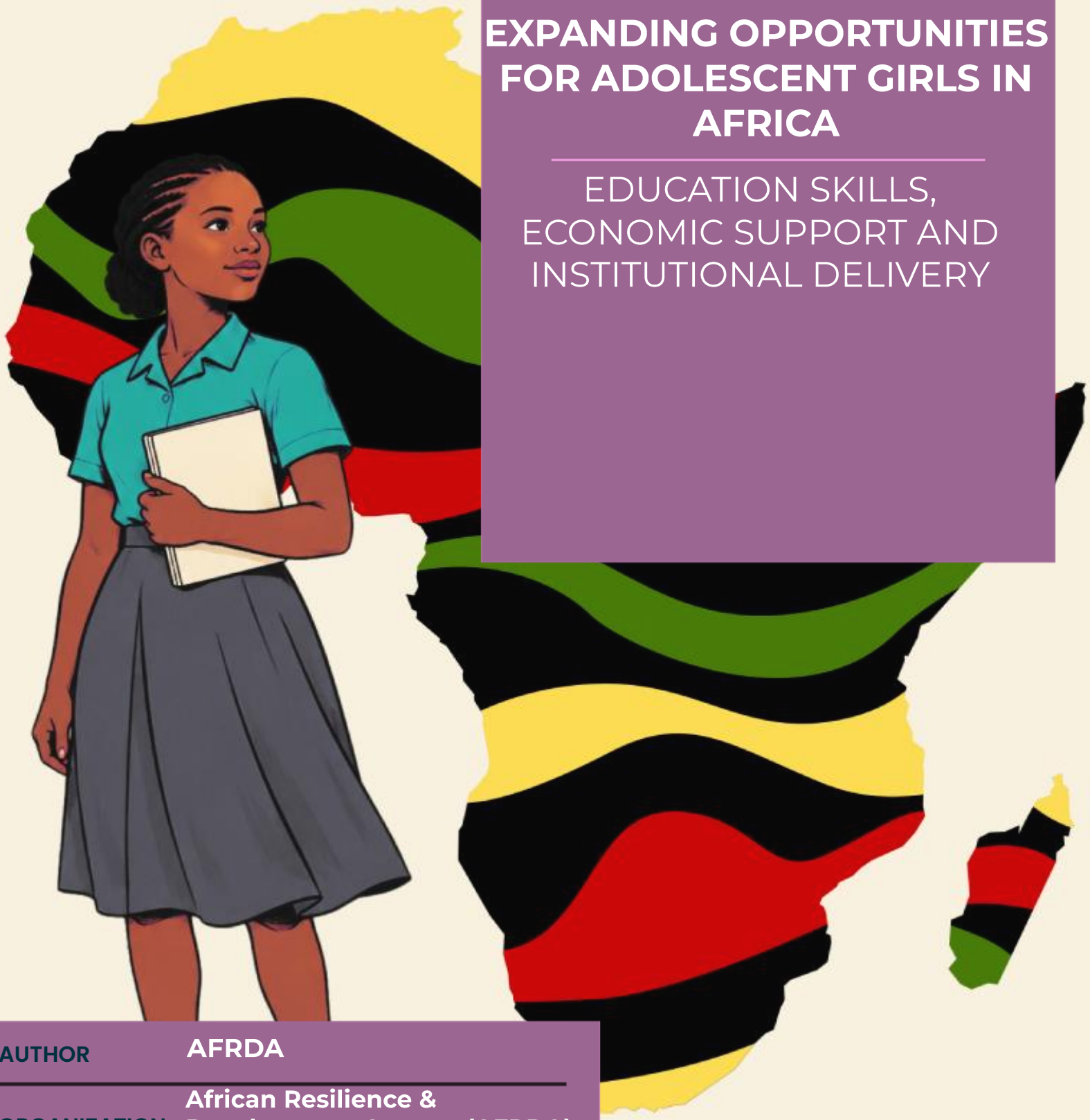
AFRICAN RESILIENCE & DEVELOPMENT AGENCY (AFRDA)

EXPANDING OPPORTUNITIES FOR ADOLESCENT GIRLS IN AFRICA

EDUCATION SKILLS, ECONOMIC SUPPORT AND INSTITUTIONAL DELIVERY



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CONTENTS

FOREWORD 1

Executive Summary 3

Key Policy Directions 6

1. Introduction 7
2. Rights and Policy Foundations 10
3. Experimental Evidence and Its Policy Meaning 12
4. Actors and Implementation 16
5. Constraints and Explanatory Mechanisms 18
6. Integrated Adolescent Girls Opportunity Platform 21
7. Implementation and Institutional Arrangements 24
8. Monitoring Evaluation and Learning 26
9. Policy Recommendations 28
10. Conclusion 31
11. References 32

FOREWORD

Africa's future will be shaped by the opportunities available to its young people and by the conditions under which they develop their abilities. Adolescent girls move towards adulthood through environments created by families, communities, schools, public institutions and economic systems. These environments influence the choices they can make, the confidence with which they make them and the resources available for pursuing their aspirations. Dignity, safety, knowledge and credible opportunities therefore form part of the foundation on which girls build their lives.

African societies possess a growing generation of girls with ideas, talent and ambition. Recognition of this potential carries responsibilities for governments, civil society, communities, development institutions and the private sector. The conduct of these actors shapes how girls experience adolescence and how they approach adulthood. Their policies, investments and institutional practices determine the space available for girls to develop their capabilities and participate in society. Progress therefore depends on sustained public attention, meaningful participation and institutions prepared to translate commitment into practical opportunity.

Development practice derives legitimacy from the experiences and priorities of the people it seeks to serve. Adolescent girls possess direct knowledge of the circumstances that shape their daily lives. Their perspectives provide valuable guidance for policy, programme design and public decision-making. Institutions strengthen their work when they listen carefully, respond responsibly and create meaningful avenues through which girls can influence decisions concerning their future. Participation gives policy a clearer understanding of lived realities and improves the relationship between institutional action and the people it is intended to support.

