



# AGI-K

Adolescent Girls Initiative-Kenya

## The Adolescent Girls Initiative–Kenya

### Executive Summary: Two-Year Follow Up Results

#### SUMMARY OF FINDINGS

- Conditional cash transfers (CCTs) are a key driver of improvement in education outcomes, and of delaying sexual debut and pregnancy in Kibera, and delaying marriage and pregnancy in Wajir.
- CCTs can be effective in the long-term if delivered for limited periods of time during critical windows of vulnerability for girls.
- Girls' empowerment groups may need to be carried out over longer periods of time to sustain the effect; access to content provided by the groups should also be seen as a right.
- Targeting the intervention to particular subsegments of girls is important. In Wajir, out-of-school girls benefited the most; in Kibera, girls in the midst of the transition from primary to secondary school benefited the most.
- A multilevel, multisectoral approach to girls programming is a promising approach providing a wider range of outcomes as well as being more cost-effective than single-component interventions.
- The true benefit of the program will likely be realized when it is able to operate at scale, at lower costs.

## INTRODUCTION

In Kenya, early pregnancy is a challenge for girls that often has immediate effects on their educational opportunities, future implications for their social, health, and economic outcomes, and immediate and ongoing negative impacts on their children. Early pregnancy is an outcome shaped by a myriad of issues affecting an adolescent girl's life—including community norms on gender roles, violence, and the social value of girls; barriers to formal education; household poverty; lack of economic independence; experience of violence; and social isolation. For girls to achieve well-being in early and late adolescence, no single-sector intervention—whether it be education, health, wealth creation, or the prevention of violence—will be adequate.

The Adolescent Girls Initiative–Kenya (AGI-K) delivered multisectoral interventions to over 6,000 girls ages 11–15 in two marginalized areas of Kenya: the Kibera informal settlement in Nairobi, and 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 (2015 to 2017) and comprised a combination of girl-level, household-level, and community-level interventions. The hypothesis was that these interventions would build girl-level social, education, health, and economic assets, as well as improve household economic assets in the medium term, which would lead to delayed childbearing in the longer term.

AGI-K is unique in that it tests packages of four multisectoral interventions, rather than only a single-sector intervention. The four interventions 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 to develop and implement a plan to address at least one of those challenges.
- The Education (E) intervention was a CCT that included a bimonthly 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.

A randomized controlled trial (RCT) was used to compare the impact of three different packages of multisectoral 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. AGI-K implemented the following packages.

### INTERVENTION PACKAGES



This endline report briefly describes both the intervention and research design of AGI-K and presents the impact findings from the two-year follow-up data from Kibera, an urban informal settlement in Nairobi, and rural areas of Wajir County. The objective is to describe and compare the impact of the different program packages two years after program completion.

## KEY FINDINGS

### KIBERA

At the end of the two-year intervention, girls in the three intervention packages with the CCT had improved rates of primary school completion and transition to secondary school for those in the final two years of primary school at the start of the intervention, as well as household wealth status. The health component improved a range of sexual and reproductive health (SRH) knowledge measures, condom self-efficacy, and social safety nets, although it did not affect the acceptability of intimate partner violence (IPV) or equitable gender norms. The wealth component improved financial literacy and savings behavior. An important note is that for girls who



Photo credit: Plan International.

actively participated in safe spaces (health and wealth creation), the impact on their health and wealth outcomes was larger, as was the impact on their education outcomes—implying that participating in girls' groups with combined health and economic content had spillover effects onto their educational attainment.

Two years after the intervention, the CCT had an impact on delaying sexual debut and pregnancy by 27% and 43%, respectively. In addition, there was a modest increase of 5% on primary school completion and transition to secondary school. Finally, households that had received the CCT had 7% relative higher wealth status. While the health intervention did not have a sustained impact on the quantitative measures after the intervention ended, the qualitative data that was collected one year after the intervention indicated that girls who participated in the girls' groups retained a sense of confidence, assertiveness, and voice. The wealth intervention led to a 33% increase in long-term savings behavior relative to the control.

### WAJIR

At the end of the two-year intervention, the CCT had a strong impact on primary school enrollment for all girls, as well as literacy and numeracy skills. The health component did not have an impact on SRH knowledge, but it did lead to modest improvements in gender norms. The wealth component improved financial literacy and savings behavior. Similar to Kibera, effect sizes on all education, health, and wealth outcomes were larger for girls who actively participated in the health and wealth components.

Two years after the intervention, for girls who were out of school at baseline, the CCT led to long-term improvements in delayed marriage (50% vs. 30%) and pregnancy (34% vs. 17%). There was also sustained school enrollment (16% vs. 45%), as well as improved literacy and numeracy. While the health component did not have any quantitative impacts two years after the program ended, the qualitative data did show perceived sustained gains in nutrition and hygiene knowledge. Finally, the wealth component had a positive impact on increased savings behavior in the long term.

