**Introduction**

This report presents a program framework to build adolescent girls’ agency in Tanzania. The framework addresses three issues: HIV/AIDS; unwanted pregnancy; and, violence - and addresses a range of actors including NGOs, government, donors; both practitioners and policymakers.

This framework illustrates opportunities and options for programming, drawing on research and evidence from Tanzania and global experience. It reflects detailed programming discussions with partners, technical program design by the consultant, and a series of consultations to receive feedback from stakeholders. The work was commissioned by UNICEF/Tanzania, at the request of the Tanzania Commission on HIV/AIDS (TACAIDS), which chaired the working group of partners.

This program design exercise is not a recipe for how to program for girls. Nor is it an evaluation of any project visited or an exhaustive review of all adolescent girls programs in Tanzania or globally. Given the diverse range of initiatives focusing on girls in Tanzania and around the world, endorsing one recipe or ―best practice‖ would be neither possible nor appropriate. Rather, the recommendations in this report pull together evidence, the views of partners, and technical input by the consultant to propose options for moving forward with more effective programming for girls in the future.

**Program Assumptions**

**Girls’ “Agency”**

This program design process has sought to address opportunities for building girls’ resilience and mitigating their risks to three key challenges: HIV/AIDS, unwanted pregnancy, and violence. Youth serving interventions often address these challenges separately, either by design or due to donor funding preferences. Given massive funding streams to HIV/AIDS efforts, resources for other health and development concerns have been dwarfed – for children, adolescents and adults alike.

But girls’ lives are not segregated into the risk of either HIV/AIDS or unwanted pregnancy or violence. Girls’ safety and well-being is tested and often threatened in a myriad of inter-linked ways on a regular basis. Their capacity to manage these risks depends in large part on their ability to stay safe, decide and control what happens to them, and to pursue what they want in life.

“Empowerment” is a term that is often given to this realm of human capability. In this program design process, it is called “agency”.

Strengthening girls’ agency requires explicit efforts to build girls’ resilience and reduce their risks. This is a broad and ambitious agenda, and the points to intervene to support girls can be classified in a variety of ways. One framework is proposed here. The areas are grouped according to: sexual relationships; social pressures; economic well-being; and “safety”.

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1 In 2011, approximately $300million was budgeted for PEPFAR programs in Tanzania, in comparison to $25million for family planning and $5million for maternal health. With the Global Health Initiative, there may be more flexibility in future across funding streams.
Which girls?

Most girls in Tanzania face challenges. Many girls face extensive and overwhelming threats to their well-being and dignity. With limited resources, priorities need to be set. This program design argues for an *equity approach* to programming, where resources are directed (at least first and largely) to those at **greatest risk**, facing the **largest gaps** in social connection and personal well-being, and who are **least served**.

Judith Bruce of The Population Council, who has spearheaded much research and programming for adolescent girls globally, provides a guide for the question of which girls: namely to find “the highest concentrations of the poorest girls whose destinies are most closely linked to health, social and economic outcomes” (J. Bruce 2010a). As Bruce notes, “Failing to invest in these girls is, in effect, planned poverty.” (J. Bruce, 2010b).

The Population Council has re-analyzed data from *Demographic and Health Surveys* (DHS) of several countries to identify girls most at risk/least served. In the case of the Tanzania 2004 DHS, the re-analysis shows large swaths of Tanzania in which girls live in highly vulnerable situations.
The most marginalized girls need explicit interventions to support them without assuming that all youth-serving efforts are actually reaching girls. The Population Council has developed a simple, cost effective tool to measure who is being reached in youth-serving interventions, and most importantly, which adolescents are not being reached. Surprisingly, perhaps, many efforts meant to target adolescent girls largely reach older, more socially-connected boys. Other tools developed by the Population Council provide guidance on segmenting girls for priority interventions (See www.popcouncil.org).

**Girls’ Lives**

**Evidence from Tanzania research**

Tanzania benefits from a wealth of social development research, including several studies on children’s and adolescents’ lives. UNICEF’s 2011 report Adolescence in Tanzania is an excellent compilation of evidence and program recommendations, as is the study on Violence Against Children in Tanzania that UNICEF also published in 2011. These studies, along with several others cited in the Reference section, provide useful data to programmers and policy makers.

Highlights of the research relevant to this program design exercise include:

1. Educational outcomes for both girls and boys are extremely poor although enrolment is up
2. Early childbearing has declined, but poor and uneducated girls face particular risks
3. Girls are significantly more vulnerable to HIV than boys and there is a huge jump in rates between the 15-19, and the 20-24 year old young women
4. Girls who marry early are at higher risk of HIV, and vulnerable to violence
5. Many girls are isolated, living in unsafe and unsupported environments
6. Violence against girls and boys is rife including in schools
7. The realities of transactional sex may challenge our old assumptions

Additional evidence on these key aspects of girls' lives follow below and in the accompanying report with slides.

**Education**

While enrolment numbers for Tanzanian girls and boys have increased significantly in recent years, educational outcomes are deeply troubling. Quality education is massively deficient. The 2011 Uwezo study\(^2\) of Tanzania illustrates the stark reality of learning.

Primary school outcomes for girls and boys in the 2011 survey indicate that:
- Only 3 in 10 standard 3 pupils can read a basic Kiswahili story
- Only 1 in 10 standard 3 pupils can read a basic English story
- Only 3 in 10 standard 3 pupils can add, subtract and multiply
- There are vastly unequal conditions for teaching and learning across the country
- Teachers are often absent (Uwezo Tanzania, 2011)

Two common problems appear to be that insufficient funds are reaching schools, and teachers are both poorly motivated and not teaching. Reflecting on similarly dismal findings from the 2010 survey, Uwezo and Twaweza posed a key question about improving educational standards, as per the below.