As Chief Executive Officer of the African Resilience and Development Agency (AFRDA), I regard this publication as part of a wider institutional responsibility to support informed development action. AFRDA understands resilience as the ability of people and institutions to respond to present realities and establish stronger foundations for the future. This understanding places research, public dialogue, community knowledge and institutional accountability at the centre of our work. It also guides our commitment to development practice grounded in dignity, evidence and African realities.

AFRDA presents this policy paper as a contribution to the continuing conversation on the future of adolescent girls in Africa. The publication reflects our commitment to knowledge that informs public responsibility and supports purposeful institutional action. Its intended contribution is a stronger public commitment to environments in which adolescent girls can develop their potential, exercise meaningful choice and participate fully in the social and economic future of the continent.

Blessing Daniel Bakaluba

Chief Executive Officer

African Resilience & Development Agency (AFRDA)

EXECUTIVE SUMMARY

Adolescent girls make decisions about education, work, health, relationships and family formation within environments shaped by household resources, public institutions, community expectations and labour markets. These influences interact across adolescence. School costs affect attendance. Attendance affects exposure to learning, services and future opportunities. Economic dependence affects relationships and health risks. Skills acquire practical value through access to tools, certification, finance and markets. Policy therefore requires an institutional response that connects these areas around the stages through which girls move.

This paper analyses experimental evidence from Malawi, Kenya and Uganda. The studies evaluated three distinct programme models: cash transfers linked in varied ways to schooling; school uniforms and HIV education; and a community platform combining vocational instruction, financial literacy, life skills, mentoring and a safe local meeting space. The evidence covers different populations, delivery arrangements, follow-up periods and outcomes. Each study consequently supports a defined set of causal findings within its evaluated setting. Their combined value lies in the mechanisms they reveal and the policy questions those mechanisms raise.

In Zomba District, Malawi, a cluster randomised trial covered girls and young women aged 13 to 22 with single marital status across 176 enumeration areas. Among participants enrolled in school at baseline who completed the interview and biomarker requirements, weighted HIV prevalence after 18 months reached 1.2 per cent in the combined transfer group and 3.0 per cent in the control group. Weighted herpes simplex virus type 2 prevalence reached 0.7 per cent and 3.0 per cent respectively. The number of biological events remained small, which places an important boundary around interpretation. Participants with interrupted schooling recorded substantial gains in re enrolment and lower marriage incidence during the study period. Their biological outcomes showed limited movement. The findings connect economic resources to school participation, relationships and health, and they show the value of separate retention and re entry pathways (Baird et al. 2012).

The Kenya evaluation followed more than 19,000 adolescents in 328 public primary schools over seven years. A subsidy consisting of two school uniforms reduced girls' primary school dropout by 18 per cent and reduced the share beginning childbearing by 7 per cent. The enhanced HIV education arm

changed selected relationship outcomes and produced limited movement in overall pregnancy, schooling and herpes simplex virus type 2 prevalence. The combined package reduced herpes simplex virus type 2 infection among girls by 20 per cent relative to the control group. The results demonstrate that schooling support and health education work through distinct mechanisms. Programme design gains precision when each intended outcome has a clear causal pathway (Duflo Dupas and Kremer 2015).

The Uganda evaluation examined BRAC's Empowerment and Livelihood for Adolescents programme across 150 communities. Community clubs served girls mainly aged 14 to 20 through vocational training, financial literacy, sexual and reproductive health education, negotiation and leadership skills, legal knowledge, female mentors and a safe meeting space. Four years after programme introduction, girls in treatment communities were 4.9 percentage points more likely to undertake an income generating activity, representing an increase of about 49 per cent over the baseline mean. The probability of having a child fell by 3.8 percentage points. Marriage or cohabitation fell by 8 percentage points. Reports of sex against the girl's will fell by 5.3 percentage points from a baseline level of 17 per cent. School enrolment remained stable. Participation reached about 21 per cent of eligible girls. The estimated fourth year cost equalled US dollars 17.90 per eligible girl in 2008 prices (Bandiera et al. 2020).

The evidence supports a common analytical proposition. Adolescent girls gain substantive opportunities when programmes place usable resources within reach, develop capabilities relevant to their circumstances, strengthen agency in consequential decisions and connect participation to recognised pathways in education, services and economic life. Resources ease immediate pressure. Capabilities develop knowledge and productive competence. Agency supports the practical use of knowledge and resources. Pathways carry gains beyond a programme cycle through school completion, re entry, certification, apprenticeships, employment and enterprise.

Institutional arrangements determine the value of these components. Education assistance depends on eligibility, adequacy, payment reliability and school accessibility. Health education depends on accurate content, skilled facilitation, confidentiality and service linkage. Vocational instruction depends on market demand, equipment, instructor competence, practice and certification. Mentoring depends on trust, compensation, supervision,

safeguarding and referral. Fragmented projects divide these requirements among providers and budgets. An accountable public platform can connect them through shared standards and coordinated delivery.

This paper proposes an Integrated Adolescent Girls Opportunity Platform under government leadership. The platform contains five connected components: targeted education support; health, rights and decision making education; market linked skills and economic support; safe space mentoring and peer networks; and transition navigation with case coordination. National institutions would set policy, financing, data governance, safeguarding and service standards. District authorities would organise delivery around schools, health facilities, training providers, social protection systems, employers, civil society organisations and girl led groups.

The platform requires differentiated routes. Enrolled girls may require school cost support, academic assistance, safe transport and protection from harassment. Girls facing imminent exclusion may require rapid assistance, attendance follow up and family engagement. Girls with interrupted schooling may require bridging education, flexible schedules, childcare, recognised certification and an economic pathway. Movement among these routes should remain possible as circumstances change.

