



BRAC Girls Talk: Youth empowerment in Uganda through interactive storytelling and basic phones

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BRAC Girls Talk is a project that uses the power of storytelling and gamification to deliver educational programming to adolescent girls and young women via widely available basic feature phones. A collaboration between BRAC Uganda, Viamo, and Peripheral Vision International, BRAC Girls Talk engages users with spoken audio and interactive voice response (IVR) technology. The content, which focuses on the typical challenges girls and young women face during adolescence, is designed to empower, educate and entertain. This report summarizes preliminary findings from the development of the platform and a small, 12-week pilot roll-out in the Kayunga district of Uganda.

Background

BRAC has been delivering youth empowerment programming in Uganda since 2006, largely

through Empowerment and Livelihoods for Adolescents (ELA), its flagship program for adolescent girls and young women (AGYW) in Africa. A club-based program, ELA works with AGYW, many of whom are out of school, to provide them with safe spaces, mentorship, skills, and training in areas such as financial literacy, savings, health, nutrition, goal-setting, and leadership. A wealth of rigorous experimental evidence shows the program is remarkably effective in empowering girls across a range of indicators.^{1,2,3}

In 2018, BRAC began redesigning the ELA model to ensure the program would remain relevant to young people's challenges and experiences. An ELA "reset" was launched in Liberia, Sierra Leone, and Tanzania in 2020, and later in Uganda. Among the changes introduced to the program were updates to

¹ Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2020). *Women's empowerment in action: Evidence from a randomized control trial in Africa*. *American Economic Journal: Applied Economics*, 12(1): 210-59.

² Bandiera, O., Buehren, N., Goldstein, M., Rasul, I., & Smura, A. (2020). *Do school closures during an epidemic have persistent effects? Evidence from Sierra Leone in the time of Ebola*. Working Paper.

³ Buehren, N., Chakravarty, S., Goldstein, M., Slavchevska, V., & Sulaiman, M. (2017). *Adolescent girls' empowerment in conflict-affected settings: Experimental evidence from South Sudan*. Working paper.

the curriculum, age segmentation, establishing a graduation model, and deeper community and parental engagement.⁴

During the COVID-19 lockdowns and extended school closures of 2020 and 2021, BRAC also began exploring ways to engage ELA participants remotely. It focused on methods that were scalable and accessible to the target population. In the early days of the pandemic, this included digitized content delivered to mentors via Whatsapp combined with regular voice calls from mentors to participants. Funding from the Bill & Melinda Gates Foundation created an opportunity to build on this experience by creating an entirely new platform—a fully remote adaptation of ELA that could reach AGYW in their homes, potentially creating a new pathway to scale.

BRAC Uganda had already partnered with Viamo, a social enterprise that delivers messages to underserved populations via mobile phone, on a project for remote training of community health workers. BRAC staff were also intrigued by Wanji Games, a storytelling platform developed by Peripheral Vision International (PVI), an organization that had partnered with Viamo separately to deliver COVID-related content. BRAC convened the organizations and created a new three-way partnership: BRAC would bring its rigorously tested ELA model and newly redesigned content; PVI would bring its expertise in interactive and educational storytelling; Viamo would bring its experience in mobile technology and content delivery.

The result of this partnership was BRAC Girls Talk, a pilot project that delivers gamified ELA content through interactive voice response (IVR) via feature phones. BRAC Girls Talk builds on the success of PVI and Viamo’s [Wanji Games platform](#), which uses basic phones to

deliver educational content through audio, while leveraging BRAC’s ELA content as the foundational learning material (see Figure 1).

How it Works

Adolescent girls and young women are encouraged to “flash” a number (call and hang up) to hear the stories of three fictional peers—Fatima, Jennifer and Hawa—navigating the challenges of adolescence. These stories deal with issues like menstruation, peer pressure, unwanted attention from men, and how to budget and save. At key points in each story, the narrator prompts the listener with questions related to the story—asking how the character should act in this scenario, for instance. The listener uses her keypad to answer the questions, and the “game” responds accordingly. Over a number of days, listeners make their way through 10 games (or stories) falling into four broad themes: sexual and reproductive health, finance, future, and well-being. To advance to the next game, players need to correctly answer 80% of the questions. After completing all 10 games, players advance to a final quiz touching on all of the topics covered. For a list of games along with themes, topics, sample scenarios and sample questions, see Annex A.

Literature Review & Desk Research

In the early stages of the project, a BRAC research team conducted an extensive literature review to identify the challenges and opportunities of using IVR for both program implementation and data collection. To further contextualize its findings, the team also conducted informational interviews with other researchers and implementers of IVR-based programs.

The findings of the literature review showed

⁴ BRAC and UNFPA. (2023). *Adolescent empowerment at scale: Successes and challenges of an evidence-based approach to young women’s programing in Africa*.

great promise for mobile technology in catalyzing better outcomes for AGYW. For instance, a 2018 meta-analysis of 15 years of research on youth-focused technology interventions demonstrates the potential for such technologies to improve safer sex behavior, thus reducing sexually transmitted infections and unintended pregnancies among youth. Research on designing mobile interventions for low-literacy users also suggested that voice-based interactions may be more effective for this population than alternative modalities.⁵ IVR presents fewer physical and financial barriers to accessing content compared to more high-tech interventions, since all that is needed to access the content is a basic feature phone. Access to mobile phones and internet technologies is rapidly increasing among young people, even in rural areas of low-income countries. These interventions can be administered with high fidelity without extensive facilitator training, with the potential for cost-effective programming capable of reaching more youth than in-person outreach. Moreover, the technology has the potential to allow program implementers and researchers to collect data more efficiently. Despite the limited evidence base on the use of IVR for data collection, the method holds promise for improving reach to low-literacy populations and eliciting more rapid response from participants.⁶

