What works to improve outcomes for Kenya's adolescent girls?

Population Council
The Adolescent Girls Initiative–Kenya is a study that evaluates the long-term impact of a multi-sectoral intervention targeted at adolescent girls aged 11 to 15 years from Kibera and rural Wajir. The intervention consisted of four different components: a community-based violence prevention program, an education conditional cash transfer (CCT), health focused girls empowerment clubs and wealth creation for girls via financial education and savings activities. This brief looks at the impact of the two-year program in Wajir County four years after it ended.

WHAT DID WE WANT TO LEARN?

• What package of multi-sectoral, multi-level (community, household, girl) interventions has impact for adolescent girls?
• Can early interventions improve longer-term outcomes?

AGI-K’s Theory of Change

EXPERIENCED IN:

Early adolescence

Wealth Creation (Financial Literacy & Savings)

Health (Girls Groups/SRH & life skills)

Education (Conditional Cash Transfer)

Girl Household

ACQUIRED BY:

Early & Mid - adolescence

ECONOMIC ASSETS: financial goals, budgeting/management skills, savings activity; asset accumulation

SOCIAL ASSETS: positive gender norms, self-efficacy, friends, a trusted mentor, improved decision making skills

HEALTH ASSETS: knowledge on SRH, HIV and nutrition, condom self-efficacy

EDUCATIONAL ASSETS: schooling self-efficacy, educational attainment, literacy and numeracy skills

IMPACT ACHIEVED BY:

Mid - & Late Adolescence

OVERALL: Improved wellbeing for women and girls in Kenya enabling a safe, healthy and productive transition into adulthood

WAJIR: Delayed age of marriage

Delayed childbearing

Reduced experience of sexual and gender-based violence
The overall objective of AGI-K was to improve the wellbeing of beneficiary girls enabling safe, healthy and productive transitions into young adulthood and delaying childbearing.

**RESEARCH DESIGN**

3,400 girls from Wajir were exposed to different components of the intervention, grouped as follows:

1. Violence prevention only (V-only group)
2. Violence prevention + education/Conditional Cash Transfer (VE group)
3. Violence prevention + education/CCT + health clubs (VEH group)
4. Violence prevention + education/CCT + health clubs + wealth creation (VEHW group)

Baseline data were collected in 2015 before the rollout of the intervention began, in 2017 at the end of the two-year intervention, in 2019 two years after the intervention was completed and in 2021, four years after the intervention was completed.

The intervention was funded by the Foreign, Commonwealth and Development Office (FCDO), formally known as the Department for International Development (DFID). The intervention was only designed to be implemented for a period of two years, to test if short term (two years) exposure to the intervention components, at a critical window of development during early adolescence, would result in longer term positive outcomes.

**RESULTS**

**WHAT WERE THE KEY RESULTS FROM WAJIR, TWO YEARS (2019) AFTER THE INTERVENTION ENDED?**

- **Two years after the intervention (2019)**, when compared to the V-only group, girls in the three groups with a CCT were more than twice as likely to be enrolled in school, significantly less likely to be married or ever be pregnant.¹

**WHAT WERE THE KEY RESULTS FROM WAJIR, FOUR YEARS (2021) AFTER THE INTERVENTION ENDED?**

- Among girls who were out of school at baseline, girls in the three groups with a CCT were two thirds less likely to be married (48% vs. 68%), and have had their first child (36% vs. 52%), and five times as likely to be in school (36% vs. 7%),
- Girls in the program were significantly less likely to have had a still birth (3% in VEHW compared to 10% in V-only reporting stillbirth).

WHY ARE THE FINDINGS IMPORTANT?

The study was able to demonstrate that...

1) Multisectoral and multilevel programming can significantly reduce the incidence of adolescent childbearing which is likely to result in reduced adolescent deaths, improved child health outcomes and improved economic empowerment:

- From a health perspective, complications during pregnancy and childbirth are a leading cause of death for females ages 15–24 years\(^2\).

- Socio-economically, adolescent childbearing is likely to result in reduced schooling and human capital investment which in turn is likely to lead to reduced job tenure, earnings and economic empowerment.\(^3\)

2) It is cost-effective to incorporate short-term cash transfers as a component of adolescent multi-sectoral and multilevel programming, that is delivered during early adolescences:

- All three intervention groups that showed significant findings had a CCT component. The study demonstrated that cash transfers can still be effective in the long term if delivered only during early adolescence which is a critical window of vulnerability.

WHAT WE STILL NEED TO UNDERSTAND?

- We currently do not have a clear understanding of the effect of the program on the children of adolescents, due to the small number of in-school adolescents having children. We shall understand these effects better as more girls finish school and start having their families.

- We are currently testing the impact of a similar model delivered by the Wajir County Government to assess for impact, feasibility and cost-effectiveness at scale.

CONTACT INFORMATION: For more information about AGI-K, call +254-20-513-4700 or email info@popcouncil.org or visit: https://popcouncil.org/project/adolescent-girls-initiative-kenya/
