframing of the family planning discourse in financial planning language. Young married women and young couples are supported to understand the resources they'll need for the families they desire.

From January 2018 to July 2019, over 45,000 girls have received counselling through Smart Start. Of the girls eligible for contraceptive adoption, nearly 75 per cent voluntarily adopted a modern method of contraception and more than half of them took up a long-acting and reversible contraceptive method (LARC), which is significantly higher than the national average uptake.

Fifty per cent of married girls adopting a method after receiving counselling through Smart Start are nulliparous and 43 per cent opt to adopt a method to space after their first birth, which represents a significant shift from national averages where the majority of rural Ethiopian adolescent girls begin contraceptive use for the first time only after having had three children. Compared to girls receiving individual counselling from Health Extension Workers, those who are counselled with their husbands on Smart Start sites voluntarily adopt modern contraceptive methods at a rate nearly 20 per cent higher (Cutherell M, 2019).

#### **Observations**

Financial literacy as part of broader SRH programmes is best when situated within a social or life-orientation programme that addresses young people in their real-life circumstances in combination with health education and behaviour change measures. Social education may include life skills, interpersonal networking, peer relationships, communication, and personal development.

### **3.3.4. Evidence summary of TVET, youth employment programmes and youth SRH outcomes**

Mainstreaming sexual and reproductive health in technical education and vocational training for youth is a very common approach in youth programming. When TVET is delivered through formal educational structures (e.g. institutions of higher learning), SRH information can be provided in a school context, through either formal teaching (comprehensive sexuality education or



life skills education curriculum), SRH services available at the educational institution (e.g. youth clinics) or peer education (UNFPA, 2016). AS TVET interventions are generally designed to provide young people with skills, they usually provide an appropriate framework for cross-sectoral skills development for youth, linking professional skills to broader soft skills-building such as self-efficacy, decision making and risk perception (High Impact Practices in Family Planning (HIPs), 2017).

Despite being a frequent programmatic approach, no systematic reviews could be identified that address the reproductive health impact or the economic empowerment impact of integrated TVET and SRH, most likely because TVET is an umbrella term often overlapping with other interventions, especially entrepreneurial programmes (e.g. school -to-work transition programmes), business skills -building and financial education.

Few vocational training programmes measure the effects of these investments on contraceptive or fertility outcomes and that the inclusion of sexual and reproductive education appears to be critical to improving contraceptive use. It is suggested that future employment expectations may play an important role in influencing the sexual behaviour of adolescents (High Impact Practices in Family Planning (HIPs), 2017). There is a lack of evidence that programmes beyond providing SRH information, purposefully address social and health barriers for employability or economic empowerment of youth and especially girls. Employment programmes should address the social and health barriers that may prevent girls from entering the formal labour market, such as lack of social networks, limited schooling, household duties, or adolescent pregnancy (Fewer et al., 2013).

## Programme highlights

### **Empowerment and Livelihood for Adolescents (ELA), Uganda, 2008-2010**

The ELA programme was designed to empower adolescent girls against health and economic challenges through the simultaneous provision of life skills enabling girls to make informed choices about sex, reproduction and marriage; and vocational training enabling girls to establish small-scale enterprises. Through a randomized control trial, the programme targeted adolescent girls aged 14 - 20 years. The intervention was delivered in "adolescent development clubs" rather than in schools, and could thus reach school drop-outs as well as girls enrolled in school.

Study results revealed that girls participating in the programme showed significant improvement of

HIV and pregnancy-related knowledge, as well as a corresponding reduction in risky behaviours. At follow-up stage, there was a 50 per cent increase of condom use among those sexually active. There was also evidence of a drastic decrease in the number of girls reporting having had sex unwillingly. The intervention raised the likelihood of girls being engaged in income-generating activities by 35 per cent, mainly driven by increased participation in self-employment. Early childbearing rates fell by 26 per cent and, marriage and cohabitation rates by 58 per cent. The study findings suggest combined interventions might be more effective among adolescent girls than single-pronged interventions aiming to change risky behaviours solely through related education programmes, or to improve labour market outcomes solely through vocational training (Bandiera et al., 2012; Calder, 2018).

### **Street Smart programme and Vocational Training, Uganda, 2005-2006**

A pilot study was conducted to examine the added value of vocational training to urban Ugandan youth who have received an HIV prevention programme, in terms of the pre-post differences in HIV risk acts. Known as Street Smart, the HIV prevention intervention comprised of small group, 10-session, evidence-based interventions adapted for high risk Ugandan youth and aimed to reduce sex, alcohol, and drug use transmission-related acts but did not address economic challenges. Vocational training consisted of apprenticeships with local artisans. The programme targeted youth aged 13- 23 from the slums of Kampala, Uganda. Youth were randomized to an Immediate Vocational Training or Delayed Vocational Training delivered four months later. Artisans supervising the youth apprenticeship received a five-day training programme on soft skills to engage with young people (e.g. how to talk to youth, conflict resolution, HIV prevention, how to have conversations with youth about HIV and how to cope with unprofessional behaviour).

Study results showed that at four months, the youth in the Immediate Condition were more likely to be employed, reported significantly greater increases in their quality of life, and greater increases in social support, despite reporting less support at baseline than the youth in the Delayed Condition. Significantly fewer delinquent acts were reported in the Immediate Condition, although a decrease in delinquent acts was seen in both conditions.

There were no significant differences in sexual risk across conditions at the four- month follow-up interview. There were significant decreases over time in the number of sexual partners, decreases in conduct problems, increases in abstinence and condom use

during sex and increases in social support. These improvements were similar across conditions (Kennedy et al., 2014; Rotheram-Borus, Lightfoot, Kasirye, Desmond, & Behavior, 2012).

### **Gender differences in TVET experience and outcomes, Malawi, 2010-2011**

A randomized controlled trial evaluated an entrepreneurship and vocational training programme for youth in Malawi and identified gender differences in the effects of vocational training, indicating higher constraints on women to make human capital investment decisions. One effect of the vocational training programme on women is that they were significantly less likely to have given birth in the past year. The rate of condom use also increases with treatment in the female sample, but this effect is not statistically significant.

Overall, women and girls faced additional constraints to take part in TVET and have lesser economic and well-being outcomes than men and boys.

#### **Observations**

TVET programmes alone cannot mitigate the gendered social and health barriers girls and young women face to entering and staying in the labour market. Programmes that show promise require a more comprehensive package of interventions to mitigate the external barriers faced by participants.

### **3.3.5. Evidence summary of cash transfers and youth SRH outcomes**

Cash transfers may be particularly important for youth who have limited access to financial resources. However, cash transfers focus more generally on social protection (i.e., welfare safety net for poor). Without a specific link to reproductive health information, cash transfers are unlikely to have an effect on fertility rates or reproductive behaviour (High Impact Practices in Family Planning (HIPs), 2017). Baird's study results (see below) are a major exception to this.

In the literature, conditional and unconditional cash transfers to adolescents in developing countries, with payments focusing on addressing structural risk factors such as poverty, or focusing on changing risky sexual behaviours, were associated with reductions in self-reported risk behaviours, and differences in HIV prevalence was shown between young women getting cash transfers and those who did not (Pettifor, MacPhail, Nguyen, Rosenberg, & Behavior, 2012).

Evidence from cash transfer interventions suggests that providing money to men might actually increase sexually-risky behaviour (Kohler & Thornton, 2011).

## **Programme highlights**

### **Cash transfer programme for schooling and HIV / herpes simplex type 2 outcomes in Malawi, 2008-2009**

A cluster randomized trial assessed the efficacy of a cash transfer programme for schooling to reduce the risk of sexually transmitted infections in never-married women aged 13-22 in Malawi. The cash transfer programme decreased the prevalence of HIV and HSV-2 infection after 18 months in girls receiving cash transfers for schooling. This study suggests that an intervention without direct focus on sexual behaviour change can lead to meaningful reductions in HIV and HSV-2 infections (Baird, Garfein, McIntosh, & Özler, 2012).

### **Education and HIV/AIDS Prevention, Kenya, 2003-2005**

A randomized evaluation was conducted to compare three school-based HIV/AIDS interventions in Kenya: 1) training teachers in the Kenyan Government's HIV/AIDS-education curriculum; 2) encouraging students to debate the role of condoms and to write essays on how to protect themselves against HIV/AIDS; and 3) reducing the cost of education by paying for school uniforms (school fees have been abolished in Kenya). The primary measure of the effectiveness of these interventions was teenage childbearing, which is associated with unprotected sex, and measures of knowledge, attitudes, and behaviour regarding HIV/AIDS were collected. After two years, girls in schools where teachers had been trained were more likely to be married in the event of a pregnancy and this intervention had little other impact on students' knowledge, attitudes, and behaviour, or on the incidence of teen pregnancy. The condom debates and essays intervention arm increased practical knowledge and self-reported use of condoms without increasing self-reported sexual activity. Reducing the cost of education by paying for school uniforms reduced dropout rates, teen marriage, and childbearing. These results suggest that the HIV prevention programme, when offered without school subsidies, is ineffective against rates of STI or teen pregnancy although it reduces the number of unwed teenage pregnancies. Interestingly, the negative effect on early childbearing is dampened when the subsidy is bundled with the HIV prevention training, so that the two programme components have interesting and important interactions (Duflo, Dupas, Kremer, & Sinei, 2006).