In terms of effectiveness, research suggests that IVR interventions have been found to positively increase participants' self-efficacy and positive association of the subject at hand, whether contraceptive use, education, or money management. For example, a pilot study in Kenya demonstrated that using IVR



Figure 1: Wanji Games model

Photo Credit: Peripheral Vision International

increased participants' retention of information due to the repetition of questions and dialogue between participants and agents, thus reinforcing key messages.⁷ An RCT in Nigeria assessed the efficacy of Smart Client, a digital health tool, and found that the IVR platform led to a significant increase in contraceptive use and positive ideation around family planning, albeit with a high attrition rate.⁸

Content Development

The development of the BRAC Girls Talk content took approximately four months to complete. Recognizing that not all sessions of the ELA curriculum, which consists of more than 100 hours of modularized content, could be gamified, the partners engaged in a curriculum adaptation process by examining key questions related to the audience, setting, sequencing and systems in place for delivery. These questions included: What profile of learners is the curricular package designed for? Where is the curriculum designed to be delivered (e.g., what conditions, timing, and pacing)? The answers informed key decisions such as how much content to include and the frequency with which new content would be

⁵Widman, L., Nesi, J., Kamke, K., Choukas-Bradley, S., & Stewart, J. L. (2018). *Technology-based interventions to reduce sexually transmitted infections and unintended pregnancy among youth*. *Journal of Adolescent Health*, 62(6), 651–660.

⁶Bolton, L. (2018). *Interactive voice response in humanitarian contexts. K4D Helpdesk Report 487*. Institute of Development Studies.

⁷Jayarajan, N., BenDor, A., Boruett, N., Duncan, L., Kinyua, M., Mwaikambo, L., & Lee, A. (2017). *Use of interactive voice response for professional development in Kenya*. Baltimore, MD: Johns Hopkins Center for Communication Programs.

⁸Babalola, S., Loehr, C., Oyenubi, O., Akiode, A., & Moblely, A. (2019). *Efficacy of a digital health tool on contraceptive ideation and use in Nigeria: Results of a cluster-randomized control trial*. *Global Health: Science and Practice*, 7(2), 273-288.

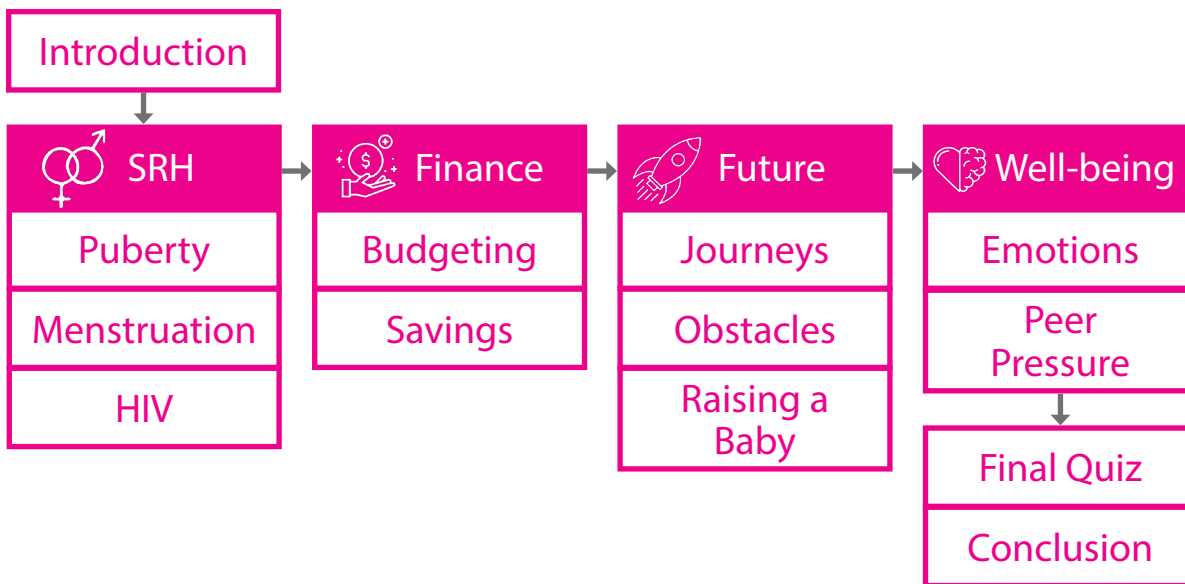


Figure 2: BRAC Girls Talk content wireframe

available to participants.

Ultimately, the partners decided to include content related to four ELA themes: sexual and reproductive health, finance, future, and well-being. Within each theme, two to three topics were selected, for a total of 10 topics that would become 10 stories or games. Early in the content development process, community officials noted that the district selected for the pilot implementation, Kayunga, has a high prevalence of HIV.⁹ Based on this, the partners decided to add ELA content on HIV/AIDS. A full list of the game topics and select messages from the games can be found in Annex A.

