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E Empowerment

Programme Summary

Adolescent Girls Initiative, Kenya

Programme at a glance

The Adolescent Girls Initiative-Kenya (AGI-K) (2014-2020) aimed to generate evidence on how multi-sectoral interventions can improve the lives of adolescent girls. It implemented and evaluated three multi-sectoral interventions and one single-sectoral intervention over two years, reaching about 8,000 adolescent girls aged 11-14. The single-sectoral intervention focused on community-based violence prevention, which was coupled with different asset-building components for girls in the other interventions. These were implemented in two areas in Kenya: the Kibera slum in Nairobi and Wajir County in the North-East of the country. **Evidence from the programme strengthens the case for multi-sectoral interventions as an effective approach to empower girls and support a safe and healthy transition from adolescence into young adulthood.**

Background

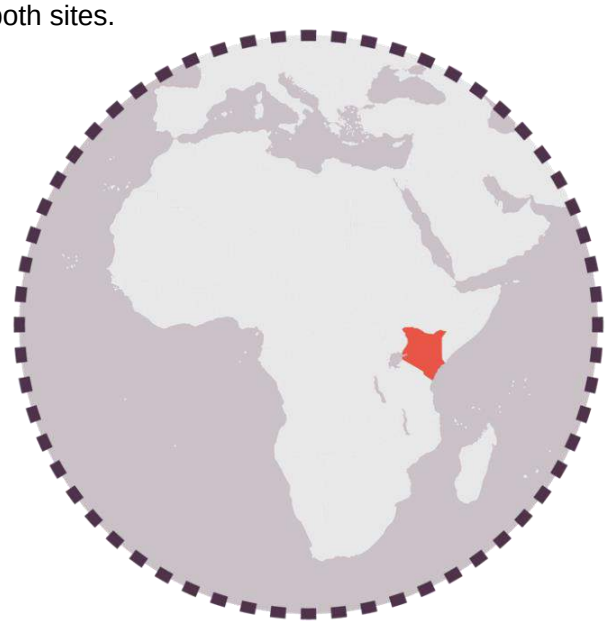
Adolescent girls in Kenya face a myriad of challenges – including violence, child marriage, early and unintended pregnancy, and a lack of agency in shaping their own lives – that impact health, education, economic and social outcomes. AGI-K recognises that these challenges are interlinked and is therefore based on the premise that interventions to empower girls and improve their well-being must be integrated too.

Multi-sectoral interventions are recognised for their potential to generate a wider range of outcomes for adolescent girls compared to single-sector interventions.[1] However, less in known about what combinations of interventions are most effective and why. The AGI-K was developed by the Population Council in partnership with Save the Children in Kenya, Plan International Kenya, and the African Population and Health Research Center to address this gap.

Programme context

Adolescent girls in Kenya face high levels of violence. Kenya's Violence against Children (VAC) survey (2010) found that, in the year preceding the survey, about half of all girls aged 13 to 17 had experienced physical violence, and 11% had experienced sexual violence.[2] Recent data also shows that 23% of girls in Kenya are married by their 18th birthday.[3]

The AGI-K baseline data confirmed that adolescent girls (aged 11-14) in the two programme sites faced the same range of challenges highlighted by other studies. However, the reported prevalence of violence against girls varied considerably across the sites. In Kibera, about a third of girls reported emotional, physical and sexual violence, compared to less than 5% in Wajir, which was likely a severe underreporting. Furthermore, while Kibera saw close to universal school enrolment among girls, 25% of girls had never attended school in Wajir. The study found low levels of knowledge of sexual and reproductive health (SRH) issues among girls in both sites.