### **Support to keep orphaned adolescent girls in school and reduce HIV risk, Zimbabwe, 2007-2009**

A randomized controlled trial in rural eastern Zimbabwe tested whether comprehensive support to keep orphaned adolescent girls in school could reduce HIV risk. The intervention targeted orphan girls from 10 to 16 years of age. All study participants (intervention and control) received a universal daily feeding programme. Intervention participants received fees, uniforms, and a school-based helper to monitor attendance and resolve problems. School dropout, marriage, and pregnancy rates were monitored annually. The intervention reduced school dropout by 82 per cent and marriage by 63 per cent after two years. Compared with control participants, the intervention group reported greater school bonding, better future expectations, more equitable gender attitudes, and more concerns about the consequences of sex. These results suggest that comprehensive school support may reduce HIV risk for orphan girls (Hallfors et al., 2011).

### **The Adolescent Girls Initiative - Kenya (AGI-K) (2015-2019)**

AGI-K tested four multisectoral interventions through a randomized control trial to see if one or a combination of the interventions would build girl-level social, education, health, and economic assets, as well as improve household economic assets in the medium term, which will lead to delayed childbearing in the longer term. The education intervention was a conditional cash

transfer (CCT) that included a bi-monthly payment to the household, direct payment of a portion of school fees, and a schooling kit for the girls; all incentives were conditional on girls' enrolment and regular attendance at school. In the Kibera study site, the CCT improved the rates of primary school completion and the transition to secondary school for girls who were in the final two years of primary school at the start of the intervention. These results were largest and statistically significant for girls who received the full programme package. In addition, the cash transfer improved household wealth status vis-à-vis cash liquidity and relative wealth status for all three programme packages that included the education intervention. In Wajir, CCT had large positive effects on bringing out-of-school girls into school and ensuring that those who were behind in their schooling relative to their age remained enrolled; this implies that future CCTs in settings such as Wajir should therefore target those segments of adolescents. AGI-K study demonstrates positive effects of the conditional cash transfer, but the particular area of impact was dependent on the baseline status of girls' education in each site. It had the greatest impact on school retention for girls transitioning between primary and secondary school (Kibera) and in bringing girls back to school who had previously dropped out (Wajir) (Austrian, K., Soler-Hampejsek, E., et al., 2018).

#### **Observations**

Cash transfer programmes to young people can have positive effects if well targeted. The inverse is also possible with harmful effects reported. CCT programmes should be coupled with social programmes to support young people's broader needs.

## 4. PROGRAMMATIC CONSIDERATIONS

From the above evidence summary and programme review, a few programmatic considerations can be derived to inform integrated adolescent programming.

### Evidence status on effective programme design

- The evidence suggests that multicomponent programmes outperform single component programmes, although there are too few studies to conclude whether this may extend to effect durability. What degree of multicomponent programme performance can be attributed to the intervention design, relative to programme exposure time is thus unclear because of insufficient quality of findings (Haberland 2018; Austrian, K., Soler-Hampejsek, E. et al., 2018).
- Some evidence suggests that longer programme exposure contributes to greater intended results for girls, but the data is not conclusive.
- There is insufficient evidence to conclude that multilevel programmes perform better than single-level programmes (Austrian, K., Soler-Hampejsek, E. et al., 2018).
- There is insufficient evidence to determine whether boosters, such as short, supplemental activities implemented after the main programme has ended with the aim of sustaining programme effects on participants, is an effective design element, compared to no supplemental treatment (Haberland, 2018).

### Evidence status of adolescent girls' economic empowerment and SRH programming:

- Financial services for adolescent girls should be age-appropriate and take into account the evolving needs and capacities of girls as they mature. Financial literacy and youth savings programmes can be relevant for all ages but microcredit approaches are more appropriate for older adolescent girls and young women who are more likely to have mobility, resources, and social support (Calder, 2018; Fewer et al., 2013).
- TVET and employment opportunities should match market needs and opportunities and closely work with employers. Quality training should focus on technical and soft skills. Employment programmes should address the different health and social barriers to participation that adolescent girls can face (e.g. norms on girls' participation in the public space, adolescent pregnancy, etc.) (Calder, 2018).

- Integrated and multi-pronged approaches addressing the intersectional issues in girls' lives are critical. Combinations of life-skills training and social support with strategies to promote access to financial services and employment are recommended (Calder, 2018).
- The TESFA evaluation (see above) suggests that programmers may face a choice between a programme model that delivers somewhat greater impact in terms of SRH outcomes and one that delivers somewhat smaller effects across a broader range of outcomes (Edmeades et al., 2016).

### Other key programmatic aspects

- The setting of an SRH and/or economic empowerment intervention (formal or informal, educational setting or workplace) must be carefully adapted to the target audience and consider aspects of acceptability, norms, confidentiality and safety. There is, for example, evidence that a "club" approach and mentoring work better for girls (Fewer et al., 2013).
- Youth economic empowerment programming should consider age-appropriate interventions: Microfinance seems to work better for older adolescents (Fewer, 2013).
- Economic empowerment interventions for girls must be mindful of the time commitment and personal investment required from participants, in contexts where young people and especially girls may have competing priorities or requirements (housework duties, limited autonomy for unaccompanied travel, etc.).
- Integrated SRH/economic empowerment interventions can engage with adults from the labour market (employers, apprentice supervisors or mentors) as well as with other gatekeepers by raising awareness and building capacity to have conversations about SRH issues with young people.
- It should be noted that the effectiveness of programmes is often relative to the duration of the intervention and the number of young people engaged in the study or trial. Large scale programmes such as Geração Biz in Mozambique that are government-led indicate that there is likely to be a trade-off between scale and effectiveness. In addition, attribution of large-scale programmes is difficult to assess.

# 5. ACTION POINTS FOR INTEGRATED SRHR AND ECONOMIC EMPOWERMENT PROGRAMMING

From the evidence review, key action points are suggested to maximize effectiveness of combined SRHR and economic empowerment interventions for young people.

- **Theory of Change (TOC) for integrated SRHR/ economic empowerment programming:** develop a TOC which reflects the holistic vision of positive youth development, as well as the Meaningful Adolescent and Youth Engagement (MAYE) Principles.
- **Situation analysis:** collect disaggregated data (age, gender, urban/rural, education level) on the target group but also on local and national socioeconomic dynamics to design relevant and locally acceptable interventions which fit current and future market needs. Investigate local sociocultural norms, power dynamics and levels of empowerment of the youth target group at baseline, especially for girls, in relation to the targeted approach of economic empowerment.
- **Targeting:** situate the intervention for the target group. Know the target audience and how they want to be reached. It is important to know both who is and is not participating in a programme meant to target vulnerable adolescents or young people. Clubs and mentoring tend to work for girls, but there is a need to ensure the most vulnerable are also included.
- **Co-design with young people:** in line with the MAYE principles, engage with representatives of the youth target group at all stages of programming, monitoring and evaluation, to co-create appropriate support measures and a shared vision of success.
- **Designing for youth and for the market:** situate interventions in young people's real-life circumstances, through careful analysis of their abilities and preferences, and through market analysis.
- **Programming:** longer term, multicomponent programmes to meet the intersectional needs of young people tend to have better results, if well targeted to specific groups. This is especially true for conditional cash transfer and wealth creation programmes.
- **Safeguarding:** plan for safeguarding and mitigation measures for young people, and especially for girls, when designing interventions that may put them at increased risks. Embed social support, counselling and access to safe spaces as key safeguarding measures for young people. Plan for a monitoring system that closely investigate young people's safety and security in relation to the intervention.
- **Mitigating gender norms:** design a comprehensive package of interventions that mitigate the gendered, social and health barriers that girls and young women specifically face when entering the job market.
- **Change pathways:** between the intervention and the outcomes are assumptions about how short, or even longer-term interventions will change outcomes in terms of young people's social, economic and health assets. Test the assumptions to ensure that the interventions, as designed, can be sustained within the context after the programme is closed.
- **Monitoring and Evaluation framework:** develop an M&E framework with realistic targets for SRHR indicators as mixed/cross-sectoral interventions require balancing resources over a range of outcomes.
- **Cross-sectoral initiatives:** building youth economic empowerment should be linked to existing opportunities in and outside of the health and education sectors. Programmes and policies need to be designed to build bridges and collaboration, including public private partnerships, to transform the current set of options for young people.