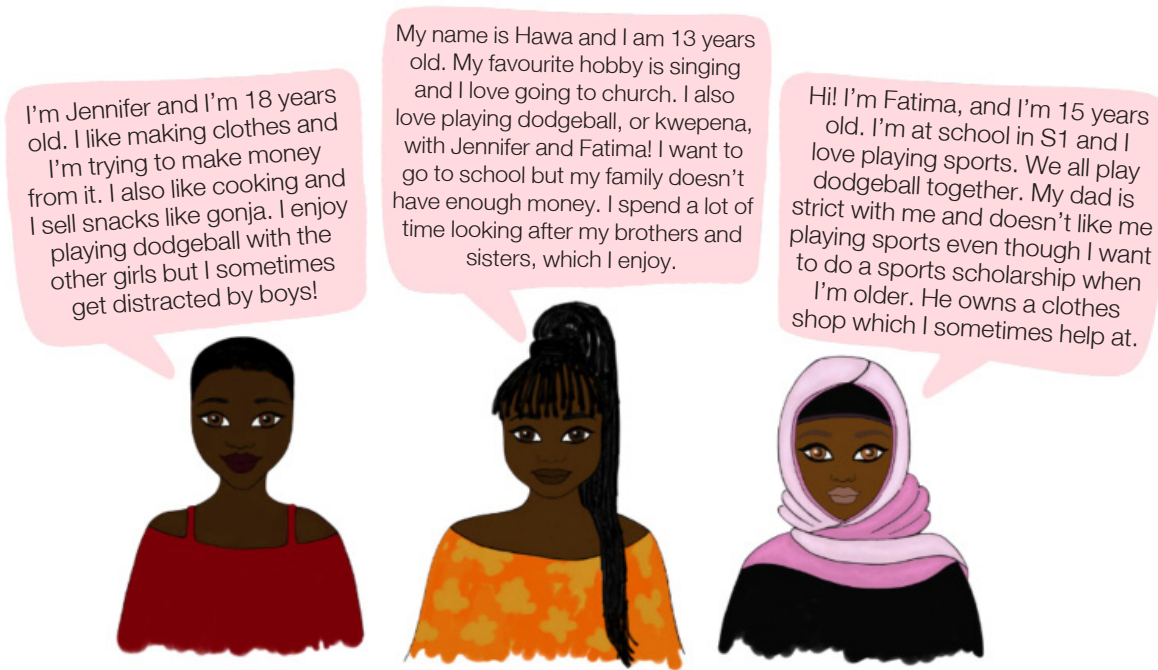
The content was then adapted into the Wanji Games model. Led by PVI, this process first involved developing scripts for the 10 games by transforming the relevant ELA content into an engaging narrative. Each game includes short lessons and stories involving three main characters—Jennifer, Fatima, and Hawa—and a minimum of five decision points. The scripts were then reviewed by a content committee composed of members of the partner organizations. Once the scripts were finalized in English, they were translated into Luganda.

The scripts were extensively field-tested prior to recording, since re-recording content would have been time-consuming and expensive. To do this, BRAC printed out the scripts and gave them to existing BRAC youth empowerment clubs in Mubende and Mityana districts. PVI and BRAC Uganda then traveled to the clubs, where the club members acted out the scripts and provided feedback on the games. Using an observational field testing protocol, the team captured members' engagement with and enjoyment of the BRAC Girls Talk content and any areas where changes may need to be made.

This exercise, which engaged 334 students, five teacher mentors, and seven non-mentor teachers, gave the partners a degree of confidence that the content would resonate with its intended audience. Overall, the games were well-received, but slight modifications were made. For example, the income-generating activity of one character was changed from making chapatis to selling snacks, an activity deemed more relevant by the club members. This exercise was a cost-effective and interactive way to test the games before they were finalized and recorded.

⁹ By some accounts, the Kayunga district has the highest rate of HIV/AIDS in Uganda.

Figure 3:
Description of the
three characters



Local voice actors then recorded the scripts in both English and Luganda, with sound effects and background music added to enhance the liveliness of the games. Finally, the games were programmed onto Viamo’s IVR platform.

Implementation

The BRAC Girls Talk pilot implementation targeted six parishes in the Galilaya, Kangulumira, and Kayonza sub-counties of Uganda’s Kayunga District. These areas were chosen because while BRAC Uganda has a presence in Kayunga, these sub-counties have no ELA clubs. Participants were therefore unlikely to have had previous exposure to ELA content. In addition, some of the parishes in these sub-counties are quite remote, which offered the possibility to explore how the program will perform in far-flung areas.

Working with community leaders, BRAC Uganda recruited 300 AGYW between the ages of 15 and 24 to participate in the pilot program. Each sub-county had roughly the same number of participants. Participants were informed that as part of the pilot project, they would receive a basic feature phone that their families could keep at the conclusion of the project as well as access to the BRAC Girls

Talk content through Viamo’s platform.

The project was launched on August 17, 2022, in a ceremony where participants, community members, and project partners gathered at St. Mathias Kalemba Secondary School in Nazigo, Uganda. During the launch event, BRAC Girls Talk participants received a complementary feature phone, along with basic phone literacy training on how to use the devices and access the games. Participants also received a BRAC Girls Talk uniform.

Throughout the pilot project, BRAC Uganda continued to engage relevant stakeholders, such as district officials and parents/caregivers, holding coordination meetings with district officials to ensure their ongoing support of the project, for example. Parent/caregiver meetings aimed to sensitize parents on the key information being shared with their children.

When a player dialed into the service for the first time, they heard a short introduction that welcomed them and asked them to select a language, English or Luganda. Players then heard a brief overview of the four themes and the characters. The narrator explained that they will make decisions for themselves and

help the characters in the game.

Games were released in batches of two or three, with games related to each of the four themes (sexual and reproductive health, finance, future, and well-being) released once every three weeks for 12 weeks. When new games came out, participants received a text message encouraging them to call in and play. Based on the phone number they called from, the service remembered which games they had already completed, so that players could end the game at any time and call back. For each new theme, participants were given an overview of the theme and directed to the first game in that series.

