

ITH MIDLINE SURVEY

ADOLESCENT GIRLS TRANSCRIPTS

ITH_R2_NAI_EMB_EAST_URBAN_001_ADO_001_6519

I: OK this is Lydia record doing IDI

ITH_R2_NAI_EMB_EAST_URBAN_001_ADO_001_6519 in Mwatate Health
Clinic on the 6th May 2019 starting at 11.35 a.m. Millicent?

R: Yes

I: I will be asking you a few questions and I want you to be
free with me because it is a discussion. Is that fine with
you?

R: Ok

I: Please can you tell me how you came to know about T-safe?

R: They came to the field where we met. After that they
activated cards for us and the gave us pills to use.

I: Who came to the field?

R: The T-safe team.

I: And they introduced themselves as who?

R: They told us they are called T-safe.

I: Where was the field?

R: Near Pipeline Estate.

I: Ok so it is a central place?

R: Yes

I: And who told you to assemble there and that people will be
coming to talk to you?

R: We saw girls going there and we just followed them to find out what was going on.

I: Ok

R: Yes

I: Did the girls tell you who had told them to go there?

R: They mentioned a client called Mercy who called them there and we just followed them.

I: Ok and when you went there, did you meet this Mercy?

R: Yes, I met her on that material day.

I: So, what does Mercy do in T-safe?

R: She activated some cards for us and gave us sanitary towels. She told us to take the cards to a shop and buy what we want.

I: So, when Mercy introduced herself, she told I am Mercy and I work wherever and so on. Exactly what did she tell you that made you believe her and started using this T-safe platform?

R: She told us she works with T-safe and she helps girls and that when we gave her our contacts so that when help comes, she can inform us.

I: Ok most of the things you have explained them here, how she can and signed you, registration and then you were told about the T-safe platform.

R: Yes

I: Throughout this process, what is your experience right from registration and being given a card and all that? What was the experience like?

R: the experience was good because after being given that card I was able to go to a shop and bought some braids and milk.

I: Mhh

R: yes

I: so, the card was not restricted to specific things?

R: No

I: you could buy anything you wanted?

R: Yes

I: The card has a limit of how much?

R: One hundred and ten.

I: Ok and do you go to any shop or a specific one?

R: There was specific shop that we went to.

I: Which one is that?

R: There is one called Oceans of Beauty

I: Ok, that is the name of the shop, Oceans of Beauty?

R: Yes.

I: Right, that is fine. How did you feel when your photograph was taken so that you can join the ITH programme?

R: At first, I didn't want to be taken a photograph, I wanted to use the phone but when I saw that most people were just taking the photos normally, I also joined them and I didn't feel anything at all.

I: You didn't want the camera one, you wanted the one on the phone?

R: there were those who photos were being taken with the phone camera while the others it was being activated with a line but on that day, I didn't have a line so I was forced to use the camera one.

I: Activation was in two forms, you either use a line or a photograph?

R: yes

I: Ok when you were registering with T-safe, what challenges did you face throughout the whole process?

R: Population of girls was just too high.

I: Mhh

R: You find that there was wastage of time because of that.

I: Fine. You were saying?

R: The girls' population on the ground was just too high and so a lot of time was wasted there.

I: How long did it take for the whole process?

R: We went there at nine in the morning and left at two in the afternoon.

I: Ok and what really made you join T-safe? First you have already told me that you saw other girls going there and you followed them.

R: Yes.

I: Apart from that what else influenced you to join T-safe?

R: We were given the Sanitary towels

I: What else?

R: and you were also asked which method you would like to take to be safe.

I: Mhh

R: Yes

I: When you say keeping yourself safe, what do you mean?

R: You can be given pills, implant and others.

I: Mhh

R: yes

I: You mean those are family planning methods?

R: Yes

I: What else?

R: You could be broke, and when you get that card, you can go to the shop with it.

I: And when Mercy was talking to you when you met, she didn't convince you to join T-safe? Or when she talked to you, was that a contributing factor towards your joining T-safe?

R: She convinced me by telling me how T-safe works. T-safe assists girls like if you were coming daily you would find yourself with ten packets of sanitary towels, that meant you will not go out there to borrow or beg for them. You can keep them in the house for future use.

I: So, they come daily?

R: Not really but they go to different places, so if you can be there, you will get some more pads after registration and getting another card.

I: Ok that is fine. We are doing well. can you tell me what you know about Tiko Miles?

R: Tiko Miles, I don't know if it is the same with T-safe?

I: I think it is the same, those incentives that you get when you come to get the SRH services. You do get some points or as you mentioned you are given one hundred and ten?

R: yes

I: What else do you know about Tiko Miles?

R: Sanitary towels and also family planning methods.

I: That is fine, you had already told me about them. you mentioned when you get those points you go and buy pads and it has also helped you decide joining the T-safe programme.

R: yes

I: Ok and when you joined, what did you use for joining or enrolling?

R: I used a card since I have not bought a line at that time.

I: Ok that is fine, and what method did you use to choose the service provider you went to for the family planning services?

R: I didn't choose any services still....

I: I am asking how or what method did you use to choose the clinic which you will go to or went to get the T-safe services?

R: I come to the clinic with the card and I was told if I feel anything I come to the hospital with the same card and they will assist me.

I: Fine, and which clinic do you usually go to for services?

R: I come to Mwatate which is nearest to home.

I: What else made you choose Mwatate as the facility you want to be coming to for family planning services apart from it being near home?

R: Because the doctors here are friendly

I: Ok

R: Their approach towards you is good.

I: Anything else that made you come?

R: You will not get overcrowding at the facility. They will serve you quickly and you find yourself back home on time.

I: When the mobilizer, Mercy talked to you, would that also have influenced you to come to Mwatate instead of going to another hospital?

R: She really helped because I didn't even know that there are such services at that hospital because I had never stepped there. But since T-safe was introduced and Mercy brought me here that is when I knew that the facility can help one.

I: How it is help you? What kind of experience did you have that made you choose or concluded that it is a place one can get help when in need?

R: There was a time when sick and came with that card. I was given free medical services and drugs.

I: Did they use the points you had on Tiko Miles or you were just treated because you had the card with you?

R: They used the points on the card.

I: So, in other words you can use the points on the card for other services too?

R: In yes

I: You can be treated if the points are active?

R: Yes

I: Ok. That is fine. So, tell me your views on the SRH services you received from T-safe. When you come here and get the T-safe service provider, can you tell me how their services are in your opinion?

R: They usually provide pills.

I: Please speak a little louder please. When you come from home to this facility for services, you meet the nurse or doctor who provides you with services, what are your views on that; how they treat you from the moment you enter the facility until you leave?

R: they treat me well because even their approach towards me is presentable.

I: Mhh

R: There are some hospitals when you go there, they treat you with disrespect and talk to you anyhow. But when you come here, you interact well, you are treated and go home satisfied.

I: You said you registered with a card?

R: yes

I: Since then have you changed your status to the phone or you are still using the card?

R: I am still using the card.

I: and in the community out there, what is the view of the people towards the girls who are using the T-safe programme?

R: They are ok with that because there are many girls who were interested in the implant but through T-safe they were able to get that service.

I: Mhh

R: Those who didn't have sanitary towels especially those living in the ghetto, you just know the ghetto people have no money so when T-safe came into being with the volunteer pads which they were being given for free, you could get pills for prevention of pregnancy, so they have a positive attitude.

I: Pills were being provided in the community or you must come to the facility?

R: You can also be given out there in the community but mostly it is the facility

I: In the community who provides those pills?

R: I have only seen T-safe provide the pills, there is no other group I have seen do that.

I: Do the T-safe staff come or there is a central place where you go to pick them after presenting you card?

R: You can get them after presenting your card.

I: Where do you present your card?

R: There is a chemist called....it is a clinic and also a chemist

I: Mhh

R: you go with the card and you get the service.

I: Is it only the pills they provide or it all family planning services?

R: I have only seen them provide pills for those who were interested.

I: Ok, that is fine. What are the views of your friends towards the T-safe programme?

R: They see it as good because it has really helped them.

I: How?

R: There are those girls with children and so when they get those cards, they are able to buy pampers for their babies.

I: Ok

R: So, when they hear of T-safe they come in large numbers.

I: And how about the parents what is their perception of the T-safe services?

R: The parents know we get help because once you are eighteen you cannot go asking for help from your parent or money to go and buy sanitary towels.

I: Mhh

R: Through T-safe, we go and collect them for free.

I: Right, and what about the teachers, maybe a teacher has heard that there are girls in the school who are using T-safe services, what have you heard them say about T-safe services? What are their views on T-safe services?

R: First they were not happy about it because the girls were still in school and had the implant on and they have never had babies before.

I: Mhh

R: What they used to us is that we go and take the sanitary towels only.

I: Ok and why do you think the teachers had that negative approach toward the T-safe services?

R: You cannot put in implant when you have never had a baby because it will affect your health.

I: So, they were against all family planning methods or just the implant?

R: Just the implants

I: So, if you came to pills, IUD they didn't mind?

R: They would agree.

I: Ok and why were they against the implant, if they talked about it?

R: They didn't tell us.

I: Ok that is fine. And how about the religious leaders like the pastors, choirmasters, those people who know that you use the T-safe services, what are their view?

R: They know it is helpful to us.

I: tell me more about that, how does it help you?

R: Mostly, the youths, when I go to church, I carry some sanitary towels with me and people ask me where I got the pads from, I tell them I got them from T-safe. I just leave them there so that they can be used for emergency by the girls who come there.

I: Ok and when they hear that you also get the Pill or injectables, what is their views on that?

R: They have never heard of that.

I: they have not heard of it?

R: No

I: There is no church member who knows that you get family planning services from T-safe?

R: No.

I: Ok that is fine. And boyfriends, you have also said some of your friends have children, isn't it?

R: Yes

I: So, some of them might be married or they just have babies and a boyfriend?

R: yes

I: Or they don't have babies but they do have boyfriends?

R: yes

I: For your friends who have boyfriends or husbands what is their view about T-safe services, maybe you have heard them talk about it.

R: Some of them refuse because they don't want their girlfriends to get implant on or use the P2

I: What is P2?

R: The Pills.

I: Let me clarify something here, when you say that you were being given Pills in a chemist shop in the community, were

they emergency pill to prevent pregnancy or the usual Femi plan where you take for a whole month?

R: It was those for one month.

I: So, when you say P2 does that mean Femi plan Pills for one month or the Emergency Pills to prevent pregnancy if you have had sex?

R: It is the one for one month.

I: Ok that one is called Femi plan and P2 is for emergency to avoid pregnancy if you have unprotected sex.

R: Yes

I: That is fine. You told me briefly about the quality of service you get in this facility and you said that it is good, the providers are good and you interact well. There is also no time wasted during the process.

R: Yes

I: When you come, is there confidentiality or you all sit in one room in a group?

R: You just come in private.

I: And during the discussion, do you sit in a room with the service provider, are you able to tell them everything with confidentiality or it is a place where one can hear what you are discussing?

R: It is confidential.

I: Tell me the process when you come in.

R: When you come in, you greet each other and then share what you want with the service provider. You can tell them anything.

I: Ok and all this time you are seated the two of you or in a public place?

R: It is just the two of us.

I: Were you satisfied with the information you were provided with or there are things you would have liked to know more about?

R: I was satisfied with everything because they usually provide me with full information.

I: Ok and do you make appointments on return date or you don't?

R: We don't make appointments.

I: So, you can come any time??

R: Any time.

I: In a month you can come twice or more or you just come once a month?

R: You can come anytime because he is always there.

I: So, in the month of May you can come once?

R: Yes

I: Or you can come twice a month?

R: yes

I: Ok is that when you are coming for education only or even when you want a service?

R: You can come if you want family planning services or if you want some advice from them, you can come.

I: Ok and were there any interaction between you and the service provider? How did it influence your decision to choose the

service or family planning method you took? Did his advice influence your decision on the family planning method you will use?

R: He just provides advise and then you choose what you want.

I: Were you told of the advantages and disadvantages that made you chose a specific method?

R: You are told everything and its impact.

I: Ok when you say everything what do you mean?

R: For example, family planning, he will explain to you the advantage and disadvantages if every family planning method.

I: Mhh

R: If it is the coil, he will tell you the advantages and disadvantages, including implant, he will explain everything you want to know.

I: In the end who decides the method you are going to use?

R: the decision is mine.

I: Fine, what have you learnt since you enrolled with T-safe that will help you attain your future goals?

R: I know how to use the family planning methods.

I: What else?

R: only those ones.

I: Tell me what else you didn't know before joining T-safe and now you know about family planning?

R: I used to think that when you get those pills, you are supposed to take all of them at ago in one day.

I: Mhh

R: Only to learn that it is taken on a daily basis and at a specific time.

I: When you talk of a packet you mean?

R: the family planning packet.

I: You thought it was to be taken in one day?

R: Yes

I: But now you know it is on a daily basis?

R: Yes

I: Ok apart Femi plan Pills, what other method did you hear about...

R: I only knew of Femi plan. I used to hear that if you want to have an implant you must have a baby

I: Mhh

R: And such like stuff

I: apart from implants, what other method did you hear of but didn't know much about it?

R: The coil

I: What didn't you know about the coil?

R: I used to know that it prevents pregnancy.

I: you said that you have learnt about family methods?

R: yes

I: After learning about family planning methods, how does it help you achieve your goals in future?

R: Through family planning I can be able to do what I want; I can achieve my dreams without any distraction.

I: Mhh

R: I can continue with my education up where I want to stop.

I: Ok that is fine. Are there girls or friends you have informed about the T-safe programme?

R: Very many.

I: What did you tell them about T-safe?

R: First I told them that when you go there, a card will be activated for you whereby you will be awarded points, and with those points you can go to the shop and redeem them.

I: What else?

R: you will be given free sanitary towels. I did not tell them that you can be given a family planning service directly. I just told them about things that can attract them towards the T-safe programme.

I: Why didn't you want to tell them about the family planning methods?

R: They will refuse and tell me they are not interested.

I: Mhh

R: yes

I: and there are those who joined after you talked to them?

R: they did.

I: And I am sure that once they joined, they were able to know that there are family planning services?

R: yes

I: What was their reaction after that?

R: They told me that they had learnt quite a lot of things.

I: Mhh

R: how they can protect themselves.

I: Protect against what?

R: Early pregnancies.

I: Are there others who were not happy because what you had told them is not what they got?

R: there are some who I told there are not many people but when they reached there and found there were many people they gave up and went back home.

I: Ok but for those who were able to talk to the service provider are there those who had negative attitudes towards the family planning methods that were being provided there?

R: No, they didn't tell me.

I: Ok that is fine. Now you and girls of your age in the community, how are you involved in ITH project?

R: The project is good.

I: What feedback would give about ITH services?

R: it has given me confidence to face different doctors

I: Ok

R: I have been able to meet different clients that provide good services

I: Ok and have you encouraged other people to join T-safe?

R: yes, many of them.

I: would you visit this clinic again?

R: yes

I: Why?

R: Because the doctors are friendly, their approach is good, they understand you.

I: Fine are there other services you would like to get in future?

R: I still don't know.

I: You don't know?

R: no

I: You are not sure yet?

R: No

I: ok and if T-safe was not there where would you go for family planning services?

R: I wouldn't have known by then.

I: Ok do you think had an easy or hard time trying to get SRH services if T-safe was not there?

R: Yes, it would have been difficult

I: How?

R: because you cannot go directly to approach someone and tell them to provide you with family planning services like coil or implants.

I: So, the other question is, since enrolling in T-safe, how has it influenced challenges young girls were facing when they wanted to access family planning services?

R: Challenges they encounter?

I: like T-safe has helped solve the challenges young girls like you face when looking for family planning services?

R: It is has brought about free family planning services that are easily accessible any time. You can go for them after one month.

I: Mhh

R: Yes

I: What else, what other challenges have been addressed?

R: Those who got implants can still go back to the T-safe doctors for any issues, if they want to change, they can still consult them.

I: Are they charged anything?

R: No, they are charged at all.

I: Ok and what do you think can be done so that young girls like you can easily access SRH services?

R: Pardon?

I: What else can be done....ok you have mentioned that since T-safe was initiated you can get free family planning, isn't it?

R: yes

I: What else do you think can be done so that young girls can easily access sexually reproductive health services? I am now asking you suggestion on this.

R: How T-safe has helped them?

I: No, like what can be done so that is easier for you to access the family planning services?

R: They need to go out there in the field mostly because like I have friends who ask me if T-safe is no longer in existence.

I: Mhh

R: So, if they come to the field, they will reach many people.

I: When they came to the field, they are providing counseling and pad?

R: Yes

I: What else do you think can be done so that these girls can easily get these services apart from going out there in the field?

R: Let them bring more doctors

I: Mhh

R: Yes, that when people come for the service not a lot of time is wasted because there are some with limited time.

I: What else?

R: Only those ones.

I: ok I think we are almost through with our discussion and lets us look for something small here. You said you registered through the card.

R: Yes

I: is there anything you would like improved on the cards or phone, the process if enrolment?

R: Registration through the card?

I: That process of registration is there anything you would like to be done to make it smooth and faster?

R: Yes

I: Mhh

R: The idea of taking photos, let it be just once because a lot of time is wasted when you have to load the first picture, then the second one.

I: It would make things easier?

R: yes

I: What else?

R: That is what I usually see keeping us there. A lot of time is wasted during that process.

I: Ok is there anything else you would like to ask me?

R: No, I don't have any.

I: Ok, I am very grateful for your time and if you have anything to add or a question to ask after we have gone, there are phone numbers you can call and get the information you want.

R: Ok

I: Thank you so much.

R: Welcome.

AFRICAN POPULATION HEALTH AND RESEARCH CENTER

ITH ROUND TWO PROGRAMME

ITH_R2_NAI_EMB_URB_002_ADO_008_29519

I: So, this Florence Olum taking an interview
ITH_R2_NAI_EMB_URB_002_ADO_008_29519. So, Elizabeth welcome
to this discussion.

R: Mhh

I: As we begin can you tell me how you came to know about T-
safe?

R: There is a friend....I think it was last time, I just used to
hear stories about T-safe where girls were getting some
services.

I: Mhh

R: Then there are points they earn which they redeem from the
shop

I: Mhh

R: And when we went to look for it, we were told it was on hold
for a while.

I: Mhh

R: When it came back, I met a lady mobilizing young girls in the
community

I: Mhh

R: Then she enrolled me.

I: You have mentioned that you used to hear about it from friends, had they received the service or how did they come to know about T-safe?

R: I think they were using the services though I don't know much about that.

I: Mhh

R: There was a time they were announcing in the community that there is free family planning and that is the time....by the way there many mobilizers at that time.

I: Mhh

R: But at the time we were busy at the saloon and by the time when we were free, I found out that it had stopped for a while.

I: So, when did you come and get the services?

R: It was last month, around March.

I: Around March?

R: Yes

I: Can you tell me what transpired from the time you came to know about T-safe and then joined?

R: How it happened? How?

I: How you came to know about T-safe and then later on joined the programme? Tell me what the process was like.

R: Oh, the process?

I: Yes

R: My friends used to tell me how they were benefiting from the programme. And you could choose any method you wanted,

whether pills, injection and other methods which I cannot remember the name, but they explained to us all those methods. And there are benefits attached to it when you get that service.

I: What are those rewards you got?

R: There were points one earned.

I: Mhh

R: Like me, I used the card and we were told that it has fifty points. But when we went to redeem, the card had not been loaded with money yet.

I: The card had not been loaded.

R: Yes, but we are going to redeem this week.

I: And when you came, did you come direct to the hospital or there was a mobiliser who explained to you about T-safe and maybe there is a process you had to go through before reaching the hospital?

R: When I heard about it, I came to the hospital because this is also where I have been bringing my child to the clinic.

I: Mhh

R: Then I asked Margaret about a programme I had heard about called T-safe and it is enrolling girls in family planning.

I: Mhh

R: She told me yes, there is a programme like that and there are mobilizers out there. So, she told me she will direct the mobilizers to the saloon so that we can come for the services here. So, a girl came and explained to us all about T-safe. At that point I didn't have a phone so she took our photos,

but first she asked us if we are willing to be taken our photographs before taking them.

I: Mhh

R: So, when we agreed, she enrolled us and then referred us here where the nurse administered the services to us and then we went out way.

I: Ok

R: Yes

I: When you were being taking the photograph, what did you feel?

R: I was comfortable with that because she had already asked me for permission to take the photograph.

I: Mhh

R: Had she taken the photograph without my permission that would have been bad.

I: Mhh

R: Yes

I: And when you came and asked for the service but you were told you must go through the mobilizer, that means you had to go without the service how did you feel?

R: I felt a bit disappointed but then again since I knew the nurse from before, I trusted her word.

I: Mhh

R: Yes, and it didn't take long because it is like she called the mobilizer immediately and she came to the same saloon the same day.

I: Mhh

R: yes

I: Was it the very same day or.....

R: It was the very day but at a different time.

I: How long did that take?

R: I came to the hospital in the morning and the mobilizer came in the afternoon around two-three to the saloon.

I: Ok.

R: Yes.

I: Fine. So, all this time you were seated there waiting?

R: I had a customer with me.

I: Ok so, you told me that you had come here first and that is where you came to know about the mobilizer. So, did you sit here and wait or you went away?

R: I went back the saloon. I didn't wait.

I: So how did you know she had come?

R: The mobilizer is the one who came to the saloon.

I: Ohh she was the one who came to you?

R: Yeah, we directed the nurse where we were stationed and the mobilizer was given the direction by the nurse and she came.

I: Ok

R: Yes

I: So, when she came, did she serve you well?

R: Yes, she did and then referred me here to the facility.

I: What service did you get at the saloon from the mobilizer?

R: She explained to me and then took my picture and directed me here to the facility to get the service.

I: Mhh?

R: Yes

I: And did she explain to you why she was taking your photograph?

R: Before she took the photographs, she came and told us she had been sent to us. So, we also told her that we had been looking for her. Then she started telling us about the services and also as a mobiliser, she will take our photographs then when we reach the facility, we will choose what method we want to use after the nurse has explained to us in detail about the methods.

I: Mhh

R: So, she took our photographs and then we came to the facility the nurse explained in detail about the services offered here and then asked us to choose the one which we are comfortable with.

I: When you say we....what do you mean?

R: We were the two of us.

I: Two of you?

R: Yes

I: Fine and in that saloon, when the mobilizer was talking to you, were there other people?

R: No, she was calling us one by one.

I: Mhh

R: She told us that it was confidential

I: So, there was an extra room?

R: No, one of us had to go out while she talked to one of us.

I: What really encouraged you to join the T-safe programme?

R: It is benefitting girls because, for example I got pregnant when I was still young and had not planned for it.

I: How old were you then?

R: I was seventeen years.

I: How old is your baby?

R: She is about two though not yet exact.

I: Ok that is fine.

R: Mhh

I: So, what really was the reason?

R: To get pregnant?

I: No, to come and join the T-safe programme?

R: The reason why I went for the pills, is that at this age most girls are usually sexually active and that will help prevent another unwanted pregnancy.

I: Mhh

R: Yes, and had I known earlier about it, I would have prevented that pregnancy.

I: Ok. You said you were asked if you had a phone and you said you didn't have one?

R: No, I didn't have one at that time, the screen had been broken and that is when she told us that you can still enroll with the card.

I: Ok

R: And I accepted.

I: Ok and would you say that maybe the information you got from there other girls about the incentives like the point, that also motivated you into joining T-safe?

R: Yes, it motivated me but...

I: How?

R: You will find a fellow colleague coming to boast how we are paying for family planning services and getting no incentive. She comes maybe with oil she has bought; others buy sanitary towels; others buy credit and so we also started longing for the same.

I: Mhh

R: But during our session you had already reduced the points.

I: Ok the points were reduced by how much?

R: I think the other girls used to get a hundred plus points though I don't know exactly how much.

I: And in your time, how much were you getting?

R: fifty points only.

I: Fifty?

R: yes

I: Ok and you mentioned that there were these girls who were mocking you that you get services and don't get any

incentives, does that mean that you were getting family planning services before?

R: After giving birth, I tried having Depo for three months,

I: Mhh

R: But it had its side effects on me and that is when a nurse from T-safe explained to me that I can try the pill.

I: Mhh

R: But as I continue using them, I feel ok with them because I have not experienced any side effects

I: You have told me that you got some side effects, which method is that?

R: Depo for three months.

I: Was it an implant or injection?

R: Injection.

I: Ok and what were the side effects?

R: I was raining every day.

I: Raining means?

R: Menstruate.

I: That is fine. Now you have told me that you got the Tiko Mile, then when you went to redeem, you found that?

R: When I went to redeem the shopkeeper told us that there is no money yet, if we could try this week.

I: Ok

R: So, we are yet to go.

I: When do you expect to redeem the points?

R: Tomorrow

I: And were you explained why it was not possible to redeem?

R: He said the money had not been deposited on the T-safe account to enable us redeem our points.

I: Mhh

R: There is money the you are supposed to deposit on his account so that we can be able to redeem our points.

I: So, on this text messaging platform, you are not part of it?

R: Which one is that?

I: The phone, I have heard that there is an SMS platform where people are able to interact, why are you not part of it now that you are new?

R: I am not aware of it all.

I: Mhh

R: I used the card.

I: That is fine. Mhh...and is there any other information you have ever received from T-safe or about Tiko Miles or in general about T-safe?

R: Mhh....

I: Apart from getting that service, is there any information?

R: Yes, it prevents early pregnancies among adolescents.

I: Where did you get this information from?

R: The nurse. We asked her why the decision about T-safe, she told me that many girls of that age, are either pregnant or even have babies. The organization decided to start that

programme of providing free services so that we avoid getting early pregnancies.

I: would you say you got adequate information?

R: Yes.

I: And how did you choose the clinic to attend and also get the sexual reproductive health services?

R: I asked about the nearest clinic and I was told of Mwatate is the nearest one in our area.

I: And whom did you ask from?

R: the mobilizer who took our photographs.

I: And she told you that this is the nearest clinic?

R: She told us that if I take your photographs go to a clinic called Mwatate and you will be served by a nurse there.

I: Fine and now let us talk about your experience on sexual and reproductive health services. What is your view on that?

R: It is a good service and I would advise a fellow girl if I see that she is sexually active to join the programme. We will look for a mobilizer.

I: Why do you say it is good and you would actually refer a friend to also use the same service?

R: The service is free and there are benefits

I: Mhh

R: yes

I: and how about their services?

R: They are good.

I: What do you mean when you say their services are good?

R: The nurse who served us, we were asking her questions and she was giving us satisfactory answers. We didn't feel any discomfort with her.

I: Maybe there is something else you would like to talk about which you encountered during the process? Any experience you encountered during the process that you would like to talk to us about? It can be either negative or positive.

R: What I saw positive about the process was that we were served quickly without wasting so much time on queues. There was confidentiality when asking questions because it was just the two of you. You know there are some of us who use those services secretly and you would not want other people to know about it. And so, she was calling us one by one and you were given enough time to ask all the questions about anything you would want to know.

I: Mhh

R: She told us not fear and she answered all our questions.

I: That was positive and any negative?

R: There was nothing negative to me in the whole process.

I: You said this is your first time to know about T-safe?

R: Yes

I: Do you still have the card?

R: Yes

I: And can you see yourself using it?

R: Yes, though I did not ask at that time but I intended to find out if it is still usable.

I: Mhh

R: I just want to know from them if I can use the same card after the month is over?

I: Mhh

R: yes

I: Ok, maybe I don't have an answer to that right now. Maybe you could go back and ask the nurse. In fact, now that we here you can ask them before you leave because that is also what I wanted to hear from you about.

R: Mhh

I: That is fine. And you told me that you got which service from them?

R: The Pill

I: Duration?

R: For one month.

I: You also told me about the Tiko miles you got, fifty of them though you are yet to redeem them?

R: yes

I: That is fine. What improvements would you recommend in this ITH programme?

R: T-Safe?

I: yes

R: Reinstate the points, even if it is just a hundred points.

I: Mhh

R: With hundred that is a bit good because when you go to redeem fifty bob; it looks small and those who motivated us told us that it was one hundred and ten (110). That alone makes other girls loose hope of joining the programme.

I: Ok

R: Because they have been reduced.

I: So, in your time, you found when the points had been reduced and you can see others losing hope?

R: Yes, because we thought.....personally, I thought the mobilizer is the one who had reduced them and we had to ask her. She told us there was that change.

I: So, do you see yourself coming back or what?

R: I will come back because I have already started the getting the service.

I: Ok

R: Yes

I: Fine and beside that, is there anything else you would like improved?

R: The other one is....we have girls in boarding schools and during school holidays they join these bad groups. We also have peer pressure and I was just wondering, is there no way you can create an event so that the girls can get to hear about those free services, free family planning and at least you can refer them to Mwatate because getting these girls one on one after schools are closed is not easy.

I: You mentioned that there are times they do advertise; I don't know if I heard you well.

R: Yes, there is a time.....you do outreach services?

I: Yes, outreach...

R: There was a time there were.... that time... there was a name they were using and it was not T-safe.

I: Tell me the name you know.

R: Trig...

I: Triggerlize?

R: yes, it was Triggerlize, they are the ones who were conducting the outreach.

I: Mhh

R: They were going around announcing there are free services at Mwatate clinic for ages between 15 and 19 years.

I: Ok

R: Yes

I: Do you think those who were in school were able to get that information?

R: I don't think the schools were closed yet.

I: Ok and what are your recommendations, and when and how would they be carried out?

R: Like weekends, when schools are closed, you will get girls around.

I: Mhh

R: They can make the announcements and the girls will come.

I: So, it should be announced on weekends when the schools are closed?

R: Yes

I: And why school girls, why the concern about school girls?

R: in the saloon we do interact with girls. You see when you are plaiting a someone somehow or the other you kind of start interacting on personal issues. Most of the girls we do serve at the saloon, you find that they are at a high risk after hearing their stories.

I: When you ask at high risk...

R: of getting early pregnancy.

I: How?

R: You see most of the time, when you are plaiting someone, either a boyfriend or their stories mostly are based on men. Oh, do faster someone is coming to pick me or I am supposed to meet someone.....so you don't know whether she has gone back to the house or to meet the boyfriend.

I: These girls you are talking about are like of what age gap?

R: They are girls in form two, three or four.

I: Ok

R: I may not know the years but that is the age group.

I: I get that and thank you so much for that information. So how does the community perceive the T-safe services and the girls who use the services?

R: That is a bit difficult for me to answer because I wouldn't know what their thoughts are like.

I: Ok

R: yes

I: in your view, what do you think would be their perception?

R: Well I am yet to meet anyone who has told me it is bad or their decision on that.

I: Mhh

R: None at all.

I: Let us look at community, for example, the parents, what do you think would be their perspective about using these family planning methods?

R: Mhh.....for example my mother doesn't know but I don't think even if she knows she would be concerned about it.

I: Mhh

R: yes

I: And do you think other girls' parents would not bother if they found out their daughters are using family planning methods?

R: There are parents who would ask because you know school girls usually do things secretly

I: Mhh

R: So, you find that most of the things they do, they do it in secret.

I: You are concerned more about school girls, what would the teachers perceive of them if they discovered that the girls were using family planning methods?

R: The teachers.....the teacher would assume you are sexually active and you are a spoilt girl.

I: Ok

R: yes

I: and what about people like your siblings, fellow colleagues or your agemates, what is their perception?

R: My agemates may not think much about it because obviously I will talk to them about those services because they are helpful. I usually tell my friends how conceived and gave birth to my baby.

I: Mhh

R: And you hear them they don't want to get an early pregnancy because I tell them how I could not continue with my education because of that.

I: Mhh

R: So, they are likely to get help with that information.

I: And what about the boys of your age?

R: I would not know if they know we use them.

I: Mhh

R: Because for you to share with boys of my age or siblings such information, personally I don't see myself sharing the information with them.

I: Ok

R: Yes

I: And your boyfriend?

R: you can share the information with your boyfriend.

I: And how will your boyfriend perceive of that?

R: You can get a boyfriend who also would not want you to get pregnant.

I: What about the church?

R: the church.....

I: The church leaders?

R: I cannot say much about them because I will not share with them about that.

I: Why not?

R: Obviously they will see you as a spoilt child.

I: And what about your mother, why have you not shared with her?

R: I had shared with my mother when I went for the Depo. She told me never to use family planning methods at all.

I: She was agitated?

R: Not really but she advised me that after the three months, she will take me to hospital so that I can choose another method. I am yet to tell her what I have done but I was planning to do so.

I: When you first shared with her, what was her view?

R: I only shared with her when the side effects had already affected me.

I: Ok

R: She was annoyed and asked me why I didn't consult her so that she can advise me or we go to hospital for advice? She told me that injection method usually affects many people.

I: Ok now I would like us to talk about family planning services that you received last week. What is your view on that?

R: It was good.

I: It was good.

R: Yes

I: How would you rate it?

R: It was of high quality.

I: What do you mean by that?

R: When I got the service, I thanked God because if it was not there, I would have meant that I go to the shop and buy the Pill at Sh100, money which I didn't have.

I: Mhh

R: But I was given the Pill for free and used it for that month.

I: Mhh

R: So that I can plan for the next month.

I: Anything else you would like to add?

R: Ever since I started taking the Pill, I have not gotten any side effects at all like vomiting and all that. I am comfortable using them.

I: Mhh and would you say that you were able to access them easily?

R: Yes, they were easily accessible.

I: What do you mean they were easily accessible?

R: Because I did not use any money and secondly, I was given for free. I also have the Tiko miles of which when I redeem, I have something with me.

I: Ok and would you say the service provider was supportive to you during the process of providing the service to you?

R: The mobilizer or whom?

I: We can talk about the nurse (service provider) or the mobilizer. You can talk about both of them.

R: She was very supportive because if she had not enrolled me then I would not have been able to access the facility and then get a free service.

I: Mhh

R: She took my photograph before referring me to the nurse. The nurse was also helpful because her service was good to me. She is the one who provided me with the Pill.

I: how? Can you explain it a little to me?

R: When I came to the clinic, she asked me some questions. Before that I told her that I have used Depo before and explained to her my experience.

I: Mhh

R: Then I told her that I wanted to change the method. Why she asked? I explained to her the experience I had one through and she asked me if my decision was that I change the method? I told her yes, I had changed my mind and was opting for another method, the Pill. She told me to take them for two days and then come back and report to her how I was feeling after taking.

I: Mhh

R: I have never returned there again because I am ok with them.

I: And before you decided to take that method, did you talk about anything else?

R: She talked to me about all the methods available and then I chose the Pill.

I: Ok

R: yes

I: When she was talking to you was there privacy?

R: yeah, we were just the two of us.

I: Ok and when the two of you were talking was it a place where a passerby could hear your conversation?

R: No, we were in a closed room.

I: Apart from the family planning methods is there anything else you discussed?

R: Related to family planning methods?

I: Anything and not necessarily family planning?

R: No

I: And on counseling what would you say about that?

R: She counseled me before.

I: What did you talk about?

R: She asked me if I have boyfriends and how many. We talked about that and then she asked me why I decided on taking the Pill, I gave her the reason and then she gave them to me.

I: Ok. So, you told her the reasons why you want to use the Pill.

R: Yes

I: Then she gave them to you?

R: Yes

I: And when you told her about your experience with Depo, what did tell you?

R: She told me that many people have been complaining about the injection but usually it is bothersome during the first time and slightly the second time, then after that, and it kind of settles down because the hormones have now balanced. The discomfort is usually brought about by the hormonal change in the body and the injection. It was something to that effect, I cannot remember it very well.

I: Ohh

R: Yes

I: What have you learnt since you joined T-safe that can be beneficial to you in future so that you can be able to meet your goals?

R: I have learnt that for example I have a boyfriend and each time you cannot be sure when you are in the safe period or not so that you don't get pregnant.

I: Mhh

R: So, I have learnt how to protect myself from getting another pregnancy soon.

I: Mhh and if you are protecting yourself from getting pregnant, how does that help you achieve your goals?

R: Like now, I plan to go back to school in September and this will help me during this time so that I don't get pregnant again.

I: Mhh

R: yes

I: When you tell me that by September you will not have gotten an early pregnancy, does that mean that you have a boyfriend?

R: Yes, I have a boyfriend.

I: ok that is fine. And how has ITH helped girls face the challenges they were encountering when seeking sexual reproductive health services?

R: Mhh you see challenges.....most girls were going to chemists. For example, myself, I went to a chemist, and I was not asked any questions. They were not interested whether the method will affect me or not. All they did was give me an injection but with T-safe, there are questions you are asked, you are told the advantage of family planning before you are given service.

I: Mhh

R: So, it has really helped many people because before you get a service, you will have been educated before being given access to a service.

I: you were telling me before that you level of education is secondary. Which form?

R: I was in form two towards the end.

I: Ok so you are going back next year?

R: No, I went back and completed my form four last year and they want to take me to college.

I: They want to take you for a course?

R: Yes

I: That is fine. (Pause) were discussing about the challenges or how ITH has helped girls to overcome the challenges they faced when they were looking for reproductive health services.

R: Either a girl will go to the chemist and tell them to be injected or given pills.

I: Mhh

R: They will just inject without being asked any questions, without even explaining the importance or disadvantages or advantages of the method. She will not be asked why she even decided to take that method. But with T-safe you will get an explanation.....before you get the services, there are questions you will be required to answer first, then you are told the advantages and disadvantages before you get access to a service.

I: Ok

R: Yes

I: for example, you told me you had gone to the chemist for your injection?

R: yes. I went there and they just injected me like that.

I: Maybe there is another challenge that T-safe addressed beside that one?

R: I don't think there is another.

I: Ok and at some point, the girls were not able to access this kind of service until it was brought to the ground, what can you say about that.

R: Mhh....just repeat the question again.

I: I was asking you have just told me that T-safe usually goes to the ground, that is Triggerlize. You mentioned that they once came on the ground.

R: Yes

I: And the try to mobilize and you also got information in the same manner. Do you think going to the ground has helped girls be able to know that they can get these services?

R: yes, it has really helped because when you meet a mobilizer, if you meet a male one there are some secrets you might not be in a position to tell them. But if you meet a lady, and they are the ones we meet more often they tell us everything. They tell us not to fear, and even the manner in which they approach you, they tell you not to fear because she is also just a girl like you.

I: Mhh

R: This programme is called this and this and we are providing such services, we have these kinds of advantages and or work is to enroll you and then you will get the service at the health facility.

I: Mhh

R: And it is very helpful.

I: Mhh

R: Yes

I: Ok and would say that though they provide free services, has it helped you in any way?

R: It has really helped, for example myself, I have really benefitted from it.

I: How?

R: When I look back, I wish these services had been there for us. I wouldn't have gotten pregnant but then that was God's plan that things happen that way.

I: Do you think girls needed those services before?

R: yeah, very much

I: Mhh

R: Yes, because I don't know if you are still providing (unintelligible), last time they were being provided with and it was very helpful to them.

I: Ok

R: yes

I: And what about yourself, have you ever talked to your fellow girls about ITH?

R: Many of them. And many of them are interest.

I: Like how many?

R: Very many especially when they come to the saloon. It makes me even long for that job of being a mobilizer.

I: Mhh

R: Because it is easy for me to get to young girls.

I: And when you are talking to them, what do you tell them?

R: I just talk to them about my life history and they are lucky because there is free family planning which is very helpful. If you have a boyfriend get to one of the mobilizers who go around giving free information and they will enroll you for free family planning services.

I: Mhh

R: I have talked to many but what I don't know is if they have gone to the facility or not because at that point there is no mobilizer, I can refer them to.

I: Ok

R: But they always tell me they will go looking for the mobilizer.

I: And when you share with them this information with them, how do they take it?

R: They take it positively

I: What do you mean?

R: They accept it.

I: Ok and would you that you and other girls in this community have been involved in the ITH programme in what way?

R: It has helped us so much

I: And is there any role you or other girls you may know, play in ITH programme?

R: I know of a few and there are those who are still hoping to join the programme.

I: You said that you were told to report back when you first got engaged with ITH. What do you think of that?

R: That is fine with me because, for example the first injection I got from the chemist, I went back and reported and I was told that is normal. He did not concern himself with my condition. But with ITH I was told to go back in case I encountered a challenge and not keep silent about it.

I: Mhh

R: Yes

I: And you told me that there was a time Triggerlize were carrying out outreaches in the community, were there any girls who were involved?

R: no, I only saw older women

I: Ok that is fine. As a T-safe beneficiary, were you advised to share that information or you are doing it on your own volition?

R: I just encourage other including my friends, I always tell them to try and access those services. There are those who got into the programme before me and shared with me the information and I am also doing the same, by sharing with others who don't know about it.

I: And was that your decision to educate other girls about ITH or you were advised to do that?

R: No, that was a personal decision.

I: your personal decision?

R: yes

I: Let us say T-safe program is not there, where would one get these services from?

R: it is hard because, for example, the pills that I was given to take for thirty days, if they got finished today and I don't have Sh100 to buy others, I would be a risk because I could ignore and say let me go look for the money. In the process, I am at risk.

I: Ok and do you think if you had money it would be easy to get those services?

R: I don't think it is easy because there are those who refuse.

I: What do they refuse?

R: Mostly when you go there, unless maybe I go a bit far for those services,

I: Mhh

R: most chemists these days don't provide those services.

I: Ok why?

R: I have no idea as to the reason.

I: And being an experienced person as to what happens, do you think these chemists would encourage the young girls to go for these services?

R: You see with chemists; they are interested in money. If you for example had Sh150, that is the amount you pay for an injection, he will still inject you. There is nothing you are benefitting from him because he will inject you without educating you on the pros and cons of a method. They don't even counsel you but just administer the injection as long as he is earning his money. What happens to you is not their concern.

I: Do they practice confidentiality?

R: No, they don't practice confidentiality.

I: And why do you say that?

R: you see the day I went to tell him that this injection you have administered to me is affecting me.

I: Mhh

R: it was during the day and he told me to go and come back in the evening. When I went in the evening, because I was so angry and I told him that I had gone there for the injection but what type of injection is this that he administered to me that is affecting me? He gave some tablets to take. Immediately I finished taking the bleeding now resumed and it was worse than before.

I: Mhh

R: yes

I: Ok besides that day, when you were given this injection, were you given a return date?

R: he just gave me a date verbally.

I: Mhh which date was that?

R: he just counted the days on a calendar...do you mean here or the chemist?

I: The chemist where you were given an injection?

R: He told me to come back after three months and gave me a certain date which I was supposed to come back.

I: Ok

R: yes

I: I think I am now thorough with my questions and during our discussion maybe there is something that I did not mention but you would like us to talk about?

R: I would insist on more privacy.

I: Anything else, a question?

R: No, don't have any.

I: Therefore, I am very grateful for your time and you being able to come and take part in this discussion with me.

R: Mhh

I: Fine?

R: Yes

AFRICAN POPULATION, HEALTH AND RESEARCH CENTER

ITH SECOND ROUND

ITH_R2_NAI_EMB_URB_002_ADO_009_29519

I: Ok this is Florence Olum taking an IDI that is ITH_R2_NAI_EMB_URB_002_ADO_009_29519. Ahh, yes, so [name] welcome to this discussion and maybe if you could tell me briefly how you got to know about T-safe.

R: There is an organization called HOPE and we usually go there for SAV (unintelligible). So, they came with some other people who said they were from Marie Stopes.

I: Mhh

R: And the talked to us about that stuff.

I: You have just mentioned that you usually go there to SAV, what is SAV? Tell me about it.

R: We are usually called and then they talk to us about girls' issues.

I: Girls issues, what are these?

R: things related to adolescence, pregnancy and the like.

I: Ok

R: Yes, and also about family planning.

I: So, you are saying there are officers from Marie Stopes who came to talk to you?

R: Yes

I: What were they talking about in particular?

R: Mostly about family planning.

I: Mostly family planning.

R: Yes

I: Kindly move nearer the recorder please so that I can get the recording. What about family planning?

R: They tell us about the methods available like family planning, pills, Depo and so if you are actively engaged in sex, it is better you use those. You chose one. There is also that one for inserting.

I: Ok and what exactly transpired up to the point you went to the facility?

R: Last week I was given the pills.

I: you were given the pills last week?

R: Yes

I: And before you were given the pills, you were educated as a group.

R: Yes

I: How did you come to take the pills as an individual? Which facility were you given the pills from?

R: Here.

I: Tell the whole process after you had been educated about it.
What happened until you found yourself in the facility?

R: How I reached here?

I: yes

R: You connect with one of our mentors.

I: Mhh

R: They are the ones who connect you to the facility, there is a mentor who usually comes.

I: And what is the name of this mentor?

R: I was brought by [name].

I: What happened when she brought you? Tell me about it.

R: First they talk to you, and you are asked if you are sexually active and then you can choose the method you want.

I: How did this mentor convince you to come to this facility?
How were you referred to this facility or she your hand and brought you here?

R: No.

I: Mhh

R: After talking to us, we were given some cards and then take photos.

I: Ok

R: Then we are enrolled into the system and then we come the facility.

I: After that what next?

R: When you arrive at the facility, they also talk to you again.

I: Ok

R: There was a day some white people came and they talked to us

I: Ok

R: And then another day again it was some Africans.

I: Ok and what did they tell you exactly?

R: They talked to us about T-safe and how we can benefit from it.

I: At that time had you already started benefitting from T-safe program?

R: I had already been enrolled in the system.

I: When did you first enroll?

R: Early this year.

I: This year?

R: Yes, though I cannot remember when.

I: You cannot remember?

R: It was last week.

I: Last week?

R: That is when I got the card.

I: Ok. Mhh and you told me that you were taken a photograph, what were your feelings about being photographed?

R: I didn't feel anything

I: How?

R: Well I just felt that it was just a photograph as part of the enrolment into the system.

I: Mhh and so you want to tell me that you were explained why a photograph of you had to be taken and that is why you were not concerned?

R: Yes.

I: now as an individual, after this information... where did you say you were first talked to? What is the name of the place?

R: The room?

I: No, where you were enrolled.

R: HOPE?

I: Where you first heard of this programme, where you took the decision to join the T-safe program/project?

R: Joining?

I: Yes

R: Joining T-safe, I didn't want to get pregnant

I: You didn't want to get pregnant and that is why you didn't want to join?

R: Yes

I: And so how did this influence your decision of not wanting to get pregnant? How did it influence?

R: Pardon?

I: You told me that you don't want to get pregnant.

R: Yes, in case I engage.

I: Ok when you talk of in case you engage, are you in any engagement?

R: Yes

I: You are in engagement?

R: Yes

I: Ok so that is why you decided to join T-safe?

R: yes

I: And maybe is there any other reason that made you join T-safe?

R: Yes.

I: Mhh

R: We were being awarded points.

I: You were getting points?

R: Yes

I: Tell me about those points.

R: When you succeed in getting an interview you are awarded fifty points.

I: Mhh

R: Yes

I: So, what interview is that?

R: When you get the pills, you are awarded points. Actually, if you go for a service, you are awarded points.

I: Ok, that is fine.

R: So, when you went for the service you were awarded points?

I: Yes.

R: Yes

I: how many points were you awarded?

R: Fifty

I: And what did you do with them?

R: You go the shop and pick what you want?

I: What did you do with yours?

R: It is not much money so you just pick even a soft drink.

I: For your case, what did you choose?

R: Yoghurt.

I: Ok. Can you also tell, because you are also telling me what you heard, do you think that information you were given motivated your participation in T-safe programme?

R: Yes

I: Tell me more about that.

R: Like how we were educated?

I: Yes, how did what you were told influence your decision to join the program?

R: I don't understand you.

I: You don't understand?

R: No.

I: You told me that you joined T-safe because you didn't want to get pregnant?

R: Yes

I: And I have just asked you if that talk you had at HOPE motivated you into joining T-safe?

R: Yes

I: Tell me about it, what exactly made you decide to join?

R: It was that talk.

I: That is why I want you tell me about, maybe they talked about so many things. I don't know which one in particular made you join the programme.

R: Silence

I: Mhh?

R: Silence

I: During registration.....are you using a phone?

R: No, the card.

I: You were not registered on the phone.

R: N9

I: Ok there is no particular Application you are using with the help of the phone? Not even Facebook?

R: I am on WhatsApp.

I: WhatsApp?

R: Yes

I: So, what do you do on WhatsApp?

R: I was registered through the card. With WhatsApp we just chat?

I: You just chat?

R: Yes

I: and you would say that you are a group of girls who chat on issues about T-safe?

R: I have not joined any group.

I: You have not joined the group?

R: Not yet.

I: But there are those who are already in a group?

R: I think so.

I: Ok that is fine. Do you think the points might have influenced your decision to join T-safe?

R: Yes

I: Tell me about it?

R: like now that we are jobless, if you are able to get a place you can get something to do....

I: Mhh

R: Yes

I: So that is one of the reasons as to why you joined T-safe?

R: Yes

I: What are the disadvantages of the Tiko miles?

R: Disadvantage is something bad?

I: Yes

R: I don't see any negative thing about it.

I: And can you tell me your views on the different messages from the different forums? You have just told me that you are not on any Platform.

R: No

I: There is none that you are aware of?

R: No

I: Not even one which your fellow girls might be members?

R: No

I: Ok and these questions that they are usually asked, have you even encountered any?

R: Questions that they are being asked?

I: Yes, and you have a phone, how come you didn't want to use the phone for registration?

R: I didn't have a phone at that time when enrolment was taking place.

I: You didn't have a phone at that time?

R: No, I didn't have one when they were registering.

I: Ok and how were you able to choose the clinic where you can get services?

R: How I was able to choose?

I: How were you able to decide on that clinic that you can go to, for example this one?

R: It is near.

I: Can we say that you are the one who made the decision to come here or someone else influenced you to come?

R: I am the one who decided on that.

I: The decision was yours?

R: Yes

I: Right now, you don't have a job?

R: No

I: and so, we can say distance is one of the factors?

R: Yes

I: Maybe you also considered their services....how they provide their services? Did you also consider that?

R: Yes

I: Why did you consider on that?

R: I was thinking about the distance.

I: Ok and can you tell me more of your experience in getting sexual reproductive health services when you went for the services? What was your experience like?

R: Normal

I: As in, I want to understand your views about the services you received last week when you came?

R: It was bad?

I: How?

R: It was nice, it was free and the officers were welcoming.

I: Ok so when you talk of them being welcoming, how do they do it and what do they tell you?

R: Like gently, you don't feel like walking away.

I: Ok you came to T-safe for services, which kind of service exactly?

R: I got the pills.

I: When you got this service....these are pills for how many months?

R: A month

I: It was for how long? you were given to use for how long?

R: I don't remember that much.

I: Ok and you talked about the pills in length?

R: Yes.

I: What did you talk about?

R: How they are supposed to be used.

I: How are they supposed to be used?

R: You are not supposed to share them with other people. You are supposed to use them alone.

I: What else did you talk about?

R: Just that only.

I: Ok and how it works?

R: How it works?

I: Yes.

R: You just swallow them.

I: You just swallow them; you were told to swallow them and nothing else?

R: Yes

I: And when you were given those pills, were you told you could come back?

R: Yes

I: When?

R: When I complete this set.

I: When you finish them?

R: yes

I: What would you recommend that it be improved in this ITH programme?

R: ITH?

I: Yes, or T-safe, what would you like improved?

R: Increase the amount of money

I: You want eh money increased?

R: Yes

I: What fraction?

R: Let it be doubled.

I: Pardon?

R: Let the points be doubled.

I: You want the points doubled?

R: yes

I: How many points do you get currently?

R: Fifty

I: And you want it to be how much?

R: At least Sh100.

I: A hundred bob?

R: Yes

I: Ok and in the community, you come from, how do they perceive of girls who are using reproductive health services?

R: You know when you go for those services, it is not public knowledge. To others its is doesn't look good but for others, it is ok with them.

I: It is good to them?

R: Yes.

I: And why do others look at it negatively?

R: Because you are a small girl and you have started using family planning services.

I: Ok

R: Yeah

I: And why do they feel that young girls do not need to use those services?

R: As girls they need to start engaging in sex when they are mature and then they can start using them.

I: They feel that young girls have started engaging in sex too early.

R: Yes

I: Ok and in your view, those hospitals that are providing those services, how do they perceive of it

R: The young girls who are getting the service?

I: For example, this facility that is providing these services to adolescent girls,

R: Mhh

I: What do people out there say about this facility?

R: I have not heard of anything yet.

I: you have not heard and do you think they do talk about it?

R: Yes, obviously they will talk about it.

I: Mhh and what do you think they would be talking about?

R: They are the ones encouraging the girls.

I: They are encouraging the girls?

R: yes

I: Let us take for example the teachers, if they discover that young girls are using family planning methods, what do you think would be their perception or what would they say?

R: the teachers? The teachers who teach us here?

I: yes

R: There are some teachers who really would not care about your problem, they would wonder about the girls. And some would be ok with it.

I: And what about the church, how does it perceive of the girls who are using family planning services?

R: They feel that the girls are spoilt.

I: Ok and what about the service providers?

R: They are not adults.

I: they are not adults, and why do they feel the girls are spoiled?

R: because you go for the services and you have not attained that age whereby you can practice family planning.

I: Ok that is fine. And what about the young/boy in the community, how do they perceive of young girl who go for family planning services?

R: They really don't mind as long as their goals are met.

I: Mhh

R: Yes, they are ok with that as long as they get what they want.

I: The boys, so you are saying that as long as the get what they want, the don't care.

R: Yes

I: And what is it that they want?

R: Sex

I: Things like sex?

R: Yes

I: And for them they don't care?

R: No.

I: how would you rate the first service you got?

R: The first service I got?

I: Yes

R: I got pills. I was given the pills.

I: Can you categorize the service that you received?

R: It was just there.

I: Why do you think it is just like that? It was neither good or bad?

I: Yes

R: It is not that it was bad, (chuckles) it was just good.

I: It was good.

R: yes

I: and was it easy to access the service?

R: Yes

I: and service providers were supportive?

R: yes

I: and would you say that there was confidentiality when you were getting this service?

R: yes

I: Tell me more about it?

R: Privacy?

I: yes

R: Just like we came here, we were just the two of us like we are now.

I: You were just the two of you?

R: Yes

I: and how were they supportive? In what way?

R: They encourage and advise you.

I: How were they encouraging you?

R: Like if you are actively engaged in sex, you need to reduce that.

I: Mhh

R: Yes

I: That is fine. And do you think that information you got from them was adequate?

R: yes

I: It was not lacking?

R: No

I: And did you get enough time to ask them questions?

R: Yes

I: Ok and were you given....you told me that you were not given an appointment?

R: To come back?

I: Yes, the day you should come back?

R: No

I: And have they made any follow-up to find out how you are faring with that method?

R: No.

I: Fine. How would you rate your interaction with the service provider?

R: How we were interacting with them?

I: yes

R: It was free, like we were just conversing.

I: Would you say they were friendly?

R: Yes, she was friendly.

I: How were you able to gauge that she was friendly?

R: She didn't have a frowning face.

I: Mhh

R: She was just as friendly and smiling just like you are doing.

I: Ok

R: Yeah

I: Thanks. What would you say about T-safe? What exactly have you learnt from T-safe?

R: That I have learnt from them?

I: The things you have learnt and how they contribute towards achieving your goals in future?

R: Yes, now when you use family planning you will be preventing early pregnancy and if you get pregnant you drop out of school maybe.

I: Ok

R: so, if you are using any method you will be able to continue with schooling.

I: Ok how has T-safe assisted in addressing challenge the girls were getting before the T-safe services?

R: you see earlier on it was not easy for a girl to walk to a facility and get service, unlike now where you just walk there and get a service.

I: Mhh

R: At least now the adolescents have the courage to go the facility.

I: Mhh

R: They are able to share with the service provider.

I: Is there any other challenge that is addressing adolescent issues?

R: They are given free pills also

I: Mhh

R: That is also a plus.

I: Ok and would you say that there was a time these girls needed these services but they could not access them?

R: Yes

I: Mhh and why not?

R: There was also the fear and again finances.

I: Finances?

R: yes

I: and ITH has addressed those challenges?

R: Yes

I: Ok is there anything else that ITH has addressed?

R: I don't think so.

I: Ok and have you ever talked to your peers about ITH?

R: No

I: Why?

R: Just like that.

I: you have not shared with anyone about these services?

R: No

I: Ok that is fine. Would you say that you and other girls in this community take part in ITH programmes?

R: Activity?

I: Yes, in this community are there activities that you are involved to do with ITH?

R: Activities?

I: Is there any role you are playing in ITH?

R: No

I: There is no role you are playing?

R: No

I: You don't know if other girls are playing any role in ITH?

R: No

I: And maybe you are aware that in as much as you are using those services, you can still bring in feedback that you have encountered either from the community or even from the other adolescent girls?

R: If you can bring in feedback?

I: yes?

R: I can.

I: And did you talk about that; about bringing feedback?

R: No

I: You didn't discuss that?

R: No

I: And were you told that you can talk to other girls about the services?

R: yes

I: Will you come back to this clinic?

R: yes.

I: Why?

R: They helped me.

I: Would you come back because of other services that you might need?

R: Yes

I: Like which one in particular?

R: Mostly with this T-safe?

I: Yes

R: Mostly for advice

I: Advise, what else?

R: That is all

I: And supposing ITH was not there, where would you get these services from?

R: If ITH was no there?

I: Yes

R: Maybe one would be forced to go to the public hospital.

I: Mhh

R: yes

I: And do you think if you went to public facility you would get the same services easily?

R: No

I: What?

R: I don't think so.

I: Why?

R: Because you have to pay some money or is it free?

I: I don't know if they pay.

R: I think one has to pay at some point.

I: You suspect they will pay?

R: Yes

I: And do you think if you went to a public hospital, do you think they are supportive?

R: I don't think so.

I: Why?

R: Because they are interested in money, and if you don't have, they will just abandon you.

I: Do you think they look at the confidentiality of girls?

R: I don't think so.

I: Why?

R: You just know public hospitals, and especially if they are familiar with you, obviously they will talk about you.

I: Mhh

R: yes

I: So, you think they talk behind your back when you are gone?

R: Yes

I: Mhh and do you think they can be able to provide adequate information?

R: I am not sure.

I: and do you think if you visited them their facilities, they would give you an appointment?

R: Yes

I: And do you also think they would make a follow up on you after providing a service to you?

R: I don't think so

I: Why?

R: Once they are through with, that is all so it will be upon you to come back if you want to.

I: Mhh

R: If you don't want to then you forget about them.

I: Ok

R: Yes

I: So, I would like...we are like already finished now, I don't know if you have any question that you would like to ask me?

R: I don't have any question.

I: you don't have any question?

R: No.

I: and as we were discussion about T-safe is there anything you would like to add?

R: I can only that T-safe is good and it has helped many girls in this community.

I: Mhh

R: Around this area, it has been of great help to the girls.

I: Why do you say it has helped a lot?

R: You see before, girls just getting pregnant by the boys

I: Mhh

R: And also, it has helped because right now the girls can be talked to freely without fear because they know the discussion will be confidential. Nobody will share that information from there.

I: Mhh

R: They also get the pills for free.

I: You mentioned about these girls getting pregnant, why?

R: Because they were not going for the pills.

I: Mhh

R: Yes

I: Fine, thank you so much unless there is something else you want to add?

R: No

I: Thank you for your time.

R: Ok

AFRICAN POPULATION, HEALTH AND RESREACH CENTER

ITH ROUND TWO

ITH_R2_NAI_HUR_URB_002_ADO_006_28519

I: This Florence Olum taking IDI with the Jane that is ITH_R2_NAI_HUR_URB_002_ADO_006_28519. Yes Jane, so as we start I would like you to tell me briefly how you came to join T-safe or how you came to know about T-safe.

R: Mhh I came to know T-safe when I saw them walking around talking to young girls about protecting themselves.

I: Mhh

R: From early pregnancies the challenges that are there.

I: Mhh

R: Maybe you want to have boyfriend but you are scared you might get pregnant.

I: Mhh and when you say that they were walking, where were they walking?

R: Here in Huruma.

I: in the houses or where were they getting you?

R: Just on the road when you are passing and when they meet a young girl they call her and talk to her

I: In brief tell me how you started until you reached the clinic

R: Starting family planning?

I: No, starting with the person who talked to you first out there.

R: She called me and asked me some questions. I had this baby with and she asked my age. I told her nineteen years old. So she asked me if I would be interested in using family

planning methods to protect myself against pregnancy. I said yes I would since going to the hospital is quite expensive.

I: Mhh

R: And as a young mother I cannot afford all that money. I told her yes I am interested. So she told me to come to Mundika and that is where they offered me the service.

I: So when you came to Mundika, what did you come with as a proof that they had already talked to you?

R: I was a given a number, I don't know if that was called a code

I: Mhh

R: When I came with the code to the doctor, he also gave me another one.

I: When was the first time you joined T-safe?

R: It was on 25th May

I: 25th, just recently?

R: Yes

I: Ok so you were not part of them before?

R: No, I just used to hear of it but I didn't know who they were....

I: And when she was talking to you, was it made clear to you what T-safe is all about or what did you talk about exactly?

R: I didn't know what T-safe was all about until she talked to me about it. She told me that when you are enrolled in T-safe, then you visit the doctor, the more the points and that means if I don't have to go and sleep with a man to be able

to afford pampers or buy Always (sanitary pads). So if I come to the doctor and he serves me I will be able to get something small which I can use towards my baby like pampers, Always and I will not be going to sleep with men in order to be able to afford such things.

I: When you were being enrolled in the programme, how did you feel when your photograph was being taken?

R: Happy

I: Happy?

R: Yes

I: Tell me why you were happy?

R: Because I was going to benefit.

I: Mhh

R: I have been struggling so much.

I: How have you been struggling, maybe you could briefly tell me about it.

R: Maybe that day you were not able to get a man to sleep with so that he can give you money to buy something, or you go out there to look for casual jobs and the person tells you they don't have money to pay you that day, come the next day. So you to wait and if you can be able to get something from T-safe which is immediate that is better.

I: Ok

R: There are men who just want to use you.

I: What really influence you to join T-safe? What attracted to join T-safe?

R: I wanted to start taking care of my baby properly instead of these men. They will play about with me and then start hurling insults at me that I am a prostitute, and all the bad things.

I: So what influenced you is the fact that you wanted to bring up your baby?

R: Yes, in good way so that when the child is old enough people don't laugh at him/her and telling her that you mother sleeps with all types of men to be able to look after you.

I: When you tell me that you wanted to bring up your baby in a good way that is the reason that made you join T-safe can you tell me how?

R: If you get those pampers, milk or rice from the shop which you can prepare for your child.

I: Mhh

R: Yes, and even flour for porridge.

I: Can you also say that the interaction you had with the mobilizer also influenced your joining T-safe?

R: Yes because if she had not talked to me and convinced me of the benefits in T-safe, I don't think I would have joined it.

I: Ok that is fine. You have mentioned about the benefits. Would you say that the kind of reception you received when you came to the facility also influenced your decision in one way or the other?

R: Yes

I: Tell me about it.

R: I felt that if I take this service, I will not have to get another baby that soon and yet this one is still too young. So I took the service so that I can protect myself, and also take care of this baby first until it grows and also as I organize myself.

I: Tell me your experience with the kind of communication you were using. Are you in any social media?

R: How?

I: For example when you were being enrolled, a photo was taken.

R: yes

I: After taking the photograph, you also get Tiko Miles. Let us now talk of the Tiko miles, how do you get access to Tiko Miles?

R: Through the phone.

I: on phone.

R: Yes

I: So you used your phone to register with. Besides the Tiko Miles, is there anything else you get on phone?

R: No, just questions.

I: What type of questions?

R: Questions like how you were treated with the doctors, how did they serve you well or not? Were you happy with the services?

I: Ok and since you went there last week, have you gotten any questions yet?

R: Yes

I: When did you get it?

R: Just recently

I: Ok so you go the questions and you answered them?

R: Yes

I: Then after answering the questions what happened?

R: I was rewarded with points.

I: How many?

R: Twenty five.

I: you were given twenty five points?

R: Yes

I: Ok and besides that communication, can you say that...how do feel about that interaction on the phone?

R: I am ok with that because it is not a bad thing unlike when people were saying T-safe is devilish stuff and we should not go there but to me it inspires the young mothers.

I: Mhh

R: It is a good thing.

I: As a girl, you know there are girls who don't like their issues being exposed.

R: Yes

I: In this interaction what is good about it between you girls?

R: It is good because if you are living near your parents or for example, I live with my brother I cannot tell him that this and this is my problem but as for you I take you as my parents. I can tell you anything and so to me this was an

opportunity to get people I can be able to share my problems with.

I: Ok

R: I cannot go and start telling my brother about Always, it will not be fair to him. It is not good.

I: What is your experience in accessing these services under T-safe?

R: It was fine with me.

I: Ok would you say you got adequate information?

R: Yes

I: Fine. And how were you able to choose this clinic where you are coming for services?

R: Silence

I: How did you choose this clinic?

R: The doctors here are not that harsh, they talk to you gently unlike in other places you will be told; I am the one who told you to give birth early. The reception is very good until you are encouraged. They motivate one to come back.

I: And when you were talking to the mobiliser she gave you the go-ahead to choose where you would like to get the services from?

R: How?

I: The clinic you would like to go to?

R: I am the one who chose where to go for the services.

I: And you chose here?

R: yes

I: And the reasons why you chose this place?

R: It is nearer home.

I: And what do you think of the services you got from the clinic for example the questions they ask you, the services they provide and the like what can you say about them?

R: They are good.

I: Why do you say they are good?

R: I don't know what to say.

I: What are your views on the ITH services you are getting?

R: The family planning services?

I: Let us say from mobilization; how you were enrolled and then you got the services, what are your views on that?

R: It is fine because I know how to protect myself. I can't say much on that.

I: Ok so what service did you get here?

R: Family planning?

I: Yes

R: Implant-5

I: implant-5?

R: Yes

I: That is for five years?

R: Yes

I: You also mentioned this is your first time here?

R: Yes

I: And do you plant to come back another day?

R: Yes

I: Are there other services that you have been offered through T-safe?

R: I had only come for that one.

I: Then you also benefitted with the points?

R: Yes and the family planning only.

I: Ok during that interaction, what have you benefitted from it?

R: Being able to organize my life.

I: Ok

R: People say it is bad and it has side effects, I have not seen or experience any of those things they say.

I: Mhh and is there anything you can say about improving the T-safe platform?

R: No

I: Is there anything you would like to recommend so that it can be better than it is today?

R: No. Unless I sit down and think about.

I: But from the services you have received do you feel that there is some improvement that can be done there? Maybe you feel if they adjusted or did this and that, the platform would be much better?

R: No.

I: That is fine. As one of the people using family planning methods to prevent pregnancy or SRH services, what does the community think of these services?

R: Like for that person who has never used the service perceives of us?

I: Yes

R: They usually mock us and say that even if you put the implant you will still get pregnant. Even if you are trying to prevent pregnancy you will still get pregnant at some point. They are just insulting towards us.

I: And who are these people who say that?

R: Friends of our parents, there are those people who don't want to see you progress when their daughters are lagging behind there.

I: Mhh ok. Maybe girls of your age, your peers, who have not received these T-safe services, what is their perception about you?

R: They don't say anything much. There are those who say they will go for the service one day, others say they will not go for it. When you explain to them well, there are those who are willing but others are not interested.

I: Ok, and have you talked to any of your friends?

R: Yes, two of them.

I: How did they take that information?

R: One of them has actually come and gone inside to see the doctor

I: She has just come now to see the doctor?

R: yes, the one who has just entered now and the other one is outside there.

I: Ok

R: Yes

I: That is fine and what about church leaders, what do they say?

R: They say family planning is not good for young adolescents and in fact they say that God say we should multiply and fill the earth, so how are we going to fill the earth when you are using those services to prevent pregnancies.

I: Ok and the youths of your age, what do you think is their perception?

R: Youths, boys or girls?

I: The boys

R: The boys because youth is general.

I: Mhh

R: They say that those things belong to devil worship and all that.

I: Ok that is fine. You had a baby and is the father there?

R: Yes he is there

I: Do you communicate?

R: No, he told me that the pregnancy is not his and why didn't I prevent it?

I: Mhh

R: So I remained carrying the burden looking after my baby.

I: In other words you don't communicate?

R: No.

I: Ok that is fine.

R: He told that he has no business with me since I don't know how to take care of myself and prevent pregnancy. How do I know the baby is mine?

I: ok and what can you tell me about the quality of services on Sexually Reproductive Health services that you received?

R: pardon?

I: Can you explain to me the quality of services you got in relation SRH?

R: On family planning?

I: Yes. What was the quality of the services you got?

R: How I was coping with it?

I: yes

R: It was good even though people were saying you grow thin and eat too much, but that is not true. I have not seen any effect on me. I am just as normal as usual.

I: When you came here, did you get the service immediately or it took you some time?

R: I just got it there and then.

I: Ok and when you came, how long did you have to wait before you were served?

R: I didn't have to wait for long.

I: How was the environment where they were offering the service to you?

R: Where they got me?

I: Where you were sitting before you got the service?

R: First those ladies inside there talked to me and then I was sent to the doctor.

I: Ok and was there privacy when you were talking to the doctor?

R: Privacy?

I: yes

R: There was privacy because it is between me and the doctor.

I: Ok there was no one passing by as you were talking?

R: No

I: And were you given an appointment?

R: To come back?

I: yes

R: He told me that if I am uncomfortable with it I must come back and register my discomfort. I should not keep quite. It is my right to speak out. If my menses change from the usual I should also come back and report.

I: And were you given adequate information on that method?

R: Yes

I: Tell me more about that what said.

R: He told me not to do heavy work or touch there with dirty hands before it heals.

I: Were educated on other methods?

R: How?

I: Who decided for you that method you are using?

R: I did it personally

I: Ok and before you decided on that method, or even before you decided on this method, were you educated on any other methods?

R: Yes, he explained to be about all the methods available and how they work and then I chose this method I am using now because it is very easy to forget when you are using some of those other methods but with this one, once it is there, no need to keep reminding yourself for the next five years.

I: Ok that is fine. What have you learnt in the T-safe program that can help you in achieving your future goals?

R: I have already given birth but now I have to prevent another pregnancy. And even if I didn't have a baby, I would still have taken care of myself so that I complete school and not drop out as I did.

I: Mhh

R: that is what I learnt. Many of us girls drop out of school because of unwanted pregnancy and you have to look after the baby.

I: and now that you are in T-safe programme, how will it help you to reach you future goal(s)?

R: It will help me like feeding my baby, I can get the pampers, and when I get those points I am able to get some porridge for my baby.

I: Mhh and in your life, do you have any dream you would like to achieve?

R: Yes.

I: How does T-safe help you achieve that dream?

R: I don't know how to answer that.

I: How as T-safe help address challenges that adolescent girls were facing while trying to access family planning services?

R: how it has helped us?

I: Yes.

R: It has helped us as girls a great deal because maybe you don't have anything at all or even your parents are just empty handed, and you need that item urgently, you will come to T-safe and get some points which you can redeem address the issue at hand.

I: Ok.

R: you would have been assisted very much.

I: ok and do you think girls, before T-safe, in your view do you think girls needed these services?

R: Yes.

I: What challenges were they encountering as they look for these services?

R: For example myself, it meant I had to go out here to look for someone to give me something small, beg from other people and such like things which was not a good picture at all.

I: Mhh.

R: Or go out there and work for someone to get money and you may get the job or not. That is how I got this baby because you

are so broke and cannot be able to afford a cent and someone take advantage of that and you find yourself pregnant.

I: Mhh.

R: You even go looking for maybe a man to have sex with so that he can give you some money and at the same time you have not protected yourself against pregnancy.

I: Mhh.

R: And you know going for family planning is expensive and you don't have the money so you end up pregnant. It has really helped us avoid those traps that make us pregnant.

I: Ok.

R: Yes.

I: In what way have and other adolescents in this community been involved in T-safe? Is there anything you or your peers are doing in that T-safe programme?

R: Doing?

I: What are the roles you are playing in T-safe programme?

R: I was told that if I meet young girls suffering I can refer them to the facility because it is a question of helping one another.

I: Mhh.

R: Instead of them going to men and ending up pregnant, I direct them to T-safe.

I: And do you ever bring back feedback? Did you bring back feedback after getting the service?

R: Yes.

I: Whom did you talk to?

R: The service provider.

I: Would you come back to this clinic for any service?

R: Yes.

I: Like which one?

R: When I am coming to change or replacing the one I have.

I: Ok.

R: That way I can also encourage my peers to come for services here (unintelligible, low tone)

I: Ok do you think there are other services that you would like to get from this clinic apart from what you have already gotten?

R: Yes, if I get other disease like rashes and the like I would still come back. That has been my problem actually.

I: And have you ever come to report the same?

R: Actually it is today that I had come to report and see if I can get some assistance because wherever they inserted it keeps swelling and then after a short while it goes back to normal. So I just wanted to enquire what the problem would be. It is a bit painful.

I: For how long has this been going on?

R: It is a month now

I: What do you usually do when you get that kind of rash and swelling which is painful and then it disappears?

R: I have just been leaving it. I clean the place then apply some ointment and wait for it to cool down.

I: When you come here for services here do you pay for it?

R: No.

I: That is fine. Do you think that you might need other services in future?

R: Silence

I: Mhh?

R: I can come back for HIV testing

I: and when you came the first time were you educated on such kind of stuff?

R: Yes

I: What were you told regarding the same?

R: Methods of preventing oneself.

I: And at that particular point, were, you in a position to be tested for HIV?

R: I was not ready for such a service.

I: And now?

R: I am ready for the same.

I: (unintelligible, low tone) is there anything else you would like to know more about?

R: No just the rash that has been disturbing me so much.

I: Ok and supposing ITH was not there, where you have gone to look for these services?

R: It would have been very difficult.

I: Mhh

R: I would still be struggling so much.

I: How?

R: Everything revolves around money which I don't have

I: Mhh.

R: Where would I have gotten the money?

I: Before T-safe, if you came to Mundika do you think you would have gotten these services?

R: No. Ok though I have not been here before but I hear people out there say it is expensive, don't take your patient to Mundika and such like stuff. There are many negative stories that makes one fear.

I: Ok so what were they say about Mundika?

R: How expensive they charge patients.

I: Would say that if you had come at that time before T-safe they would have given you support to enabled you get those services?

R: I don't think and I also don't know because I never tried.

I: Mhh

R: Yes

I: So you don't know. Do you think they would have handled you with privacy if you had come for services?

R: I had never come here this was my first time.

I: Ok

R: I just used to hear people talk out there.

I: Ok you have been living here for a while and did you ever meet other groups of people dealing SRH services for adolescents?

R: No, I have never met any group except for T-safe.

I: Ok

R: I also didn't think much about the hospital since I was not interested.

I: Ok so Jane, I am through with my questions and I don't know if you have anything you would want to add on what we have discussed about T-safe?

R: No, if I come up with anything then I will make a call.

I: Ok and is there any question for me?

R: No.

I: I am grateful for your time and also for being free with me during this discussion (unintelligible, low tone).

R: Thank you.

I: Ok

AFRICAN POPULATION, HEALTH AND RESREACH CENTER

ITH ROUND TWO

ITH_R2_NAI_HUR_URB_002_ADO_007_28519

I: This is Florence Olum taking an interview with
(unintelligible) ITH_R2_NAI_HUR_URB_002_ADO_007_28519. **So**
Juliet can you tell me how you came to know about the T-safe?

R: I was passing by then I met those women then they called me then they informed me about the T-safe programme.

I: Mhh

R: Yes

I: When was that?

R: 28th May

I: Which is today?

R: Yes

I: Where did you meet them?

R: At the road near Mundika.

I: What exactly did they tell you about T-safe?

R: They tell me how they give programs like giving family planning services, free of charge.

I: Mhh

R: Then after that there will give us something small if you have a phone.

I: Ok

R: Yes

I: So how were you enrolled today?

R: They give me a code which I entered in the phone and then I was asked some questions. After answering I got a message in my phone.

I: So who was asking the questions?

R: Those ladies.

I: They were asking you questions like which one?

R: Have I ever heard of T-safe services and they told me about the benefits. I asked them what was the meaning of T-Safe. They said that it is something that...it is a service that gives us free family planning services.

I: Mhh ok and so you were enrolled today?

R: Yes

I: How did you feel your picture being taken?

R: I felt good.

I: So you were enrolled today?

R: Yes

I: And then what did they do with the photo?

R: They told me that after taking the photo that is my identity. They will identify me through that photo.

I: Ok. So you have said that you felt good, why did you feel good?

R: At first I felt bad because I asked them why they were taking my photo. But they told me that by taking my photo they will identify me easily.

I: Ok

R: So I felt good because they offered family planning services free so it is not bad for them to take my photograph.

I: And what would you say influenced you to join now the T-safe platform?

R: Their teachings, how they...the teachings they gave.

I: Mhh like which teachings did they give you? (Baby disturbing)

R: They gave us teaching on....the teaching I found good was about infections which we find in latrines.

I: Mhh

R: Yeah and how to protect ourselves from that.

I: And what made you decide to come to this facility to get that service?

R: What made me to come is that they are giving the service for free, you know sometimes we don't have enough funds, we are not well financially to be able to go to hospital where we pay so I just decided to come because of that.

I: And do you think something like incentives that they mentioned, points, the Tiko miles do you think that one also influenced you?

R: Yes, that one also influenced me.

I: why?

R: Silence

I: Why did it influence you?

R: It influenced me because...

I: And you can use any language that you comfortable with.

R: Pardon, how?

I: I wanted to know if these Tiko miles also influenced you to come and get the service.

R: It influenced me because you can go after being given the points you can go and redeem the points and take anything that you like.

I: Mhh

R: Yes

I: So can you tell me a little bit in detail about these Tiko miles?

R: You know this Tiko miles is good because I was just hearing about the teaching and family planning but I was not understanding anything, the infections we get in latrines, but I was not understanding. But after they called me and explained to me all about them and I was able to understand it.

I: Ok and then the Tiko miles, the points that you get, can you tell me about them? How do you get it and..

R: After being given the code by then you are asked some questions. After answering the questions you earn the points.

I: Ok and do you think these incentives, do they motivate most of the girls to come and get these services or what can you say about it?

R: Yes it really motivates girls.

I: Why?

R: Because the teachings they are being given there, mostly they are not being given by their parents.

I: Ok

R: but here we find it freely.

I: And now I am asking the points that you get after answering the questions, do you think that one also influences girls to come and get the services?

R: Yes

I: Why?

R: Because you are told that after enrolment and getting the service you will get the points that can be redeemed and used for anything they lack in form of goods.

I: And where do they get those things that they lack?

R: From the Tiko miles shops.

I: What are some of the things they collect?

R: like cards,

I: Ok and can you describe to me your experience of interacting with the T-safe platform through SMS?

R: Pardon?

I: Your experience interacting with T-safe platform through SMS?

R: I don't understand that.

I: Like your experience, what can you say about interacting on the T-safe platform using the SMS?

R: They ask you questions which are not very hard to answer.

I: And do you find it easy to use?

R: Yes

I: Ok and how did you chose the clinic to go for services today?

R: How did I choose?

I: The clinic you visited today?

R: I just chose it because I was explained in detail and that is how I chose this clinic.

I: And how did they explain to you about this clinic?

R: They asked me where I come and I told them then they told me that it is good to choose a clinic that is nearby and so I chose this one which is nearest where I come from.

I: so it is them who told you and not you choosing?

R: They told me and then I am the one who chose.

I: In your experience on the platform we have talked about it. What have you experienced about SRH services today?

R: My experience was that there are some measures you can use to prevent unwanted pregnancies

I: Like which ones?

R: family planning services like Pills, Implants and injections.

I: Were there any negative experiences you encountered?

R: Yes

I: Mhh

R: like they told that even though you can choose the methods of preventing pregnancies there are some side effects.

I: Mhh

R: in some of them.

I: So what side effects did they talk about?

R: Like there are some family planning methods that can cause abdominal pains and things like that.

I: Ok and was it your first time to use this service or you have used them before?

R: This was my first time

I: So which service did you get today?

R: Pills.

I: Why did you decide to use pills?

R: Silence

I: Why did you decide that you will use pills?

R: I just decided on the pills from the explanation I got. I understood and found it better than the other methods.

I: Ok and what suggestions can you provide for improving the service?

R: I can urge other people to use it because it is good.

I: Is there anything, as you visited the clinic, you were talked to, do you see anything that you feel needs improvement or needs to be done much better than the way it was done?

R: No.

I: And now that you are one of the users of T-safe platform, because you have been hearing about it from other people who are using it, how do you think the community perceives those who are using these services?

R: They also have positive perceptions.

I: How?

R: Because it gives girls teaching that they were not aware of.

I: And what do you think the community thinks about the people or service providers of these services to the girls?

R: I don't understand that one.

I: You don't understand. Ok right now we have people from this community coming from nearby. And you realize that Mundika is

one of the hospitals that is giving out these services to girls. How do they take Mundika? How do they view Mundika?

R: As a good place, they think it is a good place

I: Mhh

R: it provides free services to girls.

I: And now that you are using these services, how do you think your peers will feel about you or what will they feel about you?

R: I am sure they will ask me how I joined T-safe and they will tell me to bring them to join because it is good.

I: Ok and how will they know it is good?

R: I will explain to them about the services and the points.

I: Mhh ok, and maybe the parents, your aunties are there?

R: Yes, she is aware.

I: How does she take it?

R: She is happy about the teachings.

I: Ok and the other parents who are not your parents, how do they take it?

R: they take it positively.

I: And how about the church leaders, how do they perceive of girls who are enrolled in this programme and are taking these services?

R: Some of them embrace it while some of them take it negatively.

I: So what do they say actually?

R: Some say that it is good it helps girls but some of them say it is not recommended for example the family planning services. That it is not recommended in the Bible.

I: Can you tell me your experience with quality of services of the SRH services you received today?

R: The?

I: The quality of the sexually reproductive health service you received today?

R: I don't think if it has any side effects.

I: Ok

R: Yes

I: why do you say it doesn't have side effects?

R: Because from the explanation I was given I understood it from there.

I: So can you say that service providers are supportive as they provide this?

R: yes, they are very supportive.

I: Can you say it is easy to access the service that you wanted?

R: Yes

I: Ok and why do you say it is easy?

R: It is easy because before they explained it to me, it cannot be easy but after the explanation you find that it is not that hard it is easy.

I: You said that the service providers are very supportive, can you expand on that a little bit?

R: They are supportive in giving the services in that with me I was just passing by. I didn't know about the service.

I: Mhh

R: they called me and explained to me which motivated me to come and join the T-safe platform.

I: Ok and wherever you were getting the service, how much confidentiality was maintained there?

R: It was good.

I: Tell me more about how good it was.

R: They first introduce themselves and then they tell you what they provide.

I: Mhh

R: and if you don't understand anything you can ask those questions and they will answer.

I: Do you feel the information you were given was enough?

R: Yes, it was enough

I: Can you make me understand why you think it was enough?

R: because they told me that they are providing free services, family planning services for that matter. So I asked them that I heard some of them had side effects. And I told them that I had just heard but I really don't understand anything at all. They told me more about the family planning services they offer.

I: and when you were receiving these services how long did you wait before you were given the service?

R: Few minutes

I: Few minutes like how many?

R: Like five minutes.

I: So can you take me a little bit about the interaction you had with the service provider?

R: I was passing and she called me and introduced herself to me.

I: Mhh

R: Yeah in a positive way. I also introduced myself to her and she told me much about the service and how it is administered and works.

I: Mhh so when you came here or went to the doctor or whoever was giving you the services.....who gave you the service?

R: It was the doctor.

I: Tell me how you started interacting.

R: It was private

I: It was private but you can at least give me a little information of what you discussed with him.

R: The information we discussed was about the family planning methods. He asked me the method I had chosen and why I chose it.

I: Mhh

R: I told him. Then I asked him about the side effects I hear people talk about and he explained to me further.

I: Ok so do you feel the information was enough that he gave me.

R: Yeah I feel it is enough.

I: Under T-safe, you and other girls from this community, how do you think you are involved in this T-safe?

R: Through the providers.

I: And are there other roles that you play under T-safe?

R: Yes

I: Which one is that?

R: After being introduced to it you go and inform other girls to join.

I: Something else?

R: Only that.

I: And what about bringing back the feedback?

R: Bringing back feedback?

I: It could be a feedback from you or other girls in the community?

R: That one we didn't talk about.

I: And will you attend this clinic again?

R: Yes

I: Why?

R: To learn more.

I: is there any other reason that can make you attend it?

R: No, only that.

I: Only that.

R: And to receive services.

I: Are there other services that you think you might still need in this clinic?

R: Yes

I: like which ones?

R: About the infections and I would like to come back and learn more on that.

I: Mhh

R: And how to prevent them.

I: When are you planning to come back and learn about them?

R: On Wednesday

I: Be it the ITH is not there or was not there, where would you have gone to receive these services on SRH?

