



The Adolescent Girls Initiative – Kenya: Midline Results Executive Summary

SUMMARY OF FINDINGS

- **A multi-sectoral approach was a cost-effective way to create positive change across a range of wellbeing factors for young adolescent girls, including education, health and economic outcomes.**
- **Education cash transfers worked, and impact varied depending on context.**
 - In areas where enrollment is close to 100% such as Kibera, cash transfers improved completion of primary school (from 84% to 91%) and transition to secondary school (from 81% to 89%).
 - In Wajir where only 75% of girls were in school at baseline, cash transfers increased enrollment to 95% - a huge improvement.
 - Cash transfers also encourage good will towards and participation in the health and wealth parts of the program, especially in low-resourced, socially-conservative settings.
- **Participating in girls clubs strengthened impacts on all sectors, including education.**
 - The results suggest that being active in a girl's empowerment club, which focuses on improving health knowledge, self-efficacy and social safety nets, further improves education outcomes. This makes the investment in the cost of establishing and maintaining the safe spaces platform good value for money.
 - In socially-conservative settings, sexual and reproductive health content knowledge showed no change, though the safe spaces platform led to small improvements on gender norms and self-efficacy and allowed for the delivery of the economic strengthening content.
- **Financial literacy and savings improved in both sites.**
 - Girls showed strong increases in their financial literacy and savings behavior, in both frequency and amount.
- It is too early to know if the intervention packages will delay child-bearing; these longer-term results are expected in early 2020.

INTRODUCTION

Many adolescent girls in Kenya face considerable risks and vulnerabilities that affect their education status, health, and general well-being. In addition to low educational attainment and health risks – including early marriage, teenage pregnancy, early and unprotected sexual activity, nonconsensual sex, and HIV/STIs – other factors that impact education and health outcomes include household poverty, lack of economic independence, limited income-earning opportunities, illiteracy, violence, and social isolation. Younger adolescent girls who live in environments laden with these vulnerabilities are at risk of experiencing negative outcomes such as school dropout, early sexual initiation, unintended pregnancy, early marriage, and sexual and gender-based violence. Therefore, it is critical to intervene before the myriad of challenges girls face result in outcomes that are irreversible or are costly to compensate for or reverse.

The Adolescent Girls Initiative–Kenya (AGI-K) delivered multi-sectoral interventions to over 6,000 girls ages 11–15 in two marginalized areas of Kenya: 1) the Kibera informal settlement in Nairobi and 2) Wajir County in Northeastern Kenya. Implemented by Plan International in Kibera and Save the Children in Wajir, these interventions were carried out for two years and comprised a combination of girl-level, household-level, and community-level interventions.

The goal of AGI-K is not to test single-sector interventions but to test multi-sectoral packages of interventions. There were four interventions being tested:

- The *Violence Prevention (V)* intervention included community dialogues and action plans where a key group of adult stakeholders in each community met regularly to discuss the challenges facing girls in their area and develop and implement a plan to address at least one of those challenges.
- The *Education (E)* intervention was a conditional cash transfer that included a bi-monthly payment to the household, direct payment of a portion of school fees and a schooling kit for the girls; all incentives were conditioned on girls' enrollment and regular attendance at school.
- The *Health (H)* intervention included weekly girls group meetings facilitated by a young woman from the community that covered a range of health and life skills topics.
- The *Wealth Creation (W)* intervention included financial education within the group meetings, as well as savings accounts in the urban site and home banks in the rural site.

INTERVENTION PACKAGES



A randomized controlled trial (RCT) was used to compare the impact of three different packages of interventions relative to a single community level intervention, together with their costs, to assess if and how intervening in early adolescence will impact girls' life chances.

The midline report briefly describes both the intervention and research design of AGI-K, and presents the impact findings from the midline data collection from rural areas of Wajir County and an urban informal settlement in Nairobi. The objective is to describe and compare the impact of the different program packages at the end of the program. Endline data will be collected in 2019 and will reflect the impact of the program packages two years post-intervention.