“While major challenges are inevitable whenever an education system is expanded rapidly, one can still ask the question: are the strategic policy and political objectives focused on the right things? At present, in Tanzania and elsewhere, much of the focus is on the provision of educational inputs, such as classrooms, laboratories, books and teachers, rather than learning outcomes, such as literacy, numeracy, writing, critical thinking and creativity. Since the evidence shows that the inputs are not being translated into learning outcomes, there is a need to realign focus system-wide on achieving learning outcomes within ministries responsible for education, training institutions, curriculum development, examinations, teacher and school assessment, measures of progress, and political commitments.” (Uwezo, 2011)

The pass rate of girls and boys attending secondary school in Tanzania is equally alarming. Over 90% of both girls and boys receive what, for all intents and purposes, is a failing grade (Division IV or “O”). Only 7% of girls and 12% of boys score in Division I – III. Given the positive impact of

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\(^2\) Uwezo is a four year initiative in Tanzania, Kenya and Uganda to monitor the quality of learning in schools by assessing the basic literacy and numeracy skills of children aged 5-16 ([www.uwezo.net](http://www.uwezo.net); [www.twaweza.org](http://www.twaweza.org)). The assessment is based on a proven methodology developed by the ASER Center in India, and it uses scientific methods to obtain a random sampling of households around the country. Trained Uwezo volunteers visit the households to assess the mathematics and reading (Kiswahili and English) skills of each child using a short, Standard 2 level assessment. The Standard 2 level is chosen because according to both Tanzanian and international standards, by the end of the second year of primary education children should have acquired basic skills in literacy and numeracy.
girls’ education on overall well-being, improving educational quality must be a priority for Tanzania in coming years.

Note: Both Divisions IV and “O” are generally considered failing grades

**Childbearing, Sex, and HIV/AIDS**

Adolescent childbearing is down 12%. However, there has been an increase in childbearing among 15 year old girls and a quarter of girls aged 17 years have already begun child-bearing. This figure increases to almost 40 percent by age 18 (UNICEF 2011a). The reduction in adolescent fertility is most marked in Zanzibar, and significant reductions are also evident in the Lake Zone and Central Zone. The positive trend in adolescent fertility may be due to a decline in early marriage and an increase in girls attending secondary school – up from 6% in 2004 to over 30% in 2010. And lastly, the trend may be a result of increased use of condoms and other contraceptives among both girls and boys (UNICEF 2011a).

Nonetheless, inequities persist. Girls in poorer households are more than twice as likely to have begun childbearing by age 19 than those in the wealthiest households, and most girls under 19 years who become pregnant have no or little education.

The situation regarding HIV/AIDS and adolescents shows mixed findings. According to the Tanzania HIV and Malaria Indicator Survey (THMIS 2008), almost all adolescents aged 15 to 19 years have heard about HIV and nearly half have comprehensive knowledge about how to protect themselves. About 20% of girls 15-17 and 40% of girls 17-18 report having had intercourse in the year leading up to the THMIS, and among those, approximately half used a condom. There has been a sharp rise in the number of adolescents who know their HIV status, but boys lag far behind girls.
Nonetheless, the steep rise in prevalence of HIV in girls by age shows the disproportionate risk they face. HIV rates among young women jump 385% between the age groups 15-19, and 20-24.

Age mixing in sexual partnerships is often noted as an indicator of girls’ risk given the power imbalances girls face in negotiating sex with older boys and men. It is not clear from the data, however, exactly what situation girls face since the THMIS does not give disaggregated data for age.
mixing less than a 10 year gap. The percentage of girls that had higher-risk sexual intercourse in the past year with a man who was less than 10 years older is 93% in the 15-17 age group, and 92% among 18-19 year old women.

**Early Marriage**
Between 2004 and 2010, the proportion of married adolescent girls between ages 15-19 in Tanzania fell by more than 23%. Currently, approximately 80% of girls age 15-19 are not married. However, for girls who are married early, HIV rates are higher and they can be especially vulnerable to violence. According to the 2010 TDHS, almost one in ten married girls aged 15 to 19 experienced physical violence while they were pregnant (UNICEF 2011a).

A study on early marriage being conducted by the Population Council in Tabora Region shows that girls who marry early experience very high levels of violence. Over 40% of married girls had been slapped, forced to have sex, punched, kicked and beaten up or other forms of violence. Over a quarter of these girls thought that they deserved the beating. The 2004 TDHS findings showed more than half of the women interviewed agree that wife beating by a husband is justified for at least one of the specified situations (TDHS 2011).

**Social Isolation and Violence**
Isolation, violence and lack of social connection pose serious threats to girls’ safety and well-being. The lack of connection is a common experience among girls, with large swaths of Tanzania having over one-quarter of girls living without either parent. It is not uncommon for a girl’s first sexual experience to be forced, one of many violent experiences children in Tanzania encounter.

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**Typically, one-quarter to one-third of girls do not live with either parent**

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**TDHS 2007-08, Tabulated by Adam Weiner, Adolescent Girls Survey, June 2011**

“I think parents can also contribute to children not coming to school, because they’re greedy for money. If a girl is in standard five and a man offers her parents a lot of money for marriage – they will accept and the girl will not get an education.”

10 year old girl, UNICEF 2011a
The findings of the recent UNICEF study on Violence Against Children in Tanzania are deeply disturbing. Nearly 3 in 10 females and approximately 1 in 7 males have experienced sexual violence prior to the age of 18. About 20% of girls report having their first experience of some form of sexual violence when they are younger than 14 years old. In addition, almost three-quarters of both females and males have experienced physical violence prior to 18 by an adult or intimate partner. Almost 9% girls feel unwanted, and 4% are threatened with abandonment by a relative or neighbor. These fears are not limited to girls: over 7% of boys feel unwanted, and almost 5% have been threatened with abandonment.

Violence in schools is rife. Half of girls and boys report being punched, kicked or whipped by a teacher. Over three-quarters of girls and two-thirds of boys say that this happened more than five times. Given the important role that schools can – and often do – play in protecting girls from social and health risks, the violence meted out in school settings must be addressed as a matter of urgency.

Transactional Sex
Recent research on transactional sex (TS) among young women in Mwanza Region provides a deeper understanding of the issue and suggests what may be a new perspective on the exchange of sex for money. Dr. Joyce Wamoyi and colleagues have conducted ethnographic research to examine young women’s motivations to exchange sex for gifts or money, the ways in which they negotiate TS throughout their relationships, and the potential implications of these negotiations for HIV transmission. Wamoyi found that young women actively used their sexuality as an economic resource, often entering into relationships primarily for economic gain. These relationships overwhelmingly benefited men; however, at a micro-level, women benefited in some ways from the different dimensions of power in the relationships. Additionally, men see women’s ability to make demands as a sign of women’s power.

The research showed that girls and young women know the risks of sex, and that the “standard” view that many people have of TS – as akin to prostitution and demeaning – may be mistaken. Findings of Wamoyi’s research indicate that participants view sex without payment as demeaning and that sex should not be free; furthermore, they say that the absence of TS could lead to rape and high turnover of partners (Wamoyi, et.al. 2010). Wamoyi and colleagues will soon be doing further research that will assist with programming on girls and TS.