R: I don't know because I was not aware of it.

I: Ok and do you think these services were available in the community and they were easily available?

R: Yes, they are available.

I: Where specifically?

R: At Huruma Corner

I: At Huruma Corner?

R: Yes

I: How do they offer, are they free?

R: Yes

I: How are their doctors?

R: What?

I: The service providers how are they there?

R: I have never attended them.

I: Ok that is fine. It is like I am coming to....I am almost done with my questions, do you have any question for me?

R: No

I: And as we were discussing about the T-safe is there anything you feel that like you need to add?

R: Yes

I: What is that?

R: Continue bringing new services to girls.

I: Mhh

R: Yes because it is good and it motivates them.

I: Ok is there anything else you want to add?

R: No.

I: So thank you so much for you contribution and I am very much grateful.

R: Welcome.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_LAN_URB_003_AD0_002_28519 otendo

I: This is Wilkister Ombidi taking an IDI with and Adolescent ITH_R2_NAI_LAN_URB_003_AD0_002_28519 at Langata Sub-Countym MSK facility in Kibera on 28th May 2019, starting time 12.35 p.m. Thank you so much for accepting to take part in this

interview. We have agreed that we can use both English and Swahili. But mostly what language will we be using?

R: Kiswahili.

I: Ok. To begin please tell me how you came to know about T-safe.

R: I met my friend who told me about T-safe.

I: Who is this friend?

R: We were living nearby and she exited to another place.

I: Please describe to me what happened from the time you were told about T-safe until you came to the facility. That is like a journey, the process. Tell me the whole process of what happened; from being told about T-safe, deciding to come...

R: After she informed me about T-safe...

I: Mhh...

R: After being informed about T-safe, I decided to come, and I came, I was given a card; she explained to me how to use it. I was registered and I was given a service, I was given pills. After that she wrote my points on the card.

I: She wrote for you the points.

R: Yes.

I: So you decided to come after being informed?

R: Yes.

I: Tell me the process of signing up, because this happens on phone.

R: After I had come, I was attended to by the doctor but first I was registered, my photo was taken and finally I was given a card.

I: Ok, so you came and signed into the platform when you were here.

R: Yes.

I: Whose phone did they use; yours or theirs?

R: Theirs.

I: And where were the points.

R: The points were in the card.

I: Ok. How did you know where the clinic is?

R: The mobilizer told me where the clinic is.

I: Tell me any challenges you might have faced; being informed, coming and the registration.

R: I didn't experience any challenge.

I: And here is called Tiko?

R: Yes.

I: How did you feel when your photo was taken for you to join Tiko? Some people call it in their hands, some call it Tiko, and others call it T-safe. So you call it Tiko.

R: Yes.

I: How did you feel when your photo was taken for you to join Tiko?

R: I felt good.

I: Did you feel like asking yourself what the photo was for and where it was being taken to

R: I felt like that.

I: Did you ask?

R: No, I didn't. But I was just wondering where the photo was being taken to.

I: (laughs) you didn't ask them.

R: I didn't ask.

I: You could have asked your friend who informed you about T-safe why your photo was taken?

R: We stay far apart and so I couldn't reach her to ask.

I: Why did you join T-safe program?

R: I see a lot of girls getting pregnant at an early age, so by coming here it was an advantage because, I will have a way of preventing pregnancy.

I: There are people called mobilizers but you told me that you informed by a friend.

R: Yes.

I: So I don't know whether you have seen those mobilizers who tell adolescent girls to come here at the clinic for these services?

R: Yes, there is one called Bela... whom I have seen.

I: So did you meet this mobilizer after knowing this place?

R: I had already known this place

I: Oooh, you had known here

R: Yes.

I: So it was not her who invited you

R: No, not her.

I: You know you are a dot com generation, maybe did get information from social media like Facebook.

R: No.

I: There are points called Tiko miles, did your friend also tell you about Tiko.

R: Yes.

I: Please tell me if Tiko miles were some of the reasons that made you come for the service so that you could also get Tiko miles.

R: At first, she didn't tell me about Tiko miles. But I just got interested.

I: Ok, you got interested before knowing about Tiko miles.

R: Yes.

I: What about the services in Tiko, did that attract you.

R: Yes, the pills help me a lot so that I don't get pregnant.

I: Ok, I don't know whether you only heard of pills as the service to girls or there were other services too.

R: There is also counseling. We have questions that when the doctor comes, we ask and get answers.

I: Ok, Please explain to me your understanding of Tiko miles and how it has contributed in your taking of services.

R: Mhh... the points or...

I: The points, what do you know about them?

R: They help.

I: They help, that is what I want. In what ways are they helping?

R: In getting the pads, sometimes you don't have books and you have points in your card.

I: How do you get books and you have the points.

R: I go to the defined shops and I give put my card, he inserts in his phone and see how many points I have, then I ask for the book. Then the shopkeeper gives y9ou the book and your card back.

I: Earlier on I had asked you if Tiko points could have played a role in accepting to join the program and you told me no, you just got the Tiko miles when you had already come here.

R: Yes.

I: But you told me that you were happy with Tiko too.

R: Yes.

I: So now that you are here is the Tiko miles that made you come here for the service or...

R: I came for the pills.

I: As we continue, please tell me your opinion concerning communication on Tiko like sms or internet. I don't whether you have got any message or it just the card..

R: Just the card alone.

I: Only card. Do you have a phone?

R: Yes.

I: Have you ever logged into that platform and ask a question and answered online?

R: No, I have never.

I: So you have not interacted with the platform. Only the card.

R: Yes.

I: How did you choose this clinic?

R: My friend told me about it.

I: How is the distance from where you live and here?

R: Not very far.

I: Did you walk to this place?

R: I boarded motorcycles (bodaboda)

I: How much were you charged?

R: They 50 shillings.

I: Do you consider that as far or just ok.

R: It is not that far.

I: Is it convenient.

R: Yes.

I: If there was another clinic closer to you would you still come here

R: Yes, I would still come here.

I: Why?

R: Their services are good.

I: What do you mean by saying that their services are good?

R: We have interacted with the doctor and we are like friends and I am now very free with her.

I: You have interacted with the doctor, such that you are friends.

R: Yes, she is like a friend.

I: How about the working hours for this place. You told me you are a student

R: Yes.

I: And the students go to school from Monday to Friday and I don't even Saturday.

R: Yes, Saturday.

I: How about the working hours because, you go to school up to Saturday. Are the working hours convenient to you?

R: Yes, because they work on Saturday.

I: They work up to Saturday and so you find time to come.

R: Yes.

I: The providers here are good for you?

R: Yes.

I: You said they are friends.

R: Yes.

I: Please tell me if the mobilizer that you met also made you to like the clinic.

R: She was informing people when I had already enrolled in the program.

I: Please tell me your opinion on the quality of reproductive health care services provided in the program.

R: They are good.

I: What do you mean by saying they are good.

R: There are several methods of family planning; you may choose pills, others want injection. So there are varieties to choose from.

I: So you choose what you want

R: Yes.

I: How do you arrive at choosing?

R: The doctor explains different methods and you choose what you want.

I: Any negative experience you have had with the program

R: None.

I: Any positive experiences.

R: They don't have any effects.

I: Which ones have you had that do not have side effects

R: The one I am using.

I: Which ones are you using?

R: I am using pills.

I: What makes you say the services are good here?

R: They are friendly and nice.

I: What makes you say that they are friendly?

R: They answer questions when we ask them. They also give us opportunity to ask questions and they answer me.

I: They give you opportunity to ask questions

R: Yes.

I: What do you mean the services are nice?

R: What do I say?

I: Just say what you want to say. Here there are no wrong or right answers. Just say it.

R: Mhh... they keep the information.

I: Ok, confidentiality.

R: Yes, what you tell the doctor, he doesn't go and tell other people.

I: Ok, thank you so much. You told me you have received the pills.

R: Yes.

I: I was just about to ask you the services you receive on T-safe, and you have told me that you got pills.

R: Yes.

I: Tell me any other service that you received from here

R: Counseling.

I: What is this counseling about?

R: Like at times you go through some things and you want somebody to talk to and so you come and talk to the doctor.

I: Ok, any examples of some of those things that you go through and you need someone to talk to.

R: You know sometimes you go through certain things for example you notice certain things on your body. Things that you are not used to and so you just go to the doctor and talk to her.

I: What do girls see in their bodies that disturb them?

R: There are things that girls are not used to seeing like for example some rashes down there..

I: Down at the legs...

R: At the reproductive part.

I: I am getting you.

R: So you find it difficult to tell your parent about it and you can tell the doctor and he finds a way of helping you.

I: Ok. What suggestions can you provide for improving the T-safe platform?

R: I feel it is good.

I: I am asking you for anything you want to suggest to make it better

R: It is just fine as it is.

I: What does fine mean?

R: Maybe they increase the number of days, like for us as students, during the week we are in school and even Saturdays we are going for extra learning(tuition), so when you come they have already closed.

I: Should they increase time or days?

R: Time because like Saturday, we leave school at 1 and by the time you come home and then arrange to go to the clinic, it is late and you don't find them.

I: Ok, so from what time to what time should they add?

R: they should go up to 5pm, because on Saturdays they close at 1pm.

I: So you are suggesting they continue up to 5 from 1 that they usually close?

R: Yes.

I: And the Tiko platform you have said that you don't have any experience with it?

R: Yes, I don't have a phone

I: But you are getting points?

R: Yes.

I: Any improvement you want on Tiko points?

R: No, it is good.

I: How does the community view girls who use the T-safe services?

R: (prolonged silence)

I: Community is you and others. What is the view about adolescent girls who use the T-safe services?

R: They see it as good.

I: Mhh...

R: Because it is helping a lot of girls.

I: In what ways is it helping girls?

R: Like those services of pills, getting pads, there are Tiko points.

I: Yes, pads.

R: Yes, they usually don't have pads

I: And you have told me with Tiko miles you can go and do shopping?

R: Yes.

I: What is the view of adolescent girls of your age?

R: They see it as good.

I: Like yourself, how do you see it?

R: Like me...

I: Mhh...

R: When I am growing up, I am protected and I cannot get pregnant. It helps and even in school, I am able to continue.

I: Have you seen those girls who drop out of school due to knowing men as you are saying and getting pregnant?

R: Yes.

I: And so to continue with school, how will the program help girls?

R: Like...

I: Let us say the girl is having a boyfriend, how will the program help her continue with her education?

R: She will get ways of preventing pregnancy.

I: What is the view of parents concerning T-safe program?

R: It is good because it is very helpful; maybe you don't have flour in the house and so you just buy with Tiko miles.

I: What do mothers say about the program?

R: They are just fine with it.

I: What about fathers?

R: I don't know about them.

I: Do teachers know about the program because I want to ask you about the teacher?

R: Yes, they know about it.

I: How do they feel about it? Have you talked to teachers about it?

R: I haven't heard about it. I am in a school in Kiserian.

I: You are learning in Kiserian?

R: Yes.

I: And the teachers there do not know about the program.

R: Yeah.

I: What do religious leaders say about the program?

R: I haven't heard them speak about it.

I: Tell me what the boys and young men are saying about this program. Those boys know about it.

R: Yes.

I: What do they say?

R: It is also helping them in getting condoms.

I: In getting condoms.

R: Yes.

I: That is among the boys and young men. But on your side as girls, the fact that you are getting these services, what do they say?

R: The boys.

I: Yes, the boys.

R: They see it as good.

I: Tell me whether they see it something for the girls but not the boys.

R: To be real they do not take it as important. The boys are like what are you telling me about Tiko?

I: So you do not talk to them about it

R: No, we do not.

I: Oooh, no. You know I was about to ask you whether have talked to your boyfriend about it.

R: I don't. The day I started to talk to him about it and he got angry.

I: He was angry...

R: Yes.

I: In your own thinking what was making him lack interest with that kind of program?

R: It is like they don't like such things they don't like them.

I: Aaha...ok, so tell me does it also means that these boys do not want you to know so much about pregnancy so that they impregnate you? I don't know what that means...

R: Yes...

I: Eeehe... what is in their minds?

R: they want to impregnate you and leave you. So when you know about prevention then it is like you have known a lot of information.

I: Ok... (Laughs), it is making girls to know a lot of information...

R: Yes.

I: They cannot be impregnated and left...

R: Yes.

I: Mhh, seriously, ok, so that is what most boys think, ok

R: Yes.

I: Please tell me your experience with quality of reproductive health care services you received at the facility today.

R: Eeehe...

I: What did you receive today?

R: Pills.

I: You received pills.

R: Yes.

I: Tell me about the quality of service you received today.

R: They are good.

I: Mhh... What was the quality? You say they were good, what was good.

R: Like myself, I am used to medicine. Therefore, I don't experience side effects. They are just good.

I: The way you were treated, this time round when you came, that could be part of the quality. So how were you treated?

R: I was treated nicely.

I: Please tell me more about it.

R: It was private.

I: Tell me how private tat was.

R: There was nobody coming in.

I: Tell me whether there was any counseling

R: No.

I: Appointment for follow up, when there are any side effects,
any challenge.

R: None.

I: None today.

R: Yes.

I: Were you told when to come, your next visit

R: Yes, after two weeks.

I: You have been provided with pills

R: Yes.

I: For how long?

R: For 21 days

I: But your next visit is after two weeks

R: Yes

I: Tell me whether there any reason for coming back after two
weeks and the pills is for 21 days. Or I am forgetting the
Mathematics.

R: Actually it is three weeks. I am forgetting it.

I: Were told of next follow up.

R: Next month.

I: Ok, you were told.

R: Yes.

I: Tell me whether you were comfortable with waiting time. From the time you came until you were called in.

R: Yes.

I: For how long did you wait?

R: I didn't wait for long.

I: Like how many minutes or hours.

R: Five minutes

I: Tell me the discussion with regard to what you should take. Who made the decision today on what you should take

R: It is myself.

I: Yourself...

R: Yes.

I: Although you had come back for the same service you had received

R: Yes.

I: How was your interaction with provider?

R: It was good.

I: What makes you say it was good?

R: Mhh....

I: You had told me that you have become friends.

R: We were talking and just laughing.

I: You were just laughing...

R: Yes.

I: Sometimes somebody comes for the same service she had received or she has come to change the service. In your case, did you come for the same services or you wanted to change?

R: Just for the same service I have been getting.

I: Were you given information about different methods or you just had the information concerning what you had come for

R: She asked me whether I wanted to change or just the service, and I answered her that I just want the same of what I have been using. I am not changing.

I: Who made the decision of not changing.

R: Myself.

I: You. Ok, what have you learnt since you joined Tiko program that will help you in your future life.

R: I have learnt to be independent...

I: Mhh...

R: To be careful, I have also learnt...aaah...

I: The things that you have learnt that will help you in your future life.

R: I have learnt how to speak out on the things that I want.

I: Mhh... Anything else.

R: To be independent... You have said tat you have learnt to be independent, please explain to me what this means

R: Like how to... say like...aaah... depending on myself I can handle it myself without having to tell somebody.

I: Any problem like that you have taken the steps to handle.

R: For example...Mhh...

I: Tell me in a language that you are comfortable with. We have said that we have two languages; Swahili and English.

R: Let's say...somebody cannot harass me...

I: He cannot harass you

R: Sometimes you get harassed by these people along the streets.

I: Who are these

R: The boys.

I: How has your participation in Tiko enabled you to avoid harassment by the boys

R: When the boys want to disturb me, I tell them to stop disturbing me.

I: I don't know whether those are some of the things you are told in Tiko, because it is you who are in the program.

R: Yes.

I: So you are told how to avoid violence from the boys.

R: Yes.

I: What do you do when the boys are harassing you, how were you told to handle them.

R: You tell an older person near you.

I: You also said that you have learnt to be careful. What does that mean

R: be careful with yourself

I: In terms of

R: Just be on the look out, whether somebody wants to rape you.

I: Any other way you have learnt how to be careful. Careful in what other ways.

R: Avoiding getting early pregnancy

I: Again you have learnt how to speak up.

R: Yes.

I: How does this happen.

R: Before, if I had a problem I couldn't tell somebody, instead I would just keep to myself. But these days I can go to somebody and say my problems and we try to solutions.

I: To be honest. You have also learnt to be honest and I don't know what this means. Tell me what it means.

R: If there is a problem, I tell the truth, but not hiding it.

I: I don't know whether it is related to what you had told me that if you a problem with your private part, you go and tell the doctor what exactly it is and where.

R: Yes, you don't hide.

I: You don't hide?

R: Yes, you just say the truth.

I: How T-safe helped you as adolescent in.... but let me ask you this question in two parts; what challenges do adolescents encounter when they seek sexual reproductive health services? What are the barriers of getting services by adolescent girls?

R: Fear...

I: Fear... Mhh...

R: They fear.

I: What do they fear?

R: They don't want people to notice them that they have certain problems.

I: Any other challenge that bars adolescent girls from getting the services?

R: I don't know any other.

I: Ok, maybe you have your friends or other girls whom you live with in the community who cannot come for the services. What is keeping them away?

R: I don't know any other.

I: How has the availability of ITH program helped adolescent girls overcome the challenge of fear?

R: When mobilizers come to talk to them that fear fades away.

I: Any other means of taking away fear in the community.

R: (Prolonged silence)

I: So let me ask you, what is it that can be done to make ITH accessible to adolescent girls in this community?

R: Door to door.

I: What about door to door

R: There should be door to door visit.

I: Why?

R: So that people are talked to directly.

I: Anything else?

R: (Prolonged silence)

I: What can help in making them free to come for the services?

R: Maybe advertisement.

I: Please tell me more about it.

R: Some girls do not know anything about Tiko. They do not know Tiko.

I: We can also talk about the environment; the distance to the hospital... is distance a problem, such that some girls are from far off places?

R: Yes, some are in very far areas like those from Laini. It is very far for somebody to come from Laini up to here.

I: Some girls see like the distance.

R: Yes, distance is very far.

I: Distance, you had told me that to come from your place up to here is 50 shillings.

R: I left the house at 10 and I arrived here at 11.

I: Were you walking?

R: Yes.

I: So it takes 1 hour to walk up to here.

R: Yes.

I: So distance is contributing to not taking the services.

R: Yes.

I: Tell me about yourself, have you informed other adolescent girls about Tiko?

R: Mhh...

I: You as part of it have you told other girls about Tiko?

R: Yes.

I: What do you tell them?

R: I tell them the services which I have been given...

I: Mhh...

R: Yes.

I: What services do you tell them you have been given?

R: The family planning, the counseling...

I: Mhh....

R: Yes.

I: Anything else you tell them...

R: The Tiko miles.

I: When you tell them all these, what have they done about it?

R: I have brought some, and they join and get the services.

I: Anything else that has happened?

R: Some do not want

I: Some do not want.

R: Some say that they will think about it.

I: For those who say that they don't want it, what is the reason that they don't want it?

R: Some say that their mothers do not know about it.

I: Mhh... and how are you people involved in the Tiko program?
What do you do? What do the girls in Tiko do in the community
about Tiko?

R: We tell our friends.

I: Anything else?

R: We only tell friends.

I: What do you tell your friends?

R: That we get family planning, we also tell them about Tiko
miles.

I: Aaha... ok, Do you tell them the benefits you have received
like pills, Tiko miles, counseling.

R: Yes.

I: Like you tell them about what benefits you have got from the
program?

R: I tell them all those.

I: Can come to this clinic again?

R: Yes.

I: Why? Tell me the advantages of this clinic.

R: The services.

I: Which services are you saying are good?

R: Family planning, counseling and the doctors are friendly.

I: What does a friendly doctor do?

R: A friendly doctor always advises you, you are free to talk to
that person.

I: Maybe I could also ask about the position of this clinic where it is, the convenience, tell me whether it is convenient, those could be part of the reasons why they come or don't come.

R: It is convenient.

I: It is convenient

R: Yes, it is at the center.

I: In the absence... Please tell me whether there any other service that you are still looking for that you want to take up in the future.

R: Mhh.

I: Mhh... for now you get counseling. What are you normally counseled about?

R: About everything.

I: And what are these?

R: Like the reproductive health.

I: Mhh...

R: Yes.

I: Ok, what else?

R: That is it.

I: What do they say about reproductive health?

R: The STIs, symptoms, tests...

I: Ok. So you have received counseling, you have received pregnancy prevention pills... you know... but that is for now. In future are there any services that you want to up?

R: No.

I: You don't see any?

R: No.

I: I just see you shaking your head(laughs). So you don't see any?

R: Yes.

I: You just feel those you have got are just enough?

R: Yes.

I: In the absence of T-safe here, if there was no Tiko program. Where would have solved these problems like you have told me you are getting counseling here, you are also getting pills. Where could you have gone for these services if Tiko program were not here?

R: From the hospital.

I: Which hospital?

R: Like AMREF.

I: Is AMREF private or public?

R: It is an organization.

I: Do they charge in AMREF or it is free of charge?

R: Counseling is free.

I: What about those other services like pills?

R: I have never been there for those services but I think they charge.

I: So you could have gone to AMREF if TIK were not here?

R: Yes.

I: Please tell me the challenges you could have met if you were to go to AMREF.

R: You are charged and maybe you don't have money, transport cost.

I: What about relationship like here you have told me that you talk freely with service providers here.

R: It could not have been easy because here we are used to them (interviewer laughs)

I: How about the distance?

R: Distance is very long.

I: Is it longer than coming here from your home?

R: Yes.

I: Please tell me about privacy. How could have been?

R: I don't think, it could have difficult.

I: Why?

R: Because the patients are very many and they want to attend to all of them.

I: How about here?

R: Here is better, they do not have many patients. Here there is also part time.

I: They serve you even beyond the normal working hours.

R: Yes.

I: So they go out of their way

R: Yes.

I: How about information; could you have been fully informed?

R: I don't think so.

I: You do not think so?

R: Yes.

I: Tell me why you do not think so.

R: They have many patients. And again they have words and they have to attend to them all.

I: How about appointment; could have been give a date to go back and see a doctor?

R: I don't think because you have to wait for the doctor and sometimes you are told, he is not there and it is him to give the appointment date. They change from time to time.

I: So they keep changing?

R: Yes.

I: What about here?

R: Here a doctor can stay for some time without changing.

I: How about waiting time. Today you have told me that you waited for 5 minutes.

R: You wait for long.

I: What duration is waiting for long.

R: You can wait for hours, sometimes even if you are sick you have to wait for the doctor for long time.

I: Like how many hours

R: Even 7 hours.

I: before you see a doctor?

R: Yes.

I: You know staying for long is also relative from person to another. You may stay form20 minutes and say that you have really waited for long before the doctor attends to you.

R: You may reach the at 11 and be served at 1

I: So for two hours you are just waiting to be served.

R: Yes, and maybe you are very sick.

I: What duration did you say it takes to get there from here?

R: You pay 50 shillings.

I: So I can see that we are continuing. It has been a nice discussion. I want to appreciate you and thank you for taking part in this discussion. I am sure that what you have said is very important in improving the quality of services. I have asked you very many questions, I don't know whether some of the questions I asked you annoyed you...

R: No.

I: They were just nice questions?

R: Yes.

I: Ok, maybe if you have any question you can ask me.

R: OI don't have a question.

I: Any information you want to add.

R: None.

I: Anything you want to say concerning improving the services?

R: No, I am just ok.

I: If there is no comment or question or any opinion then I think we can stop there.

R: Ok

I: Thank you very much.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

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I: This is Wilkister Ombidi doing an IDI with an adolescent in Lang'ata Sub-county, , Nairobi County at MSK facility in Kibera on 28th May 2019 at 2 p.m. Now we can start and we have agreed that we can use both English and Kiswahili.

R: Yes.

I: If there is a challenge in Swahili or English then you can switch to either language whichever is easier.

R: Yes.

I: When I ask a question in English or Swahili and you want to answer in either Swahili or English, you are free to switch language.

R: Fine.

I: Ok. I would us to continue with our interview.

R: Yes.

I: To begin, please tell me how heard about the program which you have told me is commonly known here as Tiko.

R: T-safe.

I: Tell me, how came to hear about T-safe.

R: My friend told me.

I: What type of friend was this?

R: My cousin.

I: A girl?

R: Yes.

I: Are you of same age?

R: No, she is slightly older than me.

I: How did she know about the program?

R: She had come for the program.

I: Tell me what happened since you knew of T-safe until the time you came to clinic. Please describe to me the whole process.

R: I was introduced and told that I would be getting the pills.

I: Pills...

R: Yes.

I: Where were you enrolled?

R: We came up to here and we found the ladies enrolling adolescents.

I: Mhh...

R: And they enrolled us and we got into the system.

I: Who were these girls?

R: I don't know them.

I: Ok, they were here. So after enrolling you, that is when you got into the system?

R: Yes.

I: Then what were you told?

R: We were told that we would be coming every month to take those pills.

I: So what did they do?

R: After enrolment, my photo was taken and I was then given this card.

I: Mhh...

R: After getting the card I was told to go in and see the doctor. Upon getting in the doctor asked me which method I wanted to use.

I: Mhh...

R: And I told him pills. So he gave pills and the points come to my card.

I: Which types of points were they?

R: Eeehe...

I: What are they called?

R: They are just points you can use to buy something.

I: During registration...

I: Mhh...

R: Did they use their phone or...?

R: They used their phone.

I: And so you were just given that card?

R: Yes.

I: What did your friend tell you so that you come here?

R: She told me that there is a clinic that when you go and get the service, you cannot get pregnant out of adolescents' play.

I: What play are you talking about?

R: So that they don't get pregnant.

I: Any challenges that you got during registration, photography, enrolment...

R: There was no challenge.

I: You have told me that your photo was taken.

R: Yes.

I: How did you feel when your photo was taken for you to get into the program?

R: I was worried what the photo was for but the person taking the photo informed me that it was to help in registration so that you get into the system. And I agreed.

I: Before the explanation, what were thinking about being taken a photo?

R: During that time there was these rumors about devil worshiping, so I was like this is one of them (interviewer laughs) but after he explained to me, I was convinced that this is for the right reasons.

I: What in particular attracted you to join T-safe program?

R: We get those pills for free of charge.

I: So what were you being given pills for?

R: To prevent pregnancy.

I: So the free of charge pills made you to join the group so that you can prevent pregnancy?

R: Yes.

I: Isn't pregnancy a good thing?

R: Yes, it is good. But as for the children it is by choice not by chance.

I: Children by choice not by chance

R: Yes.

I: My God... what does that mean to me? What does that mean?

R: It means that you should get a child when you want, and you are still young.

I: I understand you. You do not want to get a child when you are also a child (both laugh)

R: Yes.

I: So you are saying that by the fact that pills were available free of charge, it was an attraction for you to join the T-safe program so that you get the services.

R: Yes.

I: Is there any other thing that attracted you?

R: Yes, the points.

I: Please explain to me about the points.

R: After you have got the pills, there is how they open it, but I don't know how and the points reach your card. These points you can use them in specified shops to buy. They don't give you money.

I: There are these people who are called mobilizers, I don't know whether they came to you and talked to you about T-safe program?

R: They came in Maili Saba but I was already enrolled.

I: You had already been talked to.

R: Yes.

I: How about social media, you know you are digital. Therefore, things like Facebook, WhatsApp, Twitter... Did social media contribute in your joining the program?

R: No, it did not.

I: Please tell me what you know about the Tiko points?

R: How they help?

I: Just tell me anything you know about it.

R: If I don't have oil/lotion then I just go when I have the points and get the oil.

I: Tell me if Tiko points influenced you to join the program?

R: Yes.

I: How?

R: It was something free and so you just go for it.

I: Now between Tiko points and pills for preventing pregnancy, which one influenced the most?

R: Preventing pregnancy.

I: Please tell me your opinion concerning T-safe platform. You this program is in the phone and available online. Have you logged in online?

R: I have never known that it is online.

I: How did you choose the clinic for service you are receiving?
You have told me that you joined the program in January this year.

R: Yes.

I: How did you choose on this facility?

R: It is the nearest to where we stay.

I: What else?

R: The people here are good.

I: What about the people here?

R: I mean service providers here.

I: In terms of estimate, how many kilometers or how long do you take while walking to the facility?

R: 30 minutes.

I: What time do they open or close?

R: They open at 8 am and close at 5pm. Saturday they open at 8 am and close at 1 pm.

I: Did those working hours contribute in choosing to come here?

R: Yes, some how.

I: Eeehe...

R: I am sometimes busy and so during weekdays, I just come at 2 pm and find them.

I: And you have said that providers are...

R: Are good.

I: What have you seen in them that make you say they are good?

R: They are kind, they understand..

I: Are being given lunch so that you say they are good?

R: They are very polite.

I: Please tell me how they talk to you?

R: They are keen to know why you have come.

I: You told me that your coming here was not influenced by mobilizer but you came first then met mobilize later.

R: Yes.

I: Now tell me about the quality of services that you received.

R: (prolonged silence)

I: Were the services you received good or bad?

R: They are good.

I: Tell me your experience the quality of services you received. You see quality are the things like when somebody comes to your house, the way you receive them, the way you give them food. Do you just throw food on the table?

R: No.

I: So things like those. How was the quality of services you received when you came here?

R: They were good.

I: So if I take you back, what makes you say they are good?

R: Their services.

I: Eeehe...

R: They way they talk, they are not rude. They are not bad.

I: Today you received a service...

R: Yes.

I: What did you receive?

R: I was given some pills.

I: Ok, for the services you received today...

R: Eeehe...

I: Who decided that you get the pills?

R: The nurse.

I: The nurse decided that you get the pills.

R: No, I am the one who told her that I want the pills and she had asked me which method I have been using.

I: So you usually use the pills?

R: Yes.

I: Please tell me how it goes with you. Some people take a method and then decide to change along the way, because for you, it has been pills without changing.

R: Firstly those I tried using changed my cycle it was like I had my period twice. So I was like they are not the best.

I: Mhh...

R: My mother told to stop using them and I just stay natural. That was February / March. And so I came again.

I: Your mother told you that they are not natural just stop using them.

R: Yes, because from that time that my period was changed.

I: Ok, but now has she agreed?

R: She agreed.

I: What happened or who told her?

R: She said that pills usually help in balancing the monthly periods.

I: So when we come back to the platform of T-safe...

R: Mhh...

I: It is an online platform that you don't have experience with because of the phone challenge, when you go with the card to buy something with your points. Please tell me if you have any suggestions to improve on it.

R: I think it is good as it is.

I: Tell me if you even went to the shop and did not get the service.

R: Not at all.

I: What is the view of the community about T-safe and the adolescent girls using the service?

R: They are saying that is very helpful.

I: Oooh, the community is saying that it is good.

R: Yes.

I: Mhh...

R: Because most clients nowadays do not get pregnant when they are still young.

I: Is that what the community is saying?

R: Yes.

I: Community is composed of various people...

R: Mhh...

I: So what do girls of your age say about T-safe?

R: They are saying tat it has really helped them.

I: In what ways have, it helped them?

R: Through family planning because they are not getting pregnant.

I: What is the view of the parents?

R: Eeehe...

I: What do parents say about it?

R: Mostly they support it.

I: they support it.

R: Yes.

I: Let us talk about mothers; do they support it?

R: Yeah they do.

I: What are the mothers talking about?

R: My mother?

I: the mothers; it could be your mother or another.

R: They say it is good.

I: Why?

R: Because the rate of pregnancy for under 18 years has gone down and they are continuing with their education.

I: So the teens' pregnancy is now set aside?

R: Yes.

I: What about the fathers.

R: They do not say anything. I do not even know whether they know about the program.

I: They do not even know.

R: They do not know.

I: You haven't discussed with your dad about the program?

R: I have not.

I: What is the teachers' feeling concerning this program?

R: They support it because there is no school drop out.

I: No drop out due to pregnancy?

R: Mhh...

I: And how about religious leaders?

R: That is pastors?

I: Yes.

R: They support it.

I: have you heard any pastor or religious leader make comment about this program?

R: I have never heard.

I: You have not heard...

R: No, I have not heard.

I: You just think they support it.

R: Yes.

I: How about your boyfriends or young boys?

R: They have to support it.

I: Why/ why do you force them to support it? I don't know about yourself but what do you say about other girls?

R: Mostly boys say that a girl using protection is cheating on him and that she must be having another boyfriend.

I: So a girl who uses protection is cheating on him and she must be having another boy?

R: Yes.

I: Do you people feel that positive or negative about?

R: What feeling?

I: That if she protects then she must be having another boy.

R: It is bad.

I: Why?

R: The boy feels bad but the girl is trying so that she is not misused.

I: How?

R: When the girl gets pregnant and the boy who impregnated her just disappear.

I: Is that what they do?

R: Yes, most of the time.

I: Please tell me about the quality of sexual reproductive health services you received today? You have said that you were given pills?

R: Yes.

I: Ok, how did you find the quality? How were you handled?

R: I was served well.

I: What went well that you can talk about?

R: (prolonged silence)

I: Did you wait for long?

R: No.

I: How long did you wait? Like 5 minutes or 10 minutes

R: For about 5 minutes.

I: So for the 5 minutes that you waited...

R: Eeehe...

I: Did you feel it was too long or too short or was just enough?

R: I felt that it was just normal.

I: The ease of getting pills. Was it easy to wait or they had to go look for them far away?

R: They were just within.

I: Tell me about privacy. How was it? Was interaction with provider private or somebody else was hearing what you were talking about?

R: It was private and nobody was able to hear what were talking about.

I: And did you get the right information? Like even time of explanation...

R: She explained to me how to use the pills and even there was counseling.

I: Was counseling and giving of information good?

R: Yes, it was good.

I: Were you given chance to choose which method you wanted?
Please tell me if today the provider gave you support or you just came and said this is what I want?

R: I just chose this is the best for me.

I: Were given appointment date?

R: Yes.

I: Please tell me if you were for example told to come back if there is any challenge.

I: How about next visit?

R: Next month.

I: Were you told of next time to come back?

R: Yes.

I: Did the provider help you to choose what service you wanted or it you who chose what you wanted? *(Interviewer seems to be very mechanical and repetitive therefore asking every question in a particular order including those that had been answered in other sections)*

R: No. I chose by myself.

I: So the provider was not involved in choosing the method.

R: She was not involved.

I: Please tell me if there was explanation to you today on different family planning methods.

R: Yeah; there is implant...

I: Mhh...

R: Pills... and I preferred pills.

I: Is this during today's talk or for the past one?

R: For the past and even today, it was repeated.

I: So, she explained to you and you decided?

R: Yes.

I: By joining the program what, can you say that you have learnt about the program that will help you in your future life?

R: A lot of things; to better my dreams, I won't get unwanted pregnancy.

I: You have learnt how to protect yourself about unwanted pregnancy?

R: Yes.

I: Anything else that you have learnt which will help you in your future life.

R: The use of pills.

I: Any other explanation or anything you have learnt.

R: None.

I: You have told me that there is counseling. What have you learnt about counseling?

R: Mhh... (Long silence)

I: What exactly have you been counseled about?

R: As a girl, if you do sex without protection it is bad, you can harm yourself. You can get STIs and you can get pregnant.

I: You can get STIs and you can get pregnant. Mhh...

R: Yes.

I: So tell me, are there adolescents like you who have not got reproductive health services?

R: Yes.

R: They are there.

I: What do you think is barring them from getting these services?

R: They think that if they use these methods then they will not get children when they want them.

I: What else do they fear?

R: I think that is the only thing they fear.

I: That is the only thing they fear?

R: Yes.

I: Anything else that is barring them?

R: They think that they will be seen as bad girls.

I: (laughs) what does bad girl do?

R: Bad girls do things like adultery.

I: So if you use these services then you engaging in adultery.

R: When you use these methods, even if you do it you will not get pregnant.

I: When they do what?

R: (laughs) when they have sex, they wont get pregnancy.

I: What action can be taken to mitigate these challenges? For example, you have said that some adolescent girls fear that if they use family planning methods then they will not get

children in future. Again, others fear that when they use these services then they will be marked as bad girls.

R: Yes.

I: How can all these barriers be overcome?

R: They can explain to them in details the advantages and disadvantages.

I: Who should give them this explanation?

R: Use mobilizers.

I: Anything else that can be done?

R: Use mass media

I: Like which examples of mass media?

R: Radio, television, newspapers or even magazines.

I: And for those fearing to be seen as bad girls. What can be done?

R: Just encourage them that using pills is not a bad thing but just a way of protecting unwanted pregnancy.

I: Just encourage them, even if somebody sees you as bad, but it is not bad.

R: Not bad.

I: A person like you who is using this thing, do you still fear if people see you using these pills?

R: I don't.

I: What makes you that powerful?

R: After all, I am not taking it for anybody. It is for myself.

I: It is for your own future.

R: Yes.

I: So you (phone vibrates) don't care what someone else say?

R: I don't care what they say.

I: Ok, very well. Tell me whether you have informed adolescent girls like yourself about the T-safe program.

R: Yes, I have informed them.

I: And what do they tell you concerning the program?

R: I told them to go and see the nurse who will explain to them more.

I: What do you tell them about this program? What does the program have, what does it do?

R: I tell them the program will make them "wabambe" about the methods, the best method that they can use to protect themselves.

I: Mhh...

R: And the pills, if you have taken protection and then the card, if you don't have anything you can go to the shop and just take what you want.

I: What does wabambe mean that you tell them about the program?
(Laughs)

R: There is protection; implants, pills... so they chose what would suit them.

I: Aahaa... that which will suit them. So apart from that how else are adolescents do in order to participate in this program?

R: We tell them to tell a friend to tell a friend.

I: So it is about telling a friend to tell a friend.

R: Yes.

I: You have said that many have joined because you told them to..

R: Yes.

I: How do you encourage those fearing the program?

R: We tell them that this is not something to be feared, it will support you.

I: There is another way you can tell your friends; like you fear but I have gone for it and it is like this and this. Tell me whether you give them feedback.

R: I haven't told them about my experience.

I: Oooh you don't tell them about the goodness you have received.

I: Ok, but you that you tell them about Tiko and all that?

R: Yes.

I: Would you attend this clinic again?

R: Yes.

I: why?

R: Their services are good.

I: What do you mean by good services?

R: They are god people, understanding and help when you have a problem.

I: If somebody has a problem of school fees, will she be helped?

R: No, it is about health, like your cycle is not good, they help you.

I: Please tell if there are services here or there are other services that you are still looking for to take up in the future? For now, you are just taking pills. Are there some services that you still need in future?

R: That is in future?

I: Yes.

R: That is when I will have children?

I: It can be that.

R: That is about protection.

I: It can be about all that but for now you are getting counseling and pills.

R: Yes.

I: And I am asking if there other services that you may want in future.

R: Yes, I can change the use of pills that is when I am in need of child.

I: You can change from pills to which one?

R: I can use coil, there are implants...

I: Mhh... Ahaa... so in future you want to change from short term methods to long term methods. I don't know whether those were explained to you during g counseling?

R: They are things we were learning about.

I: While here were, you told about them.

R: Yes.

I: If T-safe program were not here, where would you have gone to get the services?

R: If ...

I: If this program is not here, where would you have gone to?

R: I could have gone to AMREF.

I: You could have gone to AMREF?

R: Yes.

I: Please tell me any challenge that you could have had were it that T-safe is not here and you are going to AMREF.

R: Many people go to AMREF and so you wait for long before getting the services.

I: The waiting time is long.

R: Yes, and so you have to wake up early in order to get there for service.

I: So that could have been a challenge?

R: Yes.

I: Any other challenge?

R: I don't think so.

I: How about distance? You told me that you walk for 30 minutes to reach here.

R: Yes.

I: Is it the same distance to AMREF or it is slightly far or this place is further than AMREF?

R: Let's say it is 1 hour. It is far a bit.

I: Could that be a problem?

I: The distance?

I: Yes, the distance.

R: It is a challenge.

I: How about relationship with providers, how could it have been? Because you have told me that here providers are polite and kind. Do you see like interaction with providers could have been the same as here?

R: I don't think so, because most nurses there talk rudely.

I: And the relationship could not have been the same as here?

R: Yes.

I: How about confidentiality?

R: What do you mean?

I: You have told me that here you talk to provider while it is only you and him and there is a room for only the two of you. Do you think the confidentiality could have been the same?

R: No, it could not have been the same.

I: What about information and counseling? You told me that here the doctor gives you enough time to understand and decide.

R: In AMREF they serve many clients and so there cannot be enough time.

I: How about appointment, do you think you could have been given date to return? Like if you have complaint just come back.

R: I don't know about that.

I: I can see we have finished faster. I appreciate your opinion and I hope when we put together and get views from other

adolescents like you then the information can be used to improve the reproductive health services you are getting.

R: Mhh...

I: I have asked you many questions. I now give you a chance to ask me any question.

R: I don't have a question.

I: Any opinion?

R: I don't have any.

I: Anything that we have forgotten and you feel it is important for us to include?

R: There isn't.

I: Ok, if there is no question and any other thing to add, then I think we can stop.

R: Yes.

I: Thank you so much.

R: Welcome.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_MAK_URB_003_AD0_005_29519

I: I would like us to start and I am grateful for taking your time to come and talk to us in this study. I explained to you what we do and you consented. This is just a study about ways of improving the SRH service to young girls like you and those who will come after you. This is Wilkister Ombidi research

assistant 003 doing an IDI round, adolescent interview ITH_R2_NAI_MAK_URB_003_AD0_005_29519 interviewed in Nairobi county, Makadara Sub County at a facility called Medihelp this day 29th May 2019 starting at 2.30 p.m. Now I would like us to start.

R: Mhh

I: And this form is in both English and Kiswahili and I don't know which one you are comfortable with.

R: I am comfortable with English

I: English. Ok, you are however welcome to use any language even Kiswahili to express yourself if you feel like it. so please tell how you came to know about T-safe platform?

R: T-safe, I came to know about it in school. I saw it in Shujaa magazine.

I: Mhh.

R: I took the magazine read about it because I was very much interested and it talked of helping girls in SRH services for girls who are still in in school. And still there was something to the with Tiko miles but I was not concerned with those ones at all.

I: Mhh.

R: Yeah because I was still in school and my mind was set on my education.

I: Ohh.

R: So I went on with my education and didn't bother to follow up on them.

I: When was that?

R: That was in 2017.

I: 2017 and you were reading that small Shujaa magazine?

R: Yes

I: That is fine. And on this telephone registration using the phone, that is what we are calling T-safe Platform, I would like you to tell me what happened from the time you knew about the platform to the time you visited the facility for services? How you came to know about it, enrolment until you came for the services in the facility?

R: At first I didn't concern myself with it when I first saw it. I stayed for a while until recently when I came to hear of it again that people are being registered that is when I remembered that I had heard of the same before. So I decided to join the platform. So I registered myself and was given the services.

I: Now let us talk of the recent one, where did you hear it from?

R: There are community health workers in our community who came to our village, going from door to door; talking to the girls they knew. They told us if you are interested you can join and then they called us here. Then we came here and were registered.

I: That is how you were registered?

R: Yes

I: And who registered you?

R: The person who registered me?

I: Yeah

R: She is a friend of my mother and still she is the community week.

I: How did she register you?

R: She just told me that there is a place we will meet and then we met somewhere. So there is was a place on the phone where you press

I: Ohh on the phone?

R: Yes and then we were registered.

I: Whose phone?

R: My phone

I: Therefore you were registered on your phone?

R: Yes

I: Ok and then after that, tell me how you went on and reached the clinic.

R: I was asked if I am interested in services and I said yes. So, for those who were interested in services were referred to Medihelp where I came and was given services and Tiko miles on my phone.

I: Mhh

R: Yes

I: And how did you know where the clinic is?

R: I have known this clinic from long time ago because in this area this is where we come for other services, so when they said Medihelp I just came because I knew it was the one.

I: And when you were pressing something on the phone so that you can be registered, did you encounter any challenge using the phone to register?

R: No, there was no challenges because the service as also free.
There was no credit I used during registration.

I: It was free?

R: Yes

I: It didn't hang at all during registration?

R: it was hanging because of the network but it wasn't that bad.

I: Was your photo taken?

R: No

I: I was going to ask you about your feelings about having your
photo taken to join the platform.

R: No, I didn't take any photograph.

I: You were not taken any photo?

R: No

I: What influenced you to join the T-safe platform?

R: I joined it because at this age one is sexually active and it
is very easy for one to become pregnant. So these services help
one not to get pregnant during school. They help the girls.
Not everyone is the same because there are those with
boyfriends and this helps them not get unwanted pregnancies.

I: Ok

R: Mhh

I: So to you, if I understand you well, the idea was to help you
prevent unwanted pregnancy?

R: Yes

I: I don't know if there is any other reason that influenced you to join the programme?

R: Also the Tiko miles. With the Tiko miles you can redeem stuff to use.

I: Ok there is this lady you are said is a mobilizer. After talking to you, would you say that interaction also influenced you to join T-safe?

R: yes

I: As young girls, are you on social media like Face book, WhattsApp, and the rest of the applications, could they have contributed or influenced your joining the T-safe platform? Please describe your experience of interacting with the T-safe platform through SMS, Face book or other media?

R: It did influence.

I: How?

R: Once you register you get those things.

I: Which things?

R: The Tiko miles

I: Ok maybe you didn't get me well, can I repeat it in English? Please describe your experience of interacting with the T-safe platform through SMS, Face book or other media?

R: They interact well with people. If you ask a question, you get a satisfactory answer and if you want something they are on all the time.

I: Ok

R: Whichever question you want to ask at whatever time, they are available for that.

I: Can you give me an example of a question you asked and were answered?

R: Yes

I: Mhh

R: I asked if you can continue with the T-safe services if you are above nineteen years and they told me the cut off is nineteen years.

I: Mhh

R: Yes

I: Ok and how many times do you log on that platform let us say in a week?

R: Mhh since that time I asked that question, I have never asked any other.

I: And when was that?

R: It was the day I was registered.

I: Which was two weeks ago?

R: Yes

I: And the information you are getting from there is relevant or irrelevant to you and meaningless?

R: It is fine with me, the information is good.

I: Ok and you said that when you ask a question it is answered immediately?

R: Yes.

I: and how did you choose which clinic or provider to visit? How did you choose which clinic to go to?

R: We were just told to come here by the mobilizers.

I: Ok.

R: Those people who were registering us were the ones who told us about Medihelp and then it was nearest to us and so they told us to be coming here.

I: So it is the mobilizers who advised you to come here because it is near?

R: yes

I: And to you, how close is it to you?

R: It is not that far

I: How long will it take you to walk here?

R: About twenty minutes.

I: And what about when the clinic is open for services? What time do they open and close? Is the time convenient to you?

R: The timing is good for me.

I: Now because of their timing and which you liked, is that the reason why you also chose this clinic?

R: Yes, the time is good and they are open from both day and night.

I: Ok and did you hear of anything about this hospital that influenced your choosing this facility?

R: Yes, they deal with Tunza, Linda Mama and they are also very clean.

I: Oh so your had heard about those services being offered in that facility?

R: Yes

I: That is fine. And what have you heard of the kind of SRH services that they offer?

R: I have not heard of any

I: Despite the fact that you said you came here and were offered a service for free?

R: Yes

I: You didn't pay for it?

R: For those of us who have been registered under T-safe were not to pay for the service, it was free for us.

I: Just to teak you back a little, what was your experience with T-safe platform and the services provided?

R: T-safe services?

I: Yes

R: Did they really tell us about the services? Ok they told us about family planning services.

I: Like which ones?

R: Like Pills which are free if you are free. We also have Eveland, coil and the emergency pill.

I: Ok so you told those were the services available?

R: Yes

I: You have gotten other services like when you ask a question you get an answer.

R: Yes

I: Which other services have you gotten from that programme?

R: none other.

I: There is none?

R: Yes

I: Ok so you also told me that since you joined the programme you have participated only two weeks?

R: Yes

I: Ok and even though, you have used the platform, what suggestions can you provide for improving the platform?

R: To improve?

I: Yes

R: What usually is a challenge is that the girls aged 15-19 don't have phones and also they are in school.

I: Mhh

R: It is difficult to register them and also they are at school. Their parents feel that the programme is spoiling their children by providing these services to their school going children.

I: Ok

R: Yes

I: And as for the T-safe platform, what would you recommend since the girls don't have their own personal phones? How can this situation be improved?

R: They can provide phones to the students so that that they are able to register on the platform.

I: Ok

R: Yes

I: They get phones to register for themselves.

R: Even if it is not possible to provide the phones, let there be something like a card that they can use to register themselves with

I: Mhh

R: Yes

I: Have the cards been implemented here?

R: I have only heard of it.

I: You just heard about it and were not given one?

R: No

I: Do you know of any girls that registered and got the cards?

R: NO, I don't know of any.

I: Ok and what or how does the community perceive the T-safe services and the girls who use the services?

R: Most of them feel it is not a good project because they say that the children are in school and they are being introduced to family planning methods.

I: Mhh

R: Yes and others feel it is good because it will protect the girls.

I: Ok and among these community members, who are these who feel it is good?

R: The neighbors

I: Neighbors?

R: Yes

I: Ok and for those who feel it is good, what do they say?

R: A girl is in school or not even in school but has a boyfriend. If she uses those family planning methods, she will prevent early pregnancy and she will be able to achieve or accomplish her dreams.

I: Mhh

R: Yes. She will use them and she will be protected until when she is ready to have a baby.

I: Ok

R: Mhh

I: You also mentioned that there are those who feel T-safe is protecting their girls. What do you mean?

R: Protect how?

I: How does it protect one?

R: Like when you use the family planning methods, for example pills, she will not get pregnant.

I: and those who feel that T-safe is bad, what is bad about these services?

R: The ones I have heard that this service is being introduced to the school going children and the parents feel that the children should be told to abstain because that is the way it should be for anyone still in school.

I: Mhh

R: The children should not be exposed to such thing. Some even reason that the girls are still too young to be exposed to such services.

I: Mhh

R: Yes

I: Ok so they feel that if the girls are introduced to these services what will happen? How will it affect the girls?

R: I really don't know what they meant by that but maybe they may have felt the girls will now be engaging in sex anyhow and even have many boyfriends.

I: Ok, many sexual partners?

R: Yes, as in they jump from here to there.

I: Jumping could mean jumping a rope

R: Not that one,

I: Jumping doing what?

R: They will have many boyfriends and they will engage in sex carelessly since they know they are protected.

I: The community involves many categories of people like mothers, fathers, etc. What do the mothers say or feel about T-safe?

R: Some are for it; they even wish they could be considered also for those services since they cannot afford it, buying those pads.

I: Mhh

R: Like a neighbor asked me where I got these things from.

I: Mhh

R: And she told me that I was using those things and I am still young and so on, why don't you give them to me since I don't have money?

I: Mhh

R: I told her that I would give her one sachet

I: You gave her what?

R: We were given pills and I gave her one sachet since she said she could not afford them.

I: One sachet has how many?

R: One is for a whole month.

I: And yours is for how long?

R: I am not using mine right now.

I: Mhh

R: But I can use it when the need arises.

I: Why haven't you used it?

R: Why I have not used it?

I: Mhh.

R: I will use when I want to.

I: When you want to?

R: Yes.

I: You told me that one of the reasons that made you join the T-safe platform was to prevent pregnancy.

R: Mhh.

I: That is why you came for the service and now you are telling me that you have not used the service at all. You even helped a mother who is your neighbor. So I am wondering if you took the service for the purpose of preventing pregnancy, and now you are not using them what is the problem.

R: Right now I don't have a boyfriend.

I: You don't have a boyfriend?

R: No.

I: Where is he?

R: We separated.

I: SO he was around when you came for the service?

R: Yes but we are now separated.

I: And what are the comments you have heard from the men?

R: I have not heard of any comment from the men.

I: And the teachers?

R: I have not heard from the teachers either.

I: And how about religious leaders?

R: Obviously they always say that young girls should learn to abstain before marriage.

I: Mhh

R: yes, that is what they usually say.

I: That is what they usually say; and what about the T-safe services in particular; do they say anything about it?

R: No, I have not heard.

I: And the boys or boyfriends?

R: Boyfriends?

I: Yes

R: No comments

I: Maybe from other boyfriends not necessarily from your boyfriend?

R: They are happy because it will help them reduce their burdens like if they are still in school or jobless. They will advise you to use the methods.

I: And what do they say about the girls who use the services?

R: I have not heard them talk ill about the girls.

I: So the ones who talk positively say they don't want responsibilities early in life?

R: No, they don't want.

I: Mhh

R: Yes

I: Ok that is fine. So you told me that you came for a service two weeks ago?

R: Yes.

I: Tell me your experiences with the quality of SRH services that you received during your last visit. What did you get that day?

R: What I took?

I: Yes

R: In regard with family planning?

I: Yes

R: The type of family planning method you took?

I: Yes

R: I took the pills.

I: The time you spend with the doctor, to the time you were given that service, what can you talk about the quality of the services that you receive that day?

R: The quality of service was good.

I: How?

R: The way we interacted?

I: Yes

R: It was good because he explained to me what to do and how to use them.

I: Mhh

R: Yes

I: Tell me briefly what you were told about the method?

R: On the sachet of the pills, there is a starting point indicated on it. You continue like that till the end. And in case you forget to take your pill on one day, you swallow it immediately you remember.

I: Ok and tell me how easy was it for you to access that service?

R: It was easy.

I: It didn't take you a lot of time?

R: We interacted well on that day

I: Was it easy or difficult for you to access the services?

R: It was a good service I was offered and they were talking and taking you step by step so that you are able to understand everything.

I: Mhh

R: Yes

I: And what privacy?

R: There was a lot of privacy when you enter to see the doctor. The door is closed behind you so that no one hears what you are discussing with the doctor. When you are through then the next person comes in.

I: Ok

R: Mhh

I: Information or counseling how was it?

R: Counseling?

I: Yes, did you get all the information you needed or there was information that you wanted to get but didn't?

R: I was advised and I got all the information I needed to know about the pill, how it is done and everything about it.

I: Ok and what about the waiting time, how long did you wait to see the doctor?

R: Out there at the waiting room?

I: Yes

R: No, you were not sitting there for long until you get tired and bored.

I: Mhh

R: You just wait a little and then you go in.

I: Like for how long did you wait to see the doctor?

R: About fifteen minutes

I: Was that a lot of time for you to wait out there?

R: No, I didn't see it as much time.

I: Ok and those pills you were given, whose decision was it?

R: It was up to you to decide as a person. You choose which method you want.

I: How was it, did you get information about other methods or you already had decided that you want that particular method?

R: When I came I knew I wanted the pill because with implants I heard that you had to be cut and I was afraid of that. I felt that it was much easier to swallow the pill than to be cut.

I: Were you explained about other methods?

R: Yes

I: Like which one?

R: We were told about the implants which fall under a three or five year plan.

I: Ok which other method?

R: The other one was the coil.

I: Ok

R: Mhh

I: Tell me whether the doctors assisted you in choosing this method you took or how was it?

R: The doctor also influenced my decision

I: Mhh

R: Because he was explaining how each method is used and administered and then you choose which one you feel happy with.

I: So he is the one who told you to take the pills?

R: No, after the explanation it is now up to you to decide what you want.

I: Mhh

R: When you enter the doctor's room, he asks you what you want.

I: It is the doctor who explains to you about the other methods and then asks you what you want?

R: Yes but before then the mobilizers had also educated us on the different methods of family planning.

I: Mhh

R: Yes

I: That is fine. And when you met the doctor did also explain to you or he just started offering the services?

R: He also explained in detail.

I: What would you say you have learnt since you joined the ITH-T-safe platform that will help you in achieving your future goals?

R: I have learnt that you can make your own decision about your SRH services. There is no hindrance as to what you should choose.

I: It is upon you?

R: Yes to make the decisions.

I: Decisions about what?

R: Either you abstain or you use family planning methods.

I: Ok that is fine. Anything else that you have learnt that will help you in future?

R: That will help me in future?

I: Yes

R: I can say that if you are married you can use the family planning but if you are not and also you don't want to get pregnant, you can use the family methods

I: Ok

R: Yes

I: So you have learnt that even if you are married you can still use the different family methods so that you get a baby at the time you want?

R: Yes

I: You have told me that you have learnt that you can now make your own decision about SRH, and also even if you are married you can still prevent unwanted pregnancies?

R: Yes

I: Tell me the challenges young girls encounter when they want to get access to the SRH services.

R: The first challenge is lack of phones to be able to enroll with.

I: Mhh

R: Then again we have the parents also. Most of the girls live with their parents and if the parents happen to see the pills

or have an implant they will ask what are these and you are not married. So they will start feeling you are having sex all over and that family planning methods are not good.

I: Mhh what do they think will happen to you if you use those family planning methods?

R: They think by using the family planning methods you will start having multiple sexual partners.

I: Ok

R: Yes, they will see like you are now free to move or have sex with anyone you want because you are protected

I: Ok that is fine.

R: There are those parents who think it is a good idea while others feel it is not good at all.

I: Any other challenge girls face when they want to get access to family planning methods

R: apart from those two I don't think there is any other.

I: Ok you have talked of lack of phones for registration and then parents who will feel that you are using this service and yet you are still young.

R: Yes

I: They will feel you want to have multiple sexual partners?

R: Yes

I: Any other challenge?

R: Maybe lack of information

I: Tell me more about that.

R: You can lack information and maybe you are not known in the village or community and to reach search a person is not easy.

I: Mhh

R: Yes

I: Now these challenges can be solved in what way?

R: Like for information you can meet a girl in your community because we know each other, you and since you know her status you can talk to her. You approach and tell her about the programme and see her reaction to that.

I: And who should talk to her?

R: Even me since I am already enrolled in the programme.

I: OK

R: Yes

I: So they need information to be given to them by girls who are already in the programme.

R: Yes and if she feels that I am lying to her or she is not sure, you can refer her to the mobilizer to talk to her. She can explain to her much better than I can.

I: And how about these other challenges you mentioned, how can they be addressed like this one of parents so that the girls can be able to access these services?

R: Parents need to be educated on the SRH services. They need to have more knowledge on the family planning methods so that they can change their perceptive on those services. They need to change that mentality.

I: Ok and now who will give them that knowledge?

R: The ones who should give them the knowledge?

I: Yes

R: A person like you

I: Like me (chuckles) and how do I reach them?

R: You can send us to our parents who will come with their neighbors. We can also give them the motivation to go and mobilize other parents.

I: Mhh

R: So that they can come and also be educated.

I: What about the phone, how will this one be addressed?

R: It is not good to give phones to everyone because some of them will misuse them. Why can't they use their parent's phones?

I: They use the parent's phone?

R: Yes, they can use their parents' phone.

I: Ok tell me if you have informed your peers about the T-safe platform?

R: Yes, there are girls I have informed.

I: Mhh

R: Yes

I: Ok, you talked to them?

R: Yes

I: and what do you usually tell them?

R: I tell them about a programme that assists girls to get free services. Maybe if you have a boyfriend and you are afraid of getting pregnant, they are offering free services.

I: Ok so that is what you tell them?

R: Yes

I: Ok

R: And when you mention about the Tiko miles they become more interested.

I: Ok

R: Yes. I usually approach the girls who are aged between 15 and 19 years and if you get enrolled in that programme there are services you will get.

I: Mhh

R: You get services and if she is interested she will join the platform.

I: And what do you tell them about the registration?

R: When I want to register them?

I: Yes

R: There is a message you are given and send to 22699. After that you sent T-safe to 22699

I: Mhh

R: After sending that through, you will be asked questions like date of birth, and so on.

I: Mhh

R: After getting enrolled the mobilizer will bring you Melihelp and you get the services.

I: Which services?

R: You get services like family planning and once you are served then you become a member of T-safe.

I: That is fine. From the information you have just told me, what action have they taken?

R: I talked to three of them and one has promised to come for the services on Saturday. So I am waiting for her to come and then I will go and ask her about it.

I: Ok

R: Yes

I: You said that you have talked to how many?

R: Three

I: And they will all come on Saturday?

R: No, only one will come. The other one said she will think about it while one refused.

I: For this one who doesn't want did she tell you the reason?

R: She said that she is not ready to use the family planning methods right now.

I: And the other one?

R: She told me that she will tell me with time.

I: Mhh

R: So I told her that it was ok.

I: When you came for this service you were not alone?

R: No

I: You were with other girls?

R: Yes

I: How many were you?

R: Three

I: Tell me more about the girls of your age in this community, how have they been involved in this T-safe project? How are you involved in this project?

R: For those of us who are enrolled in the programme we can influence other girls to come and enroll in the programme. We can mobilize other girls to come and enroll.

I: You can look for other to come and enroll?

R: Yes

I: anything else you are doing?

R: No, just influencing them to come and enroll.

I: Ok and anything else you tell them about T-safe, some kind of feedback about T-safe?

R: I have seen the Tiko Miles are very helpful because if you don't have the money you can redeem your points and get the pads.

I: Mhh

R: Yes

I: Ok, tell me if you would visit this clinic again?

R: Apart from the services?

I: You came and got the services. Do you see yourself visiting this clinic again because even those services you got, you can get them somewhere else? So would you come back to this clinic again?

R: Yes

I: You can come back here?

R: Yes, because it is also nearer to me.

I: What else would make you come back here for services?

R: It is near, clean, the doctors are very quick

I: Quick services

R: Yes and they are ok. They interact with you well and explain to you what you want to know in gentle way until you understand.

I: Mhh

R: Yes

I: They are gentle?

R: Yes

I: Tell me if there are any other services you would like to get in future in this clinic?

R: In this clinic?

I: Yes

R: In future?

I: Yes

R: Maybe when I want to have a family and would come and delivery my baby from here.

I: Ohh to deliver?

R: Yes

I: Mhh ok maternity services?

R: Yes

I: Anything else?

R: YOU can come for tests like HIV testing

I: HIV testing?

R: Yes

I: Anything else; even if it comes to your mind when we are though you can still talk about it.

R: Ok

I: IN the absence of the T-safe services, where would you have sought SRH services?

R: I would have gone to Mareba hospital, just hospitals that are in the neighborhood like Cana also.

I: Between Mareba and Cana which one would you go to?

R: Mareba

I: is it private or public?

R: I would choose Mareba

I: Is it a private hospital?

R: NO, a public one.

I: If you were to go to Mareba what challenges would you have encountered there if you went for these services?

R: Maybe they don't know about this programme.

I: Mhh

R: They can bring issues even before you explain to them what you want.

I: You would have had to explain yourself much?

R: Yes

I: You see you came here and were given the pills, isn't it?

R: Yes

I: And if the pills were not part of the programme, would you have gone to look for them in Mareba? What are the challenges you would face when you go there for the pills?

R: First of all the hospital is public and there is likelihood that you might not get all the services you need there. There may not be pills there. You might end up having to go and buy them outside there.

I: Mhh

R: It is a public hospital and usually they are not fully stocked so you might have to go and buy them from outside there, which is quite expensive.

I: Mhh

R: And such like challenges.

I: And would you have the money to go and buy the pills?

R: No, like now I don't have a job so I don't have the money. If it was sickness you would have to find ways to buy but for pills, you just have to try and abstain

I: Ok and what about interaction with the service providers, here you said they are very gently and welcoming and so on.

R: Mhh

I: Would you get the same service at Mareba?

R: No, with public hospitals there are many challenges.

I: Mhh

R: You might find a long queue and being a public hospital, almost everyone ends up there.

I: Ok

R: Yes

I: and would you interact with the doctors in the same way you did here?

R: They will talk to you but you cannot compare with here. At Mareba they are in a hurry so that they can serve as many people as possible.

I: And what about the distance? How far is Mareba?

R: It is not that far.

I: And that distance would have been a problem to you?

R: Not really

I: How far is Mareba?

R: A bit of a distance, it is near the bus stage.

I: and how about confidentiality?

R: If you have gone for the pills?

I: Yes

R: I don't think there is anyone who would know unless they see you enter a particular room. You see in such a place most of the people know one another since you are from the same community

I: Mhh

R: Maybe someone sees you taking like for example the TB patients, there is a particular room set aside for them. So everyone

knows that person has gone to collect the drugs for HIV viruses
(chuckles)

I: Therefore it would not have been that privacy?

R: NO

I: and when you come here, is there privacy?

R: Yes, there is and this is a private hospital.

I: Ok and what about counseling, would you have gotten proper
counseling if you had gone to Mareba?

R: Advise?

I: Yes

R: I really don't know.

I: And how about a review date?

R: You don't get it there and then.

I: Mhh

R: Yes

I: Ok and waiting time?

R: If you go early you will be served early enough but if you go
late, you will queue and let those who came earlier than you
be served.

I: Mhh

R: Yes

I: Do you think the waiting time will be same or different?

R: Compared to here?

I: Yes

R: Here, it is not easy to get a queue and I have never gotten a queue here when I come.

I: Mhh

R: There was a time our neighbor came to deliver from here, I never saw a queue and if you get people then maybe five to ten maximum.

I: Ok and on confidentiality do you get to sit where a community person cannot see you?

R: How?

I: You told me that when you go to Mareba someone can see where you are entering to get a service

R: Mhh

I: or a certain type of treatment

R: Mhh

I: But how is it here?

R: When you come here it is not easy for one to know that you have come here because it is private. You will in and in any case not many people go to private hospitals from the community.

I: Ok and as we finish, have you ever been refused T-safe services at any time?

R: No

I: You just came and were served?

R: Yes

I: Now I think my questions are over and I am very grateful for your time and participation.

R: Mhh

I: I am sure whatever views you have aired, will be used to help improve the services and it will also be a voice representing those who have not been able to speak to us. Therefore, we are very grateful. I have asked you so many questions now I would like to give you his opportunity to ask me questions if you have any before closing

R: I don't have a question.

I: no question?

R: No

I: Views that you still have not aired?

R: I would like to say that this platform, which only deals with a certain age, most of them are at school and they cannot be able to access these services. It would be good if you visit schools, secondary school and tell them about these things. Most of the girls of that age are in secondary schools and if they can get this information plus our parents, it will be easier.

I: Ok

R: Yes

I: So we go out to school since most of them are in school?

R: Yes

I: And educate them

R: Yes

I: And also educate parents?

R: Yes

I: That is fine. Anything else?

R: None

I: There is none?

R: Yes

I: Then we can stop?

R: Yes

I: Fine

File name: ITH_R2_NAI_MAK_URB_003_ADO_004_29519

Duration: 00:51:56

I: Thank you very much for taking this opportunity to talk to us about this T-safe program. You have said we speak in English...

R: Any can do.

I: Oh any can do, so we can speak in Kiswahili or English, so if English is easier for you, it's okay but that does not mean that we won't speak in Kiswahili.

R: We can mix.

I: Okay. So this is Wilkister Ombidi, research assistant zero-zero-three doing ITH round two, adolescent interview, adolescent number zero-zero-four. Interview in Nairobi county, Makadara sub county at a facility called Medi Health this day twenty ninth day of May twenty nineteen starting at 1pm. So I have told you exactly what we are doing about these adolescents' study, the ITH their hands study, so I've also assured you of the confidentiality that is why we are sitting at a very secretive place, only you and me and you have also accepted that we can tape record what we are doing

just for purposes of not losing this information. So we can move on?

R: Yeah.

I: Thank you so much. So please tell me how you came to know about the T-safe platform.

R: Okay on my first day it was last year, went for the road-show by T-safe by this year I was going for training and on the way I was told to go to a clinic just next to Bahaja, we went there, they told us about T-safe and its importance then we came here at Medi Health for the service.

I: So who met you on the road and told you about T-safe?

R: There is this lady, Nancy.

I: Your mum?

R: Yeah, she is a CHV. So she was mobilizing the girls.

I: Very nice, so you've said she told you about T-safe and its advantages?

R: Yeah.

I: What did she say?

R: Okay advantages, I can also see them. Actually I think the service is good for girls of my age because bad things happen in this world. One can drop out because of a pregnancy and because of lack of knowledge...

I: You know you dot com people speak some language that we don't know what they mean, what do you mean by *kupata ball*?

R: Okay, getting pregnant and dropping out of school.

I: Okay, great. So please tell me what happened from the time you knew about T-safe until the time you visited the T-safe clinic for the service.

R: Okay, we were told about T-safe then we were brought here. They told us what T-safe was about and the family planning; we were also told about HIV testing.

I: **So please tell me about the process of signing up to become a member of T-safe, how was it?**

R: Okay, I was registered using the phone. So I didn't take the T-safe card.

I: **Was the phone yours or a mobilizer's?**

R: Mine.

I: **Your phone, great. So you registered through your own phone?**

R: Yeah.

I: **Okay, so how did you register; what was the process of registration with the phone?**

R: We were given a number that is double-two-six-nine-nine.

I: **Double two, six-nine-nine.**

R: Yeah.

I: **So that's the number you were given?**

R: Yes, that's the number I was given then I was told to send...there was a process.

I: **You were told to send it to some number?**

R: I sent a message and then I received a code...there is a process. I have the process in the phone.

I: **Okay, but at least you are talking about it; am getting you.**

R: So we replied the questions and were registered.

I: **So after registration what was your journey up to the clinic?**

R: After registration we were asked to come here at this clinic so if you were ready to start using the service that day then you would be given the service immediately.

But for me I didn't want the service then because I was having my menses so I wasn't ready.

I: Okay, and did you face any challenges or difficulties during the registration process...any problem trying to locate the clinic?

R: No.

I: Okay, and something else about the registration, was your photo taken?

R: No.

I: Your photo wasn't taken even using the phone as part of your records?

R: No, we didn't have any photos taken.

I: Okay, because I wanted to ask you how you felt when your photo was taken for you to join the ITH program.

R: No, our photos were not taken.

I: Not even using the phone?

R: No.

I: Okay, and were you alone during the registration?

R: No, we were many girls.

I: No one among you had their photos taken?

R: Maybe...okay for us who registered using our phones, we left those who didn't have the phones taking T-safe cards at the other place so I don't know whether their photos were taken.

I: Was the place within here?

R: Yeah.

I: Okay, so what influenced you to join T-safe?

R: For safety.

I: So what do you mean for safety?

R: Okay, since I am still in school, I don't want to get pregnant; so I want to have the family planning, until after a certain period because I want to school until a

certain time then after that I would then want to have a family.

I: Okay, so you would first like to finish up with your education without getting pregnant then later you can have a family.

R: Yes.

I: Okay, I don't know whether there is anything else that influenced you to join T-safe.

R: No.

I: You told me that you met the mobilizer; I would like to know whether the mobilizer also influenced you to join the T-safe program.

R: No, she just told me to come for it and since here in Mukuru, okay, I like reading and we are always taught a lot of things so I do like attending those seminars. So when she told me there was a seminar I took my time and said instead of going for training, I went to the seminar.

I: So the mobilizer didn't influence you join the program?

R: No.

I: And now that you were registered using a phone; I would like to know whether the social media like Facebook and all that influenced you to join T-safe.

R: Okay, my phone doesn't have internet capability so I am not on social media.

I: Okay, and there is an incentive called TIKO miles, do you know what it is?

R: Yes.

I: So I would like to know whether the TIKO miles also influenced you to join T-safe platform.

R: Yeah because you kind of earn something because when I registered I earned fifty TIKO miles but since we don't

have an active shop yet, we are still; waiting for it.
I don't know whether it is real or not; that's what most people are not happy about.

I: Which people are not happy about?

R: Us girls.

I: Why are you not happy?

R: Because we don't have an active TIKO shop and we don't know when it would be activated so that we can exchange the TIKO miles for items because you do not get cash. So you have to go with the text, show her you have fifty TIKO miles and take any products you want.

I: I understand you. When were you registered?

R: Last Saturday.

I: Is that when you joined the program?

R: Yes.

I: It was within last week?

R: Yes, last week, last weekend...

I: Last weekend...

R: Not this, last Saturday but one, sorry.

I: Last Saturday but one, so you are almost two weeks old in the program and your TIKO points have not been updated?

R: Yes.

I: Okay, so tell me whether the nature of ITH services also influenced you to join the program. Did you pay for services?

R: No.

I: You did not.

R: Yes.

I: So could that have been one reason why you felt attracted to the program?

R: No.

I: So you said your main reason was to be safe to prevent pregnancy.

R: Yes.

I: Okay, so we've talked a bit about TIKO miles but I would like us to talk about it a little more; please tell me what you know about TIKO miles and how it influenced you to come for the ITH services.

R: TIKO miles, I understand it as credit. In this credit, from my understanding; you can register a girl and the more you register them the more you get more TIKO miles credit. You can then go to the shop and take an item you want. So it's like money.

I: Okay, was the presence of TIKO miles one factor that incited you, you know into using ITH services?

R: No.

I: Okay, so would you still join the ITH program if there were no TIKO miles?

R: Yeah.

I: Why?

R: Okay I wanted to tell some more people, when I register you, I also help you.

I: Okay, now that you were registered using a mobile phone, please describe your experience interacting with the mobile platform.

R: It was smooth.

I: Even interacting with SMS, Facebook...the whole mobile platform?

R: Yeah.

I: And what do you mean when you say it was smooth?

R: It was good, okay, they were asking whether you were satisfied with the service or not; whether you were

happy, you know; so such a person is concerned because you took the service.

I: So is that on the mobilizers?

R: No, the phone, yeah.

I: Okay, so tell me about the relevance of the information that you get through the TIKO platform?

R: The phone...okay, I think even if those people who were texting us could come and talk to us, it would still be the same.

I: So the information you get through the phone interaction would just be the same if one of them talked to you personally?

R: Yes.

I: Tell me what information you get through the phone interaction.

R: Okay you are asked...

I: What do they ask?

R: They ask questions like how the service was.

I: Very nice; so how frequently do you interact with your phone on the T-safe platform?

R: Not much because I am kind of busy, it got to a point I stopped using it.

I: How long ago did you log in last?

R: Two days ago.

I: Okay, so in a week how many times do you log and...?

R: Actually it's been long, I last used it last Tuesday but one.

I: And you've said that you get very good information; what information do you get through that phone about the T-safe?

R: Not much information because the information I got last I was told that I can register others and that if I

register twenty-five girls I would earn two fifty TIKO miles.

I: Any health information you get?

R: No.

I: Okay, so how did you choose which clinic or service provider to visit?

R: I just came here. We do come here.

I: You do come here?

R: Yes. So we came here because it is the nearest.

I: Okay, so you come here because it is the nearest clinic?

R: Yes.

I: Okay, and tell me about the hours of work here whether it's comfortable for the girls.

R: Twenty-four hours.

I: Oh, it is twenty-four hours?

R: Yes.

I: Okay, how about the type of services offered here?

R: All services, there is maternity...they offer all services here.

I: Are these services convenient to girls like you?

R: Yeah.

I: Okay, so which services are offered to girls that we can say are convenient?

R: Okay, family planning is available here.

I: Which types of family planning are you told about?

R: All of them are available...

I: Examples?

R: Family planning?

I: Yeah.

R: There is coil, contraceptives, emergency contraceptives, there is daily pills, the Femi plan; there is...what do you call it...

I: **The implant?**

R: Yes, the injection.

I: **The injection or the insertion...**

R: The insertion but there is also injection.

I: **Tell me whether the mobilizer also was the one who suggested you come here?**

R: Okay, the mobilizer would tell you to come for the service and you choose whether to come or not because some people received the services while others didn't.

I: **So was it the mobilizer who also suggested to you that you go to Medi Health?**

R: Yeah we had to come here because the services were only offered here.

I: **Okay, it's the only place that had those services?**

R: Yeah.

I: **Okay, tell me whether the qualities of this clinic also influenced you to come to here...like what good things you heard about this clinic that made you say that you would come here.**

R: Okay I haven't heard any negative thing about this clinic because if it had some negative ratings then nobody would have come here.

I: **What good things have you heard about it?**

R: It's a hospital and people do come here and get services at any time. So it's a good hospital.

I: **Okay, please tell me about your experience with the sexual and reproductive health services provided by the T-safe.**

R: Okay, I haven't experienced anything bad, my experience is just normal yet.

I: **So you still find them to be good?**

R: Yes.

I: Okay. Tell me, what do you use the ITH platform for?

R: I use it to register other girls.

I: So you also register other people as a mobilizer?

R: No, since I have been registered, I can also register other girls to come for the services.

I: Okay, and what services have you received through this platform; you know it can be about you get some information that you did not know before; so those are now what we are asking.

R: I haven't done that yet.

I: Okay, earlier on you told me that you don't log in most of the time because you are busy, what are you busy doing?

R: Okay, after school I do go for practice.

I: Okay, what practice?

R: Dance practice.

I: Okay, whom are you dancing for?

R: We have a crew, MUSA crew.

I: Musa crew?

R: Yeah.

I: What is it about?

R: Mukuru sports association.

I: What does it do?

R: It just helps young youths like us to nurture our talents; we can be called to perform in a wedding and earn some money.

I: Okay, so you earn some income from it?

R: Yeah.

I: Okay, so you have told me that you've not interacted with the mobile platform a lot but I would like to know, what would you like to be done to improve the ITH mobile platform?

R: Okay personally, if I had the smart-phone and could access Facebook, WhatsApp and you tube, I would teach many other girls about T-safe and its advantages.

I: **Okay so what improvement can you suggest?**

R: Those of us who first received the service should get some phones to help us sensitize the others about it.

I: **So the youths who are in the program should be given phones?**

R: Yes, good phones that can help us teach the others about it.

I: **Okay, I understand you. So what is the attitude of the community towards the T-safe services and girls who receive them?**

R: They are different; some talk ill about it; others praise the services.

I: **What do those who talk ill about it say?**

R: They say we start having family planning before we get our own families. So they say that the family planning methods are not good for us; mostly parents don't want their daughters to use the methods.

I: **Okay, so what do they say are the dangers?**

R: You know they have misconceptions, like the coil...they just view family planning negatively.

I: **Okay, what do they say can happen to girls who use these methods?**

R: You may fail to get pregnant in the future, it may lead to cervical cancer, they say much.

I: **So you've talked about parents; do you mean mothers or fathers?**

R: Mostly mothers.

I: **What about fathers?**

R: I haven't heard them say anything about it.

I: So that is on the family planning that they say are bad and can make a girl sterile in the future. And what do they say about the girls who use these services?

R: They, okay they view you as ratchet, may you use the services because you are a prostitute; they take them negatively.

I: They say that when you use the services, it's like you want to be a prostitute?

R: Yes. So they don't view you as a good girl.

I: And what do the girls of your age say about this program?

R: They even one the services; there are some who want the services and some who are afraid to say that they want the services so you have to tell them the benefits. And there are some who are warned by the parents, if I find you using the methods...

I: So you have said that there are some girls who want the services but they fear, what do they fear?

R: The parents.

I: Okay, the parents who don't want them to use the services?

R: The rude ones, yeah.

I: Anything else that the girls fear?

R: No.

I: The girls just fear their parents?

R: That's the only one I know of.

I: Okay, and what do fathers say about T-safe?

R: I don't know because I don't have a father.

I: Okay, and what about the teachers, how do they view this T-safe program?

R: I don't know what they say about it.

I: And what about the religious leaders, what do they say about this program?

R: I don't know.

I: **Then tell me about the boyfriends, what they say about T-safe.**

R: There are boyfriends who will like the services and others who will not like them.

I: **What do those who like it say is good about the T-safe program?**

R: If you get a boyfriend who wants a future with you, he will advise you, yeah, go for it.

I: **What do you mean by a boyfriend who wants a future with you?**

R: Okay, if your boyfriend works and you are still schooling and you don't want to have a family yet and you think you can go far; he will tell you, okay, do this, go for the service; because it's for a short period, like if I should graduate by November, he will tell me, go for it before you graduate in November. By the time you start working it shall have expired, so then I shall have achieved my vision. Those who refuse are careless, if I am asked about that person I would say he doesn't have a future with you; he will impregnate you...I mean, he doesn't care about you or that you are in school, more so those who are in high school and primary; he may impregnate you and reject you; so you will have gotten pregnant and gone back home while at the same time dropping out of school. How will you take your children to school?

I: **So the boyfriends who care about you will advise you to receive the services to prevent early pregnancies?**

R: Yes.

I: **And what is the aim of the boyfriends who don't want you to receive the services?**

R: Okay...I don't know how to put it...they just want to ruin your life, actually. That's the intention I do think they have.

I: How?

R: If they impregnate when maybe you are in form three, you cannot proceed to form four or you'll have to repeat if you will want to continue but who will take care of your child if your mother also goes to work and the child will also be too young and need mother's care. So it's challenging.

I: Okay, I get you; moving on; please tell me your experience on the quality of sexual and reproductive health services you received most recently. You told me you last received the service on Saturday?

R: Yes.

I: Two weeks ago?

R: Yes.

I: Okay, so tell me about your experience with the quality of those services that you received.

R: My experience to date is still good because I haven't been affected in any way.

I: What service did you receive?

R: Depo.

I: Depo?

R: Yes, three months.

I: Okay, and you've said it is too soon, you haven't had any negative experience.

R: Yes.

I: Okay, please tell me about how easy it was to be given that injection.

R: Yeah, it was easy; I didn't see anything hard in it...

I: What happened?

R: Okay, first I was told about its effects before and I didn't think they were bad. I was told that it could affect my monthly periods. I was told that it could interfere with it, if I used to have it for a few days, I would now have them for more days. After I was told about the effects, I just decided to choose that method.

I: **Okay, and you've also told me that you didn't see it as harsh; what didn't you see as harsh?**

R: You know there were different methods, you were told about the effects of coil and the Femi plan. So I thought it was the better one.

I: **Okay, and did the provider give you enough support and how?**

R: Support...okay, I told him the method I wanted and he gave me the service and I left.

I: **Okay, what about your interaction with him. You've said he told you...**

R: We talked about that and he asked me whether I would accept or whether I would want to receive the service immediately or I would come later. I told him I was okay to receive it then.

I: **Please tell me about privacy and confidentiality during your interaction with the service provider, what kind of a place did you talk in?**

R: It was in a room.

I: **How many people were in the room?**

R: No, we were just two of us.

I: **Okay, what about the counseling or information; did you get the information you expected or were there some gaps?**

R: I got all the information I wanted to know.

I: **What were you told?**

R: Okay, I asked him are there effects on this method. I got an answer for every question I asked.

I: **Okay so were you only told about the injection method or was there opportunity to know about other methods to make you choose?**

R: Yes, I made the choice myself.

I: **Okay, which other methods were you told about?**

R: Just the ones I told you about... the Femi plan...I can't recall them.

I: **All the family planning methods and you chose the injection.**

R: Yeah.

I: **Okay, were you given a return date?**

R: Yeah, after three months if I will have to have another injection, I will.

I: **After three months?**

R: Yeah.

I: **Okay, and how long did you wait for the service?**

R: I didn't wait for long; we just talked and received the service.

I: **How long did you wait before you entered into the consultation room?**

R: Okay, we were many who were receiving the services so you would wait and when it's your turn you entered the room.

I: **So how long did you wait approximately?**

R: Around twenty minutes.

I: **Okay, so did you think that waiting time was just okay or did you feel you waited for long?**

R: It was okay.

I: **Okay, and how was your interaction with the service provider with regard to decision making?**

R: Okay, she counseled me about this method so I was the one to decide the method I wanted and whether I wanted it then or not; it was not a must.

I: **So on decision making; who made the decision for you?**

R: I made the decision.

I: **After you received the information about all the other methods you made the decision yourself?**

R: Yes.

I: **Okay, what have you learnt since you joined ITH or T-safe platform that will help you in achieving your goals in future?**

R: T-safe only helps me with the service so that I can finish my education before I can have a family.

I: **Okay, so what have you learnt that is helping you to make plans for your future?**

R: I have learnt that T-safe helps one achieve their dreams.

I: **Okay, so you've told me that you've learnt how to be safe and continue with your education so that you can have a family later on.**

R: A good future.

I: **A good future, okay. So what have you learnt that is helping you take care of yourself?**

R: Family planning.

I: **Okay, so you've learnt about family planning?**

R: Yes.

I: **Anything else you've learnt that can help you in your future life?**

R: No.

I: **Okay, girls have been having challenges in accessing sexual reproductive health services; please tell me the challenges girls face when trying to access the sexual and reproductive health services?**

R: There are some girls who have the phobia because of the community; how the society views the family planning so they have a phobia. They say I may try using the method and fail to get a child in future; I can use them and get cervical cancer or I can use it and anything can happen, anything negative can happen so they fear.

I: **Okay, any other challenges they have?**

R: Some take advantage, after they get the service they feel like they are safe; they sleep around with everyone forgetting that there are STIs.

I: **Oh they forget that there are STIs.**

R: Yes, so they fear getting pregnant than contracting STIs, you know.

I: **So that's another challenge...any other challenge?**

R: No.

I: **What is making them, or barriers; things that prevent the girls from getting the sexual and reproductive health services...just phobia and then the fact that they move a lot. Please tell me, how has the ITH platform helped you to overstep these barriers?**

R: They tell us how...they tell us that what the society says are myths. So when you are educated you get to know the truth so whoever is not educated cannot know the truth.

I: **So you have been given the information which makes you know that the phobia are just myths.**

R: Yes.