PROGRAMME SUMMARY

Programme description

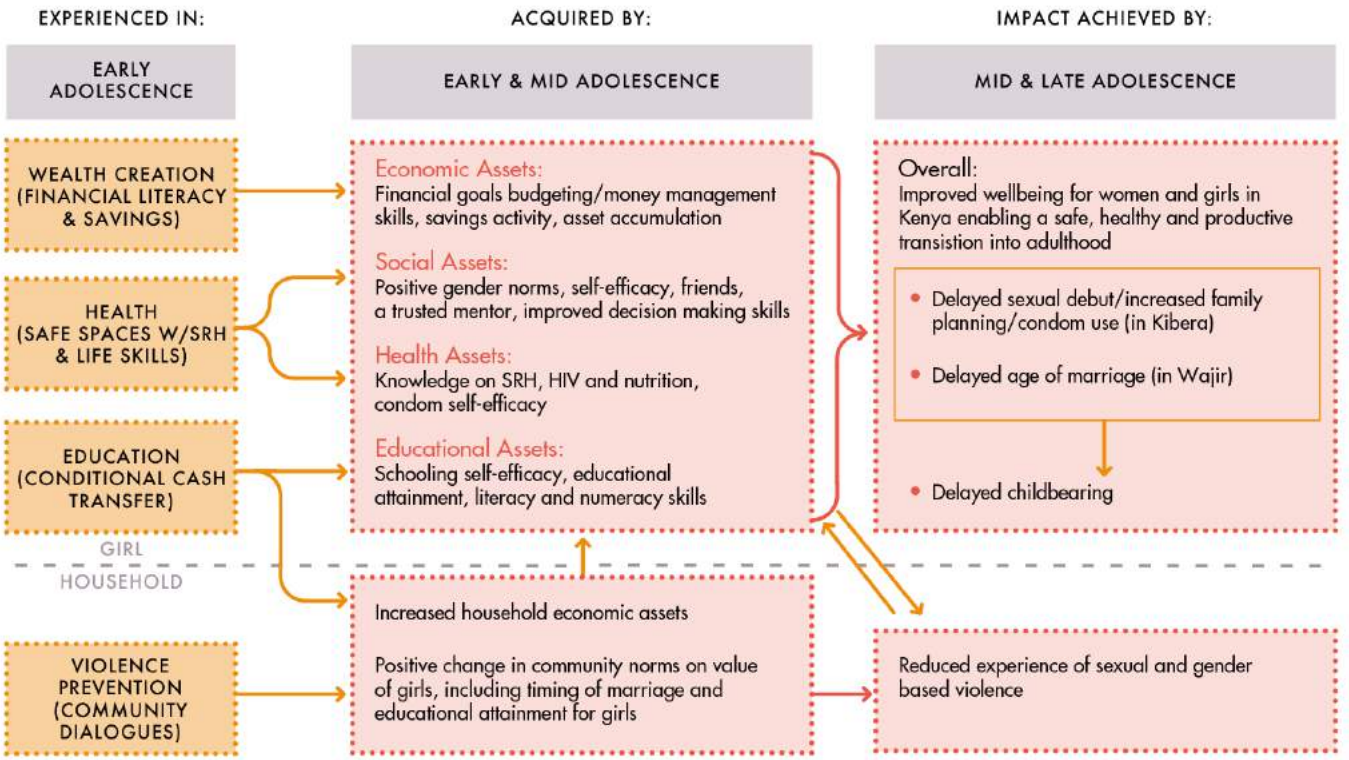
The AGI-K designed four packages of interventions consisting of different combinations of violence prevention, education, health and wealth creation interventions. The AGI-K used a randomised controlled trial (RCT) to examine the impact and costs of the four packages of interventions.

Package 1:	Violence Prevention
Package 2:	Violence Prevention + Education
Package 3:	Violence Prevention + Education + Health
Package 4:	Violence Prevention + Education + Health + Wealth Creation

The packages were implemented in two areas with vastly different characteristics, urban Kibera and rural Wajir, in order to explore the potential for implementing the interventions in different types of settings. The intervention reached about 4,500 girls in Wajir and about 2,500 girls in Kibera.

Theory of Change

The interventions for AGI-K were based on a combination of the **Asset Building Theory of Change** (ToC) that posits that girls need a combination of education, social, health, and economic assets to make a safe, healthy, and productive transition from childhood into young adulthood,[4,5] as well as the **ecological framework** for adolescent health,[6] which takes into account multiple levels in an adolescent's world as influencers of adolescent well-being outcomes. The AGI-K ToC outlines how the four intervention components will delay childbearing by delaying sexual debut and/or increasing contraceptive use in Kibera and by delaying marriage in Wajir.



Core components

Violence Prevention: This intervention worked with communities to support them to address violence against girls. A community committee was established in each community, which consisted of 15-30 members who were local leaders, parents, teachers, and men and women. The group was led through a process to identify key issues in the community that drive violence against girls. This process was facilitated by a community member who had received training in leading community conversations. Each group received $1500-2000 in funding to develop and implement an action plan, addressing at least one of the identified key issues.

Conditional Cash Transfer - Education: A cash transfer was paid to the head of household upon girls' school enrolment, followed by bi-monthly transfers conditioned on regular attendance. All girls in the communities that received the education component were eligible for the transfer, including girls in and out of school at the start of the intervention. The cash transfer was equivalent to about 10% of the average monthly household consumption. The intervention also included direct payment to schools to cover a portion of the school fees for participating girls. At the start of each term, girls were given a school-kit containing sanitary pads, underwear, soap and basic school supplies.