Financing should cover the complete cost of delivery, including beneficiary support, frontline personnel, mentor compensation, consumable materials, equipment, transport, supervision, referrals, safeguarding, data systems and evaluation. Expansion should proceed through phased implementation and public performance review. Monitoring should cover reach, participation, learning, retention, re entry, certification, employment, earnings, work quality, health knowledge, service access, agency, safety and programme quality. Results should be disaggregated by age, schooling status, disability, location, displacement, poverty and parenting status.

The principal policy direction is the creation of one accountable delivery system that connects education, social protection, health, skills and economic transition around each girl's stage of development. The studies show that each instrument produces a defined pattern of effects. A coordinated platform can preserve those mechanisms and give girls several credible routes through education and into adult life. Its performance will depend on public accountability, delivery quality, market relevance, safeguarding, inclusion and predictable finance.

KEY POLICY DIRECTIONS

Establish a national adolescent girls opportunity framework with defined accountability across education, health, social protection, labour, youth, gender, finance and local government institutions.

Finance targeted education support according to locally measured costs, including uniforms, transport, learning materials, examination expenses, menstrual health supplies and relevant household opportunity costs.

Link accurate health and rights education to confidential adolescent responsive services, referral systems and practical support for decision making.

Provide vocational, digital, financial and enterprise skills through flexible schedules and market informed pathways serving enrolled girls and girls with interrupted schooling.

Build community safe spaces led by trained and compensated female mentors under clear supervision, safeguarding and referral standards.

Create defined routes for retention, re entry, second chance education, recognised certification, apprenticeship, employment and enterprise development.

Finance transition inputs where local diagnosis establishes their value, including tools, workplace experience, business registration support, savings services, coaching and market connections.

Give adolescent girls a formal role in programme design, budgeting, service review and governance through representative and compensated advisory structures.

Measure multidimensional outcomes and publish disaggregated performance through a shared accountability framework.

Expand through phased adaptation, implementation research and independent evaluation guided by service standards for each programme component.

1. INTRODUCTION

1.1. Policy Purpose and Central Question

This paper examines how African governments and their partners can expand education, skills, economic opportunity, health knowledge and decision making among adolescent girls. Its main evidence comes from randomised evaluations conducted in Malawi, Kenya and Uganda. The analysis asks which combinations of resources, information, capabilities and institutional support help girls sustain education, protect their health, exercise agency and enter productive economic activity.

The question arises from the position adolescence occupies between childhood investment and adult opportunity. Choices made during this period influence educational attainment, work, health, marriage, childbearing, income and civic participation. Each outcome can influence the others. School interruption can increase economic dependence and accelerate family formation. Pregnancy can disrupt learning and narrow access to later training. Weak employment prospects can reduce the perceived value of continued study. Restricted bargaining power can increase exposure to coercion and infection. Public policy therefore requires an account of the mechanisms connecting these outcomes.

The studies provide strong evidence about selected mechanisms because random assignment supports causal attribution within each study population. Their findings retain contextual boundaries. The participants differed in age, school status and location. Programme content, delivery channels and follow up periods also differed. Cross country synthesis therefore supports programme principles and testable policy propositions. National design still requires legal review, institutional mapping, market analysis, costing and structured consultation with girls.

1.2. Evidence and Analytical Approach

The Malawi study evaluated cash transfers in Zomba District through a cluster randomised trial covering 176 enumeration areas. Participants were girls and young women aged 13 to 22 with single marital status. The intervention included attendance linked transfers and transfers independent of attendance conditions for participants enrolled in school at baseline. Participants with interrupted schooling received attendance linked offers. Behavioural

outcomes were measured after 12 months and biological outcomes after 18 months (Baird et al. 2012).

The Kenya study used a two by two randomised design across 328 public primary schools in western Kenya. It compared an education subsidy, enhanced delivery of the national HIV education curriculum, a combined programme and a control group. The subsidy provided two uniforms during the final three years of primary school. Researchers followed more than 19,000 adolescents for seven years and achieved an effective endline follow up rate of 91 per cent through initial and intensive tracking (Duflo Dupas and Kremer 2015).

The Uganda study evaluated BRAC's Empowerment and Livelihood for Adolescents programme at community level. One hundred communities received clubs and fifty communities served as controls across ten branch office areas in Kampala, Mukono, Iganga and Jinja. Researchers followed a representative sample of almost 5,000 girls at baseline, two years and four years. The clubs served participants mainly aged 14 to 20 through vocational instruction, financial literacy, life skills, mentoring and a safe meeting space (Bandiera et al. 2020).

The legal and policy analysis draws on African and international instruments concerning education, equality, health, protection, work and participation. These include the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the 2030 Agenda and the African Union Continental Education Strategy for Africa 2026 to 2035.

1.3. Central Analytical Proposition

The evidence supports a four part proposition centred on resources, capabilities, agency and pathways. Resources change the immediate conditions under which girls and households make decisions. Capabilities develop knowledge, productive competence and confidence. Agency enables girls to use resources and capabilities in relationships, institutions and markets. Pathways connect programme participation to recognised education, services, work and enterprise.

Delivery institutions link these elements. A transfer acquires practical value through reliable payment, adequate benefit levels and accessible schools. Health education acquires practical value through accurate content, participatory teaching, confidentiality and responsive services. Vocational training acquires practical value through market relevance, capable instructors, equipment, certification and transition support. Mentoring acquires practical value through trust, supervision, referral and safeguarding. Programme performance therefore reflects the conduct and coordination of institutions across each stage of delivery.

2. RIGHTS AND POLICY FOUNDATIONS

2.1. Education Health Protection and Participation

The African Charter on the Rights and Welfare of the Child defines childhood as the period below 18 years and recognises every child's right to education. Article 11 directs states to provide free and compulsory basic education, expand accessible secondary education, encourage regular attendance, reduce dropout and adopt special measures for female and disadvantaged children. It also supports continued education for pregnant learners according to ability. These provisions establish a legal basis for retention, re entry, second chance learning and targeted material assistance.

