



African Population and
Health Research Center

POLICY BRIEF 2019



ADVANCING LEARNING OUTCOMES FOR TRANSFORMATIONAL CHANGE

Lessons learnt from six year implementation and
evaluation of an education program in Nairobi



Education is often seen as the key to developing an economically successful society (Deng & Gopinathan, 2016). Evidence suggests that there is a growing recognition of the need for education systems to prepare children and young people for life in an increasingly complex and technical world (Priestley, Wilson, Priestley, & Serpa, 2017). This includes inculcating in them 21st Century competencies, thereby changing the definition of academic success from mastery of specific content to elevation of core competencies such as self-confidence, self-directed learning, active contribution and ability to show concern (The Ontario Public Service, 2016). Interpersonal and intrapersonal competencies which have gained as much importance as cognitive competencies are critical for all students as they impact several areas of life including educational attainment, relationships, health and overall wellbeing.

Educational interventions that focus on aspects such as life skills have been found to be effective in reducing negative behaviors and enhancing positive aspects of behavior (Botvin, Griffin, Paul, & Macaulay, 2003). For instance, psychosocial interventions focusing on life skills education which strengthen coping strategies and enhance critical-thinking skills promote positive social and mental health of adolescents (Prajapati, Sharma, & Sharma, 2017; Yadav & Iqbal, 2009). Such interventions equip students with the necessary skills to navigate the complexities of life and later on, they are empowered to become fully functioning contributors to their own communities and to the world in general.

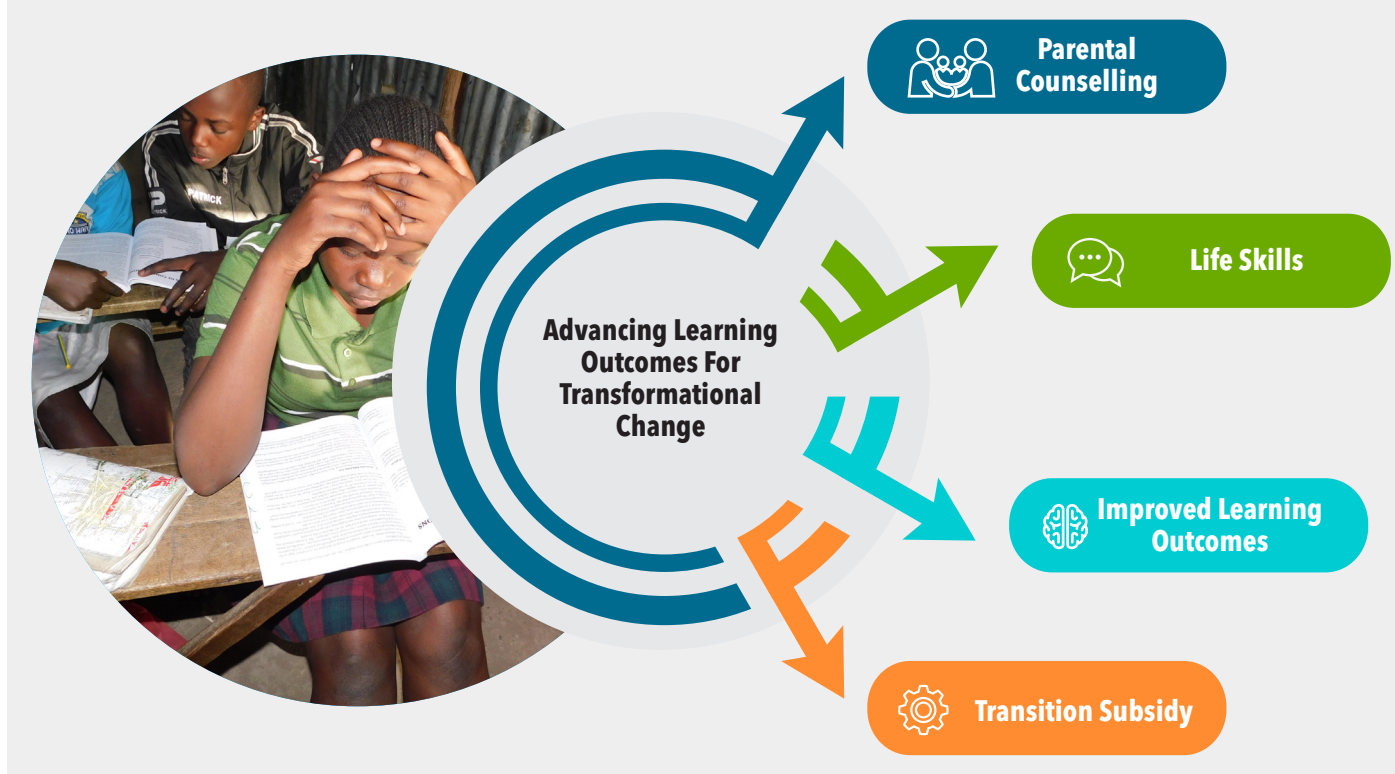
The demonstrated impact of these interventions suggests that programming that seeks to improve outcomes for adolescents and youth should cut across school, home and the community. Adolescents and youth living in disadvantaged settings are likely to be at higher risk for negative outcomes and therefore