Players needed to score 80% or above to unlock the next game in the theme. They had three chances to pass, after which they would automatically move to the next game. In between each theme, participants received a call with a brief 10-question IVR survey to capture early learnings. After each participant completed all ten games, they unlocked the final quiz. To incentivize players, a reward of free airtime was offered upon the successful completion of each of the games.

Research Design

BRAC used a mixed-methods study to evaluate the BRAC Girls Talk pilot. The study design consisted of pre- and post-tests of participants without a control group as well as focus group discussions. Despite the limitations of this design in terms of measuring impact, the results are descriptive and provide a foundation for more rigorous follow-up studies.

Three broad research questions drove the study. First, what effect does engaging with the IVR-enabled ELA content have on early outcomes for AGYW? What level of usability and accessibility does the gamified content have to AGYW? Finally, do AGYW find the

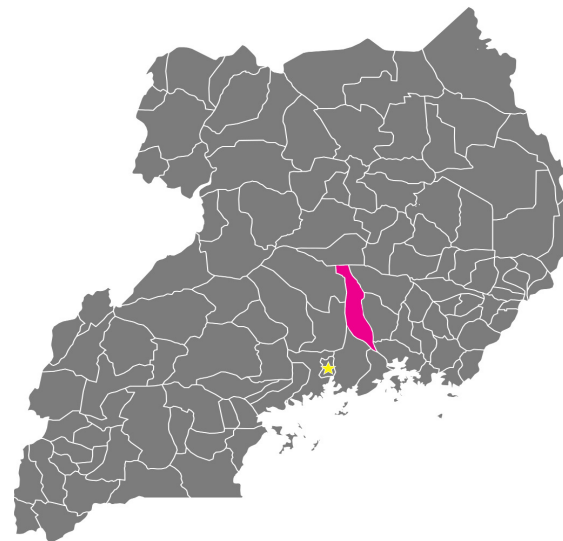


Figure 5: Map of Uganda highlighting research and implementation region (pink) and BRAC Uganda's office in Kampala (star).

content relevant?

Baseline and endline surveys captured movement on early outcome indicators related to knowledge, attitudes, and practices. For example, do we see an increase in sexual and reproductive health knowledge at endline? Do participants have greater levels of self-efficacy? For a full list of outcomes captured, see Annex B.¹⁰

To complement and help unpack trends observed in the baseline and endline survey data, enumerators conducted eight focus group discussions with 64 participants in total (eight participants per discussion). The enumerators followed a group discussion interview guide focused on participants' perceptions of the games and their experiences using feature phones to access the games.

Viamo also collected usage data, including game performance, as well as four IVR-delivered surveys. At the time of writing this report, we are still digesting the immense amount of data collected through Viamo's platform, and as such, this report does not report on insights from those data streams.

¹⁰ Though most surveys were conducted in person by enumerators from BRAC's country office in Kampala, several endline interviews were conducted via phone due to an outbreak of Ebola in Uganda at the time of the study.

Ethical approval was obtained from the Mildmay Uganda Research Ethics Committee (MUREC), and a research permit was secured from the Uganda National Council for Science and Technology (UNCST). Written informed consent, or assent in the case of minors, was obtained from all participants.

Results

The following section details the descriptive characteristics of participants in the BRAC Girls Talk pilot and the results of the pre-post tests using baseline and endline survey data ($n = 280$). Not all 300 participants recruited for the project could be reached at baseline and

tracked to endline. We further unpack these figures in the discussion section and share learnings from the focus group discussions.

A typical BRAC Girls Talk pilot project participant is 17 years old ($M = 17.4$, $SD = 2.6$). As shown in Table 1, over half of the participants (60.4%, $n = 169$) are school-going, and the majority (86.4%, $n = 242$) are unmarried. Over one-third have not completed primary school (39.3%, $n = 110$).

Tables 2 and 3 show changes in key indicators from baseline and endline, a period of about 16 weeks. These results should be

Characteristics	Study participants, No. (%)
Has ever attended school	274 (97.9%)
Currently attending school	169 (60.4%)
Highest education level	
Primary school incomplete	110 (39.3%)
Primary school completed	28 (10.0%)
Secondary school incomplete	132 (47.1%)
Secondary school completed	3 (1.1%)

Table 1: Educational characteristics of participants

Indicators	Scores		
	Baseline ($n =$)	Follow-up ($n =$)	Difference
Earned money in the last 7 days	22.9% (64)	58.2% (163)	35.3
Intends to earn money in the next year	64.6% (181)	63.2% (177)	-1.4
Can define a budget	69.3% (194)	76.4% (213)	7.1
Has kept track of money	52.1% (146)	64.3% (180)	12.2
Saving through mobile money	2.9% (8)	10.4% (29)	7.5
Currently using contraception	13.2% (37)	13.2% (37)	0.0
Has utilized a service in the past month			
Reproductive health services such as family planning services, contraception, STD/STI testing	12.5% (35)	19.6% (55)	7.1
HIV testing or care	17.9% (50)	20.0% (56)	2.1
GBV reporting	5.4% (15)	4.6% (13)	-0.8
Loan facilities	4.6% (13)	9.3% (26)	4.7
Legal services	0.7% (2)	1.4% (4)	0.7
IGA/livelihood training	14.6% (41)	28.2% (79)	13.6
Psychosocial support/counseling	25.0% (70)	38.9% (109)	13.9