I: **Okay, any other way by which T-safe has helped you go about the barriers or these challenges?**

R: No.

I: **So it's just information. So what else could be done to make accessing these sexual and reproductive health services easier for girls in your age?**

R: Creating more awareness.

I: **How?**

R: By holding seminars.

I: **Okay, anything else?**

R: Making maybe like in this clinic, you can come for counseling.

I: **Okay, counseling at the clinics.**

R: Yes.

I: **Okay, anything else?**

R: No.

I: **Okay, I can see you are just shaking your head. So this is all that can be done to make accessing services easy for the girls. Okay, but you also told me that they fear the parents because they don't want their daughters to get these services...**

R: They can't change no matter what they are told.

I: **Who cannot change?**

R: They can't change, the parents, those women, they are idle and just say a lot of things. No matter what you tell them, even if T-safe comes to the community, they can even chase them away.

I: **Who can chase us away?**

R: Those women...they talk trash actually.

I: **Okay, so when we come they will feel that we have come to...**

R: That you have come to spoil their children. I told you that they feel that if their girls take the family planning then they will become prostitutes, you see, so they will feel that you are spoiling their children.

I: **Okay, so it is just about information and seminars?**

R: Yeah, for us young girls because this is the generation.

I: Okay, have you informed your peers about the T-safe program?

R: Yeah.

I: Okay, so what information do you give them about T-safe?

R: Okay I tell them that it helps you achieve your dreams. I don't tell them a lot of things.

I: How do you explain to them how T-safe can help them?

R: I just start a story and ask them what they would like to be in future, so do you have a boyfriend, yeah; obvious when you have a boyfriend some things happen no matter how young you are, you find that a form one student is dating. So you tell her that there is T-safe and it provides free services. Just go to Medi Health and you will be counseled and if she comes the doctor will counsel her and register her.

I: Okay, and what actions have the girls whom you have informed taken as a result of you educating them?

R: They do accept to register.

I: Could you tell me whether there are some whom you talked to and have come for the service?

R: Yeah.

I: Okay, so how else have the adolescent girls in your community been involved in the ITH project? What else do you do other than telling them about the project? Is there anything else that the adolescents do to one another?

R: No.

I: How do you participate in the ITH now?

R: Okay, since am still new, I haven't concentrated too much on to it.

I: Any way by which you encourage the girls to join T-safe?

R: For now, I haven't been free with them that much, I have been busy lately. There is something am trying to do. I have a show so I am never in the community most of the time.

I: **Okay, but you've told me that you've managed to convince some.**

R: Yeah, my close friends.

I: **And what about the other T-safe girls who are not in your acting program; is there any other way they are involved in the T-safe project?**

R: I don't know.

I: **Even encouraging other girls?**

R: Yeah, they do.

I: **Okay, where do they find those girls?**

R: They can meet along the road, at church, some go for football practices and they meet there, some even go to sing, so they do meet.

I: **Okay, so they meet in church, football places.**

R: Yea.

I: **And they encourage one another. Okay, so when you came for the service in this clinic...could you visit this clinic again?**

R: Yes.

I: **For the services?**

R: Yes.

I: **Why?**

R: I liked the service I was given.

I: **What did you like about the service?**

R: Okay the service provider had a good attitude; he answered all the questions as well.

I: **So your questions are being answered.**

R: Yeah...and being free with me.

I: Free means what?

R: I like someone whom whenever I ask a question she doesn't look at me scornfully. Yeah, he treated me well.

I: He appreciates your situation and doesn't discriminate?

R: No.

I: And how do they interact with you?

R: Freely.

I: Okay, so that's why you say you would come back to this clinic?

R: Yes.

I: Okay, so are there other services you are still looking to take up in the future?

R: Yeah, after the three months, I can come back for another injection.

I: Any other different service?

R: I can come for treatment

I: What kind of treatment?

R: Health cases, I can fall sick.

I: So you would like to come here for treatment in future if you fall sick?

R: Yes.

I: Okay, and in the absence of T-safe in this clinic, where would you seek these sexual and reproductive health services?

R: I would seek them from the chemist.

I: Okay, so you would have gone to the chemist?

R: Yes.

I: Okay, so what challenges would you face if you went to seek these services from the chemist?

R: Okay the challenges with the chemist are that you can be given the wrong injection, just water sometimes; yeah they do that and you find that you get pregnant.

I: **Okay, so you cannot trust...**

R: Yeah.

I: **The products?**

R: Yeah.

I: **Okay, and what about your interaction with the service providers...you've told me that here they take you as you are, they answer your questions; how would it be at the chemist?**

R: That wouldn't be good because you would pay them but they would still act like you want free services from them and degrade you and can just give you the injection.

I: **Okay.**

R: And they still have to talk behind your back and say that girl used family planning and such, yeah, it's not safe.

I: **So they talk behind your back?**

R: Yes.

I: **And what about the distance to that chemist?**

R: Chemists are many in the community but it depends on the kind of service provided, you know you cannot just go to any chemist.

I: **Okay, you've said that you cannot be sure of the confidentiality in the chemist?**

R: No.

I: **And what about the information you receive?**

R: I don't think they can give you the correct information. I just don't trust chemists.

I: **And what about being given a return date?**

R: I don't know about that.

I: **Okay, and what about the waiting time for you to get the service?**

R: It can be fast.

I: Faster than the hospital?

R: Yes.

I: Okay, tell me whether you have been denied T-safe services before?

R: No.

I: Okay, so you told me that you received the service the same day you came for it.

R: Yes.

I: Okay, I can see we've moved fast and we've had a good conversation. I would just like to thank you for taking your time and accepting to talk to us about the T-safe program. And as I had told you, whatever you've told me will be confidential and again they will help us improve this adolescents sexual and reproductive health program. I have asked you several questions and would now like to give you this opportunity to ask me any question that you have.

R: I don't have a question.

I: Any suggestions?

R: No, I don't have any suggestions.

I: Have I asked you any question that has made you unhappy?

R: No.

I: Okay, if we call you next time, can you come?

R: Yeah.

I: Thank you so much. Now that you don't have any question or comment, we can stop.

R: Yeah.

I: Thank you.

[End of audio]

Notes

The interviewer probed all the questions as stated in the guideline.

File name: ITH_R2_NAI_MAT_URB_002_ADO_005_28519

Duration: 00:46:58

I: This is Florence Olum taking an interview ITH...taking an IDI under ITH round two NAI Mathare urban 002 ADO 005 twenty eighth May twenty nineteen. So Brenda, welcome. Can you tell me how you got to join T-safe?

R: Just as I told you...or do you want me to repeat?

I: Yes, I would like you to tell me now; then I was just finding out if you are a beneficiary I should talk to.

R: As I told you how I joined T-safe and everything; or should I repeat?

I: So first I would like to know how you came to know about it.

R: Some woman came to my home...

I: Who?

R: Mama Lucy...do you know Lucy?

I: Yes.

R: You know she lives in Kasabun; so she came and told me about it and I accepted to join. She then asked me to come here and I came and got the service and the points then I went to the shop and took applying oil because it was worth a hundred points then I went back home. She then came back looking for me after some time, she never tired, she looked for me and told me that...

I: So were you just given the points and nothing else on that day?

R: They gave us the points and we went for the applying oil, so one should always go back for a follow-up, so they told us they wanted to give us some information and we came the following day and were given the information; they told us that they wanted young girls under the age of nineteen. I went there on the same week three times with a friend of mine, and we got them. On the final day we took Always and they are still in the house I haven't used them.

I: Why haven't you used them?

R: I haven't had my periods yet; I took the five-year implant method and I haven't had my menses.

I: You have told me that you were told to come here; what exactly happened before you were received the points?

R: What happened in what way?

I: You told me that you came here and got some points; how did you get the points?

R: They would give you a code to send then they ask you questions, what is your gender, you answer with F, the second question they asked was when were you born, you answer with two thousand if you were born in two thousand. The third one changed, they would ask, how has the doctor given you the service?

I: So is that the current one or why did you say it has changed?

R: The questions have currently changed.

I: So what was the one you did last week like?

R: The one I did last week...the previous one had the year two thousand as the last option then you would be given a code by the service provider. The current one has

changed in that they ask for your gender then the year of birth then the third one which was given by the service provider then now they ask you, what is your opinion on the kind of service you received.

I: Okay, and what were they asking you about the service provider previously?

R: Previously they were three questions but now they are four questions you have to answer before you get a code from the service provider.

I: And how did you feel about having your photo taken to join T-safe?

R: I was worried because this is Nairobi, so I asked them, where are you taking our pictures; they said it's just a program; I asked myself what program do you use a phone. My cousin even warned me against coming back and that it could be a bad program. I didn't stop there because I know a woman who does this job and she has children, it cannot be a bad program. Even when they called...I don't have a phone, my aunt gave me this one, I don't have a phone yet. So she explained to me and told me to go to Jamii...

I: So when you felt that the mobilizer has children and she couldn't do anything wrong to you despite your aunt warning against going back to her...

R: Yes, they warned me against coming back but I just came back. But they have since given us more information and we are enlightened, even get to answer some questions on the platform and we get a reward of twenty-five points.

I: What kind of questions?

R: They do ask us how the service provider treated us; good, poor; the second question is always; do you use family planning; yes, or no; the fourth one is, what method of

family planning do you use; the three years and the three months have some names in English, so we are always asked those, when you answer them, they award you points.

I: Okay, so were those questions there previously as well or were they just introduced recently?

R: The questions were just introduced recently and they are still there.

I: So when you answer the questions they give you twenty-five points?

R: Yes.

I: Okay, when did you last get awarded points after answering questions?

R: Yesterday.

I: So you received twenty-five points?

R: Yes.

I: Okay, have you redeemed them?

R: I haven't yet; I was saying that I would redeem them when I leave here.

I: Okay, and what can you say influenced you to join T-safe?

R: T-safe has helped me not mess, in case I may mess, I avoid that. Whenever I answer the questions from two or four lines, I will earn two hundred which I will use to shop for applying oil and such so I don't have to ask my parents to buy them for me.

I: So when you say that if you have two lines; how many lines can a person use?

R: Two lines, just two lines. They don't recommend many lines, just two lines. I do go with two lines.

I: So do you use the two lines alone or?

R: The two lines?

I: Yes.

R: The two lines are both yours, like now I have Telkom and Airtel, so if you want to insert Safaricom in the phone you can use Telkom and Airtel, like now I have Telkom and Airtel.

I: **And do they send the same questions to the different lines?**

R: Yes, they are always the same.

I: **And you answer from both lines?**

R: Yes.

I: **So you get awarded..**

R: Twenty-five from Telkom and twenty-five from Airtel.

I: **Okay, so how much did you get yesterday?**

R: Yesterday I got fifty bob which am going to redeem after this. They even asked me; are you satisfied? I said yes.

I: **Okay, now that you have said that you got the injection; can you say that you joined because you needed the service?**

R: Yes, because the injection will help me in many ways. You know boys currently just trick girls and you may end up getting pregnant and have a lot of problems, so you have really helped us as ladies.

I: **And can we also say that the mobilizer influenced you to join?**

R: Yes, that woman really helped me, Lucy; she really helped me by mobilizing me. I came for the first time then I got tired and she came back again. She then came back to look for me here in Jamii so I knew I would find her here today but she isn't around.

I: **So did the continuous mobilization influence you or did the information she gives you influence you to join?**

R: The information she gave me influenced me because I had never had an injection since I was born, so I feared

having the injection but I asked her, is it painful, she told me no, they would give you some anesthesia so you won't feel the pain. She gave me the information then we went to Huruma, from Huruma...I received the service in Huruma and came back, I was just numb for a day then I regained the feeling. She told me that when you bathe, cover the spot until it dully closes. In fact, she bought me something to cover my arm and then said that if you feel okay, you tell me but if you don't feel well, come back to the hospital. I told her that I was okay and she told me it was okay.

I: Why did you pass by Jamii before you went to Huruma on that day?

R: She comes from there and those injections weren't given here; they told me that they were out of stock. So she told me that if you want the service now, let's just walk together to Huruma nursing.

I: And have you ever seen any TIKO or T-safe information from the social media?

R: No.

I: And can you say that the mobile interaction also influenced you to join T-safe in that you are registered using a phone and do everything using a phone?

R: Yes, that's good.

I: Why do you say it's good?

R: It is better that...because things are now digital and people mustn't know about everything you do; so you can do them on the phone.

I: Okay, I have also heard you say that you are happy about the points which you can use to do some shopping; can you say that after you were given that information it also influenced you to join T-safe?

R: Yes, because I am always just in the house and has nothing to do, so they have helped me and I don't have to ask for applying oil or always from my cousin.

I: **And you have also told me that you do redeem the TIKO points; where do you redeem the TIKO points?**

R: Just here in Mudika, the shop is called Mudika.

I: **How many times have you redeemed since you joined T-safe?**

R: This is the third time.

I: **Okay, and can you tell me anything about it...maybe its advantages and disadvantages.**

R: It has advantages; the advantage is that you can go and redeem and get the commodity you want, even if you redeem from two lines, that's a hundred bob which you haven't just picked from somewhere, you just get contented; you take something back with you to the house.

I: **Okay, and is there any disadvantage?**

R: I don't see any disadvantage.

I: **Okay please tell me your experience in interacting with the T-safe platform through various platforms...you have told me that you were interacting through SMS whereby you would be asked questions; can you tell me your experience with it?**

R: WITH the communication?

I: **Yes.**

R: The disadvantages?

I: **Anything about it...you told me that one of its advantages is that it is confidential; and have you interacted with the Facebook platform?**

R: Me?

I: **Yes.**

R: No.

I: **Okay, you have also told me that you went for an injection in Huruma because the injections weren't being done here; if you were to choose a clinic, which one would you choose?**

R: I would choose the nearest one, and this is the nearest.

I: **So you would like to receive the service here?**

R: Yes.

I: **But it didn't have the injections then?**

R: Yes, it didn't have them.

I: **So why exactly do you like this hospital?**

R: It is near my home.

I: **Okay, maybe can you also say that the service here is different from the service in Huruma?**

R: They are all the same, none is better than the other, they are all the same.

I: **Why do you think they are the same?**

R: I say they are the same because they are just alike.

I: **Okay, and what can you say about your experience in the T-safe platform?**

R: Being in T-safe?

I: **Yes, your opinion on the sexual and reproductive health services provided by T-safe.**

R: I can say that I don't have any problem and cannot complain in any way.

I: **And what can you say about the service?**

R: It is good.

I: **When you say it is good you mean...**

R: They do follow-ups and they provide information; our leaders are also good, if you ask them a question they answer you in a friendly way and not in a harsh manner.

I: And what suggestions would you give to improve the ITH platform? What do you think is not okay with the platform?

R: I don't think of anything because I am also new...was it there last year as well?

I: I hear it was there last year.

R: Yes, because a friend of mine told me that the service is good and I had it last year to date and I haven't had any side effects. But now am new with them but so far it is okay.

I: So there isn't any improvement you would like to see?

R: No, the points should be...I heard that last year they were a hundred but now its fifty bob.

I: So what would you like to be done?

R: I would like it to be moved to seventy so that one can redeem one forty and get maybe applying oil or always...you know some Always go for fifty bob now, so you can buy that and a bathing soap and even some braids for the hair.

I: Okay, you are trying to say that they should increase the amount of points?

R: Yes.

I: Okay and what can you say is the attitude of the community towards the girls receiving sexual and reproductive health services?

R: They are just viewed okay.

I: How okay?

R: They do mobilize for girls of nineteen years.

I: And my question is; how do the community members such as fathers, mothers, boys and girls view you girls who use these T-safe services?

R: In the community...how they view us?

I: Yes.

R: I don't know about that.

I: Why?

R: I don't know.

I: And do you think they know about T-safe program?

R: Yes, they know. Even today, I went to borrow the seventy from asked me, where are you going to, I told her am going to Huruma; I thought we were going to Huruma. Even when you called me, I thought we were meeting in Huruma...

I: I was supposed to come to Huruma but I had a client here.

R: It costs one forty to get to Huruma so I was wondering. Then you called me to come to Jamii and she gave me seventy bob. She asked me where I was going and I told her then she said, oh, are you going for the family planning methods, I told her no but she insisted they are family planning related.

I: Was that the person who brought you here using the motorcycle?

R: Yes, he is the one who told me that they are family planning methods, and that there is a day I saw ladies having some dustcoats branded as Linda mama, I told him yes am going there and he said it's okay.

I: So you think they are okay with these methods even when the girls use them?

R: Yes, they don't have a problem with it.

I: And how about the religious leaders, how do they view the girls who use such services?

R: Let me tell you something, most of the religious people, especially the born again ones, you know they don't support family planning, they tell you that family planning is not encouraged in the bible. You can even

find the pastor's wife give birth to all the children she can.

I: What about the boys your age; what can they say if they find out you are using the methods?

R: I cannot answer that question.

I: Why?

R: I don't know the answer.

I: Okay, and do you have a boyfriend?

R: We just talk on the phone.

I: And does he know that you are using the methods now?

R: We just talk on phone.

I: And does he know that you are using a family planning method?

R: No, he cannot know I have because we haven't met.

I: And if any case you met him and he knows, how can he view it?

R: In case he knows?

I: Yes.

R: Then I will just tell him that am still young.

I: Okay, and what about your parents, you told me that you live with your aunt and she knows that you are enrolled in the T-safe program, how does she view it?

R: Even she took a family planning injection from those who do provide family planning services in the house, so she also encouraged me that coil has not reacted well with her and so she wants to remove it. So I wanted to ask, if one wants to remove the coil and get an injection, can you accept that?

I: That's a question I will return to you, when you came to the facility, did you talk about such issues?

R: Where?

I: When you were given the injection, did you talk about such?

R: Yes, they...when we went, they asked us, what do you want, we said we have come for the family planning injection, there is coil, the three months method, five years and three years. The three years method is one strand, the five years method is two strands; we say we wanted the three years method then they explained to us and told us that if you get an injection and you see your boyfriend often, then you should not see your boyfriend on the same day because you may get pregnant and say that the injection was expired, they told us that and we followed the instructions they gave us.

I: And did they tell you that you can come back whenever you have any challenges?

R: Yes, they told us that if you start bleeding, you can come back and we won't charge you anything, you come and we give you some drugs.

I: And did you ask them the question on whether you can come back if you want to change the method?

R: No I didn't...my aunt told me about that today.

I: She told you to ask about that?

R: She told me to ask.

I: So for now I won't have that answer and as you said that you were mobilized by Lucy, so you can talk to Lucy and ask her the question; she may refer you to the service provider so that you can know the truth. I may however give you a misinformation because that is not my work, okay?

R: Yes.

I: We also talked about the view of the community towards the hospitals where you receive the services; how does the3 community view the hospital?

R: They view it as a good thing because like I knew about Jamii long ago when I still lived with father; we would come here from the market; they view it as a good thing, even Huruma is viewed as a good thing.

I: And what is their attitude towards the shop where you redeem the TIKO miles?

R: They appreciate is, in fact the shopkeeper appreciates it and even tells you when they call, make sure you pick up the phone and talk to them. Even if they send a message, don't delete them first before you answer.

I: Okay what is your experience about the quality of the sexual and reproductive health services you received when you came to the hospital last week?

R: Kindly...

I: What can you say about the quality of service you received?

R: It was high quality as I told you that I received a three-year implant and I still feel okay to date.

I: So you also told me that you came from lucky summer, right?

R: Yes.

I: And you came to Jamii and didn't find the service here and had to go to Huruma.

R: Yes.

I: So can you say that it was easy for you to access the service or how was it?

R: It was easy because Lucy took me to Huruma from here. I also didn't take too long in Huruma to be served, they served me fast and I left.

I: **Okay, so how long did you take to receive the service?**

R: Huruma?

I: **Yes.**

R: What time is it now...it's about half past eleven, right?

I: **Yes.**

R: And I came here at ten.

I: **Yes.**

R: Yes, I didn't even take thirty minutes.

I: **And what can you say about the kind of service you received from the service provider?**

R: She gave me a good service and then asked for my contact so that she will be able to follow up and she also told me not to do any heavy work on that day until the drug settles in my body.

I: **And can you say the room where you received the service was private and confidential?**

R: It was a private room because we were just the two of us in the room.

I: **And could anyone outside the room hear your conversations?**

R: No.

I: **Okay, and from what you told me, can you say that the information you received was satisfactory?**

R: Yes, it was satisfactory.

I: **Okay, and we have also talked about the question you were told to ask on whether you should come if you want to change a method; so do you still mean the information you received was satisfactory?**

R: How?

I: **you asked me whether you would come back and get a different method if you wanted to change, do you still**

think the information you received was still satisfactory.

R: I cannot say that the information was satisfactory because I haven't had the method for a month, let me have it for a month and if it will still be okay, I will just have it. If I get some side effects, I will just use some drugs to cool it down.

I: **So where will you get the drugs?**

R: I will go back to Huruma.

I: **So are you also trying to say that you will go back to Huruma for the information you didn't get?**

R: Yes, because you told me that you cannot answer the question.

I: **Okay, and were you given a return date appointment?**

R: When to return to the hospital?

I: **Yes.**

R: Yes, they wrote it on a card on when I should go back.

I: **And you also said that you answered some questions; were the questions related to the service you received?**

R: The questions?

I: **Yes.**

R: They just asked about the quality of service you received from the service provider.

I: **And do you have a platform where you interact with the service provider to know how you are coping?**

R: Yes, as I told you that the service provider gave me her phone number.

I: **And have you ever talked since she gave you the phone number?**

R: Yes, we even met yesterday and she asked me how I was doing I told her am doing okay, I haven't had to for a

month but so far I don't feel any dizziness as people do say.

I: How was your interaction with the service provider with regards to your decision making?

R: My decision making?

I: Yes.

R: I was just given the information and I made the decision to join TIKO.

I: And when you went for the implant, did you say you wanted the implant or did you first talk...?

R: We talked and they asked us, which method do you want...?

I: How many were you?

R: We were three girls.

I: Were you all inside together?

R: Yes, I was brought by Lucy and I don't know the names of the other girls, they were all in there.

I: So you were given the information together?

R: Yes, and all the other girls took the three years' injection as well.

I: Okay, why did you all decide to take the three years method?

R: We thought the three years was⁹ better than the three months because you may forget, like I personally can forget.

I: Okay, and did the service provider advise you to take that method or did you decide to take that method independently?

R: The service provider only gave us the information and asked us what method we wanted and we said...I went and told the service provider that I wanted the three years method then the others also asked for the same.

I: And did she tell you about the other methods?

R: No, she didn't tell me.

I: **Such as injections, pills and the like; did she tell you about those?**

R: Yes, she told us about the pills but we didn't want them.

I: **What about the coil?**

R: Yes, she also told us about it but I didn't want to use it.

I: **And what have you learnt since you joined ITH that can help you achieve your future goals in life?**

R: I don't know anything about that.

I: **Like let's say, since you joined ITH, what can you say T-safe has made you learn that will help you achieve future goals in life? Has joining the platform helped you in any way?**

R: Yes, it has helped me.

I: **So how will that help you achieve your dreams?**

R: As I have told you that I am new to the program, so let me just keep using it, I will see where it will lead me.

I: **And do you think now that you are using implant, it can help you achieve your dreams...do you have dreams in life; so how will using the implants help you achieve your dreams?**

R: That three years' implant?

I: **Yes.**

R: I will pass that question.

I: **Okay, and what can you say you have learnt since you joined T-safe?**

R: What I have learnt in what way?

I: **Like since you joined T-safe, is there anything new you have learned?**

R: Yes.

I: **Yes, that's what I want to hear about.**

R: Yes, I have learned something and now I can go and redeem the points after answering questions using the line.

I: **Anything else you have learnt since you joined ITH?**

R: I have learnt a lot of things.

I: **Such as?**

R: The ones I have told you.

I: **Okay, and how has the ITH helped adolescents with the challenges they faced when accessing sexual and reproductive health services?**

R: Adolescents like us?

I: **Yes.**

R: It has helped us...I don't know how to tell you this...it has helped us in that, you give us commodities; I wanted to ask, is this program going to continue or will it stop?

I: **That's why I want to know, now that you have enrolled...before, there was no T-safe and you didn't know about it either, right?**

R: Yes.

I: **Can you say that there were challenges the girls faced when accessing these services then?**

R: Yes.

I: **What challenges were they facing and how has ITH solved that?**

R: The girls were facing challenges such as, one may not have money or the parents are unable and you are in Nairobi where jobs are also not easily found; so you may say that I would rather look for two or three lines...or maybe I don't have soap or applying oil or Always, I would then get them. Yes, this program is like some program back home which I had joined, it's called Afya Plus, it's for the poor, so they help the orphans.

I: Okay, and you told me that you would tell your friends if you joined; have you told your friends about it?

R: Yes, in fact I have taken them to Huruma.

I: How many have you taken there?

R: Girls?

I: Yes.

R: I have taken Mercy, I have taken Wamoyo, I have taken Nancy, I have taken four girls there and they took the three months' injections.

I: So what exactly did you tell them?

R: I told them that a woman took me there and I was given an implant. They asked me, is it painful, I told them no and that when they insert it you feel a little pain. They told me that Brenda, we will ask you one day so that you can take us. So one day we went the four of us I included, we went to Huruma, and they were advised and I also had a phone, so everyone had a line; they each left here with eggs.

I: Okay, and how did they view the service?

R: They were happy and they even answered questions.

I: Okay and how can you say you have been involved in the ITH program other than mobilizing the girls, is there anything else you do?

R: For?

I: In T-safe, are you involved in any other way?

R: No.

I: You told me that you do give feedback, like they ask you questions through the phone and you answer; so how many times have you participated in that platform or was it just the one time?

R: No, there was a first one...I told you that I have participated three times, so I answered for the first time, second and this was the third time.

I: **So would you visit the Huruma clinic again for service?**

R: Yes.

I: **Why?**

R: In Huruma?

I: **Yes.**

R: I will go back there if I fall sick...or what can I say?

I: **Yes, can you go back there if you had a problem?**

R: Yes.

I: **So I wanted to know your reasons.**

R: I can go there if I don't feel well or I feel dizziness or weak and someone tells me it's because of the implant so I have to go to the service provider for medication. You can also be sick, not necessarily due to family planning, you can seek treatment there.

I: **And is there anything else that can influence you to go back to that clinic? Let's talk about their service, can the quality of service provide influence you to go back there?**

R: Their services are good as I told you because I haven't seen any problem with the service.

I: **And in the absence of ITH, where would you seek the sexual and reproductive health services?**

R: I don't know about that because I hadn't sought it since I hadn't heard about this program.

I: **so you wouldn't have known where to go?**

R: Yes.

I: **What about now...do you have any idea on what you would do now?**

R: Not yet.

I: Okay, and do you think other girls like you who are under T-safe face the same challenges of not knowing where to seek the services?

R: Girls?

I: Girls of your age...like you say that you currently don't know where you would seek the services in the absence of T-safe; do you think there are others who also face the same challenges?

R: Yes, there are others but I am not close with them and I don't know who they are.

I: And what suggestions would you give to stop such issues in that even in the absence of T-safe, girls can still access the services?

R: Services such as?

I: The health services.

R: The protective ones?

I: Yes.

R: In the absence of this program?

I: Yes.

R: They can go to Jamii or Huruma, Mudika.

I: So even in the absence of T-safe they still do provide the services?

R: That's why I have said that since you will leave for them the syringes, they can be used to serve the others.

I: Okay, now I get you. And do you think there are difficulties in accessing these services in the absence of ITH?

R: ITH in what way?

I: Okay, you are used to T-safe...in the absence of T-safe, do you think the services are difficult to access?

R: Yes.

I: Why do you say so?

R: I am saying the reason why the services are difficult to find is that for one to give you the injection...I do hear that the three months' injection cost a hundred shillings at the chemist, I don't know how much they charge for the three years' implant; so if you don't have money and you want to plan your life, what will you do; so you this program has really helped us because you may serious lack money, what will you do. Even most girls give birth because they don't have money or their parents are poor, what they can do...they will fall in the traps.

I: Okay, I think we have come to the end, thank you very much for your contributions; I don't know whether there is anything you would like to add to our discussion?

R: No.

I: Or if you have a question...

R: No.

I: Okay, so I really appreciate.

R: Okay.

[End of audio]

Notes

The interviewer did not probe the respondent on how she chose the clinic or provider to visit.

File name: ITH_R2_NAI_MAT__URB_003_ADO_001_7519

Duration: 00:50:25

I: I am very grateful for you agreeing to participate in this research, as I have told you my name is Wilkister Atieno from APHRC. So as I told you while we speak we should not worry about anything.

This is Wilkister Ombeti interviewing Adolescent user ITH-R2 Nairobi Mathare, urban setting, interviewer number 003, adolescent number 001 of 6th of May 2019 at a facility called

Bundika nursing home. Starting 11:05. Okay so we have agreed that we can speak in both Kiswahili and English.

R: Mm-mm... (Affirmative)

I: **Okay, so if I ask you any question that is not clear just tell me and I will repeat in English.**

R: Okay.

I: **And even in your responses-**

R: Just use English I will understand easily.

I: **You want me to use English.**

R: Yeah, I will understand easily, Kiswahili is tricky.

I: **Kiswahili is tricky for you.**

R: Yes a little.

I: **Okay, so English is good, you are an English person. So we will continue, I had asked to interview you in Kiswahili but you have said you are comfortable in English. Even so we can still use both languages, okay. So to begin please tell me how you got to know about T- safe platform, I would like you tell me all that happened from the time you learnt about T-safe until the time you visited the clinic on the project of ITH or T-safe. Do I read in English too?**

R: No, it's okay.

I: **You understood.**

R: Mm-mm... (Affirmative)

I: **Okay.**

R: Okay, I learnt about T-safe through [unintelligible 0:02:58], like last year she was mobilizing people. There was a shujaaz event, where Empress came and at that time, she mobilized us telling us please come that there is an event happening. Then we came and we were taught about T-safe, the way it works and we were given bundles with numbers you could use. Then after being educated and going back home and being given bags and the T-shirts, we sent the code and we were told we were

registered then we were told to come here where we could get all the services. That's when I knew about T-safe.

I: Okay, what type of event was it?

R: It was an event that brings the youth together, the girls. So it provides them with services, like on that day they made our make up to be appreciated as girls, after that there was entertainment, after entertainment, we were given some snacks and some money and we went home after being educated.

I: Okay, who organized that event?

R: I don't know really but Spins just invited us.

I: Who is Spins?

R: Like the person who told me to come here.

I: Okay, the mobilizer.

R: Yeah, the mobilizer.

I: Okay, what was the name of the event?

R: Like, it was like T-safe, the T-shirts we were given were written empress.

I: Empress.

R: And then there were bands and bags that we were also given.

I: Wristbands?

R: Mm-mm... (Affirmative)

I: Okay.

R: Written the code you could use. Even the T-shirts had the code you could use to get into T-safe.

I: Now from there how was it until you came to the clinic?

R: When we used that code, they asked for our names, age, place and then we were told to send the word clinic or any other option, we were given options. So I was interested in knowing how they work so I immediately clicked on the clinics that are around and I found Bundika is around. So I came here and got service, yeah.

I: Who directed about the clinic?

R: The clinic was on the phone.

I: **Oh, from the phone, okay. Did you have any challenges while registering on that platform?**

R: No, it was just direct. We were told to send that number then after that, the more you answer the questions the more the questions kept coming. The more you answer the more the questions come.

I: **Any challenges while using the platform.**

R: I did not see any challenges, yeah.

I: **Did you find it easy or difficult?**

R: Like for me it was easy, the way they used their language was comfortable, so I saw it was good.

I: **Okay, can you tell me how you felt when they took your photo for you to join the ITH program. ITH means In Their Hands or T-safe. I don't know how you call it.**

R: I did not see anything wrong because it was fun and we were comfortable.

I: **With being photographed?**

R: Mm-mm... (Affirmative) everybody was enjoying themselves.

I: **can you tell me what attracted you or made you join this program.**

R: Like someone can get services and then the clinics are more nearer, and then the clinics are friendly.

I: **Clinics are.**

R: Friendly.

I: **Friendly, please elaborate more about-**

R: Like they are more comfortable if you come, there is no harassment or being judged, like if you ask questions they answer you, they welcome you, yeah.

I: **Okay, who welcomes you?**

R: The person you've come to get service from.

I: **Anything else that influenced you to join this platform?**

R: What influenced me was that in some hospitals, you don't get that opportunity and then they are overcrowded. Like there they have secluded a place you can come and talk to someone, get counselling, yeah it's very comfortable.

I: **You've said that in other places you might not get the chance to get those opportunities, opportunities like what.**

R: Like you know public hospitals they are... those other hospitals people are many and it is very hard for a doctor to get the opportunity to talk to you, so it's like here you are referred and if you come here you are directed and you are told this person will serve you, it becomes more easier.

I: **Easier, very nice. Please tell me the role of the mobilizer, you said you were directed here or you joined the program through Spins. Please tell me if Spins as your mobilizer contributed to your attraction to coming here for services.**

R: Yeah, the more she approached me and talked to me I was like wow, I am interested; why not try it, yeah.

I: **Okay, and influence through social media for example Facebook, can you tell me if you were influenced by that.**

R: According to me, it reached people who do not have that opportunity. Like there was a day I came here to get services, then I found a certain girl who wanted to get that service but she wasn't under T-safe and it was very hard to get that service, yeah.

I: **Are there those people who are attracted to joining this T-safe platform because there is something called Tiko Miles or incentives, or payments for example. Can you tell me if that also attracted you.**

R: That also attracted me, it really attracted me but not that much because my main objective was just to come, get that service. Because of Tiko Miles like I have them but I have never shopped with them.

I: You have never.

R: I have never shopped with them.

I: Tell me more about that.

R: It is good because let's say me as a lady I want to make my hair but I don't have money, like I will use those Tiko Miles to go and buy braids and find money to braid, its good and it really interests me.

I: So I would like to know what you understand about Tiko Miles. What is Tiko Miles?

R: Tiko Miles is just a point whereby if you go to the clinic you get that service and then your Tiko-Miles increases. Those are like points and then they turn into money you can use them in shopping.

I: Even so you have told me that the presence of Tiko Miles did not attract you so much to join the platform, you were just interested. Can you tell me if there are any reasons that have made you not to use your Tiko points?

R: There is no reason, like sometimes, I want to use my Tiko points but I get held up and I don't go. What makes me not to use it most of the time is the distance between where I stay is a bit far from here in Bundika, and you know the main is supposed to be like you come here to Bundika then go shop with your points. So there is only one shop here. That is what hinders me mostly and the place I come from is a bit far. So it would be much easier if they brought us one that is close to us that would be very nice. That is what hinders me most of the time from using Tiko Miles.

I: That is what hinders you?

R: Yeah.

I: The distance to the shop?

R: Yeah, the distance to the shop is what hinders me from using my Tiko Miles.

I: So if we estimate the distance of the shop from where you stay, how far is it for example?

R: Like you know from here until, I don't know if you know a school called Hedmari.

I: How many miles is from Hedmari from here, or how many kilometers?

R: I don't know.

I: I am not very familiar with this area but you can tell me.

R: While walking from here to there you can take forty to thirty minutes.

I: Forty to thirty minutes.

R: Yeah, while walking.

I: While walking. While going with a motor bike or any other means?

R: Its forty minutes on foot.

I: And how much do they charge on motorbike.

R: Fifty shillings.

I: Fifty shillings, so you find it far that's why you have not tried using your Tiko points.

R: Yeah.

I: But you have them?

R: I have them.

I: Okay, can you tell me if there is another reason for not using your Tiko points.

R: Just the distance.

I: Even so you have told me you understand the benefits of Tiko points, girls' are-

R: It helps a lot. There is a girl who told me that she went and shopped with hers, she even came back with oil and braids.

I: Oil and what?

R: Braids, for making hair.

I: Braids for making hair, she was given from the points.

R: Yeah, from the points.

I: **Okay. So please tell me what has been your experience from interactions with different media of ITH for example sms, Facebook and any other networks that you know.**

R: I don't understand.

I: **You've not understood. Can I repeat in English?**

R: Yes.

I: **Please describe your experience of interacting with the T-safe platform for example through sms, Facebook or other media. You understand.**

R: Yeah, it has been good because the more you ask questions the more they answer, the more you ask the more they answer. Even if you ask through sms like clinic near you, it will bring them immediately if you ask how many Tiko Miles you have it replies immediately. It is much easier; they don't take long like one hour to respond no. if you send the message immediately the feedback comes.

I: **The feedback comes.**

R: Yeah immediately.

I: **So you like that.**

R: Yeah.

I: **Anything else you like apart from the quick response on your questions.**

R: Like in the past clinics were far but now even they are still far but they have come more nearer.

I: **What do you mean by clinics have come more nearer.**

R: Like even shopping places have come nearer. In the past when you had Tiko Miles, you had to go to "Mlango" but now we have Tiko miles around, in our area.

I: **In your area.**

R: Yeah like even if it is in Huruma it has come closer, we don't have to board a vehicle and go to Mlango to shop. We just come on foot until here to shop.

I: **Where is that?**

R: Here, initially we used to go to Mlango but now they have brought it closer to Bundika, where if you come from the clinic you get your points then you go to the shop.

I: **Okay, so if I take you back a little you said that you had not used your Tiko points because the shopping area is far. So I don't know if I understand, but you are now saying it is close.**

R: Like you know in the past you had to board a vehicle to go shop but now even though I stay far I don't have to board a car, I can walk or take a motorbike to get here, like it was much further.

I: **Okay so the forty minutes you were saying is for now, initially it was more.**

R: More.

I: **Okay, I understand you now. And how did you choose the clinic or the service provider you visited recently?**

R: I just sent the word clinic and they brought me the nearer clinic.

I: **Nearer.**

R: That's why I realized it was Bundika.

I: **Okay, so the distance is what made you choose Bundika?**

R: Yes

I: **okay. I don't know if there is another reason that made you chose to come here and not another clinic. Apart from the distance.**

R: There is nothing.

I: **I will ask you about the working hours, did it influence your decision to come here.**

R: No.

I: Okay, what about the type of services, did it contribute to your choice of this place?

R: No.

I: Okay, anything that you might have heard about this clinic that maybe attracted you to say "I will go to Bundika".

R: No.

I: What about suggestion of the mobilizer, did she suggest you come here?

R: No

I: So you just found the name from the media and saw it was good because it is close.

R: Yeah.

I: Okay, please tell me your experience on the sexual and reproductive health services that you receive on the T-safe platform.

R: Please repeat in English.

I: You want me to repeat in English, okay. What was your experience with the T-safe platform and the services provided.

R: It was good, like it was amazing. Before they give you service they tell you about it, they are good about it, the side effects, everything then if you are comfortable you are given, and if you are not comfortable you are given another alternative that you yourself feel like I am comfortable with this one, let me go with it.

I: Okay, now here we are talking about the T-safe platform, the services that you saw there, not in the clinic. Now that is why I am asking what has been your experience been like with the T-safe platform and the services that are there.

R: They are good.

I: They are good, can you elaborate.

R: Just like I said even through the media you are told these are the services offered and then you decide yourself.

I: **Okay, what are some of the services?**

R: There is counselling, HIV testing, there is implant for family planning, yeah.

I: **Okay. So you said it was amazing.**

R: Yeah, because they give you all the ideas so it's up to you to choose.

I: **Okay. So you have told me the types of services you get from the T-safe platform like counselling, HIV testing. I don't know if there are any other services that you've not mentioned.**

R: Unless I have forgotten but those are the ones I can remember.

I: **Okay, so tell me reasons that can make you use ITH services.**

R: Please repeat in English.

I: **What services have you received and for what reason do you receive those services from the platform.**

R: Okay like the first service that I received is HIV testing, that is I wanted to know my HIV status and how to... even if I was positive or negative for me to know how to handle my status. If I am negative for me to know how to maintain my negativity and if I am positive how I maintain like living a healthy life. Another thing is counselling, counselling like any question that you have and then any problem that you have and then you tell them and they know how to handle you.

I: **Very great, let me ask you in another way. What do you use ITH platform for? What do you use it for, the platform?**

R: Like using it, like while asking questions like if have chosen the counseling session, they give you the person you can talk to then you ask that person questions then that person gives feedback.

I: **Okay, so you use it to get feedback about your questions.**

R: Yeah.

I: **Any other reason you use it.**

R: Only that.

I: **How frequently do you use it?**

R: Like anytime that I have anything in mind or any question or something that is hindering somebody somewhere. I just go there and I find an answer there then I know how to solve the thing.

I: **Okay, for example let's say in a period of one week, which is seven days how often will you have used it, or in a period of one month, how frequently will you have used it.**

R: In a month, I will have used it like four times or five.

I: **Four times, four to five times in a month, okay. And what suggestions can you provide for improving this platform.**

R: Like suggestion to improving the platform. Like where they can call people and talk to them one on one. Like where people can talk to them. Like on the phone they give out numbers not just sms but people can call and talk to them.

I: **You want to talk to a person.**

R: Yes.

I: **Not to talk to a machine.**

R: Yeah.

I: **Okay.**

R: Whereby if you call that person, that person can answer you, you can ask any question, feel comfortable, yeah.

I: **Okay, I understand that. Any other way through which you think this platform can be improved.**

R: Let's say for example, like if they find someone has an issue and has asked a lot of questions they can call that person and have a meeting. They can give them ideas, just talk to them and it will be okay.

I: So you are looking for a situation where people who have asked so many problems, has questions about particular issues. So you want those people to come together plus you so that you can interact physically.

R: Yes and find a way to solve those problems.

I: Very beautiful point. I don't know whether there is something else or another way of improving this platform. Any other suggestion

R: Not really, but also like let's say for example this Bundika is also here, they find another clinic like somewhere there in Mathare, this is in Huruma also in Mathare but nearer to other people. Like me in my area, this is not my area I leave in another area, like they come find another hospital there, they put another shop there, where other people can also reach, more nearer. It will be more comfortable.

I: You said you stay in Mathare.

R: I'm living in Mathare but this side is Huruma and I stay in another part of Mathare.

I: So you want a clinic like Bundika to be taken to Mathare.

R: Yes, because like there is one in Huruma but the other part of Mathare 4B there is none totally.

I: You told me that this clinic is youth friendly, what do you mean by youth friendly.

R: Like there is privacy, most of the youth we don't like publicity. Like most of the people, let me say this Bundika most of the people living around it don't come here.

I: You will find..

R: Most of the people living around here don't here they go to other places.

I: Oh, they go to other places.

R: Because they are afraid, that these people know them and if I do something and come here, this person will talk about me.

So you find that other people from my area maybe will come here and then people from this area go to another place. This one is more comfortable and more friendly, it doesn't have publicity. So you find most of the people come here, the service they require they get it easily.

I: okay.

R: Yeah.

I: People like whom?

R: Like youth.

I: Oh, you mean youth.

R: Yeah.

I: Okay, what are the views of the community members on the services of T-safe and the girls who use these services?

R: I have not seen any negativity; it has been on a positive manner because they see girls getting Tiko Miles and then they shop with them, it is a better way.

I: So you are saying that the community are positive about it.

R: Yeah, they are positive about it.

I: And you are talking about the Tiko Miles that girls get assistance. Is there any other way that shows that the community is positive. What other reason says the community is positive what have you seen?

R: Like according to me I have seen it is positive in that most of the girls who want that service get it here, and it hinders like pregnancy. Like if you tell someone about family planning then you tell her instead of doing this just protect yourself or use condom or family planning methods. Alternatively, get P2 or implants, which reduces girls rate of pregnancies in the area and it has been a good impact.

I: So if I understand you are trying to say the community feels that these services reduce the number of girls' who get unwanted pregnancies.

R: Yeah.

I: Thank you very much, please tell me your peers, girls your age what view do they have on T-safe services.

R: Most of them are in a positive manner because when they come here they get that service. Like when they come wanting the counselling, they just come and get that counselling because it's in a free way and they don't pay money, even for family planning.

I: Okay, so they find it useful because they are served free of charge.

R: Yeah.

I: And you were telling me that girls or young people do not like publicity.

R: Yeah.

I: How about that.

R: They don't like...Let's say someone from her area or my area works in that place and then I want family planning, I will not go to them because I am afraid that this person will talk about me. That mindset that this person will announce that I am on family planning, so I will have to go another place.

I: How does that happen here, tell me about the publicity? Are they good at keeping people's secrets here or how is it.

R: They are very good at keeping people's secrets.

I: This place is good.

R: Yeah.

I: You told me when you get to the reception you do not line up, you are directed.

R: Yes, where you are supposed to go.

I: Tell me how parents view these services for the youth, the T-safe services.

R: The parents like in a counselling manner they view it in a positive way.

I: Parents are positive.

R: Yeah.

I: Okay, what do we mean positive?

R: Like they don't take it negatively, they don't take it negative they take it in a positive way. Like you find a child saying "mum I went for T-safe in Bundika and I got counselling then I was given points to shop with", the parent will be very happy.

I: The parents will be happy.

R: So much.

I: Is this parent the mother or the father?

R: Most of them are moms.

I: Are moms.

R: Yeah, because you know fathers are not always there.

I: Where are the fathers?

R: Most of the time they are at work.

I: Okay, and the teachers how do they perceive these services.

R: Teachers support because it reduces the high pregnancy of students in school and they maintain students in school. Because even there you can get pads with Tiko Miles and that even helps girls in school, if you have the pads.

I: Very nice. And what about the religious leaders?

R: In that perspective, I have not interacted with that since I started.

I: As we continue, please tell me the quality of sexual reproductive health services you got.

R: In English please.

I: Tell me your experience with the quality of sexual reproductive health services you received recently. You said you have not received services today but you received recently. How recent?

R: Last month.

I: Last month.

R: Yeah.

I: Early, in the middle or in the end?

R: In the middle.

I: In the middle, okay. Then tell me your experience with the quality of sexual reproductive health services you received the last time you came.

R: It was amazing because before I take it they educate me on it then I decide on my own to take it.

I: Okay, so they educated you?

R: Yeah.

I: Okay, and therefore you say it was amazing. And can you tell me if it was easy getting the services?

R: Yeah, after being educated it was much easy.

I: Okay and support of the provider, provider is the person who offered the services. What kind of support are you able to talk of?

R: Support like that being educated.

I: That being educated.

R: Yeah.

I: What did that education do to you?

R: Like something, I did not know about it then after she explained everything, it was much easier. Explaining the details, how it happened, how it works, yeah.

I: Tell me if you were in a position, for example to give me an example of something you did not understand but depending on that education, you understood.

R: Like something like family planning.

I: Yes

R: like most of the people take it in a negative way, like after family planning you cannot give birth. But if you are being

educated about it and you use it in a right manner then you are good to go.

I: What service did you get that day, the last time you came?

R: The last time I came, it was just getting pills.

I: Just getting pills.

R: Yeah.

I: Tell me about confidentiality the day you came. Did you get service in a private place?

R: Yeah, it was in a room.

I: Okay, it was in a room.

R: Yeah, it was comfortable.

I: okay, you have already told me you were counselled and was satisfied with the counselling you were given and you were told about the service you received, okay. So tell me whether you were given appointment for follow up, when to come back to the clinic.

R: Yes, I was given, they even wrote it down.

I: Has it reached or not?

R: Not yet.

I: it hasn't reached, okay. How satisfied were you with the waiting time to get services.

R: A hundred percent

I: How much time did you take before you were given the service?

R: Not much longer, because I got to the reception and they talked to me after that I was told okay then we went to the room, it did not take much longer.

I: How many minutes for example?

R: Like let's say thirty minutes.

I: Thirty minutes, okay were you good with that?

R: Yes, I was comfortable because like she was slow, patient with me and answered my questions.

I: Okay, very nice. So the person who gave you services listened you, answered your questions.

R: Yeah.

I: So you were comfortable.

R: yeah.

I: Nice. So how was your interaction with the service provider on that day regarding decision making on the service you received.

R: He let me choose on my own after telling me everything, then she told me if you are comfortable go with it if you are not comfortable it's up to you. Not forcing but just being patient with me to decide.

I: So what were you told for you to arrive on that decision?

R: The way she talked to me, the she told me the use.

I: The use, okay. So you received the pills, were you only told about pills or?

R: No, every method.

I: Every method.

R: Yeah so, I reached my point and decided okay let me go with pills

I: Which methods for example?

R: Like implants, cd(condom), yeah.

I: And you decided on your own. So your satisfaction with pills is what made you decide it's not that the service provider assisted you in any way.

R: Yeah.

I: What would you say you have learnt since you joined the ITH or T-safe platform that you can say will help you achieve your goals in future?

R: Like being educated about the family planning, how to protect myself against HIV, against pregnancy until I reach where I wanted.

I: What do you mean where you wanted?

R: Like to achieve my goals.

I: Kindly explain to me a bit of that.

R: Like when I went to the clinic being counselled if I have any issue, knowing my status then being that those methods help.

I: So you joining the T-safe platform has helped you in knowing your HIV status.

R: Yeah.

I: Any other benefits you've received.

R: Like getting Tiko Miles.

I: Tiko Miles that you have not used.

R: For people who have used it I have seen their experience is awesome.

I: Okay, something else that you've learnt that can help in your future.

R: I have learnt how to handle myself then I can also talk to people to handle themselves when they have a problem.

I: Okay, handling yourself in what way.

R: Like being negative after getting to know your HIV status and living a good life.

I: Okay, staying negative.

R: Yeah.

I: Okay, I don't know whether there is something else you have learnt by interacting with the T-safe platform that we have not touched on.

R: Not much maybe I have not thought of others.

I: Okay you have also told me that you have learnt about how to keep yourself safe from pregnancy?

R: Yes

I: so how have you learnt you can do this?

R: By using just contraceptive methods or abstaining.

I: By abstaining. So by either using contraceptives or abstaining.

R: Mm-mm... (Affirmative)

I: Okay, you can abstain from food, abstaining from what.

R: Sex.

I: Sex, okay. Now how has the ITH platform helped with any of the challenges or barriers to adolescents in accessing sexual reproductive health services? I can read in Kiswahili too or you understand.

R: I understand.

I: You understand, maybe we can mention the challenges that adolescents face when they want to access sexual reproductive health or modern health. Challenges or barriers.

R: Let's say peer pressure, there is peer pressure and then they influence you into having sex. If you get someone with peer pressure, you educate that person that is being counselled, yeah. If you counsel that person, it becomes much easy.

I: So peer pressure is one of the challenges or barrier to access. SO what do you mean by peer pressure?

R: Peer pressure goes hand in hand with low self-esteem whereby if someone does not believe in herself like she follows what people say.

I: Oh, they follow what people say.

R: Yeah, they don't believe in themselves, their self-esteem is not that high that they can say this is bad I cannot do; let me do it in my own way, not following other people.

I: Okay, following what people say, you say peer pressure. In fact, I forgot to ask you what the boyfriends and young men say about girls who access T-safe.

R: I have not seen negativity because what we usually do is private.

I: It's private, so you have not come across boys who say anything.

R: Yeah.

I: Okay, so the barrier you have mentioned is peer pressure. What other barriers or challenges girls face when they want to receive T-safe services.

R: Lack of confidence.

I: Lack of confidence, please talk about it.

R: Like they don't have the courage enough that they are supposed to join the clinic to get that service.

I: They find it hard to go to the clinic and receive services. Any other challenges? Barriers, those things that prevent girls from receiving those services

R: I only know of the ones I have said.

I: Okay. So how do you think those challenges that you have mentioned can be helped.

R: Just by talking to them, counselling them.

I: Counselling, for example peer pressure you have said counselling, lack of confidence the same counselling?

I: Okay

R: Yeah, just being counselled. Are we almost?

I: Yeah, we are almost. What do you think can make it easier for girls to go get those services?

R: Like if they are much nearer.

I: If the clinic is nearer,

R: Yes

I: Although you told me some girls do not like to go to a nearer clinic.

R: Not everyone, a few.

I: Few, okay.

R: And when they have that motivation.

I: When they have?

R: That motivation.

I: **Motivation. Anything else?**

R: Nothing.

I: **Tell me whether you have informed your peers, girls your age about the ITH platform.**

R: Yeah, even the bundle that I had I was just showing the number then they go through it and also sms it, yeah.

I: **Okay, so you have been encouraging them by showing them the bundle and all that.**

R: Yeah.

I: **Okay any other way you have been encouraging them.**

R: Any information that I get from there I usually share.

I: **Okay. So what information do you give them?**

R: Like if I have a problem and ask a question then I get the answer then I share with them.

I: **What has been their response?**

R: In a positive manner because after you share with them someone tells you" Queen, how can we handle this and this?" and if I don't have a response I ask there and give them the feedback.

I: **Okay and how have you and adolescent girls in your community been involved in the T-safe project. What are you people doing?**

R: We are doing like how?

I: **You and girls your age in this community, how are you involved in the ITH project.**

R: You see like any event that comes up Spins usually invite us, they normally invite us in their forums.

I: **Oh, events. Like which ones?**

R: Like anything that comes up like talks or being taught about anything, they invite us.

I: **So when you are invited, exactly what do you do during that event?**

R: Like being educated.

I: **Oh, being educated. But you have also told me that you educate others.**

R: Mm-mm... (Affirmative)

I: **Okay, and giving feedback on services that are offered. ITH services tell me if you do that. If you tell other people about the services.**

R: Yes,

I: **Whom do you tell?**

R: if somebody asks you like if your fellow peers ask you then you tell your peer. Maybe that person is interested.

I: **Okay and you have also told me that you've been encouraging them to join the T-safe services. What do you tell them is good about T-safe?**

R: The services.

I: **The services. We are almost there but tell me which services you talk about when you are encouraging your peers.**

R: Like that being counselled, any questions that you have can be answered and then knowing your status also, it is a private way that you can know your status.

I: **Okay. Would you attend this clinic again?**

R: yeah.

I: **Please tell me why.**

R: Because the service are amazing.

I: **What do you mean amazing?**

R: Like they are friendly.

I: **They are friendly. We don't mind repeating ourselves because this is very important. So when we talk about services being friendly what is the nature of services here.**

R: Like that's why I will repeat it on counselling, the way they talk to them. You ask them questions even though you have not

understood and then you ask again they will be comfortable to answer you back.

I: Okay, very nice. And are there services you are still looking for or you want to take up in the future. Other than what you have received are there services you are still looking for?

R: Like reaching out to people, like they create an event where they can talk to people, counsel them outside there, like involving them in like entertainment something like that. Make them feel more comfortable and more enjoyable, yeah. Like not only in the hospital but also in just going outside there, playing with youths, knowing their issues, it's much better.

I: You want all these hospital staff to be going out to reach out to people.

R: Yeah, counsel more girls. There are people that have not been reached yet.

I: Any other services you are still looking for in the future. You are not receiving them now but you hope to receive them in the future.

R: Like breast cancer testing then the Vaginal.

I: Any other thing?

R: Even the cancer as a whole, yeah.

I: Breast cancer, vaginal testing.

R: Yeah.

I: Any other?

R: Only those.

I: Okay. Now I am asking my last question and I will miss you but let me just ask. In the absence of T-safe services, where would you have sort SRH services? If there were no t-services here, where would you get services?

R: For me I would have stayed with anything that I have because most of the hospitals when you go are not youth friendly they

always harass people. So for me I wouldn't have gone anywhere.
For real, truth be told I wouldn't have gone anywhere.

I: You have told me you would have stayed with what you have and that is what I don't understand, what does that mean.

R: Like any problem that I have even that going to being tested I would have just stayed, I wouldn't have gone to know my status. Because in public hospitals people are so many, it's always difficult to get that doctor who is willing to chip in, to help the youth.

I: You wouldn't have gone anywhere; you would have stayed with your problems.

R: Yeah, the truth be told.

I: Truth be told.

R: Yes.

I: And you are talking about the possibility is a public hospital and a public hospital would not have been possible. What do you mean?

R: In a public hospital, you find that people are so many, the doctors are only concerned with treating you then they go. The thing of counselling and all that they don't have the time.

I: They don't have the time.

R: They don't have the time, even those public hospitals that you get a partner like there are just youth volunteer that are willing not those doctors that are willing to help people.

I: Okay, so that's the problem you see with public hospitals and you wouldn't go. But there are also private hospitals, you wouldn't choose to go?

R: In private hospitals, you must pay and then those amounts are always so high.

I: Okay, so you are saying if you go to public hospitals there are many people and you queue up and you don't like it. And then you are saying the doctors don't have time.

R: Because like they see ten patients in a day and they are always exhausted even finding time to talk to that person is always so hard.

I: It's always what?

R: It is always hard.

I: It is always hard, so you would have not gone.

R: I would not have gone because even in that private hospital just seeing the doctor you have to pay a certain amount of money and it is not a joke.

I: What is not a joke?

R: It is not a joke like if you want to see the doctor you must pay money.

I: Money is not a joke so you would have stayed.

R: Yeah getting that service is another amount of money.

I: Thank you so much for your time, for communicating well and I am very grateful for taking your time to listen to us and for accepting to come and participate in this research. I have asked you many questions now I want to give this opportunity if you have any questions concerning what we've talked about you can ask.

R: According to me, I have no questions, just saying thank you for your time and for calling me to answer those questions, I know it will help somewhere.

I: Yes, it will help a lot not just helping but also helping a lot, and we are very grateful. Thank you so much.

[End of audio]

Notes

The interview is audible. All questions asked with relevant probes

Conversations in the background may be causing distractions
Respondent preferred English although the interviewer seems
comfortable using Kiswahili

File name: ITH_R2_NAI_MAT_URBAN_003_ADO_NO_SERV_001_6519

Duration: 00:16:10

I: So this is Wilkister Ombidi, RA code 003 doing ITH round two, adolescent interview with adolescent aged nineteen years who registered but did not receive SRH services. Nairobi County done at Mathare Sub County at Mundika maternity and nursing home, this day of sixth May twenty nineteen, starting time is three forty-five. So thank you so much for accepting to participate in this study.

R: Welcome.

I: As I have explained to you, it is for purposes of seeing the impact that this study makes to adolescents and also ways of improving the services to our young girls. So your participation would be of very good importance to us because we shall know what problems for example that will still be making some adolescents not access these services and there then we shall know what we need to do right or we did not do right at that time. So I've also explained to you that am just tape recording for purposes of tracking this information so we don't lose out, but otherwise after I've downloaded we just delete the information and use the tape elsewhere

R: Okay.

I: Yeah, thank you so much. So to begin, please tell me how you came to know about the T-safe platform.

R: So there was a friend of mine who told me that she got a...she was told by a friend there is this company that is giving girls information about...information and

counseling about family planning, HIV and things of that sort. So she told it was a good company and she told me that she got, I think pills from that company and she was tested so she just came to me and told me I should also go and register so that I can find out, if I like it, I can get the services, if not, I will get them when I will be ready. So I just came and registered.

I: So please tell me what happened from the time you knew about the platform to the time you visited an ITH clinic...you did not come to the clinic?

R: I came to the clinic.

I: So tell me what happened, just the process...just walk me through from the time you got to know about it up to the time that you came to the clinic.

R: So I got to know about the platform but you know at first I was scared because you don't even know what you would say and why you are going there because you are just from school and you don't think it's important in your life now at that point. So when someone tells you that you should know about e-pills and HIV testing, you get surprised, how will these help me anyway because first I am not sexually active. So until she told me that I should just go and learn more from that platform then I would know the importance of all those, so that's when I came.

I: So you came to the clinic?

R: Yes.

I: What happened when you came?

R: I got the service, it was good but then it's like I am still not ready for that information so I felt that I didn't need the services then, I would register later.

I: So you said that you weren't sexually active yet?

R: Not yet so I felt that it wasn't very important yet.

I: **Okay, so when you came to the clinic, were you registered?**

R: Yeah, they took a photo...I was surprised why they were taking my photo and wondered whether they wanted to keep it as a record of those who came. But they explained to me...they were so good, they took my photo and registered me but then I told them that as per now am not sexually active so I won't need the services.

I: **Then you just left?**

R: Yes, then I just left.

I: **Okay, now I will take you back a little bit; you have said that you were told by a friend of yours, so what did she tell you that influenced you to join the platform...what did she tell you was good about it?**

R: So you know when you are in adolescence stage you will want to do certain things, so she told me to come and learn more about my status before I do anything. So she told me that if I joined the platform I would learn a lot of things and I wouldn't mess in life, so that's what really interested me.

I: **Okay, so how did you feel when your photo was taken?**

R: I was scared.

I: **You were scared?**

R: Yes, I didn't expect that. Actually I just expected to learn and that's it.

I: **Okay, so...I don't know...it is just what your friend told you that you will learn about it that made you come?**

R: Yeah because you know you would rather learn from these platforms than learn from a parent because a parent wouldn't tell you anything. So I think it's a good thing

I learned from them. Also you learn a lot of things so you avoid some things in life.

I: Like what?

R: Like, you just have to be conscious of what you do, you cannot just have sex anyhow; you get to know the risks of having sex and then I also think e-pills are good because it prevents early pregnancies.

I: Okay, any benefit she told you about when you were enrolled into the platform?

R: She told me that when you join the platform, you are given a card you can use anytime you want, something like that. I don't know whether she told me that to lure me to come or what, I don't know. But then she told me, I think you can buy something like pads...I don't know. But I told her I will go because you have told me, let me just go and check out.

I: So you actually came to the clinic?

R: Yeah.

I: And you enrolled?

R: Yes.

I: Then why did you say that no, I've enrolled but am not taking the service?

R: Not that; sometimes you just decide that am not ready to do these things.

I: You were not ready for these things...

R: But then when am ready I will come and learn everything.

I: What are the "everything?"

R: I am not ready to have sex; I am not ready to...so I didn't think of any benefit then because I didn't want to do such a thing.

I: Okay so I don't know, you have explained yourself so well, the reason you didn't receive services, because

you were not ready, you didn't see how they were going to help you then; how long ago was that?

R: Am sorry it was when I was eighteen years.

I: You were eighteen?

R: Yeah.

I: And now you are nineteen?

R: Yes.

I: So it is just one year ago?

R: Yeah, but I think it will help me now.

I: Oh you think it will help you now?

R: Yeah, am sure it will.

I: What makes you think so?

R: I think... I am just sure it will help me because seeing some of my friends are pregnant; some who just assumed it, I used to tell them, come and learn from this program; so most of my friends were assuming some stuff like what is that girl telling us, if she is sexually active, that's up to her; we learned from school, so I think now one gets to learn the inner details that the ones we would receive at school.

I: Okay, okay.

R: So it educates people more than what we would learn at school of which I would always encourage people to come and register.

I: Okay so the moment you decided okay, you don't want to come for those services, I don't know whether you had already accessed the list of services that are offered through that platform and you went through them.

R: When I heard that there was e-pills and HIV testing, I said no, I cannot do this, in fact HIV testing really pushes people back.

I: Where does it push people to?

R: You fear.

I: **Oh you fear HIV testing.**

R: Yes, and then e-pills you wonder what they are for; you know you never know how important it would be the following day, you only think of the current time; and then when something happens later you say I wish I would have learned about these things earlier.

I: **Okay, so like now you are saying it is important for you to join?**

R: Yes.

I: **Okay, how does the community perceive the T-safe services and the girls who use these services?**

R: How?

I: **How do they see the people, you know, the girls who receive these services?**

R: I think they admire...

I: **The community?**

R: Yes, they admire...at first they criticize and then eventually they become...like they are interested to know more about it and they admire those people a lot.

I: **Lets talk about peers; peers are girls your age; how do they see the T-safe services?**

R: When you tell my age mates about T-safe services, in this generation...

I: **This generation.**

R: Everyone will come to listen.

I: **Everyone will come...they think it is good?**

R: Its good.

I: **How about parents?**

R: Parents wah! Parents don't tell you these things since they are older actually. So you cannot tell her

anything...in fact if you tell her about e-pills they won't be happy with you, they cannot accept it.

I: So how do they perceive girls who receive these pills..

R: Like in my age, I can't go and tell my parent that I am going for these services; you are scared because you don't know how she will react; because she will obviously over-think things and situations. Maybe she will think my daughter is sexually active whereas you are not, you just went there because you want to know more, but parents don't always understand that.

I: How about teachers, how do they perceive girls who receive these services?

R: The teachers encourage.

I: They encourage?

R: Yes.

I: And religious leaders?

R: Obviously they also encourage.

I: Okay, what do teachers say about them?

R: Teachers encourage them because they want to prevent early pregnancies and school dropouts; HIV and such like things.

I: Okay, maybe as we come to the end, please tell me the barriers...things that make adolescents not to access sexual reproductive health services.

R: They are scared, most of the people are scared and then there is also peer pressure; friends tell you, don't go for those services, you have been taught at school and that's enough, such like things.

I: So peer pressure?

R: Yes.

I: Your peers just tell you those things are bad?

R: Yes, why do you waste your time there and yet you were taught at school and that was enough. That's what most of the people say.

I: **Okay, any other barriers? You have said that peers are scared..**

R: They fear being seen.

I: **Being seen?**

R: Yes, because anyone who will see you come here; you have been advised and given all those services so people will have a different mentality about you so you fear being seen. Then you cannot tell your friend that I am going for this service because you don't know how they will feel or react.

I: **So you cannot tell your friends?**

R: No.

I: **Any other barrier...those things that prevent adolescents?**

R: Parents also.

I: **How about parents?**

R: Parents should learn to encourage their daughters to go and learn more about these things at an early age. Right now you cannot tell a parent that you are going to be taught this and this and e-pills, HIV or about family planning; she will start asking, why at this early age; you just finished your high school, you are getting spoilt, you know. So you fear telling your parents.

I: **So are those the mothers or fathers?**

R: Mothers especially, obviously fathers and daughters are always in good terms so you cannot tell you to go and tell your mother.

I: **And your mother gives you conditions.**

R: Yes.

I: Okay, I don't know whether there is another barrier we haven't talked about.

R: No.

I: Okay, and you have told me that if it were now, you would have accepted to join the platform; what have you seen?

R: I think it really helps from how I have seen my friends suffer out here, they don't have knowledge about things; I wish they knew how to prevent these things early. Then I would also wish that you people go and educate people in schools, high schools, and primary; when you start from primary you know one will grow up knowing about them.

I: Okay, so we should start early, we should go to schools and talk about it?

R: Yeah, colleges.

I: Schools and colleges.

R: Yes.

I: Okay, but you are saying if you knew all these things about T-safe you would have joined the platform.

R: Yes.

I: So you are now...do you feel like you would want to join?

R: Yeah.

I: Okay, good to hear that...not that am telling you to join, you know these things you join because you have a personal...you personally feel that you want to join. So if you want to join then its good, I think you can go to a mobilizer and ask her to bring you here so that you can be registered and you become one of those adolescents. You said you admire them?

R: Yes.

I: Okay, very nice. Thank you very much, your questions are not very many because you have not accessed services; if

you had accessed services they would be a little bit more. Even so, you have discussed well and we have gotten to know why some of the adolescents⁴ register and then they do not receive the services. Do you have any question for me?

R: No, I will make sure I go and register and then you can come back then I will ask lots of questions then.

I: You want us to come back and talk again?

R: Yes.

I: Okay. That would be great; I also thank you so much for your participation.

R: Okay.

[End of audio]

Notes

The interviewer did not probe whether the respondent was influenced by social media to join T-safe platform.

File name: ITH_R2_NAI_RUA_URB_002_ADO_004_28519

Duration: 00:32:14

I: Okay this is ITH round two, NAI RUA URB zero-zero-two, ado zero-zero-four, twenty eighth May twenty nineteen. Marvelyn...

R: Yeah.

I: Welcome to the discussion; as I told you that we would be starting this interview and feel free because whatever we say here will be between us, okay?

R: Yes.

I: So to begin, I would like you to tell me how you came to know about T-safe.

R: Previously I didn't know about T-safe, its meaning or anything about it. The community was going door to door mobilizing girls below nineteen years be taught about T-safe. We were then taken down there to the hall and

taught how a girl can prevent STIs. We were also taught how to girls can prevent early marriages and also about the disadvantages of abortion where we were told that if you get pregnant, just keep the pregnancy but look for a way to prevent the next pregnancy.

I: So can you tell me what happened from the time you joined until the time you were taken for training and then came to the clinic?

R: Yes. At the hall we were taught about T-safe and how we can live in the community, such like agendas on how to prevent pregnancies; we were told that you can use condoms or pills or an injection, you choose one that fits you. So after that, I chose an injection and I was referred here to Jamii. When I came here I told the doctor and I was given a three-month injection.

I: So when was that?

R: I came here on Tuesday last week and was given an injection but we are always taught regularly. Even last week we were at the hall. As I told you that I used to use pills but I realized I kept forgetting to take the pills so I decided to come for a three months' injection which I got on Tuesday last week.

I: So when did you first join T-safe?

R: My first time to join T-safe, let me say, it's been three months now.

I: So you said that you started by using pills.

R: Yes.

I: And how long have you used the pills?

R: I used the pills for around one month. When I used them, I didn't have my monthly periods. When I had stopped using it, I would have my periods for three days then it now becomes sporadic.

I: So that's why you decided to come...

R: Yes, to the doctor.

I: When did you get the injection?

R: I was given the injection last week on Tuesday.

I: Last week on Tuesday.

R: Yes.

I: Okay, so, maybe I will take you back a little bit. You told me that you were always mobilized and taught. What process did you go through for you to come to the hospital?

R: After we were taught in the hall we were taken to...every girl was mobilized by a certain mobilizer; I was mobilized by Lucy. So we were taken to Huruma; at Huruma, a woman was filling in the details of everyone, the name and the family planning method you are using whether its pills or injection or anything; then she would register you through T-safe and your line. When the registration is successful, a message would be sent to that number from the doctor then we would use that message to shop.

I: Okay, so what challenge or experience can you say you faced?

R: The challenge is that you know everyone was going with their mobilizer, we were under Lucy but the women there were treating us well. People would just queue so that it was on first come first serve basis. I didn't even see any corruption among the leaders; but amongst ourselves girls who were seeking services, you know girls, maybe one has a lot of problems back at home; so since a person was supposed to register one line, if you have the safaricom line, you registered it, and if you had safaricom and airtel and since you registered both of them with your id, you could use them because they

wanted a number that they would call you on later to ask you the type of service you received. So some wanted to repeat themselves in the line and it brought some commotion because they were stopped by the leaders.

I: So you've told me that you were in Huruma, were you in a clinic or where were you exactly?

R: No, at Huruma, the person who was doing registration had a chair outside though there was a clinic there. We were taken to two different places, some were taken to Huruma nursing and some were at Huruma Ngei. So we were at Ngei, and some were in the hospital there. So since the room in Ngei was small so we had to get out then after you received the service then you entered the clinic and told the doctor the service you wanted.

I: Okay, so how did you feel when your photo was taken for you to join the project?

R: I felt okay because us ladies pass through many challenges, maybe something bad may push you through and you will regret later. So if you get that education, it helps you a lot.

I: So when you say that you do pass through a lot of challenges, what exactly do you mean?

R: I mean maybe you want...you know us girls, some men do take advantage of our situation, maybe you just have a problem and goes to look for work somewhere, you find the in charge is a man, he will tell you to come back on a certain date yet he just wants to meet you; he will tell you that he has to have sex with you before he can give you the job or before he can give you the money to help you solve your problem. Maybe you don't even know his status and he doesn't know your status. Maybe he

does that and he has a disease, he ends up infecting you with the disease and making you pregnant as well.

I: Okay, so you have said that you felt good because it's something that helped you.

R: Yes, it taught us and I have seen a lot of changes.

I: And what personally influenced you to join T-safe?

R: As I told you that I didn't know what T-safe was initially but when I was taught and from my personal standpoint then, I felt that the information was very important for girls like me.

I: So when you say that from your personal standpoint, how do you view yourself?

R: Right now I feel I am very okay.

I: What about then?

R: Then I hadn't received the information so I didn't know about the rights of the girls and how a girl can carry herself and protect herself.

I: Okay, and can you say that you were in need of the service when you got the information?

R: Very much.

I: Why do you say so?

R: You know there are some things you can only ask when you are taught about them for you to have the information. So you can then ask the doctor or the instructor, what can I do when am this way or that way. But if I was just alone you know it would be very difficult to approach someone, you just wonder, how will this person view me if I tell her my problems or what I want; but when its open and you are taught about it, you know you get to have the morale to ask.

I: And from what you have told me that you were registered using your safaricom numbers and then you would then

have some communication between you and the doctor; can you say that was another reason that influenced you to join T-safe?

R: Yes, because the doctor would ask you whether you had a child or not; whether you would like to protect yourself.

I: And he asked that through the phone...were you interacting through SMS or was it a one on one interaction?

R: It was a one on one interaction. The doctor had a room you would go to after registration; so our numbers were taken so that you could be called to be asked how you felt about the service, maybe you saw something that you couldn't raise there, and then you could tell the caller about it. That's why they took our phone numbers.

I: And did you use that platform?

R: Yes, I have been called.

I: Okay, and can you say that the incentive you were told about and that also influenced you to join the platform?

R: Yes, the TIKO points was that if you register one line you would get a hundred TIKO points and you would go to a beauty shop or any other shop to get the products. But that was just part of the T-safe though what really influenced me was the information they gave to the girls.

I: So tell me more about the TIKO points or TIKO miles.

R: For the TIKO miles, we would go and queue, when you have you line in the phone, you would be asked your name, age and the method you are using. Even if you weren't using a method, you would be asked the method you would like to use. After that, she would dial a number and you will receive a message saying welcome to T-safe. When you receive the message, you would answer some questions like, how old are you; what do you think about the T-safe service; you reply with either yes or no and you

also reply with your age...they were five questions. The type of service you have received...after answering the five questions, the person who registered us would have a code which she would send through your message then it sends a message that you take to the doctor.

I: Okay, and what can you say is the advantage or the disadvantage of the TIKO miles?

R: TIKO miles is not bad but what I can say is that we are corrupt in Kenya and it will never end. Maybe someone hasn't gone there for the service; she only went there for TIKO miles so that she can shop with it. So you would find someone come today, and you know you it's something you should only get once because you only register with your line and id number. So someone would go today...not to the mobilizers who recruited us there; that's a secret I found out; one would go today and then she would then register a different line the following day, and you know when you registered a line, you would be called via the line so that you can say how you felt about the service you received. So if you throw away the line and register another line, how would they reach you. So some people took advantage of that to get more TIKO points for shopping. Some people didn't only go there for the information.

I: And was your interaction with the SMS just between you and the doctors or was there another platform you interacted on?

R: I didn't know who it was but we were taken to her, she is the one who registered us. She is the one who took our names and processed everything then the service provider would only attend to you last then you get the TIKO points which you would use to shop.

I: Okay, and can you say that...because earlier on you told me that there were different groups; was there any other platform you would use to interact among yourselves?

R: No, by a group I meant that for example Lucy mobilized girls from this side, maybe some were mobilized from...they were going door to door looking for girls. So they mobilized the girls from different regions like Uniliver side, Kasabun, Kariadudu, so every mobilizer was mobilizing the girls. So when we went there, you know you have to be close to your mobilizer so that she can tell you what to do. So when we got there we were all told to queue.

I: And you also told me that when you were at Huruma some people were taken to Huruma nursing and some were taken to Ngei; so how did you choose to come to this clinic?

R: As I told you that if you wanted a method to protect yourself...now injections were being given here in Jamii, even the pills were given and all the family planning methods. But at Huruma, we were just meeting there. As I told you that some met at Huruma nursing, we went to Huruma along the Kiamaiko road. Some met...we only met there because the shop was next to that place.

I: So why did you decide to come here and not go to Huruma?

R: I didn't personally decide; you would go to where you were taken to.

I: Okay, so you are trying to say that you were brought here by your mobilizer?

R: Yes, she is the one who brought us here.

I: So you didn't make the decision on your own?

R: Yes.

I: And what can you say you have learnt since the introduction of ITH or T-safe?

R: In my opinion, T-safe has really helped many girls and I personally as well, why; had I known T-safe a long time ago, I wouldn't have fallen pregnant at early age, I would have known how to protect myself, right; I would have known the method to use. But since I didn't know anything, that's why I didn't know that if one misses her periods she can get pregnant. No one had ever told me about that. So when I got to learn about it through T-safe I decided to use the family planning methods.

I: **And how do you think joining T-safe will help you achieve your future goals in life?**

R: It can help me because T-safe...let me say it can help me...you see I am now using injection, so you know I cannot get pregnant again so I can look for a job and do whilst I am sure that am safe.

I: **And how can you say ITH has helped solve the challenges or barriers like you went through when trying to access the sexual and reproductive health services?**

R: You know it has helped a lot of girls. You know here in the community we are in the slums and a lot of things do happen here; you find rape cases, early marriages, early pregnancies, school dropouts, a lot of things do happen in slums. So when T-safe teaches girls like us, it makes one, even if she had a bad motive or she was passing through some problems, it helps them to change their characters. Even if she didn't know the method she can use to protect herself from pregnancy, she would get the knowledge and that would help her.

I: **So you are trying to say that it has helped a lot?**

R: It has helped a lot.

I: **And have you told your peers about T-safe?**

R: Very many. I even have friends in Korogosho slums. You know as slum residents, maybe we were connected through schools and now we only meet once in a while. So when Lucy was mobilizing, after I heard about T-safe, I went and mobilized a lot of girls from Korogosho because they say that if I had two or three friends in Korogosho I should tell them about it and they would then also mobilize their friends; so they came in groups.

I: **Okay, so what information do you give them exactly when you meet them?**

R: I just told them what I was taught about T-safe. I told them that if you go there, you would be taught on how to protect yourself and a lot of other things. I just tried and told them that if you are still young and don't want to give birth at an early age, there are preventions you can use the pills or anything else that you will tell the doctor you want to use. So I would take them and the doctor would tell them more about T-safe; I just briefed them.

I: **And how did they react to your briefings?**

R: They came and they also received the services. In fact, they were very happy about it.

I: **Okay, and would you visit this clinic again?**

R: Here in Jamii?

I: **Yes.**

R: Yes.

I: **Please tell me why you would visit it again.**

R: The doctors in this clinic really cares for the patients; you know it's a private clinic and when you want to get a service in the private clinic they do ask for money but here in Jamii, they do understand that this is a ghetto.

I: Okay.

R: Whenever I do come here, they do treat me very well.

I: And would you personally visit this clinic again?

R: Yes.

I: Tell me why you would come back.

R: This is where I get the family planning method so when it is expired I will come back for another.

I: And is there another service you would like to take up from this hospital again?

R: Yes, whenever I am sick I can come for treatment here.

I: Okay, and let's say in the absence of ITH, where would you get the sexual and reproduction health services?

R: From the clinic or hospital.

I: Which clinic exactly?

R: If you go to...you know you can always go to the hospital.

I: Which hospital?

R: Here, and then there is another in Kariobangi North where they treat people.

I: You've talked of Kariobangi North; is it near and can you easily reach there?

R: It is a little bit far and always it does have a lot of patients. You may queue up and later you are told that your number won't be attended to before you are served. So I think T-safe is very easy to get served.

I: And how are their services, apart from queuing?

R: You can only know the kind of service they give when you get served because the first step is to make the queue and everyone is given a number; you know it's a city council hospital, so you are given a number. There was a day I was sick and I went there but I was told that they ran out of the cards to give me a number and that

I should come back the following day. It was at around midday.

I: So did you go back the following day?

R: No, I came here to Jamii.

I: Okay, so you still think there are some services you would like to take up from this hospital?

R: Yes.

I: So Marvelyn, I think I have come to the end of my questions; I don't know whether you have any question for me.

R: My question is; can T-safe program be rolled even in schools to teach the girls in schools?

I: Why do you ask whether it can be rolled in schools?

R: You know nowadays life isn't like it was back then; nowadays it's better to prevent than to cure. If you take such a program to school, you will teach the girls so that they can learn some life skills and continue with their education. You know that's where people first dropout of schools, it's the first step.

I: Okay, I may not have the answer to that question straight away; as I told you, I don't exactly work with T-safe, I work with African population and we are gathering this information so that we can get to know how to improve the services to the girls. So I have noted your question and I know I will take it forward and such issues will be looked into. Do you have any other question?

R: Just the question I asked you whether it can be advertised on TVs or radios so that the ones who haven't gotten the chance or have not been mobilized through the door to door mobilization can see it on TV and follow it up or hear it through the radio.

I: Okay, so you think it is important to be advertised?

R: Yes.

I: **Okay, that's also an issue I had noted down because before we started you asked me about it and I hope that will also be looked into. Is there any other question?**

R: I wanted to ask; as girls, if one gives birth at an early age and she wants to go back to school, can she go back to school through T-safe?

I: **As I have told you, I really don't know much about T-safe and I don't know whether they can take a girl back to school. Do you want to go back to school?**

R: I completed form four but I didn't get the chance to go to college. Or if it's not school, they can give someone a job.

I: **What grade did you get in form four?**

R: I got D plus.

I: **You got D plus.**

R: And I did complete in twenty sixteen.

I: **Okay, I don't know about T-safe but I can still encourage you that there are a lot of things you can still do; you told me that you used to work in a saloon, and you are in the community; why don't you do the saloon work in the community?**

R: I am not yet knowledgeable enough when it comes to that field.

I: **So it's like you still need more training?**

R: Yes.

I: **Okay, we have noted your opinion and if something comes up, maybe I hope if a platform will be introduced to help the girls, maybe it will be enrolled later. But now I will just note this down, I hope you will get the answers about that, okay?**

R: Thank you.

I: From the discussion we've had about T-safe, is there anything you would like to add that we forgot to talk about in the interview?

R: Whatever you have failed to talk about T-safe?

I: Yes. Do you think there is something important we should have talked about that I didn't talk about?

R: If they can include the rape cases as well, it can be better.

I: Why do you say they should include the rape cases as well?

R: You know rape cases are on the increase right now, even in churches; so no one is safe anymore. If one can be raped in a church, are there any safe places now; people aren't safe. So they should also talk about the rape cases because when one rapes you, you don't know why he does that; you don't know whether he has a disease. Maybe he wanted to make you dropout.

I: Okay, I have also noted that, so it will be looked into. So thank you very much for that, I don't know whether you have something else.

R: No.

I: So thank you very much for your time.

[End of audio]

Notes

The interviewer did not probe for suggestions for improving the ITH platform for the adolescent girls.

File name: ITH_R2_NAI_RUA_URB_002_ADO_011_30519

Duration: 00:42:33

I: Okay this is Florence Olum taking an IDI that is ITH round two nai rua urb zero-zero-two, ado zero-eleven-three-zero-five-nineteen. So Nora...

R: Yeah.

I: Welcome to our interview today.

R: Thank you.

I: So we begin; so first I would like you to tell me how you came to know about T-safe.

R: I knew about T-safe through a friend of mine who introduced me to T-safe.

I: Which friend exactly?

R: The name or...?

I: Where she comes from.

R: She is just here in Githu but right now she went home to see her grandmother.

I: So what did she tell you about T-safe?

R: She told me that T-safe helps girls like us who are sexually active. So she advised me because I knew very well...she advised me to...she knew I was using pills; she told me about the injection but I told her that I don't like injection because my mum advised me that if you haven't given birth then injection is not a good method for you, so I was using pills.

I: Okay, so she told you about T-safe and you told her that you are using pills?

R: My mum?

I: No, your friend.

R: Yes, she knew I used pills.

I: Okay, so why did she tell you about T-safe?

R: She told me...we were just making stories and I told her that I thought I was pregnant, she told me don't just have doubts with yourself, I can help you be sure on whether you are pregnant or not. She told me that I could come to Milele and get tested so that I could know if I am pregnant. So after I went with her, I had the pregnancy test and it turned negative. So she told me

that so that I don't get worried about pregnancy next time, I should be going for the pills.

I: Okay, so when you say that she told all that; can you tell me what happened from the time she told you about it until you came to the clinic for the service.

R: From the time we discussed together?

I: Yes.

R: She is a friend I trust and that's why I told her that I had had an unprotected sex and I thought I was pregnant, she told me not to worry. On that day I looked stressed, but she told me not to be stressed and that she would take me to the hospital even though I could buy a pregnancy test kit from the chemist but I didn't have money then and you can't ask your mother for money to buy a pregnancy test kit. So she asked me to go to the hospital so that I could get tested for free. She accompanied me to the hospital and I was tested; we didn't say much, she just brought me here.

I: And how did you get here and receive the service here at helpers?

R: When TIKO stopped, we thought it was only stopped in Milele, but she told me that helpers could still provide the service so I came here.

I: And when did she tell you all these?

R: It was last year.

I: And when did you join T-safe?

R: Early December.

I: You joined in December.

R: Yes.

I: So where did you get the pills you were taking previously?

R: I wasn't using any method then.

I: **Until when?**

R: I started using the pills in December.

I: **So where did you get the pills in December?**

R: I took them from Milele when she introduced me there.

I: **So you only came here this month?**

R: Yes, I only came here this month because the program was reintroduced this month.

I: **So you came back this month from where?**

R: I knew that the program had stopped so I don't know why.

I: **So the program was reintroduced?**

R: Yes.