The Protocol on the Rights of Women in Africa extends this framework across education, training, work and health. Article 12 addresses equal educational opportunity, protection from abuse and sexual harassment in educational institutions, counselling, rehabilitation, gender responsive curricula, teacher preparation, retention and programmes for women whose schooling ended early. Article 13 covers equal opportunity in work and career advancement. Article 14 connects health rights to accessible services, information and education.

The Convention on the Elimination of All Forms of Discrimination against Women places education, vocational guidance, scholarships, dropout reduction, continuing education and health information within state equality duties. The Convention on the Rights of the Child adds the best interests principle, evolving capacities, survival and development, health, education, protection and the child's right to express views on matters affecting her. Together, these instruments position girls as rights holders and participants in programme decisions.

2.2. Continental and Global Commitments

The African Union Continental Education Strategy for Africa 2026 to 2035 places education, science, technology and innovation within the continent's development agenda. Its implementation provides a route for countries to align gender responsive education planning, skills development, data systems and intersectoral delivery. The 2030 Agenda reinforces this direction through goals and targets concerning quality education, gender equality, health, decent work and young people's participation in education, employment and training.

These commitments establish a policy standard covering access, learning quality, safety, health information, participation, completion, progression and economic transition. They also direct attention to intersecting disadvantage associated with poverty, disability, rural location, displacement, conflict, caregiving, pregnancy and interrupted schooling. Practical enjoyment of rights depends on budgets, service standards, accessible complaint procedures, remedies and public reporting.

2.3. Governance Consequences

Governments carry primary responsibility for standards, public finance, coordination and accountability. Civil society organisations, community institutions, development partners and employers can contribute delivery capability, specialised expertise, finance and market connections. Their participation requires public rules governing quality, inclusion, safeguarding, data protection, referral and financial accountability.

Girl participation belongs within this governance structure. Programme committees should include adolescent representatives from varied backgrounds. Effective participation requires accessible information, safe consultation, informed consent, transport support and compensation for substantial advisory responsibilities. Confidential feedback channels and timely responses strengthen the practical value of participation. These arrangements improve programme fit and give effect to girls' right to influence decisions that shape their lives.

3. EXPERIMENTAL EVIDENCE AND ITS POLICY MEANING

3.1. Malawi Cash Transfers Schooling and Health

The Malawi programme addressed economic constraints affecting schooling and relationships. Girls received monthly payments ranging from US dollars 1 to 5. Parents or guardians received monthly payments ranging from US dollars 4 to 10. Attendance linked payments required attendance for 80 per cent of school days during the preceding month. Payments independent of school attendance required attendance at the payment point. Transfers covered ten months in each programme year.

Among baseline schoolgirls with complete interview and biomarker data, weighted HIV prevalence after 18 months reached 1.2 per cent in the combined transfer group and 3.0 per cent in the control group. Weighted herpes simplex virus type 2 prevalence reached 0.7 per cent in the transfer group and 3.0 per cent in the control group. Adjusted odds ratios equalled 0.36 for HIV and 0.24 for herpes simplex virus type 2. These estimates indicate substantial relative reductions within the evaluated population (Baird et al. 2012).

Attendance linked transfers and transfers independent of attendance conditions produced similar biological outcomes among baseline schoolgirls. Statistical power for this comparison remained limited. The evidence therefore supports several plausible channels: income support, continued school participation, reduced reliance on transactional relationships and changes in partner selection. The research design established the combined programme effect. It provided limited power for allocating that effect among the individual channels.

Participants with interrupted schooling recorded limited biological change during the study period. They also recorded large gains in re enrolment and lower marriage incidence after 12 months. This pattern reveals a difference in programme stage. A girl already attending school faces a retention problem. A girl whose schooling has ended faces a re entry problem that may involve prior learning, age, childcare, household work, stigma and the availability of suitable places.

The Malawi evidence supports four policy judgments. Cash transfers can serve educational and health purposes through changes in economic vulnerability. Payment design can recognise the girl as a beneficiary and support household cooperation. Retention and re entry require distinct operational pathways

within one system. Evaluations of biological outcomes require sample sizes and follow up periods suited to relatively rare events.

3.2. Kenya School Costs Health Education and Distinct Outcomes

The Kenya study evaluated two instruments with separate mechanisms. The education subsidy reduced a specific household schooling cost through the provision of uniforms. The health intervention trained teachers to deliver the national HIV curriculum, which emphasised abstinence until marriage. The factorial design allowed researchers to estimate each programme's effect and the effect of the combined package.

During the first three years, the stand alone education subsidy reduced pregnancy among girls by 17 per cent, from 16 per cent in the control group to about 13 per cent in the subsidy group. Seven years after programme launch, girls in the subsidy arm were 18 per cent less likely to leave primary school before completion. The share beginning childbearing reached 46 per cent in the subsidy arm and 49 per cent in the comparison group, equivalent to a relative reduction of 7 per cent. Herpes simplex virus type 2 prevalence reached 12.7 per cent in the subsidy group and 11.8 per cent in the control group. The difference carried statistical uncertainty (Duflo Dupas and Kremer 2015).

The stand alone health education intervention produced limited changes in overall pregnancy, schooling and herpes simplex virus type 2 prevalence. It reduced pregnancy outside marriage by 1.4 percentage points, representing about 30 per cent during the first three years. The combined package reduced herpes simplex virus type 2 infection among girls by 20 per cent after seven years relative to the control group. Its fertility effect remained smaller than the effect associated with the education subsidy alone.