Table 2: Pre and post-scores on key categorical-level indicators

Indicators	Scores		
	Baseline	Follow-up	Difference
SRH knowledge	$M = 3.38, SD = 0.79$	$M = 3.35, SD = 0.67$	-0.03
HIV knoweldge	$M = 3.23, SD = 0.77$	$M = 3.35, SD = 0.69$	0.12
Self-efficacy	$M = 28.36, SD = 6.52$	$M = 28.51, SD = 6.46$	0.15
Self-esteem	$M = 3.37, SD = 0.60$	$M = 3.49, SD = 0.51$	0.12

Table 3: Pre and post-scores on key continuous-level indicators

strongly caveated since they do not include a counterfactual. Nonetheless, some changes do stand out. We see positive increases across most of the categorical-level indicators (which required a fixed response) shown in Table 2. Interestingly, although there was no explicit livelihood component to the project, the results show a very large increase in the share of participants who earned money in the last seven days, with the share of respondents answering “yes” to that question more than doubling from baseline to endline. This indicator may be subject to a large degree of seasonality. Moreover, the data only shows a very small change—in fact, a slight decrease—in the percentage of participants who say they intend to earn money in the next year.

Perhaps more interesting are the changes shown in those who can define a budget, those who have kept track of money, those who are saving through mobile money, and those that have utilized services such as reproductive health services, livelihood training and psychosocial counseling. For the budget question, participants were asked to explain what a budget is, and enumerators were trained on which responses to code as correct versus incorrect. At baseline, 69.3% ($n = 194$) of participants could correctly define a budget compared to 76.4% ($n = 213$) at endline, while the number of participants who answered “Don’t know” reduced from 36 to 16 from baseline to endline. Budgeting also emerges as a key topic in the focus group discussions, in which participants named budgeting, saving, and HIV as their favorite topics (see next

section for more).

With regard to sexual and reproductive health, although the percentage of participants who have had sex increased by 4.7 percentage points at endline, there was notably no increase in the percentage of participants who say they are using contraception (despite the increase in those using reproductive health services).

Table 3 lists continuous-level indicators and the means and standard deviations for each indicator at baseline and endline. Changes from baseline to endline, encompassing a four month period, were minimal. The survey captured knowledge of sexual and reproductive health, including menstrual health, and HIV/AIDs. Indices were created by summing the number of correct responses to statements related to SRH, broadly, and HIV/AIDs prevention, more specifically. More significant changes may be observed over a longer program period.

Finally, at endline, we also asked a series of questions directly related to the project. Using a set of ordinal scales, we observed that most participants found the games enjoyable (88.2%, $n = 247$), easy to complete (85.7%,

Indicators	Scores
Games are enjoyable	247 (88.2%)
Games are easy to complete	240 (85.7%)
Games are relatable	213 (76.1%)
Feels “very confident” using a phone	258 (92.1%)
Has phone at endline	267 (95.4%)

Table 4: Indicators recorded only at endline

$n = 240$), and relatable (76.1%, $n = 213$).¹¹ In addition, 267 of the 280 (95.4%) participants surveyed at endline were still in possession of the phone provided by BRAC. These figures are in line with the responses collected from participants through focus group discussions.

Discussion: Insights for future IVR-delivered youth empowerment programs

In the following sections, we outline key insights gathered from the pilot implementation of the BRAC Girls Talk program. We have chosen to focus on learnings that can be applied to BRAC Girls Talk as it is scaled up as well as lessons that may be more generally relevant to program implementers, policymakers, and researchers.

Most content was relevant and relatable to participants

Reducing almost 100 hours of ELA content created for in-person delivery to 10 games meant that many important topics would be left out. Participants in the focus group and field-testing exercises revealed a strong interest in more content.

During the focus group discussions, participants discussed their favorite games, which included budgeting, saving, and HIV. Participants also expressed a strong appetite for more content on finance, including budgeting for businesses, and content focused on specific livelihoods like rabbit rearing and agriculture. One participant explained,

“My favorite game was the budget game, because my aunt used to send me 5,000 [UGX, about USD 1.34] weekly and I would spend it with my friend. But when I listened to this particular game, I invited my aunt to listen to it, too. And she told me to start saving, because I was already training for my job, so that money would help me with the equipment. So because of that game, I have saved some money, and sometimes I buy materials and sew them. I am even able

to keep the money in the house and not be tempted to use it and everyone is proud of me. I have even bought my hens that I am rearing.”

We observed a similar desire for more and deeper content among club members during the field testing of scripts. For example, club members noted that the BRAC Girls Talk game on “obstacles,” which covers barriers related to education and career pathways, could be expanded to reflect the plethora of challenges that youth experience. This could include more serious challenges like loss of parents, malnutrition, and sexual violence.

To gather both positive and negative sentiments towards the games, participants were also asked what games they liked the least. Commonly cited least favorite games included raising a baby, peer pressure, puberty, and menstruation. When participants described their least favorite games, the sentiments behind their feelings varied. While some noted that they enjoyed all of the games, others explained that certain games did not resonate with them because they were already familiar with the information. Select responses during the focus group discussions indicate that the games on puberty and menstruation were more for young girls. Participants in the pilot were, on average, 17 years old. Anecdotes of participants sharing what they learned through the games with parents and siblings indicates that some of the content might have been more appropriate or valuable for other age groups.

“I would say the puberty game was my least favorite. It ended up being helpful to my 12-year-old sibling because, personally, I am grown up and know all about puberty, but it helped my young sibling to know that it is normal to grow as a person. She had started developing breasts and was quite uncomfortable, but now she is confident

¹¹ These figures represent participants who responded “exactly true” to a series of items.

because of the games.”

