

23 November 2021, 14:00h – 15:00h GMT

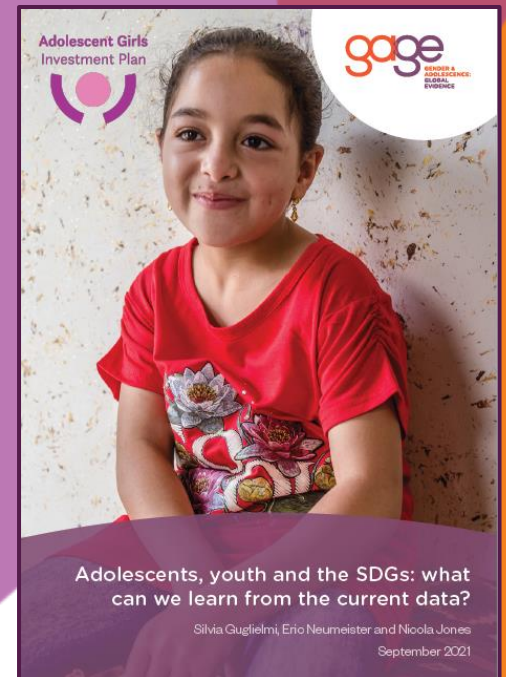
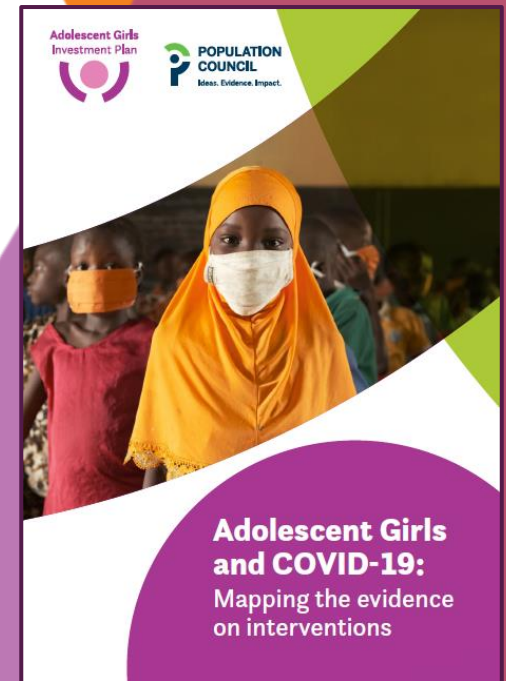
# Where are we on the adolescent agenda?

## Taking a deep dive into Covid-19 evidence and SDG data gaps

Moderation: **Dr Faith Mwangi-Powell**, CEO Girls not Brides & AGIP Co-Chair

**Pooja Singh**, Young Leader & AGIP Youth Engagement Officer

Speakers: **Miriam Temin**, **Sarah Blake** (Population Council), **Silvia Guglielmi**, **Eric Neumeister** (GAGE/ODI)



# About the Adolescent Girls' Investment Plan (AGIP)

## OUR VISION

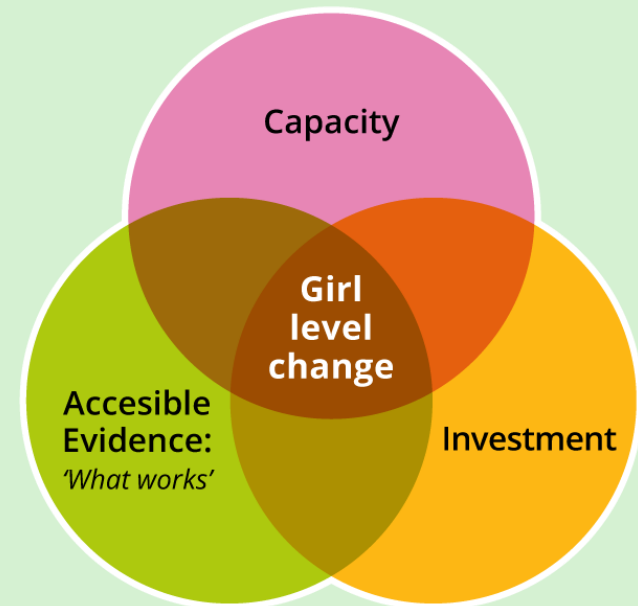
We envision a **world where girls have the voice, choice, and agency to determine their own futures**, supported by holistic investment that responds to the full complexity of girls' lives and needs.

## OUR MISSION

We aim to **close the large and persistent gap between resources, evidence, and commitments for adolescent girls** and the lived reality of adolescent girls in the most marginalised communities.

## OUR SOLUTION

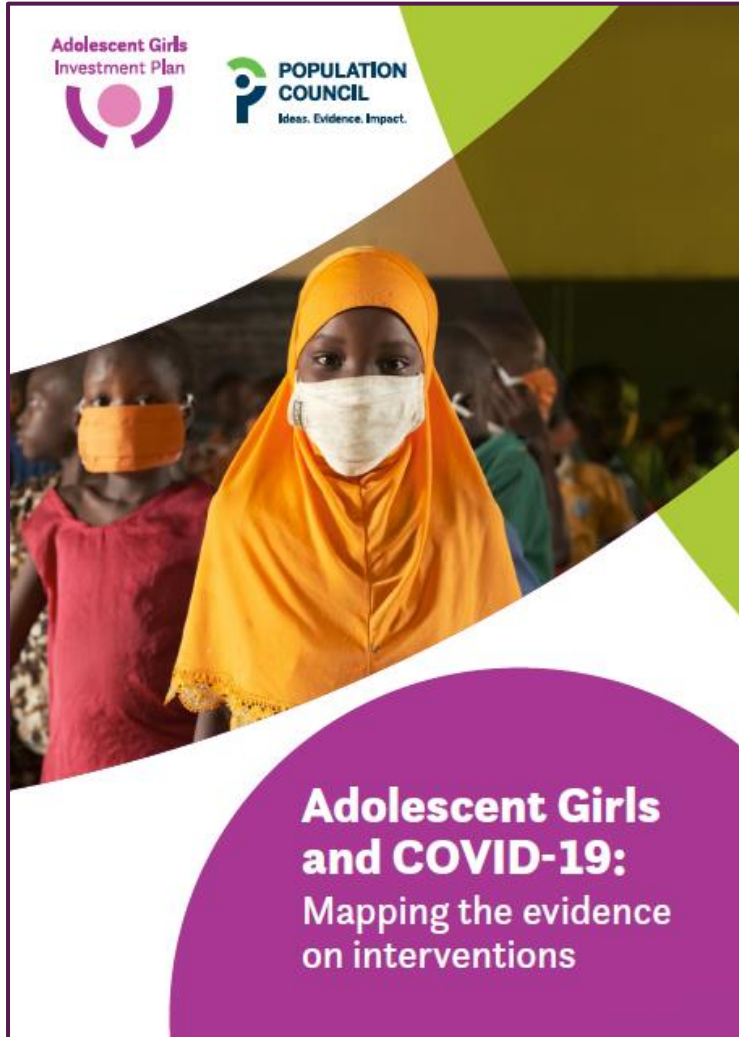
A global, intergenerational coalition working to affect change for adolescent girls:



# Agenda

Time (GMT) Duration	Agenda item
14:00 – 14:20 10 mins	<b>Welcome and introduction</b>
14:10 – 14:25 15min	<u>Report 1:</u> <b>Adolescent Girls and Covid-19</b>
14:25 – 14:40 15 mins	<u>Report 2:</u> <b>Adolescents, youth and the SDGs</b>
14:40 – 14:55 15min	<u>Discussion:</u> <b>Implication on research, policy &amp; practice</b> <ul style="list-style-type: none"> <li>• Response to questions from the audience</li> </ul>
14:55 – 15:00 5min	<b>Closing remarks</b>





**Miriam Temin**, Associate II and Project Director, Social and Behavioural Science Research, Population Council

**Sarah Blake**, Staff Associate, Social and Behavioural Science Research, Population Council



# Evaluation Evidence on Interventions for Adolescent Girls for the Time of COVID-19:

## **PRESENTATION OVERVIEW**

1. Introduction & Rationale
2. Evidence Review & Gap Map Objectives
3. Review Methodology
4. Main Findings
5. Implications: Research, Policy, Practice



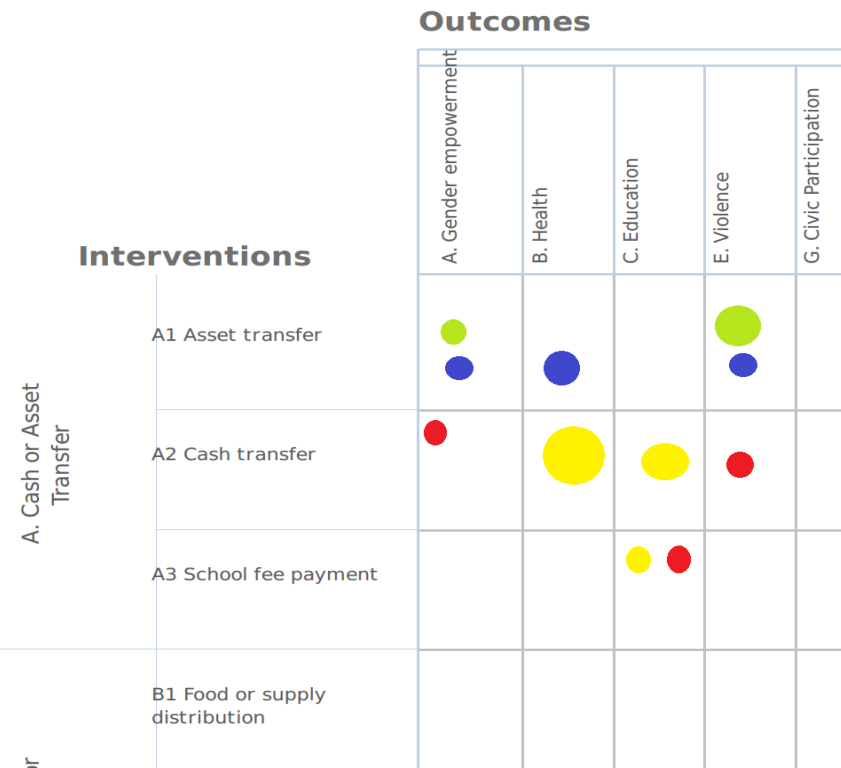
# Introduction & Rationale

- Key messages
  1. Clear evidence patterns; small number of interventions thoroughly evaluated
  2. Concerning evidence gaps, especially re. interventions for girls in crises
  3. Utility of evidence gap map
- Why evaluation literature review? Why now?
  - More evidence; limited accessibility
  - Urgency of COVID-19 risk, shut-downs
  - Limited resources, opportunities merit smart investments

# Evidence review on adolescent girls' interventions & outcomes in low-resource settings in the era of COVID-19 OBJECTIVES

Evidence Gap Map (preview)

1. High-potential interventions to **reduce girls' risks of contracting COVID-19**.
2. Promising interventions to **mitigate secondary effect of COVID-19 on girls** w/disrupted services, schooling, community-based programs.
3. Promising interventions to **"build back better,"** with/for adolescent girls **in long-term recovery period**.
4. Priority **evidence gaps**; which interventions; outcomes; sub-populations & unstable contexts



# Evaluations of effects mapped to adolescent girl-specific pathways....

1. Health
2. Education
3. Livelihoods
4. Violence
5. Water & Sanitation
6. Transport
7. Technology for connectivity

## to show, at a glance.....

- Interventions w/benefits or promise for girls relevant to COVID-19 ([what's been tried](#))
- Outcomes w/measured effects ([what's been achieved](#))
- Evaluation investments: where most, least evaluation evidence concentrates ([what's missing](#))



# Approach

## 1. Literature search:

- Searched on intervention types & “adolescent girls”
- Published 2010-2020
- Peer reviewed & grey literature (PubMed, Google Scholar; UN, NGO websites)
- Both reviews and single-interventions
- LMICs

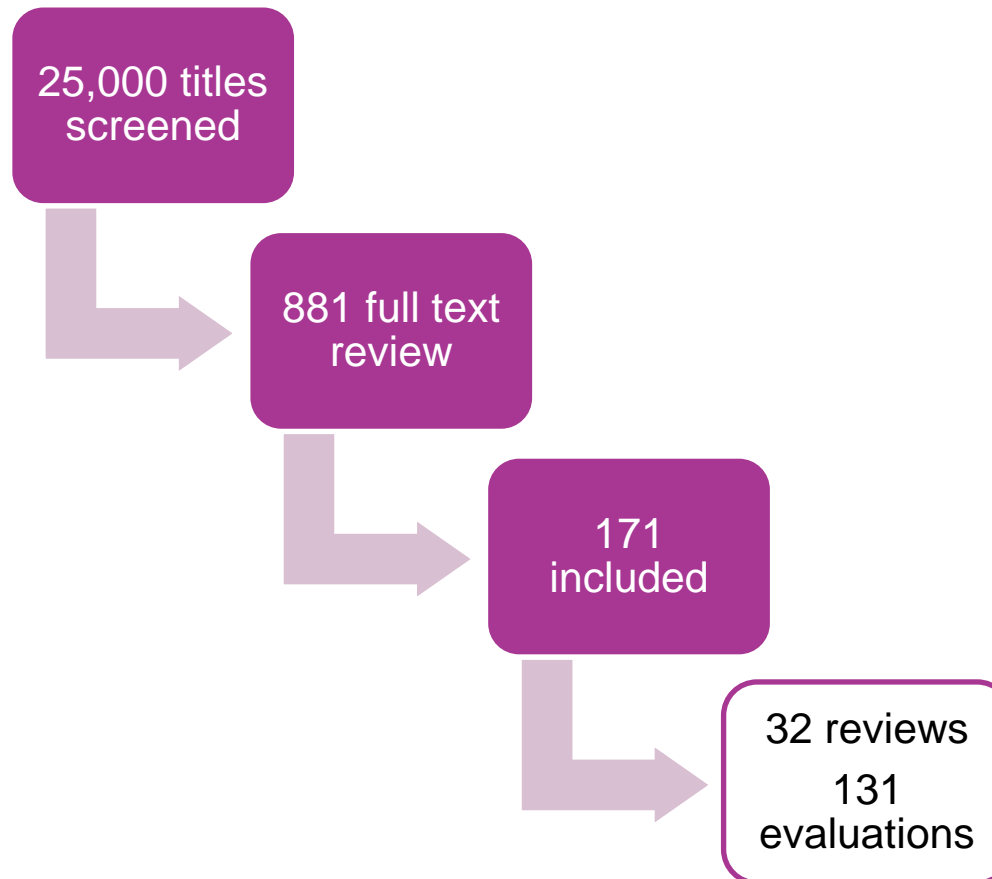
## 2. Inclusion:

- Report results for adolescent girls alone *or* disaggregate for age/gender
- Evaluate an intervention, with clear research methodology, including sample size and rationale, and description of data collection and analysis
- Methodology could be qualitative, quantitative, mixed methods, or review

## 3. Organization:

- Intervention category and potential phase in COVID-19 recovery (e.g. addressing basic needs; potential to implement during lockdowns, “building back better”)
- Outcome domain(s), such as health, education
- Rigor and type of evaluation
- Noted region, emergency/instability context, and description of AG population

# Findings: Available Evidence



# Organization of Gap Map

## 1.1: Evidence Gap Map Structure<sup>2</sup>

The EGM describes the quantity of reported effects...

of these INTERVENTION CLUSTERS:

- A. Cash or asset transfer
- B. Mass information and supply distribution
- C. School-based or formal educational interventions
- D. Institution-based exclusive of schools
- E. Built environment
- F. Community-based services/interventions
- G. Complementary interventions

on these OUTCOME DOMAINS:

- A. Gender empowerment
- B. Health (includes general health, infectious disease, SRH, mental health)
- C. Education
- D. Livelihoods
- E. Violence and child marriage
- F. Water, sanitation & hygiene (WASH)
- G. Civic participation

- Intervention types further grouped into **subcategories** to reflect nuances of intervention components
- Many evaluations included either **comparisons** between multiple types of interventions, **multi-component** interventions, or both
- Evaluations also often included **outcomes across multiple domains**
- **Did not** organize by level or direction of effects

# Findings: Intervention Clusters → What is Being Tried

Intervention Clusters	# of Evaluation Reports	# of Review Reports
A. Cash or Asset Transfer	49	14
B. Mass information and supply distribution	24	8
C. School-based or formal educational interventions	44	21
D. Institution-based exclusive of schools	38	20
E. Built environment	3	2
F. Community-based services/interventions	55	24
G. Complementary interventions	38	16

## Most common subcategories

- Cash transfer (A)
- Health and life skills education (C)
- Girls' Safe space clubs (F)

Evaluations *often* include multiple arms or combinations → for example:

- Cash
- Cash + safe space

# Findings: Outcome Domains

## 4.5: Outcome Domains

1. Gender Equality and Girls' Empowerment
2. Health
3. Education
4. Livelihoods
5. Violence and Child Marriage
6. WASH
7. Other Outcomes

Most common  
domains

Health (130)

Violence & Child  
marriage (77)

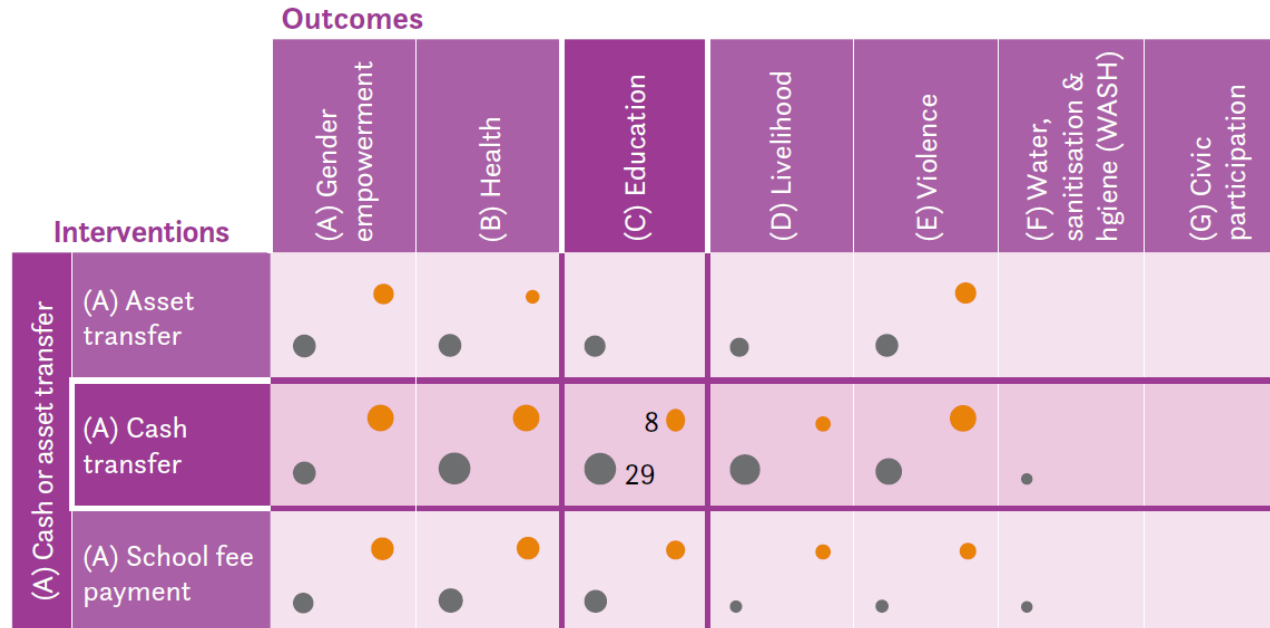
Gender Equality &  
Empowerment (69)

Education (67)

- **Outcomes measured included direct effects of interventions** → knowledge, attitudes, practices *and* “status change” outcomes
- **Common for evaluations to include multiple domains in intervention evaluations**, such as gender equitable attitudes *and* health *and* education



