

First, our initial description of primary outcomes in the registry was imprecise. Power calculations (see study protocol Austrian et al. BMC-PH 2016) were based on the percent of girls expected to have had a child at endline using representative samples from prior surveys. Given the nature of censoring for age at first sex, pregnancy, childbirth or marriage, it was always the intention to estimate effects on prevalence of these and related outcomes at endline (four years after program start when girls would be approximately 15-19 years old) rather than age at measures. Hence, in the registry we should have specified the analytical unit as prevalence (i.e., ever had sex, ever had a child or ever married) rather than age.

We therefore treat this as a change in units of the primary outcomes.

Second, as is clear in the trial registry that there were two study sites. These represent substantially different populations and also randomization was different in each (Kibera-Nairobi individual randomization and Wajir cluster-level randomization). Therefore, even though the program interventions were broadly similar (but not identical, different transfer amounts and different curriculum content), all hypotheses are tested separately.

Third, for information please note results regressions in our published papers include controls for age, baseline outcome and in the case of Wajir district per the stratified design.

The articles uploaded and referenced above are:

“The Adolescent Girls Initiative-Kenya (AGI-K): Study Protocol.” Austrian, K., E. Muthengi, J. Mumah, E. Soler-Hampejsek, C. Kabiru, B. Abuya and J.A. Maluccio. *BMC Public Health*, 2016, 16(210).

[doi](#)

“Impacts of multisectoral cash plus programs after four years in an urban informal settlement: Adolescent Girls Initiative-Kenya (AGI-K) randomized trial.” Kangwana, B., K. Austrian, E. Soler-Hampejsek, N. Maddox, R.J. Sapiro, Y.D. Wado, B. Abuya, E. Muluve, F. Mbushi, J. Koech and J.A. Maluccio. *PLoS ONE*, 2022, 17(e0262858).

[doi](#)

“Impacts of multisectoral cash plus programs on marriage and fertility after four years in pastoralist Kenya: a randomized trial.” Austrian, K., E. Soler-Hampejsek, B. Kangwana, Y.D. Wado, B. Abuya, H. Mohammed, A. Aden and J.A. Maluccio. *Journal of Adolescent Health*, 2022, 70: 885–94.

[doi](#)

“Impacts of two-year multisectoral cash plus interventions on young adolescent girls’ education, health and economic outcomes: AGI-K randomized trial.” Austrian, K., E. Soler-Hampejsek, B. Kangwana, Y.D. Wado, B. Abuya and J.A. Maluccio. *BMC Public Health*, 2021, 21(2159).

[doi](#)