Addressing high rates of gender-based violence experienced by girls is a policy goal in many developing countries, in particular in post-conflict settings such as Liberia where evidence suggests women commonly experience physical and/or sexual violence. This study in Nimba County, Liberia will evaluate the impact of a girls’ empowerment program for young adolescent girls and their caregivers on sexual violence and reproductive health outcomes.

**Policy Issue**

Increasing the number of girls who complete secondary school, reducing early motherhood, and addressing sexual violence are common policy goals across many countries in Sub-Saharan Africa. In the post-conflict setting of Liberia, where girls and women commonly experience physical and/or sexual violence, improving the social assets and capacities of adolescent girls, including improving the protective environment around them, is a key priority. Providing young adolescent girls support through mentorship, asset building, and life skills training, in combination with protective parenting training for caregivers, has the potential to increase knowledge, reduce rates of sexual violence, decrease the incidence of early motherhood, and improve overall well-being as adolescent girls transition to adulthood. This research contributes evidence on this topic.

**Evaluation Context**

Liberia, which emerged out of a 14-year long civil war in 2003, has made progress in women’s empowerment in the political sphere, yet gender-based violence and high adolescent fertility rates remain a problem.

The International Rescue Committee (IRC), an international NGO and the partner in this study, conducts an innovative program for adolescent girls ages 13-14 called Girl Empower that includes mentorship, asset building, and protective parenting training with caregivers. The IRC is interested in learning the program’s impact on participants, in particular the impact of the program on rates of sexual violence among adolescent girls.

**Details of the Intervention**

This randomized evaluation will measure the impact of the Girl Empower program on sexual violence...
among girls and changes in parental attitudes and behaviors.

Girls participating in the 12-month program will meet weekly in groups with their mentors in a girl-only safe space in their communities. The curriculum is designed to be contextually relevant and aims to help the girls build relationships with friends and their mentors. The program also aims to provide a space for girls to discuss issues that are of most concern to them, including life skills, the changes of puberty, their aspirations, and any violence they have experienced. Meanwhile, caregivers meet in groups once a month to discuss related topics such as adolescence, positive parenting, supporting their daughters’ education, as well as savings and investing in their daughters’ futures.

The study’s eligibility criteria include all girls between 13-14 years of age regardless of school enrollment or other characteristics and their main caregivers in 100 clustered communities (approximately 2,000 girls) in Nimba County. The 100 communities will be randomly assigned to one of three groups:

1. **Girl Empower only** - Girls in these communities will be invited to participate in the full program, which as described above includes an ongoing relationship with a mentor who leads the girls’ groups, relationship, asset building, and monthly discussion groups for caregivers.
2. **Girl Empower with a cash incentive for attendance** - Girls in these communities will be invited to participate in the full program and caregivers will also receive a small cash incentive based on the girl’s regular attendance, designed to increase retention in the program.
3. **Comparison communities** - No program.

IPA will interview girls and their primary caregivers before the program begins when girls are 13-14 years of age, and two years later when girls are 15-16 years of age. During the interviews, IPA will collect self-reported data from the girls on school attendance; social capital and social networks; quality of care and communication with caregivers; life skills, financial literacy, self-esteem, self-confidence, and self-efficacy; sexual and reproductive health knowledge; and sexual experiences, including pregnancy and sexual violence and exploitation. IPA will interview caregivers about their gender attitudes and norms, their aspirations for girls, and communication with girls around sexual relationships and sexual violence.

Researchers will evaluate if the program imparts the desired knowledge and skills on participants, how it affects rates of sexual violence, and whether the cash incentive affects these outcomes.

**Results and Policy Lessons**
Results forthcoming.

**Sources**