PROCESS EVALUATION OF ADOLESCENT GIRLS INITIATIVE (AGI-K) PROGRAM IN KIBERA-NAIROBI, KENYA

A REPORT DOCUMENTING BEST PRACTICES & CASE STUDIES

Submitted to

Plan International in Kenya

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September, 2017

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ACKNOWLEDGEMENT

ACRONYMS

AGI-K	Adolescent Girls Initiative- Kenya
APHRC	African Population and Health Research Center
CC	Community Conversations
CCT	Conditional Cash Transfer
EAC	External Advisory Committee
FE	Financial Education
FGD	Focus Group Discussion
KII	Key Informant Interviews
MoU	Memorandum of Understanding
PC	Population Council
RCT	Randomized Controlled Trial
SS	Safe Space
V	Violence prevention only intervention
VE	Violence prevention + education intervention
VEH	Violence prevention + education + health
VEHW	Violence prevention + education + health + wealth creation

1.0 INTRODUCTION

1.1 The problem

A good number of adolescent girls in Kenya face considerable challenges which include: harmful cultural practices; early sexual debut that is often unprotected, teenage pregnancies; drug/substance abuse, sexual abuse; low awareness of their rights as well as lack of involvement in adolescent issues among others (Austrian et al, 2015). These risks and vulnerabilities are exacerbated in the slums by among other things economic deprivation among parents/caregivers of these girls, lack of dwelling privacy and poor crime prevention mechanisms. These problems affect their well-being and hinder a safe, healthy, and productive transition into early adulthood.

This age group faces many risks, among them poor quality of education, inadequate access to health services, and violence. These are roadblocks, which hinder a safe, healthy, and productive transition into early adulthood. While adolescence is a time of great vulnerability for girls, it is also an ideal point to leverage development and diplomacy efforts. It is an opportunity to disrupt the cycle of poverty from becoming a permanent condition that is passed from one generation to the next

1.2 Understanding the Adolescent Girls Initiative –Kenya (AGI-K) Program

The Adolescent Girls Initiative Kenya (AGI-K) program is built on the above insights and aims to understand what combinations of interventions provide the best solutions for adolescent girls in Kibera and Wajir. The program targets approximately 6,000 adolescent girls aged between 11 and 14 years

AGI-K combines different single-sector interventions (violence prevention, education, health, and wealth creation) geared at improving girls' overall wellbeing (Austrian *et al*, 2016). These interventions are nested in this form:

    i. Violence prevention only (V)

    ii. Violence prevention + education (VE)

    iii. Violence prevention + education + health (VEH)

    iv. Violence prevention + education + health + wealth creation (VEHW)

Each intervention arm is implemented following a specified model while carefully adding on treatments in strict adherence to the design. For instance, violence prevention followed the community dialogues model-Community Conversations (CC), education involved the girls, school and the household, while health and wealth creation both utilized the safe spaces model.

1.3 Implementing Partners

The AGI-K program is implemented by a consortium led by the Population Council. Other members include the African Population and Health Research Centre (APHRC) as research partner, Save the Children as implementing partner in Wajir, Plan International as implementing partner in Nairobi slums, and Itad as consultant on the cost-effectiveness analysis. The program is funded by the UK Department for International Development (DFID). AGI-K Interventions ran for two years and were tailored to include a combination of girl, household and community level interventions.

1.4 AGI-K Theory of Change and logic model

The interventions for AGI-K are based on the Asset Building Theory of Change, which portends that girls need a combination of education, social, health, and economic assets to make a safe, healthy, and productive transition from adolescence into young adulthood. In addition, community norms regarding girls' values must be strengthened to facilitate the increase in assets for girls and the resulting improvements in medium- and longer-term outcomes. The relevance of this theory of change to the program riding on the backdrop of existing evidence pointing to multi-sectoral approaches for adolescent girls programming as a promising strategy for achieving high levels of impact (Austrian *et al*, 2016). The hypothesis is that this diverse asset base, once acquired, will lead to increased educational attainment, delayed marriage and childbearing, fewer unintended pregnancies, less experience of violence, and increased income generation.

1.5 Purpose and Objectives of the Process Evaluation

Given the complexity in the design of the AGI-K program interventions, it is important to know the extent to which a particular intervention has been implemented. To reach this goal, a process evaluation provides a very useful tool for explaining the complexities and measuring the dimensions and depth of program implementation. The process evaluation was done in Kibera site where the program targeted to reach at least 3000 adolescent girls. Kibera is characterized

by a dense population that is ethnically and religiously diverse. The settlements are largely urban informal settlements with high levels of household poverty, crime, and insufficient formal basic services (APHRC; 2014).

Specific objectives of this documentation exercise include:

i. To conduct a process evaluation of the project using process data

ii. Document lessons learnt and best practices within the project period in the four intervention areas.

iii. Gather documented case studies and develop a case study template in order to streamline lessons learnt throughout the project.

iv. Provide a programmatic recommendation to be considered for future scale-up of the four interventions areas in case they are to be replicated.