KEY FINDINGS

Kibera

The CCT improved the rates of primary school completion and the transition to secondary school for girls who were in the final two years of primary school at the start of the intervention. These results were largest and statistically significant for girls who received the full program package. In addition, the cash transfer improved household wealth status vis-à-vis cash liquidity and relative wealth status for all three program packages that included the education intervention.



The health intervention (weekly girls' groups) resulted in clear improvements for girls in the two program packages with the health intervention on contraception knowledge, SRH knowledge, condom self-efficacy, help-seeking self-efficacy, and social safety nets (both among age-mates and with female adults). However, the intervention did not have an effect on attitudes around the acceptability of intimate partner violence or equitable gender norms.

The wealth creation intervention had clear positive impacts on levels of financial literacy, savings frequency, and savings amount for girls in the full program package.

While the effect of the violence prevention intervention on its own was not evaluated due to the evaluation design (V-only arm served as the control), when packaged together with the other interventions, there was a positive effect in reducing girls' experience of physical, emotional, and sexual violence by males in the past year.

Important to note is that for girls who actively participated in the safe spaces (health and wealth creation), the impact not only on their health and wealth outcomes was larger, but also on their education outcomes – implying that participating in girls' groups with combined health and economic content had spillover effects onto their educational attainment.

Wajir

In Wajir, where about a quarter of girls were out of school at baseline, the education CCT had a large impact on primary school enrollment and retention. These impacts held true for all three arms receiving the education CCT. However, the CCT did not translate into increases in household economic status, suggesting that the Wajir households spent more of the transfer on daily household needs as opposed to cash and asset accumulation.

The health intervention with the health, life skills, and nutrition curriculum, did not increase knowledge for girls in the VEH and VEHW arms on contraception, menstrual health, HIV/STIs, or nutrition. For the girls in the VEHW arm there were small but positive effects on help-seeking self-efficacy. For the girls who actively participated in the VEHW arm, there was also a positive effect on general self-efficacy. There was no change in acceptability of violence. There was some positive change on equitable gender attitudes related to men's and women's roles, for example who should make decisions in a household or whether a boy's education should be prioritized over a girl's where there is a lack of resources.

The financial literacy and savings activities had a positive impact on the girls receiving the full program package in Wajir. There was a large increase in financial literacy scores and savings frequency and amount. For girls who participated actively in the girls' group meetings/safe spaces, the effect was twice as large.

It appears that violence is significantly underreported as only 3% of girls at baseline and 4% of girls at midline reported experiencing violence in the past one year. Validation meetings with local stakeholders in Wajir confirm that this is grossly underreported, likely because of significant taboos around disclosing and discussing violence. Therefore, even if the

program did have an effect on the experience of violence, it is not possible to detect. However, household-level norms around expectations of girls' educational attainment improved for those households in the VE, VEH and VEHW arms and the percent of households that expected their daughters to marry before 18 dropped in both the VEH and VEHW arms.



CONCLUSIONS

Overall the AGI-K program had positive effects on short- and medium-term education, social, health, and economic assets. The endline survey, to be conducted two years after the end of the intervention, will confirm if these changes in assets in the short-to-medium term will translate into longer term change in delaying childbearing – whether it be through delaying marriage in Wajir or delaying sexual debut and/or increasing contraceptive use in Kibera. However, given that the hypothesized midterm effects have largely been achieved, with a few exceptions in particular sectors, the potential for the AGI-K interventions to delay childbearing remains.

EDUCATION

Overall, the effects of the conditional cash transfer were positive, but the particular area of impact was dependent on the baseline status of girls' education in each site. In Kibera, because the cash transfer was beneficial for those girls completing primary and transitioning to secondary school, moving forward, narrowing the scope of the recipients of the CCT, from girls in urban informal settlements to those nearing the transition from primary to secondary school, will be more cost-effective. In Wajir, CCT had large positive effects on bringing out-of-school girls into school and ensuring that those who are behind in their schooling relative to their age remained enrolled; this implies that future CCTs in settings such as Wajir should therefore target those segments of adolescents.