Girls’ Lives
Evidence from Global Programs
In the field of adolescent girls programming, like in much of international development generally, there are a limited number of rigorously evaluated programs. There is also remarkably little research specifically targeted at adolescents—girls or boys (JPAL/MIT 2010). Taking randomized control trials (RCTs) as a ‘gold standard’ of evaluation, few youth-serving programs stand the rigor of evaluation. As a result, it is not clear that funds for adolescent focused programs (as well as other fields in international development) go to efforts that have clear evidence of positive impact.

Instead, programming is often based on a lot of good intentions and too many ‘best guesses’. In addition, there is little coordination and cohesion across programs. As one key informant working in
adolescent reproductive health has noted, there are “patchy patchy projects” throughout Tanzania but not necessarily much to show for it.

The lack of evidence guiding girls’ programming is certainly not limited to Tanzania. A critical review of girls’ programs produced by The Abdul Latif Poverty Action Lab at MIT (JPAL) indicates that while we know a lot about the returns to primary education, we know much less about the returns to secondary education or vocational training, and there is little to no specific evidence on the best way to encourage good habit formation or preventative health strategies among adolescent girls (JPAL/MIT 2010).

“There is remarkably little work, completed or ongoing, that addresses the issue of adolescent girls as a unique group with specific needs and behaviors. Given the psychological evidence that adolescents tend to make decisions in a somewhat different context and way than other age groups this is a major gap in the literature. Randomized evaluations of adolescent program that are modeled to study adolescent decision-making explicitly can help generate general insights on the psychology of decision making of young behavior that is critical to formulate more effective youth strategies.”

JPAL/MIT 2010

Several recent reports including the JPAL/MIT review draw on the few RCTs and other rigorous evaluations of adolescent programs. They provide guidance on some promising strategies and point to the clear need for rigorous, independent evaluation of adolescent programs in future.

Below are highlights of these literature reviews and articles relevant to this program design effort (see the Reference section for citations).

**Childbearing, HIV and Livelihoods**

While adolescent pregnancy has become of a focus of policy and programming in developing countries, a recent study by the Center for Global Development (CGD) finds that there is no clear causal link between adolescent motherhood and reduced educational attainment, lower earnings, and heightened poverty. In other words, although a pregnancy might coincide with a girl dropping out of school, it is not necessarily indicative of a causal relationship (CGD 2012).

“To assert that adolescent fertility causes school dropout is to assume that teenage girls, in the absence of pregnancy, would continue their education.”

Lloyd and Mensch, 2008 in CGD, 2012

This may be due to the reality that even without experiencing a pregnancy, many girls do not remain in school through adolescence due to poor school performance, financial hardship, early marriage, job opportunities, and poor health (Eloundou-Enyegue, 2004 in CGD, 2012). Additionally, given the poor quality of education and job opportunities in countries such as Tanzania, keeping girls in school may not be economically advantageous to either the girl or the family. This is compounded
by the costs associated with sending children to school – fees and the associated charges of boarding and various “contributions” that families must make.

Evidence also shows that HIV education programs - both in and out of school - may improve knowledge and attitudes and reduce pregnancy rates, but have limited impact on behaviors and no impact on HIV rates (JPAL/MIT, 2010; Jukes, 2008; 3ie, 2009). At the same time, specific information about the risks of particular sexual behavior (e.g., sex with older men increases risk of HIV transmission) has been shown to change behaviour (JPAL/MIT, 2010). Given the massive funding to HIV prevention programs globally, priority should be given to rigorous evaluation of existing programs so sound evidence-based investments can be made in future.

The term “life skills” is applied broadly to cover a range of topics in sexual and reproductive health (SRH) and HIV/AIDS education. This has led to inconsistent program content and quality. It has also made program design, assessment and evaluation difficult. “Life skills” may include any or all of: refusal skills, self-efficacy, self-esteem, information on HIV and other sexually transmitted infections, information on prevalence by age, sexuality, contraception, abstinence, and access to reproductive health care, sexual moral and social values, respecting the wishes and rights of others, reducing alcohol and drug use, intimate partner violence (JPAL/MIT, 2010).

Few efforts aimed to reduce gender-based violence have been rigorously evaluated for impact, and those which have showed mixed results (JPAL, MIT, 2010). The widely cited IMAGE intervention in South Africa showed positive results; the program combined microfinance with participatory training on understanding HIV infection, gender norms, domestic violence, and sexuality (Kim, et.al. 2007). This study, and other studies of its kind, is worth testing in additional settings.

Lastly, there is no evidence on the impact of microfinance for girls or the effectiveness of financial literacy programs (JPAL, MIT, 2010). Notably, there is some evidence that microcredit may create unintended negative consequences for girls, increasing their exposure to physical harm, sexual abuse, and coercion (Kim et.al., 2009). It appears that savings programs may be more effective and safer for adolescent girls than micro-credit.

**Schools and Education**

Schools and education, by and large, are an important promoting and protecting force for girls. Keeping girls in school has been shown to reduce childbearing, child labor and HIV risk. Simply providing uniforms to girls – often a ‘make or break’ financial hurdle for poor families – keeps girls in school, delays marriage, and reduces adolescent pregnancy (Duflo et.al., 2011). Scholarships have positive effects on age of marriage as well (JPAL/MIT, 2010; Jukes et.al. 2008).

Reductions in adolescent fertility may be more effectively achieved through improved school attendance than by increasing knowledge and changing attitudes about SRH, including through a school curriculum (CGD, 2012). The JPAL/MIT review of girls’ empowerment provides extensive information on the role of education in promoting girls’ well-being, although the review notes that the vast majority of work has been done on primary education. It suggests that education has a positive causal effect on wages, sexual behavior, fertility, and infant mortality, and the most effective ways to reduce adolescent childbearing were to improve health and to reduce the costs of schooling (JPAL/MIT 2010). Some interesting findings on the links between education and earning
potential/income show that informing girls and their parents of the economic returns to education can increase attendance and reduce dropout rates. (JPAL/MIT, 2010).

The impact of school-based violence on children’s attendance or achievement needs to be explored further. Particularly given the startling rates of violence against Tanzanian children by teachers as noted above, it is conceivable that school-based violence dissuades adolescents from attending school, including particularly where sexual violence is perpetrated against girls.

