Adolescent empowerment at scale
Successes and challenges of an evidence-based approach to young women’s programming in Africa
February 2023
Acknowledgements

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A girl reads a story book with lessons on life skills at an ELA club in Uganda. Photo: Uganda © BRAC, 2020
Foreword

Over the past two decades, the development field has seen enormous gains in effective programming for adolescent girls and young women, including through investments in evidence-based approaches such as the Empowerment and Livelihood for Adolescents (ELA) programme initiated by BRAC. BRAC is a leading international nonprofit with a mission to empower people and communities in situations of poverty, illiteracy, disease and social injustice. Randomized evaluations in several contexts have demonstrated ELA’s positive impact, which is achieved by delivering empowering and engaging content covering sexual and reproductive health, economic skills and valuable life skills in girls’ clubs or safe spaces. The United Nations Population Fund (UNFPA) recognizes BRAC as a leader in the field and a valued partner in its mission. In the spirit of learning, UNFPA, in keeping with its commitment to gender equality and sexual and reproductive health and rights, with a particular focus on adolescent girls, supported this synthesis of lessons learned over the 15-year history of the ELA programme, for the benefit of the wider development community. Note that the views expressed herein can in no way be taken to reflect the official opinion of UNFPA.
Background

From a small relief operation in northeastern Bangladesh, BRAC has become one of the largest international development organizations in the world, employing over 100,000 people and reaching over 100 million people through its work across Asia and Africa. This report focuses on a flagship youth empowerment initiative launched by BRAC in Africa in 2006.

The ELA concept

Empowerment and Livelihood for Adolescents (ELA) addresses key issues in the lives of adolescents and youth on a continent where 60 per cent of the population is under the age of 25, making it the world’s youngest continent. Africa’s demographic youth bulge is driven by high levels of fertility combined with declining child mortality. While the high youth population offers potential for growth, young people face significant barriers, including high rates of unemployment. These barriers are exacerbated by high rates of poverty, especially among non-school-going adolescents living in rural areas, and have grown worse during the COVID-19 pandemic.

For adolescent girls and young women in Africa, the barriers are significant and interrelated. For example, high rates of early marriage and child pregnancy limit adolescent girls’ ability to go to school and subsequently find employment. Simultaneously, a lack of decent employment opportunities with stable income for women lowers the incentive for parents or caregivers to invest in education for adolescent girls and young women, and drives parents or caregivers to push them into early marriage. This cycle hinders women’s economic independence.

Since its inception more than 15 years ago, BRAC’s ELA programme has sought to break this cycle of disempowerment by applying a multifaceted approach to improving the health, education and economic prospects of adolescent girls and young women. The ELA programme has had various iterations over the years, and this report will detail the primary circumstances and rationale that led to these programmatic shifts. The programme has generally involved different combinations of the following components, with the aim of holistically supporting the development of adolescent girls and young women in order to realize their full potential.

Programming components

- Safe spaces (or ELA clubs) for groups of AGYW to gather to interact and learn together;
- Mentorship from a young woman—a “near peer”—in the community, who also runs the club;
- Life, social and emotional skills training to equip participants with knowledge that will inform key life choices, including information on sexual and reproductive health, gender-based violence and female empowerment;
- Livelihood training on how to generate income, including financial literacy and developing a technical skill in a marketable sector;
- Access to microfinance loans to enable older participants to start or grow their own businesses; and
- Community engagement to develop local support for and disseminate information about the programme, and change social norms related to roles and expectations for young women and adolescent girls.

ELA’s origins and expansion in Africa

BRAC was founded in Bangladesh in 1972 and began opening its own schools in 1985 when it launched a non-formal primary education programme. With so many female students dropping out before advancing to secondary school, in 1993 it launched an Adolescent Development Programme (ADP), a predecessor of the
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Initially, ADP focused on literacy, but later expanded to include life skills, livelihood training and sports. ADP has delivered its programming through safe spaces for adolescent girls to socialize and learn, away from an otherwise male-dominated society.

