

SCALING ADOLESCENT EMPOWERMENT PROGRAM: THE BRAC EXPERIENCE IN AFRICA

Ariful Islam[†], Abebual Zerihun[‡], and Santhosh Ramdoss^{*}

Background

BRAC is a development organization founded in Bangladesh in 1972. Over the course of its evolution, BRAC has established itself as a pioneer in recognizing and tackling the many different dimension of poverty¹. Today, BRAC has grown to become the largest southern NGO employing more than 120,000 people, the majority of which are women, and reaching more than 110million people with its development interventions in Asia and Africa². BRAC's twin objectives are alleviation of poverty and the empowerment of the poor, especially women, and BRAC achieves these objectives through its programs that provide micro-loans, self-employment opportunities, health services, education and legal and human rights services to millions of people around the world.

With a population of nearly 30 million living in an area slightly smaller than the size of the state of Oregon (about 241,551 square kilometers)³, Uganda is located in the great lakes region of East Africa and lies astride the equator. With its favorable climate, the country economy is primarily based on agriculture. Agriculture accounts for 30.2 % of the GDP, over 45% of export earnings and employs 70% of the labor force⁴. Uganda is one of the least developed countries in the world, ranks 154 according to UNDP Human Development Index (HDI)⁵. Population growth is still high at 3.2% (higher than average sub-Saharan African countries growth rate: 2.5%), and infant mortality rate 78/1000, 38% of the population is living below the poverty line, and 19% of children under the age of 5 are malnourished. Building on its success in Bangladesh, BRAC launched its programs in Uganda in June 2006 to make a significant difference in a sub-Saharan country with high poverty and fertility rates, and to demonstrate the potential of its holistic development approach in Africa. With three years of starting operations BRAC Uganda has quickly become one of the largest NGOs in the country providing critical services in microfinance, agriculture, poultry and livestock, health and education to the poorest people. The organization currently touches the lives of half a million people through network 120 offices throughout the country and employs 1600+ staff.

[†] BRAC Uganda, Country Director

[‡] BRAC Uganda, Research Coordinator

^{*} BRAC USA, Program Manager

Starting in 2008, BRAC began replicating its adolescent program in Uganda, leveraging on 15 years of experience of running such programs in Bangladesh. BRAC's Adolescent program in Uganda currently reaches 12,700 girls through 500 adolescent clubs; this paper aims to highlight key lessons learnt and strategies adopted by BRAC in scaling-up its adolescent program in Uganda within a short period of time

Scaling up: BRAC's Empowerment and Livelihoods for Adolescent Girls (ELA) Program

BRAC, the world's largest anti-poverty group, has successfully pioneered and scaled its adolescent empowerment program in Bangladesh, which today reaches 300,000+ adolescent girls, providing them with life skills training, safe spaces, livelihood support and microfinance loans. Started in 1993 in the form of reading centers, ELA is set up for adolescent girls who dropped out of formal schooling. In 2002, BRAC began providing adolescent girls with financial services, recognizing that real empowerment is possible only if the girls have financial independence. In 2005, with support from the Nike Foundation, BRAC began combining the life-skills components (life-skills training, safe space etc) and the livelihood components (financial services, livelihood training) to create a unified and holistic adolescent intervention.

In 2008, BRAC began replicating its adolescent program in Uganda, leveraging its 15 years of experience in Bangladesh with initial support from Nike Foundation. Today, BRAC's Adolescent program in Uganda operates through a network of 35 branches spread across 16 districts¹. The program currently reaches 12,700 girls providing them with training, safe spaces and financial services-all through the 500 adolescent clubs formed by BRAC.

How could BRAC Uganda scale-up its adolescent programs at such a pace within a span of 2 years? How did we do it without compromising program quality? In the following section we have identified the key elements that form the core of BRAC's strategy in the evolution of the program from its planning stage to its current scale, impacting the lives of thousands of adolescent girls around Uganda.