## COST EFFECTIVENESS AND BENEFITS VALUATION

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 multisectoral approach.

The benefit valuation calculated a monetary benefit of \$55 per girl in Kibera and \$94 per out-of-school girl in Wajir. While these figures are less than the cost per girl during implementation, there are several factors to consider. First, this amount is a significant underestimation as it does not account for the benefits that are qualitative or otherwise unquantifiable in nature (e.g., confidence, voice, and choice), and therefore unable to be assigned a monetary value. Second, if the program was scaled up to all girls in Nairobi slums and the arid and semi-arid land (ASAL) counties in Kenya, the cost of implementation would be significantly reduced vis-a-vis the total valued benefit.

## CONCLUSIONS

Two years after the intervention, the CCT had an impact on delaying sexual debut and pregnancy by 27% and 43%, respectively. In addition, there was a modest increase of 5% on primary school completion and transition to secondary school. Finally, households that had received the CCT had 7% relative higher wealth status. While the health intervention did not have a sustained impact on the quantitative measures after the intervention ended, the qualitative data that was collected one year after the intervention indicated that girls who participated in the girls' groups retained a sense of confidence, assertiveness, and voice. The wealth intervention led to a 33% increase in long-term savings behavior relative to the control.



Photo credit: Save the Children.

Overall, the two-year follow-up results largely confirmed the AGI-K theory of change and held up the view that an investment in early adolescents among the right groups of marginalized girls would have short-term benefits on asset accumulation, educational attainment, and household economic status that translated into longer-term impact on delaying childbearing. In addition, the causal mechanisms for delaying childbearing proposed—delaying sexual debut in Kibera and delaying marriage in Wajir—were also confirmed by the long-term results, albeit in Wajir only for the girls who were out of school at baseline.

The cash transfer appeared to be a key driver in the impact seen not only on education outcomes but also on delaying sexual debut and pregnancy in Kibera, as well as delaying marriage and pregnancy in Wajir. It appears that the path to these longer-term outcomes came largely through keeping girls in school in Kibera during the transition from primary to secondary school, and via getting girls who were out of school in Wajir into school, many for the first time, and off the path to marriage.

However, there may still be value in offering the cash transfer together with girls' empowerment groups that offer both health and economic empowerment. In particular, in the urban setting the economic components led to long-term, sustained improvements in savings behavior. Second, at the end of the two-year intervention, there were improvements in girls' confidence, voice, and sense of choice over their decisions. That the measures of empowerment did not show sustained impact two years after the programs suggests perhaps that maintaining social support for vulnerable girls and creating spaces in which they can learn about their rights and have opportunities to express themselves may need to be carried out over longer periods of time, whereas cash transfers can still be effective if delivered only during critical windows of vulnerability for girls and/or for particular subsegments of girls. Beyond that, offering girls health and life-skills training can also be considered a right, as learning about their body, sexual and reproductive health and rights (SRHR), and life skills is mentioned in the United Nations Convention on the Rights of the Child. The cost-effectiveness calculations at midline (see [Midline Results Report, DOI: 10.31899/pgy14.1026](#)) demonstrated that delivering the interventions in packages is better value for money than delivering them individually. Therefore, the fully combined package should still be considered based on impact, cost, and rights.



Another clear takeaway from the results is that targeting the intervention to particular subsegments of girls is important. For example, in Wajir the strong impact was seen in girls who were out of school at baseline, which was a significant proportion of the sample. From that a possible conclusion is that a program like AGI-K in ASAL areas



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must be sure to reach those girls who are out of school as a jump-start to getting them back into school and off the path to child marriage, or those at risk of dropping out to ensure that they stay on that path. In Kibera, at midline the results on education were strongest for those in the final two years of primary school, and at endline the impact on delaying sexual debut was concentrated among the girls who were 13–15 years old at baseline. This suggests that perhaps in an urban informal settlement setting, the key subsegment for target is those girls approaching the end of primary school, about to enter that risky period of transitioning from primary to secondary school, and that the support during that window of vulnerability is key in keeping them on the path to completing secondary school and avoiding pregnancy in adolescence.

One of the key theories being tested was that it would take a multilevel, multisectoral program implemented in early adolescence to affect change in later adolescence. This means that the combination of interventions at girl, household, and community levels, addressing violence, education, health, and economic empowerment, would be needed to achieve higher-level results such as delayed childbearing in the long term. The evidence and experience of AGI-K suggests that this theory may be true, and that neither single-intervention programs nor programs that focus all of their interventions on one level of the girls' ecosystem will create the necessary change in early adolescence to lead to longer-term impact. It is likely that the true benefit, in particular from a cost perspective, will be realized when the critical program components are able to operate at scale, and therefore at lower costs, and combine longer-term programming to sustain empowerment outcomes, with targeted cash incentives for vulnerable subpopulations of girls at their respective times of greatest risk.

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#### CONTACT INFORMATION

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