# 6. ANNEX I: EVIDENCE MAPPING


## Initial mapping of African programmes on economic empowerment and SRHR for adolescents and youth

1. Intervention with Microfinance for AIDS and Gender Equity (IMAGE), South Africa, 2001 - 2005			
<p><b>Intervention:</b></p> <p>The intervention combined group-based microfinance with a 12-month gender and HIV training curriculum (sisters for life-SFL) delivered to women at fortnightly loan repayment meetings. The purpose of IMAGE was to improve the economic well-being and independence of communities, reduce vulnerability to both HIV and gender-based violence, and foster robust community mobilization to address common concerns. The two components of the intervention were loans exclusively to poorest women in rural villages for the development of income-generating activities (decided through a process of Participatory Wealth Ranking (PWR) by the community). Based on the Grameen Bank model, groups of five women served as guarantors for each other's loans, with all five having to repay before the group was eligible for more credit. Loans were used to support a range of small businesses (e.g. selling fruit and vegetables, or second-hand clothes) and loan centres of approximately 40 women meet fortnightly to repay loans, apply for additional credit and discuss business plans. <u>This microfinance component of the intervention facilitates social and economic well-being and provides an entry point and client base for the SFL curriculum.</u> Empowering women leaders to catalyse broader activism and social mobilization.</p>	<p><b>Results:</b></p> <p>The IMAGE Project was rigorously evaluated from 2001-2005 as a research trial which compared villages receiving the full intervention package with a similar number of comparison villages. After two years, relative to matched controls, IMAGE participants showed impacts on: <b>a) Poverty:</b> increased household expenditure and assets, and increased membership in savings groups; <b>b) Gender based violence:</b> 55% reduction in risk of physical or sexual violence from an intimate partner; <b>c) Women's empowerment:</b> improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action; <b>d) HIV risk -</b> among young women participants, greater HIV communication with partners, accessing of Voluntary Counselling and Testing (VCT) services, and greater condom use (Pronyk et al. AIDS 22, 2008). The evaluation also found that IMAGE loan centres can become a hub for community mobilization - participants successfully engaged with the broader community around a range of activities, public marches to raise awareness around issues of rape and domestic violence, HIV/AIDS, better access to ARVs and supply of female condoms; organization of village workshops and meeting with local leaders and the creation of village committees to target crime and rape. They also work with formal institutions such as the police and hospitals to demand better services that serve and protect the rights of women and girls.</p>	<p><b>Outcomes:</b></p> <p>VIOL, POV, HIV, BCC*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> LSHTM, SEF and University of Witwatersrand, SA</p> <p><a href="http://www.image-sa.co.za/Programme/The-Intervention">http://www.image-sa.co.za/Programme/The-Intervention</a>  <a href="https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es">https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	
2. Micro-Enterprise Study, Kenya, 2003-2005			
<p><b>Intervention:</b></p> <p>This study assessed individual-level effects of adding micro-enterprise services to a peer-mediated HIV/AIDS intervention among 227 female sex workers (FSWs) in Kenya.</p>	<p><b>Results:</b></p> <p>Reduction in the mean number of sexual partners from baseline to endline. Consistent condom use with regular partners increased by 18.5% and remained above 90% with casual partners. Micro-enterprise services may empower FSWs by giving them an alternative livelihood when they wish to exit or reduce reliance on sex work.</p>	<p><b>Outcomes:</b></p> <p>SRH, HIV, FP, POV*</p>	<p><b>Evidence level</b></p>  <p><b>Medium</b></p>
<p><b>Sponsoring organizations:</b> LSHTM, SEF and University of Witwatersrand, SA</p> <p><a href="http://www.image-sa.co.za/Programme/The-Intervention">http://www.image-sa.co.za/Programme/The-Intervention</a>  <a href="https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es">https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	
3. Microfinance and women's health: an evaluation of women's health behaviours in Jimma, Ethiopia, 2010			
<p><b>Intervention:</b></p> <p>100 women were selected for the study at a microfinance office in Jimma, Ethiopia, to answer a 48-question survey designed to investigate the characteristics of participation in microfinance in relation to: (1) healthy habits, as assessed by medical check-ups and knowledge of family planning methods, (2) education, (3) demographics, (4) decision-making abilities within their household, (5) access to borrowing money from another individual or institution and (6) domestic violence.</p>	<p><b>Results:</b></p> <p>The study showed that women participating in microfinance operations were likely to have had a medical check up in the past year and that they were likely to acknowledge awareness of family planning methods. Additionally, we found that the women's education level is associated with knowledge of family planning. These results together suggest that the women participating in microfinance operations in Jimma, Ethiopia engage in healthy behaviour practices.</p>	<p><b>Outcomes:</b></p> <p>POV, FP, ESE*</p>	<p><b>Evidence level</b></p>  <p><b>Weak</b></p>
<p><b>Sponsoring organizations:</b> Duke University Medical Center; Harvard School Public Health Dept of Psychiatry, Jimma University</p> <p><a href="https://www.tandfonline.com/doi/abs/10.1080/17542863.2012.734839">https://www.tandfonline.com/doi/abs/10.1080/17542863.2012.734839</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	
4. Rabbits for Resilience; Pigs for Peace, DRC, 2008 - (Pigs); 2018-2020 (Rabbits)			
<p><b>Intervention:</b></p> <p>Congolese-led, community-based livestock microfinance programme that works with male and female adults (Pigs for Peace) and young girls and boys (Rabbits for Resilience) to provide loans in the form of animals to rural villagers who have experienced conflict and economic instability. The adolescent project is embedded in an ASRHR project entitled JueneS3. They are recruited from an out-of-school mentoring and CSE programme.</p>	<p><b>Results:</b></p> <p>Preliminary results suggest decrease in family violence, increase in family cohesion; Evaluation of the Rabbits project is ongoing.</p>	<p><b>Outcomes:</b></p> <p>POV, FP, ESE*</p>	<p><b>Evidence level</b></p>  <p><b>Weak</b></p>
<p><b>Sponsoring organizations:</b> Sexual Violence Research Initiative, Paidek, and the JueneS3 project supported by Flexible Funds from the Dutch Ministry of Foreign Affairs</p> <p>RFR: <a href="https://www.svri.org/blog/pigs-peace-and-rabbits-resilience-congolese-livestockanimal-microfinance-initiatives">https://www.svri.org/blog/pigs-peace-and-rabbits-resilience-congolese-livestockanimal-microfinance-initiatives</a>;            PFP: <a href="https://www.tandfonline.com/doi/full/10.1080/07399332.2014.903953">https://www.tandfonline.com/doi/full/10.1080/07399332.2014.903953</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	
5. Rewarding STI prevention and control, Tanzania, 2009-2010			
<p><b>Intervention:</b></p> <p>This project evaluates the effect of a combined economic and psycho-social intervention to reduce risky sexual activity and its consequences. The main hypothesis to be tested is that risky sexual activity and resulting sexually transmitted infections (STIs) can be reduced through an intervention of counselling, regular STI testing, and positive reinforcement using cash rewards. The intervention is being implemented in a population of young people in rural Tanzania where more conventional behavioural change interventions have had limited effect in battling a generalized HIV epidemic.</p>	<p><b>Results:</b></p> <p>After 12 months, the results from the adjusted model showed a significant reduction in the combined point prevalence of the four curable STIs tested every four months by nucleic acid amplification tests in the group that was eligible for the US\$20 payments, but no such reduction was found for the group receiving the US\$10 payments. Conditional cash transfers used to incentivize safer sexual practices are a potentially promising new tool in HIV and sexually transmitted infections prevention.</p>	<p><b>Outcomes:</b></p> <p>SRH, HIV*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> World Bank, World Bank Research Committee, the Spanish Impact Evaluation Fund and the Knowledge for Change programme managed by the World Bank and the William and Flora Hewlett Foundation through the Population Reference Bureau; Gates Foundation</p> <p><a href="https://clinicaltrials.gov/ct2/show/NCT00922038">https://clinicaltrials.gov/ct2/show/NCT00922038</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	


\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)




## 6. Shaping the Health of Adolescents in Zimbabwe - SHAZI! Pilot study and RCT, Zimbabwe, 2006-2008

<p><b>Intervention:</b> SHAZI! study suggests important potential for HIV prevention intervention packages that include vocational training and microgrants, and lessons for further economic livelihoods interventions with adolescent females. Interventions included in pilot were: Microcredit loans; Business skills training; and Mentorship. Interventions in the RCT included: Financial literacy and vocational training; and microgrants (did not have to be repaid) to support start up or further training.</p>	<p><b>Results:</b> Increase in HIV-related knowledge and relationship power, no significant change in current sexual activity or condom use at last sex; Increased relationship power; Increased HIV risk through new mobility and economic strategies. RCT included: Decrease in food insecurity; Increase in equitable gender norms; Physical and sexual violence reduce by 58% over a two year period.</p>	<p><b>Outcomes:</b> HIV, ESE, HIV, POV, VIOL*</p>	<p><b>Evidence level</b></p>  <p><b>Medium</b></p>
<p><b>Sponsoring organization:</b> UCSF; Eunice Kennedy Shriver National Institute of Child Health and Human Development, R01HD 3278900951</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4240618/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4240618/</a> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578719/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578719/</a></p>		<p><b>Type of Initiative:</b> Microcredit/Finance</p>	


## 7. Safe and Smart Savings Products for Vulnerable Adolescent Girls project, Uganda and Kenya, 2008 - 2015

<p><b>Intervention:</b> The Safe and Smart Savings Products for Vulnerable Adolescent Girls (SSSPVAG) programme aimed to develop, pilot test, and roll-out individual savings accounts offered to girls belonging to girls groups, with four financial institutions, two in Kenya and two in Uganda. These accounts combine methods in designing financial products for low-income clients, and a 'safe space' programme model that is supportive for adolescent girls. The intervention had three components: weekly group meetings with a female mentor built on the Pop the Council's Safe Spaces model where they conducted savings activities and received training on financial education and health; financial education through 16 simplified sessions that are accompanied by a savings diary; and an individual savings account. The account had either no or a very low opening balance and no transaction or monthly fees. These were not contract accounts—meaning that girls could deposit as much or as little as they wanted, at the time intervals that they chose. In addition to the group mentor (social mentor), girls were required to choose a financial mentor who was above the age of 18 to serve as a co-signatory on the account.</p>	<p><b>Results:</b> Savings products provided girls with a safe and reliable option for saving money. When combined with financial education regarding the importance of saving, girls began saving money and showed significant increases in saving between baseline and endline. The evaluation shows that girls used their savings to reduce vulnerability during emergencies. On the other hand, some girls reported that they were saving for future needs and goals, including education and plans to start their own businesses.</p>	<p><b>Outcomes:</b> POV, ESE, ED*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organization:</b> LSHTM, SEF and University of Witwatersrand, SA</p> <p><a href="http://www.image-sa.co.za/Programme/The-Intervention">http://www.image-sa.co.za/Programme/The-Intervention</a> <a href="https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es">https://www.scielosp.org/scielo.php?pid=S0042-96862009001100010&amp;script=sci_arttext&amp;tlng=es</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	