**Cash Transfers & Incentives**

Cash transfers seem highly promising in alleviating poverty, reducing inequality and increasing access to essential services for specific vulnerable groups. A recent report issued by the Department for International Development (DFID) provides an overview of these impacts, showing that cash transfers are likely to raise the human capital of the next generation (and thus improve growth), influence gender relations, and empower the poor their own decisions to make their own decisions to improve their lives (DFID, 2011).

Nonetheless, the evidence on cash transfers is uneven and not always consistent. There is robust evidence from numerous countries that cash transfers have leveraged sizeable gains in access to health and education services, as measured by increases in school enrolment (particularly for girls) and use of health services including health monitoring for children and pregnant women (DFID, 2011). The benefit of conditional over unconditional transfers is not entirely clear (DFID 2011; 3ie, 2010).

However, transfers have had less success in improving outcomes in health or education since transfers may help the poor to manage the cost barriers to education or health services, but cannot eliminate problems such as teacher performance or quality of health services³ (DFID, 2011). It will be useful for future studies to measure the extent to which cash transfers enable vulnerable populations to make demands for improved services that in turn force improvements in quality of care.

Several other studies on cash transfers indicate they can positively impact a host of outcomes related to girls’ agency and well-being: reduce age of marriage, the marriage rate, total number of children, teen pregnancy. Conditional cash transfers have been found to reduce HIV and HSV-2 in schoolgirls and improve re-enrollment for girls who dropped out of school (Baird et.al., 2012; CGD, 2012; DFID, 2011; 3ie, 2010; Baird et.al., 2009)

The cash transfer program in Zomba, Malawi has drawn considerable interest and provides insight into strategies for increasing girls' participation in school and securing additional social benefits for them. Program participants included unmarried girls age 13-22, both those who had dropped out of school (less than three years) and schoolgirls. Key findings include:

- School enrolment and attendance increased and dropout rates decreased, with similar results for the conditional cash transfer (CCT) and unconditional cash transfer (UCT) arms.
- Achievement improved in the CCT arm but not in the UCT arm

³As the DFID report notes, nutrition may be an exception. Households receiving transfers spend more on food, resulting in significant gains in children’s weight and height in several countries
- Early marriage and childbearing decreased for girls who were not in school at baseline, but there were mixed findings on changes in sexual behavior.
- Both HIV/HSV-2 rates were lower among girls who were in school at baseline, but not among girls out of school at baseline (with no significant difference between girls receiving conditional or unconditional cash transfers).
- There were substantially higher pregnancy and marriage rates among girls receiving the conditional cash transfer, especially among those most likely to drop out at baseline.
- Given the significance of the finding noted above, one report of the Zomba intervention recommends providing a CCT for early adolescents and UCT for older girls.

**Program Approach**

This program framework recommends designing, from the outset, a program that will operate *at scale* as a counterbalance to the frequent experience of “patchy patchy” and uncoordinated projects discussed earlier in this report. While an approach operating at scale may ultimately need to be tested in a few districts, the design process should, from the outset, identify the largest number of girls at greatest need utilizing the broad mechanisms through which they can be reached. The interventions should include a costing element and planning for rigorous evaluation from the outset.

**Purpose**

This program design exercise addresses opportunities for building girls’ resilience and mitigating their risks to the challenges of HIV/AIDS, unwanted pregnancy, and violence. Finding the common core across these challenges, the program framework focuses on building girls’ agency – strengthening girls’ ability to stay safe, decide and control what happens to them, and to pursue what they want in life.

This framework proposes that priority be given to girls *not in school*. While girls in school undoubtedly face numerous and often serious risks, girls out of school represent the largest numbers of girls in Tanzania, those with the greatest need, who have the fewest social assets, and are least served.

**Core elements**

Four overarching elements of girls’ programming are proposed here. Several examples are given for each of the core elements.

1. **Norms shaping girls’ lives**

This is perhaps the least defined area of girls’ programming generally. It is often called “the enabling environment” in development and is difficult to influence given it is diffuse and involves a broad range of actors. Three areas of work identified for program design include to:

- Shape collective (rather than individual) behavior change, e.g., social condoning/condemning of gender based violence; attitudes towards girls’ education; women in decision-making roles.
- Pressure government to focus on girls’ needs, e.g., resources to girls’ (and boys) health; treatment of sexual violence against girls (and women) by the police, courts, medical services; safety in schools.
• Use traditional and social media to influence norms, e.g., through investigating and addressing girls’ concerns; providing a platform for girls (and boys) to raise issues (e.g., ‘citizen journalism’); shaping popular culture including through social media (e.g., Jamii Forum, etc).

2. “Safety” and formal protection
For purposes of this exercise, “safety” applies to reducing girls’ isolation, building their well-being in the home and community, and reducing the threats of physical, emotional or sexual violence.
“Formal protection” refers to formalized systems such as police and judicial systems that, ideally, keep girls safe and act effectively when girls are threatened and abused. Three areas for programming in future include to:
• Clarify and agree on what “life skills” means, and develop interventions accordingly. At the least, life skills need to move away from the traditional model of telling adolescents how to behave differently and simply imparting information, and instead to actively support them to build skills for negotiating power in sexual relationships and safety in their lives.
• Create community spaces for girls where they can meet without boys/men, ideally with female mentors, and where education, social services and skills training can be provided or facilitated (see below for the Birhu Tesfa program example).
• Strengthen and build links to formal protection mechanisms such as the police, judiciary and medical services to both prevent abuse of girls and ensure girls who are abused can access services and legal re-dress (see below for the Child Protection Teams example).

3. Economic security
Girls’ economic vulnerability is pivotal to their lack of safety. Research and anecdotal evidence show that girls in Tanzania engage in transactional sex for as little as $0.15. Building economic security for girls will be a crucial strategy for building their overall well-being. As the literature review section noted, however, there is limited evidence on how best to do this, and more programmatic research is needed. Potential areas of work include to:
• Test strategies to promote savings and financial literacy among girls. Program experience suggests that micro-credit is not likely to serve adolescent girls well (and may increase their risks), but savings programs may be a viable way to build economic assets of girls. Financial literacy programs, like “life skills”, lack a clear definition and appear to encompass an array of topics. Additional work in both areas is needed, with rigorous evaluation of programs to help guide future efforts.
• Facilitate practical training for girls in business/income earning opportunities. The girls and young women interviewed for this exercise talked a lot about wanting opportunities to learn new skills that would help them earn income, and expressed great frustration at the lack of such opportunities.
• Utilize existing structures such as Most Vulnerable Children (MVC) and Social Protection measures (e.g., TASAF) to channel available funding to vulnerable girls. The scope of this consultancy did not allow for adequate time to examine this area, but Tanzania has abundant funding principally through HIV/AIDS channels to support vulnerable children. At the same time, it is not clear that these funds are used consistently and effectively to reach the intended beneficiaries (including concerns raised about corruption and leakage). Given that there are established committees and funding mechanisms in place, and money already

available, further work is needed to examine how MVC and other monies are being allocated and how to direct funds effectively to vulnerable girls.