I: **Okay; and how did you feel when your photo was taken to join T-safe?**

R: I was happy; I was very happy because it's not an easy thing. If you don't have money, it's not easy to get some things, and yet the services here were free.

I: **Okay, but even if it was free and you heard that your photo had to be taken, what came into your mind?**

R: You know I knew it was just evidence that showed that truly girls receive these services. So I didn't think there was anything wrong about it.

I: **Okay, and what can you say influenced you to join T-safe platform?**

R: My friend influenced me to join.

I: **And is she part of those who work with T-safe?**

R: She told me that she was among the ones enrolling us girls. She told me that they call themselves the crew. That's what she told me.

I: **What did you say her name is...I may know her?**

R: Sheila.

I: **Okay.**

R: Do you know her?

I: I haven't heard of that name but I know they are many.

R: Okay.

I: So you said she is the one who motivated you to join?

R: Yes.

I: Is there anything else that motivated you?

R: No.

I: Can you say that...because you've said she told you that she was mobilizing girls; did she tell you about the incentives one would get apart from being enrolled?

R: The points?

I: Yes.

R: Yes, she told me.

I: What did she tell you about that?

R: She told me that when you are enrolled you earn some points. Then we would earn one hundred and ten points and she told me a shop where you could take some artificial hair or a supermarket you can go and take commodities from.

I: Okay, so where is the supermarket?

R: Steedo, we passed it on our way here.

I: Okay, anything else that influenced you to join? Can you say that that also influenced you to join the T-safe platform?

R: I was mostly influenced by the fact that I could get some pieces of hair. You know a girl must be smart all the time.

I: So when she told you that you could get that.

R: That you could get the piece of hair and have your hair done.

I: So you took them through the points?

R: Yes, I took them through the points.

I: Okay, and can you also say...when you were enrolled, what platform were you using?

R: I was mostly using...before I was enrolled?

I: What process did you use to be enrolled?

R: I used the phone.

I: Okay, so how did you use the phone to enroll...maybe you tell me a little bit about that.

R: I would answer the questions that were asked.

I: Anything else?

R: Just answering the questions and earning points.

I: Okay, and can you that that also influenced you to join T-safe?

R: Yes.

I: Tell me why.

R: How the phone motivated me to join?

I: Yes.

R: Because of the points.

I: The points that you earned through the phone?

R: Yes.

I: And what about your interaction; did your interaction with the platform also influence you to join? Did you interact with the T-safe people through the phone...like the questions you have told me about?

R: Yes, they would at times call me after I get the service from the hospital. They would ask whether I was in the hospital for service. They called me severally.

I: Okay, and were you also called on your last visit?

R: When I last came here?

I: Yes.

R: No, my line has been off network, I only put it on today so I don't know whether they called or not.

I: So they would ask you by calling?

R: Yes.

I: **And you have told me that you would always answer some questions; what questions were they like?**

R: You would be asked your year of birth. Just the year of birth and then I would be given a code when being enrolled, just that.

I: **Okay, and can you say that the interaction also influenced you to join the platform?**

R: The code and such things?

I: **Yes.**

R: That didn't influence me in any way.

I: **So we have talked about TIKO, maybe you tell me into details, what does TIKO mean and what is it about?**

R: TIKO is for teenagers' safety, it helps girls like us avoid unwanted pregnancy.

I: **What about the TIKO points?**

R: How they help us?

I: **Yes. Just tell me about it so that I can get to know what TIKO points is all about.**

R: TIKO points are like credits...how can I say it...I know that you earn them like credits and you can go to a shop and redeem, they are like bonga points, you redeem and take items that can help you. Like I told you that it helps me on my hair, I can take pads for my younger sister.

I: **And when you say that you redeem them, what does one do for them to get these points?**

R: When I come to the hospital and take pills, I earn points. If I come and get maybe injection, I earn points. If I want to know my status, I want to get some counseling, I earn points.

I: **When you say you want to know your status; what status do you mean?**

R: when I have a HIV test.

I: **Okay, can you tell me your experience in interacting with the T-safe platform either through the SMS or Facebook?**

R: I have never used Facebook to check on T-safe.

I: **What about through SMS?**

R: Maybe when I want to tell someone about T-safe?

I: **Mostly the service providers.**

R: When I interact with them through the phone?

I: **Yes.**

R: After service they do text to ask how the service was; whether the service was good or the service provider was rude; whether you got the service as well.

I: **Okay.**

R: And it helps because if you aren't satisfied on anything, you just SMS them.

I: **Okay, anything else?**

R: I think you have asked everything.

I: **And can you say that you get some information through the interaction?**

R: When we interact through SMS?

I: **Yes.**

R: Yes, because if I move from Githurai to someplace else, if you SMS them and tell them that you want the nearest clinic, they send you the information.

I: **Okay, and are there any other information they can give you if you enquire?**

R: When they call?

I: **Yes...or...**

R: I think when I need help I will SMS them.

I: Okay.

R: If you cannot answer it through SMS, they will call.

I: Okay, and how did you choose the clinic...okay, earlier on you told me that you came here because they had previously stopped and you used to go to Milele; so how did you choose Milele as the clinic to get the sexual and reproductive health services?

R: Because when I told my friend about the problem I had, that was the first hospital she took me to so I just made it a routine going there.

I: Okay, and apart from being taken there by your friend; did you also go there because it was the closest clinic to you?

R: Yes, it's close to home as well. It's the first clinic I pass before I get here.

I: Okay, and did you also consider your free time; maybe when you can get to that clinic fast.

R: No I don't do anything so I just went there because it's close to home.

I: Okay, and maybe in my own thinking, did you choose Milele because you felt their service was good?

R: I just chose it because it was the nearest hospital but their service is also good.

I: Or can you also say that it's because it was the hospital she first told you about?

R: Yes.

I: Okay, so what can you say about your experience on the T-safe platform about the sexual and reproductive health services you received?

R: The service was good.

I: How good? We are especially talking about the service you received here in help us.

R: It was good because the doctor was kind; he wasn't rude so I just felt that the service was good. They give you information about the methods, they don't care whether you use or not; they just give you the information from the start on how to use the methods.

I: **So can you tell me some of the information they gave you?**

R: They showed me about the two arrows and was told that I would take the twenty-one days' pills and when the arrows come to the end...I don't even have to wait for it to come to the end, when I realize it's five days to the end, I can come back.

I: **Okay and did you have any negative experience when you came to the clinic?**

R: No.

I: **So I know we have talked a lot about the platform and you have told me that sometimes you do talk about...you do ask and answer questions on the platform. How frequent is it? How many days can it always take for you to interact on the platform; or let's say when you used to go for the service, how frequent were you interacting on the platform?**

R: Very frequently like three times in a week.

I: **And you said that since you started coming here, you haven't interacted?**

R: Since I came here I haven't interacted because I have been off network.

I: **Your phone wasn't on air?**

R: No.

I: **Okay, and which service did you get from this hospital?**

R: Pills, I only took the pills, nothing more.

I: Okay, and what services have you received from the T-safe platform in general?

R: I do use the pills. Sometimes I also come for condoms or HIV self-test kit. Those are the services I have had.

I: So where do you get the HIV self-test kit from?

R: From the chemist.

I: Do you get them for free as well?

R: Yes, you get them for free.

I: Which chemist is that?

R: We just passed it on our way, it's just along the road, not far from here.

I: Okay, and you also said that you do get the condoms.

R: Yes.

I: Where do you get them?

R: From Milele.

I: Okay, so how often do you seek these services in a month, like the condoms?

R: I do come once per month.

I: Pills the same...

R: Once per month.

I: What about self-test kits?

R: I have only taken them twice because I do come for them after three months. So I have only come for them two times.

I: Why do you take them after every three months?

R: I want to know my HIV status.

I: So how many times do you test yourself in a month?

R: Once every three months.

I: Only after three months?

R: Yes.

I: Okay, you said you have tested yourself how many times?

R: Two times.

I: **So you have done it for the first six months?**

R: Yes.

I: **Okay, and what suggestions would you provide to improve the ITH platform?**

R: What can be done to improve the platform?

I: **Yes.**

R: I think it's just okay as it is because when the mobilizers come to us, they help us because without that mobilizer I wouldn't have known about this service.

I: **How many points did you get on your last service?**

R: Ten.

I: **Okay. So do you get the points immediately?**

R: Yes, immediately, even before I leave this place.

I: **Okay, so you have said that everything is okay, you don't see anything that needs improvement?**

R: I don't see any.

I: **Why do you say you don't see anything to improve on?**

R: Because I feel that everything is just okay, what can you improve on now...getting the service is the main thing, so long as there is service, they will get it.

I: **Okay, and moving on; when you look at the T-safe users, how do the community perceive them?**

R: Those who know that we use them?

I: **Yes.**

R: I haven't personally discussed it with anyone other than that friend of mine because you know if someone hear that a girl my age is using pills they view you as a sleeping with everyone. So I don't always discuss it with people that I use pills. Other than that friend of mine, I haven't told anyone else.

I: **So when you say sleeping with everyone, Nora, what do you mean?**

R: They will perceive you as a prostitute because they will ask why a young girl uses pills, you know the community is just that way.

I: **Okay, and how do they perceive the facilities that provide you with these services?**

R: They don't have any issues.

I: **How does the community view them?**

R: The service providers?

I: **Yes.**

R: For someone who understands, she will take it as just helping the girls.

I: **What of those who don't understand?**

R: Those who don't understand will say that they spoil our children.

I: **So when we narrow it down a little bit to your peers; if they get to know that you use the pills, how can they perceive you?**

R: Peers don't always have any issues because she knows we do the same thing so they cannot perceive you in a bad way.

I: **What about your parents?**

R: Parents cannot allow one to use the methods.

I: **Why?**

R: Because they say that you are spoiling our child; she will know you are sexually active but she won't want your parents to know.

I: **So when they know that you get such services, what do they say?**

R: I don't know what they would say but I wouldn't want them to know.

I: **Why wouldn't you want them to know?**

R: Because if your parents get to know that you engage in...even if she knows, it shouldn't be from yourself, she will just know what you do on her own. I wouldn't want her to know.

I: **So let's assume your mother knows that help us gave you the services; what can happen?**

R: She can just stop me from coming here. But then again it's difficult to stop someone because you cannot keep following her.

I: **Okay, and...I know you just recently completed school...when did you complete your form four?**

R: Last year.

I: **But still for your peers who are in school and they are T-safe users; what do you think their teachers say about them?**

R: Teachers?

I: **Yes.**

R: You know teachers are different just like the community; one who understands will just know it's good you are helping girls complete their education before they get pregnant. But for those who don't understand they will think that you encourage the girls to involve themselves in sex and they know they have something that will prevent them from getting pregnant.

I: **Okay, what about the religious leaders?**

R: It depends with the church.

I: **So there are people...there are also different churches.**

R: A church like the Legion Maria you cannot use anything; they don't even recommend family planning. And for other churches...but for the young girls, I don't think the religious leaders can be happy to let them use the methods.

I: **Okay, and if they know that help us hospital is providing these services to the girls, what can they say?**

R: I don't know what they can say...

I: **Okay, and let's say the boys of your age or maybe your boyfriends, what do you think they can say or how can they feel if they know that you are using these services?**

R: Fellow girls?

I: **No, the boys.**

R: If they know that we use pills?

I: **Yes.**

R: By the way boys don't like us using pills and that's why you cannot even tell them. I don't know why they don't like it.

I: **So what can happen if you tell them?**

R: I have never thought of telling them so I wouldn't know what can happen but I know they don't like us using pills. I haven't thought of telling them because I know they don't like it.

I: **Okay. So we were talking and you told me about the service you received last week on Monday was good. So I don't know how good it was. Can you tell me; was it easy to access the service you wanted?**

R: Yes, it was easy because I just came, went to the reception and I was asked what I wanted; I didn't even take more than ten minutes and I was given the service. It depends; you know if you find a line, you have to follow it. So if you don't get the line, you just get the service and leave. I didn't take long there.

I: **Okay, and can you say that the service provider gave you any support?**

R: Yes.

I: **Tell me more.**

R: From how she talked, it seemed she supported the use of the method and said that its good and would help me.

I: **Okay, and can you say that there was privacy in the room you were in?**

R: There was privacy but were just there and if someone was there then they would just hear us converse; so I wasn't happy about that because the privacy wasn't there.

I: **So there wasn't privacy?**

R: No.

I: **Okay. And can you say that she gave you enough information?**

R: Yes, she gave me enough information.

I: **Can you tell me some of the information she gave you?**

R: About how to use the pills?

I: **Everything she told you about.**

R: She just told me about how to take the pills just as I told you on how to follow the arrows and to come for more pills before I run out of them. You may wait to finish them and then forget to come for them; you won't rush to the hospital for them.

I: **And did she tell you about other methods as well?**

R: No, I didn't ask her and she didn't tell me about them.

I: **Okay, and did she give you an appointment date?**

R: A return date?

I: **Yes.**

R: She gave me yes, she told me to come five days before I finish the pills. She told me to make sure that I come back.

I: **Okay, so you have said that she gave you an appointment that you shouldn't wait to finish the pills. How many service providers did you see on that day?**

R: One service provider.

I: And from your decision making, how can you say your conversation with the service provider helped you make a decision?

R: I personally made the decision. Or what's your question?

I: Yes. Like you can always make your own decisions; did you personally decide to take the pill or were you influenced by the conversation you had with the service provider?

R: I personally made the decision. In fact, I came to the hospital with the decision that I would be taking the pills already.

I: So you just told her you wanted the pills and that was the end?

R: Yeah.

I: Okay, and since you joined ITH, what can you say you have learnt that will help you achieve your goals in future?

R: What I have learnt?

I: Yes.

R: I haven't learnt anything to date, it just helps me.

I: What?

R: I haven't learnt anything, but it helps me.

I: So like now that you are using the service, is there something that you think and you've realized that by using this service it will help you to achieve some of your goals in the near future?

R: Yes, it is very important because I am sure I cannot get pregnant now because I cannot raise a child. So using this service will help me achieve my goals and nothing will stop me.

I: Maybe is there anything else it has helped you achieve?

R: No.

I: Okay and how can you say ITH has helped address the challenges or barriers the girls faced previously when accessing the sexual and reproductive health services?

R: It has helped a lot because the challenges that us girls mostly face is access to sanitary towels. You may have a parent who cannot even afford to give you fifty shillings. If she gets some money, she uses to buy food, so when you get the points you will go for the pads and they will help you.

I: Any other challenges the girls faced that ITH has addressed?

R: Sometimes you would have to sleep with a boy just so that he can give you money to do your hair; so you won't force her now or he won't have to force you to sleep with him for him to give you the money. You know you have points as a backup.

I: Okay, is there anything else?

R: No.

I: And what do you think can be done to make it easier for the girls to access sexual and reproductive health services?

R: It already is easy now.

I: It is already easy?

R: Yes.

I: And is there anything else that can be done?

R: I don't think so.

I: Okay, and have you told your peers about this service?

R: Yes, all my friends know about this service...all my friends who are my age mates know about it.

I: What is your reason for telling them?

R: Because I know their behaviors so I decided to tell them about it instead of risking. So I just told them about T-safe.

I: **When you say you know their behaviors; what kind of behaviors do they have?**

R: They like boys a lot.

I: **So what do you tell them about the program exactly?**

R: I tell them I have a friend who took be to the hospital through T-safe and I tell them that if you want condoms...you know there are girls who fear going to buy condoms from the shops; so you can go there and get them free of charge. If you want to know your status and you go to some hospitals, you will be charged but the service is free here. If they don't want to get pregnant, they can come here. In case they are pregnant and they don't use pills, they can go for p2 at the chemist.

I: **So what actions have they all taken since you told them?**

R: I referred them to my friend and most of them do tell me that they do come; my friend does bring them here.

I: **How about the rest?**

R: You know there are some who are ignorant, they say that the methods are not effective...so some are just ignorant and you cannot force anyone. You just talk to her, if she decides to take the service, she will get the service. You cannot force her.

I: **Okay. And then how have you and other adolescent girls in your community been involved in the ITH project?**

R: How we have been involved?

I: **Yes.**

R: We have just been involved by getting the service.

I: **You don't play any other role?**

R: Maybe sometimes we are called and given advise about T-safe and how we can continue using the T-safe platform; its benefits and how it can help us; then they buy for us lunch as well.

I: **And you have also told me that you sometimes communicate; are you part of the ones who send feedbacks?**

R: Send feedback in what way?

I: **Any feedback from the community, do you share with T-safe?**

R: No.

I: **But you have said you do encourage others?**

R: Yes.

I: **Is there any benefit you get by encouraging them?**

R: Benefit to me?

I: **Yes.**

R: No.

I: **Okay. And would you attend this clinic again?**

R: Yes, I have to come back.

I: **Why?**

R: Because I have to refill pills.

I: **Okay, and is there any other reason that can make you come back?**

R: Their services are good, I liked their services.

I: **Maybe anything else?**

R: No

I: **And are there any other services that you are looking for in future from this clinic?**

R: Yes, after some time I will come for an injection because you can sometimes forget to take the pills. That's the service I need.

I: **So will you come here or will you go to Milele now that you have been going to Milele for the services?**

R: I will just stick to this clinic now that I have started coming here.

I: **And let's say now...we are almost coming to the end of the interview. So let's say in the absence of ITH, where can you get these services from?**

R: I don't know of any other place.

I: **Okay, so if the program stopped now, what can happen?**

R: If it stops now?

I: **Yes.**

R: We will just have to go back to using p2 and you know you have to buy the p2 so you have to look for the money or whoever you have sex with will have to give you the money to buy it.

I: **So how much does p2 cost?**

R: There is one that goes at a hundred shillings and another at one fifty. But they do say that the one that costs a hundred do backfire, you would rather use the one fifty-one.

I: **And how long do you use that?**

R: You can use it three times in a month.

I: **Why do you use it three times in a month?**

R: Because...anytime you have unprotected sex.

I: **So, I don't have a bad motive but can I say you have unprotected sex three times in a month?**

R: Yes, sometimes, but the most number of times is the three times.

I: **Okay, and can you say that it is easy to access the p2?**

R: If you have money, it's easy to get.

I: **Okay, so where do you get it?**

R: You cannot miss to find in any chemist.

I: **And how long have you used the p2?**

R: I have used it since twenty seventeen when I was in form three.

I: **So for how long have long...how frequent did you use it?**

R: When I was in high school I would only use it during holidays, like twice.

I: **And where did you get it then?**

R: P2?

I: **You said you bought it from the chemist.**

R: From the chemist, yeah.

I: **And how supportive are they?**

R: The chemist?

I: **Yes.**

R: They cannot be supportive; they just sell you the pills. They don't give you the instructions on how to use them because it's even embarrassing when you go buying it. So you just buy it and leave.

I: **And is there any privacy?**

R: No, there is no privacy because she will just sell it to you even with another customer around.

I: **And is there any information that they are giving you about those p2?**

R: I have never asked anything, I do just take it and read the instructions later.

I: **And do they give appointments?**

R: No.

I: **And how long do you take to be served when you go to the chemist?**

R: Obviously when you see a chemist has many customers, you can go to the next one because you cannot queue just for p2. If you find one has many customers, you can go to the next one.

I: **Why wouldn't you want to queue?**

R: It is embarrassing to queue for p2.

I: **Why are you saying that it is embarrassing?**

R: The person there will just know that this person has had unprotected sex and now she has come to buy p2. So I cannot buy it when there are a lot of people, I look for a chemist that doesn't have customers.

I: **Okay, I think I have come to the end of my questions; I don't know whether you have a question for me.**

R: I think you asked everything...let me ask you; why did you reduce the amount of TIKO points?

I: **How much was the reduction?**

R: Previously I would get one ten points for the pills but now when I got the pills I only received ten points, that's a hundred points gone. But a friend of mine told me that she got an injection and got fifty points, from one ten to fifty. They have different points nowadays, so I don't know why they were reduced.

I: **Maybe I don't have an exact answer for you on that, and as I had told you, we are just doing a research; we are partners with Triggerise; so I think you can be answered this by the mobilizer...you said that she went home yet so when she comes back you can ask her and maybe she can give you an answer. And then when you ask that; I think I also asked you what we can do to improve this service and I really wanted to know more about this. If you have any ideas, you can tell me now.**

R: No, I don't have any ideas.

I: **Okay, anything else?**

R: Any question?

I: **Yes.**

R: I only had that question.

I: **And maybe any concern you have about T-safe or anything you would like us to share about the interview?**

R: I think you asked everything.

I: **Okay, so thank you for your time; we called you abruptly and you managed to come so thank you very much.**

R: You are welcome.

I: **You also told me that there was a time T-safe was stopped and you went to Milele and didn't get the service...they told you that the program wasn't running anymore?**

R: Yes, they told me it wasn't running.

I: **So what happened?**

R: I was told the systems were down.

I: **Didn't they have the pills or what happened?**

R: I just went and said I wanted pills but I was told that the system was down so I didn't get any service, I just left.

I: **Okay, so how did you feel about that?**

R: I felt bad because I didn't know where I would get the pills from so I didn't use the pills during that month.

I: **You didn't use the pills that month.**

R: So where would I have gotten them and I didn't have the money to buy them.

I: **So what did you use?**

R: I just used p2 that month.

I: **Okay. So how many times did you say you went there and fail to the service?**

R: I only went once and I was told the system was down so I never went back.

I: **So you said that someone told you that they also provided the services here?**

R: Yes.

I: **After how long did she tell you that?**

R: We took some time before we talked so she just told me towards the end of that month and then I decided to come for it this month.

I: **And when you came here you got the service.**

R: Yes.

I: **Okay thank you so much.**

[End of audio]

Notes

The interviewer asked all the questions as stated in the guideline.

File name: ITH_R2_NAI_RUA_URB_002_ADO_012_30519

Duration: 00:50:24

I: Okay this is Florence Olum taking an IDI that is ITH round two NAI RUA URB zero zero two ADO zero twelve, three zero five nineteen. Lyn...

R: Yes.

I: **Welcome to this interview. As we begin, can you tell me how you came to know about T-safe?**

R: I was told by someone and I felt it was good and she told me how it works. I also heard about T-safe through other friends, you know you have to ask to be sure. So I asked my friends whom I hand out with whether they knew about it and they told me that yes they know. So I knew it was something good.

I: **So who was this type of a friend who told you about T-safe for the first time?**

R: She is called Mercy.

I: So what did she tell you?

R: She told me that there is a program called T-safe and that they mobilize girls from fifteen to nineteen and they are given pills. She also told me that it's voluntary to be enrolled. So when you come you are told of all the methods so that you cannot choose a method you don't know about. If you want a Femiplan or an injection, they will tell you about them because there are some methods for people of twenty four years and above. So they give you all the information and you decide. What I liked about T-safe is that they don't discriminate, like it's for any girl who wants the service and if I have a friend I wouldn't like to tell about the service, I can tell her and bring her for free.

I: Maybe so when Mercy told you about T-safe, what process did you go through with Mercy until you ended up coming to the clinic?

R: When she first told me about it, it was new to me so she had a hard time convincing me. She even asked me that if you have friends, you can ask them, or that when I will be meeting other girls, you can come and hear what we are talking about, at least from the scripts they were playing, I learnt more and I realized I wasn't the only one but there were other girls who trusted T-safe. Since

T-safe was introduced, at least we are safe because you know that if you use these pills it is very rare for you to get pregnant. So at least you get to focus ahead. You know as a girl you are always scared and tensed by what if I get pregnant, how the society will take it, because maybe you are underage. So at least I can say that T-safe helps a lot.

I: You have talked about a script being played which made you learn a lot. Can you tell me what the scripts were like?

R: Maybe I tell you how they acted for me; so there were like four or five girls, there was a doctor and patients, so the girls would come and say, I have heard about T-safe; so they wanted to learn more and everyone will come with what they normally hear outside; maybe some say pills are not good; so you know everyone do have things they have heard about. So in the script, a girl would come and say I want...I can't remember what it is called, the injection...

I: Which one...

R: The one given down there for the twenty four and above year olds.

I: Injection?

R: Yes, injection. So one would come and say, I want injection, and she doesn't even know what it is for. So the doctor would ask her, how old are you, you know, the girl would then answer and she would be told, this is for twenty four year olds and above. Mostly it is given to those who have given birth so she would be told that you should use this or this method, then she would be asked, which one do you want. So the girl would say I want this because...you see when you asked, you would be answered instead of just having thoughts. Because before we knew about T-safe we would use maybe these other pills, which we used to ran our luck like it's just you and your God, you don't know what will happen.

I: **So you have said you were using other pills, which pills were those?**

R: Like e-pills. The pills sold in the chemists. But now you know with those pills, sometimes you don't have the money, you will forget or you won't buy them. Maybe you get the money when it's too late, so you then go into shock and you don't know your fate but at least with the pills, at least you are sure nothing like a pregnancy can occur because you have protected yourself.

I: **So you have told me that...when talking about the script you told me that you girls sometimes hear about a lot of**

things, I don't know what kind of things you do hear about.

R: You know people are different so everyone have their own thoughts. So there are parents who maybe did not go to school so they just hear about things since they were young that the pills that people take are not good for them. You hear they are not good but you don't ask why and you haven't asked how the pills help. So let's say if you tell someone that there is a drug called this and this, she tells you, no, those drugs are not good, and yet she doesn't know about them, you see. But if you know about them, you can tell her these drugs are for this and this, then she will know, oh, they are good then! You will find one tell you, I always hear about them but I haven't found anyone to tell me what these pills prevent or what they do and how they are taken.

I: Okay, so after the script, what happened?

R: After the script I knew about the pills and how it works and I also got to know what method I would use. So I decided that for now I can use the pills as a method of family planning because I didn't want injection because I fear injections a lot, so I preferred the pills. But as time goes, maybe I will start using the injection; at least when I get a child, I will go for the injection.

I: So how did you decide to come to this visit?

R: So after that script, I thought about it and then the best part was that where I went to I found some people I know; so I was like, no wonder this person is always stress free, it is because she also know about them. So I was like, am I the only person who didn't know, you know. So when I saw them there I also decided to get them and said, if so and so can use them and they are okay, I can also just use them and get used to them, so I found them to be just okay.

I: So can you tell me how you felt when your photo was taken to be enrolled?

R: I didn't even worry about where the picture would be taken or what would happen because like I was saying, I wasn't alone, and also you know, there is nothing better than knowing someone also receiving the same service and she is okay. Plus T-safe, it's like a big organization so it's not like just someone who sat down and came up with an app to spoil you; it's a good program and something we are sure of.

I: So when you say that you learnt some other things when you were taught and you also said that you were not worried about the photo; did you also know about the

photo there or where did you know about the photo being taken?

R: I had known about it before because I had been told about this program but you know you would doubt and fear sometimes, so I was aware of what is done, and what am getting myself into. So I had the knowhow of what was going on.

I: Okay, so can you tell me something briefly about TIKO points?

R: TIKO points are like I have common for these family planning, there are points I would earn; say when I take these pills I earn ten points which I would get through my line. If I have other points then, maybe I received the ten points, next time I also get ten points, so the points will enable me to go to the shop and shop for anything I want that is under the ten points. If I have a hundred points, I can go to a TIKO miles shop and do some shopping, if it's something worth a hundred, I would take it, if its credit, if it's sunny girl, anything I want, I would shop through my points when they redeem it.

I: So you have told me of the benefits of the TIKO miles, can you tell me of any challenges of TIKO miles?

R: So far I haven't had any challenges with the TIKO miles, I can just say that its good yet because sometimes you can get the points, you wanted something but you didn't have the money, so when you go to the shop, you take what you wanted; or you can go to the supermarket and take what you want. For example now I don't have a job, I have a hundred TIKO miles, I can go to the supermarket and take some green grams or beans and take them home; at least I shall have provided something for that day thanks to TIKO miles.

I: So like now that you have received the service, have you received the TIKO miles?

R: I haven't received them yet.

I: And are you sure you will get them?

R: Yes, I think so...I mostly do get them.

I: How long does it take to get a notification?

R: Let's say, before I even reach the house, I do get a text from them. Maybe they can also ask me some questions, how I did like the service and such; I answer them. The more I answer; I may also earn more points.

I: Now that you have come and received the service, how will they prove that you have received the service for them to send you the TIKO miles?

R: I will go back and tell her so that I can at least get the ten points because I also want them, so I have to tell her, maybe she forgot. So I will tell her that I have taken the pills and I should get some TIKO points then she will just send them to me.

I: **So what will she use to send you the points...maybe I would like to know?**

R: She has a phone, I don't exactly know how she does it and she will receive a code like "W" something, then she will tell me to key in that and send then I will receive the points.

I: **Of which you haven't done yet?**

R: Yes.

I: **Now that it's like you had already finished with her; would you have come back later or how would it have been?**

R: When I am done here I can go and talk to her so that I can get the points, she cannot refuse.

I: **Okay, and can you tell me your experience on the interaction with the service provider?**

R: My experience today?

I: **Yes.**

R: It was very good because there is no better thing like a one on one conversation, you know; yes we are used to

the phone interaction which we answer but this conversation in one way or the other it helps me.

I: Okay and can you tell me of your experience in interacting with the T-safe platform?

R: Ask in English.

I: So can you describe your experience of interacting with the T-safe platform through SMS or Facebook or other media.

R: Explain...come again.

I: You describe your experience of interacting with the T-safe platform that is through SMS or Facebook or other media.

R: I can say that it was good because T-safe don't let us be idle; even if I take the pills they will still SMS or even call me because they do ask, do you want us to call you, yes or no, you know. Or they can SMS me and ask me. And if I have any complications, I tell them and they tell me where I can find the medication I need so, so far, so good.

I: Okay, and we were talking of your interaction with the service provider; how did you come to choose this clinic?

R: First, this clinic is close to my home, I can come anytime, I am not spending any money on transport, its close and I can come at anytime. If I have a question,

I can come, if I want to bring someone, I can also bring her and tell her more about it, you know. So the first thing is that it's close to my home. The second is that I like the services offered here, I have never come here and been told that you are late please go or been insulted; everyone here is so polite.

I: And did your mobilizer convince you to come here or how did you come to make that decision or is it just because it's near home?

R: Not even because it's close; you know everyone has a place they like; you get somewhere and you feel that this is the place to be, like you just like the place, even if you go somewhere else, you say no, I would rather go to help us. So I just decided to come here because I was saying I can come here anytime, I won't fear that it is far or anything. Plus at least many people know this place, you see it's close to stage, you can even tell someone to meet at a certain place and she will just come.

I: Okay, and what can you say influences you to use the ITH platform?

R: First I don't want to get...to be pregnant. Yes, I would want to be but I think right now is not the right time; I have so many things planned for me so for now I

wouldn't want that. Plus, you know we don't...like as young girls we don't know who we are dealing with because everyone have their own mask; he may be laughing with me but the same thing you are talking about or the same thing you are doing, he is doing with another person. So to be sure and to avoid the risks, I better use this for my good health because I wouldn't want to be in trouble now.

I: So first you have said that you don't want to be in trouble, so which type of trouble don't you want to be in?

R: First like raising a baby because I have nothing under me, like I don't have money, I don't have a job for my own, so like for now am depending on my parents, I wouldn't want to bring a kid and tell them that they should also raise the baby, you know. They should raise the baby if am also adding something on it like money and providing things. But it's embarrassing, the same thing they are doing to me they do to my baby, you know. I wouldn't want that, yes I would want in some few years but not now, currently I am not ready.

I: Okay, and how frequently can you say you use the services on the ITH platform?

R: Like per month, like this is for twenty one days, so I take one pill per day. So I do...if I take one in the morning, let's say I start on Monday and take one in the morning at ten when I do wake up, I will then take it every day at ten. Like I don't change time, I take it at the exact time daily.

I: **Okay, and what services can you say you have received from the T-safe platform? Apart from that, have you received any other services?**

R: Yes.

I: **Such as?**

R: There was a day I was given pregnancy kit. I have been given pregnancy kit and...just that.

I: **Why were you given the pregnancy kit?**

R: It was with the TIKO miles, when you get the points...sometimes...there are chemists which take...I went and took the pregnancy kit and I have also gone for the de-wormers.

I: **And how many times have you used the pregnancy kit?**

R: Once.

I: **What about the de-wormers?**

R: I take them after...when I take them...I take them after every three months.

I: So since T-safe was introduced, how many times have you used them?

R: The de-wormers?

I: Yes.

R: Twice because I do use the points to buy them.

I: So why have you used them twice?

R: Like I have told you that its after every three months, like once I take it this month, I will take a while before I take it to de-worm.

I: Okay, and how does the community perceive the T-safe users within this community?

R: I can4 say that most of them they are very happy. The ones who know what T-safe is all about they are happy because at least us young girls we have been given the opportunity to continue with our education after form four, we have also been given the opportunity to work, you know. Because at least now we...even right now if one gets pregnant the first question she is asked will be; didn't you know how to protect yourself; another will tell you, you should have told me earlier before you got pregnant I would have told you about T-safe and you would be taking the pills and you wouldn't be pregnant, you know. So I can say that those who know about T-safe...if you tell someone that you use T-safe and swallow the

pills, many people are happy because they know that at least I won't be stressed up because my daughter is safe, you know. She is happy, or my friend is safe.

I: And what about the service providers like helpers where you get these services, how does the community perceive them?

R: They are okay with them, I haven't heard any complaints. Maybe whoever complaints doesn't have the knowledge but those who know about it are rarely complained because they are happy. You at least if you do that I know I am free from so many things at least if I get a job now, I wouldn't be scared of what if something happens, what if I get pregnant.

I: And now for the parents, how do they perceive these, the T-safe users?

R: Like most parents like my mother, she doesn't disagree with it. At first she had a hard time because you know most of them do say that if you use these pills for long you may fail to get a child. Why do they say so, they hear from others, you know. But as a T-safe user you should explain to her that these drugs are called this and they are for this and this, you know, so that she can also know what these pills are for; lest she says they can make you sterile but she doesn't know what she

is talking about. But if you explain to her she gets to know and at least at the end of the day she relaxes like my daughter cannot easily get pregnant because she protects herself, like yes, she will get pregnant when she wants but for now, she is safe.

I: Okay, and what of the parents, like your mother, how do they perceive the service providers who provide you with these services?

R: They don't have a problem with them.

I: Like your mother doesn't have a problem with the service providers who give you the services?

R: She doesn't have any problem with them.

I: What about the mothers of other girls who use the services like the ones you told me that you know; how do their parents perceive the service providers?

R: I also know some of them who don't have a problem with the service providers. But those who have a problem with them, you find that their daughters don't tell them that they are using the services. why do they hide, because they don't have the courage to tell the parent, this is this...you know its best I explain what these pills are for than explaining where I got my pregnancy from. So I think I would rather explain to her about the pills, yes

at first she will have a hard time but she will learn to accept because she wants you to be safe.

I: Okay, what about the religious leaders, what do they say about the T-safe users?

R: I think religious leaders don't have any problems because even the Bible says that God helps those who help themselves. First you help yourself then he helps you. I cannot just stay idle and I know I am messing around, like when I know am at risk of getting pregnant and so I start praying, no. if I protected myself, even God will help me but if I didn't protect myself, it would be tough; because you cannot say that if you go there you will be robbed and still go there.

I: Okay and what do you think the religious leaders think about the people who are giving you these services?

R: They have no problem with them because they wouldn't also want anyone to bring shame to their family, they want us all to be safe because among us, there are future leaders, you know. So I don't think someone can come and say they have a problem with us protecting ourselves from what we don't want to have.

I: And then so; there is also a group of boys or let's call them young men or male partners, what do they feel about the T-safe users?

R: First, I can say that most of them wouldn't like it because you know as a man or a boy, first they want to spoil your life because they say, let me first impregnate her so that she can just stay at home because you know when we are messed up, our lives get paused but theirs continue. So we don't always tell them that we are using T-safe services, we just keep it to ourselves, because out of ten, nine percent of them just want to show you that I have spoiled your life.

I: **Why would they want to spoil someone's life?**

R: You know, they know that the moment you get pregnant, you will stay at home, that's three years behind, you will be raising the child. For him, he will never come and sit there with you, his life will just continue. If he was in school, he will continue with his education and after graduating, there is no way he will look back and tell you that at least we were together let's start life together, no; he will look for a fellow graduate so that they can live together. But you and your baby you will just be there waiting for a sympathetic man to marry you. So at this young age I cannot say that there is anyone serious who would want to marry, they just want to spoil your life, you know. Some of them can also use it like a game or revenge, maybe one is told that that lady

wronged someone, so as a girl you are innocent and you don't know what's going on but he will just spoil your life.

I: Okay, so can you tell me your experience and the quality of sexual reproductive health service you received today?

R: The health service I received today was good.

I: You told me that, so explain to me a bit.

R: I was happy to come and to talk to you, at least I have learnt so many things, at least we have shared the conversation and you've known what you didn't know and I've known what I didn't also know.

I: And what can you tell me about your experience with the quality of the refill that you came for today?

R: Please repeat.

I: Like tell me your experience with the quality of sexual reproductive health services you received today.

R: Today I received pills and I am going to start swallowing them today for the next twenty one days. So I will come for the others on the nineteenth of April.

I: So can you say that it was easy to access the services?

R: Yes, it was easy.

I: And you accessed them easily here?

R: Yes.

I: Can you say that the service provider was supportive to you?

R: Very much.

I: How?

R: First she asked my name and my last visit date then she noted my name and took my phone number so maybe if I forget by the nineteenth, she will call me to remind me that I should come back for refill.

I: Okay, and during the conversation with her, did you feel there was enough confidentiality or privacy?

R: Yes, there was privacy because at least we talked and she was very calm, we didn't have any disagreements. He was just okay.

I: And let's say that there were some people where you were talking; do you think you would still have the privacy?

R: I don't think, like for example if we are called here and we are like thirty people and all of us want T-safe services, you know we have nothing to hide because we are fond of one another and we are taking the same thing and we also want to see our friends taking them and we don't want someone to take a service they didn't want, so we'll all be happy.

I: What if you weren't all T-safe users, how would that be?

R: First before you bring someone we always tell her, she has to be told so that at least when she comes she will know. So if we didn't refer her, she will enter and she will be given the information.

I: **So we are looking at the privacy; so let's say if there were other people who came for other services but are not adolescents like you, how would you have felt if they were there?**

R: If they came for other services?

I: **Yes, and you are being talked to there.**

R: Please repeat.

I: **Like where you were at the receptionist...or where did you talk?**

R: At the reception.

I: **How was it?**

R: It was good.

I: **How was the area?**

R: It was good because it was only I and her alone, at least she talked in a low tone and we could only hear the conversation between us.

I: **But if there was someone else, what would have happened?**

R: Obviously I would have shied off because maybe you don't know whether one has come for the exact thing or not, so

you would shy off but we would still talk but at a low tone.

I: So you have said that she gave you a return date?

R: Yes.

I: Okay, so I think we are almost finishing, just a few more questions. So what would you say you have learnt since you joined the ITH platform and how will it help you achieve your future goals?

R: I have learned so many things, I have learned about these pills and more. I have learned at least...I don't know what to say...but at least I know for now I am safe. As long as I keep using them, I will be safe.

I: So the fact that you are safe, how will it help you to achieve your goals?

R: When am safe, I know am able to do anything, there is nothing that is stopping me from doing what I want. I can do any work, I can get employed anywhere, I cannot say that I have a child back at home that is stopping me or I have a baby that will stop me from working away from home. I am ready for anything now because I am safe. There is nothing that is dragging me behind.

I: Okay, anything else you have learnt that will help you achieve your dreams in the future?

R: I have gotten a lot of courage because initially I was shy but now I can stand in front of so many people and talk. I am now courageous because even if I go somewhere and I don't know anyone, I cannot shy off from talking to them, I will just talk to them and exchange ideas. But before, I wouldn't do that.

I: **So how have you gained that courage?**

R: Through interacting with many people.

I: **Okay, and can you say that ITH has addressed some of the challenges or barriers adolescents faced when accessing sexual and reproductive health services?**

R: come again.

I: **Do you think ITH platform has addressed the challenges or barriers that girls faced when seeking sexual and reproductive health services?**

R: Yes.

I: **Okay, I am trying to ask, since the introduction of ITH platform, has it helped reduce the challenges and barriers adolescents faced when seeking sexual and reproductive health services?**

R: Yes, I can say that at least the risk of getting pregnant right now is low, it's not high like previously. Previously most girls would finish form four when pregnant, some didn't even get to form four, they became

pregnant before then; some would also just get pregnant immediately after finishing form four. But thanks to T-safe, those who know about T-safe have protected themselves, nowadays it is very rare to hear teenagers are pregnant, you know, maybe some who don't know about T-safe; but now it's very rare because girls have known how to protect themselves.

I: Maybe any other barrier it addressed?

R: Mmmmm.

I: Earlier on we talked and you told me that sometimes those things would [inaudible 00:36:06] so I don't know what you can say about that. Did it address that issue also?

R: At least now it has helped those who are in the T-safe program like I don't have to ask for money from the boys. It has helped me because I am safe for the twenty one days and when they are finished, I can come for more, unlike before I had the stress of looking for money to buy the pills, it was so stressing but now I get this free of charge. So I know at least they care for us because you go and swallow the pills, when they are finished, you come for more and no one will ask you or fail to provide them for you, so I am very thankful to T-safe.

I: Okay, anything else it has addressed?

R: I can say that it has created employment because like the help us or the mobilizers who are employed by T-safe, you see they are employed thanks to T-safe because they do good work, they are like their trustees; so it has also created employment.

I: **You also told me that there are some information you received from the script that was played, do you think it also addressed some of those issues of one being desperate on looking to know how can I go about this, what can I do; maybe you can tell me about that.**

R: I can say that has helped a lot because when they were acting, I was learning, you know. At least I got the idea or I got to know, because you know one may come to the clinic and say I want such a thing, and yet she doesn't know about it; she just hear about it and then come saying that she wants it. But with the help of help us telling her this and this; by their help and by giving them that information, they know so that at least when one comes, they know what they want.

I: **So do you think so many girls are informed right now?**

R: Yes, most of them are informed, maybe those in boarding schools may not be informed because you know when the student closes the school she just comes home and it's very hard to see her. But most of those around the

community know about it because if I know and I inform like other five girls, you see, maybe I go home and I tell the people at home and my cousins, so when they come here, I bring them and they are given more information then they start using the methods. So when one knows, everyone else will know because there is no way I will know and if someone ask me about it I fail to tell her. So if I know, I will inform others. So the more we inform people, the more they get to know.

I: And when you say that you cannot hide it from other girls, do you think each and every adolescent girl share with their colleagues?

R: The pills?

I: No, information.

R: Say, like the fifteen and sixteen year olds may fear because maybe one fears how she will be viewed so they may fear. But even if they fear, there is that age, if she is fifteen years and her friend is also fifteen years old, obviously if they are close she cannot fail to tell her, she may fear telling someone like me or someone like the parent but she cannot fear telling her age mate.

I: And have you ever told your peers about ITH platform?

R: Yes.

I: Tell me what did you tell them?

R: First I even thought they had side effects because you know some people do say if you swallow those drugs you will gain weight, your tummy will grow and such, so I asked and I was told it's not that way. Also hormones are different and people eat every day, you know, so they explained to me that you can also take this pill and nothing will happen like you won't have anybody changes, you will just be okay, you know. So when she told me that I gain some trust because at first I feared taking the pills. But they explained to me and gave me the courage then I continued using the drugs.

I: **Okay, thank you for that. And to ask again, since you got the ITH service, have you told your peers about it?**

R: Yes.

I: **Tell me more.**

R: I have told them, I have a cousin who is currently in school but she is in boarding school, I told her about it but since she is back home in rural maybe I will wait till she comes here because she does come during holidays so that I can bring her here.

I: **What did you tell her?**

R: I told her...you know some can refuse and feel that they are not sexually active yet, but I just told her because you can tell someone so that when she decides to join,

at least she will have some information. I told her its best to protect herself with T-safe because...you know a girl in the rural cannot easily get the two hundred or one fifty to buy pills, she will maybe buy applying oil first. But if she has this program, at least she will be safe and she will be able to complete her education.

I: And other than your cousin, have you told anyone else?

R: No because most of them know about it.

I: Okay, how can you say that you and other adolescents in the community been involved in the ITH program?

R: As in English please.

I: Like, now you and the adolescent girls in your community, how are you involved in this ITH project?

R: We are involved when we come for the pills, the points as well.

I: So you also bring feedbacks back to the clinic?

R: Rarely but you know we mostly communicate using the phone.

I: Do you give feedback through that phone?

R: Yeah.

I: Okay, how....which feedbacks?

R: Most they do text me and I text them to ask them a question. Like you can tell them that you have run out of drugs and they will ask you where do you stay, you

tell them then they refer you to a place or a chemist where you can go for the pills.

I: Okay.

R: They are very fast when you text them, and you know it's free of charge, they reply there and then.

I: So the services for communication are free of charge?

R: They are free and they are very fast, when you text they reply immediately and even if you delay texting them, and then you text later, they will still reply fast.

I: Okay, so you don't participate in any other way or is there any other way?

R: No.

I: Okay. And can you say that you can come back to this clinic?

R: Yes.

I: Why?

R: I like their services; secondly, I have to come back for refill because I want to be safe.

I: And in future do you think you will still want some of the services from this clinic?

R: Yeah I will because maybe God willing when I decide to get a child, I will come for an injection. But for now I will just use pills and I won't stop coming, I'll be coming and I'll even inform others.

I: Okay, we are almost finishing. So let's say if any case T-safe was not there, where would you seek the sexual and reproductive health services?

R: I don't think I would get them anywhere else.

I: Why?

R: Because I haven't heard of any other organization like this one so you know you have to buy from the other clinics of which are very expensive to people like us because getting that money is hard and maybe it's just your savings which you use to buy them. It's hard because you may plan to use them for something else so I would just like T-safe to continue providing the services.

I: So where would you buy them if you were to?

R: Maybe from the chemist but you can't buy these because they are expensive. You just buy the one day pill and you know you may go there when it's too late because you may go before you get the money and the chemist cannot give you the pills and tell you to bring the money when you get it.

I: So they can sell you a pill for one day?

R: Yes, not this one, maybe the other e-pills.

I: So the e-pills?

R: Yes because that may be cheaper.

I: And when you go to that chemist, how do they treat you?

R: In fact it's always very embarrassing to buy them because you may go to buy them and find some people who know you, so before you gain that courage, you may even get there and say you want piriton. You have to time when there are no customers and buy them then.

I: **So when you find many people you will even buy piriton?**

R: Yes and come back later to buy them because its difficult when you go there and find someone who knows you or you find older people there, you know.

I: **And now that you are telling me that sometimes it is not easy to get the money and you also use the money to buy piriton so...**

R: You buy worth ten shillings and that also drops the amount of money you have by ten shillings. So you have to look for another ten shillings before you can come back.

I: **Okay, and how is their privacy?**

R: There is no privacy because you know they assume everyone just comes to buy drugs like they just take it as normal drugs but they don't know how one feels when they go to buy the drugs. Then one will sell them for you and then say that you keep buying these pills, you know. So you won't be happy. So you will maybe buy them here today, next time you move further away, so we cannot say it's

a good thing. At least this one you just swallow privately and daily.

I: Do you think such a thing has ever happened to you, when you went to buy some pills and then maybe the chemist talked about you or have you ever seen it happening to someone else?

R: Yes I have seen, maybe you go to buy drugs you find the doctors say these pills have been bought by a lot of people. Like most of them do say that on Saturdays girls do buy them a lot. So you even wonder, you know they don't discuss these other drugs like you will never find a day that piriton is bought so much, but when it comes to these kind of things, they talk a lot about it.

I: Okay, why do you think they talk a lot about that?

R: Because you know they feel that if you go and buy, they view you differently, one will even say that I thought you didn't know about these things. So if someone tells you that, you feel bad and you can even lie that I have been sent by my older sister.

I: So they say I thought you didn't know about these things. What are the things?

R: Like the emergency pills, obviously she knows they are yours but you are lying that they aren't yours so that she can stop questioning. So you just want to be given

the pills and leave immediately. You may want to buy and swallow them as soon as possible, but now when you go there, and you have really looked for the money, the chemist sells it to you grudgingly, you see, another one scares you; they look at you funnily and yet you struggled to get the money, you know, you feel very bad about that.

I: And do they give enough information?

R: No, they only give you and you leave. They will never tell you that you have used this method for a long time, let's try this other method, no, their need is just the money. You just buy, take and leave.

I: And have you ever looked for T-safe any other time and failed to get the services?

R: I have never failed to get the services.

I: Okay, I think that's the end of our interview, thank you very much for your time since we called you and you came within a short time. I also thank God because I saw you take your service. So thank you so much.

R: Welcome.

[End of audio]

Notes

The interviewer did not probe on the action taken by the peer whom the respondent told about the T-safe platform (in this case, the cousin).

File name: ITH_R2_NAI_RUA_URB_002_ADO_NO_SERV_001

Duration: 00:09:46

I: This is Florence Akinyi Olum taking an interview, ITH round two NAI RUA URB 002 ADO DLRS 001 9515. Tecla so briefly tell me how you came to know about T-safe.

R: T-safe?

I: How you came to know about T-safe.

R: How I came to know about it?

I: Mmh.

R: I was told about it by a friend of mine who told me that you can get to protect yourself from unwanted pregnancy and she brought me to the hospital, so I then came and got all the other services like test and such like but I wasn't given any medication.

I: What did they test?

R: They tested for pregnancy but the hospital didn't have the pills, it was this hospital here.

I: Which one is that?

R: Milele. So there were no pills so I bought them from the shop.

I: Okay, so you have said that you went there and you were told about it and then you realized that you were...apart from the tests and the other services, what else other service did you receive from T-safe?

R: I was given a card.

I: Okay. And what influenced you to join T-safe?

R: I felt it would protect one from getting premature pregnancy.

I: Okay, you have said that you were given a card during the registration, kindly tell me about the process of registration.

R: A photo was taken, then you would write your name and then get the card. They take the photo and it appears on the card.

I: Okay, so what did they use to take the photo?

R: They take the photo and it is reflected in the card.

I: So that's what you come with to the hospital?

R: Yes.

I: Okay, so you have said that you were told about T-safe by a friend of yours, who was this friend exactly?

R: Purity.

I: Purity who is also the mobilizer?

R: Mmh.

I: Okay, so where did you meet when she told you about these things?

R: We are neighbours.

I: Earlier on we talked about what influenced you to join T-safe; you have said that you were mobilized by Purity, right?

R: Yes.

I: Do you think you also saw it somewhere in the media?

R: Media?

I: Mmh.

R: No.

I: And would you say that you joined it because T-safe awards points?

R: No.

I: And would you say that you were influenced by the kind of service you received?

R: Yes.

I: Tell me more.

R: You know when you are registered by the T-safe you get the medicines for free at the hospital unless you go to the chemist so one would prefer to register for T-safe so that she can get the services for free.

I: Okay, and why didn't you receive the service after you were enrolled in T-safe?

R: Since I didn't get the medicines at the hospital, I went and bought them, there were no drugs at the hospital so I went and bought them at the shop. I was to go to helpers but since I came back late from school, I didn't manage. I have only come today because I didn't go to school.

I: So you are trying to say that you've not received the service because you are busy?

R: Yes.

I: Okay, and would you like to continue with the T-safe program?

R: Yeah.

I: Tell me how.

R: By using pills.

I: So what do you do when you run out of the pills?

R: When they run out I just have to buy again.

I: So where exactly do you buy them?

R: From the chemist at home.

I: How much do they sell them for you?

R: A hundred shillings.

I: Okay, and what is the view of the community about the T-safe services?

R: The community...it helps a lot of people because you may find someone...they just help to protect a person.

I: **Okay, and how do the mothers and fathers in the community view the T-safe program?**

R: They just think it is a good thing, like my mother felt it was a good thing and it could help me.

I: **Okay.**

R: And you see one would use a lot of money like five hundred shillings to get an injection at the hospital, but when they join T-safe it is given for free.

I: **And how do your peers view T-safe program?**

R: They think it is good but some just want the points so they don't view it positively as such.

I: **Okay, I mean the boys, how do they view it?**

R: You know you cannot tell your boyfriend that you are using this, you see, some may accept it while others may reject it so you just have to keep it to yourself.

I: **So can you say that most ladies mostly don't tell their boyfriends?**

R: Yes.

I: **Okay, and now that you are using it, have you talked to your boyfriend about it?**

R: It was just like jokes but from how he reacted, he didn't like it.

I: **How did he react?**

R: From the way he behaved, you could see that he didn't like it.

I: **What exactly did he do?**

R: He took long to say a word, so he wasn't okay with it.

I: **And what do you think he would say if you got pregnant?**

R: I don't know about that, you know you may trust someone and then they later come to avoid you.

I: **And since there are some ladies who don't use the T-safe services in the community; what is their view about it?**

R: You know if you tell such a girl, she will like it, I've never seen anyone reject the service; they prefer to come for the services.

I: **Have you ever talked to one and brought her here?**

R: I have talked to three of my friends and they do come for the services thought they are currently in school, one is in form one and the other two in form three.

I: **So they get the services under the T-safe?**

R: Yes.

I: **Okay, and what is the view of the religious groups in the community?**

R: I haven't talked to the religious groups.

I: **Okay, Tecla, I only had the few questions for you and thank you very much for giving me your time and opinion. Do you have any question for me?**

R: I don't have a question.

I: **And would you like to add anything about the T-safe?**

R: No.

I: **Or would you like to say anything about a colleague who didn't received the service?**

R: No, you just understand that the services are not available and you go and buy like the girls got a chance to go to a different hospital where they got the services though I didn't just have that chance.

I: **So do you mean you didn't get the chance because you were busy to go to the other hospitals, or are you also trying to say that the other hospitals were too far for you to get to?**

R: Yes.

I: **Any other contributing factor?**

R: None.

I: **Okay thank you very much.**

R: You are welcome.

[End of audio]

Notes

The interviewer did not probe the responded on her feeling about having her photo taken to join the platform.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_RUA_URB_002_ADO_NO_SERV_001

I: This is Florence Akinyi Olum taking an interview ITH round two ITH_R2_NAI_RUA_URB_002_ADO_NO_SERV_001 9515. Teckla please tell me how you came to know T-safe.

R: How I came to know about it?

I: Yes

R: I was told by a friend and she told me also how you can prevent yourself from getting pregnant. She then brought me here at the hospital and so by the time I went, I was given all the other services apart from the pills.

I: Mhh.... What else did they do?

R: They tested my urine for pregnancy and that hospital didn't have any pills, this one here

I: Which one is that?

R: This one called Milele.

I: Mhh

R: They didn't have the pills so I had to buy from the shop.

I: You have just told me that you went, you were educated and then took some tests for pregnancy and then realized that you (unintelligible), besides those tests and being educated, is there anything else to show that you are now part of T-safe?

R: I was given a card.

I: You were given a card and what influenced you to join T-safe?

R: I came to know that you can prevent pregnancy when you are young.

I: And when you were being registered, you told me that you were given a card, can you tell me briefly from the time you knew about the platform to the time you visited the clinic?

R: They were taking our photographs and then you are enrolled after which you are given a card.

I: Mhh

R: The photograph also appears on the card which you are given.

I: Ok

R: Mhh

I: You were taking the photo and then?

R: It is placed on the card.

I: So that is what you came with here?

R: yes

I: You said you were told by a friend, who is she?

R: Purity

I: Purity who is also a mobilizer?

R: Yes

I: Ok so maybe where did you meet before she started telling you all these?

R: Purity?

I: yes

R: We are neighbors.

I: Earlier on we talked about the reasons that made you decide to join T-safe. You said it was Purity who talked to you about it. would you also say that you saw it also in the media?

R: Media?

I: Yes

R: No.

I: Would you say it is also because T-safe is giving out points?

R: No.

I: What about the quality of the service provided, is that what influenced you also?

R: Yes

I: Tell me more about it.

R: After registering with T-safe when you go to the hospital you will not buy but if it was a chemist, obviously you will buy it. So, it is better you go and register so that you can get the free one.

I: Ok and why did you not receive the services after being enrolled in T-safe? You mentioned earlier on that you missed the service. After missing the service.....

R: After missing I went and bought some from a chemist. There were no pills at the hospital they were finished.

I: Mhh

R: I was supposed to go back to Helpers but then there was no time because I have to go to school early and come back late.

I: Mhh

R: Today I didn't go to school that is why I was able to come here.

I: Mhh

R: Yes

I: Ok so what prevented you from taking a service then and to date is being busy.

R: Yes

I: And have you ever thought of continuing with T-safe?

R: yes

I: How?

R: I will continue using the pills.

I: Now that you bought, when they are finished what do you do?

R: You are forced to buy because you need them.

I: Where?

R: Near home in a chemist.

I: How does it cost?

R: Sh100.

I: Ok and in your view how does the community perceive the T-safe services?

R: Mhh?

I: These people who live in this community, what is there perception about T-safe?

R: It has benefitted many people. If you use them it is like you are preventing yourself from pregnancy. At least one is able to take care of themselves.

I: Ok and let us talk about men and women, what do you think is their perception about this T-safe platform.

R: They are ok with it like my mother was ok with it when I mentioned it to her.

I: Ok

R: Mhh because you spend so much on methods like the injection i.e. Sh500 and so one decides to join T-safe so that you can save on that.

I: Ok and if you look at your peers what do they think of T-safe?

R: They feel it is good but some actually are there because of the points.

I: Mhh

R: To them it would be a bit difficult.

I: Ok when I say peers actually, I mean the boys not girls.

R: The boys? Ahh you should have been specific.

I: Yes boys.

R: You cannot go telling your boyfriend that you are using the family planning methods.

I: Mhh

R: There is one who will agree with you and another one will not so you are better of keeping silent about it.

I: Mhh

R: yes

I: So, in most cases the girls don't usually tell their boyfriends about it?

R: No, you don't.

I: And have every told your boyfriend about the pills?

R: I mentioned it to him once about it, and it was just a joke but the way he reacted, it was like he didn't like it.

I: How did he behave?

R: The way he behaved it was like he wasn't happy about it.

I: How did he react to that?

R: He kept silent for a long time before he said something, and that showed he was not happy about it.

I: And supposing he found out that you are pregnant, how will he react?

R: I don't know because you might trust someone but when the situation arises, he abandons you.

I: You know the community comprises of different categories of people. How do your peers who are not under T-safe perceive of T-safe services?

R: I think they are ok because I am yet to meet someone who is against it.

I: Mhh

R: They prefer coming to take a service.

I: And have you ever taken the responsibility to talk to them?

R: I have talked to three of my friends.

I: Mhh

R: But they are also on pills and right now they are in school.

I: Ok

R: They are in high school. One is in form one and the other is in form three.

I: Mhh

R: Yes

I: They are under the T-safe program?

R: Yes

I: And what do the religious leaders think of it? what is their perception of the T-safe services?

R: I have never interacted with one.

I: You have never talked to one?

R: No

I: Ok Teckla, those are the few questions I had for you and thank you for your time and views. Do you have any questions for me?

R: No, I don't have.

I: Do you have anything you would like us to talk about that we didn't discuss?

R: No.

I: Or as someone who missed the service, do you have anything to say?

R: You just have to understand that they were not there and so you go and buy. Others were able to go to other hospitals you see?

I: Mhh

R: it is just that I didn't have the time to go somewhere else.

I: Would you say that because you were busy and also the distance also contributed to that fact you could not go to another hospital for the T-safe services?

R: yes

I: Any other?

R: None.

I: That is all?

R: yes

I: Ok thank you so much and I am grateful to you.

R: Welcome

File name: ITH_R2_NAI_RUA_URB_003_ADO_006_300519

Duration: 00:51:40

I: I would like us to start, I am very grateful for taking your time to talk to us, I have told you the work that we do and our aim is to improve sexual reproductive health services to the adolescents like you and those who will come behind you. This discussion will be of much importance because what you will tell us will help in improving services and others will benefit. So please talk freely, and because of the noise outside we will try to talk loudly for ours to be heard, okay?

R: Okay.

I: So this is Wylcister Ombidi, a research assistant number 003 doing ITH round two adolescent interview, adolescent number 006, being interviewed in Nairobi County, Ruaraka sub-county at Milele hospital this day dated 30th of May 2019. Starting at 10.59 Am.

Welcome, now as we start please tell me how you got to know about T-safe.

R: I knew through a friend.

I: A friend, okay. Please tell me a little about the friend, where did you meet.

R: We met and she asked me "By the way what do you normally use?" and I told her and she told me" there is a place I can take you and it's free and then they treat you, if you want counselling. You get whatever you want and you do not pay". I saw that because it was close to where I stay, I saw it was good for me to come. And there are no queues because government facilities have line. And there you go be served and leave.

I: And what kind of friend was this, was it your boyfriend, girlfriend?

R: She was a girl.

I: She was a girl like you.

R: Yes, a girl like me.

I: When she asked you what you use, what did she mean?

R: As in the family planning method that I use.

I: Okay and you told her.

R: Yeah.

I: I would like you to tell me what happened from the time you heard about T-safe until the time you visited the clinic or the T-safe program. It is like a journey, from the time you met your friend until you got to the clinic to get service.

R: She told me and I took for a while before coming.

I: **You took a while.**

R: Yeah.

I: **Like how long.**

R: Not so long.

I: **Even minutes are not so long, tell me was it days, hours?**

R: It was a few days.

I: **Around how many?**

R: Maybe three.

I: **Around three days?**

R: Yeah.

I: **Okay.**

R: And I came, in fact she brought me.

I: **She brought you.**

R: yeah, she brought me, I saw a doctor, and I was given the one for three months.

I: **You were given one for three months.**

R: Yes.

I: **What is that?**

R: The injection, it's called Depo. They gave me that and I was happy, their services are good because you know we are still young you feel shy, yeah. But I did not feel that way.

I: **You did not feel shy.**

R: No, the doctor was friendly.

I: **Friendly, now what did he do that made you think he was friendly?**

R: Because he tells you, when I went he asked me what I have been using and I told him I was using P2 and he told me P2 is not good when you use it too much. So I saw that the injection was good.

I: **Great and you have told me you are young, of course you are young. That you are scared, what are you young people scared of?**

R: There are things you cannot tell parents. And you know that in public facilities the doctors are harsh. So you just prefer to buy P2 and you are not working, where will you get money for P2 all the time?

I: **You know right now we are talking where nobody else can hear us, and I a person who keeps secrets. So what do you young people feel like they cannot tell their parents?**

R: Of course you cannot tell your mother or father that you have a boyfriend and you are having sex, things like that you hide. You cannot tell them you are using family planning you have to hide.

I: **Okay, I understand. Not just understanding but also really understanding. Let us continue. I would like you to tell me the process of signing up. The process of joining the mobile platform how was it.**

R: It was good because everything is free.

I: **Free.**

R: You are not charged.

I: **Okay, so I would like to know if you were registered on phone. And you were pressing the phone**

R: Yeah. She was pressing my phone.

I: **On your phone.**

R: Yeah.

I: **Who was pressing?**

R: My friend who is already a member. So it's like she added me and I was given.

I: **She helped you enroll on phone.**

R: Yeah.

I: And when she got in the mobile phone and registered you, were you watching?

R: Yeah.

I: And what did you see?

R: I cannot remember the numbers well but it was two-two something, it tells you thank you, you have registered.

I: Okay, you have been registered. So it was not you operating the phone she did it for you.

R: Yeah.

I: And you have told me that she is the one who brought you to the clinic.

R: Yeah.

I: Okay. Kindly tell me if there were any challenges while your friend was helping you register. Any challenges from the time of registration until you got to the hospital.

R: No.

I: You did not have any challenges.

R: There wasn't.

I: During registration there is a photo that is normally taken, I would like to know if your photo was taken.

R: I did not take a photo.

I: You did not take a photo.

R: Yeah.

I: During registration, your friend did not take your photo.

R: Yeah.

I: And when you got here at the facility to see the doctor was your photo taken?

R: No.

I: Sorry for the interference you know we cannot continue talking when someone else is present, because I told you

we have to be confidential, now we can continue. You know this is their room and if they want something, we cannot prevent them from getting it.

R: Okay.

I: So I was asking you about your photo being taken, and I was asking when you got to the facility was your photo taken.

R: No.

I: They did not take your photo, okay. So you do not have the experience of your photo being taken. Okay, so as we continue please tell me what attracted or made you join T-safe.

R: What attracted me is that if you come there are points you get. And if those points accumulate, you can take something.

I: Okay, so the presence of points attracted you, and you are saying if the points are many you can take something, something like what?

R: Anything from the shop.

I: From the shop.

R: Yeah.

I: Okay, so I don't know if you have gotten the opportunity and taken something.

R: Yeah but I did not have many points.

I: How many did you have?

R: 250.

I: 250 and you took something. What did you take?

R: I took wax for the hair.

I: Wax for the hair, beauty products.

R: Yeah.

I: That is good.

R: That is good.

I: girls must make themselves right?

R: Yeah.

I: Okay, is there anything else that attracted you or made you join T-safe. Apart from the points.

R: Also getting the family planning.

I: The family planning.

R: Yeah.

I: Okay, there is this friend who directed you, can she be one of the reasons for you coming.

R: Yes, if it weren't for her I wouldn't have known.

I: Okay, you have also told me you got free services. Could that have attracted you?

R: Yeah.

I: That one too?

R: Yeah.

I: And I would also like to know, you know you are dot com, and you press your phones all the time. If maybe, you got a message on your phone through sms, Facebook, or any other way and read about T-safe?

R: No.

I: Okay. There is something you have touched on that I would like to repeat for us to understand better. You have talked about points; I don't know how you call them here.

R: Points.

I: Yeah, the ones you went and got wax. So in this research we call them Tiko points or Tiko Miles. So I would like to know what do you understand about Tiko Miles, what are Tiko points?

R: Tiko Miles are just points.

I: Like.

R: Like appreciation.

I: oh, appreciation. Okay, even so you have told me it was good and you bought a beauty product. The wax, okay. And you have told me it was the first thing that attracted you to joining T-safe.

R: Yeah.

I: Okay so let's say if this program did not have Tiko points, would you still have joined or would it have been difficult. Please tell me.

R: I would have joined because I still get free services.

I: So after your friend helped you register on phone, can you tell me have you personally tried to get on the mobile platform and used it.

R: I still have that thing of sms.

I: Sms.

R: Yeah.

I: have you interacted with them?

R: Yeah.

I: Okay, please tell me a little.

R: After I went for service, they asked me how were their services and I told them.

I: Okay and how did you find the interaction?

R: It is not bad because it's someone you don't know and they don't know so if you have a problem you can tell them.

I: Oh, it's someone you don't know and if have any problem you tell them.

R: Yeah.

I: Any other good thing about that platform?

R: It is secretive.

I: It is secretive. You and your phone, okay. I don't know if there any other benefit that, you have not told me.

R: Just those ones.

I: **Okay, so it is secretive and it is only you and that person.** Okay, now do you think the mobile platform gives you relevant information or irrelevant.

R: No, it talks about the treatment and services; they ask questions that, yeah.

I: **They ask questions that.**

R: They don't ask you questions that are irrelevant.

I: **So how frequently do you use it, like let's say in a week how many times will you visit it?**

R: Maybe twice.

I: **Twice a week, okay. How did you chose the facility or the provider you visited recently? You told me it was on Saturday of this week. So how did you chose the clinic?**

R: First, this is the one that is close to where I stay, so this is the one I would come to, I wouldn't go to another one.

I: **Because it is close, okay. I don't know if there is any other reason that made you come here and not anywhere else.**

R: Just that, because it is near.

I: **And I don't know if the quality of service also contributed to you choosing this clinic. You told me that services are.**

R: It is not like public where there are many people, you queue. Here you come and in two minutes, you are done and you go.

I: **Okay. And about payment.**

R: I did not pay.

I: **You did not pay.**

R: Yeah.

I: **And did you see that as a good thing or should they put a small fee.**

R: If they put payment, we won't come.

I: **If they put payment you won't come, I understand you. Is there anything about this hospital that you had been told initially or heard, the good things or the bad things that you heard and said I will go to that clinic. Is there something you had heard?**

R: No, but you know this hospital is good.

I: **It is good.**

R: yeah.

I: **What have you heard about it?**

R: It has good service.

I: **If you tell me good service, I still expect you to tell me what is good about it.**

R: First, they are friendly.

I: **They are friendly.**

R: Yeah, and they serve people well.

I: **Okay.**

R: And they don't question you.

I: **They don't question.**

R: As in, as you know if you go to public, they judge you, why are using things meant for women, they don't want to listen to your side.

I: **They don't want to listen to your side.**

R: Yeah, now here they listen and understand.

I: **So when you say things meant for women what do you mean.**

R: The family planning.

I: **Okay, I understand you. So the friend who directed you, I don't know if she contributed to your coming here.**

R: Yeah she told me it is close because we come from the same place. She told me "You can go to Milele or I could take you" and that is how I got here.

I: Okay, there are also people who walk in the community called the mobilizers. I don't know if you have met them.

R: Yeah.

I: When?

R: This month.

I: This month, so did you meet her before coming or after you came?

R: I had not come.

I: And you met the mobilizer, what she tell you?

R: I did not talk to her.

I: You did not talk her.

R: No, that day I was in a hurry and I remember when my friend me I told her I had met some people but I was not able to listen.

I: Okay, but did she tell you she was a mobilizer or how did you know she was a mobilizer?

R: Because she introduced me.

I: She introduced you.

R: Yeah.

I: Okay. As we continue, please tell me your view about the quality of sexual reproductive health services you receive on ITH or T-safe.

R: I did not see anything wrong with it. It was just good.

I: I don't know if we will be repeating ourselves but I would like to know what is good about these T-safe services.

R: The benefits, first there is counselling, secondly you prevent pregnancies, thirdly you can be tested for HIV and still you can be told how to prevent. Not just preventing pregnancies but also telling you there are diseases, yeah.

I: You have said you are told how to prevent diseases.

R: Yeah.

I: **What type of diseases?**

R: HIV, STI.

I: **Okay, so in the mobile platform what type of services have you received from that platform. What services do you see?**

R: E- pills or what?

I: **Have you seen E-pills on the platform.**

R: Yeah and Depo.

I: **Okay there is also Depo.**

R: Yeah.

I: **You told me that you look three times in a week.**

R: Yeah.

I: **Okay. So you as one of those who has been very active in interacting with the T-safe mobile platform, can you tell me what you would recommend to improve the mobile platform to make it much better. What way would you like it improved?**

R: Like what.

I: **The mobile platform, if you saw any problems or something.**

R: I have not seen any problems.

I: **It is okay.**

R: Yeah

I: **There is nothing that should be added.**

R: It is just okay.

I: **Okay, you told me that you got 250 points and they were no many, what would you say about that?**

R: They should add.

I: **They should add.**

R: Yeah.

I: **To how many for example?**

R: To 100.

I: **To 100 instead of 250?**

R: No, instead of, if you take someone, you are awarded 50; it should be 100 instead of 50.

I: **It should be 100. Did you get 50 or 250?**

R: That is after the service.

I: **After the service, so you are saying that instead of 50 or 250 it should be 100.**

R: Yeah.

I: **Okay, anything else that you would recommend on the mobile platform.**

R: I don't know what they can do because there are teenagers who don't have phones, and how can they be assisted?

I: **Now that is a very important question and you know we are here to help one another, what would you recommend? You know it is just your suggestion, what would you suggest?**

R: Maybe they should have cards.

I: **Okay, they should have cards because some girls don't have phones.**

R: Yeah.

I: **Okay. And what service did you get when you came?**

R: Depo.

I: **You got Depo, okay. So I would like to know what is the community's perception about T-safe services and girls who use these services. It's like how do they feel or what views do they have, the community, you come from a community around here right? What feelings do they have towards T-safe services and the girls who use those services?**

R: At least first, there won't be early pregnancy, second they will know the importance of protecting themselves.

I: So community members, let's say where you stay and your friends from around. What feelings do they have or what do they say about the T-safe program. How do they feel about it?

R: Good.

I: Good. Who are the people who feel good about it?

R: Mostly it is us who receive. We don't know what the others think.

I: You don't know what they think, or perceptions.

R: Yeah.

I: Okay, so what do girls like you say or what is their view on T-safe?

R: They want to use it.

I: They want to use it. What are they saying is good about it?

R: The benefit of T-safe, just prevention, it protects.

I: What does it prevent?

R: Pregnancies, diseases and counselling.

I: Okay, so girls like you see it a program with many benefits.

R: Yeah.

I: Okay, I don't know if there are girls your age who could use that advice but for now, they do not want the program.

R: I have not encountered that.

I: You have not encountered them.

R: Yeah.

I: What are women saying about T-safe? You have no idea.

R: Yeah.

I: And the men?

R: I have no idea about them too.

I: And the teachers?

R: No.

I: You have no idea, and the church leaders.

R: No.

I: Now there are those boyfriends or young men in the community, it could be your boyfriend, it could be someone else boyfriend, it's a boyfriend. What is their perception of the program?

R: You know boys are not affected like girls, so I do not know what their perception is.

I: And I am sorry if I would have gone personal. I would like to know if you have told your boyfriend about this program.

R: No.

I: Not yet. And the friend who directed you, did she tell her boyfriend?

R: I don't think so.

I: Okay because on this question we would like to know what young boys are saying about it, those young boys can be your friends, can be your boyfriends, yeah if you have heard anything.

R: No.

I: Okay. So you have told me that on the first day you came here that was last Saturday, it was your first day. You received an injection Depo right.

R: Yeah.

I: Please tell me about your experience with the quality service you received on that day.

R: I did not find it bad.

I: Why do you say that it wasn't bad? What happened you say I was treated well or badly while receiving service? How was the environment, how were you treated. That is the question.

R: It was clean.

I: **The hospital was clean.**

R: Yeah.

I: **And the how did the service provider talk to you.**

R: He talked to me nicely. He told me if I get complications from Depo, I can go and he would change it for me.

I: **What else did he tell you about Depo?**

R: He told me there are people who don't react badly to Depo and there are people who react badly, and in case I see any signs, I can come back.

I: **Okay and was it easy getting the service when you came here or were you taken round.**

R: No.

I: **It was easy.**

R: yeah.

I: **Okay, even so you've told me that the service provider talked to you politely and told you the advantages and disadvantages of Depo. When you were talking can you tell about where you were, was there privacy.**

R: Yeah, it was only the doctor and me.

I: **Only you two?**

R: Yeah.

I: **And can you tell me if you were satisfied with the information and counselling he gave you or being your first day you saw there was something you wanted to know but got scared to ask.**

R: No, it was just okay.

I: **Did he answer your questions?**

R: Yeah.

I: **Did you ask questions?**

R: Yes.

I: **And they were answered.**

R: Yeah.

I: **And were you satisfied with the answers?**

R: Yes, I was satisfied with the answers,

I: **For example, what did you ask?**

R: The side effects.

I: **The side effects of what?**

R: The side effects of Depo and he told me in case I experience the side effects I could come back and that really pleased me.

I: **Okay, thank you for that. Now what did he tell you were the side effects that you can remember.**

R: There are people who can bleed a lot. If you bleed a lot, you can go back to the doctor.

I: **Okay thank you, you have answered my question before I asked but I would like to ask did he give you a return date.**

R: Yeah.

I: **Okay he gave you. And how was the waiting time. Please tell me how long did you wait to get service on that time.**

R: Waiting?

I: **Waiting while sited and waiting.**

R: I did not stay for long.

I: **If you can remember, for how long did you wait before getting to the doctor's office?**

R: Maybe like thirty minutes.

I: **And how did you see the waiting time, did you see it as time that someone can wait or did it take much of your time?**

R: It did not take my time.

I: **You saw it was okay.**

R: Yeah.

I: Okay, you have told me you talked to the doctor and she was very free with you right?

R: Yeah.

I: During your decision-making, I would like to know if she told you about all the family planning methods before giving you the opportunity to choose or you came knowing this is what I want and you told her I want Depo.

R: She told me, she first asked me what I had been using initially and I told her.

I: What did you tell her?

R: P2.

I: P2.

R: She told me Depo is also good. She told me the family planning methods available [Cross talk 00:34:49] taking pills every day I would forget and I preferred the injection.

I: During decision making like for the injection, was the decision yours or did she help you make the decision?

R: It was me.

I: It was you, she did not say. "I think the injection is good for you"

R: No, I made the decision.

I: Okay. What can you say are the things you have learnt since you joined ITH that can help you achieve your future goals? What are the important things that you have learnt from this program that will benefit your future life?

R: It has taught me that I will get a child at the time that I want.

I: Okay. It has taught you that you can get a child when you want to.

R: Yeah not getting when I have not planned to.

I: Okay, what else have you learnt? Something you have learnt that will help you in the future. Just what you have said that in T-safe you can get children at the time you want.

R: Yeah.

I: Please explain that. Getting children at the time you want, what has I taught you?

R: We are still young and there are many things I should do. So you get that with family planning you get a child at the right time.

I: So you've learnt that if you use family planning you will get a child at the right time, when you want to. That is very important. I don't know if there is anything else, you have learnt from this program. Something that you can tell your friends.

R: Yeah.

I: Yeah, that is what we want.

R: Yeah, I can help another friend the way I was also helped, yeah. And she will listen to me and she will not hide anything from me. We will be free.

I: Very nice. So you have learnt that being free and teaching each other is something important that helps.

R: Yeah.

I: Okay are there challenges or thoughts that prevents girls' your age from receiving sexual reproductive health services, even when they want but there are blocks, there are barriers you understand? So I would like you to tell me what challenges prevent girls like you from accessing sexual reproductive health services.

R: In T-safe or in others?

I: In the others and even T-safe, what prevents you from accessing those services.

R: Money to buy them.

I: **What about the money to buy?**

R: Where will you get it?

I: **Okay.**

R: And maybe sometimes you lack someone to educate you. By the way if have money you will go buy but you will not be told this and this. You will just buy and you will be given.

I: **You won't be told what.**

R: You won't be told the advantages and the disadvantages. You will just go and say I want this and will give you.

I: **Okay, so the P2 that you told me you use, if you go and buy they just give you?**

R: Yeah.

I: **Okay, so you have said there is lack instructions, so girls do not have information and you've told me lack of money. What else prevents you from getting services?**

R: For me it's only those.

I: **Only those.**

R: Yeah.

I: **Okay, so what can be done for girls to get an easier way of accessing the services, related to the challenges you've mentioned. Lack of money, lack of instructions. How do we solve these problems so that the girls find it easy to access these services? What do we do?**

R: Awareness.

I: **Awareness, who should provide awareness? Where should they get this awareness?**

R: We ourselves can do it, like if I am educated here I can go as I educate others of my age.

I: **Okay, so peer to peer. A girl to other girls like that, to spread the message.**

R: Yeah.

I: Is there another different place where they can get the information? Where do you normally get the information about the services?

R: From the facility.

I: So I do not know if that can me another suggestion.

R: That one is also good.

I: At the facility, anywhere else? Anywhere else, they can get information.

R: Just that.

I: Only those, okay. And the challenge of money, girls not having money to buy these services. What suggestion do you have, how can they be assisted.

R: Like the way we are given free by T-safe, it helps

I: So in terms of money services should be free.

R: Yeah.

I: Okay, what else?

R: Only that.

I: Only that, okay. I see we are doing well and we are almost finished and I will miss you but let us finish the questions first. Have you informed your peers about T-safe project?

R: Two.

I: Two.

R: Because I am still learning.

I: You have not matured in the program.

R: Yeah.

I: But even so, you have started telling them.

R: Yeah.

I: And for those whom you have informed, what initiative did they take?

R: They have not come but they will come.

I: **They will come.**

R: Yeah, I will bring them.

I: **How will we ensure that they come, what did they tell you?**

R: That if they get time they will come.

I: **That if they get time they will come.**

R: Yeah.

I: **So what did you tell them about this program?**

R: I told them there is T-safe, it deals with girls from fifteen to nineteen, and they help with family planning, counselling and HIV testing.

I: **Okay very nice. And how did they feel?**

R: Good.

I: **They think it's something good.**

R: Yeah.

I: **Okay, so as girls let's say you and other girls, you have told me you still new on this program but you have started telling other girls. And those who were in the program initially how are they participating to ensure the more people know about the program, what are they doing? Like your friend.**

R: She is doing a good job.

I: **What is she doing?**

R: She is educating us.

I: **She is educating you, okay.**

R: Because if it wasn't for her I wouldn't have known.

I: **If it wasn't for her?**

R: I would not have known about T-safe.

I: **You would not have known about T-safe. So how are they encouraging you? What do they tell you that gives you the heart to come?**

R: Family planning.

I: Okay. And you told me about Tiko, I don't know if you've talked of Tiko also.

R: Yeah, Tiko Miles.

I: Tiko Miles.

R: Yeah.

I: Are girls happy or are they saying let it be.

R: They are happy.

I: Okay, so would you visit this clinic again?

R: Yeah.

I: Why are saying that?

R: Yes, if I want other services I can come back.

I: If you want other services, you can come back.

R: Yeah.

I: You know services you can get even somewhere else, in another different clinic. But why do you say would come back here. That is why I am asking you what the benefits of coming here are.

R: I told you it is close to where I stay.

I: It is close to where you stay something else.

R: They are friendly.

I: If you say someone is friendly, what does that person do?

R: You are welcomed nicely.

I: Anything else that they do?

R: They talk to you nicely until you like it.

I: They talk to you nicely until you like.

R: Yeah.

I: Okay, please tell me if there are services, you want or would need in the future, for now you have Depo but tell me if there are other services you will want in the future.

R: For now, I am okay.

I: And in future?

R: Yeah, maybe in future.

I: So what type of services would you like in future?

R: Counselling.

I: Counselling, about.

R: Just being counseled.

I: You told me you had been counselled.

R: On HIV and the rest.

I: Okay, so you will want HIV counselling.

R: Yes.

I: Is there anything else you would like to get?

R: No.

I: No, okay. If this facility did not have T-safe, where would you have gone to look for services?

R: Public hospital.

I: Which public hospital.

R: Kamiti.

I: You would have gone to Kamiti.

R: Yeah

I: Kamiti public hospital?

R: Yeah.

I: Okay, if you would have chosen to go to Kamiti public hospital for these services please tell me if there is any challenge in going to Kamiti.

R: Long queues.

I: Long queues, anything else.

R: The queues and those doctors.

I: The doctors. This is the last question and we must talk about it in detail. The line was long.

R: The doctors are harsh.

I: The doctors are harsh, that was also a challenge.

R: Yeah.

I: **Your interaction with service providers you've said they are harsh.**

R: Yeah.

I: **I want to know what the challenge is.**

R: You cannot ask questions.

I: **You cannot ask questions. Okay and I don't know if you have that experience. Have you gone there and got that experience?**

R: Yeah, I went and I dint get it.

I: **You did not get the service.**

R: Yeah, I left because you know public there are many women. Now you are the only young one the rest are mothers.

I: **Okay, I wanted to ask you about privacy and confidentiality.**

R: You feel like you are the odd one out.

I: **You are the odd one out, oh my. And in terms of distance?**

R: It is far.

I: How far?

R: Kamiti is far.

I: **You can walk.**

R: No, you go by vehicle and then you walk.

I: **How much?**

R: From here to Kamiti is 20 shillings and then you walk.

I: **You walk for how many minutes.**

R: Unless I guess.

I: **Just guess.**

R: Maybe thirty minutes.

I: **Maybe thirty minutes, so you see it is far.**

R: Yeah.

I: And about being given advice and guidance, how is it when you go to Kamiti? I see you are just shaking your head.

R: No.

I: You would not get enough advice.

R: No.

I: Why?

R: I cannot go because I am not free there.

I: You are not free with them.

R: Yeah.

I: And I don't know if they would have given you a return date.

R: Yeah, they give you.

I: And the waiting time to get service, you've told me the queue would be long. Can you tell me if you have ever been denied T-safe services?

R: Denied.

I: Yes, T-safe services for girls, have you ever gone to a facility to get services and denied?

R: No.

I: You came here the first time and you were served?

R: Yeah.

I: This conversation has been so nice and I don't see any more questions, I am very grateful for taking your time and accepted to come. We have talked well and I believe that what you have said will be used in improving services, and those who did not have the chance to talk to will also benefit. So that is a good thing. So I have asked you many questions and if you have any questions for me, you are free to ask.

R: I don't have questions.

I: You don't have questions. Any suggestions that we might have forgotten but you would like to share. You don't have suggestions. So we can finish.

R: Yeah.

I: Thank you so much.

R: Welcome.

[End of audio]

Notes

There was a little background noise. All questions asked with relevant

File name: ITH_R2_NAI_RUA_URB_003_ADO_007_30519

Duration: 00:56:47

I: Thank you very much for taking your time to talk to us about the TIKO or T-safe program and I just want to let you know that our conversation will be confidential. Also you have given me the permission to record the conversation...

R: Yes.