2.0 METHODOLOGY

2.1 Model for Assessing the Implementation of AGI-K in Kibera

With a clear understanding of the program background and the four interventions, this process evaluation was conducted to capture key process components. The evaluation investigated the design of the program and the intervention activities to gauge relevance of the approach used, the extent to which the target group was engaged in receiving messages about the intervention and the program's reach, to examine the proportion of the intended audience who actually took part in the program. Also, the degree of satisfaction was obtained to rank participant level of satisfaction with this intervention. Further, a context analysis was performed to evaluate those environmental aspects that might affect implementation of the intervention program or the outcomes. A model was developed to help assess the fidelity of implementation of program activities, insights, challenges, applied solutions and key learning points. Figure 1 shows the implementation assessment model.
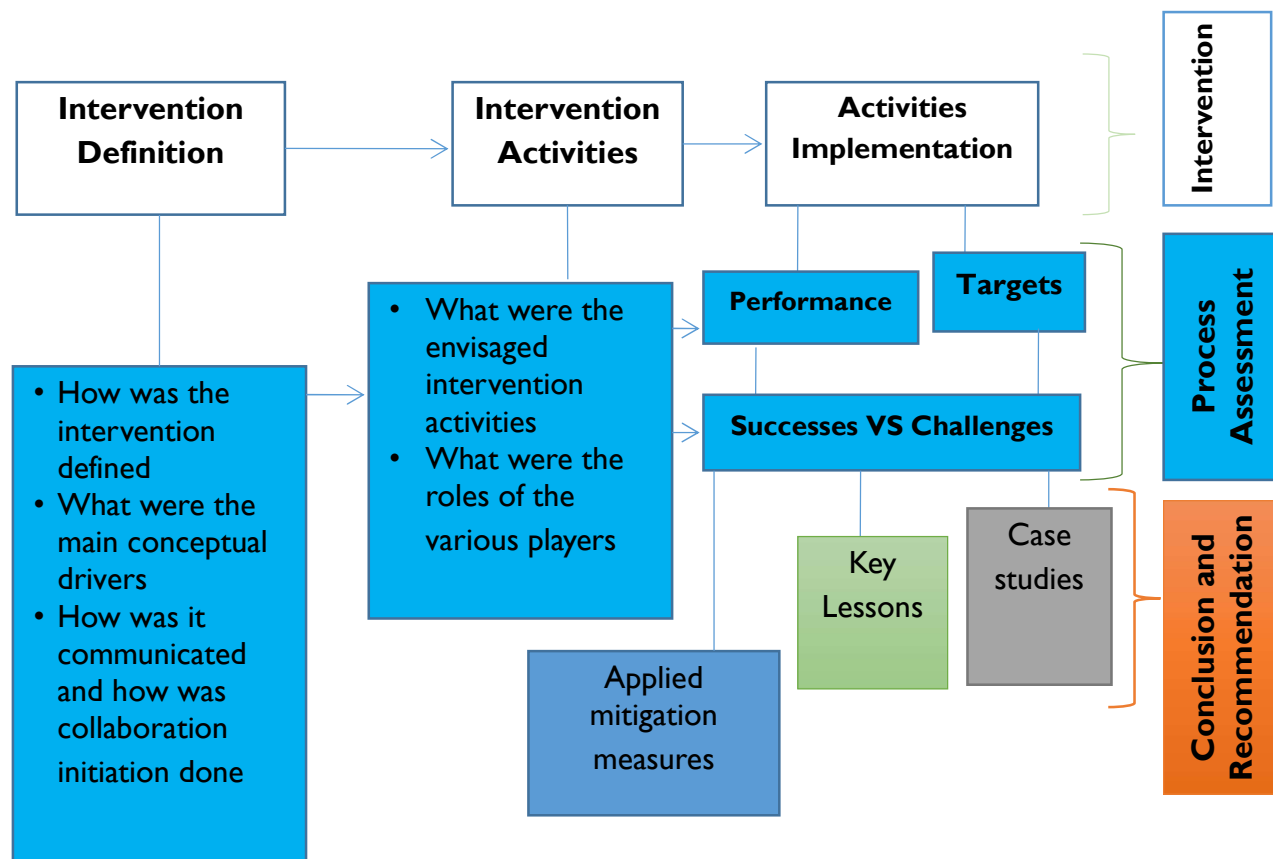
Figure 1: Process Assessment Model (Source; Mfalme Afrika)

2.2 Data Sources

This process evaluation/assessment was exclusively qualitative using both secondary and primary data guided by the Terms of Reference. The Key data was collected by:

2.2.1 Literature review of secondary data

The data materials reviewed included the baseline study, the program plan, implementation manuals, monitoring reports and relevant published literature and articles. The aim of desk review was to gain an understanding of the project objectives, implementation strategies and envisaged milestones and documentation of good practices. These information was vital for development of survey tools and the documentation strategy as well as selection of respondents and planning the study process

2.2.2 Focus Group Discussions (FGDs)

Focus Group Discussions provided an opportunity for collecting additional data from the community and different categories of stakeholders and interest groups. In total 7 FGDs were conducted with an overall attendance of 79 participants. From the FGDs, the study was able to prompt unrestrained discussions and revelation of subjective experiences and objective observations of the participants on how AGI-K was implemented. The composition of the FGD participants was guided by the nature of program design. For instance, the Adolescent girls' FGDs were conducted at their safe space meeting points with permission from their parents/care givers and mentors. Also the parents/care givers FGDs were done at separate times in the absence of the girls.