4. **Core social services (e.g., education, health)**

   Improving girls' access to key social services such as education and health is an obvious need, and one that should feature in this program development work. This includes to:
   
   - Increase access to core services, including by incorporating incentives and reducing barriers (e.g., cash transfers and uniforms as cited above).
   - Improve the efficiency of government funding (e.g., follow through on allocation of capitation grants to schools, LGA funding for adolescent health services) along with tracking and reporting on allocation of these funds through, for example, Public Expenditure Tracking Surveys (PETS).
   - Promote citizen’s rights groups and other initiatives to mobilize demand for better services and monitor the provision and quality of services.

**Strategies**

This framework recommends a strategy with four entry points:

- At district level with an NGO and local government authority (LGA) partner
- Through an information platform
- Piggybacking on current broad donor efforts
- Creating a national coordination mechanism for future work on adolescent girls.

Priority should be given to designing programming at national scale from the outset, to test in two or more districts, with an explicit focus on the girls most in need and least served, with a rigorous evaluation component planned from the beginning.
As stated early in the report, these program options do not form a recipe for how to work with girls. Nor are they an evaluation or endorsement of any project operating in Tanzania or globally. While examples are given, there is such a diverse range of existing projects that it would not be possible or appropriate to recommend one.

**District level programming**

**NGO example - Biruh Tesfa, Ethiopia**

Biruh Tesfa, a program of the Population Council in Ethiopia, provides an example of an intervention working at scale for socially isolated girls. It focuses on creating safe spaces and building the core assets of out-of-school slum dwelling girls living in urban areas (a variation for rural girls is now being developed). The safe spaces are in community buildings donated by local government, with modest renovations paid for by the project.5

Trained female mentors recruit girls age 7-24 by going house-to-house and negotiating with parents/guardians and employers. Mentors pay particular attention to finding girls who are vulnerable and out of sight, such as child domestic workers who are largely confined to the home. The project is one of the first of its kind to target child domestic workers; one-third of Biruh Tesfa beneficiaries are engaged in child domestic work, and one-third are daily manual laborers. Repeated contact at the household level allows mentors to negotiate girls’ participation with gatekeepers and to serve as advocates for girls when they encounter problems.

Once the girls are in groups, the female mentors provide basic literacy, life skills, financial literacy and savings training, and HIV/reproductive health education. Given the extreme poverty of most Biruh Tesfa participants, basic medical and HIV services are provided including with vouchers that entitle them to subsidized or free services at a network of participating clinics in the public and private sectors. Mentors accompany girls who may fear accessing services on their own.

Biruh Tesfa conducts programs within each of the four core elements presented above, and currently reaches over 50,000 highly vulnerable girls across 18 cities of Ethiopia.

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Local Government Authority (LGA) component

Working with LGAs to promote girls’ agency, while extremely challenging, is an important strategy for working at scale and integrating girls programs into established structures. These systemic and sustained actions may be more likely to create the pervasive and long-lasting conditions that support adolescent well-being than individual NGO projects. However finding government structures that can be built and energized to address girls’ needs is a major challenge. As such, creating a joint strategy of NGO and LGA programming towards an agreed set of objectives may utilize the strengths of both actors and mitigate the risks of depending on LGA action alone, at least in the short run.

The slide below lists interventions that LGAs could utilize to promote girls’ agency. Many of these recommendations do not target adolescent girls only, however, since they are the fundamental business of local government. This could be a net gain for girls and the general population. If LGAs are able to address the needs of girls effectively, those benefits would accrue not only for girls but for households and communities: stronger educational institutions benefit children of all ages and have pay-offs for entire families; improved health services for adolescent girls requires better trained and motivated health workers who serve all people; community development officers and social workers support people in need across the age spectrum.

Five of the proposed interventions are discussed in more details as they represent important areas for program development with government authorities.

### Biruh Tesfa elements

<table>
<thead>
<tr>
<th>Norms</th>
<th>Safety and protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiate with employers on girls’ partic</td>
<td>Linkage with legal and social services</td>
</tr>
<tr>
<td>Women mentors from community</td>
<td>Life skills/GBV education</td>
</tr>
<tr>
<td>Mobilize girls house-to-house</td>
<td>Reachout to girls with disabilities</td>
</tr>
<tr>
<td>Increase the visibility of girls</td>
<td></td>
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</tbody>
</table>

**Girls’ Agency**

<table>
<thead>
<tr>
<th>Economic security</th>
<th>Core social services (coll/health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings groups</td>
<td>“Wellness checkup”</td>
</tr>
<tr>
<td>Financial literacy</td>
<td>Health voucher</td>
</tr>
<tr>
<td>ID cards provided</td>
<td>Basic literacy, HIV/RH, etc.</td>
</tr>
<tr>
<td></td>
<td>Basic supplies (pads, underwear)</td>
</tr>
</tbody>
</table>

Adolescent Girls/Target June 2012

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Support equitable teacher and health worker deployment

Basic services and care for adolescents - particularly in health and education - cannot be provided without adequate, competent and motivated staff providing quality services. Despite years of discussion about “human resource crises”, the situation continues with poorer districts typically suffering from the greatest limitations in personnel. The result is, not surprisingly, inequity. A harmful pattern of human resource deployment results in the most under-served regions of Tanzania being unable to hire and retain adequate numbers of teachers and health workers. Social workers are few and far between.

The General Budget Support note produced by the Development Partners Group in 2008 found that “lower allocations to poor local authorities correlate with worse pupil teacher ratios, enrolment rates, and exam pass rates even while controlling for the direct effects of poverty on performance.” (DP note, 2008).

Greater transparency, better incentives and possibly consequences for unwillingness to stay on post (e.g., a bonding system) are needed in order to improve health, education and social welfare services for adolescents (and everyone). An open data portal where people could see where each civil servant is posted at any given time could help policy makers, district planners, and citizens get real-time comparative information to use for planning, budgeting, and pressuring government for improved allocation and retention of civil servants.