The pattern demonstrates that knowledge, relationship choices, schooling incentives, pregnancy and infection follow separate pathways. A curriculum centred on one behavioural message can change selected relationship outcomes. Aggregate fertility and infection can respond differently. A schooling subsidy can raise the value of postponing pregnancy through preservation of an educational route. A combined intervention can influence infection through changes in sexual behaviour and relationship type.

Programme monitoring should therefore distinguish knowledge, service use, relationship power, contraception, pregnancy, marriage, infection and school

participation. The findings also establish the policy value of detailed cost mapping. Uniforms carried financial, social and administrative importance within the schools covered by the study. Contemporary mapping should include uniforms, transport, examinations, meals, learning materials, digital access, menstrual supplies and the value of time spent on domestic work or income generation.

3.3. Uganda Skills Agency and Community Delivery

The Uganda programme organised community clubs outside school hours. Female mentors recruited from local areas led activities after initial training and during refresher sessions. Vocational options included tailoring, hairdressing, computing, agriculture, poultry and small trade. Financial literacy covered budgeting, financial services and accounting. Life skills covered sexual and reproductive health, menstruation, pregnancy, sexually transmitted infections, HIV, family planning, rape, management, negotiation, conflict resolution, leadership and legal rights.

Community delivery and flexible schedules made the clubs accessible to girls attending school and girls with interrupted schooling. Programme staff selected vocational options through consideration of participants' education, local demand and the business environment. Training continued for two years. Clubs remained available afterwards as social spaces. About 21 per cent of eligible girls participated, and participants showed stronger take up of life skills than vocational instruction.

Four years after programme introduction, eligible girls in treatment communities were 4.9 percentage points more likely to engage in an income generating activity, representing about 49 per cent above the baseline mean. Self employment accounted for most of the change. The probability of having a child fell by 3.8 percentage points. Marriage or cohabitation fell by 8 percentage points. Reports of sex against the girl's will during the previous year fell by 5.3 percentage points from a baseline level of 17 per cent. School enrolment remained stable, and girls with interrupted schooling expressed stronger interest in re entry (Bandiera et al. 2020).

The cost analysis estimated a fourth year programme cost of US dollars 17.90 per eligible girl in 2008 prices. At a participation rate of 21 per cent, the equivalent cost reached about US dollars 85 per participant. The study reported an endline annual earnings increase of about US dollars 50. These figures indicate economic promise within the evaluated setting. Present day

budgeting requires recalculation using current prices, staffing standards, safeguarding requirements and market conditions.

The Uganda evidence shows the contribution of a delivery platform that connects productive capability, personal agency and social support. Vocational instruction created a route towards income generation. Life skills developed knowledge and negotiation capacity. Mentors offered continuing guidance. Clubs created a stable setting for peer learning and referral. Flexible scheduling protected formal education. Participation levels also direct attention to outreach, accessibility, programme intensity and the relationship between cost per eligible girl and cost per active participant.

3.4. Comparative Interpretation

The three studies identify distinct entry points into a common problem. Malawi shows how economic support can affect schooling, relationships and health. Kenya shows how a concrete schooling subsidy and a health curriculum generate different outcome patterns. Uganda shows how a multi component community platform can influence economic activity, childbearing, relationships and exposure to coercion over several years.

Each model also has an evidentiary boundary. Malawi recorded a small number of biological events and limited power for comparing transfer conditions. Kenya's health curriculum reflected its policy context and content. Uganda combined several components, which limits attribution to a single element. These boundaries support proportionate policy use. They also establish priorities for future evaluation around programme components, participation, delivery quality and long term transition.

4. ACTORS AND IMPLEMENTATION

4.1. National Government Institutions

Education ministries govern school access, re entry, teacher preparation, curriculum, learning standards and certification. Health ministries govern adolescent responsive services, clinical quality, confidentiality, referral and public health information. Social protection institutions manage eligibility, payments and household support. Labour, youth and technical education institutions shape occupational standards, training quality, apprenticeships and employment services. Gender and child protection institutions govern safeguarding, violence response and access to remedy. Finance ministries determine the reliability and duration of public funding.

These mandates meet within the life of one participant. Their separation across ministries creates a coordination task. A girl receiving a transfer may require school placement, a health referral and protection assistance. A trainee may require childcare, certification and an employer connection. Joint accountability therefore requires more than periodic meetings. It requires agreed service standards, budget responsibilities, referral rules, data governance and performance review.

4.2. District Authorities and Frontline Providers

District authorities translate national standards into local delivery. They can map schools, training providers, health facilities, employers, social protection offices, civil society organisations and protection services. The quality of this map shapes referral and planning. District coordinators also occupy a useful position for reviewing participation, payment reliability, service completion, safeguarding patterns and transition outcomes across providers.

Frontline personnel determine the experience of programme participation. Teachers influence the accuracy and safety of health education. Health workers influence confidentiality and respectful access. Vocational instructors influence practical competence. Mentors influence trust, attendance and referral. Case workers influence continuity across services. These responsibilities require defined qualifications, adequate workloads, fair compensation, supervision and accessible escalation procedures.

4.3. Civil Society Community Institutions and Employers

Civil society organisations often bring specialised expertise, community presence and flexible delivery capacity. Community institutions can support outreach, legitimacy and local problem solving. Parents, religious leaders, traditional leaders and male peers can support school continuation, safety and violence prevention. Their involvement requires clear boundaries around confidentiality, consent and girls' autonomous access to services.

Employers, producer organisations and cooperatives connect training to economic demand. Their contribution can include occupational advice, workplace exposure, apprenticeships, recruitment and market access. Public standards should govern workplace safety, harassment prevention, supervision and fair treatment. Training providers and employers also require incentives aligned with inclusion, since outcome based contracting can encourage the selection of participants requiring limited support.

4.4. Adolescent Girls as Programme Actors

Girls contribute knowledge about schedules, safety, service quality, household responsibilities, transport, digital access and occupational aspirations. Formal advisory arrangements can carry this knowledge into design and review. Representation should include girls attending school, girls with interrupted schooling, girls with disabilities, young mothers, displaced girls and girls living in rural areas.