I: Thank you very much, this is Wilkister Ombidi, research assistant 003 doing ITH round two adolescent study, adolescent number 007 at Milele hospital in Nairobi, Ruaraka sub county, this day, thirtieth May twenty nineteen starting at 12:05pm, welcome. So to begin, briefly tell me how you came to know about T-safe.

R: I was told about it by my cousin.

I: You were told by your cousin?

R: Yes, she knew about it through shujaz so she referred me to a mobilizer who then registered me.

I: Who was this friend of yours?

R: Cousin.

I: Is a cousin?

R: Yeah.

I: **Girl or boy?**

R: Girl.

I: **Oh is a girl, okay. So what did she tell you about T-safe?**

R: She told me that people get services free of charge.

I: **Okay, is there anything else she told you about T-safe program...she only told you that the services are free of charge. So I would like you to tell me what happened from the time you knew about T-safe until you visited a T-safe clinic. Let's say for example since your cousin told you about T-safe, what steps did you take until you received the service at the clinic...it's like a story how it happened.**

R: When we knew the mobilizer?

I: **She first told you about it then you joined the mobilizer?**

R: Yes.

I: **Yeah, just continue with the story.**

R: So the mobilizer registered me then I received a message asking whether I would like to know the clinics in my neighborhood, I said yes then they sent me the clinics; Milele help us and another one down there; so since Milele is nearby, I decided to come to Milele.

I: **Okay, so you have said that when your cousin took you to the mobilizer she registered you.**

R: Yes.

I: **How did she register you?**

R: She sent the word afya from her phone then she gave me a code which I sent to T-safe through two-two-six-nine-nine.

I: **Two-two-six-nine-nine?**

R: Yes.

I: **And you sent the code to T-safe?**

R: Yes.

I: **How?**

R: I sent it as a message to the number.

I: **Through your phone?**

R: Yes.

I: **Okay, so did you have any challenges when interacting with that phone program you used to send the message?**

R: Challenge?

I: **Mmh. Did the mobilizer register you through her phone?**

R: No, she just sent the word afya; she first sent some details then she received a code which they were told to give to the client, so I wanted her to help me so she gave me the code and I sent it.

I: **Were you together when she was sending the code?**

R: No, she sent me the code later on.

I: **So who gave her your details?**

R: The mobilizer?

I: **Yes.**

R: It seems a neighbor back home gave her.

I: **Her neighbor?**

R: My neighbor.

I: **Is the mobilizer your neighbor or?**

R: She is the mobilizer.

I: **So she knew you?**

R: Yes.

I: **And had you told her that you wanted this program?**

R: No, I hadn't told her.

I: **You were just surprised to receive the code?**

R: No, I told her so my cousin is the one who connected us.

I: **Okay, so when you received the code, was it sent to your phone?**

R: She sent me the code.

I: **She sent you the code through what means?**

R: Messages.

I: **Then she told you to send...**

R: She told me to send it to that number.

I: **Any problem you faced when sending the code to that number?**

R: None.

I: **Okay, and was your photo taken?**

R: No because I was using a phone.

I: **What phone?**

R: My photo was only taken when we were using cards.

I: **So when you came here your photo was taken?**

R: Yeah.

I: **Okay, so how did you feel about your photo being taken when you were enrolling for T-safe?**

R: Okay I asked myself several questions because; where were they taking my photo and what did they want it for.

I: **Okay.**

R: But when we asked them they told us that it was confidential.

I: **But why did you think they were taking your photo initially before you were given a reason?**

R: We were just wondering.

I: **Why did you think they were taking it?**

R: Nothing.

I: **You were just surprised?**

R: Yes.

I: **What influenced you to join T-safe?**

R: I didn't want to get pregnant at an early age.

I: **So you didn't want to get pregnant at an early age?**

R: Yes.

I: **So how would joining T-safe help you prevent getting pregnant?**

R: We were given pills and injections.

I: **Okay, did the mobilizers also influence you to join T-safe?**

R: No.

I: **What about the social media...you know you are dotcom; you mostly get information through the phone; did you get any information about T-safe through the internet?**

R: No.

I: **Okay, and there is something called TIKO points, I don't know whether you know about it?**

R: Yes.

I: **Did it also influence you to join T-safe?**

R: No because when we used the mobile phone, we were not told that there is TIKO points so after you receive the service then the reception gives you a code and you even get surprised that there are points awarded.

I: **Great, and I don't know whether the kind of service provided at T-safe could have influenced you to join.**

R: Yes.

I: **How?**

R: Because they help us.

I: **How do they help you?**

R: Providing the services for free.

I: **Oh they give you for free.**

R: Yes, you know they charge for them in some places.

I: **What do they charge?**

R: They charge for the pills.

I: **Okay, but they provide them here for free?**

R: Yes.

I: **Okay, so please tell me what you know about the TIKO miles or TIKO points.**

R: So after you receive the service, you are given points which you can go to selected T-safe shops such as stedo.

I: **Stedo is...**

R: Stedo supermarket.

I: **Oh, it's a supermarket.**

R: Yeah, you can pick whatever you want from stedo as long as it equals the amount of points you have.

I: **Okay. I want to repeat a question I asked already; how did TIKO points influence you to join the T-safe project?**

R: TIKO points?

I: **Yes, TIKO points.**

R: No.

I: **It didn't influence you?**

R: Yes, because I didn't know about it.

I: **Okay, you didn't know...**

R: about TIKO.

I: **Okay, briefly tell me your experience in the ITH platforms such as SMS, Facebook and any other platform.**

R: About?

I: **The T-safe mobile platform. You were given information through your phone and you sent it, after that did you interact again with the platform?**

R: I haven't tried it out.

I: **Like opening an email account and interacting.**

R: I haven't tried.

I: **You haven't tried?**

R: No.

I: **Okay. Any information you have received about T-safe from the platform?**

R: The information I have received about T-safe?

I: **Yes, through the platform or if you have asked any question through the phone and got a feedback.**

R: If I have asked a question?

I: **Yes.**

R: Yes.

I: **Through the phone?**

R: Yes.

I: **So what is your experience on interacting with the platform; how does it help you? Have you ever used that phone program to ask a question and get feedback?**

R: I have asked for places I could find services.

I: **Did you ask that through the phone?**

R: Yes.

I: **And they answered you?**

R: Yes.

I: **Okay, so did you have any challenges when using that program?**

R: No, it was okay.

I: **Okay, and do you think the information in that program is relevant or not?**

R: It is relevant.

I: **How?**

R: Because I wouldn't have known where to get the services after I was registered, so after I asked, they told me where I could go for the service.

I: **Okay, but you told me that you first joined T-safe within this month of May?**

R: No, my first time to come for the service.

I: **Oh the first time you came for the service?**

R: No, the last time I came for the service was this month.

I: **Oh last time.**

R: The first time I came for the service was last year.

I: **Okay, and how many times can you interact with the T-safe mobile program in a week?**

R: [silence 00:12:51]

I: **Twice in a week?**

R: Yeah.

I: **What do you like about the program that makes you visit it two times in a week?**

R: Because they also advise us.

I: **How do they advise you?**

R: If you want to know more services you could get, if you ask them, they will give you a feedback via message.

I: **Okay, I see that's good. And how did you choose the clinic or service provider you visited last? How did you choose this clinic and not the other clinic?**

R: It's because I am used to coming here and the receptionist is also friendly.

I: **What makes her friendly?**

R: You know there are some who can answer you rudely but this one is friendly.

I: **How does she answer you?**

R: She is respectful.

I: **Wah! How does a respectful person talk to you for example? When you say one is respectful, what kind of a person is that? You can even answer me in English if you can. Just describe a respectful person. What does she do or doesn't she do?**

R: Okay when you come she welcomes you and shows you where to sit as you wait to be served.

I: **Okay, very nice. And when it comes to the distance, in terms of distance is your home close to the hospital or far?**

R: It's a bit far.

I: **Okay, and are there other closer hospitals?**

R: No.

I: **So this is the closest?**

R: Yes.

I: **So from where you live to this place, one can walk?**

R: Yeah.

I: **For how long?**

R: But it is easy to use a motorbike.

I: **How much do you pay?**

R: around fifty to seventy shillings.

I: **So do you find that to be close or far?**

R: It is far.

I: **But you still manage to come.**

R: Yeah.

I: **And in terms of their working hours, do you feel it's convenient or not?**

R: It is convenient.

I: **At what time do they open for example if you know?**

R: I don't know.

I: **But whenever you come?**

R: They are always open.

I: **Okay and you have told me that they provide services free of charge.**

R: Yes.

I: **I don't know whether that's what you like or there is something again about the kind of services they offer.**

R: Okay, providing the services free of charge is also good because they also help the young girls.

I: **How do they help the young girls?**

R: To protect themselves from early pregnancies, STIs...

I: **Okay, and tell me about the service providers or the doctors who provide you the services.**

R: They are okay because if it's your first time, they advise you and tell you that if you are ready to use a method...if it is your first time they tell you that if you take the pills, you will have headache and some side effects in the first week so they tell you.

I: **So they tell you all that?**

R: Yes.

I: **And did the mobilizer help you choose this clinic? Did she tell you to come here?**

R: No.

I: **She didn't?**

R: No.

I: **Okay, so tell me about your experience on the sexual reproductive health services provided in the T-safe? Your experience with the T-safe program, how do you see it?**

R: Its good.

I: **What is good in it?**

R: As I said that it helps because you know if you want such services in other facilities, you have to pay for them but you don't pay for the T-safe services plus you can bring a friend as well.

I: **Okay and how was your experience with the T-safe platform; how do you find the T-safe platform? You have told me that you asked them where you could get the service and they told you; so how do you find the interaction with that phone?**

R: It is okay.

I: **Just explain a bit.**

R: It is okay because...

I: It is your own experience with the phone program so why do you say it is okay?

R: It okay because they help people.

I: Okay, they give you information?

R: Yeah.

I: If you ask for information they don't deny you?

R: No.

I: What else do you like about the T-safe program?

R: The program?

I: Yes. Do you sometimes say or feel that if you ask them a question at night they wouldn't answer, you have to wait for the following day at a certain time?

R: I have never tried asking a question at night because mostly I do ask the questions during the day.

I: And they answer you?

R: Yeah.

I: Okay so in a week how many times can you ask them questions?

R: Twice.

I: Okay, so what suggestions would you give to improve the ITH platform? What suggestions would you provide to improve the interaction with the ITH program...I don't know whether you've had any challenges that you feel is not yet there that should be improved.

R: For now, I don't think of any.

I: By now it is okay with you?

R: Yeah.

I: Okay. So how does the community where you live view the T-safe program and the girls using the T-safe program?

R: According to the community?

I: Yes.

R: There are women who say T-safe is bad and that it spoils their daughters but there are those who want their daughters to get the services so they support them.

I: **Okay, so there are women who feel that T-safe program is spoiling their daughters?**

R: Yeah.

I: **How?**

R: They say that their girls get to engage in sex earlier and they begin sexual relationships at an early age.

I: **They get to start relationships with boys?**

R: Boys...and that they will engage in relationships with boys at an early age of fifteen.

I: **How do they engage with the boys?**

R: I do hear them say that.

I: **You know here we just call everything by its name so when you say women feel that their girls will engage with boys at an early age, what kind of engagement are they talking about?**

R: I think the sexual.

I: **Oh, sexual interaction. Okay, so that's what some women say?**

R: Yes.

I: **And the negatives about T-safe. Okay, I don't know whether you have heard them say anything else. What about those who support the program, what do they say?**

R: They say that it helps their girls protect from early pregnancies and STIs because they are also advised before they get the service.

I: **Okay, so those who support it feel that it helps their girls protect themselves from early pregnancies and STIs?**

R: Exactly.

I: Okay, so the community has different people, so what does girls of your peer say about T-safe?

R: Most of the girls in my community accept the T-safe program but a few of them say that, those girls are spoilt and that they just take the pills...you see you may use pills or injection then it reacts with your body and you either loose or gain weight, so if you gain a little weight, that's it.

I: If they see you gain a little weight, what do they say?

R: They say it's because of the pills.

I: So they have myths and misconceptions about these methods?

R: Yes.

I: So some say it can make you gain weight?

R: Yes.

I: And some say it can make you lose weight?

R: Yes.

I: So when you lose a little weight, that's it, if you gain a little weight, that's it.

R: Yeah.

I: Okay, and what do the girls who support it say?

R: The who support it?

I: Yes.

R: They say it's good because they get the services for free unlike other places and then also, apart from getting the services, they also get TIKO points. So a girl can buy her own basic needs and take the pills as well.

I: So those who take the TIKO points are happy?

R: Yeah, very much.

I: They are very much happy?

R: Yeah.

I: I don't know whether you have used your TIKO.

R: TIKO points?

I: Mmh.

R: Yeah a lot.

I: A lot...what did you buy?

R: The first time I bought some sanitary towel.

I: Okay, very nice. Which shop?

R: Stedo supermarket.

I: Oh at stedo?

R: Yeah.

I: Okay, and when you go to redeem your points at stedo, are there any problems?

R: No.

I: Okay, that's why I was asking you whether you have faced any challenges with the platform because maybe you can have a problem when you go to redeem your points but you have said it is okay.

R: But recently I heard my friend say she had a problem.

I: What kind of problem?

R: Because she recently went to redeem the points and she was told there was a network problem.

I: Okay, there is a TIKO network problem.

R: Yeah.

I: Okay, thank you for that. Let's continue on the issue of community; from the girls, you have said that there are some parents who say that it spoils their girls, I don't know whether there are other women who say it is good?

R: Yes.

I: What do the ones who say it is good say?

R: They say it helps their girls because you know when one goes for an injection in a clinic not supported by T-safe, it costs around eight hundred to fifteen hundred

shillings but if she comes here, she doesn't pay anything, in fact she earns some points.

I: So it saves them from expenses?

R: It saves them from expenses and it also protects the girl.

I: Protects her against?

R: Early pregnancy.

I: Okay, we have seen the view of the women, what about the fathers?

R: I haven't heard about them.

I: What about the teachers, how do they view T-safe?

R: Okay, I didn't hear any T-safe stories in my former school.

I: Anything you've heard from the religious leaders?

R: No.

I: Okay, there are boyfriends or peers, they can be your boyfriends or boyfriends of your peers; how do they view T-safe?

R: Them?

I: What do the boys say?

R: Some like it because they see...

I: What do the ones who like it say?

R: They know that their girlfriends cannot get pregnant because already she protects herself.

I: So they like it?

R: Yeah.

I: And there are those who don't like it?

R: I have only encountered one.

I: Who didn't like it?

R: Yeah.

I: Why didn't he like it?

R: He was on the side of the women who don't like it because he said that they spoil the girls at an early age.

I: **Okay, how?**

R: They teach them to go for injections at an early age and to use the pills but then you know its one's decision so he doesn't understand.

I: **So this boy who also opposes with the other women says it spoils the girls in what way?**

R: Young girls?

I: **Yes, how does he say it spoils the girls?**

R: That the girls get to engage sexually at an early age.

I: **Okay. So what service did you receive the last time you came here?**

R: I do take pills.

I: **Okay, kindly tell me your experience with the quality of sexual and reproductive health services you received when you came.**

R: I only received one service.

I: **Yes, the pills you received; now quality also means if you were welcomed well, what the doctor told you; were you given the services appropriately; so tell me about the quality.**

R: Okay, when I came I was welcomed warmly by the receptionist and I had to wait because the doctor had another client in so after he was done with her I entered and since the doctor is used to seeing me, he advised me fast...okay, not fast but he just went through it because I do come every month.

I: **Okay, and did you find it easy to access the services...or you didn't go through a lot of waiting?**

R: No, I didn't wait.

I: You didn't wait for long. How long did you wait if you can remember?

R: How long I waited for the doctor?

I: Yes.

R: Around ten to fifteen minutes.

I: Did you think that was a short or a long time?

R: It was okay because when I came for the first time, I really waited for long.

I: How long did you wait then?

R: Like one hour because the doctor had to advise me.

I: Okay, so how did you see the interaction between you and the service provider when you came for the pills?

R: It was good because we were used to one another so I was just answering questions.

I: Okay, can you remember a question he asked and you answered now that you were used to one another?

R: Yeah he asked me how I was doing with the pills and I told him okay because I don't have any side effects anymore.

I: Okay, initially you had some side effects?

R: Yeah.

I: What were they doing to you?

R: I had some headache.

I: Okay, so what did you do?

R: When I had the headache?

I: Yes.

R: I just drank a lot of water then I slept.

I: And it stopped?

R: Yeah.

I: Okay, and during your last visit to the facility, how was the nature of privacy and confidentiality?

R: It was good.

I: Where were you sitting and how many of you were there?

R: Only me and the doctor.

I: Tell me if you got enough information.

R: Exactly.

I: Or whether you had some things you wanted to know but you were not told.

R: No.

I: And what about a follow up date, were you given any?

R: The return date?

I: Yeah.

R: Yeah.

I: You were given?

R: Yeah.

I: Okay, you also told me that you waited for between ten to fifteen minutes which was okay with you.

R: Yeah.

I: Okay, so during your last visit were you able to choose whether to take pills again or choose another method?

R: I had decided on the pills because my mother cannot let me have the injection.

I: She didn't want you to take the injection?

R: Yeah.

I: Had you discussed it with your mother?

R: No, I discussed with my elder sister.

I: And she is the one who told you that you shouldn't go for an injection because your mother wouldn't like it?

R: Yeah.

I: Okay, so when you came you had a decision already and didn't discuss it with the doctor?

R: No.

I: Tell me, did you consider changing the method on your last visit?

R: I have never considered that.

I: **Okay, and did you receive information about the other methods before you chose the pills or did you come with a decision to have the pills?**

R: Okay, I had heard about the pills at school so when I came to T-safe, I decided to use the pills because I had heard of it.

I: **Okay, and before you were given pills, were you counseled about the other methods?**

R: Yes.

I: **Like which methods?**

R: Like coil, depo...I cannot remember the others.

I: **But you still chose the pills?**

R: Yeah.

I: **Okay, please tell me your reasons for choosing the pills and not the other methods.**

R: Like I have said, I had heard about the pills at school so since I had heard about the pills from my friend in school who used them, I decided to try them as well.

I: **Okay, and what would you say you have learnt since you joined T-safe that will help you achieve your future life? What have you learnt from T-safe that can help you with your life of tomorrow? What have you learnt?**

R: About T-safe?

I: **From T-safe...since you joined T-safe, what have you learnt that will help you in your future life? Have you learnt anything?**

R: Yeah.

I: **What is that that will help you even tomorrow which you wouldn't have learnt if you hadn't joined T-safe?**

R: Okay I learnt about other methods, I also learnt about how we can prevent ourselves from STIs and I have also received some advice from the doctor.

I: **Okay, so you have said that you have learnt about methods, which methods?**

R: Of preventing pregnancies.

I: **Okay, and what have you learnt about STI prevention?**

R: That you can protect yourself using a condom.

I: **Okay, and what else have you learnt that will help you in future...or is that all? Okay, tell me, are there any other things that you would like to know but you haven't learnt...anything else that you wanted to learn but you haven't learnt?**

R: I don't think of any.

I: **Okay, if Milele didn't offer the T-safe services, where would you receive the services?**

R: I would have to go and buy them from the chemists.

I: **You would have gone to the chemist?**

R: Yeah, or to the hospital if you want an injection and pay for it.

I: **And where would you personally have gone to?**

R: To the chemist because...

I: **What chemist?**

R: Because I use the pills.

I: **Okay. So that's where you would have gone to seek for the services?**

R: Yeah.

I: **Okay, and if you were to go to the chemist, what kind of challenges would you face?**

R: I wouldn't get the advice like I get in the hospital.

I: **And how would your interaction with the doctors be?**

R: The doctor in the chemist?

I: **Yes.**

R: Some are rude in the chemist so they will tell you; why does a young girl like you want to have these services.

I: **Okay, and what about the distance from where you live to the chemist?**

R: There are chemists close to home.

I: **And what about confidentiality, how would it be if you went to the chemist?**

R: There is no confidentiality.

I: **There is no confidentiality...what about in terms of information; how would it be at the chemist?**

R: It would depend with the chemist you would go to because I prefer a chemist far away because no one knows you there then they can give you advice.

I: **They will give you some advice?**

R: Yes, but the chemists around my community, they are used to you...

I: **Here?**

R: Ni, the chemists in my area, if you go for the pills there, the following day they will tell your mother and maybe you didn't want your mother to know.

I: **So there is no confidentiality?**

R: No.

I: **Okay, but information, would you get enough information or not?**

R: No.

I: **And would they give you a return date for example?**

R: It depends.

I: **How?**

R: It depends on the chemist you get, if he is a good person, he will give you a return date.

I: **And how long would you wait...would you wait for long?**

R: Chemists...chemists rarely have a lot of people.

I: **Okay, so there are girls like you who maybe would like to receive the ITH services but due to different circumstances, they cannot get the services so there are things that hinder them; so I would like to know, what hinders girls from receiving the sexual and reproductive health services even though they are willing?**

R: The age.

I: **Tell me about the age.**

R: Because T-safe has an age bracket of between fifteen to nineteen years so one may be twenty and would like to receive these services but she cannot receive them.

I: **Okay, and apart from T-safe; if a girl wanted to receive the sexual and reproductive health services, what would prevent them?**

R: Money.

I: **Tell me more about money.**

R: As I said, if you want this service and say you are around twenty, you cannot come to the T-safe program, you have to go to the hospital and you will find it expensive and maybe you cannot afford so it may hinder you from getting the service.

I: **Money. Okay, what else hinder them?**

R: Maybe don't have information about T-safe.

I: **Lack of information.**

R: Yeah.

I: **Anything else...all those challenges that hinder girls from accessing sexual and reproductive health services.**

R: Maybe the mother or the parent doesn't want her to get the services.

I: **Okay, so what can be done to make accessing these services easy for girls of your age? According to the**

challenges you have mentioned; money, lack of information, parents and mothers refusing to let their girls have the services; what can be done...solutions?

R: So I think they should increase the years.

I: They should increase the years to?

R: at least fifteen to around twenty-four.

I: Okay so T-safe should increase the years?

R: Yeah.

I: Okay, anything else they should do?

R: Then the parents should be...its tough...

I: What can be done...

R: They should just be told that it is good for their children to get the services because instead of their girls getting pregnant, they should let the girl at least use the methods.

I: But who will educate them...just your suggestion, who should tell them?

R: Maybe a program should be shown on TV.

I: Okay, so a program should be shown on TV to educate the mothers?

R: Yeah.

I: What else...or how else can we get the information to the women...put it on TV, how else can we give them the information?

R: Through the radio, through the newspapers.

I: Will they read?

R: Yeah.

I: Okay, let me accept. I don't know whether there is any other means we can use to give the women information so that they can free the girls to receive the services...as we think about that; you also said that money is a problem, what can we say about that?

R: On that I think if the age is increased then the twenty-year-old who doesn't have money will join T-safe and access the service for free.

I: **So we should give the services for free?**

R: Yeah.

I: **Okay, I don't know whether you have anything else to suggest.**

R: No.

I: **Okay, please tell me whether you have informed your peers about the T-safe platform.**

R: Yeah, three of them.

I: **Three?**

R: Yes.

I: **What do you tell them?**

R: Okay you tell them...one of them saw it on shujaz.

I: **Where?**

R: She saw them in shujaz, so sometimes we do sit together and she told us about the what she saw on shujaz and I told her it's true, she thought it was a lie, so I told her its true and that I also received the service. So she asked whether its free or we pay for it; I told her that its free and apart from being free, you also get TIKO points.

I: **Okay.**

R: So I brought her here to Milele.

I: **So what happened when you brought them?**

R: First I took them to...because I registered through a mobilizer, I first took them to a mobilize who also told them about the clinics and the services that they offer then she enrolled them; so when I was coming to refill, I came with them as they received the service for the first time.

I: **Okay, so they came?**

R: Yeah.

I: **All the three?**

R: Yeah.

I: **Wonderful, you have gotten a fourth?**

R: Not yet.

I: **Or you haven't made that effort?**

R: I haven't made that effort.

I: **Okay, you have helped your peers a lot and we are grateful; tell me, what do the girls of your age like the ones you brought to the hospital do to promote the T-safe program?**

R: What they do...

I: **Yeah, what are you people doing so that this program does not stop as girls who have received the services from the program and you know its benefits; how are you interacting with it or participating in the program to promote it?**

R: We tell other girls about this program and we tell them it's benefits.

I: **So you tell them it's benefits?**

R: Yeah.

I: **After you tell them about the benefits of the program what do they do?**

R: some accept it but others don't and you know you cannot force someone.

I: **True, so why don't some accept it?**

R: They say that their parents had warned them against it, others say they don't want to use injections because of myths like they say they will not be able to give birth in the future.

I: So they say they will not give birth in the future and so they refuse?

R: Yes.

I: And those who accept?

R: They feel they are helping themselves because they feel they will not drop out of school due to pregnancies because they have protected themselves.

I: Great. So there are those who refuse, how do you encourage them?

R: There are some you cannot encourage because once they refuse, you cannot encourage them and they can even insult you.

I: How would they insult you?

R: Because you are forcing them into taking the services, if you want the service, keep doing the stupid things alone, we don't want to be involved.

I: So they think its stupidity?

R: Yes.

I: You keep up with the stupidity; we don't want to be involved?

R: Yes.

I: And how do you feel when you are told that?

R: I get angry.

I: You get angry?

R: Yeah, because why would she insult me and yet I was just advising her.

I: Has that ever happened?

R: Yes, once.

I: And what did you do?

R: I let her go.

I: You didn't insult her back?

R: No.

I: Or even beat her physically?

R: No.

I: I can see we are almost done, just a question to go; let me ask this; would attend this clinic again?

R: Very much.

I: Why?

R: Because whenever I come for the pills here, even though I was advised on my first time, you have to be advised again by the doctor anytime so you get to remember what you were advised, so you also get to advise your friends.

I: Okay, so you have said that you are fond of the service providers here and it is easy to get advice.

R: Yes.

I: What else would make you come back here?

R: They serve people well.

I: How?

R: When you come and find other clients, if you came before them, they will not be served first because you only wanted pills, you will just be served first because they serve on first come first serve basis.

I: Okay, I don't know whether you have anything to add...I can see you like this hospital, why do you like it?

R: Just that.

I: Okay, are there services you are still looking for or you would like to take up in the future? Currently you are using the pills and you have been counseled and received some advice about the methods; but are there any other methods you would like to take up in the future?

R: Yeah.

I: Such as?

R: Such as self-test kits.

I: Self-test kit...

R: Yeah, the one that is used to test for HIV.

I: Okay, great. Anything else...any other service you would like to take up in the future?

R: Maybe...I don't see of any other.

I: Only the test kit?

R: Yeah.

I: Okay, you said that you joined T-safe last year; since you joined T-safe, have you ever been denied the T-safe services?

R: Denied?

I: Yes, maybe you came, let's say you came for the first time and they told you that we cannot serve you today, come back later.

R: I have never encountered that.

I: You got the T-safe services the first day you looked for them?

R: Yes.

I: You weren't told to come back another day?

R: No.

I: So you are preventing from asking another question; I am done asking my questions and I really appreciate you for taking your time and talking to me. I am sure whatever we have discussed will help improve the services and you and the others after you will get improved services because you accepted to talk and say what you felt. So I am grateful. I have asked you a lot of questions; let me give you a chance now, if you have a question you can ask me.

R: Question?

I: Yes, any question you may want to ask me.

R: Why is T-safe only providing services to girls from fifteen to nineteen years?

I: Why do T-safe provide services for the girls aged fifteen to nineteen years only...that was just in the program, we were only expecting girls aged between fifteen to nineteen; however, you have already given me a suggestion that it would be better if the ages were extended to twenty-four years, right?

R: Yeah.

I: But this was just the how the program was structured though from your suggestions, we don't know about tomorrow, maybe they can decide because you guys have given suggestion that they increase it; okay?

R: Yeah.

I: Thank you. Any other thing to add...no...any other...

R: We used to get one hundred and ten points whenever we came for the pills but nowadays we only get ten points whenever we came.

I: How many points do you get?

R: Ten.

I: So the points have been reduced from one ten to ten?

R: Yes.

I: So what is the question?

R: Why was it reduced?

I: Okay, I cannot answer that immediately until I find out; as I told you, we are from outside, we did not even know that the points have reduced that much but its good you have raised it so we will try to find out why it has reduced.

R: Thank you.

I: So since when did you begin to see ten points?

R: Since April.

I: You only get ten points?
R: Yeah.
I: And initially you would get one hundred and ten?
R: Yeah.
I: When was it one hundred and ten?
R: Since I joined.
I: And you said you joined last year?
R: Yeah.
I: Twenty eighteen?
R: Yeah.
I: Okay, I will ask around.
R: Okay.
I: Okay, anything else?
R: No.
I: Thank you so much, we can stop?
R: Yeah.
I: Okay.

[End of audio]

Notes

The interviewer asked all the questions as stated in the guideline.

File name: ITH_R2_NAI_STA_URB_001_ADO_002_7519

Duration: 00:36:51

I: This is Lydia doing an in depth interview with an adolescent girl, twenty years old in Marie Stopes in Eastleigh in Nairobi county, Starehe sub county on the seventh of May starting at 18:29 hrs. Okay, so Vivian how did you come to know about T-safe?
R: We came for training and then we were asked to join it and that's when we joined.
I: Okay, and where were you when you were asked to be trained?

R: We were just at home.

I: **Who came to educate you?**

R: We were educated by different people as in you would be called somewhere and get educated.

I: **Okay, for example who came?**

R: The person who brought me here came with other people.

I: **And did she tell you who she was when she introduced herself?**

R: I cannot remember.

I: **Like she didn't tell you her title?**

R: She told us but I cannot remember.

I: **Okay, but the others who came?**

R: I cannot remember them but I can remember Effie.

I: **Okay, and could you tell me what happened since you knew about T-safe until you visited the T-safe clinic.**

R: Nothing has happened.

I: **Like since you were told about T-safe; what did you say your name is?**

R: Vivian.

I: **Are you also called Vivian?**

R: No, Effie.

I: **Effie, yes, when you came and you were talked to...what did you say she told you?**

R: She told us about T-safe and how they are used, the injections.

I: **Okay, what else did she tell you about?**

R: She told us about the depo and the one for five years and three years.

I: **Okay, so since she talked to you and you made the decision...did you come to the clinic or did it just end in the street?**

R: I went to the clinic.

I: So that's the process I want you to tell me like, Effie came and talked to me then I did this and this, then I came to the clinic and this is what happened...just the process, I want you to tell me how you came to make the decision on the method to use or whatever service you received. That's what I want you to tell me.

R: We came to the clinic...she talked to us and we started going to the clinic...

I: I want you to tell me personally.

R: I went to the clinic and I was asked the service I wanted and I said so I do go for it.

I: Okay, and when you went to the clinic what service were you given first?

R: She first counseled me and asked me why then I told her then they gave me the service.

I: Did they ask you why you wanted the family planning or why you wanted the method you chose?

R: Yes.

I: Which question did she ask?

R: Why I wanted family planning.

I: And then what did you tell them?

R: To avoid early pregnancies and risks of rape, so that if I am raped I cannot be pregnant.

I: Okay, why do you think you may have a risk of rape?

R: Because you see we live in a slum so you cannot know...maybe you go to...yes we are fond of people and you may not know whether your neighbor is a good or a bad person so you know you may want to go to the shop and be raped on the way.

I: Okay, so since then you got the service?

R: Yes.

I: Which service did you get?

R: Depo.

I: **Okay. And what method did you use to sign up; did you use a phone or what means did you use to register for you to be a T-safe user?**

R: I used the phone.

I: **Okay, so how did that work out?**

R: You use a phone and they send you a message then you go to the clinic.

I: **So you used a phone to register?**

R: Yes.

I: **Okay, what experiences have you had since you joined T-safe?**

R: I haven't had any experiences.

I: **Challenges?**

R: No challenges.

I: **Not even a single?**

R: No.

I: **So far you feel it's okay?**

R: Yeah.

I: **Okay, and how did you feel when they took your photo when they told you that your photo had to be taken for you to join T-safe, right?**

R: Yeah.

I: **How did you feel when they took your photo?**

R: I didn't fear; I was just okay.

I: **You didn't think its bad or you didn't feel bad about it?**

R: I didn't feel bad.

I: **Okay, and what influenced you to join T-safe?**

R: When we came here and were talked to, I felt that I had to join T-safe.

I: Okay, what did they tell you to...you know things like these are very sensitive so what exactly did they tell you to make you say, yes, she has talked to me but personally as Vivian, what were you told to make you decide to join T-safe?

R: We were told several things but they also said that the rape cases in the area where we live are very high so we were told that many do get pregnant so such like things. We were told and more so the rape issue influenced me to join.

I: What else...you have said that mostly it was about rape, right?

R: Mmh.

I: So what else did they talk about that convinced you that it's a good idea?

R: They told us that they don't have any side effects.

I: All of them or one specific one?

R: As in all of them.

I: Okay, could the mobilizer...okay you have said that the mobilizer also influenced you to join from what she told you; and could it be that the TIKO miles you can redeem; could that have also influenced you to join?

R: Yes.

I: Okay, and could the use of social media platforms such as Facebook and the likes influence you?

R: Yes.

I: Tell me more.

R: When they advise on Facebook it encourages us.

I: Okay, and could the kind of treatment you receive in the hospital...where do you always get your services from, here at Marie Stopes or?

R: Sometimes here or at the hospital.

I: **Okay, could it be that the kind of treatment you get from the service provider at the hospital influenced your decision to join T-safe?**

R: Yes, because she talked to us well and even gave us advice.

I: **Okay, what kind of advice?**

R: They told us that now that we have made a decision, one shouldn't be promiscuous because she cannot get pregnant.

I: **What do you mean exactly?**

R: As in prostitution, one should not be involved in such because she has an injection.

I: **Okay, tell me more about TIKO miles.**

R: TIKO miles are good because they help us adolescent girls.

I: **Assume I don't know what TIKO miles are, could you tell me what exactly it is and how you get them.**

R: TIKO miles, one gets a card and you use the points even from the phone, some are given through the phones as well, so you redeem them and you can use them to buy artificial hair.

I: **Okay, how does one get the TIKO miles?**

R: When you go for the injection at the hospital, whenever you get the service, the doctor signs then you get the points.

I: **Okay, you just come to the doctor and earn the points or something has to be done first?**

R: No, maybe you come for the service.

I: **So even if you come to the service and change your mind and say that you don't want the service anymore you will still get the points?**

R: No.

I: **You must be given the service or do you just earn the points?**

R: You have to go for the service for you to get the points.

I: **And how did the TIKO miles influence you to join T-safe?**

R: They influenced me because it made me not be very idle and the TIKO miles also help me because when I go to redeem them, I get the artificial hair.

I: **Okay, and apart from the hair, is there anything else you redeem the TIKO miles for?**

R: No.

I: **Okay. So did you register using the phone or the card?**

R: Phone.

I: **Okay, can you tell me your experience when using the T-safe platform?**

R: It was just about sending SMS and they send you a code you use to register.

I: **Okay, and what is your opinion about the information you find in that app; do you feel it is important to you or not?**

R: It helps.

I: **How does it help you; what information do you get from the T-safe platform?**

R: You get...maybe they educate you about certain things.

I: **Things such as?**

R: Maybe about their services and how to avoid some things.

I: **How to avoid things like?**

R: Things like drug.

I: **Okay and how often do you see such information on the platform?**

R: Mostly most of the time when I have a phone and I open the platform, I do get them.

I: **Okay, and is the T-safe platform easy to navigate or do you sometimes find difficulties; what is your experience in using it?**

R: It is easy...sometimes it is easy but sometimes you find that you don't have network.

I: **Okay, and how did you choose the clinic you would be receiving the T-safe services?**

R: First you look at your environment then you look at the hospital where you would be treated well and get good services.

I: **So you have said that you do come to Marie Stopes to seek the T-safe services, how did you come to make the decision that you would be going to Marie Stopes?**

R: When I first came, I was approached well and was also guided well and the services were also good.

I: **Okay, apart from that?**

R: There isn't any other.

I: **Okay did you choose this one because of the distance...maybe it is close to where you live; did that make you decide to come here for the services?**

R: No.

I: **Why not?**

R: Because we also have another hospital close to home but you look at the hospital with a better service.

I: **Right, where do you live?**

R: Mathare.

I: **Mathare north?**

R: Murandi, 4A.

I: **Okay, and did their working hours influence you to come to this hospital and not the other hospitals; maybe it favours you when you go to school or college?**

R: No.

I: And do you go to school...right; so you have said that the services are good...security...did you maybe look at Marie Stopes and felt it is a good hospital since long ago as compared to the other hospital?

R: No.

I: Okay, and did the mobilizer suggest to you that you come here...she didn't suggest that you go to the other hospital?

R: We first came here on the day one...I chose Marie Stopes because of the way we were treated.

I: Okay on day one?

R: Yes.

I: Okay, so let's move to the next question; please tell me about your experience on the quality of sexual reproductive health services and the T-safe. Like your experience on being educated about family planning, health and all that; what experience do you have about the T-safe platform?

R: T-safe helps.

I: How...I want you to tell me the negative and positive experiences.

R: Positive.

I: Positive, now I want you to tell me of the positive experiences you have about the quality of service provided by T-safe.

R: The T-safe services helps and they are good.

I: Okay, the T-safe service providers talk to you well and tell you...okay you have said that T-safe helps and they are good?

R: Yes.

I: **What else, like what other negative or positive experience do you have about the sexual reproductive health services provided in the T-safe platform?**

R: Positive.

I: **I want you to tell me about the positive experiences, you have said generally that it is good.**

R: As in they advise you and teach you more about such like things.

I: **What kind of things?**

R: The family planning and sexual issues.

I: **Okay, like what exactly were you taught?**

R: Like when you urinate you should avoid the splashes.

I: **Okay, what else?**

R: Use of condoms and such like.

I: **What else, I want you to say everything; you are on the right track.**

R: Using condom and avoid indulging with anyone because you may not know whether they have a disease or they have syphilis.

I: **What do you mean when you say "indulging with anyone?"**

R: As in being in too many relationships.

I: **Okay, sexual or non sexual?**

R: Sexual.

I: **Okay, and what negative experience do you have about T-safe or about the SRH services in the T-safe platform?**

R: I don't have any.

I: **Okay, and what services do you mostly seek from the T-safe platform?**

R: Depo and TIKO miles.

I: **And why do you mostly use the T-safe platform?**

R: As in it is good and it helps.

I: Okay, so I will repeat the questions because I don't think we have captured them well; you have a T-safe application in your phone, right?

R: Yes.

I: What do you use that application for?

R: To check the messages in the platform and at least the lessons encourage me.

I: Okay, what lessons do you sometimes find there?

R: Maybe about family and others.

I: Others such as?

R: I can't remember.

I: Okay, so how often do you check it in a day or a week?

R: Twice a day.

I: Why do you check it that many times in a day?

R: As in they keep me busy.

I: And what else?

R: Nothing.

I: Okay, what can you suggest should be done to improve the T-safe platform?

R: I don't have any suggestion.

I: So you are okay with the platform as it currently is?

R: Yes.

I: Okay, so in the community there are people who know you use the T-safe and such as the mobilizers, parents and other girls; what is the view of the community towards the girls who use the T-safe services...how do they view a girl like you?

R: They advise you and tell you that the decision you made is good and they also encourage you.

I: Okay, so for example your age mates, what is their view about the T-safe services?

R: They also would like to join; they say that they will also soon join.

I: **So what hinders them from joining now?**

R: I don't know.

I: **You didn't talk about it?**

R: No.

I: **Okay, and how do your parents view the T-safe services?**

R: They asked me and advised me that if I am getting some good service, then my decision was good.

I: **Okay, and how do they view the girls who use it...you are also included but how do they view those other girls using T-safe services?**

R: They view it as a good thing and even talk to them.

I: **Okay, and teachers, maybe she is a teacher at school but a parent in the community; how do they view the T-safe platform and the girls using the services?**

R: They advise and encourage them.

I: **Encourage them to?**

R: They encourage them to use the services because they are good services.

I: **Right, so why do they say they are good services, do they tell them the advantages of using the SRH services; what do they say are their advantages?**

R: They say that if one is raped they cannot get that early pregnancy.

I: **Okay, apart from rape, is there any other reason why they say it's a good service?**

R: No.

I: **Right, and what about the religious leaders such as the pastors or bishops in the community; what is their view about the T-safe program and the girls who use the services?**

R: I haven't heard them yet.

I: **And the boyfriends, maybe you know the boys who have heard about it or whose girlfriend uses T-safe services, what is their view about T-safe services?**

R: They don't have any view.

I: **You are sure you haven't heard anyone with negative...they haven't said anything?**

R: I haven't heard of any.

I: **Okay, if you remember you will tell me before we finish, okay?**

R: Yeah.

I: **Okay, briefly tell me about the sexual and reproductive health services you received; you said that you last received them last month, right?**

R: Yes.

I: **So what was your experience on the service you received when you last came for the service?**

R: I was served well.

I: **I want you to tell me more like discuss it with me.**

R: As in I came and we talked first before I was served.

I: **Okay, was it easy to access the doctor or did you maybe look for him?**

R: It was easy.

I: **How did you locate him or her when you came?**

R: I came and asked for the room then you go to the room, you find the doctor there he counsels you then gives you the service.

I: **Okay, did you like how he talked to you...okay, tell me how he talked to you.**

R: As in I liked the way he talked to me because he talked like a parent and he told me that depo is good because it helps you avoid several things.

I: **Okay, and did you talk in an open place where anyone could hear you?**

R: No, we were in the room.

I: **So no one else could hear you and it was confidential?**

R: Yes.

I: **Okay, and when he told you that depo is good, did he tell you everything about depo?**

R: He told me that it is an injection for three months and that I should always return after every three months.

I: **So were you satisfied by the information he gave you or did you leave with more unanswered questions?**

R: No, I was satisfied.

I: **And did he counsel you?**

R: Yeah.

I: **Okay, what were you told during the counseling?**

R: I during counseling I was told that the injection is good and that it makes you be at your rate.

I: **Okay, at your rate meaning?**

R: As in you shouldn't become someone who likes going places and being outdoors most of the time.

I: **Okay, and after getting the service, were you given a return date by the doctor?**

R: I just came and he gave me the service because I was headed somewhere, I didn't want us to talk for long so I just left immediately.

I: **So you weren't given a return date in short?**

R: I was given a return date, after every three months.

I: **So he gave you an appointment...after how long?**

R: After three months.

I: **Okay, when you talked to the service provider or nurse, how did they help you make the decision on the family planning method to use?**

R: I haven't understood that.

I: **You haven't understood that. Okay, so Vivian, you have said that you last came for the service last month, right?**

R: Yes.

I: **So when you came and was advised by the service provider or talked to him, did your discussion with him influence your decision on the method to use?**

R: I felt depo was good.

I: **Why...did he tell you about all the family planning methods?**

R: He told me about depo, injection and pills.

I: **Isn't depo and injection the same thing?**

R: Depo and the ones for three years...

I: **Implanol?**

R: Yes.

I: **He told you their advantages and disadvantages?**

R: He didn't tell me a lot...we talked and he gave me the service.

I: **So who made the decision on the method you use?**

R: I did.

I: **Okay, and what can you say you have learnt since you joined T-safe?**

R: I have learnt a lot of things because when you come you are advised and they stick into your mind and you follow them.

I: **Okay, so what advices were you given that you think can help you achieve your life goals?**

R: Advices such as that the methods can help you achieve your goals.

I: **Okay, so how were you told they can help you?**

R: They can help you prevent a pregnancy and you can then achieve your goals.

I: **Okay, so how has ITH helped with any challenges girls like you faced whenever they sought sexual and reproductive health services? Like before ITH was introduced, were you able to get family planning services?**

R: It was difficult because if you went to the hospital you would be harassed.

I: **So since you joined ITH, how has it helped reduce the challenges you had whenever you wanted to know more about the family planning methods to make a decision on which one to use?**

R: It has helped because if you wanted to go to a hospital for services they would refuse to give you the service.

I: **And what about now?**

R: Now at least because of T-safe, if you say you want the services, you will be given the services.

I: **Okay, and what else can be done to made it easier for girls your age to access the sexual and reproductive health services? You haven't understood that?**

R: I don't know.

I: **Okay, you don't know what else can be done to make it easy for girls to access the family planning services?**

R: Yes.

I: **You don't know...even now you are just fine the way you find these services here?**

R: As in you tell her, they come and talk to you or the mobilizers come and talk to you then if you want to join you can join.

I: Okay, but right now do you think that method is okay or should something be done to make it easy for the girls to access T-safe services?

R: It is okay.

I: Okay, and have you informed other girls about the T-safe program?

R: Yes.

I: Okay, so what did you tell them about T-safe program?

R: I told them that T-safe is good and they provide good services.

I: Okay, I want you to tell me what exactly you told them because I am sure they asked you; you are saying that it is good, how good is it?

R: As in the services and how they taught us about the family planning services.

I: Right, and what action did your friends take when you told them for those who hadn't joined yet?

R: They said that they would look for the mobilizer and talk to her so that they can join.

I: Would you know whether they talked to the mobilizer for real or was it just...

R: I am not sure about that.

I: Alright, you have said that you live in 4A, how have you been involved in the ITH platform? Have you understood that question? Okay, I will repeat the question; I was asking, how have you and other girls receiving the T-safe services...apart from the T-safe services, how else are you involved in the T-safe program?

R: You talk to others to join T-safe.

I: Okay...so you have said that you do advise others to join T-safe?

R: Yes.

I: Okay, and do you sometimes participate in T-safe activities or projects...have you ever participated in any T-safe project?

R: I have never participated.

I: And have you ever had feedback or for your colleagues, have you ever had what they say about the project?

R: They do say the project is good and it helps them.

I: How does it help them?

R: It helps them in several things, as in through the services and what they provide.

I: Right, and would you visit this clinic again?

R: Yes.

I: Okay, why?

R: Because they give us good services.

I: Okay, and are there any other services you would like to take up in the future?

R: No.

I: So apart from the family planning method, you don't have any other service you would like to have now or even in future?

R: No.

I: Okay, and in the absence of T-safe, where would you have sought sexual and reproductive health services such as counseling and accessing medication?

R: I would just be at home, maybe if you could go to a public hospital and buy them there.

I: Okay, and do you think it would have been easy or difficult for you to access the sexual reproductive health services?

R: It would be difficult because sometimes they also don't offer the services easily.

I: Why?

R: They never want to provide services free of charge.

I: **Right, and do you think if you went to a government hospital for the services you would be welcomed warmly or how would you have been received?**

R: You couldn't be received well because they would be rude towards you.

I: **Okay, and in case they agreed to talk to you, do you think there would be confidentiality?**

R: If you went to talk to them, obviously you would hear that someone else knows.

I: **Okay, and if you went to a government hospital for the sexual reproductive health services, would you be given satisfactory information or what do you think?**

R: It would be hard as in they cannot give you good services.

I: **Okay, what kind of service do you think you wouldn't have been given well?**

R: If you go for maybe family planning methods, they will ask you questions and approach you wrongly.

I: **And do you think you could be answered well if you had a question or could that be a challenge?**

R: That could be a challenge because they would answer you rudely.

I: **Okay, and if you went to the government hospital for sexual and reproductive health services, how long would you wait?**

R: You would wait for long because they would still want to serve those who came earlier...maybe you even came earlier but they will still assume you.

I: **Why do you think that happens?**

R: I don't know.

I: And do you think the nurses would make an appointment to follow up on you at a later date after the service?

R: They cannot make an appointment.

I: Okay, have you ever had such an experience, have you ever gone to a government hospital for sexual and reproductive health services and got a bad service?

R: No.

I: And how do you know about all these?

R: A friend of mine went and was sent away.

I: Tell me, what did she tell you happened?

R: She went...she wanted to have an implant removed; she went and was sent away.

I: So she never received the service?

R: She didn't receive the service.

I: Okay, I think we have discussed all the questions; thank you very much for taking your time to talk to me; do you have any question?

R: I don't have a question.

I: Okay, thank you so much.

[End of audio]

Notes

The interviewer asked all the questions as per the guideline.

File name: ITH_R2_NAI_WES_URB_001_AD0_NO_SERV_001_11519

Duration: 00:11:05

I: This is Lydia performing an interview with a T-safe enrolled girl but never got to use the services on the eleventh of May at 14:38 in MSK in Kangemi, Westlands sub county, Nairobi county. So tell me how you came to know about T-safe.

R: It was in May June last year when I was told by my friends and we went to Paddens, one of them was working

there, she is called Tabitha, she is the one who directed us to Paddens and we were educated about TIKO.

I: What were you told TIKO is?

R: It is a program that helps girls, let's say it teaches the girls about...as in to protect themselves by using pills, condoms, yeah.

I: Okay, and what happened from the time you knew about T-safe until the time you visited Marie Stopes clinic for the T-safe services?

R: When I knew about T-safe, they were giving out pills so I planned to come, so when I came to Paddens, there was a long queue and I was having period pains so I didn't...

I: You said you had your periods...

R: Yeah so I didn't go for the service, I just went back home.

I: Okay, and you've never gone back for the services again?

R: I took like two months, when I went back I was told that the program was suspended.

I: Okay, so were you registered and given a card or through the phone when you were educated about TIKO?

R: I was registered by a phone.

I: Could you tell me what that process was like for you to register.

R: We were given a code...I can't remember well...the code was to be texted...I cannot remember that well.

I: Okay, and did you find the registration process to be easy or difficult?

R: It was easy.

I: Okay, and what influenced you to join T-safe?

R: I used to hear girls saying that pills really helped them, some were not getting pregnant.

I: Okay, and did the mobilizers influence you to join T-safe?

R: Yes, I decided to join T-safe.

I: So how did the mobilizers influence you to join T-safe; what did they tell you that made you think it was a good idea?

R: They helped me a lot because I didn't know about T-safe and...

I: What were you saying?

R: They made me have the courage and so when people are told to go for the pills I could take them courageously.

I: And were you influenced by the TIKO points to join T-safe?

R: What?

I: TIKO points, the points one gets when they receive the services, were you told about that?

R: Yes.

I: Did it influence you to join T-safe?

R: Yes, it influenced me.

I: Okay, how about the kind of services people receive when they come to the facility...were you influenced to join T-safe by the kind of service you received when you came to the hospital?

R: Yes, it influenced me although I didn't get the services.

I: Okay, why were you not able to receive services after enrolling in T-safe?

R: I didn't receive the services because I was sick and the queue was long, I was having cramps so I couldn't wait for everyone to be served because the line was long.

I: Okay and you said the next time you came back...?

R: I came back and was told the program was suspended.

I: Okay, would you say that the distance from the hospital or the working hours of the hospital made you not receive the services?

R: No.

I: Okay, and did you feel there was no privacy so you decided not to go for the services?

R: No, I didn't feel that.

I: Okay how does the community perceive T-safe services and the girls who use them?

R: If you go to the community, T-safe has helped a lot because most girls in the rural areas did not know about T-safe so since they know it at least it helps them, they can protect themselves, unlike before the introduction of T-safe.

I: Which rural area?

R: I come from western.

I: But is there T-safe in this area where you currently live...like how do you see the community perceive...were you registered here?

R: Yes.

I: So how does the community perceive T-safe?

R: So when after I told them how T-safe helps, they embraced it and said its good.

I: So you said they embraced it?

R: Yes.

I: And how does the community perceive the girls who registered and receive the T-safe services?

R: They encourage them to continue joining T-safe and that they should continue receiving the services because they help them a lot.

I: Do you know what kind of services they receive...maybe your friends who receive T-safe services told you the kind of services they receive.

R: Yes, they are given pills, some told me that they are given points and they are also advised.

I: What do your friends who use and those who don't receive the T-safe services say about T-safe and the girls who receive the T-safe services?

R: Those who don't receive?

I: Mmh.

R: Those who don't receive the services also want to be registered.

I: Okay, and how do your parents perceive T-safe?

R: When I told them, they said it's okay if it would protect me.

I: What exactly did you tell them?

R: I just told them how T-safe helps.

I: Okay, you told them what you were told...what were you told when you were enrolled?

R: We were educated about free sexual health education.

I: What else?

R: How to use the pills, how to use the condoms and the implants.

I: Okay, and how do your teachers in the community perceive the T-safe services and the girls who receive the services?

R: I haven't told them about it.

I: How about the pastors and the religious leaders, what do they say about it?

R: I haven't told them either.

I: And have you heard the views of any of them who were told by others...whether they think it's a good thing or they think differently?

R: I haven't heard about that.

I: And as Christabel, what is your view about T-safe even though you didn't receive the services; from the explanation you got when you were enrolled and what you have heard from your friends, what do you think about the service?

R: You know when I came and was told that the service was suspended, I felt bad because I really wanted to receive the services because I know they help so I would like them to be reintroduced so that girls can keep receiving the services.

I: Okay, do you have any question or anything to add...maybe a suggestion on...do you have any other suggestion?

R: Yes, I would like to say that T-safe should be reintroduced because it has helped many girls, even though I haven't received service, girls are really telling me about the importance of T-safe.

I: Okay, and were you told why it was suspended?

R: I wasn't told why it was suspended.

I: Okay, do you have any other questions?

R: I don't have a question.

I: Okay, thank you very much for your time.

R: Thank you too.

[End of audio]

Notes

The interviewer failed to ask the respondent whether social media influenced her to join T-safe.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAI_URB_001_ADO_001_16519

Now this is Lydia doing an interview with an adolescent girl in MSK Naivasha on the 16th May 2019 in Nakuru County, Naivasha Sub County starting at 12.01 p.m.

I: Fine, Chebet?

R: Yes.

I: Can you tell me how you came to know about GSEF?

R: I came to know about GSEF when I was....

I: Please move closer and speak louder.

R: GSEF...I was encouraged with my friends

I: Mhh

R: And I was told it is something I can benefit from.

I: Mhh

R: And so, I decided to come and confirm for myself because with them they had already used the service.

I: Ok and you have just told me that your friends are the ones who encouraged you?

R: Yes.

I: What did they tell you about GSEF that made you decide to come and see for yourself?

R: Because they had told me about the service and its importance.

I: Mhh

R: And how they have benefit from it in their lives.

I: Mhh

R: Ever since they started using the services.

I: Mhh and so whey told you about it, how did arrive at the decision of coming to hospital and what happened afterwards?

R: After that I decided to come to the hospital and ask about the service.

I: Ok, and ever since you came, from the time you knew about TSEF and the time you joined the clinic, can you tell me what happened in between there?

R: In between as in?

I: As from the time you talked to your friends and then came to the clinic; did you share with anyone else about this, maybe a mobilizer or anybody like that?

R: No

I: None?

R: No.

I: So, what happened when you reached the clinic?

R: When I reached the clinic, I found the doctor who offer me some service

I: Ok

R: Yes

I: And did you register?

R: Yes

I: You have a card?

R: Yes, I did register.

I: Who performed the service?

R: I registered and also had my photo taken.

I: Ok.

R: Yes

I: Did you register at the hospital or at home?

R: I registered at the hospital.

I: At the hospital?

R: Yes.

I: Ok, that is fine. Ok during the process of registration and enrolment did you encounter any problem or it was ok with you?

R: It was ok.

I: It was ok, there was no challenge?

R: No.

I: Ok, fine. What did you feel when your photograph was taken so that you could enroll with this TCF programme?

R: Feel how?

I: As in what was your opinion, how did you feel about them taking your picture?

R: I felt it was ok because I knew it was going to save my life.

I: Mhh

R: About this service I felt it was going to be beneficial to me.

I: You didn't experience any fears at all?

R: No, because I had made a decision and also volunteered personally therefore, I didn't feel anything.

I: You mentioned that your friends are the ones who influenced you by their stories.

R: yes

I: Maybe you maybe have wanted contraceptives but didn't have any other way of getting access to them and that is why you decided to join TSFA?

R: I was using other contraceptives before.

I: Mhh

R: But when they talked this one, I felt it is much better way

I: Ok

R: And that is why I decided on this.

I: Which contraceptives were you using before?

R: I was using the pills.

I: Ok

R: yes

I: And which better way... TSF showed you which better way?

R: I started using T-Plan for three months.

I: Ok

R: Mhh

I: That is fine. Mhh is it possible that after talking to the service providers that encouraged you further to join the programme?

R: Yeah, after talking to them I confirmed that they (friends) had not lied to me but it is something that is actually in existence.

I: And then you made a decision?

R: Yes, and that is how it was because I had decided...

I: Mhh

R; because when the services providers consulted me, and realized that is how it was, I made the decision.

I: Fine. Could it also be that after receiving the services?

R: Mhh

I: This also encouraged you to join the programme?

R: Yes, the points also encouraged me more.

I: Mhh

R: Yes

I: What were you told about the points?

R: We were told the points will be beneficial to us because you can also withdraw those points as credit and the like.

I: Mhh

R: And I usually withdraw mine as credit.

I: You use yours as credit?

R: yes

I: Fine and what can you tell me about cumulating those points? You have already mentioned a little more on that because you said that was one of the main reasons that made you join this programme and you can redeem them as credit.

R: Yes

I: Fine, let us move to the next question. Currently are you using an application on your phone to ask a question or you just redeem credit?

R: I only use them for credit.

I: You don't have the card, that application that is on the phone?

R: I don't have the application but I can also upload it.

I: Do you have a phone?

R: (unintelligible)

I: Ok that is fine and how did choose Marie Stopes as the clinic where you will be coming to get your TCF services from?

R: I decided on Marie Stopes because I felt it near and when I was having a walk-in town, I discovered that Marie Stopes offers this service.

I: Ok

R: And that is how I decided to go there.

I: Ok what else would have influenced your decision to choose Marie Stopes as the place where you will be going to get these services?

R: I did the CE and I am still young and would not want to get pregnant right now because I am still in school.

I: Mhh

R: And would like to join college afterwards and that is why I decided to make use of these services so that I can benefit because I am a girl and have those feelings (unintelligible) those challenges...

I: What kind of feelings?

R: (Chuckles)

I: I will ask you for the purpose of recording, what I know is that the person who sent me is not aware at all.

R: (Chuckles) you know human beings have feelings

I: So that is why I told you earlier on that anything confidential you can just share it so that when I reach the office, I will not be asked why I assumed they also understand what those feelings are. That is why I want you to tell me what they are.

R: Like now I have a boyfriend.

I: Mhh

R: And being a friend of mine, it is a must you will have sex.

I: Ok

R: So those... when have sex without protection you can get a ball,

I: Mhh

R: And maybe you didn't want to get a ball.....

I: For a person who doesn't understand sheng, what is a ball?

R: Not wanting to get early pregnancy.

I: Ok that is good. Would it be like.....you said one of the reasons that made you come to Marie Stopes is because it is near home?

R: yes

I: Could it also be the way they provide their services also contributed to your decision to be coming to this hospital for their services?

R: Yes

I: Tell me more about it in detail, what time do they open their doors? Why do you feel you are comfortable with it and their timings?

R: You see I can come here any time I want. I just have to alight at the stage and come directly here. They are available and serve me the way I want the moment I come in.

I: Ok and those services you get here, could they be also a contributing factor?

R: Yes, they offer a good service.

I: Tell me more about the good service they provide?

R: You see when you come in, you don't have to sit on the queue waiting to be served.

I: Mhh

R: The moment you enter, someone will notice you quickly, serve you immediately and you leave. If you were in a hurry you will not be inconvenienced because the service is fast.

I: That is fine. You may have come to this facility because it is Marie Stopes and Marie Stopes is a renowned name and the services.....

R: Their services are good.

I: Mhh

R: Yes

I: Could that also be a contributing factor?

R: Yes, it is also a contributing factor.

I: Ok and you said that your friends talked to you and not your mobilizer?

R: No.

I: Fine. Mhh... now for those people who live with you back at home, the community, the neighbors, teachers, what is their perception about girls or this TCF project? What are their views on TCF?

R: You see that service has to do with curbing early pregnancy

I: Mhh

R: It is really helped many people, more so the students. You earlier on, before this service was introduced, many girls used to be caught up in early pregnancies leading to drop out in schools for girls. So, you find that many learners drop out of school. So far, ever since the introduction of these project,

I: Mhh

R: Because of the availability of this service, many students have been able to complete school.

I: Ok and are these views from all parents or there are those maybe who might have a problem with this project?

R: I don't think there are parents who might have a problem with the project because it has contributed a lot towards curbing early pregnancies and also the population in general.

I: Mhh

R: Increased population... for example, you are aware that Kenya's population is very high and with this project at least it has reduced it. So, there is no one who is against.

I: Ok and what about the views of teachers in schools? You know there must one or two teachers who know about this project. Maybe you have heard them talk about it, what are their views about this TCF project?

R: They are positive about but of course you cannot miss those who are against it. There has to be some rejection.

I: Mhh

R: There are those with negative attitudes towards that maybe their reasoning could be; these are students and so why should they use TCF and they are not yet married or adults?

I: Mhh

R: But as for the learners they are happy because it has contributed positively towards their education.

I: So, there are those teachers who feel the project is good?

R: Yes

I: And what about the pastors; the church leaders, what are their views about this TCF project?

R: The pastors and maybe church members feel this project has really assisted many youths.

I: Ok. How?

R: The same thing it has reduced early pregnancies.....

I: Ok that is fine. You mentioned that you have a boyfriend, isn't it?

R: Yes

I: Now that you have a boyfriend, what are his views about TCF and maybe you have friends who are already married and there are those who also have boyfriends. When you listen to your boyfriend's views and also from the others, what do they say TCF? Do we have those with positive views, negative views or what are their views?

R: For those with boyfriends, maybe the boyfriend is still in school learning and so are you also learning.

I: Mhh

R: He will not want you to get pregnant because both of you are still in school and not for marriage.

I: Mhh

R: You see a boyfriend is not a husband but just friendship maybe for a while.

I: Yeah

R: SO, he will feel it is better because it is for his benefit maybe he is not ready for marriage or getting into cases.

I: That is fine. Now you have told me the views from these people. But what about the parents, what are their views or perception about those girls using TCF?

R: I don't think they have issues with that. I see them supporting TCF.

I: What do you parents think about you or any girl using TCF?

R: Ok for example I just completed school the other day and at school it is not easy to meet your boyfriend that easily. But now they would feel that I have completed school and exposed out here therefore, this TCF is of great help to me.

I: Fine, thank you. That is your parent's perception. And what about parents, have you ever heard of their views on girls who use TCF?

R: They see it has helped them

I: Mhh

R: Most of their children are in school

I: Mhh

R: Colleges and universities, it has helped them.

I: And what about the teachers, what are their perception of girls like you who use TCF services?

R: Even them, they have seen it has reduced population because right now most youths get pregnant as often as an opportunity arises but now with the TCF it has really helped them. Even for those who got unwanted pregnancies, once they have given birth, after two weeks they join the TCF programme.

I: Ahh

R: It is helpful to them (unintelligible, very noisy background)

I: Ahh and those pastors or youth leaders, for example you are now using those services, what do you think that youth leader, maybe now they are not aware. But if they happen to get to know that; ehh Chebet went in for this service.

R: Mhh

I: What are their views on someone like and the rest of the girls who are on TCF programme?

R: In case they didn't know and later on they come to realize later, as long as she has completed school and though is exposed out there.

I: Mhh

R: She has never come back home pregnant or anything of the sort.

I: Mhh

R: Obviously I will tell them about how I am protecting myself and the TCF programme. I will tell them how it is a better way because when I am out there, I can look after myself and they will feel it is better if they also joined TCF.

I: Ok. That is fine. So, you said that you have been registered and you can use the card?

R: Yes

I: Therefore, you don't have the platform...the TCF Application on your phone?

R: On my phone.

I: That is fine. And have you even been able to access the platform, I mean the TCF application on a friend's phone?

R: No, I have not tried.

I: NO. Not yet. That is fine. And can you tell more about the family planning services you received? You said you came on a Saturday?

R: Yes

I: Can you tell me of the quality of all the services that you received when you came?

R: When I arrived, I met the doctor whom I told I had come to get the TCF services.

I: Mhh

R: And he talked to me and then asked me what kind of services I wanted.

I: Mhh

R: I personally chose to use the 3-month TCF programme

I: Mhh

R: And so, the doctor administered for me.

I: You said the doctor talked to you; about what?

R: He talked to me about the benefits and maybe side effects.

I: Ok

R: Yeah

I: And can you remember the benefits you were told about and which methods? There are different methods, isn't it?

R: Yes

I: Which family methods did they talk about to you?

R: They talked of the coil, the three months, five months and that one of.....not three months, the one for some months and then for five years and three years.

I: Mhh

R: And I preferred the three years one.

I: You were injected or what happened?

R: It was an injection

I: Where, on the hand?

R: Yes

I: Right, that is fine. So, the service provider talked about advantages and disadvantages or side effects?

R: yes

I: Can you tell me briefly about the side effects that were mentioned and the advantages for each method? The ones you can remember.

R: The side effect I was told about was about my periods; maybe I could have a longer periods (menstruation) but for a short period of time, after receiving the service.

I: Ok, right, the advantage you were told about was that apart from the fact that it is prevention from early pregnancy, what else were you told?

R: About TCF?

I: Regarding those family planning methods? You mentioned that when you came the doctor had a talk with you?

R: Yes, the service provider talked of the advantage of that method because it would help me prevent early pregnancy.

I: Ok

R: It will help prevent me from getting early pregnancy.

I: Ok and was it easy to get this hospital and the services provided?

R: No, I didn't face any challenges because I knew where Marie Stopes but is it just that I had never gone there to get their services.

I: Ok

R: I had not made up my decision.

I: And did the doctor assist you personally?

R: Yes, it was the doctor who assisted me.

I: Was there any privacy during your talk?

R: Yes

I: Where did you sit?

R: We were in a room the two of us where he provided the services to me.

I: There was no one else who would have been able to see or listen to you?

R: none

I: ok, that is fine. And did you feel that he had given you satisfactory information or when you were counseled did you feel that the information you were given was not adequate at all.

R: I was satisfied with the information I got.

I: Ok and were you given an appointment to come back? Next visit?

R: Yes.

I: And when you reached the hospital, did it take you long to see the doctor or what happened?

R: Immediately I arrived the doctor was there to receive me.

I: Mhh

R: Yes.

I: And your relationship with the doctor, how was it? How did you interact with the doctor to the extent of you being able to make a decision on the kind of service you would like to get whether it is for months, three- or five-year plan?

R: When I arrived the first thing, he told me is that, this service needs someone who is courageous and not scared

I: Mhh

R: And that I should be open.

I: Mhh

R: So, when he told me that, it was now up to me to be open and have the courage to talk to him.

I: That is fine. You have mentioned that he talked to you...did he explain to you about these other methods?

R: When I chose the method I wanted, he just concentrated on what I had chosen.

I: So, you chose...

R: When I came my intention was to put this same one.

I: Therefore, you did not wait for him to explain to you about other methods?

R: He talked about the other methods and mentioned them but I chose this one.

I: When he mentioned them, did he also explain about them or he just mentioned in passing?

R: He mentioned in passing and concentrated on what I had chosen.

I: Ok and who decided on the method you took>

R: I decided it personally.

I: Would you say that since joining TCEF, what have you learned that could be of benefit to you in future?

R: I have learnt that through TCEF I can plan my life. And with that I can also get pregnant when I want to. I will just go back to the doctor and have it removed.

I: Ok, what else did you learn?

R: I also learnt that... I think that is all.

I: I think you have forgotten, if you remember you can tell me about it.

R: Mhh

I: How as TCEF assisted girls in solving their challenges when they want to get family planning services?

R: That how will it help what?

I: Family planning services... let me rephrase and explain the question. Since TCEF was initiated, how has it helped girls

be able to face their challenges when they want to get family planning services or reproductive health services?

R: It has helped them as in if a girl wants to practice family planning,

I: Mhh

R: And maybe she has no money and maybe she wanted to have the coil inserted and she doesn't have the money.....

I: Mhh

R: She will come and pick a short-term service giving her time to go and look for money and come back for the long-term service that she wants to take.

I: Mhh

R: And that will not give her enough security while hustling to be able to get enough money to come and have a long-term method.

I: Mhh

R: Within that period while looking for the money she is likely to get pregnant maybe even before she gets the money.

I: Now that TCF has been implemented how has this helped you face your challenges?

R: It has been helpful because TCF is not expensive, you don't need a lot of money.

I: When you came, were you charged anything or the services were free?

R: The service was free.

I: Ok

R: It has benefitted them because maybe there are no charges for the services offered.

I: Ok and is there any other challenge that TSF has solved since its inception?

R: Yes. It has been of great help to those people who are vulnerable. They don't feel excluded but a favor to them because maybe there are those methods that would have favored those who are able only or those whose lifestyle is high.

I: Ok and have you ever informed other girls about TCF project?

R: Yes

I: Ok and what did you tell them about TCF?

R: I talked to them about family planning methods TCF had introduced, the importance of the project and how it can be helpful in life and I also encouraged them to join the programme.

I: Ok and for those that you were able to talk to and explain to them in-depth, how did they react to the information?

R: Some acknowledged it while others just ignored. For those who accepted, I advised them to go and try and proof for themselves because they were not believing it.

I: Ok that is fine. As a girl who has just been registered with TCF, how have you been involved in the TCF project as in what are you doing in the community.....ok how have you and the adolescent girl in the community been involved in the ITH project? For example, you have told me that you

went out there and encouraged other to join. That is one way of being involved.

R: Mhh

I: What about the others, what have they done to show they are involved in the ITH project?

R: After responding and being able to see the service works.

I: Mhh

R: They can also encourage others to join the programme.

I: Ok and from what they say, what are their views on this project? For those you talked to and they later joined the project, when they come and find those are truly there, what kind of feed back do they have?

R: First when the get the information they usually come back to appreciate me.

I: Mhh

R: They congratulate me for being involved in the project and they also share the information with others and invite them to come and register with the project.

I: Ok and are there other who act as mobilizers?

R: Yes. There are many mobilizers.

I: Ok and would you visit this clinic again?

R: Yeah, I would because I am aware of their services which can be of benefit to me.

I: Ok. Ahh.... are there other services that you would like to get in future?

R: Yeah

I: Like which one?

R: After removing this coil and maybe had a baby,

I: Mhh

R: After removing this coil obviously after giving birth, I will still need their services maybe like the coil.

I: Mhh what other services would you like to seek or would seek for them in future?

R: Still on family planning?

I: Yes

R: Maybe a longer-term service for five years.

I: Fine and supposing TCF was not there, where would you have gotten these family planning services?

R: Would be facing challenges if TCF was not there.

I: Mhh

R: Yes

I: Expound on that, what difficulties would be there if TCF was not there?

R: If TCF was not there, by now I would be having a baby.

I: Mhh

R: And I have not completed schooling and it would have ended there. I would not have continued with schooling. The other reason is that I am not employed and therefore I would have faced a lot of challenges,

I: Ok and do you think if TCF was not there, would it have been easy to get somewhere else where such family planning services are being offered?

R: It would not have been possible at all.

I: Mhh

R: Because out there, maybe a lot of money would have been needed

I: Ok

R: And maybe I don't have any money.

I: Mhh

R: And that would have been a challenge for me.

I: Ok and those nurses or doctors that are in other hospital that are not under the TCF programme, do you think they would have offered you good service or not if you were to compare?

R: If I compare TCF with these other clinics around

I: Mhh

R: TCF is better than the rest because maybe their services are not of quality and very expensive.

I: Ok and do you those other health facilities would make sure there is confidentiality or who would the situation be like?

R: I don't think those other hospitals would offer privacy.

I: And do you think the nurses and doctors in those hospital would have enough time explain all the necessary

information and counseled the way you were counseled when you came to this facility?

R: Not really because maybe they could be busy because they are dealing with many people

I: Mhh

R: Maybe when you go there you will be asked directly what has brought you there, if it is an injection you get without any counseling or information on the advantages and disadvantages and all that. There wouldn't be any consultation at all.

I: And in those other facilities that offer family planning services do you think they would give on a return date?

R: No, I don't think they would give me an appointment maybe because they are busy and want to make money and not have time for my health.

I: Great and you said that when you came here, you were taken to a room straight to the doctor.

R: Yes.

I: If you compare TCF and the services from other hospitals out there where you would have gone if TCF as not there, do you think you would have had that opportunity to go straight to the doctor or you would have had to wait on the queue?

R: First I would have start at the reception waiting to be attended to.

I: Pardon?

R: I would have had to stay on the reception for hours

I: Mhh

R: Or you might even go on that day and miss the service and come back the next day.

I: Let us go back to question number ten; what have you learnt that could be of benefit to you in future since joining TCF?

R: Through TCF I have learnt that by practicing family one can complete schooling

I: Mhh

R: Because there are many who got pregnant and were not able to complete schooling. I have learnt that TCF can help you as a pupil to complete school and continue up to the limit you want to reach. If you want to go to university or wherever, it gives you that opportunity and chance

I: It give you that opportunity through...

R: Through that implant, it helps you not get pregnant and get a chance to reach where you want to in life.

I: So, do you have anything else you would like to talk about that we have not talked about? Anything you would like to add that you feel can improve the TCF project? Any more views? Any suggestions, additions, anything that you want to improve the TCF project.

R: I feel it has helped us adolescents based in town and I wish it can be extended further away from the towns to the rural areas so that it helps other young ladies out there. There are many youths in the rural area who are getting early pregnancies.

I: Mhh

R: So that they can also benefit from the TCF project and getting a better chance in life too.

I: Ok. Anything else?

R: That is all. I don't think there is another.

I: Thank you so much for your time

R: Yes

I: And I am also grateful for sparing time to come and sit down with me and I have noted all your views.

R: Ok

I: Ok. Fine.

R: Thank you also for your service to us.

I: Fine. Thank you.

R: Welcome

End

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAI_URB_001_ADO_NO_SERV_001_16519

I: This is Lydiah doing an in-depth interview with an adolescent girl who did not receive TCF services in Nakuru County, Naivasha sub county, on the 16th May 2019 started at 11.37 a.m. Ok tell me how you knew about T-safe?

R: I heard it from (unintelligible)

I: Please speak louder and move this way.

R: I heard of a project called T-safe and enquired about it and what it deals with.

I: Mhh

R: I was told that girls benefit from it by getting pads,

I: Mhh

R: And also, family planning methods.

I: That is fine and whom did you hear from?

R: I heard it from my friends.

I: Your friends?

R: Yes.

I: You didn't hear of it from anyone else apart from your friends?

R: There are some other people who told me about it, I see them going around.

I: They walk around and how did they call themselves when they introduced themselves to you?

R: They told me that they are from Marie Stopes.

I: Ok just move this way so that I can be able to record you properly. Ok and from the time you came to learn about TCF, to date, when you came to the clinic, can you tell me what happened in between, that process of being informed and then enrolment. I would like to hear all that from you.

R: When I came, they took my photograph and then I was given this card from T-safe.

I: Mhh

R: When I came here with the card, I was told I could not be registered under the project because I was already overage.

I: Ok

R: Yes

I: And when they were taking your photograph.....who took your photograph?

R: I cannot remember the name.

I: Those people who came from Marie Stopes are the ones who took your photo?

R: Yes.

I: Ok they are the ones who took your photograph?

R: No.

I: They didn't ask at that time?

R: No

I: Ok that is fine, and just before they took your photograph, what kind of question were you asked what were you told before your photographs were taken? What did they before taking the photograph that made you decide to join the project?

R: The told me that they assist girls

I: Mhh

R: Mhh and they assist girls in many ways that is why I decided to join the group.

I: They assist them in what way? How?

R: They assist the girls with providing them with pads

I: Mhh

R: And also in education.

I: Ok that is fine. And did you face any challenge during registration?

R: No, I didn't face any.

I: And what made you decide to join T-safe? What is it that you saw that encouraged you to join it? You said that you were told it is something good and girls benefit from it through getting pads and such like stuff.

R: Mhh

I: Is there a probability that you were told the points one will be getting if you get the service and that is what encouraged you to join?

R: Yes, I was told and also they explained about the points.

I: What did they say about the points?

R: That you can redeem those points and use them at the supermarket or redeem them as credit.

I: and were you told it can redeem them anywhere?

r: No,

R: Mhh

R: I can only do that up to Metameta

I: Metameta is what?

R: a supermarket.

I: Ohh ok that is fine. And is it possible that the mobilizer who came to see is the one who convinced you to come and

join the programme, maybe from the way or manner in which he talked to you and then you decided to join the project?

R: Yes

I: Why do you say he is the reason why you joined the project?

R: She explained to me everything in detail and how it works.

I: Oh that is fine. And why didn't you get any service after registering with T-safe?

R: I was told I was older

I: You told you are older?

R: Yes

I: Therefore could it be...ok let us leave that. Ok you have just told me that you were told you are over age. How old were you when you came to the facility?

R: I was twenty years old.

I: You were twenty?

R: Yes

I: But you had registered and provided with a card?

R: Yes

I: And how did they find out that you were older than the number of years required?

R: They asked me.

I: you were asked?

R: yes

I: And it is not that they looked at the information on the card

R: No.

I: Ok and when the mobilizers were going around, they didn't ask you your age?

R: No.

I: And what are the views of the community about the T-self project? And what about the girls who are under the T-safe project?

R: I don't know

I: Even your fellow girls who are registered under the project and are receiving the services, those aged between the age between 15-19 years, what did they tell you people say about this project?

R: They say it is a good project and they have been protected from early pregnancy.

I: and what do their parents say about this project?

R: They also second it.

I: And what about the teachers or pastors from back home what do they talk about the project?

R: I don't

I: you don't know?

R: No

I: And how about your friends like the one who didn't get the service like you, what are their views regarding this project?

R: They should increase the age limit.

I: Ok and what are your views about this project, are they good or bad?

R: They are good

I: Why or how?

R: Because they the girls are benefiting from it.

I: You mentioned how they are benefitting with PAD. What else have you observed they are benefitting from that project?

R: Education

I: Education in what way?

R: In life generally.

I: What else?

R: That is all I know.

I: You have told me that you are Alice, what can you about that girl who came to register but could not be enrolled because of age limit hindered her? What are your views and what would you like to tell the initiators of this programme so that they can improve it better?

R: I would like to tell them to increase the enrolment age.

I: Increase the age limit?

R: Yes

I: Like how many years would you recommend?

R: Starting from 11-25 years

I: Why 11 years and not 15 years?

R: At that age the girls are big and that is when they start being adolescents.

I: Ok and when you say the girls are big what do you mean?

R: Physically

I: You said girls here are provided with pads?

R: yes

I: Do you think at the age of 15 years they need to be provided with those pads?

R: Yes and not even fifteen but about eleven years.

I: Ok I meant eleven years not fifteen.

R: At eleven they start menstruation.

I: ok

R: Mhh

I: Alright, what else can they do to improve this project more?

R: They should go from door to door sensitizing the young girls.

I: Ok

R: so that they can enroll more girls in the project.

I: Ok

R: Mhh

I: And how did they do it last time? Those mobilizers who told you they are from Marie Stopes, how did they go about it, did they come to school or what happened because you are recommending that they should go from door to door?

R: Well they did go from door to door but they did not manage to visit all the houses.

I: Ok

R: yes

I: Why? Was there something that was hindering them

R: I wouldn't know

I: they are the ones who decided not to cover all the homes?

R: I don't know.

I: They didn't reach because they were not hindered and you don't know why they didn't reach?

R: No, I don't know why they were not able to reach every household.

I: Anything else?

R: I don't know of any other.

I: those are the only ones?

R: Yes

I: Ok thank you so much for your time and your views will be taken to the stakeholders in charge of this project of T-safe. Fine?

R: That is fine.

I: Ok thank you very much.

End

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAK_NORTH_PERI_URB_003_ADO_NO SERV_001_16519

I: So thank you so much for accepting to participate in this study. I have already explained to you that it is just for purposes of trying to improve the services for the youth so that they can be better. And you have already explained to me that you are one of those girls who registered in the system but did not receive services. So thank you for accepting to come and talk to us so that we get to understand the situation or how it went on.

R: Yeah

I: so you just talk free because I have already assured you that your information will not be accessed by anyone.

R: Ok

I: So this is Wilkister Ombidi and ID 003 doing round two Adolescent interview, adolescent number 001 who did not use the services and we are talking at Multipurpose Health facility in Nakuru County in Nakuru North Sub county this day of 16th of May 2019 starting at 2.30 p.m. So thank you so much and I welcome you.

R: Thank you very much.

I: Ok thank you so much. And you have allowed me to speak in English but if anything is not clear in English,

R: Yeah

I: We will just combine with Kiswahili and we are done.

R: Yeah.

I: The interview is going to be very short, it is ok?

R: It is ok.

I: Thank you. So to begin, please tell me how you came to know about this T-safe platform and just tell me how you came to know about it and what happened from the time you knew about this platform to the time you visited an ITH clinic; this clinic that is serving

the adolescents. So the question is just how you came to know....how did you come to know about this enrolment platform.

R: I came to know it through our community health worker

I: Mhh

R: Who were moving from door to door explaining and eradicating at about the services and when they told me about it, after everything they told me I saw it was beneficial and so much important.

I: Oh great. What was the community health worker telling you about this platform?

R: They were telling me about how they were serving and how it was for free and the advantage of using it.

I: Mhh

R: Yeah.

I: Please tell me if they told you about the telephone enrolment programme.

R: Yeah they told me about it, they told me that after enrolling it was going to be simpler compared to the other ways since they told me that when they use the telephone enrolment it was going to be faster and when you get there, you are going to get everything there.

I: Mhh

R: So you are not to carry anything at all so I just got a card and it was all.

I: Very nice.

R: Yeah.

I: Ok please tell me in terms of like a story,

R: Mhh

I: What happened from the time you knew about platform or that programme

R: Yeah

I: To the time you visited the clinic....just like you are going on a journey

R: Yeah

I: So from the time the CHW told you about it then what happened thereafter, until you reached the clinic. Just take through that.

R: Yeah, it is ok.

I: Ok

R: So I just met the CHW on my way just moving on my issues just like that and that is when they told me that the importance of that enrolment. So when they told everything, they told me the benefits of getting it and they told me it was for free. So since it was for free, each and every person could like.

I: Mhh

R: So they enrolled me by using a phone and that issue of phone they told me that it was going to be simpler and easier compared to using the papers.

I: Mhh

R: So I just got enrolled and got the clinic by using a card.

I: Mhh

R: Since they told me that the picture was already there. So I got there with a card. So when I got to the clinic they told me that my picture was not there and so I had to wait for the computer to get through with the picture.

I: Mhh

R: So they told me to come the following day and the thing was very nice since it was for free. You know (both chuckle) people love these things since there is no money there, they are not charging anything,

I: Ok

R: So people like it. And so when I got there I felt that it failed so I was told to come the other (next) day and the other day

I: Mhh

R: I just counted the distance since I was not coming nearest, I counted the distance and I couldn't come the following day.

I: Mhh

R: And that day I couldn't wait for the machine to work since my time was not working. (Both chuckle)

I: OK

R: Compared to the time and the distance, the following day I didn't come for it but I will still wait for it.

I: Mhh

R: Next time they come I still work with it; I am still waiting for it.

I: Mhh

R: Yeah

I: You are waiting for it?

R: I am waiting for it.

I: Good to hear about that. Just if I take you back you told me that the community worker was walking where? You met on the road or where did you say you met?

R: Yeah I met them on the road, they were just going telling people about the service and the importance of it and the first importance of it was that it was for free. That was my first....

I: For free?

R: Yeah

I: Ahh...so, what did they, tell you were the advantages of getting into that programme? You told me that they told you the advantages.

R: Yeah, they told me that when you get enrolled by using the mobile, you are going to get the points. When you get there you will get the points. And those points you are going to use them by enrolling them and getting and you just use it like cash.

I: Ahh! Ok.

R: So that was the first advantage.

I: That was the advantage.

R: Yeah that was the advantage.

I: Ok

R: Yeah

I: What else did they tell you that you can remember?

R: The other thing I can remember is that they told me that those services were going to be so much advantageous since I have one baby, I wanted it so much to use them since I couldn't get another baby since I am still young and I am not ready for another baby for now. Yeah, so they told me that, that service is going to be advantageous to me.

I: What services did they tell you they offer?

R: they told me that they are going to use Norplant

I: Mhh

R: I don't know those terms but there were there.

I: I told you even Kiswahili is good, you can mix everything.

R: They told me there was Norplant, it is for five years, three years and on the hand, and the IUD services

I: Ohh and the IUD services?

R: Yeah the IUD services

I: Ok and they told you all that

R: Yeah

I: So you have told me about your experience and your challenges, so when they were enrolling you

R: Yeah

I: Tell me whether your experience about that telephone enrolment how did it look to you?

R: As for it was so much...when I got there it was frustrating but when they were explaining, it looked like something good.

I: Ohh when you got to the clinic?

R: Yes

I: And during enrolment?

R: It was very nice since...depending on the way they showed me

I: Mhh

R: It was working very fast and even when they took my photo, it was fast.