When a participant had strong feelings of dislike towards a game, the situation was usually more complex. Many participants expressed frustration towards the situations that the characters were in. For example, some participants liked the game on peer pressure, but others found it confusing or were offended that the female characters were out late at night, potentially engaging in bad behavior. Another participant said,

“I think it was Jennifer who was passing by and some boys started throwing insults at her. I felt annoyed, and that’s why I did not enjoy it.”

More nuanced topics may be more appropriate for in-person club sessions in which a trained mentor can walk participants through the content, providing a safe space to reflect on what they’ve learned and how it makes them feel.

Phone distribution and training help, but complex technology challenges remain

When designing the project, the partners decided that providing participants with a feature phone (costing about USD 30 each) would be the best way to reach AGYW in order to test out the program content. It is often pointed out that feature phones are nearly ubiquitous in Africa. However, several technology challenges arose with the AGYW target segment. In this section, we will discuss if and how the issues were addressed as well as the implications of these challenges for the scale-up of this project and for other IVR-delivered interventions.

Restrictions on SIM ownership and registration present challenges for the scale-up of this work. For example, residents of Uganda must be 18 years of age and have proof of

identification to own a registered SIM card. This was not a major challenge during the pilot. The BRAC Uganda team worked with parents to ensure that BRAC Girls Talk participants could access their project-provided phone using a SIM registered to their parent/guardian, a solution in line with BRAC’s approach to parental community sensitization and parental consent. However, this is not necessarily a scalable solution. Although the BRAC Girls Talk content is appropriate for AGYW ages 15 to 24, those under 18 are unlikely to have their own phones and will need to rely on others to access the games. Moreover, the GSMA reports that women are 18 percent less likely than men to have a SIM card registered in their name.¹² This has implications for the ways that adolescent girls and young women can utilize a phone.



Figure 6: Three project participants listen to the BRAC Girls Talk games at the project launch

Photo Credit: PVI & BRAC Uganda

Even with basic training, participants still encountered challenges with their devices throughout the course of the project. These challenges fall into two categories: challenges that could be addressed through additional training or support, and challenges resulting from poor infrastructure. In the first category, some participants noted that they did not initially understand how to play the games. They quickly caught on to how “flashing,” or answering questions with the keypad, works. The training provided at the launch may need

¹² Yongo, E., Lowe, C., & Theodorou, Y. (2021). [Access to mobile money services and proof of identity 2021: Revisiting SIM registration and know your customer \(KYC\) contexts during COVID-10](#). GSMA.

to be reinforced in future implementations of the program. Some participants also noted challenges at home where family members would take the phones without permission of the participant.

There are also challenges due to the mobile service and electrical infrastructure in the district where the project was implemented. Participants expressed frustration over dropped calls while listening to the games. Although they could pick up where they left off, being dropped from the game still disturbed their gameplay and redirected their attention from the game to the challenge of reconnecting. In addition, some participants noted that keeping their phones charged was difficult with limited access to electricity. Moreover, participants noted that they felt that their phones were always running out of battery. This makes sense, since the time spent searching for a stronger connection can drain a battery. Phone distribution projects should consider whether this infrastructure barrier will exist in their implementation area. One workaround would be to provide participants with backup batteries or solar chargers. Another solution might be a group model, whereby groups of AGYW listen to the games together, or with buddies, in a location known to have electrical power and a strong signal.

Through the focus group discussions, we learned that some participants believed they would receive a smartphone through this project. It is not clear where this miscommunication originated, but it illustrates that participants recognize the value (and cost) of having smartphones. That said, providing smartphones through phone distribution projects would be costly, and it would fail to resolve the challenges named above.

***BRAC Girls Talk should complement—
not replace—other models of youth
empowerment***

BRAC Girls Talk was not designed to

replace existing in-person models of youth empowerment programming. Rather, the idea was to develop a scalable model that could reach individuals not already served by existing programs. Through this pilot project, it has become even clearer that while IVR has the potential to engage AGYW and deliver key messages to them through basic telephones, this alone does not meet all of the needs of BRAC's target beneficiaries.

When asked what features would make the games more useful to their everyday lives, one participant explained,

“I wish we were able to respond or talk to them [the characters], other than just listening and giving answers. Because sometimes we get stuck but don't even know where to send the questions we have or how we are supposed to deal with the things we do not understand.”

Others noted that they wished they could meet other AGYW who were also listening to the games. As one participant said,

“The experience I want to share is that I knit, so if some of the BRAC Girls want to learn they can come to me for free lessons. We can knit, sell the items, and make some money.”

This desire to come together and connect with other young women was commonly shared. The lack of an in-person group component is part of what makes the BRAC Girls Talk project lean and scalable, but it is also one of the drawbacks of the approach.

Finally, although this mode of information delivery is deemed inclusive in many ways, it is not accessible for those who are deaf or hard of hearing. BRAC is increasingly working towards transformative empowerment approaches that are intersectional and inclusive. There is a need for developing alternative modalities to reach

underserved populations.

Need for content for adolescent boys and young men

BRAC is increasingly working with adolescent boys and young men (ABYM), recognizing that engaging young men benefits them and contributes to developing an enabling environment for girls' empowerment. In the ELA model, engagement of ABYM includes specific curriculum for them as well as intimate partner/spouse engagement in family member sessions. This was developed in response to the need to change the enabling environment for AGYW, based on community requests and research on the importance of men's engagement.¹³

Therefore it is not surprising that conversations with stakeholders and focus group discussions also pointed to the need to reach ABYM. One participant in the sub-county of Kangulumira said,

"It is [for] the betterment for the both of us, because here, we are all educated about certain things, unlike when he is not part of the program, whereby we both take different directions."