# Findings: Example of Cash Transfers



## Illustrates:

- *Cash* hypothesized to improve *education* outcomes, such as attendance, grade progression
- 29 discrete evaluation studies, 8 reviews

## ***Studies reflect diversity of model & persistence of implementation questions:***

- Conditional *and* unconditional transfers
- Existing social protection interventions *and* experimental designs (e.g. comparing cash vs. cash + safe space)
- Complex effects → attendance, progression, graduation, re-entry

# Findings: Contexts & Girl Populations

- **47 studies documented some element of instability** → humanitarian context, political, economic, or climate-related insecurity, though more likely affected
- Sub-Saharan Africa (100) most common, followed by Asia (36), specifically South Asia (30); <10 from Latin America/Caribbean or Middle East/North Africa
- **Rural (77) more common than urban/peri-urban (51) settings, very few (6) from refugee or IDP camps**
  - 24 both rural and urban
  - 12 unspecified (state, province, district)
- **Wide variation in definition of “girl” populations** → may be stratified by age, directed to in-school or out of school only, married vs. unmarried, HIV+ or HIV- → but interventions and reporting were inconsistent

# Gaps

- **Interventions:**
  - *Common health interventions*, for controlling disease outbreaks, such as access to and use of PPE, or handwashing and social distancing
  - *Emergency supply or services*, hotlines, health services, emergency cash and food distribution
  - *Effects of efforts to improve infrastructure/built environment*
- **Outcomes:**
  - *Access to essential technologies*, such as mobile phones
  - Secure girls' access to *safe transportation*

## Girls & their contexts:

- **Age-specific effects** → \*Many studies excluded because of collapsing of girls & adult women in analysis, inconsistent disaggregation among even included studies (e.g. 10-19)
- **Limited attention to excluded groups or those likely to face discrimination** → girls living with disability, refugee or IDP status, language, LGBTQ
- **Rural more common than urban**, limited attention to refugee/IDP camps
- **Regional** → limited attention to LAC and MENA
- **Accounting for contextual features**, including “shocks” of any kind is variable

# Implications of Evidence Gap Map (EGM)

## EGM shows

- Concentrations of evidence rather than proof of effectiveness
- Much to learn; intervention evidence from unstable contexts
- Recommendations on interventions possible
  - Combo of evidence concentrations & supplementary knowledge on strength of effects
  - Priorities for “learning while doing”



# Summary Findings

## 1. To Reduce Immediate/Acute COVID-19 Infection Risk

- Multi-approaches to health education + structural action.
- Resources to girls &/or caregivers; tailor messaging.
- Track if/how household resources distributed.

## 2. To Mitigate Secondary Effects of disruptions, closures

- Plan to balance benefits & risks of restrictions; respond to gender norms
- School re-opening consider girls, tailored modalities
- Cash/asset transfers to offset economic strain; track coverage
- Learning while doing: Violence prevention; SRH services; reduce social isolation, stress, household conflict



### 3. To “Build Back Better”

- Prioritize “Cash-Plus”; community-based girls’ groups
- Track recovery efforts by gender, age
- Sustain momentum on flexible service delivery models: SRH, legal, school health, violence prevention
- Multilevel interventions: household economic investments & social interventions

### 4. To Fill Critical Evidence Gaps

- Girl-specific evidence on common emergency measures
- Evaluations of promising interventions; tailor to adolescent heterogeneity & context.
- Nuanced findings that reflect different girl segments; what works for whom in what settings



# Wrap-Up

## Key messages

### 1. Learn by doing

- Evidence patterns; small number of interventions thoroughly evaluated, especially for context, heterogeneity

### 2. Fill evidence gaps before next crisis

- Concerning evidence gaps, especially interventions for girls in crises

### 3. Use evidence gap map

- Expand evidence-informed investments & programming

## Question to ponder

- How to balance need to invest wisely with need to act quickly? (hint: *it's not either/or*)







**Silvia Guglielmi**, GAGE  
qualitative researcher

**Eric Neumeister**, GAGE  
qualitative researcher

# Outline of presentation

- 
- GAGE Overview
  - The Agenda 2030 and SDG context
  - Report overview and methodology
  - Report findings
  - Conclusions and a call to action
- 

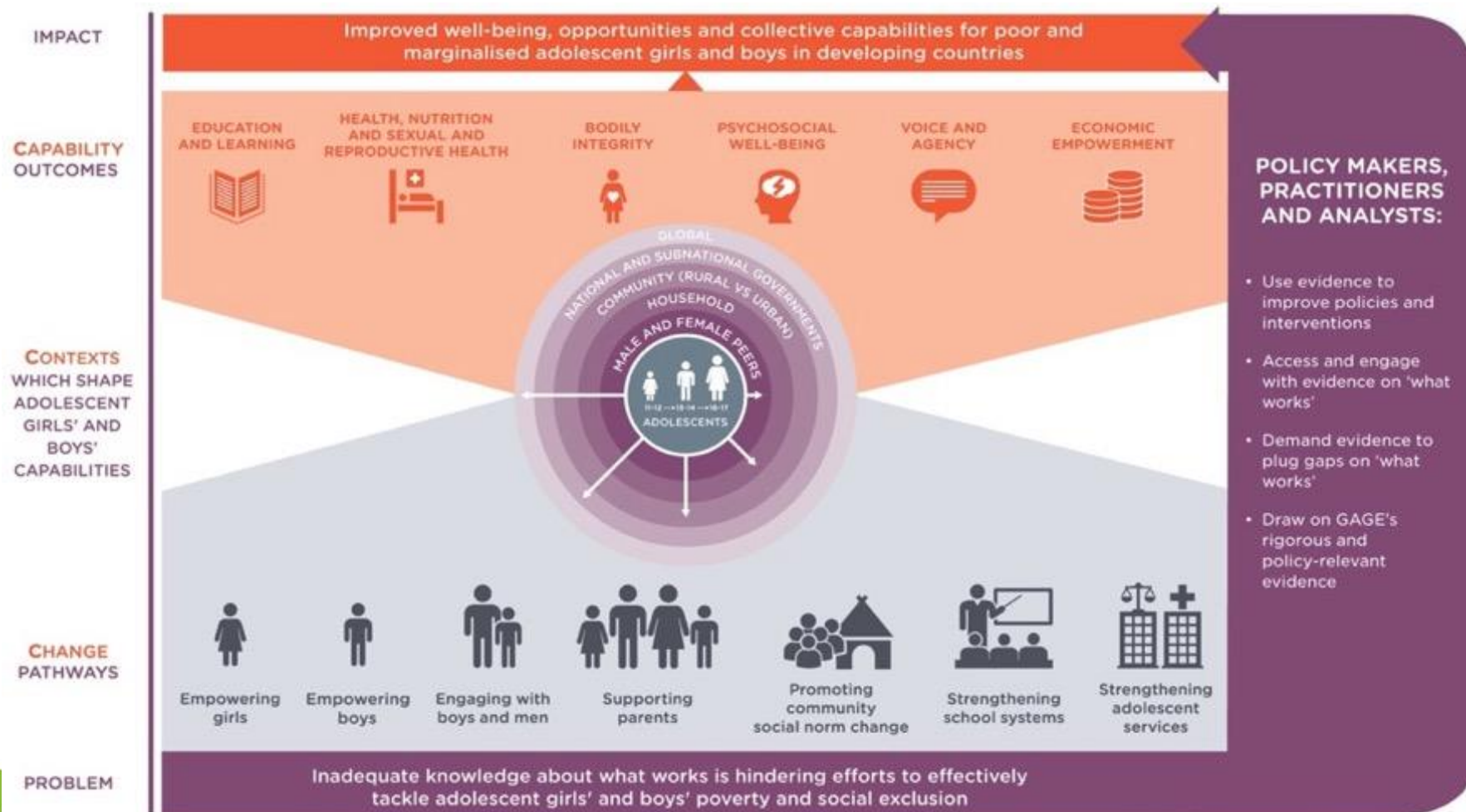
# Gender and Adolescence: Global Evidence (GAGE):