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6 This section and the section on getting resources to schools and facilities were first presented by the consultant in a report prepared for USAID/Tanzania “Falling Through the Cracks: Adolescent Girls in Tanzania, Insights from Mtwara. M Bangser. Dar es Salaam, Tanzania 2010. The situation has not changed over the past two years, leading to more lost opportunities for adolescents and an even greater imperative to resolve these problems.
Support government to get resources to the school and facility level

Money needs to reach and be used efficiently at the local level in order to improve service delivery. In the case of education, evidence from Public Expenditure Tracking Surveys and anecdotal reports from school administrators indicate that the full Capitation Grant is typically not reaching schools. This has significant implications for girls (and boys) that are in school or could be brought into formal education since quality suffers in the wake of poor funding. School officials in Iringa and Mtwara who were visited during this exercise and the 2010 analysis for USAID/Tanzania (Bangser, 2010), reported that there is no predictability in the amount of capitation grant that is sent or when it will be sent. Several officials said no capitation grant money had been received in the current year or had been seriously delayed. In some cases, the amount disbursed has decreased despite level or rising numbers of students. School officials receive no explanation for this.

The Capitation Grant has been accepted in the education sector (although is deficient in practice), but the concept has not yet been applied to the health sector. Health facilities have few options for discretionary use of money - typically only using cost-sharing funds, which are extremely limited and present a particular burden for the poor. Assessing the potential merits of a Capitation Grant for health facilities may be worthwhile in improving quality of health services overall, including for adolescent girls.

Budgeting for adolescent health services

Guidelines and standards for adolescent friendly health services (AFHS) already exist in Tanzania. The problem is implementation. Secure funding is needed for AFHS with a dedicated line item in national and district medium term expenditure frameworks (MTEFs). This will (ideally) improve predictable resources for training, supervision and monitoring of AFHS providers, quality of care, and reliable commodities. A positive development is that reportedly, the revised HMIS tools now include disaggregated data on utilization of health services, so service delivery utilization by adolescents can be tracked.7

EngenderHealth AQUIRE/Tanzania Project (ATP) has developed an intervention to increase budget allocations for family planning (FP) at the local council (or LGA) level that may be instructive for advocates for girls’ programs. District-level training for Council Health Management Teams (CHMTs) seeks to increase demand for FP among potential clients, improve the quality of FP services, use funds more efficiently for FP service delivery, and raise additional funds for services.8

In 2010, ATP commissioned a study in 40 participating districts to examine the impact of the training and mobilization on resource allocation to FP. Findings showed that an increasing number of districts included FP in their Comprehensive Council Health Plans: in FY 2007, 65% of the districts budgeted resources for FP, rising to 83% in FY 2009. There was also a dramatic increase in the amount of funds budgeted for FP services in the districts: FP budgets increased by 232% overall (compared to overall district budgets increases of an average of 74%, health budgets by 57%, and reproductive and child health budgets by 99%).9

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7 Dr. E. Mapella, Ministry of Health and Social Welfare, personal communication. 24 May 2012.
8 Based on a draft policy brief developed for EngenderHealth/ATP: Increasing District Budgets for Family Planning Findings of an Advocacy Initiative in 40 districts. M. Bangser. 2011.
9 As per the above.
“Wajibika” provides another example of an NGO-LGA partnership in Tanzania to improve budgeting. Wajibika focuses on building the capacity of LGAs to prioritize budgeting and management of HIV/AIDS, and orphans and vulnerable children programs. The project seeks to increase accountability through better use of data, establish feedback mechanisms, create incentives for improved performance, and provide coaching and on-the-job training. Wajibika also seeks to spur competition among LGAs to encourage better performance and motivating health workers through a pay-for-performance system. Starting in Iringa Region, the project will expand to 25 districts of the country and develop plans for national use.10

Child Protection
A new system of Child Protection is being piloted in Hai, Magu and Temeke districts. The Department of Social Welfare (DSW), Institute of Social Work (ISW) and UNICEF are working with local authorities to build structures for prevention, and to respond to cases of abuse, neglect and exploitation of children. This new initiative has many inherent challenges but could potentially have big pay-offs for children and adolescents. There are certainly formidable challenges in relying on over-stretched and under-resourced civil servants, involving a range of social services which do not function optimally, and building a culture of children’s rights in systems that may lack this. Nonetheless, if ingrained community structures such as police, health and prisons can build a culture and practice that advances adolescents' rights, important advances could be made and lessons learned for other districts.

The new Child Protection initiative is based on findings of a study conducted in 2009 by the DSW and UNICEF that showed there was “no joined up police, health and social welfare response to violence and abuse against children, as yet no evidence of MVC structures reducing levels of violence, early marriage, teenage pregnancy, street children or children living in residential care, a shortage of social welfare officers, volunteers filling the void with minimal support and guidance.” (Guga et al, 2009 in Long, 2011). In response, professionals from a range of government agencies were trained and are building a coordinated response: Social Welfare Officers (SWOs), representatives from the Gender and Children Desks in the police, magistrates, probation officers, prison services, residential care social workers, civil society representatives and others.

Through newly established District Child Protection Teams (DCPTs), the initiative focuses on developing capacity and increasing awareness, strengthening coordination and referrals, increasing birth registration, and addressing the specific concerns of children at risk of abuse and violence children without family care. A referral mechanism has been piloted, using a standard tool that tracks individual children across different sectors. The referral tool is the key element of case management.

The three districts have allocated a budget for the first time to the activities of the DCPT within the District Medium Term Expenditure Framework 2011-12. They have recruited more SWOs, and each district has mobilised access to resources to cover emergency response costs, for example fuel and transport. A small emergency response fund covers transport and fuel for DCPT members responding to emergencies. UNICEF currently provides a budget for printing of referral forms and

other essential monitoring tools and this will gradually need to be funded by district financial allocations (Long, 2011).

**Violence in Schools**
The scope of this exercise did not allow for a full analysis of violence in schools, but the problem is clearly extensive in Tanzania. As the 2012 UNICEF study on Violence Against Children shows, half of girls and boys report being punched, kicked or whipped by a teacher, and over three-quarters of girls and two-thirds of boys say that this happened *more than five times* (UNICEF, 2011b).

While this consultancy did not locate evidence on the impact of school violence – including sexual violence – on girls’ attendance and achievement, it is plausible that abuse and violence de-motivates girls and undermines learning and self-confidence at the least, and increases girls’ risk of HIV and other STIs, unwanted pregnancy, and other forms of emotional, physical and mental harm. As parents and Government of Tanzania try to encourage girls to go to school and remain in school, the link between violence and girls attendance, learning and personal well-being need to be documented and acted upon.

