



Emerging Evidence and Challenges in Sexual Reproductive Health Programming for Girls

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Standalone SRH Programs

“[S]tandalone school-based sex education programs have met with, at best, rather mixed success.” — Bandiera et al. (2017), “Women’s Empowerment in Action: Evidence from a Randomized Control Trial in Africa”

According to meta-analyses:

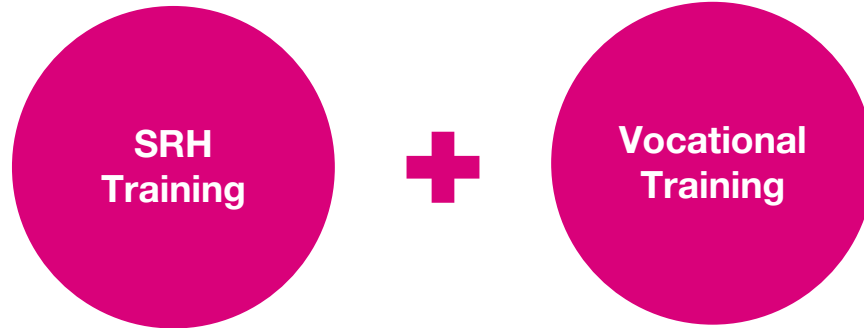
- Standalone HIV-education programs generally have weak results
- The same is true for standalone vocational training programs



Learning from the Evidence: What Works in SRH Programming



BRAC's Empowerment and Livelihoods for Adolescents (ELA) Program



By combining SRH and vocational training, ELA is able to deliver better outcomes in both categories than standalone programs.

Outcomes of ELA in Uganda

Four years after intervention:

- **Teen pregnancy fell by 34%**
- **Early entry into marriage/cohabitation fell by 62%**
- **Adolescent girls were 48% more likely to engage in income generating activities**
- **Girls reporting sex against their will drops by close to a third**

These results are **village-wide** amongst adolescent girls.

Bandiera et al. (2017), “Women’s Empowerment in Action: Evidence from a Randomized Control Trial in Africa”



Emerging Evidence from Sierra Leone

What's Next?

In Tanzania, BRAC is comparing:

- Control villages (no ELA program)
- Standard ELA program
- ELA + increased contraceptive access
- ELA + increased contraceptive access + incentivized goal setting
- ELA + increased contraceptive access + incentivized goal setting + boys' education
- Multimedia intervention

This will help **test the hypothesis** that ELA works because it is a packaged intervention, and will **evaluate the relative importance** of package components.



Thank You!