BRAC began expanding internationally in 2001, launching operations in Africa in 2006. That year, BRAC opened 100 ELA clubs in some of the poorest areas of Uganda. Early results were promising, with a randomized controlled trial (RCT) by outside academic researchers showing that over a four-year time horizon, adolescent girls and young women in communities with ELA clubs were more likely to be engaged in income-generating activities, and less likely to get married or become pregnant as teenagers. These results, along with a significant investment from a major funder, encouraged and allowed BRAC Uganda to expand its ELA programming and conduct RCTs in other contexts. Given the success in Uganda, BRAC expanded its ELA programming to Tanzania in 2008, South Sudan in 2011, Sierra Leone in 2012 and Liberia in 2014. At the programme’s peak from about 2013 to 2015, BRAC was running more than 1,800 clubs with almost 80,000 members (Figure 1).

ELA becomes a development model

The success of BRAC’s ELA programming attracted the interest of other non-governmental organizations (NGOs) and programmatic partners, who modeled their own empowerment programming on aspects of BRAC’s ELA model. For example, the World Bank’s Sahel Women’s Empowerment and Demographic Dividend Project for Africa (SWEDD) programme developed its safe space, life skills training and vocational training elements partially based on ELA. (SWEDD also contains a number of other non-BRAC programme elements.) The United States Agency for International Development (USAID) named the ELA model as one of five economic empowerment programmatic models for its Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme. BRAC has since engaged in technical assistance with eight DREAMS partners in seven countries.

“Because of the RCTs, ELA became almost famous within development circles as a programme that really had the power to change the lives of young women.”

Figure 1: Timeline for ELA’s expansion in Africa

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>ADP launched in Bangladesh</td>
</tr>
<tr>
<td>2006</td>
<td>BRAC launches ELA in Africa; opens first 100 ELA clubs in Uganda</td>
</tr>
<tr>
<td>2008</td>
<td>ELA expands to Tanzania</td>
</tr>
<tr>
<td>2011</td>
<td>ELA expands to South Sudan</td>
</tr>
<tr>
<td>2012</td>
<td>RCT shows outstanding results from Uganda</td>
</tr>
<tr>
<td>2012</td>
<td>ELA expands to Sierra Leone</td>
</tr>
<tr>
<td>2014</td>
<td>ELA expands to Liberia</td>
</tr>
<tr>
<td>2014</td>
<td>World Bank and USAID announce large-scale Africa programs based partly on ELA</td>
</tr>
</tbody>
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Evidence of impact

Independent research

Within two years of launching ELA in Uganda, BRAC asked external academic researchers to study the impact of the programme. From 2008 to 2012, a team of researchers, led by scholars based in London, tracked a random sample of nearly 5,000 adolescent girls in Uganda, including participants in ELA programmes and non-participants. The researchers found double-digit, village-wide positive impacts on a variety of indicators in treated communities (those with ELA clubs). In treated communities, adolescent girls’ participation in income-generating activities increased by 48 per cent over the four years, versus control communities. There was no decrease in school enrollment, suggesting that increased economic activity did not come at the expense of education. Treated communities also saw a 34 per cent reduction in the teen pregnancy rate, and a 62 per cent reduction in marriage and cohabitation.

Synthesizing these data points, the researchers concluded: “The results highlight the potential of a multifaceted programme that provides skills transfers as a viable and cost effective policy intervention to improve the economic and social empowerment of adolescent girls over a four-year horizon.” Critically, the positive impacts identified in the Uganda RCT were not limited to the adolescent girls who actually participated in ELA programming, but were felt by non-participating adolescent girls in treated communities. The researchers referred to this as a “spillover” effect. Researchers estimated that ELA’s village-wide impacts rendered the cost of ELA to 18 U.S. dollars per adolescent girl in the community (including both ELA participants and non-participants). Compared with an estimated U.S. $50 per person annual return in terms of increased income (which the researchers conceded was a crude estimate), this suggests it is a highly cost-effective programme.

Interested in whether the results from the Uganda RCT were unique or would translate across other contexts, BRAC asked academic researchers to study some of its other ELA programming, including in Tanzania, South Sudan and Sierra Leone. The first attempt to replicate these results was disappointing. In Tanzania, researchers studying that country’s ELA clubs from 2009 to 2011 were not able to measure the same positive impacts they found in Uganda. Researchers found no significant impact on economic outcomes or health outcomes. Researchers attributed the lack of measurable impact in Tanzania to implementation flaws, including insufficient resources and a lack of robust monitoring. These results represented an early warning sign that programme impact could be compromised by poor implementation.