A recent issue of Soul Beat (Soult Beat, 2012) provides several resources for action on school based gender violence which could be useful for efforts in Tanzania:

*Materials from an Intervention to Prevent School-Related Gender-Based Violence in Katanga Province, DRC*
These communication and training materials were developed by C-Change for an intervention to prevent and mitigate school-related, gender-based violence (SRGBV) and implemented in 31 schools in Katanga Province, Democratic Republic of the Congo (DRC). C-Change worked with teachers, administrators, parents, and community members to establish policies and structures to discourage SRGBV. The goal was to equip girls and boys ages 10-14 to resist, avoid, and report incidences of SRGBV and receive supportive services. At the same time, the intervention builds the ability of administrators, teachers, SRGBV focal persons in schools, and parents to identify and discourage SRGBV and intervene, if incidences occur.

*Gender Equality in Education: Resources from the Safe Schools Program: Pilot Phase - Resources*
A number of resources, manuals, and publications were produced as part of the United States Agency for International Development (USAID) Safe Schools Program, which worked from September 2003 to November 2008 to reduce school-related gender-based violence in selected schools in Ghana and Malawi to support the longer-term goal of improving educational and health outcomes for girls and boys.
[http://www.comminit.com/africa/content/gender-equality-education](http://www.comminit.com/africa/content/gender-equality-education)

*Stop Violence Against Girls in School: A Cross-Country Analysis of Baseline Research from Ghana, Kenya and Mozambique*
The Stop Violence Against Girls in School project, launched by ActionAid and local partners in Ghana, Kenya, and Mozambique in 2008, uses a combined approach consisting of community-level initiatives, research, and advocacy to empower girls and reduce violence against girls in schools (VAGS). This report from 2011 provides a synthesis of research conducted by national research partners in all three countries.
Transforming Education for Girls in Nigeria and Tanzania (TEGINT)

TEGINT is a five-year programme running from June 2007 to June 2012 working to achieve a transformation in girls’ education, enabling girls to enroll and succeed in school by addressing key challenges and obstacles that hinder their participation and increase their vulnerability to HIV/AIDS. The project activities include working to build capacity of girls, schools, and communities to challenge gender discrimination, which includes establishing Girls Clubs in schools.

http://www.comminit.com/africa/content/transforming-education-girls-nigeria-and-tanzania-tegint

Prevention of School-Related Gender-Based Violence - Democratic Republic of Congo

From 2010 to 2012, the Prevention of School-Related Gender-Based Violence behavior-change communication project is working to promote positive social and gender norms among school-aged children in eastern Democratic Republic of Congo. School-based activities are being complimented by community media campaigns using radio, theatre and other communication channels. The project is being implemented by the Communication for Change (C-Change) initiative, which is being managed by FHI 360.

http://www.comminit.com/africa/content/prevention-school-related-gender-based-violence

The Good School Toolkit

This toolkit, published by Raising Voices, is intended to support violence-free learning environments within which students develop their skills and confidence to grow into creative, constructive, and thoughtful members of their community.

http://www.raisingvoices.org
http://www.comminit.com/africa/content/good-school-toolkit

Pilot an information & transparency ‘platform’

Public access to information can strengthen the citizen-provider-government interface for improved services and government accountability. Access to information by ‘ordinary people’ is increasingly understood to be a pivotal component of accountability and personal agency. As cell phone technology and social media accelerate at startling speeds, it will be important to find ways for girls to utilize and benefit from this. At the same time, the human connection among individual girls and between girls and female mentors needs to be maintained and strengthened, and not undermined or neglected as the world becomes increasingly ‘plugged in’ and connected. “Technology should never come in the way of human connection for a girl” (J Bruce, 2012).

Worldwide, transparency and access to information are increasingly recognized as pillars to good governance and effective service delivery. People can better hold government accountable for service delivery and improve their own lives if they have information on budgets, performance results, infrastructure, staffing patterns, school achievement score, health outcome information, market prices, and more (www.twaweza.org). Print and particularly electronic media (radio, TV), as

11 The ideas in this section were first presented by the consultant in a report prepared for USAID/Tanzania “Falling through the Cracks: Adolescent Girls in Tanzania, Insights from Mtwara. M Bangser. Dar es Salaam, Tanzania 2010.
12 Judith Bruce, Population Council, personal communication June 2012.
well as the explosive growth of cell phones, are making information more readily available and people’s day-to-day experiences - including their use of public services - more easily reportable.

However, with the exception of mobile phones, information is generally supply-driven and aggregated, and heavily biased towards national issues. What is needed is a way for ‘ordinary citizens’, including young people, to access disaggregated, local information about their school or health facility such as numbers of teachers and health workers who are supposed to be working compared to those on-post, receipt and timeliness of capitation grants and health commodities, voting records of the local Member of Parliament. Stories of how young people have taken action need to be shared, along with their opinions and strategies for making change happen. There needs to be practical mechanisms for citizen response, comment and feedback with the assurance that feedback will be taken seriously (www.twaweza.org). These information channels can be linked to media outlets, so that both positive actions and failures by government and other actions can be available for public scrutiny and debate.

The Open Government Partnership (OGP) is a new global initiative to secure concrete commitments from governments to promote transparency, empower citizens, fight corruption, and harness new technologies to strengthen governance.13 Launched in September 2011, Tanzania is now a member and its country plan includes commitments that could strengthen services targeting adolescents, or build citizen mobilization for accountability that benefits youth. Several efforts reportedly underway in Tanzania through the OGP include posting LGA budgets, disbursements and execution reports in public places (and in some cases also on-line); establishing complaints desks in Central and Local Governments; and the introduction of a formula based grant allocation system that facilitates allocation of resources to LGAs in an open and transparent manner. Government of Tanzania has also committed to publishing orders and receipts of Medical Stores Department on line, and to publish the disbursement of capitation grants to schools.

Of course promises are different than results, but if OGP commitments come to fruition in Tanzania they could also focus on the needs and demands of adolescents, and give them an additional vehicle through which to act. There are many examples of information platforms that have created change, including: in India with Fix Our City and Ipaidabribe.com; in Kenya and Uganda with stopstockouts.org and Sisi ni Amani in Kenya; and Vikalpa citizen journalism in Sri Lanka. One of the most innovative social networks that have taken root comes from Kenya: Ushahidi, which mapped and monitored post-election violence in Kenya and was then used in Haiti to find and rescue people buried in the earthquake.