## 8. SSTOP [Training Internationally for the Orphans and their Survival-TIOS] affiliated with TRY in Kenya and Uganda, Mozambique, June 2001-2004


<p><b>Intervention:</b> SSTOP targets orphans and vulnerable teenage girls who may be compelled to participate in transactional sex to support themselves and their family. The objective is to provide them with an income-generating skill and accurate HIV information.</p> <p>In addition to HIV education, SSTOP addresses several gender-related issues. The project seeks to increase girls' access to income by introducing income-generating and small business skills to participants. Many of the girls are having transactional sex to survive and help feed their families. Providing an opportunity for them to learn skills that can generate income in a positive way eliminates the need for transactional sex and empowers them to make healthier choices. SSTOP produces anatomical dolls to be used as a tool for improved HIV awareness training. Simultaneously, the "Five Components of HIV" programme training manual promotes behavioural change in sexual practices and aims to break through educational and language barriers. The programme is implemented by the AIDS Orphans Skills Centers (AOSCI), known in Mozambique as TIOS.</p>	<p><b>Results:</b> Qualitative and anecdotal evidence: Findings indicate that participants are better organizing their home finances and gaining vocational skills for income generation in the future. In interviews, family members said that the girls would now be able to choose their own husbands rather than having to say yes to any proposal offered. Girls also are delaying marriage, choosing to support themselves longer through the project's income-generating activities, and not engaging in early sexual activity without protection.</p> <p>Monitoring: At the TIOS training centre, more than 500 participants have been trained in HIV training, self-defense and more. Typically, about 10 percent of participants have tested for HIV by show of hands at the beginning of a 90-day course, and more than 75 percent have tested by the end. Also, nearly 2,000 adolescent girls are direct programme recipients and 29,415 adolescent girls are indirect recipients (indirect includes five family members of direct programme recipients, as well as recipients who have received training from more than 500 TIOS trainers).</p>	<p><b>Outcomes:</b> POV, ESE, SRH, FP, HIV*</p>	<p><b>Evidence level</b></p>  <p><b>Weak</b></p>
<p><b>Sponsoring organization:</b> Training Internationally for the Orphans and their Survival (TIOS)</p> <p><a href="https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf">https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	

## 9. SUUBI Research programme, Uganda, 2005-2009


<p><b>Intervention:</b> The overall aim of SUUBI was to develop and test the feasibility of an intervention programme for improving the health outcomes and life chances of AIDS-orphaned adolescents through the use of microfinance—in the form of Child Savings Accounts (CSAs). SUUBI provided poor AIDS-orphaned adolescents with asset ownership opportunities through the use of CSAs. Modeled on U.S. Individual Development Accounts, a CSA is a microfinance product that facilitates the development of savings and their attendant "asset effects". CSA programmes, including SUUBI, involve youth in basic financial education, introduce them to formal financial institutions, and incentivize them to save small amounts by offering a subsidized match rate. In SUUBI, the match rate was 2:1. The matched savings had to be used either for the youth's post primary-education, or for starting a small family business. All participants chose post-primary education as their saving goal.</p>	<p><b>Results:</b> Findings indicate that although adolescent boys and girls within the experimental group saved comparable amounts, the intervention appears to have benefited girls, in regard to the attitudes toward sexual risk-taking behaviour, in a different way and to a lesser extent than boys.</p>	<p><b>Outcomes:</b> POV, SRH, ESE*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> Columbia University; Mount Sinai, NYC; US. National Institute of Mental Health.</p> <p><a href="https://drive.google.com/file/d/1xBHki_iyCVY4ayoPeeCnvJg8HUWhsirD/view">https://drive.google.com/file/d/1xBHki_iyCVY4ayoPeeCnvJg8HUWhsirD/view</a> <a href="https://clinicaltrials.gov/ct2/show/NCT01163695">https://clinicaltrials.gov/ct2/show/NCT01163695</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)


## 10. SUUBI+Adherence, Uganda, 2012-2017

<p><b>Intervention:</b> SUUBI + Adherence examines the impact and cost associated with an economic empowerment intervention to increase adherence to HIV treatment for HIV positive adolescents in Uganda. The study is the first in Uganda to use a financial stability model to positively affect treatment adherence for youth. The study intervention, financial empowerment, combines a matched savings account, financial education, health education, and income-generating activities. This is meant to promote saving money for study participants and their families so there is sufficient income to meet the needs associated with managing HIV as a chronic illness, to provide support for adherence to antiretroviral therapy, to develop micro-enterprises to generate family income, and/or to further their studies in secondary education.</p>	<p><b>Results:</b> Self-reports measuring social support, family cohesion and ART adherence to treatment from 702 participants in 39 clinics situated in southern Uganda. Regression results indicated that after adjusting for sociodemographic characteristics that family cohesion and social support from caregivers/family were associated with self-reported adherence to ART among HIV-infected adolescents. Social support from classmates, teachers, and friends were not associated with ART adherence. Study results suggest that strengthening family relationships and promoting social support within families caring for adolescents living with HIV can be crucial in addressing ART adherence challenges among adolescents in sub-Saharan Africa.</p>	<p><b>Outcomes:</b> BCC, HIV*</p>	<p><b>Evidence level</b>  Moderate</p>
<p><b>Sponsoring organizations:</b> Implemented by Columbia University; funded by Eunice Kennedy Shriver National Institutes of Child Health &amp; Human Development (NICHD) <a href="https://ichad.wustl.edu/suubiadherence/">https://ichad.wustl.edu/suubiadherence/</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	


## 11. Tap and Reposition Youth (TRY), Uganda and Kenya, 2001-2004

<p><b>Intervention:</b> Tap and Reposition Youth (TRY) was a multiphase initiative undertaken by the Population Council and K-Rep Development Agency (KDA), the oldest and largest microfinance institution in Kenya. The overall aim of the project was to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihood options, as well as providing social support, savings, and microcredit opportunities for young women in areas with high HIV prevalence. TRY targeted out-of-school adolescent girls and young women aged 16-22. Initially, the microfinance model was an adaptation of the adult Juhudi group-based savings and lending model. The TRY model evolved over the course of the experiment, moving from a minimalist savings and credit model to one that expanded upon social support and eventually responded to the particular needs of its vulnerable clientele.</p>	<p><b>Results:</b> Two key lessons from this project were that the girls wanted to be able to save independently from the collateral on their loans and that they valued the social support component (i.e., making friends and having a mentor) as much as, if not more than, the financial service they were receiving. Increased saving was a key outcome. Results from the 2005 endline show that participants had a significantly higher level of income compared to controls.  Further, while their household assets had been similar at baseline, at endline, participants owned considerably more assets than controls. Girls who participated in TRY also demonstrated more liberal gender attitudes compared to controls. In particular, TRY girls were significantly more likely to say that wives should be able to refuse their husbands sex, that marriage is not the only option for an unschooled girl, and that it is not necessary to have a husband to be happy. There were also some indications that participant girls had greater ability to refuse sex and insist on condom use.</p>	<p><b>Outcomes:</b> POV, ESE, SRH, HIV, FP*</p>	<p><b>Evidence level</b>  Strong</p>
<p><b>Sponsoring organizations:</b> Population Council, Ford Foundation, DFID, the William H. Kaufman Charitable Foundation, the Turner Foundation, and Effie Westervelt 242574970_Tap_and_Reposition_Youth_TRY_Providing_Social_Support_Savings_and_Microcredit_Opportunities_for_Young_Women_in_Areas_with_High_HIV_Prevalence <a href="https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf">https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	


## 12. VSLA - Care, Niger, Tanzania, Rwanda, Kenya, Uganda, Malawi, Ghana, Mali, DRC (now in over 51 countries), 1991 - present

<p><b>Intervention:</b> Village Savings &amp; Loan Associations (VSLAs) are offered to women as a safe way to save money and access loans. No outside capital was needed; only a lockbox, three keys and some basic financial training. VSLAs enable women living in poverty to increase their financial skills, gain access to and control over resources, and generate economic opportunities and income.</p>	<p><b>Results:</b> Women in 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).</p>	<p><b>Outcomes:</b> VIOL*</p>	<p><b>Evidence level</b>  Weak</p>
<p><b>Sponsoring organization:</b> Survival (TIOS) <a href="https://www.care.org/vsla">https://www.care.org/vsla</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	