A longitudinal research programme (2015-2024)



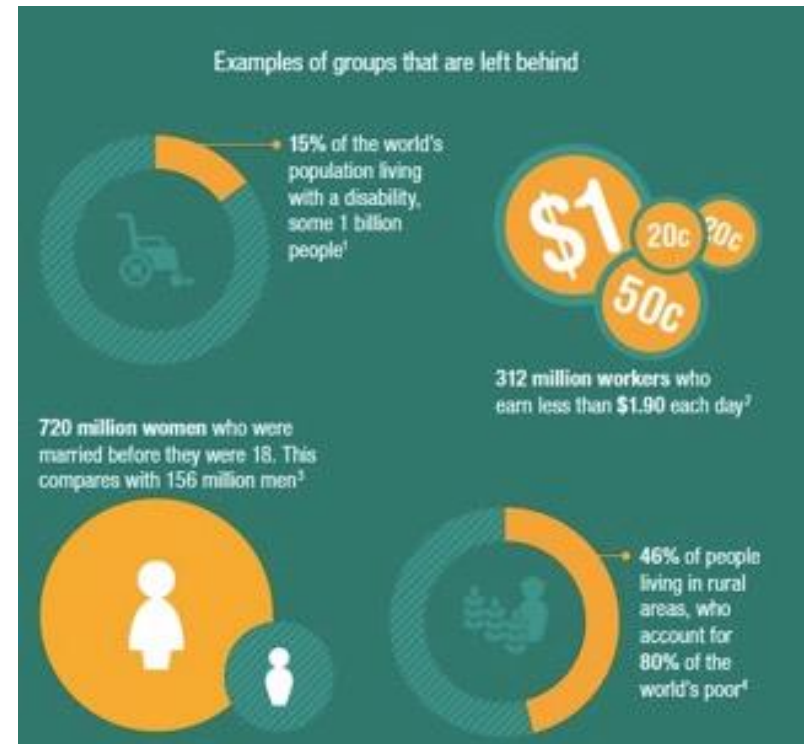


# GAGE Conceptual framework



# The Agenda 2030 and SDG context

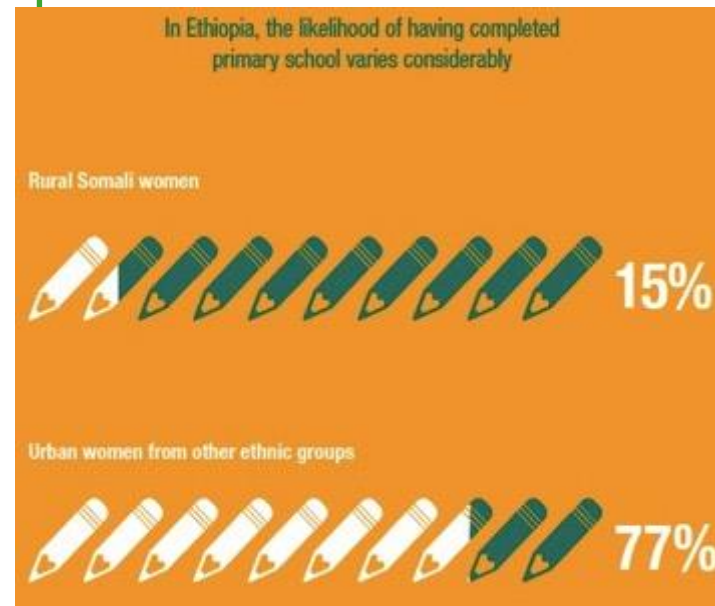
- To meet the SDGs, governments must look beyond population averages to identify who is left behind and what they need



# The Agenda 2030 and SDG context

## Overlapping inequalities can amplify the experience of being left behind

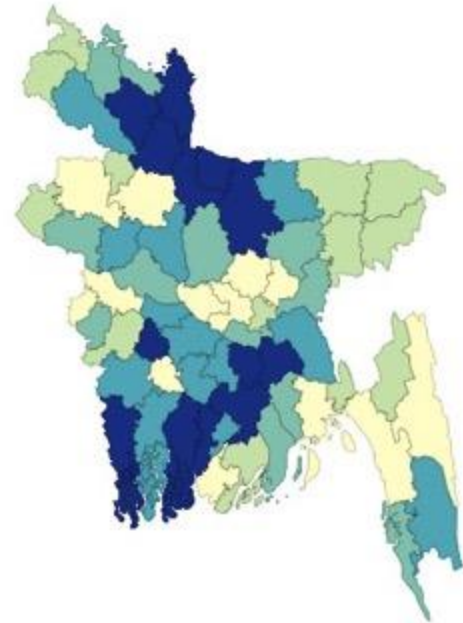
- Being female, living in a rural area and belonging to a marginalized ethnic group means facing multiple inequalities.



# The Agenda 2030 and SDG context

## Country level averages mask large disparities

- It is crucial to dig below national averages to uncover who is being left behind and where.



# Report overview and methodology

The **2030 Sustainable Development Goal framework**, premised on the goal *to leave no one behind*, centres the global development agenda around the world's **most disadvantaged** populations – including adolescents.

To understand the challenges faced by marginalised populations, the SDGs call for **robust and disaggregated data collection** that captures inequalities faced by women, girls & young people

This report investigates **what we can learn about adolescent and youth well-being** based on available SDG data, and the extent to which data are usefully disaggregated in order to *leave no one behind*.