Participation requires influence over defined decisions. Programme records should show the recommendations offered by girl advisory groups and the institutional response. Accessible information, transport, compensation and safeguarding help sustain participation. Confidential channels should allow participants to report service problems and misconduct outside group settings.

5. CONSTRAINTS AND EXPLANATORY MECHANISMS

5.1. Schooling Costs and Household Economic Pressure

The Malawi and Kenya studies demonstrate the influence of modest costs on consequential outcomes. Uniforms, transport fares, examination expenses and regular household contributions can determine attendance where budgets remain tight. Continued schooling preserves future options and raises the opportunity cost of early childbearing. Transfers can also change a girl's reliance on partners for cash or gifts. The causal chain therefore passes through household resources, school participation, relationship choices and health.

Benefit design should reflect local cost levels and household circumstances. Regular payment supports planning. Accessible delivery reduces travel burdens. Privacy reduces stigma and protection risks. Eligibility rules should prioritise girls facing heightened exclusion risks. A direct benefit for the girl can strengthen control over resources. A household component can support cooperation around schooling.

5.2. Information and Practical Agency

The Kenya findings show that information enters decisions already shaped by relationships, school incentives, economic dependence, social expectations and service access. Accurate health education should cover pregnancy, contraception, infection, consent, violence, healthy relationships, services and legal rights. Participatory teaching can strengthen communication, critical reasoning and planning. Confidential referral pathways can connect knowledge to counselling, testing, contraception, post violence care and other lawful services.

The Uganda programme adds evidence concerning negotiation and legal knowledge within a wider opportunity platform. Income prospects and trusted support can enlarge a girl's scope for applying health knowledge. Economic pathways, services and social support therefore form part of the environment through which education produces behaviour and health outcomes.

5.3. Skills and Market Use

Vocational skills create economic value through productive use. Local opportunity analysis should identify demand, entry costs, market saturation, digital change, climate exposure, earnings and safe working conditions. Training should provide sufficient practice, competent instruction and relevant

equipment. Assessment should produce recognised certification or documented competencies that employers and financial institutions can interpret.

Transition support can include tools, apprenticeships, employer connections, producer groups, business development, savings and suitable finance. Occupational choices should extend across the range of viable local opportunities. Agriculture, renewable energy, construction trades, logistics, care services, tourism, digital work, repair services and creative industries may offer pathways in particular locations. Each pathway requires attention to occupational safety, labour rights, harassment prevention and progression.

5.4. Safe Spaces Mentors and Institutional Quality

The Uganda clubs functioned as learning venues, peer networks, relationships with trusted female mentors, recreation spaces and referral platforms. Replication requires explicit standards for these functions. Physical space provides the setting. Programme quality arises from trained mentors, regular sessions, appropriate curricula, confidentiality, safeguarding, supervision and service connections.

Mentor selection should consider integrity, communication, local credibility, inclusion and professional boundaries. Training should cover facilitation, adolescent development, sexual and reproductive health, violence response, psychological first aid, disability inclusion, referral and data protection. Supervisors require manageable workloads and clear escalation procedures. Fair compensation recognises the responsibility carried by mentors and supports continuity.

5.5. School Status and Transitions

Enrolled girls, girls facing imminent exclusion and girls with interrupted schooling experience different operational constraints. Enrolled girls may need cost support, academic help, safe transport, menstrual health services and protection from harassment. Girls facing immediate exclusion may need rapid financial assistance, attendance follow up, family engagement and flexible school arrangements. Girls with interrupted schooling may need bridging education, childcare, recognition of prior learning, certification and an economic pathway suited to age and previous attainment.

A national platform should support movement among these tracks. Pregnancy, motherhood, disability, migration and displacement can change

service needs. Case coordination can preserve continuity when participants move from retention support to re entry, from re entry to training, or from training to formal education and work.

5.6. Fragmented Finance and Accountability

Short project cycles and separate sector budgets can interrupt services at transition points. A transfer programme may finance school attendance and assign re entry support to another institution. A training programme may direct its budget to instruction, with tools, certification and placement assigned to separate financing. A health programme may deliver information and rely on locally available services for confidential access.

Full cost models make these connections visible. Recurrent budgets should cover beneficiary support, frontline staff, mentor compensation, materials, equipment, transport, supervision, referrals, safeguarding, data systems and evaluation. Public reporting should distinguish eligible girls, active participants, completers and successful transitions. These categories reveal the relationship among coverage, intensity, cost and outcomes.

6. INTEGRATED ADOLESCENT GIRLS OPPORTUNITY PLATFORM

6.1. Objective Eligibility and Access

The proposed platform aims to enlarge the substantive choices available to adolescent girls through coordinated education, health, skills, economic support and participation. National age parameters should align with domestic law and relevant service mandates. Priority outreach should serve girls facing poverty, school interruption, early marriage risk, disability, displacement, violence, caregiving burdens, rural isolation and restricted service access.

Registration can operate through schools, community outreach, health facilities, social protection systems, local government and civil society organisations. Self referral should remain available. Procedures should be simple, accessible and protective of sensitive information. Outreach should use local languages and formats suitable for girls with disabilities and girls living in remote or mobile communities.

6.2. Targeted Education Support

Education support should respond to barriers identified through local cost mapping. Instruments may cover uniforms, learning materials, examinations, transport, meals, menstrual health supplies, disability related support and calibrated cash transfers. Payment schedules should match school calendars and major transition points. Follow up can use attendance as one management indicator. Programme rules should maintain continuity during illness, pregnancy, caregiving and documented protection concerns.

Retention services should include tutoring, academic counselling, safe transport planning and action on school related gender based violence. Re entry services should include bridging courses, recognition of prior learning, flexible timetables and childcare connections. Education authorities should publish procedures and assign accountable officers at school and district levels.