Academic researchers were encouraged by the positive results of similar RCTs in Sierra Leone and South Sudan. In Sierra Leone, researchers studied the impact of BRAC’s ELA programme from 2014 to 2016, during the country’s Ebola epidemic. The epidemic forced schools across Sierra Leone to close through the 2014-2015 academic year. However, ELA clubs continued to operate during this time, providing significant benefits for adolescent girls in terms of avoiding pregnancy and re-enrolling in schools once they reopened.

In South Sudan, researchers evaluated the impact of a similar programme run by BRAC between 2011 and 2013. There was a civil war in South Sudan at the time. For adolescent girls not affected by the conflict, RCT researchers found that the programme increased the likelihood of being engaged in income-generating activities and having financial savings. BRAC continues to study the programme, including by evaluating additional components layered on the core ELA model. A forthcoming study on ELA programming in Tanzania from 2016 to 2020 found that goal-setting exercises for girls and
complementary programming for those identified as their boyfriends led to a decrease in intimate partner violence.\textsuperscript{14}

**Interviews with participants and ELA staff**

The present report, “Adolescent empowerment at scale,” is based on almost 100 interviews by the author (an independent consultant hired by BRAC) with staff, researchers and ELA participants. This number included more than 40 ELA participants from Liberia, Sierra Leone, Tanzania and Uganda.\textsuperscript{15}

The participants spoke of the myriad ways the ELA programme changed their sense of self, outlook on life and connection to their community. As one ELA participant in Liberia told the author, “I learned that I have an important part to play in my own life.”\textsuperscript{16}

ELA participants connected their newfound sense of self to making better decisions and contributing productively to the community. They reported getting into fewer fights or altercations, and showing greater respect for their parents and elders in the community. “I learned that I have a role to play in my community, and that my negative or positive contribution affects the community for bad or for good,” said an ELA participant in Uganda.\textsuperscript{17} Community members saw the changes in ELA participants as well. A village elder in Liberia said, “You can see the difference in our community between the girls who did ELA and those that didn’t. The ELA girls are better people than when they started.”\textsuperscript{18}

Even as the curriculum emphasized respect for parents and elders, former participants also learned to communicate their own needs clearly and directly. “I used to be shy,” said an ELA participant in Uganda, “but ELA taught me to be brave in my opinions, especially when it came to protecting myself from negative peer pressure or from abuse.”\textsuperscript{19} As a former BRAC ELA staff member in Tanzania observed, “We saw that girls were standing up for things they were against, telling their parents and community leaders that they didn’t want early marriage, telling them ‘no’ to those plans.”\textsuperscript{20}

ELA clubs include both in-school and out-of-school girls and young women, including some with children. Photo: © BRAC, 2018
The participants’ opinions about their life trajectory were informed by the sexual and reproductive health knowledge they gained through the clubs. Of the former participants interviewed by the author, none had received sexual and reproductive health education prior to their enrollment in an ELA programme. “It isn’t something you speak about at home with your parents,” said an ELA participant in Liberia. An ELA participant in Tanzania noted, “I didn’t know anything but myths about sex and HIV/AIDS and menstruation, so in ELA I learned about these things and also how to take care of myself, why I should protect myself during sex and where I can go in town to get tested for STDs.”

Information about family planning informed the participants’ reproductive choices, including delaying pregnancy. “One of the biggest indicators that the programme was working, to me, is that not one of the ELA girls who were in the programme became pregnant during the programme, including those who already had a child,” said a BRAC ELA staff member in Sierra Leone who had been with the programme for three years. In Uganda, a community leader noted that sexual and reproductive health education also influenced ELA participants’ health-seeking behaviours. As the director of health for a district in Uganda noted, “After ELA, we could track an increase in the number of young women visiting our district health facility. This is because the ELA girls learned they needed to take care of their health—and they also shared this information with their non-ELA friends, who started visiting us as well.”

Livelihood training provided the ELA beneficiaries with tangible business skills that could improve their economic standing. Participants spoke of learning business skills, including how to make a budget, how to treat customers and how to advertise. For those participants that had low literacy and numeracy skills, ELA taught them how to count and how to sign their names. A participant in Tanzania who went on to open her own provisions shop said, “I learned how to take in money and how to save it. I learned what a bank account was, and how to use my name instead of a thumb print for my signature.”
Implementation challenges

These academic papers and field reports tell an incomplete story, however. BRAC has faced and surmounted numerous challenges with ELA over the years and is sharing these here to benefit the wider development community.