2.2.3 Key Informant Interviews (KIIs)

A number of check lists were prepared and used for Key Informant Interviews (KIIs) with various project stakeholder groups. A total of 35 KIIs were conducted with various stakeholder groups. The data collection instruments were developed in consultation with program implementers and used to administer the KIIs and FGDs respectively.

2.3 Identification of the respondents and data collection process

With the help of program implementer's staff, relevant program participants were identified, interview sessions booked, informed consent obtained and KIIs and FGDs conducted. Depending on the respondent type, interview sessions were undertaken either at the

household, public spaces, respondent offices or at stakeholder meetings as long as such spaces allowed for sufficient visual and auditory privacy. Where beneficiary adolescent girls were to be interviewed, such were done by a female interviewer; informed consent was obtained from either the girls' parents or their guardians and the girls gave their assent to respond. Trained Interviewers and moderators conducted the KIIs and FGDs over a span of 10 days.

Insights were obtained from at least one respondent from all relevant program stakeholders including CC committee members, key community opinion leaders, duty bearers such as government/political leaders, religious leaders, school heads and teachers, Implementers; including program director from PC, PLAN international staff, Safe Spaces mentors, CC Facilitators, as well as parents of beneficiary girls and the girls themselves. Respondents were purposively sampled based on key roles played in the program while adolescent girls were sampled by study arm, school type, and participation in program activities. Table 1 shows a breakdown of the sample by groups.

Table 1: Number of respondents by KIIs and FGDs conducted

Respondent type	Intervention/ Position	Number of KIIs	FGDS (# of respondents)	Total Respondents
Adolescent girls	Beneficiary	7	2 (22)	29
Parents	VEHW	4	2 (23)	27
School head/ teacher	VEHW	6		6
Mentors	SP Mentors	4	1 (12)	16
Plan Staff	Program manager, M&E officer	2		2
CC Facilitators	Facilitators	4		4
EAC members	MP, Children Department, Education, bank,	5		5
CC Members	CC	2	2 (22)	24
PC Staff	AGI K Program Director	1		1
Total respondents		**35**	**7(79)**	**114**

2.4 Data Analysis

Data from interviews, recordings and field notes were transcribed verbatim and imported into NVIVO 9 for content analysis. To help identify relevant findings, a framework analysis approach was adopted.

3.0 DESCRIPTION OF INTERVENTIONS AND EVALAUTION FINDINGS

According to Population Council (PC) program overview, (2015), the AGI-K program was envisaged to implement the various interventions as follows:

3.1 VIOLENCE PREVENTION

3.1.1 Background

The aim of violence prevention intervention is to facilitate community conversations and planning with the intention of enhancing girls' 'value' in the community. Community conversations are a socially transformative approach that spurs communities to address the underlying causes of underdevelopment and vulnerability. Before any community-based intervention is implemented, a planned approach to community engagement is important (*Teissier et al., 1993*). It requires genuine and voluntary community participation from the beginning: identification and acceptance of the problem, agreement that needs to be addressed, an understanding of the target group's situation, and the engagement of influential people in the community. Community mobilization is the process of bringing community members together to share a vision, promote dialogue and take actions to address problems affecting the entire community.

Violence prevention intervention arm employed community level dialogues and contracts. Led by a CC facilitator, a committee involving religious, opinion and community leaders, parents, teachers, young men and women was established in each community. This committee was then led through a facilitated process to identify key community based issues that result into devaluing and perpetuation of violence against girls and women. The process culminated into development of a "contract" or a memorandum of understanding (MoU) detailing specific steps to be taken to address identified issues and action plans for implementing the related activities.

3.1.2 Findings

The process evaluation found that in the early stages, the CC Facilitators visited their designated intervention sites multiple times to familiarize themselves with the community setting. Meetings were organized with key people such as local administrators, community leaders, and residents, whose support was vital if the community was to be engaged. Community level dialogues were initiated and action plans were developed to guide steps to be

taken to address identified enablers of de/undervaluing of girls and women. Contracts were signed between the community and Plan in a guided process meant to culminate into development of action plans and steps to be taken to address identified enablers of de/undervaluing of girls and women.

The process evaluation engaged with various relevant program implementers including managers and field assistants, CC facilitators, CC committee members, CC Members, Safe space mentors who doubled up as Community facilitators, opinion leaders, duty bearers and parents.