I: Ok

R: And they told me about the points and I felt here is where I am getting free services on the hand there are free points also (chuckles) and so that mobile way was somehow nice.

I: It was somehow nice?

R: Yes, I liked it.

I: Mhh

R: Yeah

I: Ok so for you, you are telling me you already had a baby?

R: Yeah

I: And you didn't want to get another baby.

R: Yeah

I: so you found this programme ok?

R: Yeah

I: And then you are also talking about the points?

R: Yeah

I: So when we look at these points again of what influenced you to join this platform.

R: Yeah

I: What would you say influenced you more? You have mentioned the points, you have mentioned about not wanting to get another pregnancy,

R: Yeah

I: You have told me it was fast?

R: Yeah

I: What influenced you particularly to join this....

R: What really influenced me most was the fact that it was free,

I: Free

R: You know Africans like free things. So first it was for free.

I: Mhh

R: Another thing was because of the points.

I: The points.

R: Yeah because they had explained to me that those points are equal to cash so I wanted those points and also the fact that it was a free service.

I: Mhh

R: Yeah, those are the factors that influenced me most.

I: Ok

R: Yeah

I: the way that mobilizer talked to you.

R: Yeah

I: tell me whether it influenced you and how...to join.

R: Yeah depending on how she was talking it,

I: Mhh

R: As in she was explaining it very well.

I: How?

R: Just like a doctor. How a doctor can explain to you by telling you that this one, looking at your age and your situation, this one can work for you.

I: It will work

R: Yeah. The way she explained to me it was like a parent.

I: Mhh

R: So you feel this parent would not want me to get pregnant again depending on my age.

I: (both chuckles)

R: Depending with my age,

I: Mhh

R: I felt she is also a parent and wouldn't want to me getting pregnant again. By the way I would not want to get pregnant again at my age.

I: Mhh

R: yeah, at my age.

I: At your age.

R: Yeah, I would not want to get pregnant again.

I: Mhh

R: Because getting pregnant again reduces your changes of even getting a job. You will be tied down and since she told me that if I were to use that method, it will help me, so I was interest.

I: Ok and any influence from the social media, you know you guys are dot.coms

R: (Chuckles) about social media,

I: Mhh

R: Ahh true social media also explains as in you have to use condoms, pills or what but you know we did not understand it well. Personally I just didn't understand what they really meant because depending with my age, I was of the feeling that if I use family planning methods they might affect me. But social media, there was a time when programs are brought and aired and they explain everything well; at least you feel this one works. So as for me, following social media, I was on the pill.

I: Mhh

R: Because I felt the pill is not a burden to me.

I: Mhh

R: Yeah

I: You have also explained to me that you were so impressed with this programme.

R: Yes.

I: Because it was going to be for free.

R: Yes

I: I don't know if there is anything else about the nature of services that influenced you apart from being free services.

R: What made me love it is the free service, the points and they told us the services were perfect.

I: Oh they were perfect?

R: Yes when they tell you that something is going to be perfect as in if they offer you that service,

I: Mhh

R: There is no way you will have complains about it that you are feeling this and that.

I: Ok

R: Yes

I: Having liked this programme from the time you met the mobilizer, the way she talked to you, and you were impressed and decided that you must get this service, tell me briefly tell me why you didn't receive he services after being enrolled in this T-safe programme? You have already told me one two three but I want us to connect all these points together.

R: Ehh the reason why I didn't get the service was because I came with the card.

I: You came with the card?

R: Yes and I had been told that the picture I had been enrolled with I will get it ahead. So after when I came I gave out my card and they started looking for my picture in the system.

I: Mhh

R: So when I got that the picture was not in the machine that is why I didn't get the service because I was told that I need to give it some time, about two to three hours so that they can try again to see if they can trace the picture. And since they could not find it I was told to come following day.

I: And did you wait for the two to three hours?

R: No, I waited for one hour.

I: You waited for one hour?

R: Yeah since I had left the baby with someone else

I: Ohh ok,

R: So I had to wait for only one hour and after that one hour I left. They told me to come following day and I couldn't make it because of the distance and I also thought since maybe I might come and still face the same experience.

I: (Both chuckle) you were disappointed?

R: Yeah.

I: You felt that you might go there and the programme misbehaves again in the same way?

R: Yes so I thought I might waste my time and also the distance. I thought that distance, traveling all the way to the facility and then be frustrated again, I thought let me wait and if they come again, I will go and since then I am still waiting for it.

I: Mhh

R: Yeah

I: Ok and so the following day you did not go and you have not gone?

R: No, I have not gone yet.

I: And you were talking about distance, distance is about how long?

R: It is a bit far from the clinic to where I stay.

I: Mhh

R: Because I have to use the means of transport, either a vehicle or a motorbike and when you consider that the services you were going to get was for free and you don't have that transport, you cannot travel on foot with a baby.

I: Mhh

R: So I felt since I had used motorbike, you see when you are told something is free, you will use the fastest means to reach there, quickly.

I: Mhh

R: And since I had used a motorbike the day before, now I didn't have any more money for motorbike or public transport and I have a baby, I could not make it.

I: Mhh

R: I could not carry the baby and go on foot, you see?

I: Mhh

R: Yeah, and I also felt I will (unintelligible) also but I am still waiting for another serviced.

I: Ok. Where you live, how much would it cost you by motorbike?

R: Sh.100

I: One way?

R: Yes

I: And coming back?

R: Another one hundred shillings.

I: Is it a place somewhere one can walk?

R: Yes, one can walk but...

I: For how long?

R: It is almost forty five minutes, something like that.

I: Forty five minute is a lot.

R: Yeah

I: Ok. Tell me if you could have been discouraged by the hours of working, I don't know what time this facility opens and close?

R: The time of working was...it was a bit good because I had been told that they open early, from nine in the morning until five in evening. By then they would have completed the day's work.

I: Ok

R: And I was not able to cover up for that time.

I: Any concerns about confidentiality, like ohh if I go there, my issues will be made public....

R: That thing actually was stressing a little because I realized depending on my age, and here I was going for family planning, I as a bit scared that they would say I have started using family planning at my age and such like things. I didn't have enough confidence with me.

I: (Both chuckle) any concerns about the type of services they offer, that maybe they will not give me what I want, or they may not have the method I want, I don't know which method you wanted by the way. Which one did you want?

R: As for me I wanted to try for three years.

I: Three years?

R: Yes

I: So I am asking the type of services of maybe the fear that they might not have the kind of service I want could have crossed your mind or...

R: For one I didn't doubt them that much.

I: Mhh

R: Because they had already explained to me that all those services are readily available.

I: Mhh

R: Yeah so I had that confidence that, from what the CHW had explained, those services must be there. So I was a bit confident.

I: Ok, thank you so much. And

R: Yeah

I: You mentioned a point in your conversation about confidentiality like how people would perceive you, this little girl is accessing, is using family planning, is using these methods

R: Mhh

I: But I want to ask this, how does the community where you live

R: Yeah

I: Perceive or how do they see these T-Safe services at and the girls who use those services, what are their perceptions about these services?

R: Mostly as young girls, the community does not allow us to use those family planning methods. Unless you have a child like me now, they will understand you but if you have never had a baby in your life, they will tell you that is a way of letting you start practicing prostitution and such like things. That is why they don't allow it.

I: Mhh

R: They tell you that you are spoiling your life at such an early age, something like that.

I: Ok

R: But as for me since I have a baby they will understand me a little but on the other hand they will not because they will tell me why don't you abstain instead and yet you are married and you cannot abstain.

I: (Both chuckles)

R: You cannot abstain since you are married.

I: Mhh

R: Yeah

I: Ok so for young girls they see like you are opening your way to prostitution?

R: Yeah

I: To become a prostitute?

R: Yeah

I: Ok so when I talk about community here there can be several categories of people like girls of your age group,

R: Mhh

I: How do they perceive or what is their perception about young girls getting family planning services?

R: For girls of my age group find it ok because this services helps them avoid getting pregnant. Getting pregnant is one thing they mostly their fear and that is why most of them love it.

I: Mhh

R: Because it helps them not get unwanted pregnancy because there is no girl who would want to get pregnant at that age.

I: Mhh

R: So that is why they like it very much. If you meet one and tell her that there is a service being provided, she will readily accept it without a second thought.

I: And how about parents?

R: Parents.....

I: How do they feel about young girls receiving family planning services?

R: mostly they are negative.

I: They are negative?

R: They are negative because they say since at that age you are still young you need to avoid sex.

I: Ok so they say you are young and should avoid sex?

R: Yeah. You avoid sex and give yourself time so that your body can mature up.

I: Mhh

R: And when there are boys around your there is no way your body will mature that quickly.

I: (Both chuckle) you mean boys hinder people to mature quickly?

R: Yeah the boys will not allow us because there is that influence from friends,

I: Mhh

R: A friend tells you that if you try you will feel good and a boy is around trying to convince you, you just decide let me try.

I: Let me try?

R: Yes, so majority, since most people now know the benefits of family planning, so they prefer you go for it.

I: Mhh so that was parents' side or perception.

R: Yes

I: And with parents we have male and female parents. Which parents do you say that they are against.....

R: Both

I: with the negativity?

R: Both are negative.

I: And what is their perception about the family planning methods or services; this sexual reproductive health services?

R: The parents don't agree at all.

I: Mhh

R: They feel if is opening a way for a girl to be loose.

I: Mhh

R: You will start feeling mature and equating yourself to them or even better them and so they don't agree with those services at all.

I: They don't want them?

R: No, unless you have a baby

I: Mhh

R: If you have a baby like me now, you find them encouraging you to go for family planning services; we don't want more embarrassment, we don't want any more children in this house at our your age. So if you have a baby your parents will agree to that.

I: Ohh

R: In fact they are the ones who really influences you so much. Go, go, go but if you don't have a baby you will not be allowed. So it depends on your status at that age, do you have a baby or not. If

you are my age and have a baby you will be allowed, and influence you. In fact they will even tell you, I hear there is such and such service, in case you hear from the CHW and they heard before you, they will come and tell you about it and encourage you to go for it.

I: Mhh

R: Yeah

I: And would a father also tell you to go for such services?

R: Fathers will not tell you but they will advise you to avoid men.
(Both chuckle)

I: Ok let us talk about another group in the community, who are religious leaders. What is their perception regarding these methods?

R: Religious usually say that these services....Ok there are those who support the services but those who don't agree.

I: Mhh

R: For those who are positive about these methods....the ones who don't agree with the services say; they quote the Bible and tell you the Bible tells us to multiply,

I: Multiply

R: Multiply forgetting that you cannot go on multiply each and every day. You must have a break in giving birth. (Chuckles)

I: Mhh

R: And others agree because of the current economic situation we are in today.

I: Mhh

R: You find that the pastor or even the church elders is positive about those services.

I: Mhh

R: Depending on the current economic situation people are in today. So we have those who are not for it and quote the Bible for you and there are those who support it because of the current economic situation we are in today.

I: I don't know if you have heard of any denomination here, in your community that are really strict on using the SRH services? It is like they don't want?

R: For now there is none.

I: Mhh

R: There were a few and it also depended on the church which you attend.

I: It is those churches that I am interested in.

R: Right now there is none.

I: Mhh

R: They are no longer there.

I: Ok, they moved on?

R: Yes, they are not there.

I: Therefore the churches that are already there support?

R: Yes they do support the SRH services.

I: Ok that is fine. You had explained to me that if this programme was to be reinstated,

R: Mhh

I: You would like to be part of it?

R: Yes, I would like to participate.

I: Ok thank you so much and those are the few questions I had for you. But then I would like to ask you now that you missed those

services, and you are telling me that you are still young, you are young and you don't want to get another baby, you are married and all that, for now what steps have you taken to avoid getting pregnant again?

R: For now I am using the pill.

I: Ohh

R: I am using the pill as I wait for the T-safe program because I was told very soon they will be back.

I: Ohh

R: Yeah

I: Ok

R: Mhh

I: Where did you get them from?

R: Just nearby clinic here at Multipurpose.

I: Oh you went and you were given?

R: Yes, at the same clinic.

I: You bought?

R: Yes

I: Or you were given?

R: No, I bought them because I was told since the free service is finished, now I have to buy them.

I: Oh you have to buy?

R: Yeah

I: Mhh....ahh...so you will continue buying?

R: Before the services comes back since I was told it is coming back very soon.

I: Oh you were told that it will come very soon?

R: yes

I: The moment it comes you enroll?

R: I will join because it is a free service and there points and so I would not want to miss on that. This time round I will try my best.

I: Mhh

R: Yeah

I: Thank you so much and you are a very bright girl in the sense that when you missed the service you decided to look for another alternative so that you don't get an unwanted pregnancy.

R: Mhh

I: I am sorry, it is not nice hat you missed the service

R: Mhh

I: But we are happy that you are still encouraged that if this service were to be offered again you will go for it. And we welcome you.

R: Thank you for hearing your voice in a short while. So any questions for me, I have also asked a few questions and you have answered me very well and I am happy.

I: Thank you.

R: Chuckles

I: so any questions for me?

R: For now I don't have any question and I have answered all your questions the way you wanted.

I: Ok thank you so much.

R: Yeah

I: Ok.

End

**File name: ITHR2_AG_NOT SERVED_HB_HOMA BAY TOWN_P. URBAN_OGANDE
CLINIC_190506**

Duration: 00:21:02

I: Yes, so this is [mention of individual's name] Homabay County doing interview 001 at Ogande dispensary with adolescent girl age seventeen. Now we just want to begin and I want to go straight to the first question; maybe, how did you come to know about T-safe platform?

R: We were taught and we were told there was for five years, three years and three months.

I: So who told you and how were you told; how did you get the information?

R: I cannot remember, when we came he was in a hurry so she didn't give us more information, he just told us there are the three methods so you can choose which one you want.

I: Where were you maybe?

R: We were down there.

I: Where?

R: Down there, next to this building.

I: At the clinic?

R: No, just outside the door.

I: Okay, so what were you doing when she talked to you?

R: She talked to a doctor who called us as Dream girls and we came.

I: Okay, kindly explain to me, so you came as Dream girls?

R: Yes.

I: And then?

R: And then he was late but we came early so she didn't say much about that.

I: Was she a woman or...kindly describe who it was.

R: He was a man.

I: And then...kindly feel free to tell me, it's just between me and you, so just tell me as honest as you can, okay?

R: Yes.

I: As I had told you that we will not use your name anywhere and no one will ever know what you told me, okay...so I would like you to tell me how you got to learn about T-safe, do you call it T-safe?

R: Yes, T-safe.

I: So tell me, how did you come to know about T-safe?

R: You know I only know it as I ...when he came for the first time I wasn't there.

I: Where did he first come to?

R: At Ogande and I had gone to school that day and I didn't know, so I only got to know when I came back; so I was told he would come back.

I: Who told you, I would like to know who told you and what happened; because you have said that you weren't there first time and you were only told about it; so I want to know who told you about it.

R: The doctor told me...he wanted me to come here but I had gone to school so I asked him whether he would come back and he told me that yes, he would; so when he came back, I was there.

I: Okay, who did you say it was?

R: A male but I cannot remember the name.

I: But were you told by the doctor in this hospital?

R: Yes.

I: Okay, how did he tell you; did he give you a call or did he personally come for you or is that his role?

R: He called us.

I: How did he call you?

R: He sent his sister to call me and I went to him.

I: **Okay, now kindly explain to me everything that happened since you knew about T-safe until you came to the clinic.**

R: What happened?

I: **Yes.**

R: I don't know anything about that.

I: **Okay, I want you to explain to me; you have said that you were called right?**

R: Yes.

I: **Then you came the next day, right?**

R: Yes.

I: **And then you were given some education, right?**

R: Yes.

I: **So what happened after the education that made you come to the clinic?**

R: He just told us that whoever wants a method can come and choose and some chose the three years, five years, I also chose the five years method; some even chose the three months method.

I: **Now I would like to know, what happened from the day you were taught until you came to the clinic for the method; how did you get to sign up, how did you choose a clinic, were there any challenges?**

R: When I chose that...I took that method because I am still in form two and last year I was in form one so I felt I should choose that long term method.

I: **And how did you choose, how did you get to come this clinic...how did you decide to come to this specific clinic?**

R: I felt it was the best one for me.

I: **It was best, kindly explain how "best" it is.**

R: I chose this, I just told you that I took a long term method...

I: I have heard about the long term method; my question now is, how were you registered in this clinic?

R: I just chose the clinic.

I: And after choosing?

R: I was told I would have the method.

I: Okay, now I would like to know about the process; you chose then you were told you would be given the method; so in between choosing and being given the method, what happened? Yeah so what has been happening, because you said you had been taught but you haven't received the method to date, right?

R: Yes.

I: Yes, I would like you to explain to me.

R: We went to the doctor and he told us that the method was unavailable and that we should come back some other day and I came last month and they told me to come back on the thirteenth.

I: Which thirteenth?

R: Next week Monday.

I: Okay, now my question is; you have said you were told the service wasn't available, right?

R: Yes.

I: Why else haven't you received the service apart from the method being unavailable?

R: I don't see any other reason.

I: You don't see...kindly tell me the main reason why you think you haven't received that method.

R: I was told they were out of stock.

I: Okay, and I would like you to tell me more, and that's why I asked you who told you about it; what influenced you to join the ITH platform, what made you know about the T-safe platform?

R: That doctor told us about it.

I: **How did he tell you, at what point; did he come home or did you come? I would like you to tell me all those.**

R: The doctor came to us and asked us to come to the dispensary and we came.

I: **Okay, what else; he came and told you about it, and after telling you, what made you be willing to register?**

R: I wanted the method so that I can complete my education first.

I: **What else did you like about the platform that made you decide to be registered; anything on the TiKO miles cards?**

R: We were also given the cards.

I: **How were you given; I would like to know how you people ended up getting the cards.**

R: He just called us home and gave us the cards then he took photos of us then scanned the card and told us to come here with them and when we came here, we found the doctor.

I: **So you were given the card at home?**

R: Yes.

I: **And you have also said that you were...**

R: He took our photos and scanned them.

I: **So I would like to know, before he took the photos and scanned, what did he do, what did he tell you?**

R: He told us to come here to the hospital and we would get a doctor but when we came we didn't find him, he is the one who found us and there were some two more people so he told us that whoever wanted the method can choose and people chose.

I: **Okay, after being enrolled and your photo being taken and getting the card, what has prevented you from getting your service?**

R: We were told they were out of stock.

I: **Was that for all of you or just you?**

R: Very few people got the method, around three people.

I: Why did the three get and the others miss out?

R: Some chose the pills so the three who chose the pills got the service.

I: And what did the others choose or why?

R: Everyone was choosing a method and most people choose the five years and three years method.

I: And then?

R: They were unavailable.

I: So when will you get them?

R: We were told to come back this year but we haven't seen that doctor yet.

I: So what will you do...were you given a specific date or were you just told to come?

R: He told us that he would talk to the doctor who works here but he comes from Homabay.

I: So you haven't received any information or service to date?

R: We haven't received.

I: Okay, and how will you get to know if the methods are available?

R: He said he would call.

I: You have said he will call...now am asking my first question; when he told you about T-safe, did he take your contacts or how did he get to know about you in particular?

R: He didn't take our contacts; he said he would talk to the person who brought us here.

I: Who brought you here?

R: The doctor.

I: The doctor at this hospital?

R: Yes.

I: Does he treat in this hospital or does he come to the community?

R: He treats here.

I: Okay, how does the community perceive T-safe programme? Do you understand me?

R: Yes.

I: For example how do your parents perceive T-safe?

R: Even when we came to the clinic, the doctor told my mother that I should come for the method and the doctor again said we should come back on the thirteenth.

I: Now I would like to know, what did your mother say when she was told?

R: She asked whether there would be any monetary charges and the doctor told her that it is inserted for free but removal, if I take the five years method, I would have to pay two hundred.

I: What did she say after hearing that?

R: She said she would accompany me back on the thirteenth.

I: And how do your fellow girls perceive T-safe?

R: There are some who also wants it.

I: Why do they want it; what is their motivation, how do they think about the T-safe?

R: Some say they want a method so that they can prevent pregnancies while they are still in school.

I: And others?

R: Some say they don't want.

I: Why?

R: That you may lose weight or gain weight so they don't want because they see some people losing weight.

I: Any other reason?

R: That's what I have heard some say.

I: Just that?

R: Yes.

I: Maybe there is any you haven't heard or anyone has told you...

R: No, I haven't heard of any.

I: And what about the teachers?

R: The teachers say that if you have the method you can tell them because you may wrong them and they may want to pinch your arm and it may cause you some pain, so you can tell them to avoid that.

I: So what do they say or how do they perceive it?

R: They say that whoever wants it can just go for it.

I: What else do they say?

R: That's all I've heard.

I: And what about the religious leaders; how do they perceive it?

R: I haven't heard anything about that.

I: What else?

R: Nothing.

I: Okay, and I would now like to know whether you have any comments or questions.

R: I don't have any question but I don't know whether you may know whether the methods are available or not.

I: On that, I cannot know, maybe you will have to go and ask the doctor or nurse, okay, so you will just go to her and ask her then she will give you the way forward, okay?

R: Yes.

I: Any other question?

R: And when will you come back?

I: Us?

R: Yes.

I: I cannot know so I cannot say.

R: Okay.

I: Anything else you would like to tell me?

R: I don't have anything else.

I: Okay, thank you very much for your time and for talking to me, okay?

R: Okay, welcome.

[End of audio]

NOTES

The interview is audible enough.

File name: ITHR2_AG_NOT SERVED_KAK_LURAMBI_TOWN_FHOK_190513_0046

Duration: 00:32:11

I: This is Mercy, having an IDI with adolescent who did not receive service in Lurambi sub-county Family health option Kenya on 13th May 2019.

So thank you very much, please tell me how you came to know about the T-safe platform.

R: So I knew it through a friend of which this friend also has a friend who works here as a volunteer, so during that, let me call it a campaign, that friend told me there is something like this then I met this friend who works here then she registered me.

I: So what happened from the time you knew about the platform to the time you visited an ITH clinic? So what happened from the time you heard about the platform to the time you visited an ITH clinic? What happened after your friend told you about the service then you decided to come to that friend who is volunteering in this program? So what happened between those, now as in kindly you tell me the journey you have so far.

R: After I knew about the T what, they were calling it the-

I: Tiko Miles.

R: Tiko Mile, I wanted to know much about it, what they were doing, the services they were giving but it took me time yes, so I could still go out to, at least get more information about it maybe advice, though I ended up not coming for the services.

I: Okay, no problem. So what were you told they are doing and what services are they offering?

R: They told me about... before that I think, before that I came here for cancer screening of which I am sure they were offering that with family planning, then what else? They were about five services.

I: Just remember the services.

R: There was this one, though it was in abbreviation that's why, was it NBCI or, though I went much on family planning because it's one thing that I had wanted to know about, it was a service that I wanted most.

I: So did you get the information about the family planning methods.

R: Yeah I got.

I: Can you just tell me more about the family planning methods that you were told about.

R: So they told me if they offer family planning, there are several methods, they were talking about the coil. They gave me advantages. They told me it had one disadvantage.

I: Which one was that, can you remember?

R: They just told me I should not have several partners, yeah. Though it can go for at least ten even to twelve years, I am not sure. Then they had.

I: It's called implant.

R: Implants, so the five years and the three years, then they were talking of-

I: Injections.

R: Those what do they call them?

I: They are called injections.

R: Those ones, then there is this one, this of pills, yeah. Though again under that family planning method I was much encouraged by the coil, that method. Of which I

could have come for the service I could have gone for that.

I: So what were you told that may influence you to go for that coil? What were you told about coil that can make you go for that coil to get the service?

R: It is, it doesn't have much change in the hormones, and maybe if you come for checkup, you don't need to be coming frequent checkups, no need. Maybe the first time you visit the doctor you are done this, maybe just come once to check if everything is okay, then it's done. Then there is no risk that it will come out or what.

I: Okay, so when you were introduced into the platform, maybe you were introduced with the mobile phone and the card platform and you were issued a number, can you just in case you were introduced to the platform over the phone, the phone. Could you just tell me how you registered or signed up to that app?

R: No, I used the card; I remember it was the card.

I: The card, so when you were being issue with the card what transpired or what took place until you got that card.

R: I think she first introduced me and explain much about it, then she said she has to take a photo before she scanned the card maybe I get I don't know the number or what. Okay, I could not hesitate because I was much willing to go for family planning. So when I found that now services are here that's why I am here, so I think, because before that I had heard of it somewhere but not from this center.

I: So they were registering, they took your picture and gave you the card, is there anything that transpired other than getting the information and taking a photo to

be registered in the platform and that card to be scanned to get a certain number. Is there anything that transpired particularly on registering or signing up for the, to get the services. So you've said if you are coming maybe next time to get the services you will come and get the coil. So can you just explain to me a little bit how did you know about this clinic?

R: This one?

I: **Yeah, or any other clinic in this town which is registered under ITH and is offering these services.**

R: There is a time; since I have a friend who is connected here, in case they are offering those, there is a time they offer these services free, yeah. So when they are these services she can tell, if there are services, we can come and at least get something, there is no payment maybe on a certain date or certain week. So from that point is when I knew this clinic, though I had even known where it is. So the first time I came, before this Tiko thing I came here and maybe just there and pressure, whatever whatever, wait then I knew the place just to try to know the place.

I: **Okay, so what can you say about, what experience do you have so far about the ITH and the Tiko Miles. The platform and the services they are offering, so what experience can you say you have?**

R: Though I have not come for the service but I know someone who has come for the service of which I am sure I told someone about it then she was registered and she came for the service. At least I have seen they say the nurses here are good with privacy, there is privacy you can't hear, for example, you can have a situation that you

don't even want someone else to know, you will never hear about it outside the hospital.

I: Okay thank you. So have you experienced any challenge during this process of getting to know about the ITH, do you have any challenge you have experienced?

R: At times, you may not find the, can I say the facilitator?

I: Yeah.

R: Yeah, because now if you come here, maybe you can or you can find one and maybe tomorrow, maybe if they are not. For mobilizing there could be at least a weekend or after a month they go out in areas so that at least you know two or three yeah it can be easier to reach them. Otherwise, you just have to come to the center.

I: So that is one of the challenges you are having of them not getting to go any place and you just have to come to the center.

R: Yeah, you just have to come to the center unless maybe the cancer day which is a big day. Just those days maybe you can see some tent then you know now those are them.

I: So you see if maybe one time in the future you will come for the services and you've noted that you will come for the coil as a means of safety. So what influenced you to join the ITH platform, what influenced you that you have the card and next time you will come for the service? So what influenced you to join ITH platform.

R: By the way, I am a mother. So I think I could not hesitate because I knew after a certain period I might you know sex is there. So I thought it is good to get to know about this platform so that at least it will help me so that next time if there is anything I can get help from the center.

I: Okay, so is there any way that maybe your friend and then the friend introduced you to the mobilizer, is there any way that that your friend has influenced you and the influencer has influenced you to be on the platform?

R: Through advice.

I: So what kind of advice are they giving you in relation to the services?

R: Now, of course I've told this friend that I am a mother, yeah. So like, they advise you how do you see if you again get a child before this period of time, so I find it positive. Then I think it is good if maybe I go for family planning so that I can finish my studies before I again think of getting another child. So they are positive advice, how they treat you. They are social, if you meet them they are those people you can sit with them, you can talk, you know the privacy thing.

I: Yeah, the privacy. So how do they deal with privacy in this facility? That your friends have told you about the privacy, the clinic is so good if you come, they are friendly there is privacy. So how are the friends or how have you seen that there is privacy in this facility?

R: There was a time I just came here for maybe can we say cancelling. Then they asked me if I am comfortable here or they can give me someone and go with her any place that I feel comfortable, of which I went with that lady in my room. Then I felt like that was so perfect.

I: Okay, so you said earlier that the services are free.

R: Sorry?

I: Have you said that the services are free?

R: Not free always but there is a time maybe after like three months they, you can hear or they tell us out there like in schools, the volunteers here goes around giving

cards, advertising the clinic then saying they are offering these services. And then they can maybe, I have seen like one part they were having like four or five services that they are offering free maybe in a certain time, but these other time I think you pay.

I: So is there anything or any nature of the, is there, can a nature of the ITH services also influence you for coming for the services? The nature you know how they are being provided, can it influence you to join the platform?

R: Yeah it can.

I: Can you explain for me further if the nature of the services can influence you to come for the services.

R: So if you say the nature that is they are offering them.

I: Yeah, the way they are offering them.

R: It can influence me to come for the services because I am very sure I will be safe. You know that for example you can go for this one.

I: The implant.

R: Implant, you see in some cases someone comes after some say, she is complaining of the hand but now here you are very I will be safe or even in case of anything I am able to go back and maybe get treated if maybe that is in case of anything. Maybe I am sick due to the-

I: The service.

R: The service.

I: Okay. So have you ever heard of Tiko Miles or Tiko points or in incentives?

R: Before this?

I: No, it's one of those advantages of being registered to getting the services. They are called Tiko Miles or

incentives. Have you ever heard of it? Like if you join the platform, you can earn some points.

R: Yeah, I remember I was told something about it. I remember I was told if I join the platform, since the more I receive the platform the more I earn points then after earning those points, yeah indeed I remember that point. According to your points, maybe they could link you with some salon like, supermarket or somewhere where you could access service through those points, yeah, I remember.

I: **So can that one also influences you to joining the platform?**

R: Yeah, it can.

I: **Can you tell me about that.**

R: It can influence me because I can go for the services. I think even getting another member was adding some point for you, of which by the two of three maybe you can go to a shop or supermarket and maybe get some foodstuff there, yeah. I can repair my hair through a salon, by the way, I remember I was told that, I had forgotten but now I remember.

I: **Okay, thank you for remembering; at least it can influence you in joining the platform.**

R: Yeah.

I: **Okay, so where did you notice services after being enrolled? Your friend told you about the mobilizer she registers you on the phone, she told you the side effects, everything that the services entails, the Tiko Miles, the services that they are giving. But at the end currently you've not received the services but maybe in the future you will receive the service. So as per now, why did you not receive services after being enrolled?**

R: I never received those services because of the discouragement.

I: **So tell me about the discouragement.**

R: Can I say the society, parents. You know you go back to your parents like mum I want to tell this, I want to do this, I have heard of this services they are offering now I want to do but was discouraged.

I: **So kindly let's discuss about the discouragements that you had so far in relation to the services.**

R: Of course, our parents, you know that is a different generation with us. They will say this degeneration of now have come up with these things, whatever they are telling you is just to make you happy, think that everything is okay but this one may interfere maybe with your health. Maybe this one will make you never to bear a child again. So such things again hold me down, but now I have studied, googled things, I have tried to read and that's why I can go for the service, but last year, it was last year?

I: **Yeah.**

R: Indeed, I was discouraged by my parents and my close friends.

I: **So you will say that your parents would say that you will not get a child.**

R: You know they believe like if you tell them mum I am going to use this coil and I am told I can use it for even ten years or twelve, and your parent is like are you serious this thing, what is first? You explain, can't you see that that one will even interfere with your hormones, what, your uterus, if it will get like and you have to be so clean otherwise you will just die, you will just die of cancer. And you now start thinking

twice; you know this is an old person maybe she knows more than you.

I: But currently you've read more about the services.

R: Yeah, of which I am also trying to help my mum understand.

I: So you believe that in the near future she will agree for you to get the services.

R: This time even if she doesn't agree it is just me and me.

I: So in the near future, you are going to get the services.

R: Yeah.

I: Okay thank you. So is there anything that other than discouragement from your mum is there anything that has made you not to receive the services.

R: Maybe again the time.

I: Yeah, tell me about the time.

R: I am a student. So you may think of on Tuesday I go for the service, maybe that Tuesday you are much busy in school. After school I am tired I'll go tomorrow, then tomorrow comes by the time you now think of coming you get now that service that was being offered free maybe that time is over and then you are like let me now wait again I'll come.

I: So you've said that the type of services like the family planning methods you were being told you will not get pregnant or it will interfere with your hormones and maybe you will not get a child in the future. So is there a way in which maybe the distance of getting to the facility might also make you not to receive the services.

R: Yeah, like I've said if these services maybe one time they could be going out, maybe they take places outside there, maybe in other hospitals around they use other

hospitals so that at least everyone can use them. Otherwise, you see Lurambi is big, so if someone who is very far from town just have to come to this facility, you see now she feels like, maybe that person has no fare to reach this place, and it's like I could have gone but now I can't reach their minus having my transport. Now that distance.

I: Okay thank you so earlier on also you told me that some of your friends and you have noticed that the facility has some privacy and confidentiality. So as per now, that cannot hinder you from coming for the services.

R: It can't.

I: How does the community perceive the T-safe users and the girls who use the services?

R: For the community like now around Kakamega?

I: Yeah the community and if you know a little bit more. You've said your parents are against it because they are discouraging you the effects that are coming with the services. So can you tell me about like how the community perceive the T-safe users and the adolescents who use the services and mostly the community members and the teachers? So how are the teachers perceiving the T-safe services?

R: For the teachers I can say maybe the attitude they'll have on me as the user. Because one assumes that now that I am using that family planning, method meaning that now I am just there to maybe there to take part is sex, engage in sex just like that. So they look at this T-safe like you are encouraging people or young people to engage in sex, yeah just sex.

I: Okay. And how about the religious leaders.

R: Religious leaders of because they will go back to the scriptures and say what you are doing is not right, you are preventing pregnancies yet the bible says you have to. They take it a, they look at you as an immoral person.

I: **And how do your peers feel about it?**

R: Of course, you will have those who are on the negative side and those on the positive side.

I: **So let's say the people who are on the positive side, what are they saying about the T-safe services and the girls receiving the services?**

R: Like most girls back in the university they appreciate it, they like the services, at least they encourage each other. Of which you know with us ladies we understand. Going for the T-safe service doesn't mean that we just want to get engage in sex, but just in case of anything. A weekend we go maybe you want to rave and anything can happen, you are at least 1% safe maybe from pregnancy, maybe diseases that one you can try earlier and you can escape, yeah.

I: **So you've said that most of your peers are appreciating it and they are looking at the better part of it by saying that maybe the adolescents are educated on sex and maybe if you went to the rave maybe anything can happen but at that point you are at least safe from pregnancy. Is there anything positive that they are saying in relation to this program other than being safe when you go to the rave? Is there anything positive they are saying about the platform or the service?**

R: Generally, about the service.

I: **You've said they are appreciating it; so could you just tell me the ways they are appreciating it?**

R: Like for those who have gone for the service, they are again encouraging other people to go for the service because they are seeing maybe I went for the service, it is safe. I went for the service, whomever I met there then way she treated me or he treated me was okay. So you get someone and she encourages you, go for the service, it is okay what you are gaining there like we've talked of the points you see. Now this other person who has not gone for the service will go for the service.

I: **Okay, so how about your peers who are against it, what are saying against it?**

R: They don't believe that these things are safe, like one will tell you those things are not 100% sure, you see. So these people still have to be can I say be educated, or be told much about it, assure them that it's true, its 100% sure. Like if now I go for the service then they can watch from me then thy come to agree indeed this thing is working then they will go for it. So they still need, the counsellors still have a lot of work in the community.

I: **So far, what have you told your peers about services that at least some of them say that it's not 100% sure, but at least you have read and maybe you reading more about the service will change you to have the service in the near future? So your friends who are saying negative things about the services, so far what have you encouraged them or what have you told them about the services?**

R: have told them about the services, like I have a friend who I know who is fond of aborting, yeah. So I have tried of encouraging her instead of doing this, if you are saying if I family plan maybe I'll not get a child. What

about that aborting? You know some people are just active for sex they can't control it. so if you go maybe for T-safe at least as much as you are engaging on sex there is not that risk of again getting pregnant and then you get rid of it. Of which that abortion one time can kill you. You better just use the safe methods like now the family planning then continue giving yourself whatever you want but at least you are safe of one point.

I: Okay, thank you. So is there anything that you would like us to know about the platform and about the services.

R: The services are good but now the last time they were offering those services was last year in September or October. And now it's maybe now it's June or again September, meaning it's taking a year before those services are offered.

I: So currently, the services are being offered from maybe September last year up to this time, there are a lot of services currently.

R: If they are offering, they are not free.

I: They are being paid.

R: Yeah.

I: Okay thank you. At least that one we know that the services are there but not under T-safe. You have to pay to get the services.

R: Of which like me I am someone from outside I don't work here. I don't know if you should be paying for the services or the services should be free all through, you see I can't.

I: So the mobilizer did not tell you about the nature of the service in relation to payment.

R: No, because she just told me I can register you and then go any time, they are offering these services. So she never specified. So I thought maybe it's just a campaign or maybe they are advertising the facility, they need to be known. You know like for example you are opening a main hospital or a clinic you can say today I will offer free screen cancer. So that's what I thought, so I am not so sure because I have not come back.

I: **Thank you. So do you have any question or anything you want from the program? Anything you would like them to do in the near future or anything that you see is happening but should not happen. Any input, anything you would like us to add on the program.**

R: Maybe mobilization, like these facilities, maybe the youth volunteers who have to go out to the facilities, maybe they are less. Maybe now they can have more of them. Then time, it's not like today you are out tomorrow you are not there. Maybe you came today at my door I was not there, so I will not know if there is a service being offered somewhere. Maybe you can have posters, yeah they advertise because there are some people who are suffering outside there and they don't know there is service here. They can even put everything maybe on mass media like radios. You know not everyone can access Facebook.

I: **Okay, so thank you very much for taking part in this discussion about the program.**

R: Welcome.

I: **Thank you. So Family health option Kenya is in Kakamega County and the sub-County is in urban area. Thank you**

[End of audio]

Notes

There was a lot of background noise. All questions asked with good probes.

File name: ITHR2_AG_NOT SERVED_KAK_MALAVA_RURAL_KAKUNGA MEDICAL CLINIC_190612_2314

Duration: 00:09:40

I: This is Agneta doing ITH round two with an adolescent girl who has been registered, taken through the process of registration but has not received a service yet in Kakamega county, sub county is Malava and the place is rural and the clinic's name is Kakunga or Societal Medical Clinic and the date is twelfth June twenty nineteen. Okay, so as we begin, please tell me how you came to know about T-safe project. How did you come to know about Triggerise?

R: Okay, it was on a Tuesday, I was at the market buying some household items then some woman came and took hold of my hands, I was just with my husband, he told me that I was being called; I didn't refuse, I just went and when sat, she gave me those lessons on how one can control themselves; so within a while they took my photo and gave me a T-safe card then they told me that they would call me. So since then they have never called me, so I have been waiting for that call even the other girl I was with told me that she hasn't received a call from them.

I: So since you the day you were at the market you haven't received any information or haven't you just followed up, or what is the issue?

R: I couldn't follow up because they took my phone number and told me that they would call and that was around two

to three weeks ago; so I haven't received their call to date.

I: Did they refer you a specific clinic or did they just register you and take your photo?

R: They told me they would...since I was in the market, you know Kakunga girls; they told me that they would put up a clinic in Kakunga and they said that they would call me when they put it up and they have never called me to date.

I: And please tell me, of all the information you received, what influenced you to join the T-safe platform?

R: As in I felt that am still young and even though I have a child, I will not give up in life, so when she took me through the process of education, I would have taken family planning but I had taken a method when I gave birth so I couldn't take it again but I thought it was better⁹ because she also educated some of my friends, I brought around three of them.

I: And what were you told at the market...please tell me what you were told until you were given the card; how were you told the card will help you?

R: She told me that the card...as in from the lessons they gave us, it was just a method of controlling oneself, so when they gave us the card they said that they would assign a shop so that if one doesn't have pads or applying oil, you would be called and shown the shop then you would be going there for them. So we waited in vain and you know they didn't give us their contacts but they took our contacts.

I: Did the shop and whatever you were told that you would get from the shop somehow influence you to join T-safe?

R: Yes that influenced me but not only that.

I: What else?

R: Even the information, we received...since I have other friends, they are young like me but you find that one just gets pregnant anyhow so I felt it was better to join it at least I could get something because I also want to achieve something in future.

I: And how does the community perceive the T-safe project?

R: By the way home...I haven't gone home yet, I am just within...I live in a rental house as I am still learning but I told some three people who also received the T-safe services so I haven't met them and I cannot lie that I have gone home yet.

I: And how do you hear the teachers perceive this project?

R: I haven't heard anything because you know in college one takes care of their life, I haven't heard anything.

I: What about at the church?

R: I haven't heard anything there either.

I: What about the girls of your age or just other girls, what is their perception or what do they say?

R: By the way you know, most of them fear...by the way I told them, because they said even if you haven't given birth yet, as in when you are in the adolescent stage, so I told them and one of them accepted but she feared having the family planning. But I motivated her by telling her that you will be given pads and such then she accepted.

I: What did she give you as the reasons why she feared?

R: She told me that she have a sister in Kakunga high school who tried to use the family planning and her arm was swollen so that's what makes her fear.

I: Any other reason?

R: She didn't tell me any other reason.

I: Okay, you have said that you were enrolled and had your photo taken and was then given a card; please tell me why you have not received the service.

R: You know I don't know why because it's like the women who were mobilizing adolescents seemed to have been having disagreements because they just mobilized everyone, you know, so I said let me go and see what that woman has, so I went there and was given some lessons; within some minutes I saw another woman. So they just took a photo me and gave me a T-safe card then told me that they would call me but I haven't received their call to date.

I: Didn't they tell you what specific hospitals you could go to or did they just tell you that they would give you a call?

R: They told me that they would call me.

I: And you haven't received any call to date?

R: I haven't received.

I: And it's been how long now?

R: This is the third week now.

I: So what will you do now that you want to receive the service and you also have the card already?

R: On Monday I passed by there...actually I was there when you called me and I didn't find them at the booster where she gave out the services, so I asked people around and they said that they do pay to provide services there for a day and then they leave. So I didn't know about that...so if you hadn't called me, I would have stopped at that point, I would just take it that the process has ended because they haven't called me or told me anything.

I: Okay, I would just like to tell you that if you still need the service, you can go to any clinic with the name

Amua or Tunza..Amua is branded in green color and Tunza is branded in purple and orange colours, but you will see its just written Tunza and when you enter you will see some pictures written T-safe or Marie Stopes or Family Health Options Kenya, yeah. If you go with the card, you will receive service for free. The card is only used in the hospitals I have mentioned; Amua, Tunza, Family Health Options Kenya and Marie Stopes, okay, so if you see any of those clinics, you will know that...so if you still need the service you can go to any of these clinics, not a public hospital, if you go to a public hospital you will be charged. So if you go to Amua, Family Health Options, Tunza and Marie Stopes and show them the card and you explain to them as you have explained to me, they will assist you, okay?

R: Yes.

I: Okay, thank you very much for your time.

R: Thank you.

I: Thank you. And you can tell your other friends whom you were registered together, just tell them what I have told you.

R: Okay.

I: Okay, thank you.

[End of audio]

Notes

The interviewer probed all the questions as stated in the guideline.

File name: ITHR2_AG_SERVED_HB_HB_NDHIWA_RURAL_OSANO MEDICAL CLINIC_190507_0248

Duration: 00:44:21

I: This is Mercy Aketch, having interview with adolescent at Osano dispensary clinic Homa-Bay County on 6th May

2019. Time is from 14:43 thank you. The interview is going to be taken in Luo because the adolescent is more conversant with the Luo vernacular.

So my first question I will ask you how you heard about T-safe or Tiko Miles. How did you hear about? Please tell me about how you learnt about T-safe project.

R: I heard that it was good because it can prevent pregnancy problems.

I: From whom did you hear it?

R: Through one of the hospital, leaders called Christine.

I: Christine, so what has happened since Christine told you about the T-safe platform? What happened between the time Christine informed you about the T-safe platform until you decided to go to the hospital and get those services.

R: Nothing really happened, I just waited and when I wanted it, I went.

I: You have said nothing happened but Christine came and talked to you and you stayed and you've even told me you waited and when the time came, you went. So between when Christine talked to you and the day you went, what happened in between?

R: Nothing.

I: Nothing?

R: Yeah.

I: When Christine talked to you...after Christine talked to you, she told you about the T-safe program. So she told you and explained to you and you have told me that you just waited until when you decided to go to the hospital to get those services right? So in between that how did you sign up?

R: I just signed up that I wanted for the years I wanted different from the other one.

I: **And so what did you want? What services did you want from that platform?**

R: I used the coil.

I: **Coil?**

R: Yeah.

I: **And do you know there is a T-safe platform?**

R: No.

I: **you do not know.**

R: Mm-mm... (Affirmative)

I: **So you... how do you get these services, where you given a card?**

R: No, I was not given.

I: **You were not given a card.**

R: Mm-mm... (Affirmative)

I: **And do you know that this platform In Their Hands or Tiko Miles has a platform on the phone.**

R: They send messages but I am not aware that they have other platform.

I: **Do they send the messages through your phone?**

R: Yes.

I: **Okay, so did you register on your phone for them to send you messages?**

R: Yes with that sim card.

I: **With that sim card. So can you tell me how you registered on that platform, what were the requirements for them to send you messages?**

R: They wanted age and the family planning method you prefer.

I: **And what else?**

R: I have forgotten.

I: Remember. And how did you choose the clinic you wanted to attend, which clinic did you want. As in how did you choose the clinic like how did you choose that you wanted to attend this Osano clinic for example.

R: I only came here recently.

I: How recent, when did you come?

R: Towards the end of March.

I: March the previous month?

R: Yeah.

I: That's when you came here?

R: Yes.

I: And when did you start receiving messages from this platform.

R: Just when I started.

I: From which period?

R: From mid-April around the 18th.

I: Around the 18th, okay. And on that platform did you hear about connection to the clinic, as in clinics near you.

R: The messages they sent me then was when the screen of my phone was bad so I could not read them clearly.

I: So the screen is still bad up to date.

R: No now, I have a different phone and they haven't sent again.

I: They haven't sent. And what experience do you have in using this platform?

R: None I haven't seen any problems.

I: As in the things, you wanted, like those services experience is how you use them, could you get those services.

R: I haven't had any problems.

I: You haven't had any problems. What can you say about this platform?

R: It is good.

I: **How is it good.**

R: I haven't had any problems.

I: **So it is good, everything has its positive side. How is it good? [Calls respondent's name]**

R: Yes.

I: **How is it good?**

R: I think that something is only bad if you have a problem.

I: **And something good is just good for you to see?**

R: Yeah.

I: **Okay. So if someone wants to join the platform their photos are usually taken, did they take your photo?**

R: No.

I: **So you don't know the feeling of your photo being taken to be used, you don't know. And what can you say influenced you to join T-safe platform.**

R: When I heard that it helps people and that it prevents pregnancies, yeah.

I: **And these mobilizers like my sister who is over there, did she tell you anything about T-safe platform?**

R: No.

I: **She did not tell you.**

R: Yeah.

I: **And has she ever talked to you about this T-safe platform?**

R: Only during those times that we talked.

I: **How many times have you talked to her?**

R: Only twice.

I: **Twice.**

R: Yes.

I: **And have you heard about something called Tiko Miles?**

R: Yeah.

I: **What are they? Or incentives.**

R: I think that they are those things they send on phone.

I: **And do you know that when you get a particular service you are awarded some money?**

R: They sent.

I: **They sent.**

R: Yes.

I: **The services you get from these Tiko Miles; can they be influencers for you to use the T-safe platform?**

R: Yes.

I: **Can you say something about that.**

R: what can I say?

I: **The services that adolescents should have, services like family planning methods, HIV testing and pregnancy tests. Do you think those services convinced you to join the T-safe platform?**

R: Yes.

I: **Can you elaborate more on that.**

R: Yes.

I: **Please elaborate more. Talk more interact.**

R: I do not even know.

I: **Meaning you do not know things about this program, this platform.**

R: They did not clarify for me.

I: **They did not clarify.**

R: Yes.

I: **So I want to ask you another question. Please just tell me a little of what you know about Tiko Miles. Please tell me what you understand about Tiko Miles.**

R: What I got from them was just the Tiko Miles that they sent on my phone.

I: **And is there a way these Tiko Miles encourage you to use this platform?**

R: Yeah.

I: **Can you elaborate a bit on that.**

R: I went with it to the shop, and we used Tiko on the shop because it was not withdrawn as money in cash.

I: **What are the things you got?**

R: I only issued fifty; I issued only fifty because I was on the one for five years.

I: **What do you mean by working on fifty?**

R: I received fifty Tiko Miles.

I: **Your Tiko Miles point were fifty.**

R: Yeah.

I: **Okay, so there is something called T-safe platform on the phone, they one they send you... please describe your experience of interacting in the platform. Can you please describe your experience of interacting in different platforms? What do think in this platform, we are talking about this phone platform, no before we get to that? Please describe your experience of interacting with the platform. You can tell your view what do you see happening in that platform.**

R: The phone platform?

I: **Yeah.**

R: When they started sending the messages, I saw that for some how it works helps people.

I: **How does it help?**

R: If there was a problem, if you were served well or if you had any problems or many problems or very good.

I: Now you see the very good that you have said, what do you mean by that, what happened that you saw was very good.

R: Depending on how I was told, it was good.

I: And have you seen its benefits now that you were told it was good.

R: I have seen because I have not had any complications.

I: You have not had any complications. Now on the sms that you received, as you told me you have been receiving message that they send you. Do these messages come all the time or it only comes sometimes?

R: Sometimes.

I: Sometimes.

R: Yes.

I: And how often do you chat with people, do you chat all the time or do you chat for a little while.

R: Just for a little while and I did not chat with that phone because it didn't work. If I sent messages, it had errors and you could not read.

I: No way of reading.

R: Yeah.

I: And how did you choose the clinic chose to receive those services. How did you choose the clinic that you decided to receive family planning methods?

R: I just decided to come here.

I: How did you choose? How did you choose?

R: How did I choose; I do not know how to answer that.

I: When, what did you say was the name of-?

R: Christine.

I: Christine, after Christine told you about the services in the platform, was there a day that.. as you had told me initially that you just waited until the day you were

ready to get these services you went and got these services. So you received these services at the clinic right. so how did you choose the clinic you visited, as in how did you choose the clinic that you decided that today I want to go to this clinic.

R: I just came here.

I: Why did you come here? That is what the question is trying to ask. Why did you choose this Osano clinic?

R: It is close to me.

I: Another one.

R: I can easily get the service providers and if I have a problem, I can tell them.

I: And could the working hours have contributed to your coming to hospital here. Could it be that their working hours influenced you to choose this hospital? Their working hours like the time they open and close, could that have influenced you to choose this hospital here.

R: Yeah, they open in the morning and they close late.

I: What time do they open in the morning?

R: At 7.00.

I: And what time do they close?

R: 12:00 in the evening or 7:00. Now this is a big hospital where anyone can be brought at any time, so they are always available.

I: And could the services they offer have influenced you to come to hospital here?

R: Yeah. Elaborate a bit about those services.

I: elaborate a bit about those services.

R: They explain how you should be.

I: How do they explain?

R: Like I was told to keep my card close so that if I have any problem I can rush to them and tell them and they would know what to do.

I: And what did the mobilizer tell you? Mobilizers are people like midwives, could there be something they told you that convinced you to come to this clinic or did they choose this clinic for you?

R: I just came.

I: You just came, and how did you know about this clinic that made you come.

R: Because Christine had told me about it, now I knew they could do it.

I: You have told me there are services that you received. Please tell me your view on the quality of service. I would like for you tell me a bit about the quality of services offered here. For this Tiko Miles program.

R: You are going fast.

I: Please tell me your view on the quality of reproductive health provided by T-safe, as in tell me a bit or tell me according to your experience how you see the services that's in In Their Hands program brings. What type of services are they?

R: The service I saw was just the one for Tiko Miles only.

I: And do have any experience about these Tiko Miles.

R: No.

I: And services? Please describe your experience about the quality of service on reproductive health provided by ITH. So this question is trying to ask that there are things that we are given by IDH or Tiko Mile, you identify it as Tiko Mile. Categorizing their services as negative or positive, are they good? Have you seen any benefits from these services?

R: Yes.

I: What are some of the benefits you have seen or received from these services? [Calls respondent's name]

R: Yes.

I: I am asking you that services of in their Hands or Tiko Mile, there are services that they provide right. so please tell me your experience on the quality of service, service are services or things that someone might want to get from a facility like Osano. So can you tell me about the quality of service, their benefits?

R: I have not experienced it for long.

I: You have not experienced it for long.

R: Yeah.

I: How long have you experienced it?

R: I have not even completed one month.

I: You've not completed one month.

R: Yes.

I: So the next question is what do you use the ITH platform for? So this question is trying to ask us that in that platform, the day that you registered what service did you want? On the day, that you register and then you decided you would use the coil. What other service did you receive?

R: HIV testing.

I: What else?

R: And pregnancy.

I: And how often do you use this platform. How often do you communicate on this platform?

R: I don't have their number.

I: When you registered, you said they send you messages, how do they sand you the messages. Have you followed up and asked them any questions?

R: Not yet.

I: Not yet.

R: Yes.

I: What are the services you have received from the T-safe program, you have said pregnancy test, HIV testing and family planning methods. And what are the reasons that contributes to you using the ITH platform. Why do you go to your phone to get these services?

R: So that we can get them somewhere close.

I: So what do think can be done to improve this platform, what are some of the things that can be done to improve this ITH platform to make it better?

R: If you find it good, you can tell your friends to join.

I: So in this platform as you had told me when you ask questions on your phone you are answered and you had told me you get those messages, what else do you think can be done so that adolescents between the ages of fifteen to nineteen can get these services? What can be done better for them to get these services.

R: When they talk to you, you can ask them some questions, yeah.

I: So what do you think can be done, when you ask questions and they answer that is good but is there anything that can be done on this platform to make these adolescents get services.

R: I do not know that one.

I: So in your community are there adolescents who use these T-safe services. What do girls your age or your peers say about this ITH services.

R: I have not heard them talk about it.

I: You have not heard them talk about it.

R: Yes.

I: **And what can their parents say if they heard about it.**

R: I do not come from here; I do not stay here so I do not know how they are.

I: **You do not know how they are.**

R: Yes.

I: **And you've never heard what people say even though you've only been here for a short while. You've not heard of anything people say.**

R: I heard them say that it was there in the past and then disappeared and then it came back.

I: **Did they tell you why it disappeared.**

R: I did not hear.

I: **You did no ask them.**

R: Yes.

I: **And what do you think young men or your male friends would say about these services or what do they say about these services.**

R: I don't know; I think they can say that it is good.

I: **Good in what way? You know if something is good, there must be a reason why it is good. There a reason that makes something good. Now why do they say these T-safe services are good?**

R: Just when they are told.

I: **And have you heard of what they are told?**

R: No.

I: **When you came to the hospital to get the coil, can say something about information. Information are the things you heard about the service you received about the coil. What were the things you were told or what did they tell you concerning coil?**

R: I was just told that if had any problems I should tell them and they would be able assist me.

I: And when you came to hospital here how long did you wait before receiving services.

R: It was around twenty minutes because they were still serving someone else.

I: And do they do follow up on you and how your coil is doing.

R: Yes.

I: Please tell me more about that.

R: When I went back, I was asked if I have had any problems since they put it and I said there wasn't.

I: You didn't have any problems.

R: Yes.

I: And the health service provider who put this coil, does he help you in any way? This service provider or the nurse who put this coil, is there any way that they help you?

R: Not yet.

I: The service provider did not help you even on the day that you wanted the coil. Help can be that she counselled you on family planning methods and how you chose or rather how she helped you choose this contraceptive called the coil.

R: She explained to me.

I: How did she explain to you?

R: She told me that it was good because it prevents pregnancies.

I: Another one apart from preventing pregnancies.

R: I have forgotten.

I: You have forgotten.

R: Yes.

I: Just remember we have time, just think of another way that she helped you. On the day that you came to the

hospital to get the coil, you said the nurse that you found here told you things that, as in the advantages of getting a coil right? After explaining to you who made the decision, did you choose on your own or did she tell you to get the coil.

R: I chose on my own.

I: Why did you choose the coil? So the question asks how was your interaction with the service provider on decision-making. On the day you came here to get the coil, did the service provider tell you there were other family planning methods?

R: Yeah.

I: Can you tell me some of the things he told you about other family planning methods.

R: She counted them for me.

I: Can you remember the ones she counted for you?

R: Yes.

I: Can you count them for me? In addition, the things that she told like you should do this; if you do this, you do this.

R: She told me there is one they put on the arm and an injection, and using condoms, yeah those ones.

I: And after she told you these methods did she teach you?

R: Yes.

I: What did she teach you?

R: She told me that for the injection if your periods are irregular, it can be tricky and you can get pregnant. Then for the condoms, she said there are people who you can interact with and during sex, they can tear the tip of the condom, and the implants you can have constant periods and bleed a lot and bring you problems.

I: So that is why you chose the coil.

R: Yes.

I: You've told me that you are the one who chose the coil after you were told all those advantages and family planning methods, you made the decision to take the coil.

R: Yes.

I: So since you joined the ITF platform, since you registered for them to send you these messages, what can you say you have learnt since you joined this platform until now they are sending you messages. What have you learnt as [calls respondents' name]

R: I haven't learnt anything because I do not read those messages.

I: Why don't you read those messages?

R: Because the screen of my phone is bad.

I: Your screen is still bad up to now?

R: Yes.

I: Okay, so your screen is still bad up to now?

R: Yes.

I: And on this platform, like right now you are using the coil, are there things that having this coil can help you achieve your goals that you wanted to achieve while still growing. Have you heard of goals? Things that you want to achieve, you find that when you are young you want to do this and this. so being that you have made the decision of having a coil as a family planning method, are there things that that coil or how that coil can help your goals in the future.

R: I think there is.

I: Tell me what you think there is, what are they.

R: You can have it for many years until when you want to remove it.

I: So what can you say are things you have learnt from when you joined ITH that help you achieve your goals. So this question if I put it in the simplest way possible, there are things you have learnt as an adolescent from the time you joined this platform. The things you have learnt that can make you as an adolescent or [calls respondent's name] that can help you so that you can do things that you wanted to do in the past because you have found a lot of information from this platform. That is if I narrow down that question for you. What have you learnt from the time you joined this platform or since you heard about this platform or since Christine told you about this platform. The things you have learnt or done that can help you to achieve your goals. [Calls respondent's name] you said you had joined this platform and they sent you a message. So since, you joined this platform, made a decision, and took this coil, what have you learnt about this ITH program. What have you learnt or what have you seen or learnt.

R: Not yet, nothing.

I: You haven't learnt anything.

R: No.

I: So there is something called sexual reproductive health, they are services that adolescents can receive. One of them is like contraceptive or family planning, there is counselling that comes with HIV counselling, there is testing of HIV or STIs. So there are challenges that adolescent... there are services that adolescents might want. So this question is trying to ask ways in which this Tiko Miles platform helped adolescents for them to get the service in this platform.

R: How they have helped the adolescents?

I: Yeah, how do you think the presence of this platform had helped adolescents to get these services?

R: That one wants someone who has stayed with them for long and known how they are.

I: You have not stayed with them, so even for this one month how can you say that In Their hands platform had helped the adolescents, how has it helped them so that they can now get sexual reproductive health services.

R: When they achieve their goals.

I: When they achieve their goals how?

R: When they have it and stay with it until the point when it should be removed, because they put it depending on the period you want.

I: So this question is asking, this ITH platform has enabled adolescents right now...in the past adolescents had challenges and barriers that made them unable to access theses services but right now since the ITH platform was introduced, in what way do you think this ITH platform has enabled youth to get services? As in, how has it assisted the adolescents in what way?

R: It prevents unwanted pregnancies.

I: Any other way that this platform has assisted them?

R: That is all I know.

I: That is all you know. And have you told your friends about this ITH platform.

R: Not yet.

I: You haven't told any of your friends.

R: No.

I: And how are you and girls your age in this community involved in the ITH platform. Is there a way you are involved in in this ITH project, are you one of the people involved in helping in the ITH project, help might

mean you have been telling your peers about these services? Is there you having been taking part in this ITH Platform, is there a way that maybe you have been teaching other people or other girls about ITH platform and services provided there.

R: Not yet.

I: you have not assisted anyone.

R: No.

I: And have you encouraged anyone to come and get these ITH services?

R: I haven't.

I: You haven't. And would you come back for services in the clinic?

R: Right now.

I: As in, in the near future. Would you come back for any services you want here in Osano clinic?

R: Yes.

I: Why would you come back to get services here in Osano clinic.

R: Depending on how they helped me, how they did...

I: How they did? Please talk, how they did.

R: When I came they helped fast as a patient, they don't take long.

I: They don't take long. And are there other services that you want.

R: Just HIV testing.

I: HIV testing.

R: Yeah.

I: So the service you want is just HIV testing.

R: Yes.

I: So let's say there was no Tiko Miles. If there were no Tiko Miles clinics, is there a place where you think adolescents can go and get services?

R: I think in other facilities.

I: And do you think getting those services will be easy or difficult.

R: It will be easy depending on who wants to go.

I: So if you say it will be easy can you elaborate on why you think it will be easy.

R: Only if you explain to someone, the truth is what you get from her.

I: The question I am asking you is In Their Hands or Tiko Miles is now here in Osano, and if it wasn't here in Osano and you have told me if it wasn't here, you could get it in other facilities. And so if you went to these other facilities would it be difficult or easy to get these services? For you as [calls respondent's name]

R: Opportunities are different, there are others you will find easy.

I: So if you went and find one that was easy... if you find the easy one what can you say you think makes it easy.

R: Only if the doctors are there who can do it, yeah.

I: And do you think the people who are there like the doctors, how do you think they would treat the adolescents. For those other clinics, what can you say about how they can help you or the counselling they can give you before providing these services.

R: It depends on how someone counsels you.

I: And in relation to follow up, do they have follow up in these other facilities, let's say there was no ITH program and you went to those other facilities. How do you think they would do their follow up?

R: I don't know, maybe they will have to have your number.

I: Your number.

R: Yes.

I: So if we narrow down. Right now we are here in Osano, let's say Osano nursing home did not exist, where do you think people would get services?

R: From the big hospitals.

I: From the big hospitals. And how long do you think you would wait if you went there. As in could it be... do you think waiting time could make you get these services in other hospitals?

R: Yes.

I: Do you know anything about the hospitals that you said they could get these services. How they work or when they work?

R: Big hospitals like those ones work from morning.

I: And what about the service providers, what kind of people would you say they are in those other facilities?

R: People are different; you might find one with a good heart who will talk to you well.

I: Thank you, it is just that from our discussion I see that you do not much because you have only been in this program for one month and you do not know much about the program. Do you have any questions?

R: No.

I: You do not have any questions.

[End of audio]

Notes

The respondent had very little knowledge on the topic. Interview is audible. All questions asked with good probes.

**File name: ITHR2_AG_SERVED_HB_HOMA BAY TOWN_P. URBAN_OGANDE
CLINIC_190506**

Duration: 00:50:06

I: This is Doreen; today's date is 6th may 2019, adolescent girl 001 interview at Ogande dispensary. So to begin, can you tell me how you came to know about ITH and what happened from the time you knew about it to the time you joined.

R: My mother is told me about it.

I: Your mother told you about it?

R: Yes.

I: What did she tell you?

R: That there is ITH in Ogande and that I could apply.

I: And what happened from the time she told you about it to the time you joined?

R: She just told me to come and apply.

I: So tell me more how it was; did you come or how did it go?

R: I came.

I: What happened when you came?

R: They gave me an implant.

I: So from the time your mother told you about it and you came...I know you didn't just have the method immediately like you have said; can you tell me more how you came to join?

R: When I came here, my mother took me to the doctor who was providing the implant, by then my mother had talked to him so when I came I just went directly to him and he gave me the method.

I: Okay, so were you registered anywhere when you came to the clinic?

R: The doctor wrote it somewhere.

I: **Okay, what did he write, tell me more?**

R: He asked me a few questions, whether I am married or I have a child.

I: **Okay, kindly be audible because we are using a recorder and it will be difficult for someone to hear if you talk in a low voice. So did you face any challenges during the process?**

R: Then?

I: **Yes, when you came here for the first time.**

R: No, I was just okay.

I: **Okay, and what was your feeling about having your photo taken?**

R: I just felt good.

I: **Tell me more.**

R: About the photo or?

I: **Did you have any doubts about your photo being taken?**

R: No, I didn't have any doubts.

I: **Okay, and kindly tell me what influenced you to join T-safe or ITH and why?**

R: I joined them because of my personal status, because I don't live with my real mother, my real mother has died. So when I went to live with her, she enrolled me in the ITH program so I just welcomed it because my parents have died and I only have my elder brother left but he also has a family to take care of and I am not his only sister, we are many. So when I talked to my current mother and she told me that there is a program she is working with so she wants me to join the program. So when I heard about it I just accepted to join the program.

I: So what personally influenced you to join the program, yes, she did tell you about it; but what influenced you personally to join the ITH program?

R: I felt that since my parents have all died, I didn't want to be telling my brother that I am pregnant or I have this and that and yet he is the one who pays my school fees.

I: Okay, so you have said that you didn't want to be telling your brother that you are pregnant; tell me more.

R: Even he said that...he used to tell us that "if one of you get pregnant, she will just drop out of school then."

I: Okay, so you have said that your mother told you about this program?

R: Yes.

I: And did a mobilizer tell you about it before you came?

R: I first heard about this program in twenty fifteen and I was told by my current mother because she works here.

I: Oh, she works here?

R: Yes, so when she told me that some sisters came to provide women and girls with family planning, she forced me but then I was in class eight, I didn't want to go for it, so when I joined form one, form two, form three, to date I am in form four, I joined last form.

I: So she told you earlier on but you didn't want it yet?

R: Yes.

I: Tell me more, why didn't you want it then? She told you about it when you were in class eight to date, why did you take all that time to join?

R: I thought that it would give me some problems as in it could be a disadvantage to my body so that's why I didn't want to join. I used to hear community members say things about family planning...

I: When you say it could give you some problems with your body, what do you mean? Just feel free, talk to me; what do you mean?

R: As in there were people saying that if you went for family planning, you could be infertile in the future so that's why I said I didn't want to join then.

I: Okay, and could TIKO have influenced you to join? Do you know TIKO?

R: Yes, it seems.

I: Yes, could it be one of those things that influenced you to join the program?

R: Yes.

I: How?

R: My mother took a photo of me then she gave me this card.

I: Okay, so you said that your mother works here?

R: Yes.

I: Do you know what exactly she does?

R: All I know is that she does test people.

I: What testing?

R: HIV.

I: Okay, is there anything else that influenced you to join this platform?

R: No.

I: Okay, so can you tell me something about TIKO miles and how it influenced you to join ITH? Do you know what TIKO miles is?

R: Yes.

I: Tell me more.

R: I just saw my mother take photos of us with other girls and after that you were given this card then she tells you to keep it because it could be redeemed to money.

I: Okay, and have you used yours?

R: Not yet.

I: **And did that explanation influence your decision to join T-safe or ITH?**

R: Yes.

I: **How?**

R: She said that...when we were given the cards, she told us that you can now go for family planning because you have the card so you could have family planning method.

I: **Anything else?**

R: [short silence]

I: **There is none?**

R: Yes.

I: **So can you tell me briefly whether you have used the T-safe platform through SMS, Facebook or WhatsApp?**

R: Through SMS.

I: **How, explain to me if the messages you receive are of help to you; just tell me briefly how you have used it.**

R: As in I can even get some credit on loan.

I: **Does it provide that for you?**

R: Yes, sometimes.

I: **Sometimes?**

R: Yes, sometimes it provides me.

I: **Okay, is it by using the phone?**

R: Yes.

I: **What can you say about your interaction with the platform, for example the SMS; do you get answered or how is it?**

R: I get answered.

I: **Kindly explain to me more how the process is; I don't know...like how does it work when you take a phone? Just feel free, I said no one would know about what we talk about, I can see that you are a little bit hesitant to**

talk, don't worry, I am a girl like you and no one will know about our chat, so just feel free and talk to me. As in what kind of information did you get when you used the SMS?

R: I could go to any shop with the card and buy something that can help me.

I: Okay, thank you. And have you ever sent an SMS to the ITH platform and got answered?

R: I haven't.

I: What about through Facebook or WhatsApp?

R: I haven't used those.

I: Okay, and how did you choose the clinic to receive the services?

R: This is our nearest dispensary.

I: Okay, is there anything else that made you choose this dispensary?

R: Yes.

I: What is that?

R: The way they treat people here, they treat people well.

I: How good is it?

R: If you have any disease they can either treat you or write you a referral letter to district.

I: Okay, and can you say that their opening and closing hours also influenced your decision?

R: Yes, they do open in the morning and close at five when the doctors and sisters leave.

I: And how did that make you choose it, or did you just choose it because it is nearby?

R: Yes.

I: Okay; briefly tell me your experience about the sexual and reproductive health provided by the T-safe or ITH.

R: My experience?

I: Mmmh. As in what is your experience with the services?

R: They are just good.

I: Tell me more about them being good.

R: Since I had the implant, I haven't experienced any problems that people used to say that if you have family planning you can have problems or that you gain or lose a lot of weight. So since I had the implant, I haven't lost or gained any weight, I am just okay.

I: Okay, you have said that you have an implant; how long is it for?

R: I just had it this year.

I: And had you ever used any before?

R: No.

I: So apart from the implant, have you received any other service from the ITH platform?

R: Yes.

I: Such as?

R: Such as guidance and counseling which they give me whenever I come. They also sometimes provide me with pads, drugs; sometimes when you don't feel okay they do give me drugs.

I: Okay, and how frequent do you come for those services?

R: After every one month.

I: Okay, and what suggestions would you provide to improve the ITH platform? Is there any recommendation you would make to help improve the ITH platform?

R: Yes.

I: What is that?

R: They should just keep treating me or guiding me like they have been doing.

I: Thank you; and do you have any suggestion that you think if could be done then ITH could be better than it

currently is or maybe you wanted to say something but you haven't received any platform to share it and you think if it is done, ITH will be better, is there any?

R: No.

I: So you earlier on you talked a little bit about what the community members say; can you briefly tell me how the community perceive in-their hands project?

R: Nowadays they say ITH is good because even most girls have joined it.

I: Why do they say it is good and how do they perceive girls who use ITH services?

R: They say that since they joined the ITH program they are safer than they were before they joined it.

I: That is the opinion of the girls, right?

R: Yes.

I: But there are other community members, like you are a girl, there are your peers, how do they perceive you in the community as a beneficiary of the ITH?

R: They say ITH is good and they also want girls of my age to join.

I: What about the parents; how do they perceive the girls who access ITH services?

R: My parents or other parents?

I: Parents in the community, you did tell me that you were referred by your parent, right?

R: Yes.

I: So how do the other parents in the community perceive it?

R: They say that they want their daughters to join this program because sometimes the girls face some unexpected challenges.

I: What kind of challenges?

R: Challenges such as unexpected pregnancies.

I: **Okay, and have you heard about the views of religious leaders regarding the T-safe services?**

R: I haven't heard about that.

I: **What about young boys?**

R: Boys do talk.

I: **What do they say?**

R: They say that the family planning that girls join will not help them and that it just spoils their body.

I: **How does it spoil their bodies?**

R: That if you have family planning you can fail to get a child even after you get into marriage.

I: **Okay, so can you tell me about the sexual and reproductive health that you received? You have said that you are just okay, is there anything else you would like to tell me about the services you received?**

R: The services I received here?

I: **Yes, how was the quality, briefly tell me about the quality of sexual and reproductive health services that you received. The counseling, and the implant you were provided for; how did you see the services?**

R: The services were just okay.

I: **How, tell me a little bit, as in how did the service provider talk to you, welcome you up to the time you received the service.**

R: I told you initially that I was enrolled by my mother, so when I came here, my mother had already talked to the doctor who was providing the service, so when I came we talked with the doctor then he asked me questions on whether am married or I have a child, whether I do have monthly period, as in the last day I had my monthly

periods; so I answered him then after that he gave me the service.

I: Did he talk to you well or badly or how did you feel about the service he gave you?

R: He just talked to me well.

I: And was there privacy and confidentiality; was it private?

R: Yes it was private.

I: Where were you?

R: We were given a room the other side, next to that building.

I: Okay and did he tell you that whatever you said was confidential or was there someone else with access to the inform you shared?

R: No, we were just the two of us.

I: So he asked you questions; but did he tell you about the other options or did you just choose the implanon?

R: He told me that there are many types of family planning so he told me to choose the one I felt comfortable with.

I: And did you wait for a long time; for how long did you wait or did you just come to the doctor straight away?

R: I didn't wait for long, I took around three hours then I went back home.

I: Okay, thank you, is there anything else you would like to say about that visit?

R: No.

I: And what would you say you have learnt since you joined ITH?

R: Personally?

I: Yes, what would you say you have learnt since you joined ITH that will help you achieve your future goals?

R: I have personally learnt that had I not come to this ITH program I would be going to school now because of how I am at home; the person I live with is across the river so when I joined the ITH program, I was just okay.

I: **So you have said that were it not for this program, you couldn't be going to school; why couldn't you be going to school, tell me more.**

R: You know the challenges the girls do face.

I: **What are they; remind me.**

R: Like since I was an orphan and my brother was providing me with fees and food so you had to look for the other needs, so when I was there, I just felt that I couldn't do it.

I: **So what could have stopped you from going to school or what have you learnt from ITH that is helping you achieve your future goals?**

R: Since I joined ITH, I can now get whatever needs I have personally. So I can now get something and even help him out.

I: **Okay, briefly tell me, when you were living with your brother, how did you get your needs? Just feel free with me, all these things are private; how did you use to get your needs?**

R: I would do some work and get paid and I would use the money to buy things like dresses, slippers, shoes and such like.

I: **And what have you learnt from ITH now?**

R: Since I joined ITH, I haven't worked for anyone to be paid; they provide me with the things like pads.

I: **What is the process of providing, are there any terms or how do they provide you with these things? Tell me briefly.**

R: How they provide me with the things?

I: **As in, what is the process of getting those things from ITH as you have said that since you joined, they provide you with them, how do they do it?**

R: There is an organization called dream girl so when they came and joined with ITH; the dream girl is only for girls aged ten to twenty-four years; so when they came to Homa-bay county and enrolled girls between the age of ten to twenty-four, I joined them; so since I joined them, they do provide me with things like petroleum jelly, Colgate, clothes, pads and all those things a girl need.

I: **Okay, that is good; and what can you say you have learnt from ITH that will help you achieve your future goals?**

R: What I have learnt?

I: **Yes, from ITH.**

R: I have learnt how I can look after my body.

I: **How?**

R: Through family planning.

I: **Okay, have you had any challenges in the ITH program?**

R: I haven't seen any challenge.

I: **What barriers can you say adolescents face when trying to access these family planning services? Or how can you say ITH have helped solved the challenges faced by girls of your age as they try to access the sexual and reproductive health services? Are there barriers preventing girls from accessing SRH services?**

R: No.

I: **Okay, can you explain to me more; and what can be done to make it easy for girls to access these services.**

R: It depends with the challenges the girls face.

I: What are the challenges; in this context, I want you to tell me the barriers that prevent girls from accessing the sexual and reproductive health services.

R: What prevents them from accessing the services?

I: Yes, the barriers, what could they be?

R: That depends on how people talk to one another.

I: How?

R: Maybe those who work here don't have a good relationship with the others no matter where they meet so that can prevent her from coming for the service.

I: Okay, and personally what do you think could be done to make accessing ITH services easier to be accessed by the girls of your age?

R: That depends with how the doctors and sisters interact with them, they can then join these services.

I: Okay, what else can be done to make it easy for them to access the services or join ITH?

R: Girls can just look at how they live with their parents and decide on their own to join the ITH program so that they don't burden their parents.

I: Just use the language you feel comfortable with, don't hesitate to talk because of language. Have you told your peers about ITH?

R: Yes.

I: What did you tell them?

R: After I received the services and went back home, one of my peers asked me...before I came here I told them that I was coming for the family planning program which people say that many girls go for; so after I received they method they asked and I told them yes, I have the method; then they said they would also join it because of how I live with my parents.

I: **Okay, and how many of your peers did you tell?**

R: Five.

I: **And how many said they want to join?**

R: Three of them said they want to join.

I: **Thank you; so how have you and other adolescent girls in the community been involved in the ITH project?**

R: Whenever they call us, we do get...we do come here to be taught about family planning, advantages and disadvantages.

I: **What else?**

R: Sometimes when we come here they treat us, if you don't feel okay, you tell them and they treat you.

I: **Have you told them about any particular services as a group and received feedback? Say you had a problem and you explained it and received feedback?**

R: Yes.

I: **What was it?**

R: The monthly period, we told the ITH services providers and we received feedback, they gave us pads.

I: **Okay, what was wrong with your monthly periods?**

R: Sometimes one would bleed a lot and ask herself how she could solve that; so we discussed it together as girls with an experience on family planning then we received the feedback.

I: **Okay, what did you say and what feedback did you get-you talked about periods?**

R: Yes.

I: **What was the issue and who did you tell and what feedback did you get?**

R: We told my mother who works here.

I: **What did you tell her?**

R: That we have challenges with our monthly period then she said she would help us then she gave us the feedback.

I: **So how did the feedback help you? You told her that you had issues with your monthly period, was the monthly period a lot or absent and she gave you a feedback, what was the feedback?**

R: We told her that there was monthly period but not a lot then we told her to help us because as girls, we go to school every day and we didn't want to involve boyfriends and start telling them to buy this and this and if your parents find that out, it would be a problem. So we talked to my mother and she gave us feedback by providing us with the sanitary towels.

I: **Okay, thank you. So would you attend this clinic again for SRH services?**

R: Yes.

I: **Why?**

R: Because of the services it provides, I will have to come back.

I: **Are there any other services you are planning to take up?**

R: Just the normal ones.

I: **Which ones?**

R: The guidance and counseling, provision of sanitary towels and drugs.

I: **And are there any other services you would want to take up in the future?**

R: Maybe I will like it if I face a challenge.

I: **Okay, where would you sought the sexual and reproductive health services in the absence of ITH in this area?**

R: I couldn't have gotten it anywhere.

I: Tell me more, what does that mean? As in would you have sought these ITH services somewhere else in the absence of ITH?

R: Yes.

I: Where would you get them?

R: Government do provide girls with sanitary towels in schools.

I: Apart from the sanitary towels, what about the implant, guidance and counseling and drugs; just the SRH services, would you have sought them anywhere else?

R: No.

I: Do you have any other comment?

R: I would just like to say thank you for the ITH program because since I joined it I haven't had a lot of challenges in my life.

I: Okay, anything else you would like to add or any question you would like to ask, it is your turn because I have asked all my questions.

R: I would just like to urge them to continue supporting girls like myself.

I: Okay, thank you; and what would you like to be supported with by ITH?

R: They can support me with the treatment, guidance and counseling and they continue teaching me so that I can know more about it.

I: Okay, thank you very much for taking your time to talk to me and thank you as well for participating because you have answered all my questions and I really appreciate you for your time. I don't have any other question now, okay.

R: Thank you.

I: Thank you too.

[End of audio]

Notes

The interviewer failed to probe further whether the respondent had a three or five-year family planning method.

File name: ITHR2_AG_SERVED_HB_HOMA BAY TOWN_URBAN_190507

Duration: 00:34:39

I: Hello, this is Doreen, ITH round 2, adolescent girls interview, the girl is served at Homabay county, Homabay town sub county which is urban at FHOK Homabay; the date today is 7th May 2019; so as we start, briefly tell me how you got to know about ITH.

R: How I got to know?

I: Yes.

R: This woman is the one who brought me here and told me about the use of these...

I: Who is the woman?

R: She is called..

I: Which woman is she?

R: The one who has brought me here.

I: Okay, can you tell me what happened since you knew about T-safe until you came to the ITH clinic.

R: When I came?

I: As in she told you and then what happened until you came to the clinic.

R: She told me that since I had just given birth, she wanted me to come to the clinic so that I could get help.

I: How would you be helped?

R: So that I could not get another child.

I: Okay, kindly tell me, how would you be helped? What kind of help?

R: She just told me to come for family planning because she felt I am young and if I don't use family planning I would get another baby soon.

I: Okay, were you registered anywhere or did you follow any process?

R: Yes, there was a process, she gave me a card and took my photo then gave me the card and I then came here.

I: Okay, thank you; and did you experience any challenges in the registration process?

R: Yes, the first time she gave me the card but she had not put...I don't know what but the network was poor, there was a network problem so my photo wasn't reflected.

I: Okay and what did you do?

R: I came here but they told me that I could not get...what is it called...

I: Just call it what you can...just explain it as you know it.

R: They cannot give me a family planning method because they had not received the thing...

I: What is it called...?

R: They didn't find my name in their register, because after the photo is taken, the name gets reflected so they told me that when I get the card, it would be used to pay for my family planning method, because they told me that an implant costs two hundred shillings.

I: Okay, you have said that your photo was taken, could you tell me how you felt about your photo being taken?

R: About the photo being taken?

I: Yes

R: I didn't feel anything; I was just okay because she is someone I know so I didn't have any doubts.

I: Okay. Thank you; and what influenced you to join T-safe or ITH?

R: Because I didn't want to get another child so soon.

I: **Why?**

R: Because this one is still young.

I: **Okay, you also said that someone told you; I don't know whether...did the ITH platform like social media or SMS, Facebook or WhatsApp also influence you to join ITH.**

R: No.

I: **And did TIKO miles also influence you, the coins?**

R: **What?**

I: **Tiko miles, the coins**

R: Eh...[affirmative]

I: **There is no bad or good answer, every answer is okay. so if it didn't contribute, just tell me it didn't and if it did, you also just tell me.**

R: Okay.

I: **Okay, so can you tell me a little about the points you have talked about. The TIKO miles, tell me a little about what you know about TIKO miles.**

R: What is TIKO miles?

I: **You don't know what TIKO miles are?**

R: Yes.

I: **Okay, the incentives or points that you get, can you tell me something about it?**

R: The points I earn when they attend to me?

I: **Yes.**

R: The points I got...I don't know whether I got points because when I came I just had the service.

I: **So you don't know whether you have points or not?**

R: I haven't understood you. Point in what way?

I: **TIKO miles are the points you get when you get T-safe services or whenever you use the platform such as sending SMS or such; but it's okay if you don't understand. And can you briefly**

tell me how you have been interacting with the ITH platform?
Have you ever used SMS on the T-safe?

R: I have never used.

I: And do you have a phone?

R: I have a phone.

I: And have you ever received their messages?

R: I haven't received.

I: Okay, so you have said that you have never used SMS, Facebook or WhatsApp?

R: I have used.

I: Okay, and have you received any messages?

R: From that thing?

I: Yes, from ITH platform.

R: Not yet.

I: Its okay; and how did you choose the clinic for the ITH services?

R: Millicent works here and she is the one who told me about this clinic and I decided to come.

I: Okay, apart from her telling you to come, were there any other clinics you would have gone to for the ITH services?

R: Yes, there are.

I: Tell me briefly, apart from her telling you, could it be that distance also influenced your decision to come here...distance to mean where you come from, is it nearby or far?

R: It is nearby.

I: And did their operation hours also influence...kindly explain to me briefly what else influenced you to come to this facility apart from her telling you.

R: I chose this clinic because I wanted to bring the child to the hospital and the doctors were on strike so Millicent told me that this clinic was operating and when I came I found this place to be good, they serve people faster and there is

no jam; so when I came to the clinic, I just decided that I would get the service here.

I: Okay, thank you; briefly tell me your opinion about the sexual reproductive health services provided by the ITH platform.

R: Reproductive health?

I: Sexual reproductive health services are the kind of services you received on it; what is your opinion

R: My opinion

I: As in what services did you personally come for?

R: What is it called. The one put here in the hand

I: Put where?

R: They put for me in the hand

I: Family planning.

R: Yes, family planning

I: Okay and how many times have you used it or for how long?

R: It has not been long, it is one month and I used the one for three years.

I: Did you receive it here?

R: I received it here.

I: So my question is, how do you see the services provided by the ITH platform?

R: They are okay, I haven't seen any problem, I feel okay and I know it will help me.

I: Okay. Apart from the implant, what other services have you received from the ITH platform?

R: I have only received that.

I: There are various services, not only the implants or injections you get but there is also counseling, I don't know whether you have received such a service.

R: I just started here, I haven't used it for long.

I: You just began

R: Yes

I: Okay, but in the process of having the implant, kindly tell me if there was a counseling session involved.

R: Yes, he counseled me and asked me whether my husband had allowed me to come and I told her he had accepted and she told me that the method is good.

I: How good?

R: I don't know how to say...

I: Just say...Dholuo is allowed..

R: When I came she told me that it's good so I should just have it but I had never come and seen how it is inserted so she just told me that it is not painful.

I: What else did she tell you?

R: That is all

I: She only told you that it is not painful

R: She only told me that it's not painful and then she also told me the number of days it takes before the bandaged is removed.

I: Okay, and what would you recommend to help improve the ITH services?

R: I can't think of any.