## 13. Women's Protection and Empowerment Programme (using VSLA model), Ivory Coast, 2010-2012


<p><b>Intervention:</b> A randomized controlled trial assessing the incremental effectiveness of gender dialogue groups in addition to group savings on changing past-year intimate partner violence was conducted in Côte d'Ivoire. The group savings model used was village savings and loans associations (VSLAs) in which women pool their funds, request loans for livelihood activities, and receive share-outs from interest after loans are repaid by members in their group.</p>	<p><b>Results:</b> Findings suggest that intervention participants with a history of child marriage may have greater difficulty benefiting from interventions that seek to reduce intimate partner violence.</p>	<p><b>Outcomes:</b> VIOL*</p>	<p><b>Evidence level</b>  Strong</p>
<p><b>Sponsoring organizations:</b> International Rescue Committee (IRC) World Bank's State and Peace-building Fund, Contract #1007007040 (PI J Gupta) and Contract #7162336 (PI J Gupta). This work was supported, in part, by Yale University's Center for Interdisciplinary Research on AIDS (CIRA), through grants from the National Institute of Mental Health, Paul Cleary, Ph.D., Principal Investigator (P30MH062294). <a href="https://www.sciencedirect.com/science/article/pii/S1054139X15003018?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S1054139X15003018?via%3Dihub</a></p>		<p><b>Type of Initiative:</b> Savings and credit</p>	

## 14. A360, Ethiopia, Nigeria and Tanzania (also replicated in Mozambique as the vale a pena project), 2016-2020


<p><b>Intervention:</b> A360's Smart Start uses financial planning to initiate contraceptive counselling with rural, married girls. In Tanzania, A360's Kuwa Mjanja blends opt-out contraceptive and life-coaching services for urban and peri-urban girls. In Nigeria, A360's 9ja Girls and Matasa Matan Arewa programming uses love, life and health as entry points to inspire and serve urban, peri-urban and rural married and unmarried girls across the country's northern and southern regions. Their goal: increase the demand for and voluntary uptake of modern contraceptives among adolescent girls between the ages of 15-19 across Nigeria, Tanzania and Ethiopia.</p>	<p><b>Results:</b> A360 used human-centered design and achieved high uptake of modern family planning methods across all sites. Challenges identified in a midterm review in Ethiopia included: a) need to broaden the approach to those who have been married for some time and have had a child/children already, and unmarried adolescents; b) Seasons matter to the workload of the health extension workers; c) Consider incentives for the extension workers; d) Men have been incentivized through the financial planning; use this as an entry point for other issues; e) Learn from early adopters (mothers that bring their daughters in for FP); f) Explore cost-benefit and cost-effectiveness of programme for MOH and communities; g) Explore how to better engage communities to move the programme forward and integrate it into other activities rather than just having it externally sustained.</p>	<p><b>Outcomes:</b> FP, ESE*</p>	<p><b>Evidence level</b>  Moderate (Full evaluation pending)</p>
<p><b>Sponsoring organizations:</b> Implemented by PSI; IDEO.org; Society for Family Health Nigeria; Center on the Developing Adolescent; Triggerise funded by Bill &amp; Melinda Gates Foundation and the Children's Investment Fund Foundation (Mozambique replication was funded by DFID and the Dutch Foreign Ministry) <a href="https://www.a360learninghub.org/">https://www.a360learninghub.org/</a> <a href="https://www.a360learninghub.org/countries/Moz">https://www.a360learninghub.org/countries/Moz</a> <a href="https://www.a360learninghub.org/taking-the-talk-to-the-bigscreen/">https://www.a360learninghub.org/taking-the-talk-to-the-bigscreen/</a> <a href="https://www.a360learninghub.org/countries/tanzania/">https://www.a360learninghub.org/countries/tanzania/</a></p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)


## 15. Adolescent Girls Empowerment Programme (AGEP), Zambia, 2011-2018

<p><b>Intervention:</b></p> <p>AGEP was a multisectoral intervention targeting over 10,000 vulnerable adolescent girls ages 10-19 in rural and urban areas, in four of the ten provinces of Zambia. At the core of AGEP were mentor-led, weekly girls' group meetings of 20 to 30 adolescent girls participating over two years. Three curricula, namely sexual and reproductive health and life skills, financial literacy, and nutrition, guided the meetings. An engaging and participatory pedagogical approach was used. Two additional programme components, a health voucher and a bank account, were offered to some girls to provide direct mechanisms to improve access to health and financial services.</p>	<p><b>Results:</b></p> <p>AGEP found that for a small group of girls who were self-motivated to actively participate, the programme was able to modestly delay marriage and birth in the long-term. However, it was not broadly impactful for the majority of girls. The results show: Girls had increased self-efficacy, financial savings behaviour, and sexual and reproductive health knowledge. These changes were strongest for girls who received all three programme components - "safe spaces" + health vouchers + girl-friendly individual savings accounts. Overall, the programme showed no significant impacts on child marriage rates, contraceptive use, HIV and HSV-2 prevalence, gender norms, or girls' acceptability and experience of violence. Findings show that girls were more likely to participate in AGEP if they were in-school, younger, living in a rural area, and a biological daughter of the head of her household. Results show that participation in AGEP reduced rates of transactional sex for girls who were already sexually active at the start of the close up full stop.</p>	<p><b>Outcomes:</b></p> <p>SRH, ESE, POV, HIV*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> Population Council/ DFID; YWCA Zambia; National Savings and Credit Bank of Zambia (NatSave); Zambia Ministry of Health; Zambia Ministry of Community Development and Social Welfare; Making Cents International</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.popcouncil.org/research/adolescent-girlsempowerment-program">https://www.popcouncil.org/research/adolescent-girlsempowerment-program</a>; <a href="https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf">https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf</a></p>			


## 16. Safe space and financial literacy, AGI-Kenya, 2013-2020

<p><b>Intervention:</b></p> <p>AGI-Kenya was an RCT that tested four layered packages delivered to girls in safe spaces. The packages were:</p> <ul style="list-style-type: none"> <li>•Violence Prevention, which includes community dialogues on the prevalence and persistence of violence against girls, coupled with funded community projects to address these challenges.</li> <li>•Violence Prevention + Education, which also includes a cash transfer conditional on school enrollment at the start of each term and regular attendance throughout the term.</li> <li>•Violence Prevention + Education + Health, in which girls meet in safe space groups once a week with a female mentor who delivers a health, life skills, and nutrition curriculum.</li> <li>•Violence Prevention + Education + Health + Wealth Creation, in which girls also participate in additional financial education sessions integrated into the "safe space" curricula and open savings accounts or home banks.</li> </ul>	<p><b>Results:</b></p> <p>AGI-K midline results show positive impacts for girls across a broad range of health, social, educational, and financial indicators in both Kibera and Wajir. Individual results varied across both sites.</p> <p>In Kibera, AGI-K had significant effects on violence reduction, primary school completion and schooling self-efficacy, sexual and reproductive health knowledge, social safety nets, financial literacy and savings behaviour, and household economic status. In Wajir, AGI-K had statistically significant effects on primary school enrollment, positive gender norms and self efficacy, financial literacy, and savings behaviour.</p> <p>Results show that layering multiple interventions to holistically address girls' complex needs can increase overall positive impact on girls' lives. This analysis points to the win-win opportunity to maximize girls' welfare by introducing education, health, and wealth interventions together - both lowering costs and increasing benefits for girls.</p>	<p><b>Outcomes:</b></p> <p>VIOL, POV, ESE, SRH, ED*</p>	<p><b>Evidence level</b></p>  <p><b>Medium</b></p>
<p><b>Sponsoring organizations:</b> Population Council; Save the Children, Plan -- funded by DFID</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://link.springer.com/article/10.1007%2Fs10461-018-2329-5">https://link.springer.com/article/10.1007%2Fs10461-018-2329-5</a> <a href="https://www.popcouncil.org/research/adolescent-girlsinitiative-action-researchprogram">https://www.popcouncil.org/research/adolescent-girlsinitiative-action-researchprogram</a></p>			

## 17. Berhane Hewan, Ethiopia, 2004-2006


<p><b>Intervention:</b></p> <p>Its overall goal is to establish appropriate and effective mechanisms to protect girls at risk of forced early marriage and support adolescent girls who are already married. Specific objectives include the creation of safe social spaces for the most vulnerable and isolated girls to meet same-sex friends and interact with caring adults; a reduction in the prevalence of childhood marriage among adolescent girls; and an increase in the use of reproductive health services among sexually experienced girls. The Berhane Hewan programme includes several components: group formation by adult female mentors; 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 "community conversations," to engage the community in discussion of key issues, such as early marriage, and in collective problem solving.</p>	<p><b>Results:</b></p> <p>The intervention was associated with considerable improvements in girls' school enrollment, age at marriage, reproductive health knowledge and contraceptive use. Particularly among girls aged 10-14, those exposed to the programme were more likely than those in the control area to be in school at the endline survey (odds ratio, 3.0) and were less likely to have ever been married (0.1). However, among girls aged 15-19, those in the intervention area had an elevated likelihood of having gotten married by the endline.</p>	<p><b>Outcomes:</b></p> <p>SRH, FP, ED*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organization:</b> Population Council; Evaluated by Guttmacher Institute. UNICEF</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.guttmacher.org/journals/ipsrh/2009/03/evaluation-berhane-hewanprogram-delay-childmarriage-rural-ethiopia">https://www.guttmacher.org/journals/ipsrh/2009/03/evaluation-berhane-hewanprogram-delay-childmarriage-rural-ethiopia</a> <a href="https://www.scopus.com/record/display.uri?eid=2-s2.0-84865462201&amp;origin=i">https://www.scopus.com/record/display.uri?eid=2-s2.0-84865462201&amp;origin=i</a></p>			