Overall, majority of the key informants felt that the program processes performed extremely well in areas of securing community buy in, training and utilizing CC facilitators, guiding dialogues and cash facilitation to implement CC projects. Most community members generally agreed that eliciting conversations geared

> ***Program Component:*** *Violence prevention through Community Conversations*
> ***Main objectives:***
> ✓ *Securing community buy-in into the CC*
> ***Implementation strategy:***
> ✓ *Identification and training of CC facilitators*
> ✓ *Mobilization and recruitment of CC members*
> ✓ *Continuous recruitment of members*
> ✓ *Guided dialogues and processes*
> ✓ *Development of contracts and or MoUs*
> ✓ *Cash facilitation by program implementers to effect agreed projects*
> ✓ *Attendance and engagements tracking*
> ✓ *Progress reporting*

towards changing mind sets to better approach barriers to development of girls and women through societal solutions, was a win. This was not only for the program activities' sustainability, but also created a sense of ownership among CC participants and fostered strong social networks. In fact, all the seven CCs have either transformed into a Community Based Organization (CBO), Village Saving and Lending Associations (VSLAs) or self-help groups. This further points to possible intervention activities' success because through these organized groupings, groups will likely keep close contact and probably ensure continuity of desired dialogues and agreed action plans.

> ***Impact statement on Community mobilization implementation strategy***
> *"Many people come here with projects without talking to us to know what we need, they just come take pictures then disappear but AGI-K brought us together before they even started paying fees and doing all other things. As you can see, we have become friends and are moving forward together because of this CC group''* **………Female respondent, Makina CC**

> *"Coming up with this idea of bringing us together to talk about our problems was a very good idea, we have now gone ahead to even form a self -help group where we care for each other's problems as we also discuss AGI-K"……Chairman Lindi CC*

3.1.3 Challenges

1. *Mobilization and recruitment*

It was envisaged that after identification of Community Facilitators (CFs), they would facilitate recruitment of CC members with the help of community opinion leader/gate keepers. However, according to the majority of the CFs (3 of 4) and a few mentors who double as CFs felt that CC mobilization and member recruitment was to them a major challenge. Two reasons came to the fore; One: CFs and the mentors did not participate in the baseline study when the program was being introduced. As such they were viewed as strangers of sorts riding on the program to front their own agenda. This resulted in suspicion and in some cases cruelty against the CFs. Two: Kibera residents have encountered many research projects and have since become skeptical of the same. Therefore a majority of residents were often hesitant to respond to calls to participate in CCs prompting lengthy explanations, which consumed a lot of time in the process.

2. *High CCs member turn-over*

In planning, the preferred position was to start, move along and continue with stable CC groups that would be able to carry along the conversations and societal processes leading to positive change. However, majority of the CCs were faced with high member turn-over stemming from either the usual group dynamics (storming stages), personal commitments, limited understanding of the CCs core business and the dynamic nature of informal settlements that saw some CC members move from one area to another. Nevertheless, one of the program managers believes that the high turn-over could be an indicator of community ownership and progress. On the flipside, the high turnover might have slowed down dialogues and action plans by constantly forcing CFs and other CC leaders, to continuously recruit members.

> *"While CC member turnover is high, the CCs are alive and moving on implies that the CCs are community owned and progress is being made''……AGI-K Project Manager*

3. Delayed facilitation

In one of the two FGDs conducted with CCs members, delayed facilitation from the implementer's side was pointed out. CC members reported that planned activities were sometimes hampered by delayed release of funds. However, the implementers on their part noted that some delays were caused by failure to account properly the resources previously released for some activities or failure by CC leaders to follow up with the implementer on the pending activities. Whichever the case, it is noteworthy that accountability and protocol are important ingredients of a functional group and need to be instilled from the onset.

4.   Place of the perpetrators

CC formulation contemplated a scenario where a good representation of the various calibers of people in a society is included to foster meaningful dialogues. FGDs with CC members and KIIs with CC leaders revealed that most CCs did not have adequate representation of men in the community (perceived perpetrators of violence against girls) even though it was thought that including them was important. They portend that exclusion of this group of people has a potential to water down gains made through CCs.

> *''The AGI-K project has done a lot to the girls in the community in terms of the training at SS but we are concerned that adolescent boys also face similar challenges. If this program focused on the boys too, we would have an age-group that is well informed and that could change a generation within the community. Again most young men did not participate in these CCs hence they could still take advantage of the young girls who do not have the information'* CC member Lindi

5. Functional challenge on mentors doubling up as CFs

This was quite a challenging experience according to mentors doubling up as CFs. However, from a programmatic perspective, this could have been effective given that these individuals understood the community well while at the same time had better grasp of the program goals following their training as both mentors and CFs.

3.1.4 Lessons learnt
a) The success of violence prevention intervention in a community must be implemented with active involvement of all community stakeholders

b) Most mentors who doubled as CCs facilitators felt that this experience improved their people management skills and made them understand the program activities more deeply.

c) That members of the CCs deeply reflected on the adolescent girls challenges in the community and the need to support them live a productive life as they transition to young adults.

d) Mechanisms must be put in place from the outset to ensure financial accountability. Lack of this was cited as a constraint to timely implementation of planned activities.

e) The place of the adolescent boys in a program targeting adolescent girls needs to be re-evaluated as some challenges are common between them

3.1.5 Recommendations

a) Community conversations should precede other interventions as they enable the communities to deeply reflect on the problems that the program intends to address.

b) Participation in CCs should be voluntary to ensure ownership and sustainability. Most CCs members have developed good relationships and approach issues affecting the community in a collective way.

c) Boys and potential perpetrators of violence should also be targeted to achieve maximum impacts on violence prevention intervention among the adolescent girls and women.