I: Okay, and how do the community members perceive ITH services?

R: People have a lot of views, some say that the implant is bad, others also say injectables are bad so they have doubts on that because they say it has cancer, and that you can give birth to a child with defects; they have a lot of doubts.

I: Okay, and how do women of your age or your peers perceive the ITH services?

R: Some fear coming because if you are not used to the method, it becomes a problem and that some make you lose weight.

I: And what about the elders in the community, how do they perceive ITH services?

R: I have only heard some say that the implant gets lost in the body so when you want to remove it you don't find it where it was inserted.

I: **Okay, and what about the teachers and religious leaders, have you heard of their opinion?**

R: Church leaders were saying that family planning is bad and since it was introduced women use it a lot and so they don't give birth enough nowadays.

I: **Okay, you told me that you are married; now how do the peers of your husband or your husband perceive the use of ITH services?**

R: My husband has no issues; he says it's just okay.

I: **Okay, thank you, and kindly tell me about the quality of services you received recently. You have told me that you received last month, tell me what you think about the quality of services.**

R: I think it's good, I haven't seen any problem since I had the service.

I: **Tell me more, how did the provider attend to you, what did she tell you.**

R: She told me that...when I came in she asked me, do you want me to provide you with an implant, I said yes I accept, she asked me, have you talked to your husband, I said I had and he had accepted that I come for it. When I told her that, she told me to be ready so that I could have the method, I just relaxed and he gave me the method.

I: **Okay, thank you; and before she gave you the method...you have told me of a few things, did she tell you about the confidentiality of the things talked about or did she give you the service in the full glare of everyone or was it private?**

R: It was private.

I: Okay, thank you; so how did the provider involve you in making the decision? How were you involved in the decision making process? Do you understand me?

R: I haven't understood you.

I: As in when you came to talk and you chose the implant, did she give you many options to choose from or did she choose for you?

R: She asked me whether I have ever used any family planning method and I told her no and she asked me which one I wanted to use and I chose the implant.

I: Okay, thank you; so what can you say you have learnt since you joined ITH that will help you achieve your goals in the future?

R: What I will do?

I: What have you learnt from ITH since you joined?

R: I have learnt that when I give birth, I can take some years before I give birth again.

I: How will this help you in the future?

R: It will help me not to have children soon after giving birth to another.

I: Okay.

R: I want to take even four years before I give birth again.

I: Okay, how has ITH helped in addressing the challenges or barriers that women of your age face when seeking for sexual and reproductive health services?

R: Just the family planning.

I: Maybe there were problems in finding these services earlier on and ITH has made at least adolescent girls or young women joined the platform; how can you say it has helped? Or are there challenges or barriers we have as adolescent girls or young women in the community right?

R: Yes.

I: So how can you say ITH has helped address those challenges?

R: It has helped well.

I: How, tell me briefly; what was there and what did ITH do for you to say it helped well?

R: Initially people were giving birth to many children in quick successions but since ITH was introduced, it has really helped young woman and adolescent girls.

I: How has it helped them?

R: It has helped them because when you give birth, they give you the service you want, if its injectables or implants, they give it to you so you look after your child well and take even five years before you give birth again.

I: Okay, thank you, and what else do you think can be done to make it easier for girls or young women to access the sexual and reproductive health services easily? What else can be done to improve access to these services? Do you understand?

R: Yes

I: That is my question

R: I don't know what can be done...I think this is easy.

I: You think this is easy?

R: Yes.

I: Because I was asking if there is anything that can be done to make it more easy for adolescent girls or young women to access the sexual and reproductive health services, anything?

R: I don't know what to say...can I say that because some people don't want to come?

I: Anything that can be done, if any that is.

R: I don't know what to say...I don't have anything to say.

I: Okay, and have you informed your peers about the ITH platform?

R: There is just one.

I: Okay, what did you tell her?

R: When I came here I told her how I came and had the implant and she asked me whether it is good because she was using depo and she told me that she didn't think that was good with her so she wanted to change.

I: **And you just talked...do you know whether she came for the service?**

R: She hasn't come.

I: **Why hasn't she come?**

R: I haven't asked her again.

I: **Okay, and how do you and your age mates in the community get involved in the ITH platform? As in what do you do in the ITH project or what brings you together in the ITH platform?**

R: We just come to the clinic.

I: **And then?**

R: That's where we do meet.

I: **And then?**

R: I don't know much about this platform because I just started.

I: **Okay, you just started...**

R: Yes, I haven't met them a lot of times.

I: **Okay, I don't know whether you do talk about the activities in the ITH whenever you meet...**

R: No.

I: **And would you come back to this clinic?**

R: Yes.

I: **Why?**

R: As I said before that I feel it is good, it is in a good location, they attend to people.

I: **Are there services you are still looking for or would like to take up from ITH in the future?**

R: Not yet.

I: **There aren't any services you would like to have?**

R: The ones I would like to have or the ones I have received?

I: There are services already and you do come for them, would you tell me whether there are services you would like to receive in the future form ITH platform?

R: I don't see any because when I had this service I just know that I will come back after the years I was told of but if there are some more, you can tell me to choose which ones I would like.

I: No, I just asked you a question on the ITH platform we are talking about and that's why I asked you if there are any services you still feel that, indeed I had an implant but later on I would like to get this and this; it's just a question, it must not be there, it may or may not be there; so there is no problem. And in the absence of ITH, where would you get the sexual and reproductive health services?

R: Nowhere, it's just self-protection now.

I: Tell me more about that.

R: Just using...

I: Using what?

R: Using a condom.

I: Okay, I don't know whether you can explain to me if you have an experience back then if you ever went anywhere else to get services, if it was easy or hard to access the services; earlier on you told me that you had a different method before you used the implants, right?

R: Yes.

I: Did you get it from here or somewhere else?

R: I got it from somewhere else because here...I think they only recently opened this place; they haven't been here for long.

I: Okay, so how were the services in that other clinic, was it easy or hard to reach, were you talked to warmly or how were you welcomed? Tell me briefly

R: When I went...it's been a while I can't remember.

I: Okay, thank you very much for taking your time to answer my questions; I have come to the end of my questions, if you have any question, you can ask me about the discussion we have had. Do you have any question?

R: The question I have about implants, I do hear people say that if you have it you can get cancer, is it true or false?

I: On that, I don't know too, it would be better if you asked your provider, the one who inserted it for you; did you say you got it in this facility?

R: Yes.

I: You can take time and ask whoever provided you with the service, she will give you more details; personally, I don't know. Do you have any other question?

R: My question is, will you come back again?

I: Okay, thank you for the question, we'll communicate with you, for now, I cannot say whether we'll come back or not but we'll communicate with you through your mobilizers.

R: Okay.

I: Is there any other?

R: No.

I: Okay, thank you very much for taking your time to come and all the best.

R: Okay.

I: Thank you too.

[End of audio]

Notes

The respondent is ignorant of ITH platform and has never interacted with it hence could not answer most of the questions regarding ITH

The respondent had a problem with the language of the interview and seemed more comfortable using Dholuo.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

**ITHR2_AG_SERVED_HB_NDHIWA_P.URBAN_OSANO NURSING HOME-
02_190604_0519**

I: This is Mercy having an IDI with an adolescent who recently received services in Homabay County, Ndhiwa Sub County at Osano Nursing Home which is peri urban on 4th June 2019, ITH round two. Tell me how you came to know about the T-safe or Tiko Miles or Tiko points

R: About Tiko points there is a mobiliser who came at home and my parents were there. She said that she is looking for someone like me.

I: Mhh

R: She asked me if I was a student. I said yes. Then she told me that there is an organization which would like to talk to me as an adolescent.

I: Mhh

R: Then she talked to me about T-safe.

I: So, you came to know about T-safe when a mobiliser came to your home and found you with your parents and told you that she wanted to talk to you.

R: Yes

I: Because you are girl that she was looking for. I would like you to tell me all that went on right from the point when she talked to you up to the visit to the clinic which is conduction this ITH programme. You said the mobiliser came home and talked

to you and then you later came to the ITH clinic to get some services. From the time when the mobiliser came home, talked to you up to the point when you reached here and got the services, you said it was on 1st?

R: Yes

I: When you got the services on 1st June 2019. Can you tell me about your, from the time when the mobiliser came at home and 1st June when you decided to come and get the services? Can you tell me that process?

R: She talked to me about family planning services.

I: What did she say about the services?

R: She mentioned that there are different family planning services and the best reason being or rather what the advantages are. So, she asked me if I wanted to complete my schooling and I said yes. So, she asked me if I was interested in family planning services and I also agreed on that. She then referred me to this clinic. That is when I came and got the services.

I: Ok

R: She talked about the time frame of these methods, we have long and short-term services and she asked me to decide on one then come to the clinic.

I: Mhh

R: She also asked me about other fellow girls who would be interested in these services too. So, they were also talked to but they are yet to decide because they have not yet come to the clinic.

I: Ok

R: But they will come.

I: Mhh

R: She talked about the coil and when I came, that was the service they gave me at the clinic.

I: Ok that is fine. You have told me that she talked about the different types of family planning services.

R: Yes

I: And the later on you decided to come and get the services here. Were you registered on a platform?

R: Yes

I: What happened, what was the process like and what was the connection with the ITH project; age, maybe?

R: Since I am seventeen years old, I accepted it.

I: What did she tell you after you signed on the platform? She told you she was looking for girls of what age?

R: She wanted girls aged 17, 18, 19 up to 20 years of age.

I: Did you encounter any challenges between the time she talked and signed you into the plat to the time you received the service at the clinic?

R: No.

I: Any experiences you faced or something that happened when Christine was enrolling you on the T-safe platform? Apart from the information she gave you on the family planning services, is there anything else you experienced?

R: She just told me that if I experience any problem, I should actually tell her.

I: And when you are enrolling on this T-safe platform, how did you feel when your photograph was taken so that you can register with the ITH platform? Was your photograph taken?

R: Yes

I: how did you feel about it when your photo was being taken?

R: It was ok with me.

I: It was ok with you, what does that mean?

R: I have not experienced any problems.

I: You didn't feel uncomfortable when your photograph was taken as part of the enrolment into the T-safe platform? It was just ok to you?

R: Yes

I: And you don't want to tell me why you felt ok with that?

R: I have not experienced any problem with that.

I: You were not afraid that...

R: feeling tense?

I: That your photo was being taken?

R: I was a bit tense but I just accepted.

I: Why were you tense?

R: My father had sked me how sure I was it was a real organization? I had to convince him it was for girls and they talked to many other girls and not just me alone.

I: Mhh...you were many of you?

R: Yes

I: What made you join T-safe or Tiko Miles/points? What motivated you to join?

R: I was being educated about family planning, when the mobiliser came and talked to my parents, they told me not to refuse what I would be advised.

I: Mhh

R: I should just decide and came. So, when I came, I was also asked, why I wanted to go for family planning services I told the service provider that I didn't want to get pregnant.

I: What else motivated you into joining T-safe.

R: To be able to achieve my goals.

I: Ok, what else? Did she talk about Tiko points?

R: No

I: And what else did the mobiliser tell you about that motivated to join T-safe services?

R: That what I was told?

I: The information you were told about T-safe?

R: No

I: And were you told anything to do with Tiko miles or points?

R: No

I: please tell me what you know about Tiko miles now that the mobilizer didn't tell you anything about it, because that means that you don't have any information about Tiko miles, isn't it?

R: Yes

I: Tell me about your experience with the ITH or T-safe platform?
Was it, Christine who mobilized you?

R: Yes

I: And did she give you a card?

R: Yes

I: There are some numbers on that card that you need to text messages to?

R: I have never used them.

I: You haven't gotten someone to....

R: No, the only thing she did was talk to me and then I came here.

I: Why did you decide to use the card and come but didn't bother to make use of it?

R: She told me that when I don't feel well, then I can get hold of her with the card. I can call this number or even her, she left me with her number.

I: Ok that is fine. How did decide on Osano as your clinic, or your service provider?

R: Why I came?

I: Why did you choose Osano?

R: (chuckles) I just felt I wanted to come here. I didn't want to go where there are so many people.

I: You chose here because in those other places there are many people. Is there any other reason why you chose Osano?

R: No

I: And what about the distance, could it have been a contributing factor for you to choose Osano, as in it is near home?

R: It is not that near.

I: Was it the mobilizer who suggested that you come to this clinic?

R: Yes

I: And did you ask her why she wanted you to come to this facility and not any other?

R: It was a weekend though she told me that even on weekdays I can still also come but then there was the issue of school and the exam. I passed through there but there were so many people and I was shy.

I: Mhh

R: That is why I came up this way.

I: Do you think the reception you got from the service provider here might also have contributed to your choosing this clinic for services? Or maybe you have heard of how other service providers offer their services to adolescents and that is why you decided to come to this clinic, Osano?

R: No.

I: Fine. Tell me your views on the SRH services you got. You came here to get services and you were given the coil. What would make you say the services you were offered were good or bad? Tell me your views on the services offered?

R: They are ok with me because the services are helpful.

I: What else can you say about the SRH services provided?

R: None, They are good services because

I: Any negative feelings about the services you got?

R: none

I: Positive?

R: None

I: What are the services you have received under T-safe? You told me that you have received the coil. Is there any other service that you think one can get under the ITH?

R: With ITH?

I: Yes

R: I was told that there is long term method for five year and injection for three months.

I: Fine and what made you decide to come for the family planning method especially the coil which you have?

R: I was advised that it is good and a long term method too.

I: That is the only reason you decide to take that method, apart from it being good and long term?

R: I don't remember.

I: Just try to remember, there is no hurry. You don't need to be tense. What made you decide on using the ITH services? How long is the service you took?

R: 10 year plan.

I: Ten years?

R: Yes

I: How many times have you used that service?

R: Only once.

I: Only once and ten years. What made you decide on that long term method? Is there a reason or something that happened that made you decide on that method or you suspected could happen?

R: Without family planning the chances of getting pregnant are high and that will make one loose or drop out of school hence not being able to achieve one's goals.

I: Mhh

R: Once you are pregnant you might want to get married, for example I am in form three now. Can you imagine me getting married at this time because of pregnancy?

I: So those are the reasons that made you decide on using the ITH services?

R: Yes

I: What would you recommend that could improve the ITH services?

R: Being disseminated to other people.

I: You would like it to be disseminated to other people?

R: Yes so that those who are not aware can have a chance to join the platform.

I: What else can be done to improve the ITH services apart from other people getting the information about it? Is there anything else you can think off?

R: No

I: None. In this community, here in Ndhiwa, what is the perception of the community on T-safe services and the girls who use those services? There are so many services being offered under the ITH programme, like family planning methods, counseling, etc.

what is the perception of the community around here on these services and the girls who use the services?

R: I have heard people say that it is preferable for school going girls.

I: Why do you think they talked of girls who want to go to school?

R: Not children but girls of our age.

I: Ok

R: Those who want to continue with their education can join so that they are able to achieve their goals after completing school. But as for parents that is not a must though for those who are unable to space their children naturally, they can also go for those services.

I: Why do you think this person said that?

R: Silence

I: And the girls how use this service in this community, what do people say about them; the people in the community in general?

R: They see girls with boyfriends and they have not dropped out of school nor are there cases of unwanted pregnancy.

I: Mhh

R: They say that these girls must have gone for family planning services that is why they are not getting pregnant.

I: Mhh what do your friends talk about the ITH services, what are their view on that?

R: The ones we were with during enrolment?

I: Yes

R: I am the only one who has come, the rest are yet to come for the services. They asked me my experience I told them that it was ok, so they said they will come. I told them if you get the coil there is nothing you feel, there is no pain

I: Mhh and how did they respond when you told them that?

R: They told me to bring them next weekend.

I: You bring them over the weekend?

R: Yes

I: ok and what about our parents, what have you heard them talk about these ITH services being offered to adolescent girls?

R: They encourage those who have not gone to get those services to do so.

I: You said you are in form three, what do the teachers say about these services and the girls who are using them?

R: They encourage the others.

I: Mhh

R: There is one who told those who had not joined the ITH programme to do so; it would be good for them to do so.

I: Mhh

R: But it is not a must, it is voluntary.

I: What about religious leaders, what is their attitude towards these girls using the ITH services?

R: I have not heard from them.

I: And the youths, what are their views about those girls using those services?

R: That they will grow thin

I: Why?

R: That girls going for family planning services get thin. I think when they see anyone thin; they assume it is family planning methods affecting them.

I: Anything positive they say about that apart from that negative one of being thin?

R: I have not heard of any.

I: You have not heard. Mhh, that is fine. Please tell me about or the experience you had about the ITH services you received when you came that day or during your last visit?

R: Silence

I: Was it easy to access these services?

R: When I came I had been referred by Christine so when I came I was asked if I was Doreen I said yes.

I: Mhh so were the services easily accessible? Did you have to wait for long?

R: No, I didn't wait at all.

I: When you came and got the services, what did the service provider tell you? What kind of support did you get from the service provider when you came for the services?

R: I was asked if it was voluntary or I had been forced to use that method?

I: Mhh

R: I told the service provide it was my decision.

I: Mhh

R: then I was asked if I had shared with my parents about that.
I told him yes.

I: What else?

R: I was also asked how I came to know about the services and I told him that Christine came and talked to me with other girls and so I decided to come that Saturday for the services.

I: The last Saturday?

R: Yes

I: Was it private, was everything that you discussed confidential, what did the doctor say?

R: he told me that if I feel uncomfortable, or I encounter any problem then I have to come back.

I: Did the doctor talk to you about other services? You were not counseled before being offered the services?

R: The doctor asked me if I had been counseled before and I told him Christine had talked to me about all the methods and counseled me too. And so he didn't counsel me again.

I: What did Christine tell you about the methods? Did she talk about the long and short term methods?

R: She talked about the 5-year plan method, the injection for three months, coil for ten years and all that.

I: Ok and how long did you wait to be served?

R: Before or after the service?

I: Just as you came from home to the facility and after getting the service and going back home. How long did you wait?

R: About two hours

I: What were you doing for these two hours?

R: When I came, I was ushered into a room where the doctor talked to me about the different family planning methods, then I waited for a short while before he inserted the coil and then I left for home.

I: From the day you got this service, is there any service provider who has called you for feedback? Has Christine or the doctor called you regarding the services you got?

R: Christine called me on Sunday though my mother had the phone. But later on I called her and she asked me if I had come for the services. I told her I had and she asked me how I was feeling. I told her I was ok and she told me to call any of those numbers on the card. I have not called any of them to date.

I: You haven't?

R: No

I: How was your interaction with the service provider with regards to decision making? When you came here and the doctor talked to you about the different family planning methods available, who made for you the decision on what to take or the coil?

R: I decided on my own.

I: And why did you decide to take the coil?

R: I had never heard of the coil and I decided to try the new method.

I: After being taught about the method, is there anything you can specifically say influenced your decision to take the coil?

R: No

I: And did you receive information on various methods?

R: the service provider?

I: Yes

R: No.

I: And Christine?

R: Christine talked to me of two types only.

I: Two types only and she didn't talk about the other methods and the side effects?

R: Like the injection?

I: Yes

R: She told me that the injection there is a risk of the needle breaking inside your body.

I: What else?

R: For the three months one you can be injected and then forget to come back for an appointment. In the process you might find yourself pregnant.

I: Ok what else did she talk about?

R: Those are the ones I can remember.

I: What would you say you have learnt since you joined the ITH or T-safe platform? Is there anything you have learnt since Christine came to your home where you were with your mother, then later on educated you with other girls, something that will help you in achieving your goals in the future?

R: What I learnt?

I: Anything you learnt or have done that you feel will help you achieve your goals in the future?

R: I don't understand that question.

I: When Christine came and talked to you, about the ITH or Tiko miles, these family planning methods until last Saturday when you came to get the services,

R: Mhh

I: Is there anything that you have learnt since you joined the ITH programme? Is there anything you have learnt since Christine came and talked to you about these services and whatever you have learnt will help you achieve you goals in future?

R: I think I will achieve.

I: Tell me about it

R: Since I have received the service and I am not going to get pregnant.

I: What else, don't feel shy, just talk about it. I told you not to worry about anything, you just feel free and talk what is on your mind. Just speak the truth after all it is you facing those challenges, you know better what you are benefitting from these services. Is there anything else you have learnt apart from receiving the service? Have you learnt anything else about ITH that will help you achieve your goals?

R: Mhh.... not yet.

I: how has ITH platform helped with any of the challenges or barriers adolescents face in accessing SRH services?

R: No

I: There are times you would have gone to another hospital and faced some challenges would hinder from getting these services but now that ITH is there, at least you can now get the services through mobilizers like Christine. They go around the community and in homesteads, trying to mobilize adolescents so that she can talk to them and then introduced them to ITH services? Has this ITH helped you overcome your fear so that you can go and take the ITH services freely or without any challenge?

R: These days I don't fear.

I: You don't fear, in other words ITH has made you overcome your fears?

R: No

I: Why wouldn't you fear?

R: Because now it will not be my first time.

I: Anything else apart from being more courageous these days, you can comfortably go and get services without any barriers?

R: None.

I: You have mentioned that you have enlightened other girls without the T-safe project and they have told you that next week they will come for the services. Now during enrollment, what kind of information do you usually share with them?

R: They asked me if there are questions to answer and I told them that the doctor will want to know how you decided to come to the facility, was you sent by your parents or you decided on your own? And why would you want to have a family planning method and which one. That is what I told them.

I: After telling them that what did they decide?

R: Two of them said they will not come but three said they will come for the services. The other two said they need to share with their parents first before they make any decision like that. If their parents agree then they will come.

I: Is there anything else that you shared with your peers about ITH and how did they react to it?

R: They wanted to know how the coil looks like and where is it placed? I explained to them how it looks like and where it inserted because they asked me that.

I: Mhh... anything else you shared either positive or negative with them?

R: none

I: They told you that they will come next weekend?

R: yes, and I will accompany them because that is what they wanted.

I: And why do you think they wanted you to accompany them to the facility?

R: I think it is because the service provider is familiar with me and if they come with me, they might overcome their fear.

I: That is fine. And how have you and adolescent girls in your community been involved in the ITH project? You told me that you have told them about the different type of services available, their advantages and disadvantages until they decided to come to the function? Is there any other way you have been able to participate in ITH services other than sharing the information that you got?

R: No

I: No, and have you encouraged other girls go get these services?

R: Yes

I: In your encouragement what do you tell them?

R: we were all taught together about and so they are aware about everything.

I: And for those who were not able to have an opportunity to get that information?

R: Like those ones at school?

I: yes

R: I shared the information with them and told them of a new family planning method called the coil.

I: Mhh

R: yes.

I: So that they can come and also come know more about the ITH services?

R: Yes

I: would you attend this clinic again?

R: Yes

I: Why? You also have mentioned that you would bring your peers over the weekend. In what other capacity would you visit this clinic again apart getting a service and bringing your friends to the facility?

R: if I have a problem

I: Like which one?

R: I was told if I feel or observe anything abnormal, I should come and visit the clinic.

I: Are there any services you are looking for or would like to take in future?

R: I don't have any idea of other services

I: So, you are waiting to be educated about them first before you come?

R: yes, otherwise how would I know about them?

I: So that you can come?

R: yes

I: So, there is no other service you would like currently?

R: No

I: Supposing, in the absence of ITH/T-safe, where would you have sought SRH services?

R: There is another private hospital in the neighborhood called Roadblock.

I: Roadblock?

R: yes, there was a time when my mother mentioned of that facility and if we could go there but before we could go there, Christine appeared on the scene and T-safe was introduced to us.

I: Ok that is fine. Do you think if you had gone to Roadblock you would have gotten these services easily?

R: No

I: Why?

R: Maybe I would have had to remain behind and then start explain to him everything, what has brought me to the clinic and what services I am looking for.

I: So, it would have not been easy to access the services?

R: No, it wouldn't have been easy.

I: Have you ever heard of adolescent services being offered at the Roadblock clinic? What kind of support do they offer to the adolescents?

R: None

I: And the health providers what support do they offer to adolescents in terms of SRH services?

R: I have no idea.

I: Do you think these people would provide you with adequate information on counseling and SRH services?

R: The Roadblock clinic?

I: yes

R: I don't know

I: But you would still have gone there?

R: Yes

I: If Christine had not come?

R: I would have been taken there.

I: And why do you think your parent would have taken you there?

R: that is where my mother had suggested we go

I: And why do you think your mother had thought of Roadblock health facility?

R: Why she chose Roadblock?

I: yes

R: I have no idea why she chose that health facility.

I: You have never asked?

R: No

I: So, is there anything you would like to say in relation to ITH/T-safe platform?

R: Anything?

I: Any comment or addition that you would like to add on the information we have just shared?

R: So far, I have not experienced anything because it is just other day that I got that service.

I: You have not experienced anything at all?

R: No.

I: Fine, do you have any question or views?

R: no

I: You don't have. So, you will make sure that you have brought the girls you mentioned and talked to the facility?

R: Yes, I will bring them

I: Ok fine thank you so much.

R: Mhh

File name: ITHR2_AG_SERVED_HB_NDHIWA_RURAL_OSANO CLINIC_190507

Duration: 00:51:16

I: This is Mercy Akech, having interview with adolescent who received the services at Osano dispensary or clinic

in Homabay County and in Ndhiwa rural sub county, Ndhiwa Sub County on 6th May 2019. So Christine, please tell me how you came to know about the T-safe platform.

R: I came to know about it when I came for family planning so when I came here I was told about T-safe and that's when I knew it and joined it.

I: So you have said that you had come for services...

R: I didn't come for the services, let's say I just came to the hospital and I was told about it.

I: Okay, so you have said that you knew about T-safe platform when you came to the hospital; please tell me what happened from the time you knew about T-safe until you came to the ITH project.

R: So when I came I was told about T-safe so I decided to have a family planning method.

I: So does it mean you were told about it the very day you came to the hospital and it is the very day you joined it, you didn't take some time before you joined?

R: Before that, I had been using family planning but had removed it.

I: So when you came they told you about it and you decided to start there?

R: Yeah.

I: Okay, can you tell me how you signed up on that platform..the signing up process, what was required for one to register and for one to know about the services offered and the clinic they can go to for the services?

R: So when I came I got a doctor whom I talked to and advised me, so there is implants, coil and others, so after we talked I made the decision.

I: So was there a signing process before you talked to the doctor?

R: Yes there is.

I: So we are talking about the process of signing up, where your name, age and such like was taken; so briefly tell me what happened from the time you knew T-safe to the time you visited the clinic. So you have told me that you came when you were sick and you were told about these services; so it means you only came to know about the TIKO miles when you came to the clinic. And what was your experience from the time you were told about it to the time you decided to join?

R: Before I had the method?

I: Yeah.

R: I haven't understood you.

I: You see, please tell me what happened from the time you knew about T-safe to the time you visited the ITH clinic. You have told me that you had come to the hospital on that day and the doctor told you about the services, you had come to the hospital on a different scenario; after you were told about these services, you remembered that you had family planning method which you removed so you decided to join it so that you could get another service. So my question is from the time you heard about the family planning methods to the time you decided to join, what experience did you have that made you to take the services?

R: So when they told me that the organization is called T-safe, and the method I had initially I was given at the dispensary...district hospital, so when I heard that I thought maybe they could be different because the other one had an effect on me, so I decided to try this one as well, and that if it also has an effect then I would remove it but if it will be okay I will just have it.

I: **And have you faced any challenges since you joined the platform?**

R: Yes there are challenges because my menses are since then just sporadic.

I: **And in relation to this phone platform, have you had any challenge with the phone?**

R: No.

I: **How did you feel when your photo was taken during the ITH registration process?**

R: I was just okay.

I: **Okay to mean? You know okay is like closed, so what does okay mean in this context?**

R: I don't know how to explain that to you.

I: **Just try and recall, what made me say it is okay. How did you feel when your photo was taken during ITH registration, you were okay; so I would just like you to tell me what okay means in this context.**

R: So when my photo was taken...you know...

I: **Just say what you want to say.**

R: Okay, so when my photo was taken, I had come with someone else and her photo was also taken, you know at first I thought I didn't need to take a photo then she encouraged me to take the photo and that maybe...what really made me take the photo was that I thought if I have any effect they can help me quickly.

I: **Okay, with regards to this platform now, what influenced you to join the T-safe platform?**

R: Just the family planning method.

I: **And do you think the role of mobilizers would have influenced you to join this platform?**

R: It will depend on how they will be talking.

I: So you were never mobilized to come, you just came voluntarily?

R: Yes, I came to the hospital.

I: And have you heard of TIKO miles?

R: Yes.

I: Do you think the TIKO miles can influence you to join the platform?

R: Yes.

I: Tell me more.

R: You know most people don't always want to go for family planning so once the TIKO miles, where you get money in your phone and you can use to buy something, so you know maybe someone didn't want to join but you know when one hears about money, they will eagerly join.

I: Anything else; and did the services on the platform also influence you to join the platform?

R: The TIKO miles?

I: No, I mean the services on the phone platform; the contraceptive and maybe HIV services, did it also influence you to join the platform?

R: Yes.

I: Mmmh.

R: But I haven't understood that well even though I am answering you.

I: Okay, so the question says; what influenced you to join the T-safe platform? You have told me that you joined T-safe because you were in need of contraceptive, so I asked whether TIKO miles also influence you to join the platform and you told me it may be influenced you to join the platform because you can get the money which you can use to buy something; so another question is,

there are services in the platform, did the services also influence you to join the platform?

R: So which kind of services?

I: That's what I am asking you; let's go back a bit, do you know the services found on the T-safe platform? The services could be contraceptives, there is HIV testing, there is pregnancy testing, there is STIs screening and such. You don't know anything about that?

R: The only services I have received are contraceptives and HIV testing.

I: So tell me what you know about the TIKO miles.

R: They are just...what can I say...

I: Just say what you want to say.

R: I think I have told you that already.

I: The TIKO miles are the points that one gets and then...

R: She goes to the shop and she can convert it into something else...they were sending it to that woman and you can take whatever you want.

I: And how has it influenced your decision to take up ITH services?

R: Services such as family planning?

I: Yes, in relation to TIKO miles and those services.

R: You know when they told me about TIKO miles and family planning; so when I was told about it I just gave them my phone and they registered me then they gave me family planning, so you know I benefited from the time I was provided the fp.

I: And please tell me your experience from the interaction with T-safe platform on the media. How do you interact with this platform, is it through SMS, Facebook or other media...other media means maybe the mobilizers who give you the fly?

R: I use the phone.

I: **So my question is; briefly tell me your opinion on the messages you receive from the ITH platform.**

R: The messages I receive from T-safe?

I: **Yes.**

R: The messages they send on whether you want contraceptive and such and where to go to?

I: **Yes, so tell me your opinion on the messages you get.**

R: They just do that so what I don't know is; you are told to type the name chemistry or clinic then redeem your fifty TIKO miles at a clinic, so you know I don't always understand that.

I: **And have you asked your mobilizer?**

R: I haven't asked her.

I: **Okay, and do you receive any information from the TIKO platform that are relevant?**

R: Yes, they are relevant.

I: **How?**

R: They are relevant to family planning.

I: **So what does it always tell you about the family planning methods?**

R: They have never told me about methods, they just do send messages.

I: **And you have said that the messages are relevant?**

R: Yes.

I: **And what is the frequency of the messages?**

R: They rarely come.

I: **And have you ever asked yourself why they don't send them frequently?**

R: I have not.

I: **And do you see the information as interactive?**

R: How I interact with?

I: As in how you send a message and you get responded to, do you feel it is interactive and helps you converse?

R: When they send a message, I rarely reply.

I: Why don't you reply?

R: Because maybe I am at work so you know when I come back to the house I am tired and let's say it was sent yesterday and I try to reply today, it doesn't go through.

I: So how did you choose the clinic...you told me that you didn't choose a clinic, you were just sick and you came to the clinic and you were told about these services. And did you choose a service provider who helped you get these services?

R: I didn't choose.

I: Why didn't you choose or why couldn't you choose?

R: When I came, you know when you go to the hospital you cannot say that you want doctor so and so to treat you.

I: And now that you are using these services, what can you say made you to come to Osano dispensary in relation to distance?

R: So let's say I know people here so I have friends.

I: And what can you say about distance in relation to this clinic and getting the services?

R: From where I come from?

I: Yes.

R: It is not very far.

I: How many minutes can it take you to get here?

R: Around two hours.

I: And do you think the type of services offered here in Osano nursing home influenced you to come to this clinic?

R: Yes.

I: Tell me more about the services.

R: They are loving and then it's like they are confidential.

I: **Okay, what happened that made you think they are confidential?**

R: So, let's say when I was sick, that was sometimes back, so I told them not to share with my parents because they know them and they never leaked the information.

I: **Okay, kindly tell me your experience on the sexual reproductive health services you received from the ITH.**

R: The type of family planning?

I: **What was your experience with ITH'T-safe platform and the sexual reproductive health services provided? Is there any positive experiences you have with ITH/T-safe platform?**

R: Using a phone.

I: **Or when you come to the hospital; the services you received like the family planning method you received. So my question was; briefly tell me your experience with ITH platform and the sexual reproductive services provided?**

R: Services such as HIV testing?

I: **Yes, those ones.**

R: And family planning?

I: **Yes.**

R: So the only positive thing is that I came to know my status when they tested me for HIV. So on family planning, the only positive thing is that previously I had miscarried so I thought I would conceive again faster so I thought that if I conceived again soon, then I would miscarry again.

I: **And how did they tell you that the mistake will not happen again?**

R: They just told me that once you have the family planning method, you cannot conceive.

I: **You cannot conceive?**

R: It depends on how it is done.

I: **Okay, and any negative experience you have had with the platform or with the sexual reproductive services provided? Have you had any challenge in relation to the phone platform?**

R: No.

I: **And any challenges or negative experiences with the sexual reproductive health services provided?**

R: On?

I: **On the HIV, pregnancy test, contraceptives.**

R: On family planning, the challenge I have is that my periods can always start at any time and I cannot do any hard work because if I do it then I start my periods and a back pain.

I: **And what do you use the ITH platform for?**

R: Mostly...you know I don't take much time concentrating in phone.

I: **You don't take much time in phone so you cannot say you use it frequently or not?**

R: I rarely use it.

I: **So you have told me about the services you received; what services have you received through the T-safe platform, you have told me that you received contraceptives or family planning, HIV testing; is there any other service you received?**

R: I received cancer screening.

I: **What else?**

R: Just the TIKO miles.

I: And what suggestions can you provide for improving the platform?

R: Suggestion?

I: To improve the platform, on how you interact with the phone; you have told me that you can sometimes get a message but you don't have time to reply so if you reply the following day, it doesn't go through; so the question is; what suggestion can you provide for improving the services?

R: So on that I can...like I have a phone with buttons, so you know things like a smartphone, I can log in to Facebook and you know you can receive last week messages even today and they can go through.

I: So how would you like that to be improved?

R: So it could be better if they could provide us with smartphones.

I: Another thing you can think of?

R: Another thing is if they can communicate with the mobilizers so that they can locate us, like if you give Christine information, she will come to me and provide me with the information.

I: But you told me that you had a Marie Stopes Kenya mobilizer?

R: Yes.

I: So if you have a mobilizer who does follow ups then she can tell you more about the ITH platform. So earlier on you told me that you have been in Ndhiwa for ten years; how does the community perceive the T-safe services and the girls who use the services?

R: You know people can't think the same, everyone have their own opinions about certain things. So you know there are those who oppose it and those who support it.

I: So there are those who support and those who oppose, so what do those who support it say?

R: They say that family planning is good for adolescent girls as it prevents unplanned pregnancies.

I: And what do the opponents say?

R: Those who oppose it say that it can make you not to give birth and even in case you conceive, the child cannot be alright.

I: And did the service provider tell you that those are lies?

R: Yes.

I: And how do your peers feel about T-safe services?

R: They like them because no one wants to conceive before the time.

I: So they like them because?

R: They like it because no one wants to conceive.

I: And how do your parents and other parents perceive the T-safe services?

R: The TIKO miles?

I: No, services could be the contraceptives, family planning, HIV testing, cancer screening, counseling, getting information; so what do our parents in this community say about the T-safe services and the girls who receive the services?

R: On that you know they can accept counseling, most of them don't like family planning, very few like it; but they like cancer screening.

I: And do you know why they like?

R: They say that it alerts you early on your status.

I: And do you know why they don't like family planning methods?

R: Yes.

I: **Mmmh.**

R: I have already told you that some say that you cannot conceive at all.

I: **And what do the teachers in this community say about T-safe services and the girls who are receiving them?**

R: Receiving the TIKO or...

I: **Services I mean the contraceptives which are family planning, HIV testing, cancer screening and pregnancy testing and there is also STI testing plus getting information; so our teachers in this community, what are they saying about the T-safe services I have told you about and the girls receiving the services?**

R: They don't have a problem with that, they like it because they feel that if one conceives while still in school, they get embarrassed.

I: **Anything else?**

R: Let's talk about status, you know if one is HIV positive and she starts dating someone else, that person will also be infected so you know they will not be happy so they encourage such things; even if you walk in schools, they will allow you to give information about it.

I: **And how about our religious leaders, the pastors, the priests?**

R: The pastors they are just against family planning but others they accept.

I: **And why do you think they are against it?**

R: They do say that in the bible it is written that multiply and fill the earth.

I: **How about the boys and the male partners; how do they feel about the T-safe services and the girls?**

R: On that you know for example if you are married, for example me, for me to come for family planning, I have

talked to my husband so you know some will not accept and others will accept but most of them don't accept.

I: So you have said that for male partners, they can accept because you have discussed and felt that it is good but you have also said that others don't accept; so why do you think these youths or young males don't accept?

R: They don't accept because they say that you won't reproduce, so it's like they will run at a loss.

I: Okay, tell me your experience with the quality of sexual reproductive health services you received. As in how the service was, the quality of that services and what happened.

R: When I was given the family planning method?

I: Yes, now when you removed the other family planning method and came for family planning under ITH, so what happened at the service you received in that were you able to easily access this facility and get the service you needed?

R: It wasn't that fast because I first wanted us to have a little discussion before I made the decision.

I: So how long did it take?

R: It wasn't quick.

I: So you think it should have taken a shorter time?

R: Yes.

I: And for how long did you wait to receive the service?

R: Waiting time as in weeks or hours?

I: The hours you took when you came to the hospital for the services, did you wait for long?

R: I didn't take long, I took just around twenty minutes.

I: And earlier on you also told me that there was some confidentiality with the service provider not to share the information you gave them; and were you given the

information regarding the services you wanted before you received it?

R: Yes.

I: Tell me more.

R: Since I wanted implant, I was told that everything with an advantage also has a disadvantage; so the positive one they told me that it would depend on what they would give me, I would not conceive and the negative they told me that I would have cramps or maybe I would miss periods and if I do I should not be worried that I have conceived.

I: And how about appointment or follow ups, do they do any follow ups?

R: Yes, they do call me to ask me how I am doing.

I: And you do tell them everything you would like them to know?

R: Yes.

I: So the next question is, how was your interaction with the service provider on decision making? You have told me that you came to the hospital for a different service but since you had been using family planning and you didn't have any method then, you decided to have family planning under ITH services, right?

R: Yes.

I: So which method did you take?

R: Implant.

I: So when the doctor told you about implant, did he also tell you anything about other services?

R: He told me so I made the decision.

I: He told you about the other family planning methods and you made the decision to use that servi9ces?

R: Yes.

I: So what would you say you have learnt since you joined ITH or T-safe that can help you achieve your future goals?

R: On that I can say that since I don't take much time concentrating on phone, so if you could pass information to me through someone else it would be better.

I: And what have you personally learnt since you joined the ITH platform?

R: What I have learnt...

I: Just say what you have learnt, there is no wrong answer. All answers are right.

R: What I have learnt since I joined T-safe?

I: Yes.

R: The advantage is that I now know my status.

I: What else have you learnt; it could be...you came for the contraceptives, so the question is; what have you learnt that will help you achieve your future goals? For example on simple form it could be, have you learnt anything or now that I have used contraceptive, I will be able to achieve my goals in the future because I have this contraceptive.

R: So let's say for example I wanted a child and I have family planning, so if I remove it in future I will get a child at the right time.

I: Another one, at least now you can get a child at the right time, that is one; another thing you have learnt from this platform and how it can prepare you to achieve your goals in future?

R: Let's say for example I wanted to join college and say I came for HIV testing and found that I am negative, you know when I went to school maybe I thought I was

positive, so start spreading it and I accidentally meet a person who is positive and I get infected.

I: Okay, then how has the ITH platform helped with any of the challenges or barriers adolescents face in accessing sexual reproductive health services?

R: What can I say about that?

I: Just try. You know this question is trying to ask you, there are challenges or barriers faced by adolescents in trying to access the sexual reproductive health services; so how has the ITH platform helped solve the challenges faced by girls? In the absence of this platform, the girls would face various challenges in accessing this platform but this platform has helped them access the services.

R: Let's say there are those who fear so for example the platform is there so they will be free to share their problems.

I: With who?

R: With mobilizers.

I: So you are saying that this platform has helped those who fear.

R: Yes.

I: What else?

R: Let's say some parents are always very harsh so if they hear such an information, they will cool down and share it.

I: And what else could be done to make accessing the sexually reproductive health services easier for girls of your age?

R: So you can create public awareness.

I: What else can be done?

R: Even through social media.

I: Where else?

R: Posters.

I: Is there anything else?

R: No.

I: Okay, and have you informed your peers about the ITH platform?

R: Yes.

I: Tell me what happened, what information do you give to your peers?

R: I just tell them what I was told.

I: So what do you tell them; I would just like to know a few things on what you do tell them.

R: I do tell them that nowadays if one conceive, say if they are still underage then they should use family planning and they should also know their status.

I: And what have action have your peers taken after you told them about these services?

R: Two of them told me that they went but one had an implant so you know you can touch and feel, another one told me that she has depo but you cannot know if one has depo.

I: Okay, how have you and adolescent girls been involved in the ITH project? You have told me that at least you have told your peers about these services and they have received the services; and is there participation in project activities you have been involved in?

R: No.

I: So you have mostly been involved in encouraging others to join T-safe and the services on the platform.

R: Yes.

I: So would you attend this clinic again?

R: Yes.

I: Why?

R: I told you that they are confidential.

I: **What else?**

R: They are lovely.

I: **What else on how they provide you with information?**

R: It's good.

I: **So what can you say about the information you receive?**

R: You know they always give the right information.

I: **Okay, and are there services you are still looking for or want to take up in the future?**

R: I know that after I remove the implant and I conceive, I will still need another method; I will still be going for HIV testing and cancer screening.

I: **Okay, thank you; so in the absence of TIKO miles or T-safe in this community, where would you sought sexual reproductive health services? The services I told you about such as pregnancy testing, counseling, HIV testing, STIs, is there anywhere you would sought these services if T-safe was not there?**

R: I would still come here.

I: **So you know Osano dispensary is now in in-their hands project so at least it offers those services; so let's say Osano nursing wasn't there in this locality, is there any other place where you could have sought services?**

R: Yes.

I: **Where?**

R: There is Road block, there is Port Florence, there is Maisha, there is a Lakeside branch or even district.

I: **And do you think there are any difficulties in accessing those places?**

R: I cannot know anything about that because I have never been there.

I: **And have your friends said anything about them?**

R: No.

I: And looking at distance, what can you say about the distance to the facilities you have mentioned to me?

R: The distance is just the same with this one.

I: So you don't think it can affect you that much.

R: Yes.

I: And have you heard anything about their privacy and confidentiality?

R: I have not shared with anyone.

I: And how the facilities give information, what kind of information do you think they give people in relation to sexual reproductive health...you have told me that here they give you adequate information, there is privacy and confidentiality, they do follow-ups; do you think you will get the same services you get here at the other facilities?

R: I cannot say anything on that because I have never gone there.

I: Okay thank you very much Christine for taking part in this interview; do you have any question?

R: No.

I: Any recommendation?

R: I don't have any.

I: Okay, thank you very much.

[End of audio]

Notes

The interviewer did not probe further on why the respondent has not asked why the platform rarely sends messages to her phone. Respondent not providing detailed responses, instead short answer responses

Generally, more probes required

**File name: ITHR2_AG_SERVED_HB_RACHUONYO EAST_RURAL_SAOKON
CLINIC_190510_0524**

Duration: 00:38:11

I: Hello, this is Agneta ITH round two doing IDI with an adolescent girl who has received a service in Homa - Bay County, Rachuonyo sub- County at Saokon clinic, 9th May 2019.

Please tell me how you came to learn about T-safe

R: How I knew about this thing, that woman came to our place.

I: Which woman?

R: Pamela. She came to our home and told my mother, she asked my mother to talk to me if I would agree. She talked to me, I agreed, I told her to put for me Jadelles, and I agreed for them to put for me.

I: So let me help you so that we can understand each other clearly, how did she get to your place, what are the things she told you? Before you agreed to be given Jadelles, what were the things you were told, and the person who came, who was she.

R: when she came to our home I as with my mother and she told her, and my mother told her if I agreed they would give me and I said there was no problem.

I: So how did she tell you, just tell me how she told you.

R: She told me there was a program for girls and asked if I had a child. I told I her didn't want to get another baby that I wanted to go back to school, she then talked to me and told me to come here in Chabera, and this is where I took the card and they put it for me.

I: Can you please tell me from the time she told you until you came here in Chabera clinic, please tell me what

**happened, how long it took you before reaching Chabera.
What happened here in the middle?**

R: What happened in between?

I: **Yeah.**

R: Nothing, she told me like today and the following day I came here.

I: **Okay, so how did you get here, in this specific clinic?**

R: Since I knew about this place. She just told me to go to Chabera. Her name is Pamela, I went where she has a shop in Maungu and she told be cone here.

I: **So Pamela told you about Saukon, and please tell me how you were registered until you got a card. What happened until the point she gave you a card?**

R: After I got here, they tested me first and did not anything.

I: **What did they test?**

R: I have I had any disease, and then they tested me for pregnancy and they didn't get. They then told us to come to this room with her and the doctor and a nurse called me here and put it for me.

I: **Before you had it put, that woman what did you call her?**

R: Pamela.

I: **Pamela, what did she do before giving you the card and later told you to come to the clinic?**

R: What she did?

I: **Yeah.**

R: She only asked me if I would agree and I told her I would agree because I did b not want to have another baby.

I: **So you agreed, then what did she do or you just agreed then came to the clinic.**

R: I agreed and she told me to come with her and they registered me on a certain book and told me to go back home and come the next day.

I: **Okay, so they just registered you in book and that was all? They just registered you on the book and you left until the following day?**

R: Yeah.

I: **What are the things they asked you for?**

R: They gave me a piece of paper to sign I agreed and write my mother's phone number, just that.

I: **Your mother's phone number only?**

R: Yeah.

I: **What was on that paper? You said you came with her right. Then they registered you, so I wanted to know during registration what did they write about you, what did they do, what details did they take?**

R: I did not see what they wrote.

I: **You did not see, but she told you, you had been registered and she gave you a card? Okay and how did you feel when they photographed you during registration? That is why I was asking what were the things she did.**

R: They took a photo of me and they asked me I agreed, yeah.

I: **So they took your photo, what else did they do? What did they ask you?**

R: They had me if I agreed and told me if I could get more girls and bring them here.

I: **How did you feel when she took your photo?**

R: When they took my photo?

I: **Yeah, you said you photographed right. How did you feel before and after the photo? When she told you, they had to take your photo how did you feel.**

R: I was happy.

I: You were happy. Please explain, why were you happy?

R: Because they told me, it would help me. You happy?

I: How would it help you?

R: I would not get pregnant unless I wanted to.

I: You said that Pamela came home, is there any other reason that made you join T-safe. What else made you join T-safe?

R: She told me there are things that are brought and she wanted me to get them.

I: What did she tell you those things were or what were they called?

R: They were like sanitary pads and she told us that there is money that is sent to M-pesa and you can use it to get what you want. If you want, you can get oil or even food.

I: Please elaborate more, you've said that if you get? What happens to get what you are saying?

R: She told me that there was a reward from T-safe, and there is a card you are given and you can go with it to the shop and say Pamela sent you and they give you those things. If you say, give me this they give you, whatever you say they give you.

I: Do they give you because Pamela has said, or what does it depend on.

R: I went to the shop and said Pamela has sent me and I was asked which Pamela and I said Pamela who...

I: Pamela who? And after you said Pamela what did the shopkeeper ask you for?

R: A card.

I: A card, okay so I would just like to know if you go to the shop what is in the card such that if you take it to

the shop they will just know you are supposed to given a reward.

R: They had questions that they asked, to know if I use it, and that is when they give you those things.

I: **Okay, and please tell me your experience on interacting with the platform through sms or Facebook. Have you received any services through sms?**

R: No.

I: **No, how did you get?**

R: She used to come home and tell me that there are rewards and that I should go and take.

I: **So is it only Pamela who tells you. do you wait for her to come and tell you or how does it work?**

R: Sometimes when I have a problem, I can go and ask her what I should do.

I: **Okay, and can you tell me how you chose this clinic.**

R: How I chose it?

I: **Why did you choose this clinic or what made you come to this specific clinic and not any other.**

R: Because they were to help me.

I: **Because they were to help you right, but I want to know why you chose Saokon, is it Saokon? Why did you only choose Saokon and not any other?**

R: This one is close to us.

I: **Okay, this is the one close to you. Any other reason?**

R: Pamela also works here in Saokon.

I: **Okay, so can you also tell me your experience about quality of reproductive health provided by T-safe. Give me your opinion about services like the one you got on T-safe, how you feel.**

R: It is good because even when I was having my periods, I would go for more than one week but after they put for me this thing, I only go for seven days.

I: **For?**

R: Seven days.

I: **Seven days, can you explain to me? You said when you have your periods.**

R: In the past I would go for eight weeks but right now-

I: **Eight days or weeks?**

R: Eight days.

I: **But right now?**

R: Sometimes I don't go at all, sometimes I do.

I: **So are you okay with that or not?**

R: It's okay with me.

I: **And there is a T-safe mobile platform that you can get services like messages, I dint know if you have joined that platform?**

R: I don't have a phone.

I: **Okay, and if you go back, people from home and the community, what do they think about you for using T-safe services.**

R: Only my mother knows and she told me it was good.

I: **What about your fellow girls?**

R: Some of them say that it is not good for girls while others say it is good.

I: **Why do they say it is not good for girls?**

R: There are those who say if you have this thing, you will vomit blood.

I: **And those who agree, what do they say?**

R: They say it is a disease you might have.

I: **And what views do the teachers in school have.**

R: A teacher in school knows about these things, she told the girls to go and are some who refused.

I: **What about the church leaders?**

R: They said it is good because it is an accident if your daughter gets pregnant, she didn't know she would get pregnant.

I: **What about the boys or men, what do they think or what do they say about T-safe.**

R: Some of them say this thing is not good for girls but there are those who say it is good.

I: **Those who say it is not good, why do they say it is not good?**

R: Let's say I have a boyfriend who let's say wanted to get me pregnant I tell him I already have this thing and he will tell me to go and remove it and I will tell him now when you get me pregnant what can I do because I don't want my mother to chase me from school.

I: **Why do they refuse why would they want you to remove it?**

R: I don't know.

I: **And those men who say it is okay, why do they say T-safe is good?**

R: They say it is good because last year many girls got pregnant while in school and dropped out of school. And there are boys who used to say that girls who are in T-safe should get Jadelle or implants.

I: **Okay, please tell me about the quality of reproductive health services you received. On the day you got Jadelle, please tell me the service provider who put for you Jadelle how did she treat you. How was it until you agreed to get Jadelle?**

R: When I got to the room she asked me if I accepted and I told her I had accepted, I injected and then they put it for me.

I: **You said they took you a particular room, how was that room?**

R: It was okay.

I: **Was it clean, who were you with?**

R: It was just her and me.

I: **And on the information that she gave you, did she give you all the information? Everything, or what information did she give you before putting for you Jadelle.**

R: Before she put it for me, she told me not to love sleeping with boys even if she has put it for me.

I: **What else did she tell you?**

R: She told me if you have, any problems come back to the hospital; don't stay home if you have problems.

I: **And did she give you a date to go back to the clinic or what did she tell you?**

R: She told me that if I had any problems I should go back, I don't remember the date but she told me if I had any problems before the date of removing it I should go, she told me.

I: **And the time when you were talking to the nurse, who put for you Jadelle, can you tell me in decision making, who made the decision and how did they make the decision. When you were with the nurse, you said you were the two of you in the room. So while you were there with the nurse, I would like to know what she told and in the end who decided that you were getting Jadelle.**

R: I made the decision.

I: **You decided, what did she tell you for you to decide on Jadelle?**

R: She told me there was one for three years if you like they can put it for you but I said I wanted one for five years.

I: **Did she first tell you about other methods or how was it?**

R: She told me but I can't remember what she told me.

I: **But she told you?**

R: Yeah.

I: **And then who made the decision?**

R: Me.

I: **You. Okay since you joined T-safe, what can you say you have learnt what have you learnt that can help you achieve your future goals.**

R: I can go to school and complete my education, and get a good job out there.

I: **What else have you learnt since you joined T-safe? What else have you learnt? You said you would continue with your education and finish and get a job right. Apart from that, what else have you learnt since you joined T-safe? What new thing have you learnt?**

R: I see that it is helping many people.

I: **How is it helping them, you can give me an example, how is it helping them? Or how has it helped you?**

R: It has helped me because I am going to complete my education and I can get a good life out there when I complete my education because of Jadelle. I am the one who agreed they put it for me.

I: **You said that there are challenges that girls get and you said some of the challenges is that some girls are saying that if they put it for you-**

R: That if they put it for you some vomit blood and others say that is just a disease you have its not because that is thing is the reason for vomiting blood.

I: **Okay now how has this ITH helped so that girls who thought that if you join T-safe you will be vomiting blood, how has it helped?**

R: When you go to the hospital, you are given medicine and you get better.

I: **And in your opinion what do you think should be done so that girls your age or your peers can come and get services like these?**

R: I think they should continue with T-safe so that other girls can join.

I: **How should continue for them to reach other girls in your opinion.**

R: They should continue advertising this thing.

I: **Please, tell me how do you think they can advertise, in what way.**

R: Let's say they talk to me and I accept, I should go and tell someone else and bring her for her to get it too.

I: **That is nice; now tell me, you told me you had told your peers, could you tell me what you told them, what did you tell them?**

R: I told them that...there are those who told me that this thing was not good for girls and there are those who told me it was good. I told them there is a program for girls and those people do it free, you do not pay anything. And they asked me what kind of things, and I told them if you want to complete your education there is an injection they give you and they accepted.

I: **After you told them all that they accepted and then did what.**

R: They accepted and I told them there is a card you are given and you are given a piece pf paper to sign and write your mother's phone number.

I: **Okay, so after you told them all that what did they do.**

R: They asked me if I would agree and take them there. I told them if they accept I would take them there.

I: **What did they do there?**

R: I took them and they finished with Pamela.

I: **Okay and what do girls like you, your peers who are on this project do to make it continue in this community.**

R: I also see them bring others.

I: **They bring others.**

R: They bring other girls.

I: **What else? Are you involved in ITH and T-safe activities?**

R: Yes, I tell them that if you have a T-safe card you get certain rewards.

I: **Okay and I would like to ask if you would visit this clinic in the future.**

R: Yes.

I: **Why? Why would you come back to this clinic in the future?**

R: If I have a problem, I will come.

I: **And are there other services that you would like to get from this clinic in the future?**

R: Yeah.

I: **Like which one.**

R: I would tell them to bring us sanitary pads for us to use.

I: **Okay and can you tell me if there are any other services, you are looking for or you would like to get in the future. Are there any services you would like to get?**

R: Yeah.

I: Like which ones, please tell me what kind of services? You've talked about sanitary pads, you've also said you would like to come back for another service and you would like to visit a clinic like this one another day right? Can you tell me what reasons can make you visit this clinic again?

R: Because they gave me good services.

I: What other reasons?

R: They have helped many people.

I: Okay, and if ITH or T-safe was not there where could you have gotten Jadelle services. I have used Jadelle as an example you used Jadelle right. And you got Jadelle after registering with T-safe right? So if T-safe did not exist where would you have gotten this Jadelle service?

R: Because I did not know... there were those who are saying if you are a woman, you can get these things but for us children you are denied if you go to the hospital, that you are still a child you have not given birth.

I: Please tell me what are the challenge, before T-safe came what where some of the challenges you faced, you said it was only for women right? What else?

R: I just stayed home because they said it was only for the women.

I: And anything about information? Like you have said for T-safe Pamela came home and what if Pamela never came home how would you have gotten this information.

R: There are those who had told me but not in detail.

I: Who were they?

R: People like me.

I: Girls or adults?

R: Girls.

I: What did they tell you that you realized was not in detail?

R: They told me there was a place you get an injection and then you come back.

I: And that did not satisfy you?

R: Yeah, they told me if you get an injection you don't pay and if you are sick, you get an injection and they told me that you go get an injection and come back.

I: what else? Now if T-safe did not exist and you still wanted Jadelle services, where would you have gone?

R: I would have just stayed home.

I: Why would you have stayed home? Why would you have stayed and you wanted Jadelle services.

R: If you tell someone, like my mother knew these services where for women and not children.

I: Another thing, or anything else?

R: That is all I know.

I: Okay, before we finish maybe you have a question. Just anything, you want to share with me or question to ask.

R: I don't have a question.

I: Any concern, anything you can tell me.

R: There is none.

I: You also don't have any questions. Okay thank you so much for the time we have had, thank you for coming, okay. Thank you.

[End of audio]

Notes

There was a little background noise. All questions asked with good probes.

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE

ITH ROUND TWO

ITHR2_AG_SERVED_HB_RACHUONYO SOUTH_RURAL_SIMBIRI HEALTH
CENTRE_190607_0339

I: This is Mercy doing an IDI with service an adolescent at Simbiri Health Center, Rachuonyo Sub-county, Homa Bay County on 7th June 2019. We can now start. How did you come to know about T-safe?

R: I heard that it could help adolescents, even if she has any disease, she can be treated, it is good for adolescents for STIs and family planning methods. If you give birth and you do not want to get another baby soon, if you get good advisor, then you can be properly advised but if you get a wrong person then you can be mislead.

I: You have said that you have heard about T-safe platform..

R: Yes.

I: Who came and told you about it?

R: It was one of the community health volunteers.

I: What did she tell you?

R: She told me that there is T-safe program that can help ladies of 19 years and below so that those who have given birth or who have not given birth but wants help can go. Moreover, I told her that if there is a way it can be done to help me, then I will go. By yesterday evening, we waited for you here last Friday, but she told me to just wait, she will inform me

of the right time. So she informed me today morning and I came and so it was done for us here.

I: Since the CHV talked to you, how many days have passed till today that you came to the clinic?

R: She came when my baby was 6 months old and I had family issues. So she advised me that in order to find enough time for myself and the baby, I need to have my own protection.

I: So you heard about T-safe when the baby was 6 months and now the baby is reaching 10 months?

R: Yes.

I: So from the 6th month since you heard about the T-Safe up to now, what has happened in between? Are there things that have happened since you gave birth?

R: Since I Gave Birth, I had not seen my menses. I was told that you can have implant before menses or even after menses, and so I waited for menses to have confidence. So right now it is on-going and so I had the courage to come for the method.

I: So because you had not seen your menses post delivery you did not want injection.

R: Yes.

I: Is there any other thing that was keeping you from getting the family planning method after hearing about T-safe?

R: I had not agreed well with the person I am with, so the day we agreed and he allowed me. He was also doubtful because he also live away for sometime, come back, we can get together and the following day he leaves. So before he could know that my menses have resumed, he was also sure whether I could go for the method.

I: So when you came here for today's service, what happened before?

R: There was a place where your name is noted before getting the service?

I: What happened so that you get the service?

R: I was asked why I agree to take it. I was told of its advantages and disadvantages. Why it is put on me.

I: Why did you choose Simbiri health center?

R: It is our closest hospital; again like now I am a mother, here is the nearest place.

I: Have you heard of any challenge even since you heard about T-safe? Of course it is just today that you got the implant and so no challenge yet, but with T-safe, have you heard any challenge?

R: Yes, I have heard of challenges.

I: Which are the challenges?

R: Some people say that that it is not preventing pregnancy, that it was put on somebody but she still got pregnant.

I: Eeehe...

R: So I was asking her, what she did that she got pregnant despite having the method. She went back and had it removed. Therefore, out of that I was hesitant to go for the method. However, there was explanation and I was convinced and agreed to take the method. In addition, I asked her again if maybe she had the method inserted and yet she had not seen her menses. She agreed that in deed she had not seen her menses by the time she went for the method.

I: Was your photo taken when you came for the service?

R: Yes.

I: How did you feel when they told you that they want to take a photo of you?

R: I just felt ok.

I: Why did you feel ok?

R: Explanation had been given, and I was... and also had evidence and so I did not fear anything.

I: What was the reason for not fearing?

R: That I could get pregnant at the wrong time.

I: Why did you join T-safe platform?

R: Why I joined?

I: Why did you join that now you even have the card, and flier?

R: I agreed to join because my partner had allowed me, so that when you put something on your body, I will know that it something that you have. I was happy and agreed that he had allowed me.

I: Did you have it because you had wanted to have family planning method?

R: No.

I: Can you tell me briefly, why you chose to have family planning method?

R: I wanted my child to reach at least two years, so even after he has stopped suckling then I do not have fear. This is because I see some women who are told what to do but they fail to and so after sometime you see her pregnant and the

child is sick. Therefore, I felt that I could do with pride because I have been set free by my husband.

I: Are there things that CHV told that made take the method?

R: I agreed with what she told me.

I: What are they that she told you?

R: She told me that since you are still young, you may differ with your partner and go somewhere else, if you do this while you are not on any family planning method and you meet another man, you may get pregnant again. Or you may get pregnant and abort. So by having family planning method, it prevents such activities. She also told me that it helps in child spacing. So I felt it was good to space the children and help them grow well.

I: Eeehe...

R: She also told me that it is good to be on a method. Even when I come to clinic here, I ask those who already have it. Some give me good advice while some are not good.

I: Eehee...

R: So I share the advice and she tell me what to do to get good results and what not to do.

I: Do you know or were you told about Tiko points?

R: Yes I was told.

I: Could it be that you joined T-safe due to Tiko points?

R: No, I didn't know about that.

I: But you were told about it?

R: Yes, I was told.

I: Ok, did nature of service make you come?

R: Nature...

I: Maybe it is free or payable, good quality service, how T-safe service is done.

R: (prolonged silence)...

I: Ok. Were you told about Tiko miles or incentives?

R: Yes.

I: What were you told?

R: If there is any problem, you experience with the method, then you can go to clinical officer or one who counseled you and there is something they will do. But I have not understood them well. There are points that come to the card.

I: Now tell me about the points in the card. From the little that you have read, what have you known about those points?

R: You can go to defined places and take pads or oil, those things that we get from people and we end up messing. So I now know that these are the things T-safe is trying to prevent.

I: Ok, so you have said well that you have read this thing and you know a bit. Today you came for T-safe service. What can you say about it?

R: It is good.

I: In what way?

R: It will make me be free with my partner and so I will not be thinking of since I cannot get this item from my partner then I can look for from another man. So the points in the card have already covered those needs.

I: Like you have come today, and you have been given the flier, have you tried to interact with it? Have you sent the message since there is a number over there (flipping of pages) to T-safe?

R: I have not because we asked about the phone, and I was told that the type of phone you can use is Smartphone. But I only have the simian phone.

I: So, up to now you have not interacted with the platform.

R: No, I have not.

I: You had told me that you came to this clinic because it is the closest to you.

R: Yes.

I: Is there any other reason that made you choose to come to this clinic?

R: I have been in a program in this community and those who go for the service in other facilities when they come back they tell us things that are just scaring us. Maybe somebody says "I was put on a method and it disappeared in the body because I was doing a strenuous activity and so I must get a facility where it will be removed ". Somebody else says "I went to Simbiri and I was put on a method but I have experienced Andy challenge because I was told how to do strenuous activities". So due to such stories I decided to come here.

I: What can you say about their working hours? Do they work such that whenever somebody comes she will get the service?

R: Yes, they work throughout.

I: Do they work 24 hours?

R: Yes, they are working 24 hours.

I: Could it be that it was the mobilizer who decided for you to come to this clinic?

R: No, I decided by myself.

I: When you chose to come here, what can you say about the sexual reproductive health services?

I: How?

R: When you came here for the family planning method, what can you say about the service? How was it and what can you say happened? What was your experience?

R: When I came, after counseling, I was asked about the method I want and I said it. Then I was taken to the service room and I was told to present my arm. I was injected and I felt pain. I also felt my arm was heavy. I did not want to look at it and so he continued to serve me. Because I did not want to look at that point, she asked me to touch and feel if they are two implanted. I touched and felt the two. She then told me that do not do strenuous activity until it lightens. Since it was implanted, my arm is till heavy.

I: Still heavy.

R: In fact I am feeling like it is painful. But since that time, I came for this discussion and so I have not done anything with it.

I: What can you say about the provider who implanted it?

R: I can say she was good.

I: What do you say about being good?

R: She is knowledgeable, it is as if she was well trained and understands it fully. She places it in a manner that it cannot interface with your health.

I: Today you joined T-safe and got the service? Is there another service that you have got in the same T-safe platform?

R: Eehee....

I: Do you think there is another service you can get through the same T-safe platform?

R: Mhh....

I: Were told of any other service that you can get?

R: Yes.

I: Which one?

R: You can get service like testing for STI if you suspect, you can also come for pregnancy test, you am also... I have forgotten another one.

I: But for today you just got family planning service?

R: Yes.

I: Now that you got Tue service under the T-safe platform...

R: Mhh...

I: Is there anything that you would want improved upon or changed?

R: To be changed?

I: Or anything that can be improved upon so that the services can be even better.

R: I can talk to my friends and introduce them, saying that I did this and I was told of advantages and disadvantages. So maybe you have been misled because you did not get good advisor. For me, I got good advisor and so you can go and do it after getting good advice.

I: Other than tell your friends to introduce them to the program, is there something that you feel can be done better to make this program improve for adolescent girls in getting good service?

R: Please just pardon?

I: I am saying there is a program for T-safe. Isn't it?

R: Yes, it is.

I: In this program, there are services that you have listed for me like family planning, HIV testing, STI testing... Do you think there is something that can be done to improve their services? Like now you have told me that you haven't sent message because you have simian phone.

R: Eeehe...

I: Is there something that can be done to help everybody be able to send the message and converse with the system?

R: Eehee.

I: Do you understand?

R: Yes.

I: So is there something that can be done to improve the service? Like you had told me that you have seen this flier but you haven't sent the message because you have a simian

phone. What do you think can be done so that even those with such simian phones can send message and be replied?

R: Maybe for example I am on Facebook and we have created a group for adolescent girls. We can say something and inform other girls about it. Then we get their comments and see if they show interest.

I: Mhh....

R: So the more they show interest, they can be directed to whom to talk to and ask them to talk to program implementers so that they get to know exactly what needs to be done.

I: Ever since you heard about T-safe program...

R: Eeehe....

I: What have you heard people of this community here in Kosele that surrounds Simbiri say about family planning method?

R: We are told that "you are rushing to get family planning methods and you don't that it will harm you". When you go for family planning method, it will destroy them ova, it will damage the womb and those are the things that make most of us fearful. But if you get a good advisor, then you can just have courage and go for it. Those who been talking to us are only telling us about the disadvantages. If you tell you mother that you want to go for the family planning method, she will warn you not to go. Those things are only harmful. For of us who are old did not do such planning and we are just good. They stop us because they don't know its advantages. If somebody explains to you why the program came, then you can appreciate what the program intended to achieve.

I: OK. You have said that our mothers say that those who go for family planning method will destroy the ova?

R: Yes.

I: What do community members say about adolescent girls going for family planning methods?

R: Like myself....

I: (interviewer cuts short respondent's statement). What do they say about our girls in this community? Those who go for family planning?

R: What I have heard them say about girls who got it before me is that those girls are being given chance to have multiple sex partners. So I was wondering that this thing if you have it then it only gives you chances of having many partners?

I: Mhh...

R: I then just retreat and keep quiet. So I could not talk much because I had not understood it better. I remember even when I was in school, I could hear of it and when I came home and tell my parent, she would refuse such idea. So I felt fearful. So since I came here and I got a good CHV who explains it well, I decided that it is better I do the right thing that will help me and help my baby too.

I: What do adolescent and young mothers say about family planning methods?

R: They are saying that family planning methods are helping them prevent pregnancy and in good spacing of children.

I: OK. And you had said that parents say that the family planning methods are destroying ova and womb?

R: Yes.

I: OK. What about teachers of this community concerning the T-safe program?

R: I have not heard.

I: What about the church?

R: The church says that when God created human being He did not tell them to plan family it He told them to multiply and fill the earth. So it is like we are competing against God.

I: Mhh...

R: But those with it say that we are not competing God but we are just trying as humans to improve our lives.

I: What about boys and partners whom we live with?

R: For example, I have a man, he needs conversation. When you talk and agree. They say that there are coils and injectables. They are different; three is one for three years and thee is one for five years.

I: Eehee...

R: Sometimes your body may push you and your partner is not around. Or you may need something else and so you will be forced to use your body, but maybe a coil will interfere with you. So he will tell you to use a method that he can see where it is. So if you choose to misuse yourself, it is up to you. So my partner told me that he only prefers implant but not injection because of how it affected one of the family members. It is like the ova moved very far and she should be taken for operation but she cannot yet go. But she is saying that the injection gave her the problems she is experiencing.

I: You told me that you just came here today, you have not experienced any challenge, and that the service provider is knowledgeable and know very well about the service.

R: Yes...

I: When you came for Tue service, were you counseled?

R: Yes.

I: What were you told?

R: The doctor told me that using any family planning method; you must be open to your partner and tell him everything so that you do not have any disagreement. The husband will cone here and quarrel us that it is me who put the method on his wife without my consent. So it is only good that he allowed you to come for the method. He also told me that when you have the method, there are things you can do and things you cannot do.

I: So what did he tell you that you should not do?

R: When it is still fresh do not do strenuous activity because it can travel in Tue blood since it is placed in the body. You should not let somebody or even yourself touch that part when it was implanted. You should not hit it even with your hands before it heals.

I: The room where you were treated, what can you say about that room?

R: It was clean, the equipment and chemicals are well kept and covered, they are not exposed unless those that were being removed to be used on a client.

I: And where you we counseled was there privacy or people passing by could hear what you were discussing or could see what was being done?

R: We were only the two of us. It was very private place. Nobody was bale to hear our discussion.

I: For how long did you wait in order to get the service?

R: I came at 9 a.m. and because they had their in-house activities to do before attending to us, I waited for about 1 hour.

I: Were you given appointment date of when to come back?

R: Coming back...

I: Appointment for follow up service. What did the doctor tell you about coming back?

R: I was told that I can come back if there is a problem or any other challenge in my body...

I: Eeehe...

R: I can come back and tell them.

I: When you came here in the clinic, when you were talking to the provider, who chose for you the method that you were given.

R: My husband and I chose the method while we were still in the house.

I: Eeehe...

R: So when I reached the facility, the provider explained to me about it and I told her that it was what I want.

I: When you came here, did the doctor inform you about other family planning methods?

R: Yes.

I: Which ones were you told about?

R: She told me about Depo, implant and calendar.

I: Now that you are in T-safe program, is there something that you had planned to do in the near future which now you see it will be possible to do because you have taken the step of being on the platform of T-safe? Do you think you will learn many things that will help you achieve your future goals?

R: Yes.

I: Which one are they? Please explain to me.

R: I dropped out of school in form 3 and I came home. During ball games in school, I was already pregnant. When I was asked, I couldn't explain. I changed school but it was difficult to study. And so there was complaint about my failure to study and so I left school.

I: Mhh...

R: The person responsible for the burden of pregnancy was ready to take responsibility and so he told me to come and stay with him, but in future if there is any support for education, it will be accepted. Because when I was pregnant, I was required to abort but I refused. So he told me to just come we live together. So I told him, I don't see myself returning to school because nobody will look after my baby. You are still young, and so you can be going about your businesses, your mother is also aged and cannot take care of my baby. So we discussed about business that I can do. Up to

now he is trying to get funds to start up a business for me. He is trying his best because he is a juakali person (irregular physical jobs).

I: Mhh...

R: So we are waiting for capital to start a business so that I can also improve my status.

I: How can having family planning method help you do your business?

R: It can help because my child has not reached 1 year. So if I start the business...

I: Mhh...

R: I know that in between he will tell to set timeline for the implant I have so that I remove in order for us to get another child.

I: Has ITH helped the adolescents such that they can get sexual reproductive health services?

R: Yes.

I: In what ways will it help the adolescent girls?

R: It will help us for example, assuming I am in school now; I have the method, when I go home during holidays because it is usual that people engage in sex when they are at home. So when you have it, it will help in preventing pregnancy even if you go and have sex. Even if you meet him after school like now it is mid-term, you just return to school without any worry.

I: Are there challenges that will be addressed by the coming of T-safe program so that they get help fast?

R: It will help. But just repeat.

I: Are there challenges that adolescents go through as they seek reproductive health services?

R: Like for school going children?

I: Yes. Are there challenges these adolescent girls have but since the coming of T-safe, it has helped them in getting family planning method?

R: It is like for example, like me if I could get right advisor to tell me the right thing, I couldn't have messed and to date I could be continuing with my education. So for those who can understand proper advise, it will help them so that they continue with their education.

I: OK. Have you told your friends about ITH?

R: For now, not yet.

I: But do you intend to inform them?

R: Yes.

I: Will visit this clinic again?

R: Yes.

I: Why?

R: I may fall sick. Again if I didn't have this implant, I may get pregnant and it is this hospital is the nearest for any patient. I will also be coming here for the next five years as I bring my child to clinic.

I: Is there any service that you wish to get in the future?

R: Yes.

I: Which one is it?

R: I may fall sick at night. The only place that we can run to for emergency is here.

I: Is there any other clinic that we can go to for reproductive health services like family planning, or testing for HIV.

R: Yes.

I: Which ones?

R: We have district, dispensary...

I: Those who go there, do they find it easy to access the services?

R: No, they tell us that if you want any method, you will spend 200 and to remove it you pay 500 plus other charges that you pay whenever you go.

I: What do they say about privacy and confidentiality; like you told me that when you came for the service today, you were alone with the doctor? What is like in other facilities?

R: It is like not only hearing but I have gone and experienced. Recently I had a problem and I went to the hospital; the way they handle patients, if it was by choice then you would prefer to see a provider privately and we talk directly then you are taken to the laboratory and get the results. But it happened that he talked to the two of us together, samples taken to the laboratory and the results known openly that this is for you and this is for another person.

I: Have you heard about waiting? (Loud mourning on the background) For how long do they wait?

R: What I have witnessed is that when you go there they ask you what the problem you have. If you have gone to see a patient, they tell what to do but if you are the sick, and then they

show you a room to sit in. Then your name is recorded and taken to the doctor and then you will be called in to say what you have. The doctor will finish up with you.

I: Thank you. Do you have any question?

R: The question I have is that when I have put this method, am I allowed to remove it midway even after three years or four years?

I: Yes, let me answer you. But you should ask. Is it Daisy who placed it for you?

R: Yes.

I: It is good to go back to Daisy and ask her. When implant is placed, you can remove it whenever you want to. It does not have duration like you have been told yours is for five years but you can remove it anytime you want. For more information you can go and ask Daisy. Is that fine?

R: Yes.

I: Another question?

R: What are the advantages of T-safe card that it was brought for the adolescent girls?

I: For its advantages you can ask Daisy or the CHV, but it is to help the girls access the reproductive health services for free. Is it you who told me that when you go to other health facilities then you pay 200?

R: Yes.

I: Did you pay 200 here today?

R: No.

I: It is free. OK? Another question?

R: If I tell another friend and she agrees, will she also get the service for free?

I: Yes. That is why I asked you if you have told your friends about it. You can tell your friends to come and be enrolled in the T-safe program. She will get service for free. Any other question? But for the questions about the card, T-safe, about anything, ask CHV and Daisy. They will answer everything.

R: Assuming mine has lasted for even two weeks and I feel some challenges with it, can I come back and tell them all those?

I: Yes, yeah.

R: What I feel...

I: Yes, that is why I asked if you have been given any appointment. Whenever there is something you can come or CHV can call Daisy and you come back to the facility and say anything you have.

R: What if any challenge finds when I am away from here?

I: All those challenges and questions you can ask Daisy before you leave this facility. She will answer you on everything. Another question?

R: No more.

I: OK, fine.

R: Yeah, for more questions we will ask Daisy so that they explain more to me.

I: Very well. (Mourning still continues in the background) Thank you very much.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

**ITHR2_AG_SERVED_HB_RACHUONYO SOUTH_RURAL_SIMBIRI HEALTH
CENTRE_190607_1551**

I: This Doreen ITH round two adolescent girl interview served in Homa Bay Country Rachuonyo Sub-county, this is rural at Sambiri Health Clinic on 7th June 2019 starting time is 2.50 p.m. Please tell me how you came to know about the T-safe platform.

R: I came to know about T-safe through Madam (unintelligible, low tone) who told me about it.

I: Please a little louder and as I mentioned before we are using a recorder. Therefore, you will need to speak a little louder.

R: I got the information about T-safe from Pam. She told me about it.

I: Mhh

R: Yes

I: Ok and can you tell me what happened from the time you knew about T-safe to the time you visited the ITH health facility. What happened in between?

R: I came to her clinic to know more it. she had told me that it is a project for girls under....ok she told us that young girls like us are usually involved in bad activities

I: What are these bad activities? I told you before you be free when you are speaking to me because this story is between you

and me. No one will know what we have said here so you can tell me everything. What are these bad activities?

R: Getting involved with bad boys who will make us become pregnant. Bad company.

I: bad company is who?

R: Bad company of boys whereby a girl goes sleeping with her boyfriend so that can get money to buy pads, oil and other things. So, she told us that in this T-safe you can get some money.

I: how?

R: They can offer us some money to get those things.

I: So, she told you when you enroll for T-safe you will get money?

R: When we enrolled for T-safe they may offer us so many things but the main thing they are trying to avoid is for girls not to get into bad friendships

I: Bad friendships....does this mean that if you meet a girl and she is your friend, there is something wrong? Just tell me more about the friendship you mean so that I have a better understanding of what you are saying.

R: The bad friendship that I am saying is that for a girl to have sex with a boy to her some money

I: Ok, now I understand. There was a process for enrolling or how did you end up in the clinic? Was there an enrolling process that you underwent and how did you get your connections to the particular clinic that you went for services.

R: I got somebody....she is the one who told me about T-safe and then I decided to come here.

I: She is the one who explained to you and then you decided to come?

R: Yes

I: Mhh

R: So, I decided to come so that I should know more about it.

I: Ok and are there any challenges you encountered when you were coming or faced?

R: I have not faced any challenges.

I: Ok and was your photo taken?

R: Yes

I: How did you feel about that?

R: I was comfortable because she had explained to me about it before so I didn't have any problem with that.

I: Fine thank you. And besides from what you have told me about avoiding bad friendships like having sex for money....is that what you said?

R: Yes

I: Fine, apart from that what else made you or influenced you join T-safe project

R: The other factor was so that I can do implantation.

I: What does that mean?

R: What made me join T-safe?

I: Yes

R: We were taught about many things.

I: Like which ones?

R: they have taught us about implantation, that is family planning

I: Mhh

R: So, they told us about that and also, we were taught how to avoid...in short, I can say how to avoid pregnancy and also to avoid sicknesses like HIV8.

I: Mhh

R: Yes

I: How do you avoid HIV, help me understand.

R: To avoid HIV?

I: Yes

R: they told us that the reason why people go to friends with boys,

I: Mhh

R: Is the to have money so you may go through or you may date a boy who has sick and you might also be infected by him, that is getting the HIV virus.

I: HIV Virus?

R: Yes

I: Ok that is fine. Thank you. What can you say about your need for contraceptives, is it among the things that made you join T-safe?

R: Contraceptives is what?

I: Contraceptives are the different methods of family planning, is it one of the reasons why you joined T-safe?

R: Yes. When my baby died, I decided to go back to school and I decided to come to T-safe so that I can implantation so that I can go back to school. That main reason that made me come for implantation is to avoid pregnancy again.

I: Mhh

R: In any case you might not know about the bad things in front of you (what the future holds). Outside there are some incidences of bad activities going on. Someone might rape you and you find that you are not.....and by bad luck you become pregnant, that is why I decided on doing an implantation.

I: Ok

R: yes

I: That is fine. Ahh you said that you can go with a card and get things like the pads. Could that be also one of the reasons as to why you joined T-safe?

R: Yes

I: Tell me more about that?

R: About using the card?

I: yes

R: Let me say that in my home, we are not that well off and for me to get money, I have even to work for somebody to get such kind of money and buy such kind of things. That is how I managed to get a boyfriend before T-safe came. And being with a boyfriend is what also made me become pregnant too.

I: Mhh

R: I got pregnant and when the baby passed, I heard of this T-safe and I came to find out more about it. we were told we

will get another card to help us shop with it for things like oil, pads and such like things.

I: Ok, thank you. Please describe your experience of interacting with the T-safe platform through SMS, Facebook or other media?

R: I have not used it yet though I have been told about it. I don't have a phone yet.

I: you don't have a phone yet.

R: yes

I: Ok how did you chose which clinic to visit

R: This one?

I: You got your services here?

R: Yes

I: And so how did you choose to this clinic?

R: It is near home.

I: It is near home?

R: yes

I: Is there any other reasons as to why you came here?

R: They are also free.

I: What do you mean when you say they are free?

R: The people who took us through the T-safe clinic.

I: Mhh

R: They talk to people happily.

I: Ok

R: yes

I: What else?

R: What made me come here again?

I: Yes

R: I think they are those two.

I: Ok and what was your experience with the ITH and the SRH services provided?

R: The service that I experienced?

I: Which services were you given?

R: The services I was given?

I: Yes

R: How, service as in how?

I: Like which family planning method did you come for?

R: I came for the three year, that one of three years.

I: How many times have you used it?

R: This is my first time.

I: Ok and besides that, what other services have you received T-safe? Apart from the three-year method you got, is there any other services you got?

R: The services we have been given?

I: You as an individual?

R: We were told about many other services

I: Like which one?

R: The injection, the five-year plan, three-year plan and the coil, the one for inserting and so I decided on the three-year plan.

I: Why did you decide on the three-year plan?

R: It was to help me prevent pregnancy and also be able to complete school.

I: Ohh so as to complete school?

R: yes

I: That is fine. What would you recommend or what suggestions can you provide for improving the T-safe platform? Is there anything else that you can say it should be done in a certain way to make the services better to you and other girls in your area?

R: And other girls in the areas?

I: Every girl who receives services from T-safe? Is there anything you would like to be done in a better way to improve services offered to you as adolescents?

R: Yes

I: How?

R: As adolescent girls, they like money and in other ways, and through that, they engage in bad activities. So when T-safe came, and people started sharing more about it, it made many girls....there are groups of girls who say T-safe is bad, others say it is good and so I decided that it is good for people to join T-safe because it will reduce unwanted pregnancy rates, reduce disease infections like HIV Aids, because....(unable to express herself) that is all.

I: Ok and is there anything else that can be done so that these services can be much better? How can these services be improved in areas where you feel they are lacking?

R: Silence

I: Or anything that can be done so that you feel it is much better than before for adolescent girls like you and me.

R: it is good as it is now but, should it be like advice?

I: Just say anything that can be done to improve the T-safe services. What advice can you give us on how to improve T-safe?

R: How to improve, to continue helping young girls and...continue with that good heart of helping girls because it is good. The girls are now become at least free.

I: You mentioned that some girls are saying T-safe is bad. Other say it is good, can you tell me, in the community how do people perceive those girls in the community like you who use T-safe services?

R: The way I am now a member of T-safe?

I: What do they say about T-safe in the community?

R: parents feel it is a good thing.

I: And the teachers at school?

R: even the teachers too feel it is good for us to join the T-safe platform. The teachers have been advising us to join the Platform because we get a lot of advice on many and we also get items.

I: and what about the religious leaders, what have you heard about them, what do they say or talk about T-safe?

R: I have no idea because I have never heard them talk about it

I: Mhh

R: Yes

I: Ok thanks. Tell me your experiences with the quality of SRH services you received today?

R: What I got today?

I: Yes

R: I am the one who decided to come.

I: What about the quality? It was good, did they talk to you nicely, how did you the service provider handle you? Just tell me a brief along those lines.

R: I was received well and educated on implantation (implant) in detail and then I decided to go for it.

I: Ok and what about confidentiality, did she talk to you about confidentiality to you?

R: Yes

I: Tell me about it?

R: She told me be...I should not continue engaging in these things because I have received the service.

I: Which things?

R: There are some girls when they get this service, they decide to engage in sex more because they know they will not get pregnant.