Early on, signs emerged that poor implementation of the programme could negatively affect ELA’s impact. As discussed in the section above, independent researchers studying Tanzania’s ELA clubs from 2009 to 2011 did not see the same positive impacts they had found in Uganda. These researchers noted several implementation challenges, many of which stemmed from funding constraints, including:

• The programme did not rent dedicated club spaces, instead relying upon public and donated spaces (churches, schools, private homes), which created scheduling uncertainty;
• The spaces often did not have enough room for 20 to 30 participants to gather;
• The quantity and quality of club materials (instruments, books, board games) was lacking;
• There was insufficient training for club mentors, many of whom had to wait months before being trained; and
• There was less capacity for monitoring and supervision: in Tanzania, area managers oversaw 10 branches, while in Uganda, they oversaw five.

The researchers concluded, “When scaling up this model or taking it to different contexts, there are risks of getting it wrong despite the potential strength of the core model. We argue that building the external validity of this programme would require further work that tests it as a complete, well implemented and resourced package instead of cutting corners to make it less costly.”

By 2017, despite the positive results of the RCT, anecdotal reports had emerged about lagging performance of ELA clubs in several countries, including drops in attendance and gaps in the delivery of programming. Internal research conducted by BRAC International’s Independent Evaluation and Research Cell confirmed that attendance had dropped significantly, which was attributed to a lack of resources, inadequate monitoring and a need for an updated curriculum. The decline in programme quality may have made it more difficult for BRAC to obtain funding for the programme, thus perpetuating the challenges.

In 2018, BRAC convened senior ELA staff from several countries to assess what factors might have contributed to the programme’s poor participation rates. ELA staff members cited ELA’s curriculum, which was seen as dated and rote; the time commitment expectations of participants, which made it difficult for participants to attend each session; the wide age-range of participants in the same club; the lack of a graduation model, which kept some participants in the programme for years; and the need for more robust monitoring.

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BRAC responds with an ELA reset

As BRAC grappled with ELA implementation challenges, it received news in 2019 that a major ELA funder was not renewing its multi-million dollar commitment to the programme. That decision appeared to be based mainly on factors unrelated to the programme, including a change in the donor’s strategic priorities. However, there were concerns within BRAC that the declining quality of programme implementation may have played a role. Many within BRAC described this as a wake-up call. While ELA’s initial results had been remarkably positive, it was clear the programme was no longer achieving its intended impact. Although it decided not to renew funding at the expected level, the funder offered a two-year “tie-off” grant of $1 million to provide BRAC with time to secure ELA funding from other donors. Unsure whether this decline in performance was driven by programme design or implementation or both, BRAC used this opportunity to embark on a “reset” of its ELA programming. The changes inaugurated by this “reset” are described in detail in the next section on overhauling the curriculum.

Overhauling the ELA curriculum

There was a sense that the ELA curriculum had grown outdated over the years. Programme staff described the original ELA curriculum as lacking “in its discussion of sex, gender and reproductive health;”31 “not always relevant to the economic and social circumstances of the girls we were trying to reach;”32 and “repetitive and rote.”33 Furthermore, the curriculum and club sessions were not adequately segmented by age group, despite the different needs and abilities of each age group.

In 2020, a new ELA curriculum was launched in Liberia, Sierra Leone and Tanzania with an increased focus on sexual and reproductive health, including the “life cycle of a woman” from puberty to menopause, and how to navigate social norms around marriage, pregnancy, gender-based violence and sex against one’s will.34 BRAC also introduced complementary sexual and reproductive health programming for adolescent boys. The changes included an increased focus on livelihood training, with expanded soft skills and financial literacy training, and more opportunities to access technical training.35 For example, in Liberia, the ELA programme in Kakata partnered with the Booker Washington Institute, a trade school in the area, to offer a three-month tuition-free training programme in a variety of industries, including baking, auto mechanics and hair styling. Similar changes were made in Uganda, where ELA operates at a larger scale.