3.2 EDUCATION

3.2.1 Background

The education intervention's thrust was a cash transfer conditional on 80% school attendance during each school term. At the start of the intervention, all girls were eligible for the transfer upon enrollment regardless of whether they were currently in school or otherwise.

Education intervention involved school attendance data collection, provision of schooling kits to girls and cash transfers to both schools and households. To assess how the activities within this intervention were implemented, the following partners were interviewed; program implementers, teachers, parents, External Advisory Committee (EAC) members with affiliation to the education sector and the girls themselves. Key activities for this intervention targeted for process assessment included but were again not limited to strategies listed in the text box.

3.2.2 Findings

Overall, activities for this intervention were implemented according to plan and the program design.

The school fees was sent to schools in a timely manner, it resulted into the girls consistently attending school to meet the 80% school attendance requirement. For some girls it was the only schooling life line they had.

Incentives to the schools were also remitted consistently

Teachers in charge of AGI-K attendance records consistently took girls' records before and after school using biometric devices provided to the schools.

Below are reactions from a parent and a school head-teacher and beneficiary on the strategy used to implement the education intervention.

Program Component:
- ✓ *Payment of school fees directly to school for the girls*
- ✓ *Cash transfer to the head of household,*
- ✓ *Adolescent schooling kits given directly to girls at the start of each term*
- ✓ *An incentive to schools for each girl enrolled in the program*

Main objectives:
- ✓ *Keeping the girls in school and increasing transition from primary to secondary.*

Implementation strategy:
- ✓ *Collaboration initiation with schools*
- ✓ *Random identification of adolescent girls into the program*
- ✓ *Random allocation into treatment arms*
- ✓ *Training teachers on attendance record taking using biometrics, data collection, monitoring and reporting,*
- ✓ *At least 80% school attendance tracking,*
- ✓ *Conditional cash transfers (CCT) for school fees,*
- ✓ *School incentives*
- ✓ *Household support,*
- ✓ *Provision of school kits.*

''Forget about the incentive we get as a school, even though we appreciate it a lot, I believe the school fees payment for the girls was the best thing that ever happened to us and our girls around here, they are now in school always and I know many of them will build a good life for themselves, Their performance in class has improved greatly''... **Public school head-teacher (KII).**

"Let me tell you something, if it was not that they pay school fees for my two girls and also gives us something small every term, we would not be a part of this project, in fact it would have failed just like all the others. I allow them to even attend those Sunday meetings because they must do what is required to continue getting their fees paid". **FGD participant -Mother of VEHW girls.**

> *"I was very afraid that after my father separated with my mother, my schooling would end, but I was lucky to have been picked by the people who came with this program, they have paid my fees from that time and I have been able to attend school without any problems. My mother is happy that I am in school because of the program and I only wish it continues"……..Adolescent girl reaction on education intervention).*

3.2.3 Challenges

1.   Random selection and school administrators' take

Three out of the four head teacher KII respondents felt that the random recruitment of the girls could have benefited more on their probable advice of some of the most needy adolescent girls. They would have wanted to be involved a little earlier, as opposed to being brought on board only when recruited girls happened to be pupils in their schools. Their thoughts were premised on the feelings that there were either undeserving girls recruited into the program or that there was no deliberate effort to identify the very needy girls. From a design point of view, this was not a challenge per-se given that randomization was meant to realize chance selection, which is methodically appropriate for a RCT. However, the misunderstanding perhaps points to the need for clearer and consistent communication on program objectives. For instance, contrary to the position taken by the majority, one teacher seemed to have accurately understood that AGI-K is a research program primarily meant to inform as opposed to just coming to the aid of the girls as an end it itself.

2. School type and varying operational capacity

Within Kibera, there are 3 types of schools attended by the recruited adolescent girls; Public, Pure private and Alternative Provision of Basic Education and Training (APBETS). According to an education officer who is an EAC member, APBETS as opposed to the other two are largely unregistered, unregulated and lack adequate human resource capacity but together with the private schools make up the majority of training centers for adolescents. Since selection of beneficiaries begun at the girl level, planning did not necessarily take into account unique challenges by school type. It emerged that that is easier working with public schools but as compared to private schools especially with APBETS mostly due to logistical challenges. For example, the few available teachers would be overstretched hence tracking attendance became a challenge.