## 18. Binti Pamoja Centre, Kenya, 2001 -present


<p><b>Intervention:</b></p> <p>Create safe spaces for girls to reduce: violence, female genital mutilation, sexual abuse, rape, prostitution poverty and increase: reproductive health knowledge, financial education, leadership &amp; personal skills.</p>	<p><b>Results:</b></p> <p>Baseline data highlights social isolation for many girls &amp; 55% of girls live with neither or only one parent-&gt;30 safe spaces established reaching &gt;1000 girls. Positive changes in social networks, mobility &amp; gender norms.</p>	<p><b>Outcomes:</b></p> <p>BCC, VIOL, SRH, POV*</p>	<p><b>Evidence level</b></p>  <p><b>Medium</b></p>
<p><b>Sponsoring organization:</b> Carolina for Kibera</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p>Global giving: "Empowering girls in Kibera". Third Floor, 301 Pittsboro Street, Campus Box 5145, Chapel Hill, NC 27599-5145: FedEx Global Education Center; 2008. <a href="http://www.globalgiving.org/cb/hp/pr/1800/proj1771a.html">http://www.globalgiving.org/cb/hp/pr/1800/proj1771a.html</a>. 32. Carolina for Kibera: Tuuangane Tuangaze (Let's unite and shed light). 2006 annual report. Chapel Hill, NC: 2007</p>			

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)


## 19. Biruh Tesfa, Ethiopia, 2006 - 2016

<p><b>Intervention:</b> Biruh Tesfa addresses vulnerabilities of migrant adolescent girls who have relocated to urban areas and are at risk of coerced sex, transactional sex, and exploitative labour. The programme seeks to protect these girls by reducing their social isolation and providing them with health information, including HIV prevention, and services to address sexual exploitation and abuse. Through the programme, female community leaders mentor out-of-school girls ages 10-19, addressing issues such as reproductive health and violence. Programme services ensure that girls have access to health care; rape victims can obtain support services; and a shelter is available for evicted domestic workers (many of whom are migrant girls). Girls can also get identification cards along with vocational training and job placement. Challenges include negotiating with employers to allow girls to participate and dealing with the general mobility of this population. The mentorship training manual also covers nonformal education (Ministry of Education material), communication skills, psychosocial skills and self-esteem, common health problems and how to prevent them, HIV transmission and prevention, reproductive health, gender-based violence and rape, condoms and other family planning methods, financial literacy and savings, and entrepreneurship.</p>	<p><b>Results:</b> A recent evaluation of the programme found that girls in the area where Biruh Tesfa operated were more than twice as likely to report having social support than girls in a comparison area where Biruh Tesfa was not implemented. They were also twice as likely to score well on HIV knowledge questions, to know where to obtain voluntary counselling and testing, and to want to be tested.  A further evaluation examined whether the programme improved girls' literacy and numeracy. The evaluation found that among girls who had never been to formal school who lived in the area where Biruh Tesfa operated, mean scores on reading and numeracy tests increased significantly. Similar improvements in test scores were not seen among girls who had never been to formal school who lived in a comparison area where Biruh Tesfa was not implemented.</p>	<p><b>Outcomes:</b> HIV, ED, BCC*</p>	<p><b>Evidence level</b>  <b>Strong</b></p>
<p><b>Sponsoring organizations:</b> Population Council Ethiopia Ministry of Youth &amp; Sports UK Department for International Development (DFID); Nike Foundation; The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID); United Nations Population Fund (UNFPA); United Nations Foundation (UNF); United States Agency for International Development (USAID)</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.nber.org/papers/w20135.pdf">https://www.nber.org/papers/w20135.pdf</a> (Uganda)  <a href="https://www.sciencedirect.com/science/article/pii/S0305750X17303030">https://www.sciencedirect.com/science/article/pii/S0305750X17303030</a>(Ghana)  <a href="https://www.popcouncil.org/research/biruh-tesfa-safespaces-for-out-of-schoolgirls-in-urban-slum-areas-of-ethi">https://www.popcouncil.org/research/biruh-tesfa-safespaces-for-out-of-schoolgirls-in-urban-slum-areas-of-ethi</a></p>			


## 20. BRAC Adolescent Development Programme, Uganda, 2008-2010 (approximate)

<p><b>Intervention:</b> Adolescent Development Programme, which emphasizes the provision of life skills, entrepreneurship training, and microfinance. The ADP has two elements: training and microfinance. Participants are provided with life skills and entrepreneurship training. Life skills training courses are designed to enhance girls' self-confidence and knowledge. Two girls from each ADC volunteer to be trained to run the club on a daily basis. They manage the ADC activities and facilitate the life skills training courses. The entrepreneurship training courses are provided by BRAC professionals. The second component of the ADP is microfinance. An age limit of 18 is set for girls to be eligible to graduate into microfinance typically one year after the ADC's initiation and after the livelihood and entrepreneurship training is completed.</p>	<p><b>Results:</b> We find that girls who are more likely to benefit from the programme are more likely to intend to participate. The programme attracts girls who are likely to place a high value on financial independence: single mothers and girls who are alienated from their families. The programme attracts girls who are more likely to benefit from training: girls who believe they could be successful entrepreneurs but currently lack the quantitative skills to do so. Reassuringly, girls who are in school full-time are less likely to intend to participate. We also find that the programme attracts girls from poorer villages but we find no evidence that poorer girls within each village are more likely to want to participate. Finally, girls from villages who have previously been exposed to NGO projects are less likely to participate.</p>	<p><b>Outcomes:</b> POV, ED*</p>	<p><b>Evidence level</b>  <b>Moderate</b></p>
<p><b>Sponsoring organizations:</b> Implemented by LSE and BRAC Bangladesh; Funding from DFID and the World Bank's Gender Action Plan fund</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.tandfonline.com/doi/full/10.1080/17450128.2012.736645">https://www.tandfonline.com/doi/full/10.1080/17450128.2012.736645</a></p>			


## 21. Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces programme (Compass), Ethiopia, 2015-2016

<p><b>Intervention:</b> The project is aimed at reducing the economic vulnerability of adolescent refugee girls residing in one of three project locations through mentor-facilitated curriculum on topics such as safety, healthy relationships, and financial planning for adolescents and their caregivers. COMPASS was administered in three country sites—Ethiopia, the Democratic Republic of Congo, and Pakistan—in order to examine a life skills and mentoring programme for female adolescents across multiple contexts. The research design differed across country sites in order to offer complementary insights into COMPASS's effectiveness. In Ethiopia, the research aim was to assess the overall effectiveness of COMPASS on improving girls' safety and well-being.</p>	<p><b>Results:</b> We found no evidence that the programme significantly reduced girls' economic vulnerability. Girls who received the intervention were no more or less likely than those in the control arm to (1) attend school; (2) work for pay; (3) work for pay while not being enrolled in school; or (4) engage in transactional sexual exploitation.</p>	<p><b>Outcomes:</b> POV, SRH, ESE*</p>	<p><b>Evidence level</b>  <b>Strong</b></p>
<p><b>Sponsoring organization:</b> Population Council/DFID</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://academic.oup.com/jeea/article/8/2-3/548/2296034">https://academic.oup.com/jeea/article/8/2-3/548/2296034</a></p>			


## 22. CyberRwanda, Rwanda, 2020-2021


<p><b>Intervention:</b> The CyberRwanda intervention consists of three primary components: 1. Guide to Teen Success: The CyberRwanda curriculum empowers youth to learn about FPRH and employment skills and to set goals for their future through age-appropriate, interactive, digital and printed stories and activities. 2. Ask Mutoni/ Ask Ntwali: The Q&amp;A platform answers questions and provides referrals to local youth-friendly services through 'Mutoni' and 'Ntwali,' virtual peer educators who provide evidence-based, teen-friendly information and signposting to clinics. 3. Youth can directly purchase health products, including menstrual hygiene and contraceptive products (emergency contraception, condoms, and oral contraceptive pills) online and via SMS. The online and SMS clinic finder tool links youth clients to clinics for longer-acting methods. All participating pharmacies will be trained using the custom digital training game that supports them to give unbiased, nonjudgmental information and services.</p>	<p><b>Results:</b> Evaluation pending.</p>	<p><b>Outcomes:</b> SRH, FP, ESE*</p>	<p><b>Evidence level</b>  <b>unclear</b></p>
<p><b>Sponsoring organizations:</b> Youth Development Labs; Society for Family Health, Rwanda Funding provided by ClIFF</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://clinicaltrials.gov/ct2/show/NCT04198272">https://clinicaltrials.gov/ct2/show/NCT04198272</a></p>			


## 23. Dreams, Kenya, Botswana, Côte d'Ivoire, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 2015-2018


<p><b>Intervention:</b> The Council helped DREAMS partners develop programmes that give adolescent girls and young women the social and protective assets they need to thrive and stay safe from HIV.</p>	<p><b>Results:</b> Results show that layering multiple interventions to holistically address girls' complex needs can increase overall positive impact on girls' lives. This analysis points to the win-win opportunity to maximize girls' welfare by introducing education, health, and wealth interventions together - both lowering costs and increasing benefits for girls.</p>	<p><b>Outcomes:</b> HIV, ESE*</p>	<p><b>Evidence level</b>  <b>Strong</b></p>
<p><b>Sponsoring organization:</b> Population Council</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5886102/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5886102/</a></p>			

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)