Listening to people's Voices

BRAC has a long tradition of being a learning organization, constantly soliciting and acting on feedback, criticisms, and suggestions from its members and stakeholders. BRAC member's ideas and their commitment and enthusiasm have been an integral part of BRAC's approach. The initiation of BRAC's adolescent program, like many other programs, was prompted by requests from poor village women part of BRAC's microfinance program in Bangladesh. These BRAC members were deeply concerned about the high dropout rates among their school-age children and turned to BRAC for a solution. In response to their request BRAC set up a 'school library' to provide

adolescents a kind of continuing education program to help them retain or improve their literacy and numeracy skills. After few years of operation, girls started to demand more than just reading books and/or attending storytelling sessions and BRAC introduced life skills training component in 1991. Later, around 1996, listening to girls' and parents' voices led the introduction of income generating and skill development activities, hence the program called Adolescent Development Program (ADP).

Being one of the people who participated in developing BRAC's adolescent program in Bangladesh and working on it almost 10 years, it didn't take Mr. Ariful Islam (*BRAC Uganda, Country Director*) long to start focusing issues surrounding adolescents in Uganda. Staying true to BRAC's approach the first thing Mr. Islam and his team did as they were initiating programs in Uganda was to carefully listening people's voices. When the team talked with BRAC microfinance clients and their daughters, they learned that girls drop out of school without completing primary education; early pregnancy is extremely prevalent, a substantial number of them are child mothers, having multiple sex partners, and most have no other alternatives to spend their free time in a productive way and little hope for the future. They also learned that most organization working in the area of adolescent are mainly focused on in-school adolescents, whereas out-of-school girls are the most vulnerable and need urgent help. *These conversations with real people on the ground, coupled with a systematic needs assessment study highlighted the urgent need for launching BRAC's adolescent program in Uganda.*

Vision: The Drive for Scale Up

BRAC's vision is to create just, enlightened, healthy and democratic societies free from hunger, poverty, environmental degradation and all forms of exploitation based on age, sex, religion and ethnicity. This vision puts the work of the organization in a larger, longer-term context, providing a sense of purpose and potential to fuel the drive to scale up⁶. In its development programs, BRAC systematically takes a national and long-term approach to empower the poor. In more ways than one, BRAC is obsessed with scale, which we believe is the only way to achieve our vision.

Similarly, BRAC came to Africa with the same larger and longer-term commitment of creating national programs and not small pilots. In Uganda when BRAC started piloting its adolescent program, starting with 100 clubs, its vision was to make ELA a national program. BRAC'S founder and Chairperson, Dr. Fazle H. Abed often argues about the importance of large scale interventions to solve big problems; during a recent interview, he said "Small is beautiful, but in development big is absolutely necessary"⁷.

The transition from local relief to national-scale development was first realized in BRAC's campaign against diarrhea in the early 1980s. At that time, diarrhea claimed the life of nearly one in eight children in Bangladesh before their fifth birthday. Diarrhea can

be effectively treated with a simple homemade oral rehydration solution (ORS), but most rural mothers did not know how to make ORS and instead put their trust in unreliable and ineffective store-bought remedies or quack doctors. BRAC, at first independently and later in collaboration with the Bangladeshi government, decided that the best way to address the problem was a grassroots education campaign. Like subsequent programs, this campaign was developed slowly, beginning with a year of research in 1979, followed by piloting, planning, training, and capacity building, and supportive but strict supervision, and finally the expansion to cover the country. Between 1980 and 1990, BRAC staff personally visited 13 million village households, accounting for 80% of the households in Bangladesh, and taught at least one family member how to make ORS⁸.

BRAC starts in one country and commits to expand at national level and works for long-term. In case of adolescent program, day by day, there is an increasing number of young people in developing countries; BRAC's commitment towards enabling and empowering young people aged 12-24 in the developing world through programs like ELA will determine the quality of the next generation of economic and social actors. BRAC's past achievement in Asia and early success[†] in Africa stands as a testament to its capability of implementing effective programs on a national scale. BRAC believes that setting a bold vision is the first pre-requisite for achieving scale.