more likely to benefit from interventions that provide opportunities for dialogue and, supportive environments. This study focused on adolescence because this phase of life is one of the most rapidly changing stages of human development. This period is characterized by the development of knowledge and skills, as well as the acquisition of attributes and abilities important for enjoying the adolescent years and the entire lifespan (Robert W Blum, Astone, Decker, & Mouli, 2014). As much as this period is characterized by positive development, it is also a time of great vulnerability to high-risk behavior and experimentation, well understood as being normative rather than irrational (Abuya, Kitsao-Wekulo, & Chege, 2017; Robert W Blum, Bastos, Kabiru, & Le, 2012; Kabiru, Beguy, Ndugwa, Zulu, & Jessor, 2012).

The Advancing Learning Outcomes for Transformational Change (ALOT-Change) project was a three-year program whose goal was to increase efforts towards securing the future of children in urban informal settlements by improving learning outcomes, transition to secondary school, leadership skills and social behavior among girls and boys aged 12-19 years who live in urban informal settlements. Implemented in two of Nairobi's informal settlements (Korogocho and Viwandani), the objectives of the study conducted by APHRC included to;

In order to achieve these goals, the study implemented an after-school support and life skills mentorship program, provided subsidies, exposed parents to guidance and counselling, and exposed girls and boys to opportunities to enhance their leadership skills. It is expected that this project will inform the development of an effective and scalable model for enhancing learning outcomes, transition to secondary school, leadership skills and social behavior for children residing in urban informal settlements.

The different components of the A LOT program in Phase I



IMPLEMENTATION

Phases I (Pilot) and II (Expanded Phase) of the ALOT-Change program were implemented in phases in the two urban informal settlements of Korogocho and Viwandani. During Phase I (2013 to 2015), the program focused solely on adolescent girls, their parents, the community members and local leaders. Using the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) database, all households with girls aged between 12 and 19 years were identified and listed. This was followed by visits to the identified households to confirm the age, level and level of school of each girl. They were then included in the project if;

a) the girls belonged to the households in the bottom 40% quartile in terms of poverty,

b) the households are part of those whose information is available in the NUHDSS 2012 dataset,

c) the girls' individual education information is available in the 2010 Education Research Program (ERP) data system and,

d) based on 'b' and 'c', households had girls aged 12 to 19 years, and in primary grades 6, 7 and 8.



A sample of 1421 households were included bringing together an initial cohort of 2132 girls. The parents of the girls and the leaders of the two communities were included so as to support the girls' education.

In Phase II (2016 to 2018), Grade Six girls and boys from both slums were incorporated as program beneficiaries, together with their parents. The NUHDSS tracked a population of about 63,000 individuals in about 25,000 households as at May 2015. Using this database, a list of 824 pupils who were in grade 5 in 2015 (expected to be in Grade Six in 2016) was generated followed by a field confirmation on the schooling and grade status. The eligible pupils were recruited into the study, exposed to the intervention



and followed prospectively for a period of three years, up to 2018. Once recruited, even if a student repeated a grade, they were still eligible. Like in Phase I, the parents of these girls and boys were also recruited to participate in parental counselling on the sensitization arm of the intervention. At baseline, in 2016, the target population of pupils was 824, i.e. 424 in Korogocho and 400 in Viwandani. However, the follow-up population reduced to 686 at midline (335 in Viwandani and 351 in Korogocho) as several learners were not reached for data collection at baseline for various reasons (Abuya et al., 2016).

The final end line sample consisted of 653 out of the 686 that participated in the midline phase. The study adopted a quasi-experimental design to test the effect of the leadership training on the learning outcomes of boys and girls, with adolescents from Korogocho forming treatment group 1 (no leadership component) and those in Viwandani being allocated to treatment group 2 (with leadership component). A coin was tossed to determine which site would be allocated to treatment group 1, and which one to treatment group 2. It should be noted that the intervention in Phase II added on the leadership component that was not part of Phase I.

The five-part intervention included:

- 1 Mentorship in life skills;
- 2 Parental guidance and counseling;
- 3 After-school support in literacy and numeracy;
- 4 Opportunities to enhance leadership skills among participants (Viwandani only) and,
- 5 Transition subsidies at the end of the primary school cycle (slated for December 2018) to encourage transition to secondary school.