Build on current and planned large donor efforts

Several broad donor-funded initiatives exist or are planned in Tanzania that directly target adolescents, or could incorporate a focus on girls. Given their scope, they can immediately leverage girls’ programming to operate at scale. Most of these funding streams focus on educational opportunity, however, and may the needs of the many girls who do not enter schools.

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13 http://www.opengovpartnership.org
It would be useful to talk with the relevant donors to see if the programs could explicitly target girls with the least social assets e.g., out of school girls, girls who migrate, girls living with no parent, etc.

Five initiatives are noted here:

- **TASAF (National)**
  - Productive Social Safety Net (PSSN) including cash transfers
- **PEPFAR (National)**
  - US Government's HIV/AIDS program
- **DFID Education (20-25 districts of Tanzania)**
  - Affordable and cost-effective ways to improve the quality of education – especially for girls - and increase the participation of girls in school
- **DFID Girls Challenge Fund (Global, open to Tanzania proposals)**
  - Increase the numbers of girls completing and achieving in primary and secondary school
- **USAID/Tanzania Education Strategy (Mtwara, Zanzibar)**
  - Improve lower primary education reading, mathematics, and science (girls and boys)

**National Coordination**

There is no national coordination mechanism for work on adolescent girls in Tanzania although there are a plethora of technical committees and working groups that address various issues affecting girls (e.g., reproductive health, education, HIV/AIDS, etc.). It could be useful to have a mechanism through which people working to advance girls’ agency share program plans, experience and – ideally – results of evaluations in order to inform future program design. A new working group or committee may not be necessary, but rather to re-orient or add to an existing structure to focus also on program implementation. TACAIDS has expressed a particular interest in such a mechanism not only for programs addressing HIV/AIDS, but for building girls’ agency more broadly.

As part of this national coordination mechanism, two policies issues (at the least) should be discussed, with coordinated pressure put on government and other actors to take work forward:

The first is guidelines and government directives related to school girls who become pregnant. There is no law in Tanzania that requires pregnant girls to be expelled from school. Nonetheless, it is widely believed by many teachers and school administrators (and members of the public) that pregnant girls must be expelled – and as a result, expulsion is widely practiced. After years of debate and inaction, there finally seems to be resolution coming. An inter-ministerial working group and UNICEF have developed new guidelines that will be issued with the new Education policy soon to be vetted in Parliament – hopefully in July 2012. Unfortunately, the new guidelines do not formalize the right of pregnant girls to remain in school. They do, however, state that girls have the right to return to school after they give birth.

The second policy issue that needs urgent national attention is systems to handle rape and abuse of girls (and others). A detailed analysis of this issue was beyond the scope of this consultancy, but the crisis of violence against girls came up continuously in discussions, including from girls themselves. The statistics on violence against girls (and boys) points to the urgent need for robust systems that promote girls’ safety and that manage re-dress in cases of abuse and violence. The District Child Protection Teams described above may be one step towards building stronger systems. Several
partners are working in this area including women’s lawyers and children’s and human rights groups. Violence against girls should be a priority for national and local level actors in future.

**Programming Principles**

The drivers of young people’s vulnerability are broad and structural, and are linked to the economic, social and personal threats through which girls’ negotiate (often with limited success) their daily lives. Making change happen for large numbers of girls will require programs that employ strong standards and are accountable to making meaningful change. Six principles for programming are presented here that may usefully guide program development towards that change:

1. **Equity lens**
   
   This exercise argues for an equity approach to program design and implementation, where resources are directed (at first and then largely) to those at **greatest risk**, facing the **largest gaps** in social connection and personal well-being, and who are **least served**.

2. **Transparent criteria**
   
   Clear and transparent criteria should inform the choice of interventions in order to foster greater accountability in measuring impact, and enable greater public scrutiny. The performance of government and other stakeholders (e.g., donors, civil society groups) should be regularly and openly measured in relation to the criteria established and the deliverables promised, including cost-effectiveness of funding.

3. **Measure girl-level changes among the right target audience**
   
   Change needs to be measured in terms of meaningful **outcomes**, rather than inputs or outputs. Measurement also needs to identify who is **not** being reached by interventions. An analysis of youth-serving programs by the Population Council found that adolescents at lower risk and with greater social assets receive the majority share of youth-serving resources. The ‘adolescents’ being reached tend to be in-school and older urban based boys who are 20-24 years old (Bruce, 2009).

4. **Work at scale**
   
   Projects have the advantage of allowing for testing new ideas, targeting and manageability. However, system-level change demands reaching large numbers of people. Programs may be tested in selected sites, but design needs to start with national-scale, including through the structures that function in girls’ lives or which could be made to work better. Overall, the field of girls’ programming needs to move away from ‘boutique’ projects which reach few beneficiaries in order that vast numbers of the least-served girls are reached.

5. **Rigorous evaluation**
   
   Evaluations that focus on (among other things) **outcomes** rather than inputs and outputs should be incorporated into all projects and donors need to fund evaluation. Evaluations must reflect rigorous standards and be conducted by institutions and individuals that have nothing to lose from giving a critical assessment. While randomized control trials (RCTs) are not perfect, they afford an extremely robust methodology that can yield evidence for effective programming.

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14 This section draws heavily from a report prepared by the consultant for USAID/Tanzania “Falling through the Cracks: Adolescent Girls in Tanzania, Insights from Mtwara. M Bangser. Dar es Salaam, Tanzania 2010, since the program principles remain largely the same.
6. Broad dissemination of findings
The people and institutions running interventions need to engage in critical reflection and learning about what is working and not working and why, and to document and share these lessons among a wide audience. It is from this reflection that more effective programs can be created in future and a meaningful difference made in the lives of girls.

Acknowledgements
With sincere thanks to the girls I met during this consultation and the organizations that work with them. Special appreciation goes to Dr. Fatma Mrisho (TACAIDS), Ms. Vicky Chuwa (UNICEF), other members of the TACAIDS and UNICEF offices who participated in this work, Ms. Judith Bruce and Dr. Annabel Erulkar (The Population Council) and staff of the Population Council who provided input to this report, and to USAID/Tanzania for use of the report I wrote for the agency on girls in Mtwara in 2010.

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27. The Soul Beat 200 - Promoting Education in Africa - June 27 2012.