The content of the new curriculum is now segmented by age, with one set of modules for adolescents aged 10-14 and another set of modules for those aged 15-24. For example, under the financial module, the younger groups learn basics about budgeting and saving,36 while the older groups learn how to open a bank account and how to make an “elevator pitch” for a new business.37 The new curriculum emphasizes interactive learning, as opposed to the “repeat back” format, and involves updated training for mentors.38 Both sets of modules are structured according to five central themes: “Understanding self,” “Interacting with others,” “Gender pressure points: norms, bodies, economy,” “Career pathways,” and “Planning ahead and engaging with the world.”
Early feedback suggests that the revamped curriculum has been well-received by participants and has driven positive outcomes. The researchers emphasize that the new programme needs to be evaluated more closely, but shows “positive trends.”

Establishing a graduation model

Under the prior ELA model, participants were allowed to attend the clubs until they grew bored or aged out of the programme. Given the range of ages ELA clubs served, some ELA club members might be enrolled for many years. The original ELA content covered a year’s worth of teachings, so participants who stayed in the programme longer than a year learned the same curriculum over and over again, with no new information added. With the revisions introduced in 2020, BRAC began to “graduate” participants after one year. Those that complete the 15-to-24-year-old programme are eligible to access free additional livelihood training via ELA’s partnerships with trade and technical schools.

Adjusting the weekly club schedule

The original ELA model expected participants to attend an ELA club five days a week, for multiple hour sessions (typically from 2 to 6 p.m.). For school-going adolescent girls, this meant full days of both school and ELA club obligations, with little time to do anything else. As an ELA staff member in Uganda noted, “The school-going girls would sometimes fall asleep in the middle of a lesson, just exhausted from each day’s full schedule.” Under the reset, the new schedule has club members participating two to three days a week with meeting times determined by the participants.

Deepening community and parental engagement

A lack of formal mechanisms for community engagement resulted in pushback from parents and community members who had not bought into the ELA model, especially the sexual and reproductive health component. “What ELA taught about child marriage or sexual health often went against community norms, and parents would keep their girls from the club when they didn’t like the teachings,” said an ELA staff member in Uganda. BRAC’s failure to establish formal communication channels with parents and community leaders allowed for communication gaps, especially around the nature and extent of BRAC’s commitment to the livelihood portion of ELA. An ELA staff member in Uganda said, “Sometimes we only talked about the vocational opportunities of ELA, so when we would start the programme with the life skills content, communities began to question our word, as they should.”

Under the reset, ELA programmes created formal processes to consult with community stakeholders and ELA parents. Prior to engaging with a community, ELA staff now meet with village elders, religious leaders and other respected community members to obtain their support. At these meetings, ELA staff members walk village leaders through the programme’s entire curriculum, speaking directly about curriculum components involving information on sex, gender and reproductive health.

Once a community is selected for ELA, formal community leadership committees are formed. Working in partnership with ELA staff members, these committees are responsible for ensuring the smooth operation of the ELA clubs. In some areas, ELA staff also form parent committees, which offered an opportunity for parents to gain a deeper understanding of the ELA programme, and to receive more detailed updates on the progress of club participants.

Girls in an ELA club play games outside together. Photo: © BRAC, 2018
Three lessons learned

As BRAC and other organizations look to implement similar programming, it will be essential to consider lessons that have emerged over the years:

1. **A multifaceted approach like ELA works, but implementation quality can be easily compromised.**

While the initial RCTs in Uganda, Sierra Leone and South Sudan demonstrate the positive impact that ELA programming can have, this impact can be compromised by poor implementation. The Tanzania study tells the story of inadequate resourcing leading to ill-suited club spaces, lack of materials and insufficient monitoring—all of which translated into the programme having no measurable impact.

ELA’s multidimensional and complementary components are core to its impact, but this layered approach makes it difficult to run effectively on a limited budget. Over the years, BRAC at times found itself taking funding from donors who wanted to fund some elements, but not others—for instance, skipping some of the costly (but necessary) livelihood training components, without which participants lost interest. As an ELA staff member noted in an interview, “ELA is not low-cost. It may be cost-effective, but it is not low-cost. You are transforming lives, and that is not a cheap undertaking.” Any budget for ELA-like programming will need to take into consideration the true cost of running each element of a programme, and ensure all components are adequately funded.

2. **The curriculum must be frequently evaluated and updated for an ELA-like youth empowerment training programme to remain effective.**

The needs of youth change rapidly. The four-year study on ELA in Uganda demonstrated that the original ELA was having a positive impact on participants despite a number of perceived shortcomings in the curriculum. As time went on, the drop in ELA attendance was attributed in part due to participants’ fatigue with the original curriculum. In order to keep participants engaged, it is essential that the curriculum be updated regularly, incorporating new elements that are valued by participants and their communities. For the livelihood component of the curriculum, it is important to tailor livelihood training to local market contexts, so that participants learn skills that will be marketable in their communities.