HIGHLIGHTS OF ENDLINE EVALUATION FINDINGS IN 2018

1. IMPACT ON LIFE SKILLS

The 2018 end-term evaluation, showed that the intervention had a positive impact on the educational goals and aspirations of pupils with a Difference in Difference (DID) of 0.104. This impact on aspirations was larger and statistically significant among girls (DID of 0.145). Likewise, the intervention had a significant impact of the intervention on self-confidence (DID of 0.306) among pupils in Viwandani.

This impact persisted even after stratifying by gender showing that the intervention impacted equally among boys (DID of 0.316) and girls (DID of 0.301). In terms of parental monitoring, there was improved parental monitoring in Viwandani at endline (average of 2.59 out of a possible 3) as compared to baseline (average of 2.57 out of a possible 3) with the impact being significant among girls (DID of 0.106). Moreover, pupils still preferred parents as the people to discuss puberty and sexuality issues with, although there was a slight drop from baseline (46%) compared to end line (43%).

One outstanding positive change observed in pupils was the ability to express themselves better due to enhanced self-confidence. This, according to the beneficiaries of the A LOT Change program, was as a result the mentorship that they had received as part of the life skills component. Improvement in self-possession was seen to be a key aspect of a lot more pupils in becoming better public speakers as their stage fright diminished

"...before I came for this session, I used to be very shy and I was not able to speak in front of people. But in the project we were told not be shy and that you are supposed to speak to people face to face."

(Dialogue, female pupils, viwandani, 06082018)

2. IMPACT ON LEARNING OUTCOMES

For numeracy, the results indicate that the difference in the mean changes in performance of the two treatments groups was positive (43.0). This implies that the impact the intervention components that included leadership on the pupil numeracy scores was significantly higher than the impact of the treatment group that did not include the leadership component. This means that intervention had an impact on numeracy scores of pupils in Viwandani.

Moreover, results further show that the gains in literacy achievement among pupils receiving the T1 package (in Korogocho) was (72.7) and those receiving the T2 package (in Viwandani) was (89.4) and were significantly (at 5%

significance level). These gains were higher when compared to the corresponding gain recorded during the pilot study.

This is interpreted to mean that both intervention packages were clearly useful in accelerating pupil literacy achievement beyond what was accomplished by the pilot study, consistent with the numeracy results. In other words, compared to Phase 1, there were better scores in numeracy and literacy across the two sites. On the other hand, for numeracy, the intervention packages were seen to have more impact among pupils who were within the expected age for the grade (12-13 years) or those who were younger for the grade (<12 years) than among pupils who were older for that level (>13 years).

"Numeracy has helped me so much. I use to make mistakes that would really cost me. You would often find me doing my own things- I would start well but fail at the last stage because I omitted some steps."

(Dialogue, Male pupils, Korogocho, 10082018).

3. LEADERSHIP

In terms of the magnitude of change in results among pupils, the greatest overall change in scores was seen on the Self-Assertive Efficacy sub-scale (speaking up for one's rights); while the smallest change was on the Social Competences (ability to empathize) sub-scale, meaning that at end-line pupils had improved in their ability to speak out for themselves.

Overall, the leadership training seems to have had the strongest effect on the Self-Regulatory Efficacy sub-scale (DID 0.092), which was positive and significant at 5 percent level, when we compared baseline and end term results across sites. In comparison, this change was greater for Viwandani.

From the qualitative narratives, pupils' ability to make informed choices about their own behavior and social interactions was enhanced by participating in the leadership program. Based on the learnings from the life skills and leadership sessions, pupils were able to make choices based on their own convictions rather than follow their peers.

"...We were taught by our mentor that if there was someone who was pressuring you to do bad things, you should stand on your own and let your yes be yes and your no be no. Some wanted me not to attend school on Saturday...to walk around and buy clothes...But I said no and I stuck to my no."

(Dialogue, Female pupils, Viwandani, 06082018).



LESSONS LEARNT

During the six years of the intervention, the team learnt several critical lessons:

1 Integrated approaches reduce inefficiencies and resource wastage associated with program fragmentation. This is through a systematic and structured approach to implementation, with a sequenced step-by-step system. This means that different components of the intervention had to be implemented through a specific number of activities throughout the implementation period, supported by a robust monitoring, evaluation and learning (MEL) scheme.

2 Inclusion of boys in the program provides an opportunity for a more comprehensive approach to girls' education. Moreover, inclusion of boys motivated girls to compete at an equal level, complete primary education and make a transition to secondary school. For example, one of the girls in the initial phase, Riziki was able to complete primary school, beat both boys and girls to emerge the best in her class, and be admitted to a National Secondary School in Kenya. She has gone on to excel even further in her education out of her own merit and not based on gender.).