6.3. Health Rights and Decision Making

The health component should provide scientifically accurate and age responsive learning. Core subjects include puberty, menstruation, fertility, contraception, sexually transmitted infections, HIV, consent, healthy relationships, coercion, violence, mental health, substance use, service

navigation and legal rights. Participatory methods should support discussion and confidential questions.

Referral agreements should link participants to adolescent responsive health facilities, protection services, legal aid and psychosocial care. Follow up should respect privacy and informed consent. Emergency procedures should reflect immediate safety requirements and national reporting duties. Service audits should examine confidentiality, respectful treatment, accessibility and girls' experience.

6.4. Market Linked Skills and Economic Support

Skills provision should begin with local opportunity analysis. Training packages should combine occupational competence, digital capability, financial literacy, communication, problem solving, worker rights and enterprise management. Participants need practice with the tools and equipment used in the selected occupation. Assessment should lead to recognised certification or documented competence.

Transition services should connect graduates to apprenticeships, job placement, producer groups, cooperatives, enterprise services and further technical education. Selected pathways may require toolkits, start up inputs or small grants. Their design should follow market analysis and include coaching, savings and risk management. Financial services should use terms suited to young participants and their income patterns.

6.5. Safe Space Mentoring and Peer Networks

Community safe spaces should operate at times compatible with school, work and caregiving. Locations should be accessible, private, secure and acceptable to participants. Each group should have a trained female mentor and a structured curriculum with space for girl led priorities, recreation and peer support.

The platform should maintain mentor supervision, refresher training, safeguarding review and current referral directories. Peer networks can support study groups, business collaboration, service information and collective problem solving. Alumni can contribute as mentors, employers and advisory members after vetting and preparation.

6.6. Transition Navigation and Case Coordination

Each participant should have a transition plan reflecting her goals, school status, capabilities and support needs. A navigator or case worker can coordinate referrals across education, health, social protection, training and protection services. Plans should contain immediate actions, progression milestones and review points.

Data governance should apply purpose limitation, data minimisation, informed participation, secure storage and role based access. Health and violence information requires heightened protection. Aggregate reporting can support accountability while protecting identity. Participants should receive clear information concerning data use, correction procedures and complaint channels.

7. IMPLEMENTATION AND INSTITUTIONAL ARRANGEMENTS

7.1. National Leadership and Public Finance

A designated lead ministry should convene an interministerial mechanism covering education, health, social protection, labour, youth, gender, finance and local government. This mechanism should approve service standards, financing, data governance, safeguarding and annual performance targets. A published results framework should assign responsibility for each output and outcome.

Medium term expenditure frameworks should identify recurrent platform costs. Development partners can finance initial expansion, implementation research and system strengthening within a government led plan. Funding agreements should align reporting, safeguarding and data requirements with the national framework. Predictable allocations support continuity across school years and programme transitions.

7.2. District and Community Delivery

District plans should map girls, services, providers and employment opportunities. They should identify underserved locations and define referral routes. A district coordinator should review enrolment, participation, payment reliability, service completion, safeguarding cases and transition outcomes.

Community structures can support outreach, family engagement and local problem solving. Clear role definitions protect confidentiality and girl autonomy. Girl facing services should preserve private access and independent complaint channels. Periodic community dialogue can address supportive norms, school continuation, workplace safety and violence prevention.

7.3. Provider Standards and Workforce Capability

Every provider should meet minimum standards covering staff qualifications, curriculum, equipment, accessibility, safeguarding, complaints, financial controls and results reporting. Contracting should reward verified quality and progression. Equity safeguards should protect access for participants requiring additional support.

Workforce development should reflect each role. Teachers need preparation in participatory health education and gender responsive practice. Health workers

need adolescent responsive service skills. Trainers need occupational expertise and inclusive pedagogy. Mentors need supervision and referral support. Case workers need manageable caseloads, data protection training and knowledge of local services.

7.4. Safeguarding and Remedy

Safeguarding standards should cover sexual exploitation and abuse, harassment, violence, financial misconduct, hazardous training, retaliation and digital harm. Codes of conduct, recruitment checks, reporting channels, survivor centred response and referral should apply across public, civil society and private providers. Participants should receive accessible information about expected conduct and available remedies.

Complaint channels should include confidential in person, telephone and digital options. Independent escalation increases credibility where a complaint concerns programme staff or local authorities. Response standards should define acknowledgement, risk assessment, referral, investigation and feedback. Aggregate safeguarding data should inform prevention and protect identity.

7.5. Phased Expansion and Fiscal Discipline

Expansion should follow a complete cost model and verified delivery standards. Governments can begin in districts with high exclusion and established implementation capacity, test adaptation across rural and urban settings, and approve subsequent phases through performance review. Procurement systems should support timely materials and equipment. Payment systems should publish service standards and track reliability. Independent audits should cover finance, eligibility and delivery.

8. MONITORING EVALUATION AND LEARNING

8.1. Results Framework

A multidimensional results framework should track inputs, service quality, capabilities, transitions and longer term outcomes. Baseline measurement should precede major implementation phases. Routine data should support management decisions at provider, district and national levels.

Education indicators should cover attendance, retention, grade progression, completion, re entry and learning achievement. Skills indicators should cover attendance, competency, certification, apprenticeship and further training. Economic indicators should cover employment, self employment, hours, earnings, enterprise survival, work quality and savings. Health indicators should cover knowledge, referral completion, service experience and access to lawful contraception. Agency and safety indicators should cover decision making, control over income, relationship negotiation, coercion, violence and perceived safety. Delivery indicators should cover payment timeliness, mentor attendance, session fidelity, participant experience, complaint resolution and referral timeliness.

Results should be disaggregated by age, school status, disability, location, poverty, displacement, marital status, pregnancy and parenting status. These categories help institutions identify differences in reach, service quality and outcomes.