3. Data capture a logistical night mare

The program plan was to have teachers lead in taking attendance data using mobiotrics/biometric equipment, which were meant to capture check in and check out for the girls. For those in boarding schools attendance was pegged on presentation of an end of the term report form. Three major challenges were identified in this respect. According to the program director, as time went by and more schools enlisted into the AGI-K, tracking data became a logistical nightmare because of the high number of schools, secondly the biometric equipment were failing in some instance and thirdly, a portion of the teachers were not collecting or tracking attendance as had been agreed. Differential in operational capacity by school type also exacerbated the misgivings as already highlighted above. AGI-K program implementers had to re-look at the data tracking aspect and some decisions made to correct the situation. These included; bringing in the safe space mentors to boost attendance data collection capacity in schools, field assistants were recruited to manage mentors and CCs as well as act as the links between program managers and field implementers. Importantly, these adjustments enhanced data capture to the extent that by midline over 90% of the girls were still available for follow up.

4. Schools accountability and parents understanding

Differences in operational structure between Public, pure private and APBETS was reported as a source of conflict in the management of the incentive to the schools. For instance, one parent with two daughters attending a public school and a niece attending an informal private school was lucky to have all the three girls enrolled into AGI-K. Public schools receive support from the national government and so the school in question used the incentive to pay for school trips for the girls. On the other hand, the private school used the money to pay for teachers' salaries and sent the girl home to bring money for the school trip. This parent went to the private school to demand that the school's incentive should be used to pay for the trip as was the case in the public school, oblivious to the fact that the two operate under purely varied and different circumstances. To deal with this misunderstanding school administrations were encouraged to be more transparent and regularly share information with parents of the beneficiaries to avoid such conflicts. In fact the program manager believed it is great to have parents following up on how the school incentives were utilized to ensure accountability. A program assistant echoed similar sentiments.

> *"Of course I think all beneficiaries need to know their boundaries and roles but it is a good thing having parents going to schools to demand to know how money is being put to use, the shows a strong buy in into the program"..........Project manager -Plan International Kenya*

> *"Parents demanding accountability is a good thing but they should do so with the understanding that schools are structured differently and head teachers are directly responsible for accounting''...Program Assistant-Plan International Kenya*

5.   Need for economic capacity building at HH level

Another pillar within the education intervention was the household cash transfer, which performed well and was a strong push for parents to adhere and make the girls attend school as per the program requirements. Many great stories of how that support transformed households and or enabled the girls to streamline their struggling school lives were rife from majority of the parents. For instance, three female respondents (parents/caregivers) reported that they used the household cash transfers to start small business. However, a few instances were reported where the CCT caused conflicts within the households. We think that any program that has cash transfer components should also include economic capacity building of the recipients on how they can put the cash into income generating activities. In this way, the sustainability of the program impact on the girls and their families can be assured once the program exits

3.2.4 Lessons learnt
a) Even though this is a RCT research program, the schools administrators at the implementation site needed to be informed of the design of the program to avoid raising questions about the selection method.
b) Involving parents within programs targeting girls with CCT is key for success but capacity building of the parents on how to manage the cash transfers in a sustainable way is important.
c) Interventions that combine, direct fees payment to schools, cash transfers to the households of the beneficiaries and mentoring increase attendance, and retention rates. But it is difficult to attribute this success to only schools fees.

3.2.5 Recommendations

a) The misunderstanding by a section of beneficiaries regarding the management of school incentives and household cash transfers perhaps points to the need for clearer and consistent communication on program objectives with all stakeholders.

b) Tackle the barriers to girls' education through strategies that address economic empowerment of their households and reduction of gender based violence. In order to ensure sustainable solutions for girls' education.

c) From our findings it seems like beneficiaries should be selected based on their likelihood of dropping out of school at an early age. The approach should include girls from single or no parents, neglected girls, girls whose parents are extremely poor

3.3 HEALTH AND WEALTH CREATION INTERVETIONS

3.3.1 Background

We choose to present insights from both health and wealth interventions simultaneously considering that they were both based on Population Council's safe spaces model where girls meet in groups in secure places once a week under the guidance of a female mentor from the community.

The health intervention was based on Population Council's safe spaces model where girls met in groups in secure places once a week under the guidance of a female mentor from the community. Groups were segmented by age groups (11–12 and 13-14 year olds). Group meetings were facilitated using a health, life skills, and nutrition curriculum. Additionally, time for open discussion was set aside to enable the mentees express themselves freely and to create an interactional environment different from routine school settings.

The wealth creation intervention included a financial education (FE) curriculum integrated into the safe spaces group meetings. Adolescent girls were facilitated to open a girl–friendly savings account dubbed SMATA account with the Kenya Post Office Savings Bank (Post bank). They also received an annual incentive of approximately $3.20 to allow them to put into practice the skills learned in the FE sessions

"Before the training on saving money by our mentors, I would get money from parents for pocket money or to buy lunch and spend all of it, I would also save my lunch money just to buy good clothes. AGI-K opened an account for me at Post Bank in Adams, through the training on wealth creation at SP, I am now saving every coin I get so that when I finish school I can start a second-hand clothing business to support my parents educate by younger brothers" **Adolescent girl-VEHW Kibera**

3.3.2 Findings

While the health intervention basically involved health education and life skills, wealth intervention went beyond education to actualizing what was taught in the sessions by assisting the girls to open a savings account with post bank, provide the initial account opening costs and encourage the girls to continue saving. Overall, adolescent girls in VEH and VEHW arms of the RCT were aware of the of the various safe space meetings, the kind of trainings being offered and were extremely satisfied with curriculum as well as how the training and capacity building was executed.

