



NO TEEN DRAMA: LEAVING ADOLESCENCE THRIVING & HEALTHY

ecently published reports from the World Bank, the Center for Global Development and others are calling new attention to the challenges of adolescent girls, aged 10-19, and particularly those aged 10-14. Young adolescent girls have historically been given low priority within development programs, receiving less than two cents for every dollar spent. Young girls generally enter adolescence healthy, while older adolescents struggle with the consequences of early sexual onset, including maternal mortality and HIV infection. Yet, the

social disadvantages faced by young adolescent girls relative to boys and men are the cause of these and other consequences that extend beyond health, particularly to school dropout and increasingly limited opportunities for the girl, her family and her community.

The full scope of these challenges and consequences is only now coming into view, to a significant degree due to efforts by the Nike Foundation, advocates including PSI Board Member Ashley Judd, and a growing list of partners, including the World Bank. Less clear is what can be done at scale – there are 600 million adolescent girls in the developing world. PSI and

its partners around the world have a growing portfolio of pilot projects aimed at finding interventions that could have widespread impact.

One of these is the 12+ program in Rwanda, funded and guided by the Nike Foundation and implemented with local partner, L'Association des Guides du Rwanda. Under the leadership of the Rwandan Ministry of Health, 12+ aims to improve knowledge and life skills among young girls on multiple levels, including self-esteem, leadership, social capital health and personal finance. In 12+, approximately 600 10-12-year-old girls from four districts in Rwanda meet weekly in youth centers and schools for training



PSI's most experienced social marketers. Pedro now works from the Nike Foundation offices in Portland, Ore., where he manages a portfolio of innovation and design investments for the Nike Foundation to unleash The Girl Effect at scale. One of these investments is developing online games in a highly innovative effort to influence other organizations and donors to work with adolescent girls and share their learning. Many of Pedro's colleagues at the Nike Foundation come from Nike's commercial operations; their approach to working on The Girl Effect is a fresh source of inspiration for Pedro and PSI in private sector methods of innovation and design.

Many of PSI's pilot interventions with adolescent girls and women are community-based, like 12+. They include gender-based violence prevention and services in Papua New Guinea and Zimbabwe, interventions with sex workers as part of HIV programs in many PSI countries, sexual health communications in Cameroon, and efforts to reduce the very high prevalence of overweight and obese adolescents in Mexico.

PSI is also testing clinical interventions for adolescents. The Top Réseau social franchise in Madagascar was our first effort to do this - providing sexual and reproductive health services in a youth-friendly setting with financing from the Bill & Melinda Gates Foundation. Our colleague Sohail Agha recently published the results of a pilot project in Pakistan that used vouchers among poor women, about 40 percent of whom were under the age of 24, to increase access to clinic-based baby delivery services.2 Using a quasi-experimental evaluation design, the pilot provided strong evidence that demand-side financing arrangements are a key tool for reducing inequities in institutional delivery across all age groups. Integrating youth-friendly services and associated financing mechanisms to allow youth to access family planning and other services in clinics has significant potential.

Like 12+, all our efforts put a premium on adolescents themselves identifying needs and, to the greatest possible degree, delivering information and services. Many of these initiatives result from funding from individual contributions. Like most adolescent programs around the world, these efforts are looking for seed funding to test new approaches and ways to work at ever increasing scale.





Steven Chapman leads PSI's efforts to improve the effectiveness, cost-effectiveness and equity of its interventions. He manages PSI's Technical Services team, which consists of about 50 experts in five departments: Malaria and Child Survival; Sexual, Reproductive Health & Tuberculosis; Research & Metrics; Social Marketing; and Learning and Performance.

modules and activities focused on topics such as puberty, HIV, delaying sexual debut and financial literacy. Older mentors lead each group of 25 girls through the mixed-method, 18-week pilot program and facilitate additional "learning journeys," which include visits to local banks and health centers. To date, the 12+ program has succeeded in connecting key stakeholders and generating vital information essential to program sustainability and expansion. An evaluation will be published in 2012 that will include analysis of program evaluations, stories from 12+ girls, and recommendations for future implementation and scale-up.

The Rwanda 12+ program is part of a global effort called "The Girl Effect," a movement of many organizations led by the Nike Foundation (thegirleffect.org), which includes an 18-month fellowship for Pedro Jaime, one of

- World development report 2012. Gender equality and development. Washington, D.C.: World Bank. Chaaban, J. and Cunningham, W. (2011). Measuring the economic gain of investing in girls: The Girl Effect dividend. Policy research working paper 5753. World Bank human development network, Child and youth unit and poverty reduction and economic management network, Gender unit. Washington, D.C. World Bank Temin, M. and Levine, R. (2009). Start with a girl: A new agenda for global health. Washington, D.C. Center for
- Agha, S. (2011). Changes in the proportion of facility-based deliveries and related maternal health services among the poor in rural Jhang, Pakistan: Results from a demand-side financing intervention. International Journal for Equity in Health 10:57. equityhealthj.com/content/10/1/57 Accessed December 4, 2011.

Global Development.