3. **Formal mechanisms for community engagement are necessary.**

While community engagement was always part of BRAC’s ELA program model, it was not as structured or formalized as it needed to be, especially when it came to introducing subjects such as sexual and reproductive health to a new community. Community and parent committees provide an opportunity to frequently and comprehensively keep community leadership up-to-date on the club’s activities and progress, and provide an avenue through which to secure community buy-in and troubleshoot any club issues.

A young woman who participated in an ELA club in Liberia and now works as an apprentice auto-electric mechanic poses next to a car. Photo: Liberia © Alison Wright, 2022,
Conclusion

The need for ELA-like programming is significant, especially in Africa, given the continent’s large youth population. With this overview of ELA’s history, impact, challenges and programmatic reset, BRAC hopes that its own learnings can inform the design and implementation of ELA-like programmes across the globe. BRAC remains committed to strengthening and growing the ELA programme, a proven approach that can have a tremendous impact on the lives of young women and adolescent girls when implemented properly.

BRAC and other NGOs will struggle to meet this need through direct delivery alone. As explained in this report, it can be difficult to sustain the programme at scale over long periods of time while maintaining adequate levels of donor funding to ensure quality. BRAC is therefore offering technical assistance to other organizations, drawing from its own experience to expand the reach and quality of similar models. It is also partnering with government institutions such as schools to develop new pathways to scale, and exploring adaptations that deliver the ELA curriculum through other channels, such as mobile phones. ELA has already been extensively evaluated, but even the most rigorously evaluated programmes leave research gaps. For instance, due to the multidimensional nature of ELA programming, it has been difficult for researchers to “disentangle if one programme component is more effective in raising empowerment than others.”

Moreover, the study period for the most recent RCT on ELA (in Sierra Leone) ended in 2016, meaning that adaptations to ELA programming over the past five years have not yet been formally evaluated.

As BRAC and others adapt the programme to new contexts and delivery channels, new research will be essential in order to understand what level of programming and which programming components are necessary to achieve impact. This understanding would allow BRAC and others to maximize cost effectiveness and scale for ELA and ELA-like programmes, thus delivering a wealth of opportunities for a new generation of adolescent girls and young women.
Notes

2. Ibid.
3. Ibid.
7. Author Zoom interview with BRAC ELA staff member, 14 March 2022.
8. Author Zoom interview with BRAC staff member, 11 January 2022.
10. Ibid.
12. Ibid.
15. The interviewees had been participants in ELA programs over the last five years, with the majority having participated in the ELA clubs run from 2020-2021. The youngest interviewees were 15, the oldest were 28.
16. Author interview with ELA participant, Liberia, 14 February 2022.
17. Author interview with an ELA participant, Uganda, 3 February 2022.
18. Author interview with a village elder, Liberia, 15 February 2022.
19. Author interview with an ELA participant, Uganda, 3 February 2022.
20. Author interview with a former ELA staff member, Tanzania, 11 February 2022.
22. Author interview with an ELA staff member, Tanzania, 9 February 2022.
23. Author Zoom interview with an ELA staff member, 1 March 2022.
24. Author interview with a district director of health, Uganda, 3 February 2022.
25. Author interview with an ELA participant, Tanzania, 11 February 2022.
27. Ibid.
28. Ibid.
29. Author Zoom interview with ELA staff member, 4 April 2022.
30. Author Zoom interview with ELA staff member, 4 April 2022.
31. Author Zoom interview with ELA RCT researcher, 24 January 2022.
32. Author interview with ELA staff member, Uganda, 7 February 2022.
33. Author interview with ELA staff member, Liberia, 14 February 2022.
34. BRAC International, “Adolescent and Youth Empowerment Strategy Development 2022-2026.”
35. Ibid.
38. Ibid.
40. Author interview with ELA staff member, Uganda, 7 February 2022.
41. Author interview with ELA staff member, Uganda, 7 February 2022.
42. Ibid.
43. Author Zoom interview with ELA staff member, 18 January 2022.
Creating opportunities for people to realize their potential