In the health intervention, girls reported taking lessons that improved their self-worth and that mentors became confidants with whom they discuss their private concerns. High self-esteem and confidence were rated as the most important take away from the lessons.

Wealth creation on the other hand scored highly in areas of financial planning and budgeting, distinguishing between needs and wants, development of saving goals but most importantly, maintaining a savings account through which saving goals could be achieved. As at the time of this process evaluation, all SPs had completed delivery of the curriculum for both interventions to the girls attending day schools while the boarders had covered slightly over 60% of the SS curriculum.

> ***Program Component: Safe space model***
> ✓ *Health and life skills training*
> ***Main objectives:***
> ✓ *Enhance the girls leadership skills, voice and rights to decision making as well as economic empowerment*
> ***Implementation strategy: A safe space model:***
> ✓ *Curriculum content development and administration*
> ✓ *Hiring and training safe space mentors*
> ✓ *Identifying VEH and VEHW girls*
> ✓ *Safe space attendance tracking*
> ✓ *Home visits and follow-up*
> ✓ *Counselling and psycho-social support*
> ✓ *Delinquency and truancy reduced*

This is quite commendable considering that there were interruptions resulting from girls transition to secondary schools, changing schools or relocating to other areas away from Kibera. Challenges encountered and mitigation measures are discussed further in the next section.

AGI-K Safe Space in Action

The Health Safe Space tool kit covered the following topics: Reproductive health, Nutrition Life Skills, HIV Aids and STIs, Gender Based Violence, Harmful tradition, Leadership, Human Rights and Water & Sanitation. On this occasion, a mentor was taking the girls through a topic on reproductive health.

3.3.3 Challenges

1. Mentor turn over

According to the program director and program implementers, one of the challenges experienced in implementing the SS model was losing mentors to other employers considering that they were some of the best in the community. The program lost about 5 mentors in the

throughout the entire period of the program but Plan was able to recruit and make replacement immediately hence this did not affect implementation of the program activities as planned.

2. Mentor quality issues

Although AGI-K targeted some of the best members of the community to be recruited as SS mentors, a number of them were not necessarily well suited to work with adolescent girls. This therefore meant that the program had to spend a lot of resources developing their capacity for this engagement.

3. Dwindling Safe Space participation

The enumerated SS experiences notwithstanding, participation in SS reportedly dwindled over the years. It stood at 80%, 72% and 54% for 2015, 2016 and 2017 respectively. The main reason for this was girls' transition from primary to high/boarding schools. As girls moved to higher classes they would miss sessions because of tuition classes on Saturdays and Sundays. This was addressed by introducing safe space sessions during holidays to carter for these groups as well as realigning the groups by age. i.e., 11-12 and 13-14 year old groups. On the other hand some girls moved out of Nairobi with families which also impacted attendance levels in the program.

4. Mismatched participants

Given the dwindling participation in SS sessions following transition to high school, holiday sessions were introduced in the year 2016. A challenge however emerged where the girls were not all at the same curriculum level of training because they had come from different safe space groups. According to majority of the mentors this presented a difficulty. Some mentors opted to start from where the majority of the girls were, while others decided to just revisit areas they thought were important for everyone then continued. The implementers however, stepped in and provided guidance on a uniform curriculum tailored for the holiday sessions.

5. Adolescent crisis and age mis-match within group

Some girls were caught up by the misgivings that come with adolescence. Their attitudes and changing moods made delivery of the curriculum difficult in some instances. Also, there were

reported cases where some girls were mismatched by their age during realignments to cater for boarders and high school girls. Mentors mentioned instances where 13 year olds had been grouped with 11-12 year bracket groups and vice versa. This mismatch resulted in some girls failing to attend sessions or attendance with minimal participation for such girls.

6. Trust issues from some parents

According to the mentors, initially, some parents did not understand why their daughters needed to attend SS meetings every weekend. Some therefore, either prevented them from attending or created barriers like house chores while others accompanied their daughter to the meetings. Although they were not allowed to sit in the SS meetings, their presence within the distance of SS may have given rise to occasional tensed sessions as reported by mentors. These challenges were addressed through home visits and parents meetings which helped to explain that SS meeting were part and parcel of AGI-K and should be accorded necessary support from by all parties involved.

3.3.4 Experiences

1. Psychosocial support

Even though SS were designed to majorly impart knowledge on Sexual reproductive health (SRH) as well as build capacity for saving and financial management, majority of the girls and the mentors reported a more than mentor mentee relationship. Firstly, most mentors were confidants to the girls, two, some mentors reportedly offered counseling services to girls faced with domestic violence or other forms of abuse. Additionally, mentors through home visits reported to have helped some parents change their attitude and how to deal with girls challenges under different circumstances. For instance, A 14 year old adolescent girl putting up with her grandmother conceived. According to this girl, the mentor and SS friends were her support system during the pregnancy and after delivery Her mentor visited her in hospital on the day she delivered her baby and thereafter continued encouraging her that bearing a child did not mean the end of all aspirations and desires and that life could still be made better through going back to school. The mentor also talked to the guardian about the possibility of the girl going back to school.

