

# Evaluation of adolescent girls empowerment program (AGEP) in Zambia

<b>Submission date</b> 18/02/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 04/03/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/04/2025	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Vulnerability amongst adolescent girls in developing countries is a major problem. These girls often marry early and have a high risk of developing sexually transmitted infections (including HIV) and unintended pregnancies. In Zambia, many girls from poor backgrounds grow up in social isolation and many do not receive appropriate health information and services that ensure a healthy transition from girlhood to womanhood. Many drop out of school, are unable to find employment, lack the ability to make independent decisions, and are not being reached by existing programs for young people. The Adolescent Girls Empowerment Program (AGEP) is a new program which has been designed to find the best way to improve girls' social, health, and economic resources so that they can stay in school longer, avoid early marriage and delay sexual activity to prevent unintended pregnancy, HIV and other STIs. The core component of the program involves weekly mentor-led, group meetings (safe space groups), in which girls are trained on a range of health and financial topics, as well as being given the opportunity to simply talk and build strong relationships with other girls in their community. The program also involves providing the girls with vouchers entitling girls to health services provided by facilities in the community and individual savings accounts in order to help with financial aspects. The aim of this study is to assess the effectiveness of the different elements of the AGEP.

### Who can participate?

Girls aged between 10 and 19 who are from disadvantaged backgrounds and live in the study area.

### What does the study involve?

Participating communities are randomly allocated to one of four groups. Those in the first group attend weekly mentor-led meetings for two years. These meetings are run by slightly older women from the community and provide training about health, life skills and financial issues, as well as providing a "safe space" to simply talk. Those in the second group attend the mentor-led meetings as well as being given health vouchers which they can use to access health services provided in their community. Those in the third group attend the mentor-led meetings, receive health vouchers and also are given access to girl-friendly individual savings accounts developed in partnership with a Zambian financial institution. Those in the fourth group continue as normal and so not receive any of the AGEP services. At the start of the study and then again after one,

two, three and four years, participants are interviewed in order to determine their sexual, marital and financial status.

What are the possible benefits and risks of participating?

Participants who receive the AGEPS services may benefit from being able to make new friends, learning important life skills and improving access to health and banking services. All participants also benefit from being tested for HIV and genital herpes, which could help them to change their sexual behaviour if they do have either of these infections. Risks of participating are small and include being asked sensitive questions about their behaviour and the stress involved with being tested for sexually transmitted infections and the potential of testing positive. There is also some very small risk that their HIV and Herpes infection status may become known by others in their communities.

Where is the study run from?

Rural and urban communities within four of the ten provinces of Zambia.

When is the study starting and how long is it expected to run for?

November 2011 to September 2018

Who is funding the study?

UK Department for International Development (UK)

Who is the main contact?

Dr Paul C. Hewett

phewett@popcouncil.org

### **Study website**

<http://www.popcouncil.org/research/adolescent-girls-empowerment-program>

## **Contact information**

### **Type(s)**

Scientific

### **Contact name**

Dr Paul C. Hewett

### **Contact details**

Population Council  
4301 Connecticut Avenue  
Washington, D.C.  
United States of America  
20008  
+1 20 2237 9419  
phewett@popcouncil.org

### **Type(s)**

Public

### **Contact name**

Dr Karen Austrian

**Contact details**

General Accident House  
Ralph Bunche Rd  
Nairobi  
Kenya  
17643  
+254 20 2713 480  
kaustrian@popcouncil.org

**Additional identifiers**

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Population Council Protocol 581

**Study information****Scientific Title**

Cluster Randomized Evaluation of the Impact of the Adolescent Girls Empowerment Program (AGEP) in Zambia on key demographic and sexual reproductive health outcomes

**Acronym**

AGEP

**Study objectives**

The Adolescent Girls Empowerment Programme improves key demographic and sexual reproductive health outcomes, including reducing early sexual initiation and early marriage and birth, improving educational attainment, increasing contraceptive use and reducing HIV and HSV-2 acquisition.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

1. Population Council Institutional Review Board, 12/11/2012, ref: 581
2. University of Zambia Biomedical Ethics Board, 12/04/2013, ref: 002-12-12

**Study design**

Four-arm cluster randomized controlled trial

**Primary study design**

Interventional

**Secondary study design**

Cluster randomised trial

### **Study setting(s)**

Community

### **Study type(s)**

Prevention

### **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet.

### **Health condition(s) or problem(s) studied**

Sexual reproductive health, HIV and HSV-2

### **Interventions**

Participating communities are randomly allocated to one of four groups, who each receive different components of the AGEP intervention or no intervention (control).

Interventions group 1: Participants receive the safe-spaces mentor-led sessions only.

Interventions group 2: Participants receive the safe-spaces mentor-led sessions and health vouchers.

Interventions group 3: Participants receive the safe-spaces mentor-led sessions, health vouchers and a savings account.

Control group: Participants receive no aspects of the AGEP intervention.

The intervention components are given for a period of two years. The intervention is staggered by site, so not all of the ten sites start and end at the same dates. The study conducted a baseline assessment of the research sample prior to study intervention and will follow participants for a total of four years across five total rounds of observation (including baseline). Two years of observation during the intervention roll-out and two years after to explore longer-term impacts.