Piloting: Designing simple and cost-effective programs

BRAC always starts a new initiative with a pilot. Piloting ensures that the program can be tested and streamlined at a smaller scale before full scale implementation and also allows for greater freedom among the staff to experiment and innovate. Moreover, the goal of piloting is to identify the most effective and efficient program implementation strategies that can maximize impact. In fact, renowned Economist William Easterly, in a recent post on the 'Aid Watch blog' listed 'efficiency' as one of his 5 simple principles of scaling up in aid.⁹ He said, "You can scale up only what requires cheap, abundant inputs; you cannot scale up something that depends on expensive, scarce inputs". This simple but extremely important practice of cost effectiveness has been BRAC's practice for over decades. In 1985 when BRAC launched its Non-Formal Education Program (NFEP), BRAC hoped to provide a model for the reform of government schools, the budget was limited to the government's budget at that time, US \$15 per child per year¹⁰. A comparative cost-effectiveness study of TB program run by BRAC (implemented through its army of community health workers) and government TB program conducted by Md. Akramul

[†] BRAC began its operations in Uganda in 2006 and has quickly become one of the largest NGOs in the country providing critical services in microfinance, agriculture, poultry and livestock, health, and education to the poorest people in Uganda. BRAC currently serves close to half a million people in Uganda and is a key civil society partner helping the government pursue its ambitious goal of 'prosperity for all' (*BRAC Uganda Report, 2008*).

Islam et al revealed that government program was 50% more expensive for similar outcomes¹¹.

When BRAC's adolescent program was first launched in Bangladesh, it was in the pilot stage for almost three years. Since then it has been scaled up and evaluated continuously, and new innovations introduced to improve the impact of the program. When BRAC began implementing the adolescent program in Uganda, it did not want to get carried away by the success of its programs in Bangladesh. Uganda was a new country, a different context and there were a whole host of new challenges compared to Bangladesh. Thus, BRAC Uganda initiated a pilot of the adolescent program, launching 100 clubs (50 in urban setting and 50 in rural setting), staying true the BRAC philosophy of pilot, streamline and scale-up. Another key goal of piloting is to achieve simplicity in program design. Through its 35 years of experience, BRAC has realized that the key to a scaling up programs successfully is simplicity in its design. Prof. Easterly agrees, where he highlights simplicity as a key principle for scaling up aid. In his blog post he mentions that "things that you make routine are among the easiest to scale up"¹¹,

In piloting the adolescent program in Uganda, the BRAC team aimed at making the program simple, standardized and cost-effective. After the first 12 months of implementing the program in Uganda, BRAC realized the importance of simplifying the management structure. BRAC revised its management structure such that every branch office was responsible for setting up and operating 15 adolescent clubs. There is a Project Assistant employed by BRAC at every branch who oversees the 15 clubs. Further, an Area Manager supervises 5 branch offices and the corresponding Project Assistants. The Area Managers report directly to Program Manager who heads the Adolescent program at the country level. Through the piloting process, BRAC Uganda was able to streamline its management and staffing structure to arrive at the design explained above. This simplistic, standardized and easily replicable structure was critical as BRAC began to scale-up the adolescent club to establish 400 more clubs.