> *"When I got pregnant, nobody wanted to associate with me, I wanted to abort or kill myself. However my mentor came and visited me at home and encouraged me to carry the pregnancy because abortion could affect me forever. She also talked to my grandmother about the situation and the possibility of supporting me to go back to school. I am happy that even the teachers allowed me to go back to school". **Adolescent girl-VEHW Kibera**

> *"If it was not for the mentor and friend from that meeting they call safe, (read safe space), this girls could not be here and back to school after getting herself pregnant. We were very annoyed when at that age she went looking for boys instead of studying, but that mentor kept coming here to our house until I told her the girl was with her aunt and she went looking for her. Now she is going to form two and I do not regret listening to that mentor" ..Parent VEHW.*

2. Needs and wants differentiated

The beneficiaries and their parents reported changes in how the girls attending SS sessions prioritize their expenditure. A wide spread theme from KIIs and FGDs on what lessons came through from the wealth intervention is that these girls no longer ask for many things just for the sake of it but are more concerned about the future and how today's savings can impact on better things to come.

> *"I was surprised when my daughter dropped her demand for all this fashion clothes and fashion things like tight trousers and told me to give her any money I have for her to take to her account, that she was saving to start a business of selling second hand clothes".......Parent VEHW*

3. Social networks developed

Majority of the VEH and VEHW girls thought that the friends they made while attending SS meetings was one of the most important advantages of this program. They reported also that they keep sharing ideas on how to be safe as a girl both socially and security wise even outside of SS meetings. This is key given that the full effect of the two trainings in health and wealth will materialize way after the program exits and such social networks are the first boosters to enhancing outcomes.

3.3.5 Perceptions and lessons learnt

a) That safe spaces was a good approach to deliver the intervention as girls used them for sharing information on the challenges they face, advise each other, and share personal experiences.

b) Improved esteem and self confidence among the girls: An engagement with parents of and girls in VEH and VEHW, teachers and mentors reveals that SS sessions have built the girl's courage to handle adolescence challenges. Generally, stakeholders agree that girls attending SP have self-confidence, have improved their self-esteem and

> *"These girls they say NO to mean NO with a demeanor that says they are better prepared to handle our challenging environment compared to other girls of the same age……I only wish many girls or all our girls of that age were enrolled to Safe spaces"………Head teacher, Old Kibera Primary School.*

communicate better. Each of the girls have a trusted adult confidant with whom they share their secrets and concerns. Girls also learnt about crisis reporting channels and toll free hotlines through which assistance can be sought in case of any unwarranted incidents against them. This does not only mean improved personal security but also a boost to their well-being which speaks volumes on the positive contents of the curriculum.

c) Good mentoring should build strong relationships between mentors and mentee. Many girls under this intervention said that they are closer to the mentor than even some of their relatives.

d) Many beneficiaries thought that the accounts opened for them belonged to the program and as such they would relinquish them to the program. This misconstrued position may have affected the girls' zeal to carry on with the savings. For instance 50% of the girls reportedly withdrew any money above minimum operational costs (withdrew everything), 30% maintained the account as was, at the off set, while only 20% continued saving.

> *"The savings idea among the girls remains one of the most important aspects of this program if you ask me. However there seem to have been a miscommunication or a misunderstanding of how it is supposed to be."……Post bank officer in charge of youth and cooperate products*

e) Poverty creates a variety of obstacles that prevent adolescent girls from having adequate reproductive health services. The Safe Space provided more than reproductive health learning but also mental health through counselling.

f) Knowledge and skills acquired from this program are likely to be passed by girls on the program to peers and friends. This implies that the benefits realized from such a program could be enjoyed by more adolescents than those targeted.

g) Adolescent girls' parents/care givers are strategic partners for promoting appropriate reproductive health practices hence the need to engage them closely.

h) It is important to note that a number of mentors indicate that they are now better equipped with skills not only to mentor young girls in the society but also to create a pathway for a better future for themselves. They are more knowledgeable, confident and have capacity to deal with adolescent girls' social challenges.

3.3.6 Recommendations

a) It is necessary to ensure that mentors use the same approach in dissemination of SS curriculum. This is because the approached used to handle the sessions with girls who were in boarding school was initially different among the facilitators (*By the time some girls transitioned to boarding schools, they were at different levels in the coverage of the curriculum, and so coming back during the holidays to continue with the program, some mentors opted to start from where they left, others would rush the girls into the curriculum so as to be at per with their counterparts, while others took the girls consistently through the curriculum) This issues was however addressed by the Plan and an agreement was reached on how to handle the beneficiaries who were boarders).* More specifically the staff needs to agree on an integrated and comprehensive approach to delivery of the curriculum.

b) Reproductive health interventions need to be differentiated by age of participants even with a target age group. This is because girls in early adolescence girls are different from those who are 14 years and above or those in secondary think differently to those in primary school.

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