Other participants spoke more directly about educating their male counterparts on specific topics. When describing the need for more BRAC Girls Talk content focused on privacy prevention, one participant noted that BRAC should "also plan on adding the boy child to the program because there are boys out there who have no knowledge or idea about certain things and basically go through the same problems we do."

Conclusion: Potential for Further Research and Scale

This report shares findings and observations from the development of the BRAC Girls

Talk platform. A joint project between BRAC Uganda, Peripheral Vision International, and Viamo, BRAC Girls Talk is designed to reach AGYW remotely with entertaining, interactive, and educational stories delivered via basic phones. We share findings from non-experimental research on a 12-week pilot roll-out in Kayunga district of Uganda.

The BRAC Girls Talk pilot implementation and research activities wrapped up in November 2022. Building on Viamo's relationship with Airtel, a mobile network provider in Uganda, selected content is now available free of charge to Airtel users throughout Uganda on Airtel's 1-6-1 Service. Managed by Viamo, 1-6-1 is a free service reaching 1.3 million people in 2022. Since Airtel sets a limit on how much content it will host on its toll-free line, not all 10 games could be made widely available. As a result, representatives from each partner organization convened to vote on which content to scale up and make available on the toll-free line. The representatives relied heavily on the input of participants in selecting which content would be most appropriate for the scale-up. Four games were ultimately selected: HIV, Budgeting, Savings, and Journeys. As of March 2023, these games are now available on the 1-6-1 Service in six languages: Ateso, English, Luganda, Lugbara, Luo, and Runyakitara.

The partner organizations are exploring ways to promote this service and conduct further research, and welcome interest from funders, researchers, and other implementing partners. This includes evaluating the model more rigorously and at scale, while recognizing the challenges and opportunities identified in this report.

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¹³ Shah, M., Seager, J., Montalvo, J., Goldstein (2023). *Two Sides of Gender: Sex, Power and Adolescence*. Unpublished working paper.

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Annex A: Game Topics and Select Scenarios

Theme	Game	Topics	Sample scenario	Sample question
SRH	Puberty	<ul style="list-style-type: none"> • Overview of puberty • What happens during puberty • The social and emotional impact that puberty has on girls 	<p>Jennifer shares with her friends that she is embarrassed because she has started sweating from her armpits. Fatima shares with her sister that bathing regularly with soap and water can help stop the smell.</p>	<p>“How can girls like Jennifer manage their sweat and stop the smell – should they bathe regularly, or is there nothing that can be done?”</p>
SRH	Menstruation	<ul style="list-style-type: none"> • The menstrual cycle • What bodies go through before and during menstruation • Caring for your body during this time 	<p>Jennifer is worried because her period blood had some brown in it, and she thought only red period blood was normal.</p>	<p>“What do you think is a normal color for period blood – only red, or different colors like brown?”</p>
SRH	HIV	<ul style="list-style-type: none"> • HIV basics and transmission • How to prevent contracting HIV • HIV stigma and discrimination 	<p>When asked what they know about HIV transmission and prevention, Hawa says she heard you can get HIV from shaking hands. Hawa’s friend David says he thinks it is transmitted by having sex without condoms with an infected person.</p>	<p>“How do you think HIV is transmitted – through sex without condoms with an infected person or from shaking hands?”</p>
Finance	Budgeting	<ul style="list-style-type: none"> • What is a budget • Example of a budget • Making a budget 	<p>Fatima helps Jennifer make a budget. Together, they determine that Jennifer earns 70,000 shillings per month sewing clothes and selling snacks. Her monthly expenses for food and sewing supplies are 55,000 shillings.</p>	<p>“Let’s listen to that again carefully – Jennifer has 70,000 shillings as income, and spends 55,000 shillings in costs. What does that leave her with?”</p>
Finance	Savings	<ul style="list-style-type: none"> • How to save money on your own • How to save money with others • How to open a bank account 	<p>Jennifer decides that she wants to save 10,000 shillings a month, but she is unsure where she should put her savings. Her father recommends a bank account, but she believes 10,000 shillings is not enough money for a bank account.</p>	<p>“What do you think Jennifer should do with her savings – put it in a bank account to keep it safe, or is it too small to save?”</p>
Future	Pathways	<ul style="list-style-type: none"> • Deepening understanding of their interests and skills, as well as skill and education gaps and to see the links between these and career choices • Setting goals • Identifying resources in the community 	<p>Hawa sets a goal for her future with the help of a local mentor named Sarah. Hawa’s primary goal is to open her own school. Hawa has completed primary school but has not yet started secondary school.</p>	<p>“What step do you think she should take next to help reach her goal - complete secondary school, or find a job to earn money?”</p>
Future	Obstacles	<ul style="list-style-type: none"> • How to identify obstacles that AGYW typically experience in developing a career pathway • How to identify solutions to common obstacles 	<p>Fatima shares with her friends that her coach thinks she could study sports on a scholarship after she finishes secondary school. However, when she told her parents this, her father said that sports are not for girls.</p>	<p>“What is the obstacle in Fatima’s journey to do a sports scholarship at university - is it that she can’t run fast enough, or is it her father’s attitude towards gender because he thinks girls cannot do sports?”</p>