3 In terms of sustainability, the program maximized the use of local resources, with the community becoming more appreciative of the value of education. The community fully owned the program as it was run in collaboration with well-known community-based organizations, Miss Koch (Korogocho) and U-Tena (Viwandani).

This resulted into the project being fully entrenched within the two urban informal settlements. The continuous training and capacity building for all stakeholders involved in the implementation also contributed to a greater sense of ownership by members of the community.

4 The mode of delivery of the intervention enabled the beneficiaries to gain the most from the intervention, leading to the success of the project and observed significant effects. For instance, pupils found mentors more approachable in sharing academic and personal issues, compared to sharing these with teachers.

5 Enhanced communication between parents and their children was one of the most important results of this program. This was both an outcome and trickle-down effect that spurred further success of the program, as community champions advocated for the program within the community.

6 Through the program, we built long lasting partnerships with different stakeholders which was key in the effective and efficient delivery of the intervention as well as its sustainability. In our case, the project forged strong partnerships with beneficiaries, community members, schools, CBOs, education officials and research institutions. Each of the stakeholders had specific responsibilities. For instance, the CBOs were responsible for overseeing the delivery of the intervention because they were already undertaking other activities within the community and thus promoting ownership from the community. The community leaders were involved in key project decisions through the community advisory committees as well as in the sensitization and mobilization of community members for project activities.

7 Use of mixed method approach in evaluations allowed for a comprehensive picture of the effects of the intervention, especially soft skills and competencies. It is through the qualitative study that we learnt how beneficiaries were using their newly acquired skills especially in life skills and leadership. For instance, due to improved self-confidence, students are able to participate better in class because they are not shy to answer questions and ask for clarifications.

SUCCESSSES GAINED FROM ENGAGING WITH STAKEHOLDERS AND POLICYMAKERS



1. Over the course of this project, officials at the Ministry of Education and County governments were regularly engaged through stakeholder dialogues about the impact of the intervention and how that evidence can influence key policy decisions.
2. The program also involved teachers and schools in the study areas to participate in the various project activities such as training of mentors; carrying out field visits to ensure mentors are delivering correct information; teacher-mentor fora to share experiences; and schools provided venues for the different project activities. Teacher-mentor fora increased community participation in schools. Private sector actors were also engaged in providing motivational talks and opportunities for exposure visits.
3. Through the Regional Education Learning Initiative's (RELI) Values and Life skills thematic group, the project has shared evidence and experiences with other like-minded organizations and policy makers, who are interested in this aspect of education. This evidence has formed part of the learning agenda on lifeskills and comprehensive sexuality education for the county governments of Kisumu, Busia, Kakamega, Homa Bay and Siaya.
4. A LOT has also been a part of RELI's Equity and Inclusion thematic group, through which evidence from the program has contributed to the Equity and Inclusion narratives at Evidence for Action (ee4a), which is a platform for evidence-sharing between researchers and policy makers in Kenya. Lastly, evidence from this program has formed a bigger part of the wider knowledge synthesis that has been used by the Urban Education Group (UEG) at APHRC to champion the right to education of children from urban areas across East Africa. This has led to the Center's participation not only in the curriculum review process with Kenya Institute of Curriculum Development (KICD) and Curriculum Development Assessment and Certification Council (CDACC), but also evidence generation for counties and other East African countries.

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CONCLUSION

The provision of safe spaces, availability of proper role models and mentors from within the community, opportunities for individual participation and community engagement are all facilitative factors that promote the success of adolescent programs. Individual participation and community engagement are particularly important because programs that focus only on the transfer of information have been found to be less effective than those that incorporate development of skills. In addition, integrated approaches have also been found to be more useful than stand-alone interventions.

Moreover, engaging men and boys both as recipients of the program and as champions of change can help to awareness of the need to challenge existing gender norms and attitudes. Overall, the success of a program is hinged on its ability to provide supportive relationships and promote an enabling

environment that can help adolescents participate in making the decisions that shape their future. From the results of the 2015, and 2018 evaluation studies in, and the lessons learnt, mentorship in life skills and leadership training produce positive effects on adolescent outcomes, and demonstrate the potential of formal structured opportunities outside the classroom.

In disadvantaged settings where adolescents may not have the necessary opportunities at the school or household level to develop life skills, support from external programs may be necessary. The lessons learnt help to inform decision-makers at the national and sub-national levels, particularly in relation to questions around scale-up and sustainability of similar programs.

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About the African Population and Health Research Center

The African Population and Health Research Center is the continent's premier research institution and think tank, generating evidence to drive policy action to improve the health and wellbeing of African people.

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