# Report overview and methodology

**Table 1: Conceptualising adolescent capabilities and well-being: overlapping components of GAGE consortium (2019) and Ross et al. (2020)**

Adolescent capabilities		
GAGE Conceptual Framework, 2020	UN Adolescent Well-being Framework, 2020	Report sections
Education and learning	Learning, competence, education, skills and employability	Education and learning
Bodily integrity	Safety and a supportive environment	Bodily autonomy, integrity and freedom from violence
Sexual and reproductive health (SRH) and nutrition	Good health and optimum nutrition	SRH, health and nutrition
Psychosocial well-being	Connectedness, positive values and contribution to society	Psychosocial well-being and social connectedness
Voice and agency	Agency and resilience	Voice, agency and community engagement
Economic empowerment <sup>1</sup>		Economic empowerment and skills



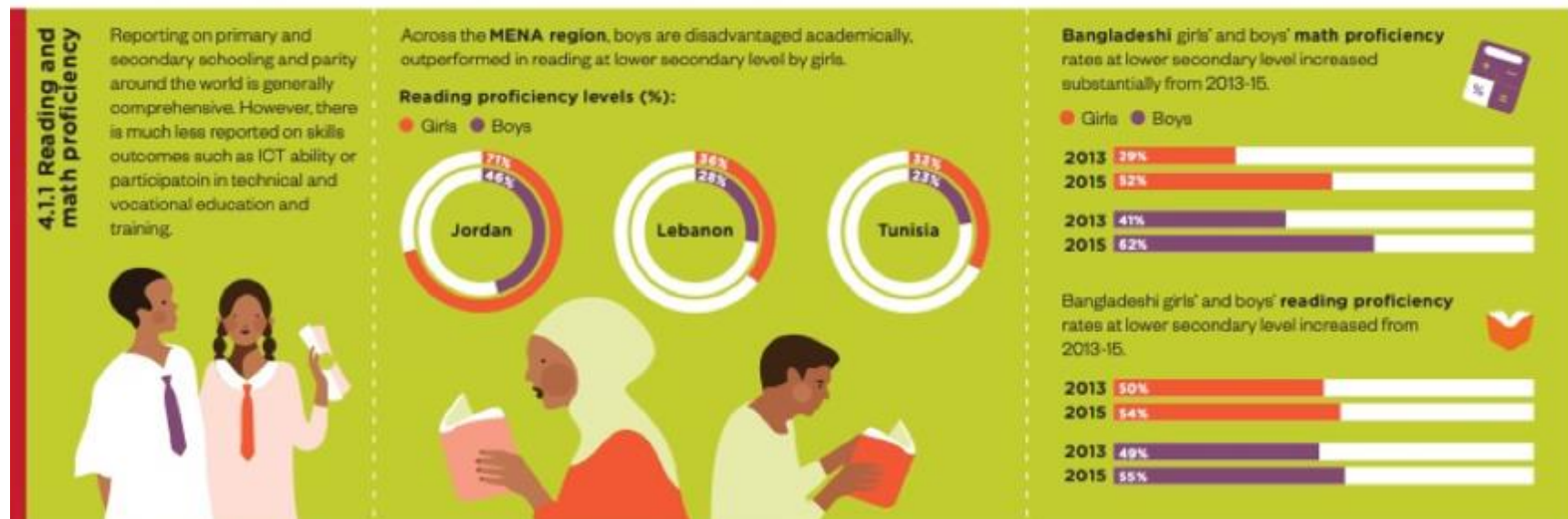
# Report findings



# Education and learning

Data reported on formal educational outcomes is largely robust, though little information is available on non-formal and vocational education or ICT skills, which are a critical element of young people's educational trajectories. Trends vary by region.

## Are adolescents' education outcomes improving?



# Education and learning

## Are adolescents' education outcomes improving?

### 4.1.2 Completion rate (primary, lower and upper secondary education)

In **Bangladesh** there is a large discrepancy between wealthiest and poorest quintiles in completing upper secondary school.



Across all economic quintiles, **boys** have higher rates of completing upper secondary school than **girls**, but the gap is decreasing.



In both urban and rural areas of **Uganda**, girls were more likely to graduate from primary school than boys, but boys had higher rates of graduating secondary school.

● Girls ● Boys

#### Primary school

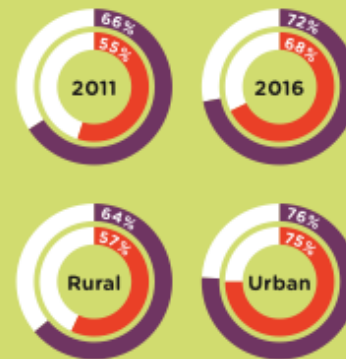


#### Secondary school



**Nepal** has seen progress in closing the gender gap in graduation rates at primary and secondary levels, but in rural areas gaps are greater.

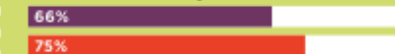
● Girls ● Boys



In **Kenya**, graduation rates at lower and upper secondary levels varies according to gender.

● Girls ● Boys

#### Lower secondary levels

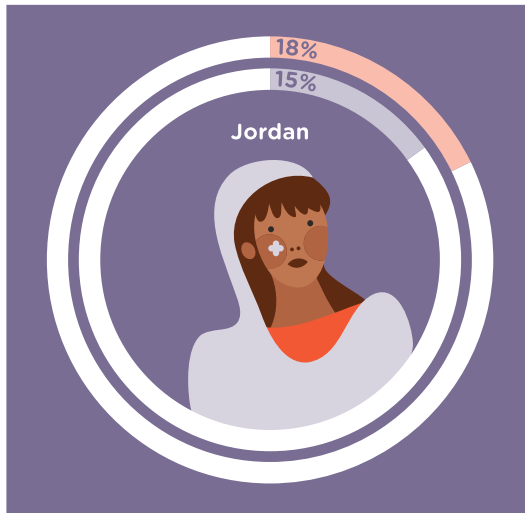


#### Upper secondary levels





# Bodily autonomy, integrity & freedom from violence



SDG data from Jordan shows that adolescent girls are at greater risk of IPV than young women: 18% of girls aged 15-19 experienced IPV in the last 12 months, compared to 15% of 20-24-year-olds.