HEALTH

In Kibera, the safe spaces groups impacted the girls as expected, improving knowledge, self-efficacy, and social safety nets. Even more promising is the positive impact of active participation in the safe spaces groups not only on health outcomes, but also on education outcomes. The results suggest that being an active part of a girl's empowerment club, which focus on improving health knowledge, self-efficacy, and social safety nets, goes on to further improve education outcomes. This makes the investment in the cost of establishing and maintaining the safe spaces platform good value for money.



In Wajir however, the health intervention (girls' groups with health content) did not have the hypothesized impact. Validation meetings with key stakeholders and implementers in Wajir suggest that despite that community sensitization, mentor training, audio training sessions, and monitoring, the community, and specifically the mentors themselves, were unwilling to deliver the sessions on sexual and reproductive health topics with girls. The objection was not with the delivery channel, as the groups met, and the economic content did have an impact, but to the SRH-focused content itself. The implication is that perhaps in very socially conservative settings with little infrastructure and economic resources, the entry into the community should be first via improvements in education, wealth

creation and infrastructure. This recommendation on entry points is further reflected by the way in which action plans were prioritized by the community conversation groups. In Kibera, community conversation groups focused on creating resource centers and learning opportunities for girls, that is, activities for girls, while in Wajir, they focused on making improvements to school infrastructure. However, even despite conservative attitudes toward SRH in Wajir, there were small improvements in self-efficacy and gender norms – both at the girl and household levels. This suggests that the safe spaces groups could be a platform to positively change SRH outcomes, but the process through which the community will accept SRH-focused content to enable this to happen is longer than the AGI-K program allows.

WEALTH CREATION

The wealth creation intervention led to some of the largest and most consistent changes in both sites, indicating that financial education and savings for girls are both accepted and impactful. The combination of financial education sessions with savings mechanisms further supports the literature in that having the opportunity to immediately put into practice newly acquired skills helps financial literacy training to “stick.” The endline survey will confirm whether the improvement in economic assets for girls will have a long-term influence on the timing and choices around marriage and sexual relationships.

The cost of layering on the wealth creation intervention to the safe spaces platform was relatively minimal, and the education effect sizes were greater in the arm that included wealth creation as compared to the arms that did not. Therefore, the recommendation for future programs would be to couple the health content with financial literacy and savings opportunities. In addition, in areas where formal financial services are accessible, creating opportunities for adolescent girls to open and own their own savings accounts is important for financial institutions in Kenya to consider in order to improve savings behaviors.

VIOLENCE PREVENTION

Although the study design does not allow us to evaluate the impact of the community-based intervention on its own, we still believe that it is important vis-à-vis the theory of change to work at multiple levels of a girls' ecosystem and couple household and girl-level interventions to address girls' empowerment with a community component. Addressing and understanding the enabling environment for girls is important so that girls and their families can leverage improvements in education, skills, and knowledge, which will in turn eventually translate into longer-term change. One explanation is that creating space at the community level in Wajir opened up space for the positive changes in gender norms at the household level driven by the other interventions.

COST EFFECTIVENESS

The conclusion from the midline results on value for money is that when the objective is to maximize girls' welfare on a range of indicators, it is more cost-effective to use a multi-sectoral approach. That is, by undertaking education interventions alongside wealth and health interventions, where implementing each intervention component costs less when packaged, a wider range of outcomes are achieved.

The evidence emerging from the AGI-K midline survey is encouraging. It has shown that positive change is possible in two very different, marginalized settings in Kenya. It reinforces the point that context matters and that the pathways to asset-building and empowerment vary in different settings. Future interventions targeting vulnerable girls need to take into account the setting and focus on specific segments of girls in order to maximize efficiency of spending resources – particularly on education-support programs. The evidence also reinforces the theory that addressing empowerment for adolescent girls through a multi-sectoral approach leads to larger impact and that “cash plus,” or supplementing household economic incentives with additional social, health, and asset building for girls themselves, provides the best value for money when looking across education, health, and economic outcomes.

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