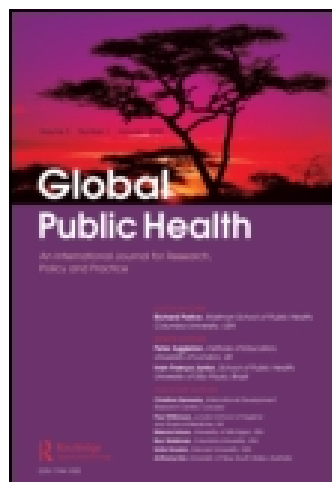


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Commentary: Investing in the poorest girls in the poorest communities early enough to make a difference

Judith Bruce^a

^a The Population Council, New York, NY, USA

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THEME: ADOLESCENTS' HEALTH AND HUMAN RIGHTS

Commentary: Investing in the poorest girls in the poorest communities early enough to make a difference

Judith Bruce*

The Population Council, New York, NY, USA

The Population Council and its partners have applied a targeted, evidence-based approach to adolescent girl programming in over 20 countries, prioritising neglected (Bruce & Hallman, 2008) and exceptionally at-risk adolescent girls, including:

- Girls aged 10–14 years behind in grade level for age or not in school in places where child marriage *and/or* HIV infection are common (Bruce, Temin, & Hallman, 2012; Clark, Bruce, & Dude, 2006);
- Girls, often migrants, aged 8–15 years, living apart from their parents and not in school (Temin, Montgomery, Engebretsen, & Barker, 2013); and
- Girls aged 10–24 years, married as children, many of whom also have children (Erulkar & Muthengi, 2009).

This approach uses community-based spaces ('platforms') where marginalised girls can build protective health, social, economic and cognitive 'assets' as the foundation for agency, self-esteem and the ability to claim their human rights and decent livelihoods.

Girls are grouped by age, school-going and marital status, and have at least weekly access to girl-only spaces that typically offer 40 or more sessions over the course of a year. Local mentors (young women aged 18–30 years) facilitate meetings, offer social support and impart communication, leadership and context-specific practical skills.

Programmes include intensive community engagement and aim for 'tipping point' participation, i.e. 30–80% of eligible girls/households should be engaged to promote normative changes. Strategic planning – including mapping concentrations of girls at risk (Population Council, 2013), rapid assessment and programming tools (Austrian & Ghati, 2010; Austrian, Bruce, Catino, Engebretsen, & Lloyd, 2012; Erulkar, 2011; Mensch, Bruce, & Greene, 1998; Population Council, 2011) and operations research – facilitates expansion once the returns on girl-centred investments are demonstrated. Currently, over 35,000 girls are in Population Council randomised controlled trials and over 500,000 have participated in closely tracked programmes, which will enable longitudinal assessment of costs and benefits.

The scaling strategy functions at two levels – creation of permanent girl spaces and substantially increasing girls' demand for and access to underutilised services and facilities such as schools, playing fields, banking and health services. For example, while contraceptive prevalence among adolescent married girls is 35% in Amhara, Ethiopia,

*Email: jbruce@popcouncil.org

prevalence among those participating in clubs supported by the Population Council and the Ministry of Women, Children, and Youth Affairs is typically 71–74%. A programme for over 60,000 extremely socially isolated girls in Ethiopian cities with high *HIV* prevalence yielded measurable increases in demand for *HIV* testing (Erulkar, Ferede, Girma, & Ambelu, 2013). Health vouchers in Ethiopia, especially for girls in domestic service and those with disabilities (Erulkar & Muthengi, 2009; Erulkar & Tamrat, 2014), reversed the typical pattern of youth programmes in which better off, older and male populations receive disproportionate benefits.

Most platforms provide age-appropriate financial literacy, recognising that economic capability is vital to empowerment (Population Council, 2005). For example, an adolescent girl who is financially literate and is saving can more easily recognise and take action on her *HIV* risk (Hallman, Stoner, Chau, & Melnikas, 2013). A programme piloted in Uganda and Kenya, now expanding in Kenya and to Zambia, offered girls aged 10–19 years access to financial literacy groups and incubator savings accounts. Initial research comparing girls who only had savings with girls who were both saving and participating in groups suggests that group membership increased girls' ability to manage sexual threats (Austrian & Muthengi, 2014).

Although much remains to be learned, certain programme premises are clear: work with girls should begin a year or two before puberty (Chong, Hallman, & Brady, 2006); community-based platforms must engage girls individually and in a purposeful movement to capture more resources; and information must be accompanied by investment in girls' social capital and preparation for decent livelihoods, recognising that they will solely or substantially support themselves and their children in the future (Clark & Hamplová, 2013).

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