24. Geração Biz and Rapariga Biz, Mozambique, 1999-on going			
<p><b>Intervention:</b></p> <p>Geração Biz and its follow on Rapariga Biz are complex interventions for girls and young people to meet their SRHR needs and foster financial literacy and economic opportunities. It is implemented with the government and the UN. The programme works to increase women's access to income and productive resources by partnering with nongovernmental organizations to offer Geração Biz female peer activists income-generating opportunities. It also helps both male and female peer activists to obtain scholarships for university or short-term learning opportunities. The programme has a recruitment/retention protocol as well, to foster greater involvement of female peer activists. The mentors' training aims to transform secondary school girls into change agents in their communities. The RB programme added a financial literacy component to the mentorship programme.</p>	<p><b>Results:</b></p> <p>The Geração Biz programme developed an operations research study to test new strategies for improving female peer activist recruitment, participation and retention in programme activities. The study identified ways to improve young women's comfort, security, skills-acquisition, support and mentorship.</p> <p>Changes made as a result of the study resulted in increased recruitment of female peer activists, particularly those that are out-of-school, and a 70 percent reduction in the number of female peer activists dropping out of the programme. Two Geração Biz peer activists were named Youth Ambassadors for Africa (in 2006). Some peer activists are now providing managerial and technical assistance on programme issues. These examples reflect a new type of leadership emerging among young people in Mozambique. Combining a number of approaches and activities to facilitate improved adolescent sexual and reproductive health is key to the space with a strophie success.</p>	<p><b>Outcomes:</b></p> <p>ESE, SRH, POV*</p>	<p><b>Evidence level</b></p>  <p><b>Weak</b></p>
<p><b>Sponsoring organizations:</b> Pathfinder (Geração Biz); One UN (Rapariga Biz) Danish International Development Agency (DANIDA); United Nations Population Fund (UNFPA); Swedish International Development Cooperation Agency (Sida); Embassy of Norway DFID</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://esaro.unfpa.org/en/news/rapariga-biz-sets-girlsmore-prosperous-andhealthy-path-mozambique">https://esaro.unfpa.org/en/news/rapariga-biz-sets-girlsmore-prosperous-andhealthy-path-mozambique</a>  <a href="https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf">https://aidsfree.usaid.gov/sites/default/files/aidstarone_africa_gender_compendium_report.pdf</a></p>			

25. Siyakha Nentsha, South Africa, 2008 - present (mainstreamed in schools)			
<p><b>Intervention:</b></p> <p>Siyakha Nentsha was designed to address the circumstances of highly vulnerable young people in KwaZulu-Natal, South Africa. Two versions were tested—a basic version that focused on developing social and health capabilities and an enhanced version that included financial capabilities.</p>	<p><b>Results:</b></p> <p>Both the streamlined and full versions of Siyakha Nentsha led to important changes in young people's attitudes and behaviours, though the impacts differed between versions and between males and females. Compared to the control group, all Siyakha Nentsha participants (regardless of sex or version of the programme) were more likely than those in the control group to know of a place to get condoms, reported a large increase in knowledge of social grant requirements and criteria, had improved budgeting and planning skills, and were more likely to have attempted to open a bank account. Siyakha Nentsha girls (compared with girls in the control group) reported feeling higher self-esteem and greater confidence in their ability to obtain a condom if necessary. Siyakha Nentsha boys were more likely to have remained sexually abstinent between survey rounds, and Siyakha Nentsha boys who did have sex reported having fewer sexual partners than did boys in the control group. Among those of eligible age, boys participating in Siyakha Nentsha were more likely to have a South African ID than boys in the control group. Compared with participants who received the partial Siyakha Nentsha package (health and social capabilities), girls with the full Siyakha Nentsha package (financial capabilities added) felt greater levels of social inclusion in their communities and were more likely to have obtained a national birth certificate. Among Siyakha Nentsha boys, those who received financial education (compared to those who received the health and social education only) were more likely to have reported undertaking an income-generating activity between survey rounds.</p>	<p><b>Outcomes:</b></p> <p>POV, HIV, SRH, ESE, ED*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> Isihlangu Implemented by the Health and Development Agency and the Population Council; funded by DFID, ESRC, Hewlett Foundation</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.popcouncil.org/uploads/pdfs/TABriefs/04_SiyakhaNentsha.pdf">https://www.popcouncil.org/uploads/pdfs/TABriefs/04_SiyakhaNentsha.pdf</a></p>			


26. Shujaaz, Kenya, 2014-2017			
<p><b>Intervention:</b></p> <p>Shujaaz is a public-interest media platform that seeks to improve the lives of Kenyan youth by norming and stimulating positive health behaviours, and incentivizing income generation activities. This study evaluates the impact of Shujaaz using data collected over a two-year period from a cohort of 700 youth aged 15-24 years. Multivariate correlated random-effects regression models were used to estimate the impact of exposure to analogue (comic and radio) and digital Shujaaz media (social media and SMS) on attitudes, norms and behaviours around family planning and income generation.</p>	<p><b>Results:</b></p> <p>Shujaaz analogue media were associated with intermediate outcomes; digital media were associated with a 18.1 percentage point increase in ever using condoms and a 19.0 percentage point increase in recommending the use of condoms to friends and partners. Additionally, both analogue and digital media were associated with improved income-generating outcomes. Importantly, exposure to digital media was associated with a Ksh 2,096 (US\$20.9) increase in monthly income.</p>	<p><b>Outcomes:</b></p> <p>POV, BCC*</p>	<p><b>Evidence level</b></p>  <p><b>Weak</b></p>
<p><b>Sponsoring organizations:</b> Shujazz media with Global Community Health and Behavioural Sciences, Tulane University and Well Told Story, Nairobi, Kenya; Funding provided by Bill &amp; Melinda Gates Foundation; and CIFF</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.tandfonline.com/doi/pdf/10.1080/02673843.2018.1475287">https://www.tandfonline.com/doi/pdf/10.1080/02673843.2018.1475287</a></p>			

27. Stepping Stones and Creating Futures, South Africa, 2015 - 2018			
<p><b>Intervention:</b></p> <p>Stepping Stones and Creating Futures aims to decrease the rate of intimate partner violence in urban informal settlements in South Africa. Three-hour sessions are held twice a week over a two-and-a-half-month period with participants aged 18 - 24 years. The sessions are peer-led, interactive and participatory, and participants reflect on gender norms, conflict in relationships and developing livelihoods strategies. Programme has been successfully adapted to include savings groups, financial literacy and other economic empowerment interventions.</p>	<p><b>Results:</b></p> <p>Increase in men reporting last person they had sex with was main partner, no impact on condom use in last sex, no impact on transactional sex. Reduction in sexual violence experience by women. No impact on sexual or physical violence perpetrated by men.</p>	<p><b>Outcomes:</b></p> <p>VIOL, HIV*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organization:</b> DFID</p>		<p><b>Type of Initiative:</b> Safe space and financial literacy</p>	
<p><a href="https://www.jahonline.org/article/S1054-139X(17)30315-4/fulltext">https://www.jahonline.org/article/S1054-139X(17)30315-4/fulltext</a>  <a href="https://www.ncbi.nlm.nih.gov/pubmed/18998204">https://www.ncbi.nlm.nih.gov/pubmed/18998204</a></p>			


\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)




## 28. Cash Transfer for Orphans and Vulnerable Children (CTOVC), Kenya, 2000-2015

<p><b>Intervention:</b></p> <p>The Cash Transfer for Orphans and Vulnerable Children (CTOVC) is the largest social protection programme in Kenya. It is designed to prevent the intergenerational transmission of poverty caused by HIV/AIDS through financial support to caretaking families of orphans. Beneficiary households receive a cash transfer roughly equivalent to 20% of the household's total monthly expenditures (Ksh 1500 or USD US\$21 initially, adjusted to Ksh 2000 during 2011-12 due to inflation and declining values in currency). They are informed that the purpose of the programme is to support the care of children through investments in health capital and schooling.</p>	<p><b>Results:</b></p> <p>The Kenya CT-OVC has been associated with wide-ranging impacts, including delaying sexual debut (Handa et al. 2014), decreases in young age pregnancy (Handa et al. 2015), improvements in mental health (Kilburn et al. 2016), increases in investment spending on food and health (The Kenya CTOVC Evaluation Team, 2012b), improved school outcomes (The Kenya CT-OVC Evaluation Team, 2012a), and increased labour supply (Asfaw et al. 2014).</p> <p>The presence of reductions in children's morbidity illustrates that the programme is capable of promoting multidimensional well-being, even in the absence of conditionality. The literature from social cash transfer schemes across sub-Saharan Africa illustrates that unconditional programmes can be an important way to improve children's outcomes. While more could be done to promote care seeking and under-5 and girls' health, it is unknown how conditioning on health-related outcomes would impact the broad array of other investment behaviours. Nonetheless, our findings reveal that social cash transfers are a promising avenue to bolster the human capital investment behaviours of poor households.</p>	<p><b>Outcomes:</b></p> <p>SRH, POV*</p>	<p><b>Evidence level</b></p>  <p><b>Strong</b></p>
<p><b>Sponsoring organizations:</b> Government of Kenya's Department of Children's Services (DCS), with financial assistance from UNICEF and DFID. The work was also supported by: U.S. National Institute of Mental Health [Grant Number 1R01MH093241] and the Eunice Kennedy Shriver National Institute of Child Health and Development [R24 HD050924] to the Carolina Population Center.</p>		<p><b>Type of Initiative:</b></p> <p>Cash and in-kind transfers</p>	
<p><a href="https://clinicaltrials.gov/ct2/show/NCT00922038">https://clinicaltrials.gov/ct2/show/NCT00922038</a></p>			