8.2. Evaluation Strategy

Future evaluations should identify the contribution of major components and assess the performance of the complete platform. Factorial designs, phased rollouts and adaptive trials can test transfers, mentoring, skills content, transition services and referral linkage. Qualitative research can examine implementation, acceptability, relationships and institutional conduct. Cost effectiveness analysis should use comparable definitions and current prices.

Follow up should extend through key transitions into secondary education, work, marriage and parenthood. Tracking systems require consent, secure contact procedures and adequate resources for mobile participants. Biomarkers can strengthen selected health evaluations under rigorous ethical approval, counselling, confidentiality and referral arrangements.

8.3. Learning and Adaptation

Quarterly district reviews should examine participation, service attrition, payment delays, referral completion, safeguarding patterns and transition outcomes. Annual national reviews should compare districts and providers, investigate performance differences and approve corrective action. Girl advisory groups should review findings in accessible formats and propose changes.

Scale decisions should consider effect, equity, quality, cost and institutional capacity. Average gains, programme coverage and service intensity each reveal a separate dimension of performance. Public decisions on expansion, redesign and closure should explain the evidence and criteria applied.

9. POLICY RECOMMENDATIONS

9.1. Establish One Accountable National Platform

Governments should create a policy and budget framework connecting education support, health, social protection, skills and economic transition. The framework should designate leadership, service standards, district responsibilities, safeguarding requirements and a shared results system. This arrangement addresses fragmentation across interdependent services and gives institutions a common basis for accountability.

9.2. Protect Schooling Through Targeted Cost Relief

Education ministries and social protection authorities should identify the costs driving absence and dropout in each target area. Support should match measured costs and arrive according to the school calendar. Rapid response arrangements should assist girls facing imminent exclusion. Schools should connect cost relief to attendance follow up, academic assistance and protection from harassment.

9.3. Create Differentiated Retention and Re Entry Routes

Education authorities should establish service protocols for enrolled girls, girls facing imminent dropout, pregnant learners, adolescent mothers and girls with interrupted schooling. Re entry services should include flexible schedules, bridging education, recognition of prior learning and childcare connections. District officers should track progression from referral to sustained participation.

9.4. Connect Health Education to Services and Agency

Health and education authorities should provide accurate and age responsive information through trained facilitators. Curricula should cover consent, contraception, infection, pregnancy, violence, mental health, relationships and service access. Referral agreements should connect participants to confidential adolescent responsive services. Monitoring should assess knowledge, service experience and practical decision making.

9.5. Link Skills to Local Demand

Labour, education and youth institutions should require local market analysis for every publicly financed training pathway. Providers should deliver practical instruction, recognised assessment and transition services. Employer

partnerships should provide apprenticeships and workplace exposure under clear safety standards. Enterprise pathways should include tools, market connections, coaching and suitable financial services where local diagnosis supports these inputs.

9.6. Professionalise Mentoring and Safe Space Delivery

Programmes should define mentor competencies, selection, compensation, supervision and workloads. Safe spaces should meet standards for accessibility, privacy, physical safety and session quality. Referral directories and escalation procedures should remain current. Performance review should draw on observation, participant feedback and referral quality.

9.7. Give Girls Defined Governance Authority

National and district structures should establish representative girl advisory groups with influence over service design, communications, accessibility, scheduling and review. Membership should reflect varied school status, disability, parenting, displacement and location. Programme records should document recommendations and institutional responses.

9.8. Finance Complete Delivery

Finance ministries and partners should cost and fund the complete delivery model. Budgets should cover beneficiary support, frontline personnel, mentor compensation, materials, equipment, safeguarding, referral, supervision and monitoring. Expansion should follow verified delivery quality and fiscal capacity. Public reporting should present unit costs and outcomes through comparable definitions.

9.9. Use Data for Equity and Accountability

Management information systems should connect reach to education, skills and transition outcomes through privacy preserving identifiers. Dashboards should present disaggregated performance and payment reliability. Independent evaluations should assess causal effects at major stages of expansion. Public reports should explain performance, evidence limitations and corrective action.

9.10. Expand Through Phased Adaptation

Governments should begin with a defined group of districts representing varied conditions. Early phases should establish delivery benchmarks and test the platform across rural, urban, fragile and displacement affected settings.

Subsequent expansion should follow evidence on reach, quality, outcomes, cost and institutional readiness. Local adaptation can shape transfer design, occupations, schedules and partnerships while preserving the platform's core functions.

10. CONCLUSION

The evidence from Malawi, Kenya and Uganda establishes a coherent policy direction. Adolescent girls' education, health, economic activity and decision making emerge from connected resources, institutions and relationships. Financial support can preserve schooling and reduce vulnerability. School subsidies can influence dropout and childbearing. Health education gains practical force through services, resources and agency. Vocational instruction, financial literacy, mentoring and safe community spaces can influence economic activity, family formation and exposure to coercion over several years.

An integrated delivery platform provides the institutional form for this direction. It can relieve costs that drive exclusion, develop relevant knowledge and skills, strengthen decision making, connect girls to services and create credible routes into further learning and productive work. Public accountability, delivery quality, safeguarding, inclusion, market relevance and predictable finance will determine its performance.

African and international frameworks already establish strong commitments in education, equality, health, protection, participation and work. Implementation now requires budgets, institutions and monitoring systems capable of turning those commitments into everyday opportunity. At each transition, a girl should encounter a connected system offering support for school continuation, a route to re entry, access to health knowledge and services, skills linked to real demand, protection from violence and a respected place in decisions shaping her future.

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FOR MORE INFORMATION

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This policy paper represents a comprehensive analysis of the Africa food supply chain. It reflects research from credible sources, consultation with experts and consideration of existing frameworks and best practices. It is designed to inform policy development and implementation across African countries and regional bodies.

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