Health: The health intervention was based on the **Population Council's Safe Spaces Model**. The model includes weekly meetings, so called 'Safe Spaces', where girls meet in a safe and supportive environment under the leadership of a mentor. Beyond building girls' knowledge and skills, the regular meetings in the Safe Spaces aim to strengthen girls' social networks.

The AGI-K recruited young females for the roles of mentors. They were trained to guide the group through a series of discussions using a health and life-skills curriculum and a nutrition curriculum. Mentors were also trained to be able to respond to girls and parents who approached them for support, including how to refer them to services if needed.

The Health & Life Skills Curriculum aims to:

- Increase girls' knowledge of SRH.
- Promote and reinforce equitable attitudes and gender norms.
- Build skills in communication and decision-making, to empower girls to be assertive and resist peer pressure.

Each group consisted of 20-30 girls, organised either by age (11-12 year-olds in one group and another with 13-14 year-olds) or by life-cycle status (e.g. girls in or out of school). The groups met weekly for 1-2 hour sessions. The programme cycle of two years included approximately 100 sessions.

Wealth Creation: This intervention was integrated into the Safe Spaces utilised by the health intervention. A financial education curriculum was added to the group sessions, coupled with savings activities for girls. In Kibera, girls opened savings accounts whereas in Wajir, girls started a home bank (i.e. a small box to save money in). All girls received $3 per year as an incentive to put their financial skills into practice.

The AGI-K is a girls-centred initiative. It uses participatory methods and activities are designed to be age-appropriate and adjusted to the characteristics of the group of girls. The Safe Spaces sessions used participatory facilitation approaches and were adapted to the group – for instance considering girls' literacy levels. Activities were designed to minimise monetary and opportunity cost for participating. Most girls did not spend any money on transport as the Safe Spaces were usually within walking distance, in a location chosen by girls themselves.

Monitoring and evaluation

The AGI-K used innovative tools to collect **monitoring data:**

The education intervention used a biometric monitoring system to read the fingerprints of participating girls to track their school enrolment and attendance.

In the health intervention, mentors captured information on girls' attendance and sessions carried out in the Safe Spaces through a mobile phone-based system.

However, implementers highlighted the need for offline monitoring methods as an alternative to electronic data collection in places where electricity and internet availability is unreliable.

The AGI-K used a **longitudinal RCT to evaluate the impact** of the four different packages. The violence prevention intervention served as the control arm, i.e. the results from the multi-sectoral interventions were compared to the results produced by the single-sector intervention.

The midline study found that the package with all four intervention arms had the greatest impact in both Kibera and Wajir. The multi-sectoral approach showed a range of positive outcomes on girls' wellbeing, including educational, health and economic outcomes. The study could not draw any major conclusion on AGI-K's impact on girls' experiences of violence.

The endline study largely confirmed the AGI-K theory of change: Girls in Kibera who received multi-sectoral interventions were less likely to have had their sexual debut than girls that received the single-sector intervention; girls in Wajir (who were out-of-school at baseline) who received multi-sectoral interventions were less likely to be married or pregnant than girls that received the single-sector intervention. The multi-sectoral interventions also had a positive impact on school enrolment and on girls' saving habits.

The package with all four interventions was deemed best value for money. Once a Safe Space has been established and is running, the cost of integrating additional activities, such as the case of adding the financial curriculum to the health intervention, is relatively low vis-à-vis the benefits for girls' empowerment outcomes.

Lessons for programming

The RCT findings as well as learnings from the implementation shed light on important lessons for programmes focusing on adolescent girls' empowerment.

Context matters: The impact was slightly different for the two implementation sites, highlighting the need for contextually adapted interventions that consider how interventions can address harmful social norms and practices in the local context. For instance, in Wajir, topics related to SRH were deemed too sensitive to discuss in the Safe Spaces. The curriculum had to be simplified and contextualised, and mentors received audio recordings to support them to facilitate more complex topics. A **learning brief** focusing on Safe Spaces recommends involving local stakeholders to contextualise and pilot curriculums before the roll-out.

Engage the community: Girls-centred programming is likely to see greater impact on girls' empowerment when interventions with girls are combined with community-level activities. A **learning brief** from the programme recommends that community conversations take place prior to any intervention, and are convened regularly throughout the programme – ensuring inclusion of marginalised and socially excluded groups such as people with disabilities.