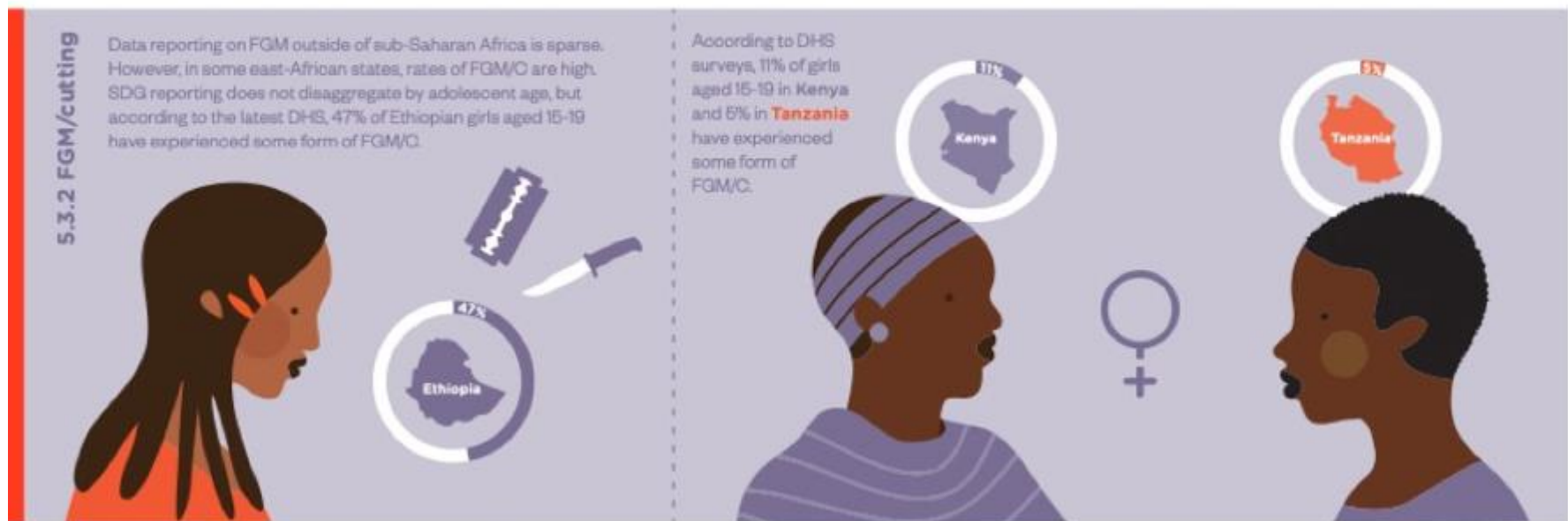
However, identifying country IPV trends over time is difficult due to lack of regularly collected and reported data.



# Bodily autonomy, integrity & freedom from violence

Data on FGM/cutting is highly localized, but growing evidence points to increasing rates in MENA and South-East Asia.

Are adolescents growing up in a safe and supportive environment, free from gender-based violence?



# Bodily autonomy, integrity and freedom from violence

Sub-saharan Africa reports higher rates of child labour than other regions.

In **Tanzania**, 23% of children are engaged in economic activity outside the household, alongside 19% in **Ethiopia**.



**Lumping age bands in child labour metrics is not helpful** and does not account for the diverse capacities, trajectories and development of a 5-year-old when compared to a 17-year-old.

**Jordan, Palestine and Tunisia aggregate data into >18 or >14 categories.**

Bangladeshi boys are more likely than girls to work outside the home, while in Pakistan 12% of **girls** engage in economic activity outside the home compared to 5% of **boys**.

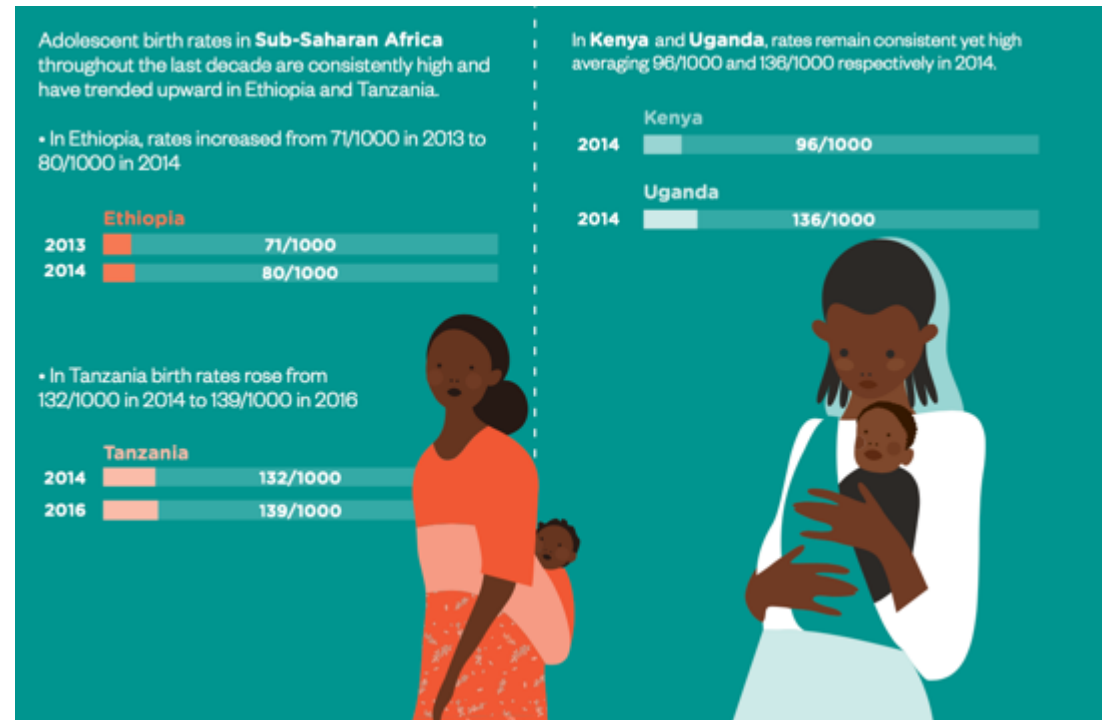




## SRH, health and nutrition

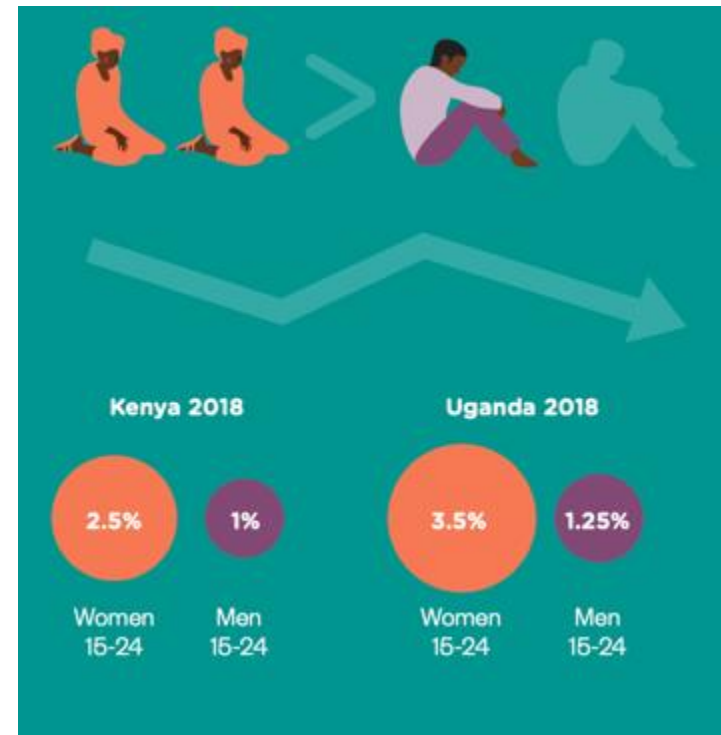
Girls who become pregnant in adolescence are at **higher risk of a wide variety of adverse health outcomes** for themselves and for their children including preventable causes of death.