Core components of the AGEP intervention:

1. Safe spaces: The core of the safe spaces component, implemented in partnership with YWCA Zambia, is a weekly girls' group meeting in which 20 to 30 girls get together with a mentor—a young woman from their community—for short training sessions on a variety of topics as well as a chance to discuss the events of the past week. These ongoing, stable group sessions serve two critical functions: 1) they build a platform in which girls meet and can be reached with a variety of interventions and educational topics, and 2) they build social assets, including friendships, trusting relationships, and self-esteem, that have a positive influence on other dimensions of their lives—their livelihood and health. The safe spaces meetings have become an integral part of what girls expect in their lives and can be sustained in the long term via cultural change. The safe spaces groups are structured in two age cohorts, 10–14 and 15–19, with additional groups for married girls, in order to reach girls with the appropriate programming across the course of adolescence. During their weekly group meetings, girls are trained on a range of health and financial topics, and they have time to simply talk and build strong relationships with other girls in their community.

2. Health voucher: In partnership with the Ministry of Community Development, Mother Child Health (MCDMCH) – now Ministry of Health (MOH) – and InSTEDD, the Council has developed an

e-Health Voucher that AGEF participants can redeem for a package of health services at contracted public and private health providers. The services covered by the voucher include basic wellness exams as well as age-appropriate sexual and reproductive health services. Service providers use text messages to interact with a web-based system that logs and issues authorization for the services in real-time. The Council trains providers at participating clinics in the provision of adolescent-friendly health services and conducts ongoing monitoring and quality-assurance visits at participating clinics. Providers are reimbursed per service provided based on pre-approved rates.

3. Savings account: The Population Council worked in partnership with the National Savings and Credit Bank (NatSave) and Making Cents International to develop the Girls Dream Savings Account that AGEF participants are able to open. The NatSave account has a very low minimum opening balance, and any amount can be deposited or withdrawn with no fee. While girls are able to make deposits on their own, in order to adapt to the Zambian legal minimum age of 18 for opening accounts, girls select a cosignatory—a woman aged 18 or older—to assist with account opening and withdrawals. This financial mentor can be the girl's mother, however the participant has the option to choose another female in her life who she trusts (i.e., older sister, teacher, aunt, neighbor).

## **Intervention Type**

Behavioural

## **Primary outcome measure**

1. Percentage ever had sex is measured using participant survey interviews at baseline, 1 year, 2 years 3 years and 4 years (endline)
2. Percentage ever married is measured using participant survey interviews at baseline, 1 year, 2 years 3 years and 4 years (endline)
3. Percentage ever given birth is measured using participant survey interviews at baseline, 1 year, 2 years 3 years and 4 years (endline)
4. Percentage completed grade 7 & grade 9 is measured using participant survey interviews at baseline, 1 year, 2 years 3 years and 4 years (endline)
5. Percentage ever using modern contraception is measured using participant survey interviews at baseline, 1 year, 2 years 3 years and 4 years (endline)
6. HIV prevalence is measured using household based HIV rapid tests at baseline, 2 years and 4 years (endline)
7. HSV-2 prevalence is measured using household based specimen collection and laboratory testing using Kalon ELISA antibody test at baseline, 2 years and 4 years (endline)

## **Secondary outcome measures**

1. Percentage of girls with positive self-esteem is measured using participant survey interviews at 1 year, 2 years 3 years and 4 years (endline)
2. Percentage of girls reporting physical or sexual violence is measured using participant survey interviews at 1 year, 2 years 3 years and 4 years (endline)
3. Percentage of girls who used a condom at last sex is measured using participant survey interviews at 1 year, 2 years 3 years and 4 years (endline)
4. Average number of friends is measured using participant survey interviews at 1 year, 2 years 3 years and 4 years (endline)
5. Literacy is measured using a sentence-based reading assessment at 1 year, 2 years 3 years and 4 years (endline)
6. Cognition is measured using Raven's progressive matrices assessment at 1 year, 2 years 3 years and 4 years (endline)

7. Numeracy is measured using select questions from the Zambian grade 3, 5 and 7 textbooks at 1 year, 2 years 3 years and 4 years (endline)
8. Average savings per capita per year is measured using participant survey interviews at 1 year, 2 years 3 years and 4 years (endline); for the savings account arm this is also measured from monitoring and evaluation data collected from the banks for the same years

**Overall study start date**

01/11/2011

**Completion date**

30/09/2018

## Eligibility

**Key inclusion criteria**

1. Female
2. Between the ages of 10-19 at baseline
3. Living in selected clusters of the intervention or control arms
4. Socio-economically vulnerable
5. Never married at baseline

**Participant type(s)**

All

**Age group**

Other

**Sex**

Female

**Target number of participants**

6,893 targeted participants; 180 clusters; 38 participants per cluster

**Total final enrolment**

4661

**Key exclusion criteria**

1. Unwilling or unable to provide informed consent
2. Had guardians who were unwilling or unable to provide informed consent

**Date of first enrolment**

01/09/2013

**Date of final enrolment**

31/03/2014

## Locations

**Countries of recruitment**

Zambia

**Study participating centre**  
**Population Council**  
Plot 3670, No 4. Mwaleshi Road  
Olympia Park, Lusaka  
Zambia  
10101

## **Sponsor information**

**Organisation**  
Population Council

**Sponsor details**  
One Dag Hammarskjold Plaza  
New York  
United States of America  
10017  
+1 21 2339 0500  
pubinfo@popcouncil.org

**Sponsor type**  
Research organisation

**Website**  
<http://www.popcouncil.org>

**ROR**  
<https://ror.org/03zjj0p70>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
Department for International Development

**Alternative Name(s)**  
Department for International Development, UK, DFID

**Funding Body Type**

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Publication and dissemination plan

Planned publication of mid-term evaluation results and final evaluation of results.

### Intention to publish date

30/09/2018

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	05/05/2017		Yes	No
<a href="#">Results article</a>	results	17/03/2020	03/04/2020	Yes	No
<a href="#">Results article</a>		22/07/2020	23/04/2025	Yes	No