Continuing Professional Development

One of BRAC's core values is to invest in staff training and to support continuing professional development of its employees. BRAC often hires fresh graduates for middle level positions and high school graduates for most community based field works. However these recruits are continuously trained to develop their procedural and technical expertise and organizational values, ensuring that these critical assets are not diluted as the organization expands. For example, BRAC Health program trained 30 000 community health workers (Shashta Shebikas) covering 70 million people living in 60 000 villages throughout Bangladesh¹². With a minimum of nine years formal schooling, BRAC Uganda training center is set up to provide ELA club mentors initial fifteen-day

residential session, followed by one daylong refresher training each month. Refresher trainings provide continuing reinforcement for the essential skills taught at the initial training. Courses such as operational management, leadership and club management, training of trainer, targeting, assessing needs, and life-skills are focused. The persistence of training support over time, combined with the design of BRAC's training materials, ensures those paraprofessionals are qualified to provide an excellent service to adolescents. "Many other nonprofits get trapped doing short-term program work and use a lot of short-term contract workers," says Abed. "These nonprofits don't build their organizations to do bigger things. I decided early on that for BRAC to serve the nation and conduct successful social enterprise we needed to train people¹³." Explaining one of his five simple scaling up principles, William Easterly argued, "One of the secrets to success of the large vaccination campaigns that reduced child mortality was that relatively unskilled medical workers (in abundant supply) could give vaccinations as a routine activity.¹¹". In less than two years, ELA in Uganda has trained over 500 local club leaders and educators, and Ugandan trainers.

Continuous Focus on Implementation

BRAC had a laser-like focus on implementation, reflected by the fact that most of its senior managers start off as a field-staff and slowly grow within the organization to management level positions. Such immense focus on implementation, combined with years of experience was a valuable asset for BRAC in scaling up the adolescent program in Uganda.

As explained earlier, the adolescent program in Uganda is implemented through a network of branch offices staffed by a Project Officer. Each Project Officer is responsible for the set up and management of 15 clubs. At the next level are the area managers who supervise 5 Project Officers and their respective branches. The area managers report directly to the program head based at the country office. The Project Officer is expected to visit each club under her supervision at least twice a week. The Area Managers visits each branch office at least once a week and provides advice and support to the Project Officers. In addition Area Level meeting convening all the Project Officers are held every week. In addition to the supervision undertaken by program staff, BRAC Uganda carries out on regular basis, auditing and monitoring of the program. Strict financial control through auditing is crucial for the process of scaling up. Each area office is audited internally every six months and once a year through external and internal auditors. BRAC Uganda also conducts continuous monitoring, whereby; the monitors identify issues concerning implementation of the program, receive feedback from the staff and communicated it back to ELA program managers on a monthly basis.

Evaluation

To identify what works during pilot phase and to evaluate whether the scaled-up version works as well as the original version is one of the key components for scaling up. In BRAC, the Research and Evaluation Division (RED) was established back in 1975 to fill precisely this need for independent evaluation. Currently RED employs forty full-time researchers and handles both program evaluation and basic research on issues relevant to BRAC's development goals. ELA program in Bangladesh was evaluated in 2007 following rigorous methodology. In Uganda, similar research Unit was set up in 2008 and currently carrying out more than 10 evaluation and research projects, which ELA is one of the few program evaluations being evaluated following randomized designs, in Africa.

Researchers from BRAC[‡], World Bank[§], London School of Economics^{**}, and London University College^{††} have come together to evaluate the impact of Empowerment and Livelihoods for Adolescents (ELA) program. The key research questions are “Can adolescent girls be empowered in rural settings, if so, how? What effect does this have on their economic outcomes, self confidence and aspirations, as well as those of their siblings, adolescent friends, and parents?” A randomized control trial impact evaluation design was followed in order to estimate the average impact of the ELA Program on treatment groups by comparing them with similar groups who are not exposed to the program (the control villages). 10 clusters/villages have randomly been selected for treatment and 5 as control in each of the 10 project sites, summing to 100 treatment clusters and 50 control clusters. 40 female adolescents and their parents/guardians in each village were interviewed producing an actual sample of nearly 6,000 adolescent girls who are aged between 13 and 21 and slightly fewer than 6000 parents/guardians. The 100 intervention villages are further randomized into ‘financial + non-financial intervention’ and ‘only non-financial intervention’. Therefore, there are three groups of clusters featuring only ELA centres (50); ELA Centres and microfinance (50); and no intervention (50).