Theme	Game	Topics	Sample scenario	Sample question
Future	Raising a baby	<ul style="list-style-type: none"> Establishing what babies need Identifying the costs associated with children as they grow up Identifying the costs of having a child too early Encouraging girls to share their learnings with others 	Mercy, a midwife at the local health center, comes to speak at the community center. She asks those in attendance what age they think a girl should be before she has a baby. Fatima shares that her sister told her she should wait until you are over 18. Jennifer's boyfriend, Robert, says he thought girls could have a baby anytime after they started their monthly period.	"What age do you think a girl should be before she has a baby - should she wait until she is over 18, or can she have a baby at any age?"
Wellbeing	Emotions	<ul style="list-style-type: none"> The emotional jug Healthy ways to manage emotions Building emotional intelligence 	On her way to school, Fatima encounters a group of boda guys shouting at her. She says they always bother her and call her over, which makes her feel scared and annoyed.	"What do you think Fatima should do about the boda riders - should she ignore them, or should she go over and shout at them?"
Wellbeing	Peer pressure	<ul style="list-style-type: none"> Understanding peer pressure Learning how to say "no" to risky activities 	Jennifer's boyfriend, Robert, and his friends are trying to convince Jennifer to steal a soda. Robert tells Jennifer to stop being so boring and that if she really loves him, she will take it. Jennifer says she feels bad for taking it.	"What should Jennifer do – steal the soda to impress Robert and his friends, or tell them that stealing is wrong?"
Final Quiz	N/A	<ul style="list-style-type: none"> 10 questions 	The final quiz asks participants one question from each game that they have played.	"Why is it important to make a budget - is it because it will help you keep track of your money, or is it because it will make people think you are rich?"

Annex B: Operational Definitions of Empowerment and Knowledge Indicators

Indicator	# of items	Definition
Financial activity	4 items	<p>Participants were asked whether they earned money in the last seven days.</p> <p>Participants were asked how they earn money and were provided with the following options to choose from: work for someone else, work for myself (small business), or other (please specify).</p> <p>Participants were asked whether they intend to earn money in the next year.</p> <p>Participants were asked how they intend to earn money in the next year and were provided with the following options to choose from: work for someone else, work for myself (small business), or other (please specify).</p>
Financial literacy - saving and budgeting	4 items	<p>Participants were asked to explain what a budget is. Enumerators were asked to code whether or not participants were able to correctly explain what a budget is. The definition should be similar to this: a plan that someone makes for their money. It keeps track of their income and costs.</p> <p>Participants were asked if they have ever kept track of how much money they make over a period of time. Participants were asked to approximate how much money they currently have saved.</p> <p>Participants were asked where they keep their savings and were provided with the following options to choose from: bank, SACCO, VSLA, at home, or others (please specify).</p>
Self-efficacy	10 items	<p>A 10-item global measure of self-efficacy, the General Self-Efficacy Scale (GSES), measures optimistic self-belief in one's ability to cope with difficult tasks, demands, or adversity and achieve objectives.¹ The items were scored on a 4-point scale: 1 (not at all true), 2 (hardly true), 3 (moderately true), and 4 (exactly true). The scale is formed by summing the scores across the 10 items.</p>
Self-esteem	3 items	<p>The self-esteem scale consists of three items to understand participants' favorable or unfavorable attitudes towards the self.² The scale reflects an individual's overall subjective emotional evaluation of their own worth/value. The items were scored on a 4-point scale: 1 (not at all true), 2 (hardly true), 3 (moderately true), and 4 (exactly true). The scale was formed by averaging the scores across the three items.</p>
Sexual history	2 items	<p>To understand participants' sexual history, participants were asked whether they have ever had sex and, if so, have they had sex in the last month.</p>
Contraception use	1 item	<p>To understand participants' knowledge and use of contraception, participants were asked whether they or their partner is currently using any method to avoid pregnancy.</p>
SRH knowledge	4 items	<p>To understand participants' knowledge about menstruation, sexual intercourse, and contraception, participants were given four statements and asked to rate them as true or false.</p>
SRH opinions	2 items	<p>Participants were asked what they believed the suitable age is for a woman to have her first baby. Participants were also asked how many children they would like to have (including the ones they already have).</p>
HIV risk and transmission knowledge	4 items	<p>To understand participants' knowledge about HIV risk and transmission, participants were given four statements and asked to rate them as true or false. We created a scale that ranged from 1-4 that captured the number of correct responses to the knowledge items.</p>
Use of services	1 item	<p>Participants were asked if they have used any of these services in the last month: reproductive health services such as family planning services, contraception, STD/STI testing; HIV testing or care; GBV reporting; loan facilities; legal services; IGA/livelihood training; psychosocial support/counseling.</p>
Experience of games	3 items	<p>To understand participants' experience of the Interactive ELA games, girls were asked to think about and respond to three items related to the relatability of the game, the ease of completing the games, and their enjoyment of playing the games. The items were scored on a 4-point scale: 1 (not at all true), 2 (hardly true), 3 (moderately true), and 4 (exactly true).</p>

Indicator	# of items	Definition
Confidence using a phone	1 item	To understand participants' confidence in using their phone to complete the Interactive ELA games, participants were asked to respond to one question. The question was scored on a 4-point scale: 1 (not confident at all), 2 (somewhat confident), 3 (neutral), and 4 (very confident).
Phone responsibility	2 items	Participants were asked if they still have the phone that BRAC Uganda provided them with for this program. If they responded that they did not still have the phone, they were asked whether it was lost, stolen, sold, or other (please specify).

¹ Schwarzer, R., & Jerusalem, M. (1995). *Generalized self-efficacy scale*. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). NFER-Nelson.

²Adapted from Rosenberg, M. (1965). *Society and the adolescent image*. Princeton University Press.