## 29. Engendering Equality, Kenya, 2003-2009

<p><b>Intervention:</b></p> <p>Engendering Equality project seeks to improve the status of rural women, children and youth by increasing their access to information about the links among HIV, AIDS, and general health; agriculture and nutrition; gender inequality; and poverty. The project encourages change through activism, giving community members tools to articulate and advocate for their needs. The project also establishes food gardens in homes of HIV and AIDS affected households to help these families eat better and to provide income-generating opportunities. Engendering Equality helps increase women's access to income and productive resources by initiating and managing sustainable income-generating activities at the household level.</p>	<p><b>Results:</b></p> <ul style="list-style-type: none"> <li>Increased numbers of women of childbearing age reported that they understood how to reduce their vulnerability to infection within marriage.</li> <li>Increased numbers of married men reported support for gender equity in the distribution of family wealth.</li> <li>Increased numbers of men reported their commitment to, and advocacy for, monogamy and fidelity in marriage among their peers.</li> <li>Increased numbers of women reported improved capacity to resist traditions of widow inheritance upon the death of their husbands.</li> <li>Increased numbers of young men and women reported that they tested for HIV and have sought treatment for STIs.</li> <li>Increased numbers of women reported that they actively advocated for use of condoms and other means of safer sex.</li> <li>Households reported improved gardening practices, nutritional habits, and methods of caring for people living with HIV.</li> <li>Households reported improved income levels, family livelihood capacity, and general long-term economic and social standing, a result of women's linkage to microfinance institutions and marketing outlets.</li> <li>Men and women reported improved knowledge of HIV counselling and testing services as well as antiretroviral therapy availability.</li> <li>Women's groups reported increased ability to influence national debates toward greater inclusion and equality.</li> </ul>	<p><b>Outcomes:</b></p> <p>HIV, BCC, POV,*</p>	<p><b>Evidence level</b></p>  <p><b>Moderate</b></p>
<p><b>Sponsoring organizations:</b> Kenya AIDS Intervention Prevention Project Group (KAIPPG) Gender, Agriculture and Rural Development in the Information Society (GenARDIS) Small Grants Fund; National AIDS Control Council (NACC); Stephen Lewis Foundation</p>		<p><b>Type of Initiative:</b></p> <p>no classification</p>	
<p><a href="https://aidsfree.usaid.gov/resources/integratingmultiple-gender-strategiesimprove-hiv-and-aidsinterventions-compedium">https://aidsfree.usaid.gov/resources/integratingmultiple-gender-strategiesimprove-hiv-and-aidsinterventions-compedium</a></p>			

## 30. MUVA, Mozambique, 2018-2022




<p><b>Intervention:</b></p> <p>Works to secure a brighter economic future for disadvantaged young women in urban Mozambique.</p>	<p><b>Results:</b></p> <p>Not completed.</p>	<p><b>Outcomes:</b></p> <p>POV*</p>	<p><b>Evidence level</b></p>  <p><b>N/A</b></p>
<p><b>Sponsoring organizations:</b> Oxford Policy Management; DFID</p>		<p><b>Type of Initiative:</b></p> <p>no classification</p>	
<p><a href="https://muvamoz.co.mz/placing-young-people-in-the-labour-market/?lang=en">https://muvamoz.co.mz/placing-young-people-in-the-labour-market/?lang=en</a></p>			

## 31. Nuru ya Jamii, Kenya, 2009-2012

<p><b>Intervention:</b></p> <p>Nuru ya Jamii is a comprehensive HIV and AIDS care programme that integrates several strategies. It provides HIV clinical care, antiretroviral therapy, and pediatric HIV and AIDS treatment and support. It also strengthens linkages between health facilities and community and homebased prevention and support services, including faith-based organizations, community-based organizations (CBOs), and schools. The programme also works to increase access to income and productive resources for single women household heads, offering them training on basic business skills, providing access to business products, and creating linkages with microfinance institutions. The programme also offers household food security training to women to ensure they can produce enough food to feed their families (as opposed to depending on relief food), which includes skills in multistory gardens, kitchen gardens and organic farming. This training is supported with the provision of seeds and farm equipment. In addition, the programme provides vocational training, including hairdressing, fashion and design, and information technology, to young girls who have dropped out of school.</p>	<p><b>Results:</b></p> <p>Project reach: The programme served 1,000 families comprising a total of 4,435 individuals (2,015 adults and 2,420 children).</p> <p><b>Monitoring:</b> Findings from analysis of data collected in diaries indicate that household incomes increased; women were economically empowered through training on small enterprise development and business skills to strengthen or start small businesses; and women now play an active role in decision-making and providing for their families.</p> <p><b>Quantitative data collection:</b> Findings show that very few HIVpositive clients were bedridden; for those who were, it was for shorter periods of time than before the programme. Also, more children enrolled and stayed in school, and the general health of family members improved markedly during programme participation.</p>	<p><b>Outcomes:</b></p> <p>HIV, POV, BCC*</p>	<p><b>Evidence level</b></p>  <p><b>Moderate</b></p>
<p><b>Sponsoring organizations:</b> FHI: The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID); UK Economic and Social Research Council, South African National Research Foundation, Health Economics and AIDS Research Division at University of KwaZulu-Natal, South African National Department of Social Development, Claude Leon Foundation, John Fell Fund, Nuffield Foundation, and Regional Interagency Task Team for Children affected by AIDS—Eastern and Southern Africa.</p>		<p><b>Type of Initiative:</b></p> <p>no classification</p>	
<p><a href="https://aidsfree.usaid.gov/resources/integratingmultiple-gender-strategiesimprove-hiv-and-aidsinterventions-compedium">https://aidsfree.usaid.gov/resources/integratingmultiple-gender-strategiesimprove-hiv-and-aidsinterventions-compedium</a></p>			

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self efficacy), POV (poverty reduction), VIOL (VAWG, family violence)



32. Child Support Grant (CSG), South Africa, 2009 - 2012			
<b>Intervention:</b> Grants paid to caregiver, conditionally on low income. They were paid 250 ZAR a month in 2010 and in 2012 the amount was upped to 280 ZAR a month. This is equivalent to US\$35. The money was given to caregivers of children between the ages of 10 to 18. There were 3,515 participants. It was a prospective study that included a one year follow up.	<b>Results:</b> For adolescent girls the receipt of cash transfers were associated with a reduced incidence of transactional sex by 95% and a reduced incidence of age-disparate sex. There were no significant effects for boys.	<b>Outcomes:</b> SRH, ESE*	<b>Evidence level</b>  <b>Moderate</b>
<b>Sponsoring organizations:</b> UK Economic and Social Research Council, South African National Research Foundation, Health Economics and AIDS Research Division at University of KwaZulu-Natal, South African National Department of Social Development, Claude Leon Foundation, John Fell Fund, Nuffield Foundation, and Regional Interagency Task Team for Children affected by AIDS—Eastern and Southern Africa		<b>Type of Initiative:</b> no classification	
<a href="https://www.sciencedirect.com/science/article/pii/S2214109X13701153">https://www.sciencedirect.com/science/article/pii/S2214109X13701153</a>			
33. Unconditional Cash Transfer Study by GiveDirectly, Kenya, 2011 - 2012			
<b>Intervention:</b> Randomized controlled trial to study the response of poor households in rural Kenya to unconditional cash transfers from the NGO GiveDirectly. The transfers differ from other programmes in that they are explicitly unconditional, large, and concentrated in time. We randomized at both the village and household levels; furthermore, within the treatment group, we randomized recipient gender (wife versus husband), transfer timing (lump-sum transfer versus monthly installments), and transfer magnitude (US\$404 PPP versus US\$1,525 PPP).	<b>Results:</b> We find a strong consumption response to transfers, with an increase in household monthly consumption from US\$158 PPP to US\$193 PPP nine months after the transfer began. Transfer recipients experience large increases in psychological well-being. We find no overall effect on levels of the stress hormone cortisol, although there are differences across some subgroups. Monthly transfers are more likely than lump-sum transfers to improve food security, whereas lump-sum transfers are more likely to be spent on durables, suggesting that households face savings and credit constraints. Together, these results suggest that unconditional cash transfers have significant impacts on economic outcomes and psychological well-being.	<b>Outcomes:</b> POV, ESE*	<b>Evidence level</b>  <b>Strong</b>
<b>Sponsoring organization:</b> NIH Grant R01AG039297 and Cogito Foundation Grant R-116/10		<b>Type of Initiative:</b> no classification	
<a href="https://academic.oup.com/qje/article/131/4/1973/2468874#authorNotesSectionTitle">https://academic.oup.com/qje/article/131/4/1973/2468874#authorNotesSectionTitle</a>			
34. Zomba Project (Malawi Incentives Project), Malawi, 2007-2008			
<b>Intervention:</b> RCT on conditional cash transfers to incentivize maintaining HIV status for one year; rewards ranged from zero to approximately 4 months' wages.	<b>Results:</b> We find no effect of the offered incentives on HIV status or on reported sexual behaviour. However, shortly after receiving the reward, men who received the cash transfer were 9 percentage points more likely and women were 6.7 percentage points less likely to engage in risky sex.	<b>Outcomes:</b> HIV*	<b>Evidence level</b>  <b>Strong</b>
<b>Sponsoring organizations:</b> Department of Global Health, George Washington University, Washington; UCSF, World Bank		<b>Type of Initiative:</b> no classification	
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, 379(9823):1320- 1329.			

\*key FP, HIV, SRH, BCC (Family/community cohesion), ESE (Empowerment, self-efficacy), POV (poverty reduction), VIOL (VAWG, family violence)

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