Addressing household economic constraints is important for improving girls' situation: The conditional cash transfer that addressed poverty at the household level paved the way for transformational changes in the lives of girls. Girls who received the cash transfer were more likely to be enrolled in school, and girls and parents reported that the transfer impacted their goals for girls' education and increased motivation to keep girls in school. This had a positive impact not only for education outcomes but also appeared as a pathway to delaying sexual debut, marriage and pregnancy.

Recruit mentors locally and provide continuous training: The AGI-K aimed to recruit female mentors from local communities, however, this was not always possible. Mentors who were recruited from outside the community were more likely to drop out than those who resided in the area. Mentors' education levels varied, and the curricula sometimes had to be adjusted and mentors supported using audio recordings. Ongoing training was crucial to build the skills and confidence of mentors.

Active participation yields the best results: Girls who participated actively in Safe Spaces, i.e. attended more than the mean number of sessions, saw the biggest impact on education and wealth creation outcomes. For example, girls in the multi-sectoral intervention which included wealth creation generally increased their financial literacy, however, girls who actively participated scored almost twice higher than others.

Consider timing of activities: Most girls stayed in their Safe Space group over the two years, but attended an average of 1-2 sessions per month instead of weekly. Girls' attendance dropped during school holidays. At other times, meetings interfered with girls' other commitments such as religious classes. Interventions should be scheduled to consider seasonal events and other ongoing commitments and activities that girls are part of.

Adapt to the diversity of girls' identities and experiences: It is important to consider the characteristics, needs and priorities of different girls. For instance, some girls who were out-of-school did not feel comfortable to attend Safe Spaces on school grounds, as these were perceived to be for girls in school. Adolescent girls are a heterogenous group and programmes should consider different intersecting identities and characteristics when planning and running activities, such as age, disability, sexual orientation, gender identity and expression, ethnicity, marital- and educational status.

Adolescent girls' experiences of violence need to be better understood: Widespread underreporting and stigma make it challenging to detect changes in girls' experiences of violence. The evaluation did not establish whether and how the different interventions had an impact on violence against girls. Further research and evaluations are needed to understand whether and how multi-sector interventions with adolescent girls can contribute to reducing violence, and how to measure this.

Source documents

Adolescent Girls Initiative-Kenya Baseline Report, Austrian, K., Muthengi, E., Riley, T., Mumah, J., Kabiru, C., and Abuya, B. 2015

Adolescent Girls Initiative-Kenya: Midline Results Report, Austrian, K., Soler-Hampejsek, E., Mumah, J., Kangwana, B., Wado, Y., Abuya, B., Shah, V. and Maluccio, J. 2018

Adolescent Girls Initiative–Kenya: Endline Evaluation Report. Austrian, K., Soler-Hampejsek, E., Kangwana, B., Maddox, N., Wado, Y., Abuya, B., Shah, V., and Maluccio, J. 2020

Adolescent Girls Initiative-Kenya Qualitative Report. Muthengi, E., K. Austrian, A. Landrian, B.A. Abuya, J. Mumah, and Kabiru C.W. 2016

Learning briefs from the Safe Spaces, Community Conversations and the Conditional Cash Transfer.

Links to further resources

- Published resources including research publications, articles, factsheets, curriculums and toolkits are available here.
- Adolescent Girls Initiative-Kenya: Program Overview, Population Council, 2015

Endnotes

[1] Haberland, N. A., McCarthy, K. J. and Brady, M. (2018) A Systematic Review of Adolescent Girl Program Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights, *Journal of Adolescent Health* 63(1), pp. 18-31
[2] UNICEF, Division of Violence Prevention, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics (2012) Violence against Children in Kenya: Findings from a 2012 National Survey
[3] Girls not Brides (2020) Kenya
[4] Bruce, J. and J. Sebstad. 2005. "Building assets for safe, productive lives: A report on a workshop on adolescent girls' livelihoods." Presented at Adolescent Girls Livelihoods Meeting. New York, April 7–8, 2004. Population Council.
[5] Blum, R.W., F.I. Bastos, C.W. Kabiru, L.C. Le. (2012) Adolescent health in the 21st century, *The Lancet* 379(9826):1567–1568.
[6] Ibid.

This document is part of the RESPECT Framework Implementation Guide*, commissioned by UN Women and developed by Social Development Direct, which can be found here.*

Suggested citation: UN Women and Social Development Direct (2020) Adolescent Girls Initiative, RESPECT Preventing Violence against Women Programme Summary.