In the adolescent module, information about their education, aspiration with education, engagement in economic activities, use of spare time, financial literacy, financial market participation, personal expenditure, aspiration with life, history and expectations about marriage, attitudes, self-confidence, mobility; and knowledge and practices of risky behaviors were asked. And the household module, administered on the main female of the household, collected information about level of education and activities of the household members; and socio-economic status of the household. The instrument also

[‡] Abebual Zerihun and Munshi Sulaiman

[§] Markus Goldstein

^{**} Oriana Bandiera, Robin Burgess, and Selim Gulesci

^{††} Imran Rasul,

covers important issues such as planning for the children, attitude towards education and marriage. Baseline report has been finalized and is currently amended by a study which investigates the determinants of participation, i.e. which girls decided to participate in the ELA Program. The key findings of the baseline analysis were communicated to program staff for program review. Additionally disseminated to a wider audience was done through presentations in Entebbe, at Uganda Youth Conference, organized by the Vice President of Uganda, and Oxford (iiG^{††} Conference 2009).

Endnotes

¹ BRAC Uganda Annual report, 2008.

² BRAC, Annual Report, 2008: retrieved from

<http://www.brac.net/useruploads/files/BRAC%20Annual%20Report%20-%202008.pdf>

³ Uganda Bureau of Statistics, 2007. Uganda Demographic and Health Survey, 2006, UBOS, Macro International Inc.

⁴ Uganda Bureau of Statistics, 2007. Projections of demographic trends in Uganda 2007-2017, Volume 1

⁵ Human Development Report, 2007/2008, Uganda Country Human Development Index fact sheet.

Retrieved from http://hdrstats.undp.org/countries/data_sheets/cty_ds_UGA.html, on August 27, 2009

⁶ Salehuddin Ahmed and Micaela Franch (2006), Scaling Up: The BRAC Experience. BRAC University Journal, Vol. III, No. 2, 2006, pp.35-40

⁷Thinking Big and Scaling Up, Audio interview with social entrepreneurship conversation network.

Ashoka, 45 minutes, 20.9mb, recorded 2007-01-01. Topics: International Development Social

Entrepreneurship. Retrieved on September 02, 2009 from

<http://sic.conversationsnetwork.org/shows/detail3217.html>

⁸ Lovell, Catherine H. 1992. Breaking the cycle of poverty: The BRAC strategy. Dhaka, Bangladesh: University Press Limited.

⁹ Five simple principles for scaling up in aid, Aid Watch Blog. Posted by William Easterly, on August 18, 2009 12:00 AM

¹⁰ Abed, Fazle H. 2006. Innovator for the poor: The story of Fazle H. Abed and the founding of BRAC. DVD. Produced by Roy Media in partnership with Skoll Foundation. US: Ashoka Global Academy for Social Entrepreneurship.

¹¹ Md. Akramul Islam, Susumu Wakai, Nobukatsu Ishikawa, A.M.R. Chowdhury, & J. Patrick Vaughan, 2002. Cost-effectiveness of community health workers in tuberculosis control in Bangladesh. Bull World Health Organ vol.80 no.6 doi: 10.1590/S0042-96862002000600007. Retrieved on Sept 2, 2009 from

http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0042-96862002000600007

¹² BMJ 2004;329:1124 (13 November), doi:10.1136/bmj.329.7475.1124-d. Bangladesh group has trained 30 000 community health workers, by London Geoff Watts. Retrieved on Sept 2, 2009 from

<http://www.bmj.com/cgi/content/full/329/7475/1124-d>

¹³ Stanford Social Innovation Review, winter 2007. In the Black with BRAC, by Kim Jonker. Retrieved on Sept 2, 2009 from http://www.ssireview.org/articles/entry/in_the_black_with_brac/

^{††} Established in 2007, **Improving Institutions for Growth** (iiG) is a Research Program Consortium focusing on pro-poor growth and poverty reduction in Africa and South Asia.