Adolescent birth rates **remain consistently high** in some contexts, creating a complex set of barriers in other domains.



## SRH, health and nutrition

Among 15–24-year-old youth, females in Sub-Saharan Africa are twice as likely as boys to be HIV positive, though infections within this age range are decreasing every year.



# Psychosocial well-being and social connectedness



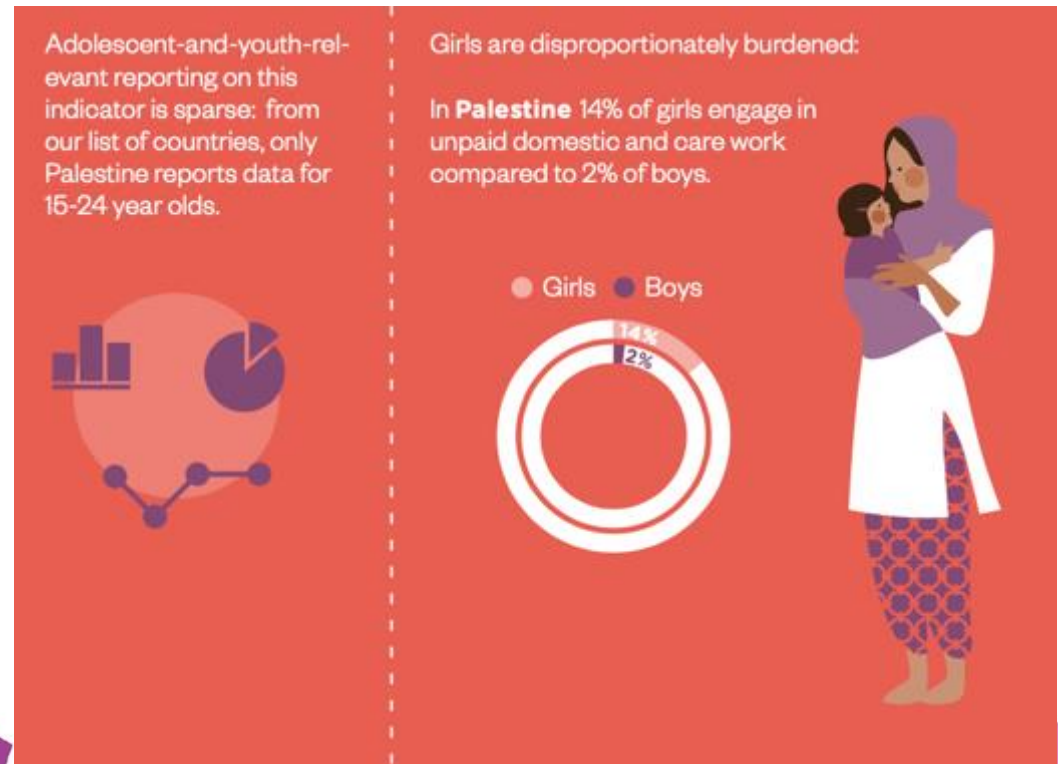
There is a total absence of adolescent psychosocial well-being in the SDGs. Using indicator 16.2.1 as a proxy, rather than trusted adult support, we find the majority of children and adolescents experience violent caregiver punishment and/or psychological aggression, having knock-on effects into later life.

92% of Palestinian children and adolescents experience this physical or psychological aggression.

# Voice, agency and community engagement

Reporting is very sparse. To the extent that data is available, girls are disadvantaged over their male peers when it comes to negotiating their own time use.

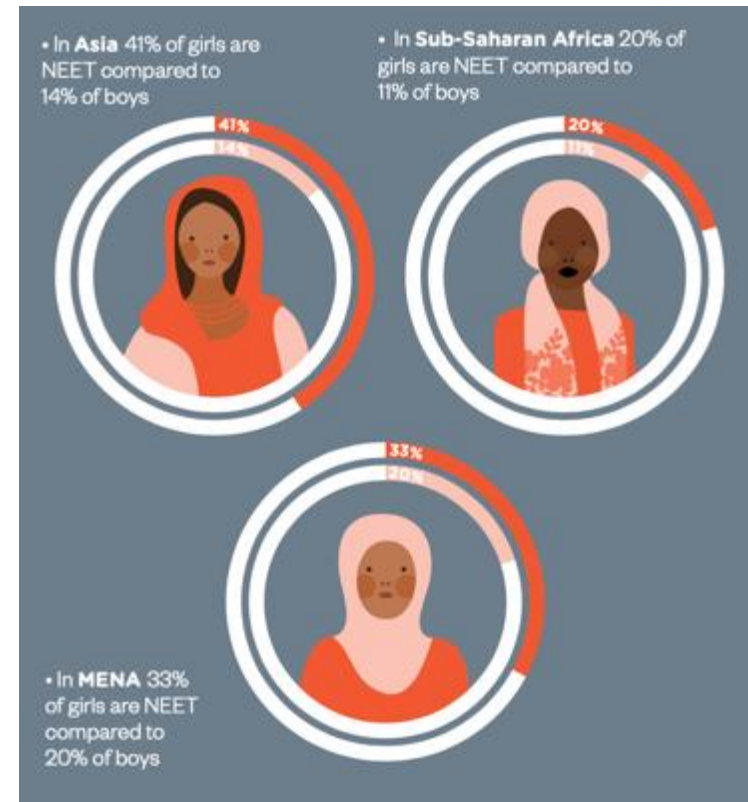
Data from Palestine show that girls are disadvantaged over their male peers when it comes to negotiating their own time use: 14% engage in unpaid domestic and care work compared to 2% of boys.



# Economic empowerment and skills

The proportion of NEETs varies considerably by sex and geographical location.

Girls are disadvantaged across contexts, though from the countries we examine, girls in Asian countries are the least likely to be in education, employment or training compared to girls or boys in other regions.



# Economic empowerment and skills

Continue to collect disaggregated data on formal educational outcomes

Broaden the scope of reporting to include informal and vocational education.

Focus data collection on specific age ranges to account for the variance in threats to bodily integrity by age.

Focus data collection on access to health services and infrastructure to identify gaps based on age and sex.

Collect data more frequently for SDG targets 5.4 and 16.2 in order to establish trends in countries and regions over time.



# Adolescent Girls Investment Plan



[www.adolescent-girls-plan.org](http://www.adolescent-girls-plan.org)