I: Mhh

R: And she told me that despite the fact that I now have the method it is for safety purposes and a license for me to go and engage more in sex.

I: Mhh

R: Outside people are not the same out there and there might be people out there whose mission is to put others into trouble while others maybe help full. You might be raped on your way to school or your way back. In other words, you can be sent to the markets and you are waylaid and raped. So, she told me that this is the main reason why I have the implant to provide security for against things like pregnancy.

I: Ok and how long did you wait before you were served; that is from the time you came to the facility and then received the services?

R: I just came for a short while

I: Like how many minutes?

R: About thirty minutes before the service.

I: You said that she mentioned about many methods and you decided on the one you have?

R: yes

I: Fine. Now what would you say you have learnt since you since you joined ITH platform that will help you in achieving your goals in future?

R: I have learnt that to be here in T-safe if you don't have things like pads or oil, you will not on the same level with a person who already has those things. In other words, you can be lonely and you may not pay attention to the teachers teaching you in class,

I: Mhh

R: So, when I got into T-safe I feel comfortable because I will get things like oil and pad through that (unintelligible) that I will be given. So, when I go to school, I will pay attention in school and the teachers when they are teaching. That way I will be able to perform well in school and be able to achieve my dreams.

I: Ok that is fine. Thank you. How has the T-safe platform helped with any of the challenges adolescents face in accessing SRH services? You have understood that?

R: No

I: How has ITH platform helped girls to address the challenges they face during the SRH services?

R: The challenges we get?

I: yes, for example, there are challenges like getting pads, if you don't have them you will not be at peace. So how has this platform helped address those challenges girls are facing and many others?

R: It helps us to address those challenges like providing pads...

I: You see girls have been getting challenges when they want to get these SRH services. Now we have the T-safe platform has it helped in any way?

R: This has helped us because when a girl has not pad or oil, she feels embarrassed. She feels very disheartened and that is how she will look for a boyfriend, have sex with him so that he can provide the money to buy these things. With T-safe, it has really helped us in that area.

I: Ok thank you very much. Now what else could be done to make accessing SRH services easier for girls your age?

R: What can be done to make it easier?

I: What can be done so that you are able to access these services easily more than you are even getting them right now in T-safe?

R: I think if the girls can be taught more about T-safe they will be able to understand it

I: Mhh

R: let me say there are girls in school and it may not be easy to go out. Others might feel it is a waste of time to go to the clinic and be informed. What I can suggest here is that T-safe continue talking to the girls even in schools so that they can join T-safe.

I: Ok thank you so much. And have you informed your peers about the ITH platform?

R: yes, and they promised me that they will come this half-term to join the T-safe platform. What I don't know is if they will come.

I: How many did you tell?

R: I told two of my friends.

I: Ok

R: I had talked to the two because I went back to school but was sent away from school because of fees.

I: Mhh

R: So, I was not able to talk to more girls but at least I had informed my closest friend about it. she accepted to come.

I: Fine thank you. And how have you and adolescent girls in your community been involved in the ITH project?

R: In our community?

I: Yes

R: How they have joined?

I: How they have been involved in this ITH project or T-safe?

R: Those involved and what? I don't understand that.

I: All adolescent girls, do you have a platform for girls who are using T-safe in your community where you talk about different things, give each other feedback and such like stuff.

R: No, we don't have any.

I: And participation in project activities?

R: For others.....let me say a few have shared and they say it has benefitted them very much.

I: Ok that is fine. Would you attend this clinic again?

R: Yes, because it is helpful to me because for now it is possible for me to get this kind of services like pads and oil for free and on a monthly basis.

I: Mhh

R: So, it is not possible for me to go (interruptions from the background) it is not possible for me to go and work for other people. I can get these things easily without having to use my energy to work for people, get money to go and buy these things. I don't have to get into bad friendships like having boyfriends, then engaging in sex for the purpose of getting money to buy pads and oil. It this very helpful.

I: Thank you. Now that is about T-safe and what I am asking is about this particular clinic, would you attend this clinic again? Is it a place you would come again and again if you needed T-safe services or you would prefer another clinic?

R: No, I would come here.

I: Why?

R: These people are very friendly.

I: Mhh

R: And they talk to people very happy and they cannot disclose somebody.

I: They cannot disclose somebody?

R: No.

I: Ok are there services you would like to come and get or are looking for in future in this facility under T-safe

R: I don't know much about T-safe unless you now explain to me those future...

I: Mhh

R: So that I can be able to know them and choose on one.

I: I was just asking if there is another service you would like to come for in future in this clinic; are they there?

R: Silence

I: From what you have been told, forget about what you don't know, are there other services you would like to come for in future?

R: yes

I: Like which one?

R: Counseling

I: Anything else?

R: Counseling and...let us say I complete school, it will take me three years...two years more and after my school I will have to...if I pass very well, I can join university. And for me to finish my school in a good way, I can come for T-safe again. So, I can come for it more and more.

I: Ok thank you. Now in the absence if T-safe where would you have gone for SRH services?

R: In case it was not there?

I: Where would you have gone for these services?

R: To the nearest health facility.

I: To the nearest health facility.

R: Yes

I: You said this is the nearest health facility to you. Is there any other facility apart from this one or when you said the nearest health facility what did you mean?

R: But I would have just come here because it is close to me

I: Mhh

R: Yes

I: Ok that is fine. If you had any problems with confidentiality, you said that these people here are friendly and happy, do you think without T-safe it would be the same?

R: I don't think so because there are people who will pretend and talk to you nicely but when you leave, they start talking behind your back, they displace you and people are not same.

Not everyone is friendly. I don't think it would not have been possible for them. There might be some people with bad characters and some people are have good characters. At least the ones I have met here have good characters. But to some people who might be here and there was no T-safe, I think some of would have a good heart while others may not.

I: Ok thank you. This is the end of my session with you unless if you have a question about what we have just talked about.

R: If I may ask,

I: Mhh

R: Is there any other project or any other apart from T-safe where we can be taught about implants and other family planning services. What can we achieve or apply to get some money to buy things or get school fees? Do you have such kind of assistance for those in need of school fees and such like things?

I: Thanks for asking. T-safe is all about sexual and reproductive health and those are the main services that we offer. The much you can get is counseling services and things of that like, SRH service for adolescent girls. When it comes to things like school fees, you can go to the nearest CDF office and apply then you will get help from there and other bodies

R: Ok

I: Thank you for your time and our interview is over.

R: Thank.

File name: ITHR2_AG_SERVED_KAK_LURAMBI_P. URBAN_SILOAM MEDICAL CLINIC_190515_2307

Duration: 00:38:22

I: **Hello**

R: Hello

I: **This is Agneta doing ITH round 2 IDI with adolescent girl who has received a service in Kakamega county, Bukhungu sub county. The hospital is in peri-urban and in Siloam clinic. And today is sixteenth May twenty nineteen. To begin, tell me how you came to know about T-safe**

R: I was coming from buying supper when I met a lady who asked to take a photograph of me. When I asked her what it was meant for she told it was not for a bad reason. I could either accept or decline because I could use the cards she was going to give me to get family planning, that is in case you want to use family planning. So I accepted and she gave me a card. I then came to Tunza clinic and gave the card to a doctor called Joshua who gave me a family planning injection

I: **Explain to me everything that happened from the moment she meant you from the market to the time you visited Tunza clinic**

R: From the market she called me and greeted me. She asked me if I was in the T-safe program which was concerned about helping adolescent girls to prevent them from early pregnancies. they take your photograph, give you a card and direct you to the nearest Tunza clinic

I: **Tell me how you joined, what did you do to ensure you are part of the program and how did you come to join this Tunza clinic in Bukhungu?**

R: I was given a card and the doctors contact number. So I called the doctor and he told me where they are located. I came and met him. He talked to, asked about my age and whether I was ready and what were my reasons for wanting

to use family planning? I told her and then she asked me if I was really ready or I was just joking. I told her I was ready. So he gave me a family planning injection

I: Is there any challenge you have faced since she met you and until you went to the clinic. Have you experienced any challenges in between?

R: I wanted to see the actual doctor that I was speaking to on the phone because I did not know him. Sometimes when I called him he was busy and I was afraid of going there. But when I called him and the call went through, he asked me where I was and I told him that I was standing outside. He came and received me and introduced him as the doctor I was talking to. He then asked me to go inside with him. That's when we went and talked

I: And how did you feel when your photograph was taken?

R: At first I was afraid. I was told to look at the camera but since I was afraid I was looking sideways. I was told to look at the camera because they wanted to take a passport size photo. I was worried and asked them where they were taking my photograph. They told me that the picture is just to show that they are doing their job and that I had accepted. That's when I said it was okay but even now I am still worried about my photograph being taken because I have been wondering where the picture is being taken

I: Why were you afraid? What was the cause of that fear?

R: I was afraid because I did not know what that woman wanted to do with my picture. Just like that

I: Okay. and after she explained to you, what was the reason why you decided to join T-safe? Why did you accept to join T-safe?

R: I accepted to join T-safe because I knew about Tunza clinic, which she told me about. I know people at Tunza. I asked the nurse who gave me the family planning injection if I was the first person receiving the service and he said "no, there are many girls who come with these cards and receive the service, and you are not alone" That is when I accepted because I knew there were many of us and not just me.

I: **And did the card influence you to join T-safe?**

R: Yes

I: **Tell me more about it**

R: It influenced me because there are many occasions I wanted to use family planning but my friends used to tell me that I would be charged for the service at any hospital. So when I was told that the card is free, that's when I decided to join

I: **Okay, tell me how Tiko miles influenced you to join ITH program. You have said that you were told it free. Tell me how the Tiko miles awards influenced you to join T-safe**

R: The rewards of the card?

I: **Yes**

R: It gave me the motivation and I realized that the thing is good and it helps. That is when I accepted because I knew despite getting the free services, even the card can held

I: **Explain to me a little how you felt that card can help you**

R: I felt it would help me to access family planning services. It also made be to be open and free to talk to the doctor and I knew about different types of family planning. I told the doctor about the method I wanted

but he told me that I also have to know about all the other methods. That's when I agreed

I: And have you used the T-safe sms platform, where you can get a message if you send. I don't know if you have interacted with-

R: You interact freely. He tells you something and you can answer. He tells you things like you have gone to the meeting and he answers

I: Where? Tell me more about it. is it on sms or?

R: SMS

I: Tell me how it was when you interact with the sms

R: Sms has been easily accessible. You can receive the message even at night but you can even answer during the day. It is accessible and provides quick feedback

I: And were you satisfied by the information you received through the sms platform?

R: It was self-explanatory and was understandable

I: And how did you choose the clinic and the service provider?

R: I chose the clinic because it was just nearer here at Matende. So I chose because it was easily accessible even when I don't have the money for *bodaboda* I can just come on foot. Even the doctor is friendly. If you call him he will tell you to wait for like thirty minutes he is attending to a patient or he will tell you that you should call him when you arrive at the facility. If he is not around he will tell you that today, he has gone to submit some results somewhere else and that he will call you when he is back. And in reality, when he come she tells you that "I have come and it is late, can you come tomorrow morning?" and I say it is okay. That's why

I chose here because it is easily accessible and then the doctor is friendly

I: Okay, and what about anything on working hours?

R: Working hours no because I just came here and this is the first time I have been injected that method. I have not experienced any problem I can only tell when I come more frequently

I: Tell me your opinion of the nature of services

R: Nature of services of Tunza Clinic?

I: Yes

R: I don't know how to explain because so far I have only interacted with that doctor and he is just okay. he doesn't have a lot of issues. He is happy and funny. I asked him if after getting the injection I will experience bleeding every day, but he told me that it depends with each individual but it is not abnormal to experience some flow

I: And what kind of services have you received based on your interaction with the sms platform?

R: I have learnt a lot of things from this sms platform for example issues about family planning methods for example I can ask about the side effects of coil and get the response immediately for example I asked even before I came to the hospital and they told me that coil has no side effects but you should not have it for long. You should always check because the more you gain weight, the coil can move and disappear so it is good to conform

I: Okay. and how many times have you used this platform?

R: Which platform? For communication?

I: The sms platform..yes for communication

R: I have used it just once to confirm about the coil. I have not used it again

I: Okay. and in your opinion, what would you recommend to improve the sms platform? What would you suggest so that this platform can be improved?

R: I would suggest that, many cases I communicate with them in English, but there are other people who don't understand English. Maybe they are illiterate. So they should create a language that people understand. Even if it is Luhya or Luo, a language that someone personally understands

I: Okay. and how does the community perceive T-safe services?

R: How they perceive it?

I: Yes, how they perceive it

R: Other people think that since I have not given birth and I am using family planning, then I am spoilt or having a lot of sex. Yet that is not the case it is just about protecting oneself

I: Okay. And what is the perception of the girls who use the services

R: Those who use the service?

I: Yes

R: They feel it's okay. others say that it makes them gain weight. Others wish that had started earlier they would not have many children

I: And how do your peers feel about family planning and T-safe?

R: They are very happy about it and wish it started earlier. They are happy and comfortable with it. however not all of them because there are others who are still afraid of it. For those who have tried it, they say it is okay

I: And why are they afraid?

R: They are afraid because most of the time they say that if you use family planning, like if you use daily pills, you may become infertile in future. So they are afraid

I: And what about the parents?

R: There is no parent who encourages her child to use family planning. So when you use family planning and your parent finds out, you will have an argument. Like my parent asked me why I was using family planning. I told her that I was using family planning because I don't want early pregnancies and also I am not ready to give birth. When I am ready, I will stop using family planning so that I can conceive

I: And how do your teachers feel

R: There are other teachers who encourage us. They say that now one has to struggle, go to school first and you will have children later. So there are those who say it is good to use. There are others who are obviously against it saying that it is bad

I: And what do religious leaders feel?

R: Our church does not encourage family planning. The pastor says that people should just give birth according to God, that let us come to the earth and multiply

I: Okay. And what about men, say your male partners; how do they feel about it?

R: They are okay because they are not ready to take care of a child they have not planned for. So they are okay with it

I: Okay. tell me about the quality of service that you received

R: The service I received at Tunza clinic?

I: Yes

R: Like I told you I only dealt with one doctor. So I will respond based on him because I don't know about the others

I: **Yes**

R: He was fine. He does not have any issues, he is understanding. I came and asked him to give me the three months' family planning injection. He refused and opted to bring a book so that we could sample all the methods so that I could choose from all the available methods. So we did that, went through all the methods as I asked him questions and he responded. Then I chose the three months' injection, and he said it's okay. and that's when he gave me the injection. He is just okay. He does not have any issues

I: **So when you say he is okay, kindly describe what you mean**

R: He is understanding, he is friendly and he does not ask very many questions like why do you want the three months method. He listens to what you tell him and he advises you. If you stick by your choice, he does what you want. He does not refuse to do what you want

I: **And where were you when he was talking to you?**

R: We were at- he sits at the office but to avoid disturbance he wanted us to have some private time. So we sat in another room and he closed the door

I: **Okay. And did he give you an appointment?**

R: Yes, when gave me the injection, he told me to come back after one week. So when I came back after one week, he asked me how I was feeling. I told him I felt fatigued on waking up, feel weight in my waist and hungry. He told me not to worry that those are normal effects which the body will adjust to and everything will be okay

I: And in your opinion, were you given adequate information?

R: In my opinion, I was satisfied with the information because I was given a chance to ask questions and all my questions were answered confidently so I was comfortable

I: Okay. He explained to you and gave you more information. And how did you make the decision?

R: After he gave me the information, I made the decision on my own. He did not force me. In fact, I just insisted that I wanted the three months method. And he told me it is okay

I: It is good you have told me that he gave you the opportunity to make a decision

R: Yes. And he even showed me some booklets and demonstrated how to use a condom, how the daily pills look like, e-pills, and another method he told me is injected there, and he showed me how the coil is inserted, he showed me the three months method, the side effects and the causes. He showed me varieties and I chose the three months method

I: Okay. And what can you say you have learnt since you joined T-safe that will help you to achieve your goals in the future?

R: I have learnt that for a person to give birth, there are others who give birth unintended. So for someone to avoid such, you must be planning the same way I am doing right now. So when time comes you stop using those injections and you set free to willingly conceive instead of regretting and thinking of abortion. So it helps avoid unwanted pregnancies and abortion

I: What else have you learnt

R: The other thing that I have learnt, now I am talking about the method that I have using. The other thing I have learnt about the three months' injection; sometimes you wake up fatigued; sometimes you have headache or bad moods; but most of the time after one week I went back to the doctor and explained how I was feeling but he told me that it is normal; it's because I received the injection and my body was adjusting; it will be okay; and I said it's alright

I: **You told me that there are some adolescents who are afraid. Tell me about the challenges or barriers that adolescents face in accessing these services**

R: The reason why they feel accessing that privacy is because someone needs their own time. Someone should not say that such a lady is using family planning. It's the privacy issue that makes most ladies to be afraid. The other issue is access because in the past it was being charged unlike nowadays when the card is available. So sometime someone does not have the money for family planning. Adolescents may also be afraid because of the environment and what people will say. One may decide to avoid family planning because people say bad things about family planning

I: **Okay. and what are the other barriers to using family planning services by the adolescents?**

R: Getting the rightful person whom you can talk to and they understand you. For example, I prefer to talk to a man because at least you will be in agreement; a woman may judge you like "why do you want to do it yet you are still young? I would even tell your mother if I know her." Something like that yet you want privacy.

I: **What is the other challenge?**

R: The other challenge is that other people talk about the side effects of family planning like "when I used family planning, I was bleeding throughout the year" this scares other people from using family planning like "I can't be bleeding for a whole year"

I: **And how has the T-safe program or sms platform helped to address these challenges?**

R: It has helped a lot because there are certain things I may be shy to ask but I can pick my phone, ask and get instant feedback. That has helped a lot especially for the shy people who can use the sms, and can use a password to maintain privacy

I: **And in which other way do you think it has helped?**

R: It has helped because it is accessible and free. You know most people nowadays complain that they don't have money. But if it is free people will access it. in the past people would complain that they don't have money to pay for the family planning services

I: **And what else can be done to improve the access of girls your age to these services?**

R: Facilities such as Tunza clinic should be available even in the village so that one does not have to travel all the way from Mukumu for example to here at Tunza. It should be available even in the remote areas

I: **Okay, anything else? Ideas on what do you think can be done to make these services accessible to other girls?**

R: Other girls should be educated even through posters that family planning is not bad thing bad a normal helpful thing

I: **What else?**

R: That is all

I: Okay. Have you told other girls your peers about this T-safe program?

R: Yes

I: Tell me what you have told them

R: I told about five of my friends that there is a program called T-safe which is good; I asked the woman who registered me and she said they don't have cards for registration but once the cards are available, I will inform them so that they can also be involved in the issues of family planning. They accepted and felt it is a good thing. So they ask me all the time if it is ready but I always tell them that I will inform them when it is ready. They are eager and desire to join

I: Since you told them till now, what actions have they taken?

R: They are so concerned. After classes they ask me about it but I usually tell that the woman who registered me said still the cards are unavailable. Once the cards are available, I will inform them

I: And how are girls involved in this T-safe program? How are the girls involved in this project?

R: The girls are involved in in that even if they don't want the family planning they can still get the points and buy whatever it is they want

I: And how are you involved with T-safe so that you are part of the project

R: I create awareness among by peers; I tell them that I joined T-safe project who offer free family planning services, provide family planning counseling sessions before you decide on the method to use and they provide the method of your choice. So I try to teach them that it is not a bad thing

I: Okay. tell me about the feedback

R: There are those who say that "what kind of program is that? Is it illuminati or what?" But I tell them that it is not illuminati. And they ask, "you said that they take a photograph, where do they take that photograph?" I say, they only took the picture for verification. I accepted and was willing to join the T-safe program

I: And how is the feedback taken?

R: Some take it positively and wish to join. Others refute and say they can't join given that their picture would be taken

I: That's the feedback you have obtained from your peers

R: Yes

I: And how do you communicate the feedback or the challenges you have faced to the clinic or how do you do it?

R: I just joined recently; I have not faced any challenges

I: And what has been happening regarding participation in the project activities? How are girls your age involved in the participation of the activities of this T-safe project? In your opinion

R: Just receiving the family planning programs

I: And how are you involved? How do you take part in the activities of the project? In what ways are you involved?
[silence] You said that you have been encouraging other girls to know about T-safe; so such things. maybe there is another way you have been involved T-safe. That's what I would like you to tell me, if there is anything else

R: No, just same thing I tell them that T-safe is good. That's all

I: And are you likely to visit this Tunza clinic again?

R: Yes

I: Why would you visit it again in the future

R: I can visit it again because it is easily accessible from where I live. The other thing is because there are people who don't like to visit places where they are well known for example you go somewhere and you are asked "are you sick" or they tell your parent that "I met Chris in the hospital" and maybe you had visit the hospital privately. So I like it because not many people know me here. I also like it because the doctor I talked to is a good person even if you call him anytime he will receive the phone and talk to you. He will even confirm that he is doctor Joshua and he provided to you family planning service and I am going to confirm how you are doing. Then I tell him that I am feeling headache. And he tells me to come to the hospital the next morning. And when you go you find him ready and waiting for you; if you are not comfortable with the office he is seated, he will go with you to a private room where you will talk. So I like it because of the privacy

I: Any other reason?

R: The other reason is the accessibility of the doctor

I: Okay. tell me if there is any other service you would like to receive from this clinic in the future

R: In the future I would like to ask the doctor, if I use this thing, after how long should I stop? Or if I stop, can I get infertility problems or what effects does it have? Or is it okay? That is the only thing I would like to be assured

I: I would like to know; right now you are using injection, is there any other service that you are still looking for or you would like to receive some day in the future?

R: No. there is nothing else. I am satisfied with the injection

I: **Okay. If T-safe was not there, where would you get these services?**

R: If T-safe was not there, I would get these services maybe from the general hospital; but I know they charge, it's not free. So I would get it there at a fee. So thanks to T-safe because it has helped us. We access these services free of charge and also we are informed the importance

I: **Okay. Tell me why you would choose general hospital**

R: Because I have heard that it is the place where they offer such services faster without being bothered as long as you pay for it

I: **Tell me about an experience you have heard about someone who has gone to such a clinic to get these services**

R: There is someone who was going to general and later joined T-safe

I: **Yes**

R: Okay. there is someone I know who was going to general to get coil. So she removed coil but wanted to have it back but she did not have the money to pay for the service. So she came across T-safe and started here at Tunza clinic

I: **Okay. Tell me about the information they receive there. How is it?**

R: Actually they are not even taught. Once you go there you talk to the doctor and ask for method you want "doctor I want family planning; give me coil" The doctor responds "okay, go to that room they will give you the service" They don't ask you how old you are and they don't want two know why you chose coil. At least when I came the doctor asked me "why do you want injection?" I told him

that I think injection is good and I am comfortable. He said no, there other methods. He brought the big book and showed me all the other methods. But I still chose the injection

I: And how is the follow ups or waiting time at the general hospital?

R: The queue is long. You can get tired, give up and come back the next day, but the very key is still there. But at Tunza clinic, there is order, it's not crowded and you get the service you want and in a private manner

I: Okay. And can you compare service providers?

R: For general and Tunza?

I: Yes

R: Okay the service provider at general does not offer privacy. People just queue and you are attended one by one and you say what you want and the next person can hear you. But here at Tunza, the doctor invites you his office, he greets you, then you go to another more private room and he closes the door. He ensures that the discussion is between the two of you and there is no third party

I: Okay, is there anything else you would like to tell me, any questions you want to ask or any concerns or recommendations?

R: I would like to ask you; many times I have been bothering the woman who took my picture; I have been asking her "Mama Cleah, haven't you received the cards so that I can bring the clients you enroll on T-safe?" And she would respond "not yet, the program has gone silent but I will let you know when they come back." So I was wondering why then would you start such a good thing and then go silent?

I: She is the one who may know; just like she said, she will let you know when they are available. Yes, so she is the one in a position to know. And since she has assured you that she will let you know when she receives them, let us hope that she will tell you the truth

R: And then another thing like if someone works at safaricom, she has the uniform and or the badge, why is it that these people who take our pictures have no uniform, they don't have any form of identity to know where they work. So we doubt them wondering what kind of work this is that they don't even have any identification tags, no uniforms

I: Okay. I can't answer that directly but thank you for mentioning that. Anything else?

R: No

I: Question?

R: No I am okay

I: Concern?

R: Concern; apart 4from this Tunza clinic, is there any other that someone can go, like my friends in Ikolomani say that there are no tunza services there and here is far from where they are. So I am asking, apart from Tunza, can't they go to another hospital under your T-safe program?

I: There is Tunza, there is Marie stopes and there is Family health options Kenya here in Kakamega. I don't know if you have seen them or if you know them

R: I only know Marie stopes

I: Yes, there is Tunza, there is Marie stopes, and there is Family Health Options Kenya. But they all offer these services. So it depends on your location and the clinic next to you. Just like you said Tunza is closer to you.

For someone else, maybe Marie stopes is closer to them and she didn't know that Marie stopes offers this program. So we have Tunza, Amua, family Health Options Kenya and there is Marie stopes

R: maries stopes

I: Yes, so if you see any clinic written Tunza. Tunza has orange and purple color. Marie stopes, family health options have blue and white color, and in many cases they usually write. Amua clinic is green and white. Okay?

R: Yeah

I: So they have the four options and all of them offer these services

R: The services

I: Yes

R: Okay

I: Okay, if there is nothing else or any question, thank you for your time and for talking to me

R: Yes

I: Okay

R: Okay

I: Thank you very much

R: Welcome

[End of audio]

Notes

All questions asked, well probed

Background noise possibly from traffic causing interference

File name: ITHR2_AG_SERVED_KAK_LURAMBI_URBAN_MARIE STOPES
KENYA_190611_1128

Duration: 00:17:19

I: Hello. This is Doreen, ITH round two, having an interview with adolescent girl in Kakamega County, Lurambi Sub County at Marie Stopes Kenya; this is urban on eleventh

June twenty nineteen. So please tell me how you came to know about the T-safe program.

R: I was just told by another girl.

I: You were told by another girl?

R: She works in Marie Stopes.

I: Ehe...

R: If I would like to have the methods either through injection or the pills so I went to the hospital and was given the method.

I: And then what happened next?

R: I just went and they registered me into the system and gave me a three months' injection and a next appointment which was on fifth when I went back so this is the second time.

I: Okay thank you. And what happened like from the time she told you about these services to the time you visited the clinic for the service?

R: She asked my name then enrolled me into the system, there is a card.

I: What did she do with the card if you can remember...please tell me.

R: She used a phone and the card...I don't know whether she used it to enroll me into the system then after that she gave the card and I went to the reception with it, she took my name and then told me to wait then I went to the doctor who gave me the injection.

I: Okay, and did you experience any challenge between the time she told you about the platform until you went to the doctor for services?

R: No, everything was smooth.

I: **Okay. And how did you feel about having your photo taken? Maybe if you could tell me whether your photo was taken during the process...**

R: Yes, that girl took a photo of me.

I: **Okay, how did you feel about it?**

R: I don't know, she told me that she had to take my photo so I just accepted. I didn't know all the details about the photo.

I: **As in did you feel okay to have your photo taken or did it scare you off?**

R: It was just okay.

I: **Okay. So what influenced you to join T-safe?**

R: I just wanted to have family planning so that I could prevent the pregnancies and whatever.

I: **Please be a little louder.**

R: Am I talking in a low voice?

I: **Eeh [Affirmative]**

R: I wanted...at least I wanted to be protected and that's why I went for it because other girls were also going for it. So I felt it's better...

I: **What did you want to be protected from...like just say it; we are just the two of us and we are both girls...**

R: Sexually as in to prevent pregnancies, I wanted to have a plan for that.

I: **Okay, and would you say that you were also influenced to join T-safe when that lady talked to you?**

R: Yes, she talked to me well and she influenced me also to join.

I: **Okay, and I don't know whether you have used or know about like social media, Facebook page of T-safe, WhatsApp and the likes...whether you can communicate with them through those medium.**

R: As in whether I am in the medium or what?

I: **Like, not you personally; whether you find it easily to use the T-safe platform; say T-safe has a platform that interacts with adolescent girls. I don't know whether you know about that, like you send messages and they respond to; you can ask any questions and stuff.**

R: I don't know about that; I wasn't told about it.

I: **Okay, you weren't told?**

R: No.

I: **Okay, and there are also incentives, I don't know whether you were also told about them or whether you know about TIKO miles or TIKO points.**

R: I wasn't told about that either.

I: **Okay. So please describe your experience interacting with the platform. You have said you weren't told about it so it's okay. So how did you choose the clinic that you visited...how did you settle on Marie Stopes?**

R: I just felt it's the best...as in I didn't even know its Marie Stopes; that lady came and told us that she works in Marie Stopes so that's where we went to.

I: **So she referred you there?**

R: Yeah.

I: **So were there other alternatives...like you didn't know there were variety or anything, you just knew they only offer the services there?**

R: Yes, I only knew of Marie Stopes...okay, I know there are others like district and whatever you can get there but she referred me to Marie Stopes.

I: **Okay. Please tell me your experience with the sexual reproductive health services you receive from T-safe.**

R: Services as in?

I: As in your experience using the T-safe platform on providing for sexual and reproductive health services.

R: As in my experience about them?

I: Yes, your experience about the T-safe platform that you use.

R: It hasn't had any effect on me since I started using it, it's just okay.

I: Okay, that is the particular thing that you are using, but what about the platform like, how do you see the T-safe services you receive?

R: The services are good; they are not bad.

I: Okay, so you said you are using an injection and that you get the injections after how long?

R: After three months.

I: Okay, what would you suggest to improve the T-safe platform?

R: I just advise people to go for injections for protection.

I: Okay, but as a program...T-safe is like a program, right, so maybe there are some things you have seen in the program that are not good so my question is; what can you say or what would you suggest to help improve the T-safe services for the adolescent girls?

R: So far I haven't seen any bad thing so I cannot say anything.

I: Okay, and how does the community perceive girls like you who use these T-safe services?

R: They feel it's better, it's safe, it helps them at least by protecting them.

I: That's your view, right?

R: Yes, that's mine.

I: That's you view; but how does the community members out there who know of girls using the T-safe program and go for family planning perceive the them?

R: Some advise them not to go and that they are still young, something of the sort; that they wait till they get to eighteen years then they can go for it, or?

I: No, you are just right, I said there is no right or wrong answer, ant answer you give me will be okay so you just give me your opinion and whatever you have heard the community say about the T-safe program for example even by your teachers at school, parents, your peers; what do they say about you girls who use this platform to receive the sexual reproductive health services or family planning services?

R: They say it's not safe at least one should go for it after they give birth, something of the sort.

I: They say it's not safe?

R: So you have to give birth...as in they are against it.

I: They are against it.

R: Yes.

I: Okay, and how do you handle it?

R: Everyone lives their own lives.

I: Everyone lives their own lives...how do you feel when they say that?

R: I have nothing to say, I don't know. They do talk so everyone lives their own lives. One goes for whatever she wants, that's what I can say.

I: Okay and what's your experience with the quality of these services? Let's say when you went for the service last time, how did you see the quality of sexual and reproductive health services?

R: As in I don't understand that.

I: **For example, you went for an injection, right?**

R: Yes.

I: **How did you see the quality of service; like was there courtesy when you accessed the services?**

R: Yeah they were...

I: **How did the service provider talk to you?**

R: She was just good, she never harassed me, she was just good.

I: **Did you wait for some time to be served or were you served immediately?**

R: Yes, I just waited, it's a process you know; at the reception you are told to wait, maybe the doctor has another patient inside so you have to wait.

I: **Like how long did you wait when you went the last time?**

R: It wasn't long, around ten minutes.

I: **Ten minutes, how did you feel about that waiting time was it just okay or was it too long?**

R: It was just okay because he had a patient inside so I had to wait.

I: **Okay, and how was your interaction with the service provider on which service to settle on?**

R: It was good.

I: **As in who made the decision to...?**

R: I did...

I: **...to have the injection?**

R: I personally made the decision.

I: **Were you told of the other methods?**

R: Yes, like the ones they insert, I don't know whether its coil for one year...three years, I think three years, five years⁹; also another for three months then pills, so I chose the one for three months.

I: **Why did you choose the three months method?**

R: I just decided at least to start with that one so I can see how it reacts with my body.

I: **Okay, what would you say you have learnt since you started receiving the T-safe services that will help you improve your future life or that will help you achieve your future goals?**

R: At least I know how to plan for my future by preventing pregnancies and whatever.

I: **What else if any?**

R: Just that.

I: **Okay, so how do you think the T-safe program has helped curb the challenges adolescents had before?**

R: I think it has prevented them from getting pregnant...the teenagers.

I: **Okay, what else?**

R: Just that.

I: **What do you think can be done to make the access of sexual and reproductive health easy for the adolescents to access them?**

R: As in what can be done?

I: **Yes, just your opinion.**

R: Just advertise about it then they will know and when they can have the services, it's okay.

I: **Okay, you have said it should be advertised, so in your opinion what advertisement mode do you think can reach at least many adolescents or teenagers to access the services?**

R: Through the media and they can also put up posters everywhere, something of the sort.

I: **And have you told some of your friends or peers about T-safe?**

R: Yes, some of them took the services and some didn't.

I: How many have you told about it and how many of them have taken the services plus, what did the ones who take it say about it?

R: As in like two didn't take the service but six of us took the service.

I: Are those the ones you personally told or you were told about it together?

R: We were together; they came the previous day; that process was here the whole week.

I: Okay, and have you personally told anyone?

R: Yes.

I: What did they say?

R: They said they will go for the service.

I: Okay, so how can you say you and girls your age are involved in the T-safe project?

R: Being involved as in?

I: As in T-safe is a project in the community and there are activities in the project; is there any activity you can say you and girls your age are involved in the T-safe program since you were enrolled?

R: I don't even know where they went to.

I: Okay, now, would you attend the clinic again, say like Marie Stopes, would you attend the clinic again for the SRH services?

R: Yes.

I: Why would you attend again?

R: It's the clinic I chose so I have to go on the next appointment.

I: Okay, it's the clinic you chose but if you had another option would you quit going there or do you think you would continue attending...like how are the services?

R: I think services are good so I will just join there.

I: Oh you will just go there?

R: Yes.

I: Okay, and are there any other T-safe services you would like to take up in future?

R: I will take them up if I know about them, for now I don't know about them.

I: For now, you don't know them?

R: Yes.

I: Okay, and in the absence of T-safe, where would you go for the sexual and reproductive health services?

R: At the district hospital, private hospitals.

I: And how easy would it be for you to access those services as compared to the T-safe services?

R: You know, I would have personally made a decision to go for that but on this one, I was mobilized.

I: And in terms of charges, how would it be?

R: Okay, for Marie Stopes they said it's free; for me they didn't charge me anything but I think they pay one fifty shillings only out there.

I: What do you think about the confidentiality, do you think it would have been kept confidential?

R: Outside?

I: Yes.

R: I don't know how to answer that.

I: Mmh?

R: As in I haven't understood the question...as in whether I would have the confidence or?

I: Yes, and let's say the confidentiality like here you see the service provider in a private place and such like...would you be sure of that out there as well?

R: I wouldn't be sure of the confidentiality out there.

I: Okay thank you. I don't know whether you have any question. From my end we have finished so if you have a question, you can ask.

R: I don't have a question.

I: Okay, thank you very much for your time.

R: Can I leave now?

[End of audio]

Notes

The interviewer failed to probe specifically how the boys or male partners perceive the girls who use the T-safe services in the community.

File name: ITHR2_AG_SERVED_KAK_LURAMBI_URBAN_SILOAM MEDICAL CLINIC-01_190609_2305

Duration: 00:36:02

I: Hello, this is Agneta Akuku doing ITH round two with an adolescent girl who received a service in Kakamega County, Lurambi Sub County and the place is urban and the clinic is Siloam or Kakamega grace and the date is tenth June twenty nineteen. Now please tell me how you came to know about T-safe, the one you know as Triggerise.

R: So I have a friend who received the service and told me about it then I asked her where I could get it and she told me to come here and I would be assisted.

I: Please tell me what things she told you exactly.

R: The good thing she told me about was the shopping offer where she told me that there is a card with which your photo is taken and then you are directed to a facility for service, after the service then you can shop using the card.

I: Try and tell me what happened from the time your friend told you about Triggerise until the time you came to the

clinic for the service. Did you come on that very day or what happened?

R: Yes, I came the very day after I was directed to the person who took my photo and gave me the card which I came with; she told me that there were different facilities but I chose this one because its near and I came and got the service. I was given the card and told to go to the nearest shop with TIKO and so I could shop there.

I: Please tell me, how was your interaction with the person who took your photo?

R: She just told me...she advised me on the family planning methods, the options available and then she asked me about my age and I told her then she told me about the family planning methods and asked my age then she took my photo.

I: Did you face any challenges or an experience that you would love to share during the process?

R: The process of taking the photo and coming for the service?

I: Since you knew about T-safe until you came for the service, did you face any challenges?

R: The challenge was when it came to the shops, I went to the Lingondo shop here but they refused to give me the items I wanted because he said that he hadn't been paid.

I: You will tell me...please tell me more; let's start with TIKO miles, what do you know about TIKO miles?

R: TIKO miles are the points in the card which I can use to redeem for maybe services or products from the shop or even from the salon.

I: And how did it influence your decision to join or to take up these Triggerise services?

R: I felt its good because it makes family planning easy, you don't have to be stressed up because you fear or such like, so I felt its better and easy.

I: **When you say it makes it easy, please tell me how it has made it easy or how was it initially and how has it changed since Triggerise was introduced?**

R: Previously you know it would make it easy because...she advised me and told me that I would get the family planning even though I don't have a child yet, you know previously if you went to the facility they would tell you that if you don't have a child, you don't get the service. So she advised me that since TIKO facilitates family planning and you can get it easily, I accepted and told her that I could also participate.

I: **Okay and how did you feel when your photo was taken...what was your feeling about your picture being taken?**

R: I just thought that maybe it's their method of registration, she had to take a photo, just that.

I: **Okay, and please tell me how you decided...you said that the mobilizer told you that there were many clinics...**

R: She told me that there were many clinics that offer the services.

I: **But please tell me how did you decide to come to this clinic for the services?**

R: This was the nearest because I come from Malemba so this is the nearest.

I: **Any other reason apart from being near?**

R: I don't think of any other.

I: **Did the mobilizer tell you about this one?**

R: She told me of this one, Shinyalu...she mentioned many of them to me, another in Malava...was it really Malava? She

mentioned many of them but I just felt that this is nearby at least I can come here fast for the service.

I: Or did their working hours in any way influence you deciding that this is the hospital?

R: You know this one works for twenty-four hours so I felt it's easy because I could receive the service at any time.

I: Okay, and anything concerning reputation of the doctor here or the service providers; did it make you decide or did it encourage you to come to this hospital?

R: Yes, because I knew the doctor and she was my friend so I also felt its good if she gave me the service.

I: And apart from TIKO miles, what else mostly influenced you to join Triggerise? You have said TIKO miles...did the mobilizer do anything to help you decide to join this platform?

R: Yes, because she advised me. You know I was initially resistant and she told me that the service could be provided at any age from fifteen to nineteen and that was my age bracket so if she didn't tell me that I would just had waited till I have a child or if I get to two five years old before I could go for the services.

I: Now have you used the mobile platform on Triggerise either through SMS or Facebook to get the services?

R: No, I hadn't received the services before.

I: When the mobilizer talked to you, didn't she tell you that you could get such services or that you could ask questions through SMS or...?

R: Yeah, she told me about the number two-two-six...I don't know whether its six-nine-nine; she told me that if I had a question I could...there was a phone number and she

told me that I could send a message to the number two-two...

I: Have you tried using that number?

R: Not yet.

I: Or even Facebook.

R: Not yet.

I: Now when you go back to the community where you live in; in your opinion how does the community perceive this Triggerise services?

R: They say that it encourages...they call it bad behaviours; that's what they say. They say that it makes the adolescents maybe to engage in sex at a tender age because they say that fifteen to nineteen years are young people.

I: What other reason?

R: Some say it is good because it prevents early pregnancies or abortions.

I: And how do your fellow girls and girls your age feel about it?

R: They say it's good, it helps them.

I: When they say it's good or it helps them what do they say or why do they say so?

R: They say that at least you don't have to be stressed up about pregnancies every time or something of the sort; you are free.

I: What about the parents back at home?

R: The parents feel bad about it; they say that it encourages the teenagers to engage in sex.

I: Apart from encouraging children to engage in sex, what other reason do they have for not accepting it?

R: I don't have any other reason.

I: And what about at school, how do the teachers perceive it?

R: The teachers?

I: Mmh.

R: There are those who are positive and those who are negative. The positive ones say that at least; you know abortions are rampant in the university so they say at least it prevents the rampant abortions.

I: What about the religious leaders?

R: Religious leaders, you know like I go to Catholic Church and catholic mostly are against family planning so obviously they say that they don't allow it.

I: What about the young men or boys or the male partners, how do they feel about it?

R: They like it; they say it is good.

I: Why?

R: You know obviously they don't want you to get pregnant early because they cannot afford to be responsible so they feel it helps them to prevent some things.

I: And you told me that you last received service last week; tell me your experience with the quality of service you received on that day; how was the service provider...how did the doctor attend to you?

R: He attended to me well.

I: When you say well, kindly...

R: Yes, when I came she welcomed me and also explained to me... I had already made a family planning choice but she told me that there were other methods I could use so I told her the method I had chosen then she gave me the service.

I: **Of all the methods...you said that you had made a choice of what method you wanted but she told you about the other methods, right?**

R: Yes.

I: **Please tell me, what did she tell you about the methods?**

R: She told me about the pills, she told me the advantages, disadvantages like she told me that with pills you can stop it anytime you want and then she told me that the five years method is private one cannot know whether you use family planning or not unless you personally tell them. She also told me about IUCD and she said its non-hormonal, it cannot affect mostly a lot of things in your body then she also told me of the three years method.

I: **That was both from the doctor and the counselor?**

R: Counseling before I came to the doctor?

I: **Yes.**

R: The mobilizer only told me about the different methods but the doctor explained them to me, the advantages

I: **And when you were talking to the doctor, how was the room you were talking in?**

R: It was just a good environment because I was just with the doctor.

I: **Okay, I would like to know whether it was so private and confidential and no one could hear whatever you were saying or see you and such like.**

R: No, when I entered we were just with the doctor but when I was given the service I a nurse came in to help him.

I: **And even when you were with the nurse and the doctor, were you all together or how was it...try and help me understand.**

R: When I was provided the service we were with the nurse and it was in the procedure room so that's where she gave me the service when we were three of us; him, I and the nurse.

I: **You have said that you were served by three people...**

R: No.

I: **Two?**

R: Two, yes.

I: **The doctor and the nurse; please tell me, how did they receive you and how did they handle you in the whole process?**

R: They just handled me like they handle other clients when they come, they are received at the reception then you get to see the doctor, just the same procedure they do to the others.

I: **Yeah, it could be the same procedure but maybe they welcomed you well, they were a bit courteous.**

R: Yeah.

I: **Yeah, so probably, everyone will have a different opinion on that; that's what I would like to know.**

R: Okay, they handled me well to me honest.

I: **And did they give you an appointment date for follow up or something of the sort?**

R: She told me that if I have any problem in the...because I took a five years method; she told me that in case of any problem health-wise, I can come and tell him.

I: **Okay, and when you came, how long did you wait to be served by the doctor?**

R: It was around fifteen minutes.

I: **In your opinion, was it too long or was it just okay...how did you see it?**

R: It was just okay; that's not a long time to wait.

I: Okay, and when you were waiting, what kind of a room were you in or what were you doing while waiting for the service?

R: I was just waiting from the reception area.

I: Okay, now, during your decision making; you have said that the doctor told you about the methods, the advantages and the disadvantages; please tell me, who ultimately made the decision on the method after you were educated about the methods?

R: I personally made the choice.

I: Okay, what made you...what convinced you?

R: To use that method?

I: Yes.

R: I felt it would give me at least a timeframe which I think would make me ready and it's also private because no one else can know apart from myself.

I: Okay, but it's good you have indicated that he educated you on all the other methods.

R: Mmh.

I: You had started telling me..please tell me, what would you say you have learnt since you joined Triggerise platform that will help you achieve your goals in the future?

R: I have learnt that it's good to participate in some things even if the community is against it but it's good because it helps you personally not the whole community. Maybe you personally want the service but the community rejects and at the same time you can participate and get some help; for example, I am now free, I know I can only have a child maybe after five years if I want.

I: What else have you learnt that will help you achieve your future goals?

R: From what the mobilizer taught me, I can also advise others or use a different method if I want to change.

I: **And you have told me that the community has different views; maybe there are girls your age who would like to get these services but there are challenges or barriers preventing them from coming; do you know of the challenges?**

R: Maybe their parents may stop them and so they fear. Some also fear that they are still too young to participate in the family planning issues. Some just fear the side effects.

I: **And since Triggerise introduced the platform and started targeting adolescents aged fifteen to nineteen; how do you feel it has helped girls start coming for the services?**

R: It encourages because since you meet mobilizers, they encourage you and advise you before you personally decide to take a method.

I: **I want to believe that family planning services were available even previously.**

R: Yes.

I: **And girls were accessing the services but not...so since the introduction of Triggerise, the number has relatively increased, right?**

R: Yes.

I: **So what's your opinion, how has it helped?**

R: It has helped...you know the services were mostly not available as they are now, so it has made it easy to access the services and the rate is also high now as compared to the previous days; you know previously it was believed that maybe only women who have given birth to several children could have the methods, but now if

you go to a facility with TIKO, they just handle you well and provide the services to you despite of your age bracket.

I: What else...in your opinion what would you suggest should be done to make these services easily accessible to girls of your age?

R: Maybe they should increase maybe mobilizers because they could be few, like at MMUST I have only met one whom I was referred to by a friend, so maybe they are few because I hadn't met any of them.

I: What other suggestion?

R: And the TIKO miles, you know they are very little, when you tell someone that you use it to shop; if you tell her its only fifty, she asks now what will I use fifty for. If you tell another one she will tell you no, I can't.

I: Okay. And have you informed your peers or your friends about Triggerise and the whole program?

R: Yeah, I have met some of my friends and told them but I don't know whether they have made their decisions.

I: Maybe you tell me what information have you given your friends?

R: I have just told them about Triggerise and the family planning and the TIKO miles.

I: And what actions have they taken so far, if any?

R: You know one cannot tell you when they take decision; they cannot tell you that I went for family planning but maybe they also think it is a good thing, maybe they can go for the service later.

I: Now, since you joined; how has adolescent girls or girls your age been involved in the Triggerise project?

R: I haven't seen so far...I haven't seen...maybe only the ones who receive the services but I haven't seen anything else.

I: **What about participating in project activities?**

R: Maybe those who became mobilizers.

I: **What about encouraging other girls?**

R: Yes, even that because even I was just told about it by a friend who had received the same services.

I: **Did she tell you that out of being your friend or was she sent now as an ambassador of Triggerise?**

R: I don't know because we were just making stories and she told me; do you know of Triggerise; I told her I haven't heard about it and then she told me about it. So I don't know whether it's from the experience or she was an ambassador, I don't know.

I: **What about feedback, please tell me; how do they take feedback from you people?**

R: The fellow adolescents or?

I: **Fellow adolescents or service providers...is there a way that you are allowed to give feedback about the program?**

R: I don't know about that because so far I haven't given any feedback personally.

I: **Okay, and please tell me about this clinic again; would you attend this clinic again?**

R: If I want service another day?

I: **As in just...would you attend this clinic any other time?**

R: Yes.

I: **Why?**

R: Because they were good to me when they gave me the service so I was happy with their services.

I: **And are there some other services you would like to take up in the future?**

R: from Triggerise or from the same clinic?

I: **From Triggerise or even from the same clinic?**

R: If they offer another service apart from family planning and it be a service I can take up then I can have it.

I: **Now, in the absence of Triggerise...let me use an example, Triggerise is not there but you wanted family planning method, where would you get the service?**

R: I would just get the service even from these clinics, even from other health centers.

I: **Why...okay rather, apart from this clinic, Tunza, for example if it didn't have the Triggerise which targets adolescents your age but you want the family planning service, where would you go for the service?**

R: I would go to General.

I: **General?**

R: Yes.

I: **Please tell me, why general...how is your experience in general?**

R: You know if I go to general at least I cannot lack, they have all the commodities and I can get the method I want, I cannot be told that the methods are out of stock or that they aren't there.

I: **Is there any difficulty or barrier that you think you can get when you go to general hospital?**

R: The only challenge with general is that maybe people are many; you may get tired and decide to leave.

I: **Apart from people being many?**

R: Also maybe I won't receive the services as fast as I want or as well as I would like because you know people are many so they just dump you there; but when I came here I was handled well and received the service and I left within a very short time.

I: When you say you won't be handled well, how do they normally handle people such that you can say you expect them not to handle you well or how you would wish to?

R: You know they are the ones who will tell you that you are still young to receive the services and then even privacy...you know when you get in there maybe the doctor also has several patients to attend to so you won't even be free to discuss what you want to discuss with the doctor and he won't even have time to advise you how things are done.

I: And please tell me, how is the waiting time at the general hospital?

R: It can even take a whole day; it takes a very long time there.

I: What about appointment?

R: With the doctor?

I: Yeah.

R: Its difficult unless maybe if you know one of them but it's very difficult.

I: Okay, what about information...how is it compared to this clinic?

R: Information from the...from...

I: General hospital.

R: They have the information but finding the time to give you all that information is tough because one has several things to attend to, at the same time she wants to tell you about the methods.

I: Okay, and you said something about TIKO miles; you told me that you know about TIKO miles, what else or what information do you have so far about TIKO miles or probably a challenge that you have experienced?

R: TIKO miles are the points you get after you receive the service from the doctor, so you can use the card with the points to shop and it has fifty TIKO miles, so when I go to shop I can take something worth fifty bob.

I: **You said...have you tried using the TIKO points or how has it been?**

R: I haven't even used them; the nearest shop I went to said it was difficult for him because so far he hadn't received funds.

I: **So after that, how did you solve that?**

R: He told me to go back later, he said maybe today, if he checks and finds that he has been paid, so he can release items then.

I: **Okay, before we wrap up, do you have any question or concern that you would love to share with me?**

R: Why don't you provide the service to people between maybe nineteen to twenty-five?

I: **Well, this is a project and the major target was the adolescents fifteen to nineteen. They can get services, yes, but not under the Triggerise project; like you said that your photo was taken and you were given a card.**

R: Yes.

I: **So when one is above nineteen, say twenty or twenty-five like you've said, she is not in the target age group of the program; so she can still receive the service but not through the program like you.**

R: And do you have...maybe do you also wish to assist with that age or that isn't possible?

I: **Well, you know family planning is for everyone, it helps everyone but this program was specifically for adolescents fifteen to nineteen.**

R: So maybe one wants to join you...maybe I have received the service and I've known how the process is done, so if I want to be a mobilizer, what can I do?

I: **Well, I don't know whether such a thing exists but if you talk to the mobilizer, she may know what to do.**

R: Okay.

I: **Yes, I don't have information concerning that.**

R: Okay.

I: **Any other concern?**

R: So the challenge is that after you receive the service and go to the shop and you don't get the items you know you may give up and say, even next time if I go for the shopping I won't get anything so you know that's a challenge with the retailers. So sometimes they may refuse to give you the service and you know problem maybe is not theirs, maybe the problem is someone else's so I don't know how they can correct that.

I: **Well, just like he told you to go back, he will know when...he will talk...**

R: He will talk to them?

I: **Yes, he will talk to them and I am sure he will continue providing the rewards.**

R: Okay.

I: **Yeah, just go back as he asked you to so that you can hear what he has to tell you. And thank you for raising that so that when I provide this report it will be captured.**

R: Okay.

I: **Thank you very much.**

R: Thank you too.

I: **Thank you.**

R: Okay.

[End of audio]

Notes

The interviewer probed all the questions as per the guideline.

SERVICE PROVIDER TRANSCRIPTS

File name: ITH_R2_NAI_EMB_EAST_URB_001_SP_001_7519

Duration: 01:12:35

I: Okay, this is Lydia, doing in-depth interview with a service provider in Mwatate health clinic on the 7th of May 2019 starting at 9:28. Okay, so [mention of individual's name] be audible, come closer; kindly tell me about your roles in as a service provider in this facility.

R: Kiswahili?

I: You can use Kiswahili or English.

R: Okay, I do attend to girls between fifteen to nineteen years and provide them with family planning services and counseling.

I: And apart from the girls, what else do you do in this facility?

R: Okay, apart from attending the girls, I also immunize the children, the babies actually, then I carry out antenatal services to mothers also.

I: Okay, what is your role in the ITH project?

R: Okay, my role is to make sure that the girls have gotten the right service according to their choice.

I: What do you mean by right service?

R: Okay, the right service is, if am told by the girl that she wants family planning, for example, depo, the injeatbale, I do provide according to her wish and I also do tell them about the side effects, the benefits, the myths and misconceptions also I do tell them.

I: Okay, apart from that what else do you provide for them; apart from providing them with family planning?

R: Okay, I provide them with information.

I: What kind of information?

R: Like health information, even sometimes I health-educate them on hygiene, how to maintain the hygiene - you know girls they are supposed to be more hygienic than the men, yes.

I: Right, when you are talking about hygiene, is it general hygiene or is there a specific hygiene you are talking about?

R: Okay, there is the general plus the specific because you see girls are prone to UTIs -

I: UTI in full means?

R: Urinary tract infections.

I: Okay.

R: So I do tell them that when they go to the toilet, at least I do ask them how they clean themselves with the tissue and

such like, they need to start from the front to the back rather than from the back to front as it may lead to infections.

I: Okay, so kindly describe to me your experience with adolescent girls as you educate them on sexually reproductive health.

R: Okay, my experience?

I: Yes; what are some of your experiences with adolescent girls during the sexually reproductive health services?

R: Okay, what I have experienced with the girls, like some of them - like before T-safe was introduced, like there were some who had given birth and sometimes they do come with their children so you wonder where they were but it's because T-safe hadn't started yet. So some of them you find that I have to talk to them because they have children and they are stressed up, their parents are also around. So I have at least known more about them.

I: Okay, and can you tell me about your role on the sexually and reproductive health?

R: Sexual reproductive health -

I: That is still SRH.

R: Okay, my responsibility there?

I: Yes, or your experiences as you teach these girls about sexually reproductive health, what are some of the things; your experiences that are unique?

R: Okay, what are unique, you know sometimes, I do get the girls and counsel them first and after some time maybe the girl tells me, I took family planning but you also find that they have other problems; like it's not pregnancies but they have other conditions like STIs.

I: Conditions like STIs?

R: Yes.

I: What other problems do they get apart from STIs when they tell you that they prevent pregnancies but they contract STIs, what are some of the problems?

R: Okay, some of the problems, you know when a parent of course hears that my daughter is using family planning, of course she will know that - it's a myth actually they always just presume that my daughter is not good like she has gotten into bad deeds, so sometimes to an extent some of their parents even refuse to buy for them things like sanitary pads because they know like the girl has like a head, something like that.

I: What do you mean, "she has a head?"

R: As in its like she doesn't obey the parents - you know parents do want their daughters not to get boyfriend or anything but for the girls, you know this - adolescence, they have to have boyfriends, they have to have sex, so sometimes you may find that it has bounced, she is pregnant, so she comes to me with - sometimes she comes and asks me what to do and that, I am

pregnant but my parent wants to chase me away, something like that.

I: So have you ever encountered such a situation where a girl is pregnant and the parents want to chase her away?

R: Yes.

I: How did you deal with it?

R: Okay, I called the parent as well, like - the girl had even stolen the mother's phone so when she came - though at least the mother had another phone so she came and explained to me everything then I first asked her like can I call your parent so that we can talk the three of us, she said it's okay; though when I called the parent, she was incensed and angry; after sometime, I used my own tactics and she agreed to come; when she came, like she still was incensed because she felt that the girl had done a very big mistake, so I just talked to them and at the end of the day at least they agreed to go home together.

I: What exactly did you tell her?

R: Like I just told her like this is real life and that children to an extent sometimes you cannot control them because of adolescence; so I just told her that at least her daughter is nineteen years, so I told her that there are girls who even give birth at sixteen and told her that her daughter is even older.

I: Okay, so can you please tell me the training you have about adolescence sexually reproductive health?

R: Training - I have never had any training.

I: You don't have any training about adolescence reproductive health?

R: No, actually basically no, I've never been trained but I just learn individually like I just got experience individually.

I: Okay, you have learned through experience from where?

R: Okay from - there is another NGO, actually it's called Hope Worldwide Kenya so like on every Wednesdays and Saturdays, I do go there and interact with girls between fifteen to nineteen years who are enrolled in that NGO, that Hope Worldwide, so the girls there are like - they do take girls who are not that well-off like the parents are unable to pay their school fees so they pay their school fees, enroll them to some colleges where they can get skills then later start their businesses and be independent. So what I do there is, I do give them information about family planning, about hygiene then I screen them for STIs, STDs. So due to that interaction with the girls, so dealing with those at T-safe basically I feel like I can manage.

I: Okay, so what you are saying is...

R: And you find them like they trust me a lot because they feel that I am their age, they feel that am as young as they are.

I: Okay, so basically you are trying to say that before you became a T-safe service provider in this facility you never received any training?

R: No, I have never received any training.

I: Then how did you end up being a service provider? Were you just called and told you would provide the service for these girls or how was it?

R: For T-safe?

I: Yes.

R: She just told me that [mention of individual's name] like [mention of individual's name] she just told me that since you do that, at least you know how to deal with girls, so you will attend to the T-safe girls as well and she just saw me do it well and let me continue with it.

I: Okay, and what services do this clinic provide to the girls apart from family planning and you educating them; could there be any other services you provide to these girls?

R: Okay...

I: Or adolescents in general.

R: So just like - sometimes we give them sanitary pads.

I: Free or do they pay for it?

R: Free, after they get the service, we do give them sanitary pads.

I: And what else?

R: But actually so far, we haven't gotten the service, it was last issued in February and then they also give them health education. Because there are always these family planning charts on the wall so we educate them there. Also psychological support in case one has - I just told you that they have problems.

I: So on psychological support what do you do; do you just talk to them or go beyond talking to them and do something more?

R: Okay, so because sometimes - like the example I told you of when I called a parent, at least I went beyond.

I: So you said you work with Hope?

R: Yes.

I: Before you started working with Hope Worldwide, did you have any training?

R: No, when I came here, [mention of individual's name] asked me, can you deal with girls, I told her it was okay and I just went there, after I went there like twice, I just felt that I had got the cue and just continued with them.

I: Okay, so what professional training do you have that makes you qualified to deal with girls and medicine, family planning and sexually reproductive health issues?

R: Okay, training...

I: Any medical training or any vocational training that you have?

R: Okay, so far since I left school, I haven't gone to any training on family planning - I have never been trained but am just; I just do it but I do the right thing.

I: **Okay, so you have said that when the girls come sometimes you tell them about disadvantages and advantages of the methods, right?**

R: Yes.

I: **How do you know about those - like how did you get that information, did you read about it, did you get it from somewhere, did you go to some form of a training?**

R: Okay, so I got the information from - you see at school we were taught about side effects of family planning, disadvantages, myths now when I came here...

I: **High school?**

R: No, college.

I: **Okay.**

R: Yes, when I came here there were these - I do have a family planning book, then there are these flip charts which display.

I: **So what course did you do in college?**

R: Kenya registered community health nursing.

I: **Right, that is what I was looking for, so at last you have a little bit of nursing.**

R: Yes I do.

I: Good, so hat services do adolescents mostly come for in the clinic?

R: Okay, mostly its family planning, just that.

I: Apart from family planning, is there any you feel they want together with that?

R: Maybe treatment.

I: Treatment for what exactly?

R: You know youths don't have a lot of problems -

I: When I say youths I mean adolescents, not boys.

R: Okay, maybe treatments of STIs because most of them do come with STIs like I have prevented pregnancy but they still not used condoms.

I: So what service do the adolescents mostly seek?

R: The service -

I: Between family planning and STI treatments.

R: Okay, family planning.

I: Okay, so kindly tell me about your opinion about the T-safe platform. Can you describe for me your experience on the T-safe platform whenever you use it?

R: The App or..?

I: Yes.

R: Okay, with the App, we don't have a lot of problems with the app because when we had T-safe cards we used it a lot but for now I haven't seen girls come with T-safe cards; so basically

what that App helps us with is scanning the card then you confirm the identity because it does have the image of the girl. So after scanning the card and seeing the image, you also confirm with the girl if she is the one, if she is not the one, you release her to go, you cannot attend her. If she is the one, you can proceed. But okay, so the app is always used only on the cards but then again there is also the other one where you use a phone, so basically we don't have any problem with the App because it's just a card then you confirm identity and of course you know the age because it does show which age on the card. Phones are however always problematic.

I: Okay, what kinds of problems, kindly tell me your experiences?

R: Okay, it's always problematic, phones, you see these adolescent girls of fifteen to nineteen years, most of them don't have phones because they are always in high school, and others are school dropouts, so of course you cannot expect all of them to have phones. Okay, so sometimes they are called, like sometimes they come and they attended privately, one by one; I do tell them like everything we've done here is private and confidential and that's why I attend to them one by one; so after this one has - now for example I have a long queue there waiting for me at the bench, when I attend to one, she just comes with a phone and I just see her change the simcard because she doesn't have a phone. So maybe that

is not even hers and so on and then also T-safe the ITH do call them, so maybe the phone belongs to the parent, so it's always a challenge -

I: Who did you say call them at the ITH?

R: They are always called after they receive service especially of the phone, they are always called immediately.

I: Who calls them?

R: I guess the TSFs.

I: What is TSFs?

R: Okay, T-safe facilitators - not actually, they are the ones who do call them so I have never known whether its TSF or - okay, I have never known exactly.

I: Okay.

R: So they are always asked which - okay, hello, did you go for the service, the girl answers, yes, like those are the questions, the girl says yes; which facility were you given that service, Mwatate, like, what service were you given, because of course they know the service do reflect on the computer system, so of course whenever they call the girl they do know what method they were given due to the phone number. So like when they hear someone else talking, like maybe it's even the parent who has been called and she didn't know that her daughter used her line somewhere, so of course the parent will be mad and ask who are you, I haven't seen

anything about family planning, so that's always the - because of course when they are called and the parents don't know anything about it, don't know T-safe or family planning and later on they quarrel with the daughter; so that's what brings a lot of issues.

I: Okay, so-

R: And then also, whoever calls, will say this is just wrong, like they cannot understand - they will just blame us as health service providers, because they will say the daughter haven't even told her what method she has been given, like you have released her to go home, she doesn't even know and actually she isn't even free to talk to her mother.

I: Right, so apart from girls lacking phones, have you ever had any other experience when using the T-safe platform that is either positive or negative?

R: Okay, the negative one is that sometimes they come with - okay, because of the cards, sometimes they come and then it's like, you know cards look alike so she may confuse and pick someone else's card and she will just give it to you, so when you scan the face won't match the person with the card so you have to give it back to her, so they do feel unsatisfied then.

I: So have you ever experienced such a thing, a girl comes and realizes her card has been switched by another?

R: Yes.

I: So how do you help them to make sure everyone gets their card because that means whoever's card is switched will also have a problem when they want services.

R: I do ask them whether they think their cards are switched then I scan everyone's and after that, since I cannot proceed before everyone gets their card so after scanning I do give the respective owners so that the App can allow be to attend them.

I: So has the ITH programme changed how you were attending to the youths or as a service provider, has the project influenced your way the way that you provide services to the adolescents?

R: Okay, like it has made me get more information.

I: Kindly expound on that.

R: Okay, like - you see whenever I go to Hope, there are problem affecting girls at Hope, so since I see these T-safe girls, so I knew more like because even if the girl tells you like I gave birth and did this and this, so you realize people do actually have problems but we do help them so that at least they don't feel that they are odd one out and such things.

I: Okay, so what are the most common questions you get from adolescents regarding T-safe?

R: Okay they do say, so what will I get - after getting the service, what else will I benefit from the project; so I do

tell them like I will provide you the service, that's one benefit, another one is you will have TiKO miles at least to motivate them, so like those two - and they also do get more information about family planning and also reproductive health. So they do get the service, that's one benefit, another is the TiKO miles and the other one is just information.

I: So apart from the benefits, what other questions do they commonly ask about T-safe?

R: Okay they do ask - because sometimes after attending to them especially over the phone, they are always asked some questions like did the doctor attend to you well, were you told about the side effects, such. So they do ask me like, what kind of questions are these again.

I: When they come to you, what are the most questions they ask you personally?

R: Personally?

I: Yes, what are the common questions they ask you about T-safe as a service provider?

R: Okay, they ask me like - okay, though they never have a lot of questions because of course after they are enrolled they are always told about T-safe by the mobilizers so they never come - they just ask me about family planning, not actually the T-safe because they do come after they are fed with the

information that when you go for family planning you get this and this benefits.

I: Okay, so you were talking about the questions you are commonly asked by girls about T-safe.

R: Okay, now it's about family planning and the benefits like TiKO miles, like how do they redeem, like what are they given when they redeem, and such. So I do tell them how to redeem then I send them to the shop.

I: And can you explain to me how they redeem it?

R: How to redeem the TiKO miles?

I: Yes.

R: They do send the word paybills and then the points like currently its fifty bob because sometime back it was one ten, so then you could write paybills, a little space then one ten; or for now you write paybills, space then fifty bob.

I: Then you send it to where?

R: Then you send to 2269 and then after sending, sends you a code, after getting the code, of course it will show that you have redeemed, you show it to the shopkeeper, after that she takes the code and enters it into her phone as well then she gives you what is worth the amount of money you have redeemed.

I: Okay so are there specific shops or just any shop?

R: No, there are TiKO shops, not just any shop.

I: Okay, so since T-safe was introduced, what changes have you experienced?

R: Changes according to me or to the girls?

I: Both, according to you and according to you what have changed in the girls like what changes have you noticed since the introduction of T-safe?

R: Okay, the changes are that we rarely get changes though a few still come, we rarely get pregnant girls.

I: Okay, and what else?

R: And another thing is like they are always motivated by that - even whenever they hear about T-safe, they just know that you are given service then at the end of the day you will leave with some flour, at least they are motivated, they are always very excited.

I: Okay, so my next question is; how has the preference of the adolescence service users changed since the project started?

R: Okay, what they prefer most, the method they prefer is pills mostly because like the parents cannot see you taking pills, like if you hide them well they cannot see, so they always like that and also sometimes some of them like implants though they don't want it put in the arm because the parents will see so they want it inserted in the legs, and I know how to insert it in the legs actually no one can notice.

I: What part of the leg?

R: Here.

I: I want you to say it for the purpose of recording; I can see you while the others cannot.

R: Okay, the inner thigh.

I: Okay, so and how has the preference of healthcare providers changed since the introduction of [interruption 00:29:13] okay, so the other part of that question is, as a service provider, how has your preference changed since the introduction of T-safe?

R: Okay, what made me know - okay for example the implants, I always feel like okay, I cannot give it to girls of fifteen, sixteen, like I do give it to eighteen and nineteen mostly, okay because, okay, the goodness with that method, it doesn't have a lot of side effects.

I: Which method?

R: Implants, it doesn't have a lot of side effects and the moment it is removed, you know some of the girls have given birth while others haven't, and like the real thing is they are sexually active, immediately like it is removed, maybe one has finished school and like she wants to get pregnant, like it never delays anyone.

I: Okay, so apart from the method, do you have any other preference that has changed as a healthcare provider since T-safe was introduced?

R: Okay, what I have seen, previously, I thought girls couldn't use family planning so at least since I have been doing this project at least I know anybody can use.

I: Okay, so why didn't you think girls couldn't have family planning before?

R: Okay, because sometimes a girl comes and tells you like am. Say sixteen years, so you wonder, this girl is here and yet she is only sixteen, so by the time she gets to the age of our mothers, won't it have affected her - but for now I haven't seen them complain.

I: Okay, now how do the Mwatate facility support adolescents who come for sexually and reproductive health services?

R: Okay, most of the - like all the staffs in Mwatate, they are welcoming, they treat them with like - as in they do have a welcoming face to them and then they refer them to me, so to my side, I do welcome them and show them a smiling face, I also treat them with privacy and confidentiality then at the end of the day everyone gets satisfied.

I: Right and are there things that maybe you in the facility do to assist the girls access the SRH services easily?

R: Okay, like we do make sure that we don't miss any method, like every time we have the methods, but for now we do not have injectable.

I: And is there anything special the girls are always given when like - or let's say any special treatment they get when they come for the SRH services?

R: Treatment like?

I: Like do you treat them like the other patients or are they given some special treatments?

R: Okay, the other patients are always attended to at the outpatient but specifically that room is always used for the T-safe girls so it's actually different, I do personally treat the girls while the other patients are treated there.

I: Right, so have you ever changed your opening or closing hours to accommodate them? Because some of these girls as you said, some are married; some still go to school-

R: Okay, it's just from eight, let's say nine; nine to five.

I: You have never changed opening time or closing hours to accommodate girls?

R: No, unless whenever I am off but they also do know.

I: Okay, and how is the privacy and confidentiality whenever you attend to these girls?

R: So I do attend to them one by one to make sure its private and confidential, so even if the queue is long, I wouldn't let them come in at once, I do attend to them one by one. And then, after they come in, I do tell them, this information, like whatever I talk with you will not be told to anyone else,

it's just between you and me. So at least she will talk, ask questions and everything knowing that I cannot discuss about her with anyone.

I: Okay, and do they always wait at the waiting room or do they just come to you directly?

R: They - I said they do know the room, so they do come after alerting me then I tell them, you can wait there as I call them one by one. Then if one wants, because some do come and ask, this method did this like - you know the side effects like, I haven't got my periods, so those cannot even take a lot of time, I do release them like tell them about it then release them; whoever wants a method always waits longer because I have to give them the method before they leave.

I: Okay, so since the introduction of ITH in this facility, how has it helped improve the SRH services?

R: Okay...

I: Like before, were you offering SRH services?

R: Before?

I: Mmm.

R: But the girls were few.

I: Since ITH or T-safe was introduced, how have the SRH services improved?

R: They have improved this way, like the girls - especially the fifteen to nineteen years old, if you compare it to the

previous times, like then there was a lot of early pregnancies but for now, we rarely see it.

I: But what about here in the facility, what has improved in relation to quality of SRH services since ITH was introduced?

R: What we have improved on is knowledge because at least we have received more information about the girls, their challenges then it helps us serve them better like we know their problems, what they want and such.

I: Okay, so according to your experience as an SRH provider in this community, what barriers can you say the girls or facilitators face in the community as they seek for the sexually reproductive health services?

R: Sometimes, since some go to school, so whenever they want a method, they have to maybe ask -from school and maybe she goes to a far away school.

I: Ask for what from school?

R: Ask for permission, so you see it's a process, she comes for the family planning, because you find that some are in mixed schools, a boarding school but mixed.

I: Mixed boy, girl?

R: Yes, and you find that they have boyfriends there so they are always like - like when I give them family planning or not, she will wait till the schools are closed again, so you see in between, anything could happen.

I: Okay, so apart from that, what challenges or barriers do you think facilitators face in the community whenever they provide the SRH services to the girls?

R: So with the community, the community just feels that girls are spoilt because they are using family planning at a tender age.

I: So apart from that, what do they do to prevent facilitators from attending to the girls, so that you feel that they don't like it?

R: Such as -

I: Okay, like, for example you have said that a barrier or challenge that a girl can face is because she is in school so finding that time is not easy, what about the facilitators, what barriers do they face whenever they want to provide the SRH services to the girls?

R: Okay, barriers are, for example like let's say here in Tasia there are always some slum areas so mobilizers do - since the mobilizers are to look for them then bring them to the facility, so they sometimes find the weather condition - first of all for example in Tasia it is always very muddy so sometimes they face such kind of problems.

I: Okay, and what other barriers maybe from the members of the community? You have said that some of the community members are against it.

R: Of course that is on the myths and misconceptions, they know - because sometimes girls do say they that I heard them say that implant do go to the heart and such, so basically its myths and misconceptions which is the barrier.

I: **Okay, how do you deal with that, when a facilitator gets such a barrier like people misconceive about a method or something; what do you do to make sure probably this parent gets to understand and maybe make the right decision or an informed decision?**

R: Okay you know when they do that, like, of course if a parent says that, it reflects what the others are also saying, so we do sit and hear what they say then we plan and conduct an outreach.

I: **Okay, so when you do an outreach what happens?**

R: So we normally tell them about the real picture of family planning, about the facts.

I: **And after that, in your opinion, has it achieved something positive, did the opinions change?**

R: Actually its positive because we do even take to them the flipcharts so that they can see for real, even those with phones, we do tell them to google so that they can know that what they are actually saying is just myths.

I: **Okay, right, so you have said that - this question is related to that previous one; you have said that girls sometimes face**

barriers because they are in school and they don't get time to come, so what do you do in your facility to help girls who can't get time to come for the services?

R: Okay, you see basically - okay, so for example those in schools, when the schools are closed, for example those at Hope Worldwide, we do conduct outreaches knowing that girls at Hope have closed schools, so we do go and give them service, yes, at least by the end of the day they are satisfied.

I: What about the ones at T-safe?

R: Okay, those at T-safe do come to the facility so we do go - we do have mobilizers who do go with them.

I: Using loudspeakers to speak to them?

R: Yes, using loudspeakers and announcing to them to come, girls between fifteen to nineteen years.

I: Okay and for the ones between fifteen to nineteen years who are in school, so when you mobilize and give the information through loudspeakers but then the girls are not there when you need them; what mechanisms does your facility use to help the girls get the service? What are some of the things you do to make sure that if they are time constraint you figure out a way of making sure that they are getting services?

R: Okay, because we have noted that holidays are just in April and August so we do try our best, like me, before the end of

May we do most of the outreaches to reach all the girls and in August as well you know everyone is at home.

I: Okay, and what are some of the challenges that you personally face when you are dealing with the adolescence SRH issues?

R: Okay, challenges do come when a girl decides to have an implant but she fears, like she has never used family planning so that fear, like - what can I say -

I: Just use your own words.

R: As in that fear of family planning, that injection and how it is inserted, because some do say that you get operated on; so some do come and they sincerely want an implant but when they remember what they were told, they just decide against it, so I do get a challenge in talking to them and such.

I: Okay, so if you get such a person who wants implants but she also has a lot of fear because of maybe less information about the method, what do you do to make sure before she decides what to use, she gets enough information about it?

R: On that I just talk to her so that at the end of the she accepts the method.

I: Okay, so apart from that challenge of fear, what other challenge do you face when providing sexually reproductive health services to the adolescents?

R: Actually, it's just that.

I: Okay, what about the Mwatate facility; what are some of the challenges it faces in providing the SRH services to the adolescents?

R: Okay, maybe shortages like I just told you that we don't have injectables for now, so those who want injectables and find it out of stock, so it's mostly that.

I: What else?

R: Shortages of commodities.

I: What else?

R: Basically it's just that.

I: Right, and you have said there are always misconceptions, right?

R: Yes, and the misconceptions.

I: Right, so what are some of the misperceptions that adolescents have about using SRH services and products?

R: What are some of the?

I: Misperceptions or myths, you've talked about myths, what kind of myths do they have that can prevent them from getting the sexually reproductive health services and products like family planning and all that?

R: Like they do say like if one is given an implant in the arm, like the arm will be weak, you will not be able to do anything and it's not that way. And the other one is like if one has

a coil, though they rarely take the coil unless she has given birth, I cannot give a coil to a girl who hasn't given birth.

I: Why?

R: Okay, actually you see like, uterus at least is used to - it had held a pregnancy so at least the uterus is like, flexible but a girl who hasn't given birth, it's always very tough inserting the coil for her.

I: Right, so you were talking about-

R: So they do say that in coil, like it travels like - you see it's in the uterus so the myth is they do say it travels to the heart then they say like it increases pressure and such but it's not usually that.

I: Okay, what other misperception do they have?

R: So they do say like after it travels all the way to heart, you will get heart problems then you have back pains and such a thing; and then you also become very weak, so that's why sometimes they do come with those but I do tell them the truth.

I: Okay, when you say you tell them the truth, how do you do it, like those who say that if you insert an implant then the arms will be heavy, what do you tell them to reassure them?

R: Okay I do tell them, like after inserting an implant to a girl and she had that myth that the arm will be weak, I do tell them to go and rest it a bit for like five days or so

because it's still fresh, so it can come out but that is always normal if one strains; so I do just tell them that after inserting the implant, you should not put water to avoid infections and do not strain the arm as well.

I: And those who say the coil travels to the heart and to where, what do you tell them?

R: Okay, so on the implant, after they rest it for like the five days, like the scar is always closed, actually it's not even a big scar, it's just like an injection, after it closes its okay so you tell her she can do anything, any job, you can carry a bucket, it's okay, so then they have an answer. Now on the coil, I do show them the flipchart on how their uterus looks like and how the coil will be in the uterus; so since its always like a T of which the uterus also just looks like a sweater, so the coil is also in the form of a T so I do tell them it cannot travel, how will it go, it cannot.

I: So when you try to reassure them, how is the feedback, do you see them believing you or..?

R: Yes, they do believe me totally to an extent I do have models where I show them how it is inserted and removed and at least I tell them it cannot travel.

I: Okay, good; so you have dealt with these girls for a certain period of time, right?

R: Yes.

I: What feedback have you received from the adolescents since the introduction of T-safe?

R: Okay, the feedback I have received about adolescents is-

I: Like what feedback about your facility as Mwatate and your work that you do here, have you received from the adolescents through the T-safe platform?

R: Okay, they normally say that our services are normally good, actually they appreciate that.

I: Okay, can you explain or expound; good in what terms?

R: Okay, they do say; because we do have exit forms which they do fill after they are given a method; so they are asked like, how did you see the facility, they answer; how were you attended to like how were the staffs, they answer that; then apart from the exit forms, there is also that on the phone whereby after they receive a service they do answer some questions.

I: So how has the feedback from the girls influenced how you provide service to the girls who come for sexually reproductive health services in the facility?

R: So you see like when they say our services are so good at least it motivates me as well to be motivated to attend to them actually.

I: Okay, how do you think you can be supported to help you improve service provision to the adolescents?

R: Okay, so the first thing is if you can have some training like you come and train us especially on, I hear there is a new injectable method called, I don't know "sayana" - at least when that comes you come to the ground and train us, we'll appreciate. Another thing is at least to make sure that products - at least when you realize we have run short of some products, I don't know whether you can support us get those products so that girls cannot lack the methods.

I: When you say products what do you mean?

R: Family planning products. Though sometimes we do get supplies from Maristopes but so far since they don't have the injectables, they have never given us.

I: Okay, and in terms of incentives and TiKO points, do you think if its increased it will help improve services or should it just remain as it is?

R: Okay, I would want that to be increased especially for the girls because nowadays its only fifty bob so at least previously it was one ten; so you see they just get a very small thing; at least it should be added especially to the girls. But to our part, I just think we are okay, but the girls' should be increased at least.

I: So since it was - the TiKO miles or the TiKO points have changed from one ten to fifty since when?

R: Since last month.

I: Last month April or March?

R: It was mid March.

I: So since mid March they have been getting fifty points?

R: Fifty, even for the mobilizers was one seventy but they reduced it, they give - okay, actually when they reduced it, it first went to sixty bob, they were getting sixty bob but at least they added a little and nowadays it's a hundred for the mobilizers. So at last if they can bring back the one seventy they had previously, I think it will be okay.

I: Okay, and do you think if the clinic is given some money to pay for the place where the girls receive the services, will that improve how you provide the SRH services?

R: What?

I: As in if the clinic is reimbursed for the process of SRH services, do you think that can help...

R: Yes, it can really help us because it will make us look for adolescent commodities that we want; like they always want a separate room where at least there is even music, you know adolescents do like music and such.

I: So as at now you don't receive any reimbursements as a clinic because you are a health center that provide the services for the adolescents?

R: Okay we do get reimbursements, yes, for every method like implants, long term actually, the implants and the IUD,

intrauterine devices, we do get reimbursements of five hundred, for the pills and injectables we do get a hundred bob.

I: That is for the clinic or for the service provider?

R: That is for the service - it's actually like for the clinic.

I: Okay, so I have scenarios here; I will read for you and then ask you a few questions, okay?

R: Yes.

I: So, scenario number one; Let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. What are some of the information you think are important for you to know about her for you to help her?

R: Okay, what I should know, like how old is the child and when was the last monthly period so that at least I can assess whether she is pregnant. Then another thing - so I will ask her what method of family planning have you ever used and then another thing-

I: No, she has told you that she has never used.

R: Okay, so I will ask her about her last monthly period so that I can at least assess if she is pregnant then, she has said the child is one year old -

I: She got her first child one year ago.

R: Okay, I would also like to know whether the child is breastfeeding, so those are the questions; then I would also ask her if she have any other condition that would affect her if I give her a family planning to an extent I will ask her do you have any hypertension or diabetes condition in your family.

I: Okay, so what are some of the medical conditions with which you cannot advise a woman to use specific methods of family planning?

R: Okay, for example for the ones who normally have hypertension, they don't use implants and oral contraceptives.

I: Why?

R: Because it normally, like it always exaggerates the pressure.

I: Okay, and what would you tell this kind of a lady about contraceptives?

R: Okay, what I will do actually, because her husband doesn't want her to use any method, so I will talk to her and counsel her then she can call her husband so he can come and we discuss the reality now.

I: What else?

R: I will also tell her about the importance of child spacing because if he gets pregnant now and the child is still just one year old, that is never that advised.

I: So what kind of information will you be giving her about contraceptives during counseling, because she has come to get help?

R: Okay, I will tell her about all the family planning methods we have then educate her on one by one about the advantages, disadvantages and side effects.

I: Okay, so which contraceptive method do you think would be best for this young woman?

R: Okay for her, maybe implant.

I: Why?

R: Because like she doesn't want a child yet and she has another one year old so I would prefer she uses a three year implant so even if she removes it in two years time, at least the child will be older rather than taking the injections she would want to take often and the likes. And also before I provide her with the method, I will check her weight and pressure.

I: You have told me why you would check the pressure but what effect does weight have on the family planning method provided to the woman?

R: Okay, for example those with a heavy weight, when they take pills, it's like they always don't work, so she may find that she is pregnant.

I: Is that proven or it's just a myth?

R: Okay, its proven.

I: Okay, and do you find many such clients?

R: Yes, they do come.

I: Okay, can you tell me about a client like this that you attended to recently?

R: One with a situation like this one?

I: Yes, one with such a scenario, a young lady with a child and doesn't want to give birth again and have never used contraceptive.

R: Okay, the one I got had a one and six months old child, actually I was immunizing the child as I told you that I also do immunize children; so I told her - she explained to me and according to what she told me since she had some pregnancy signs, so even when I tested her, she was already pregnant, so there is nothing much I could have done.

I: So didn't her husband want her to use family planning?

R: He didn't want.

I: Okay, did you advise her after she gave birth to that child?

R: Yes, after she gives birth she should come in six weeks, so that we can provide her with family planning.

I: Okay, and did you discuss what method she can use, did you do the procedures to check the pressure, you obviously tested for pregnancy; did you also check on her pressure and weight?

R: That was the first thing actually, so when we tested that, like I couldn't explain to her about the methods because after all she couldn't use since she was already pregnant.

I: Did you check her pressure?

R: Yes, I checked her pressure and it was okay.

I: And weight?

R: Too.

I: Okay, so you didn't talk about the methods she could use, you said you would talk about it later or did you discuss them then?

R: Okay, I just told her - I didn't go into details, I just told her the overview, I didn't talk to her a lot about family planning.

I: Okay, did you talk about a method that can suit her maybe?

R: Okay, what she said she would like to use was implant.

I: Did she give you her reasons?

R: Okay the reason she gave, like after she gives birth to the baby she is currently carrying, she will come for a five year implant.

I: Okay, so I will again read you another scenario; let's say a young girl has come to see you. She is alone and appears to

be about 15 years old. She tells you that she is sexually active, and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. So what would you tell her or what would you want to know about this girl before you help her?

R: Okay, so because of course she has told you like she is sexually active, you will ask her like, you have - of course she has a boyfriend, I do ask them that way; do you have a boyfriend, if she says yes, I ask her like which kind of boyfriend, though I cannot delve deeper but I do want to know so that I can know in case she got pregnant if the boyfriend would care for the child or something of the sort. And another thing I will ask her is the last time she had her monthly period.

I: Right, what do you ask about the monthly period?

R: So that I can assess if she could be pregnant.

I: Okay, and what would you tell her about contraceptives?

R: Okay, what I will tell her is, I will tell her about all the methods that we normally offer concerning family planning then I tell her basically about the side effects and what that method will benefit her.

I: What else, is there anything else you will tell her about contraceptives?

R: And the advantages actually.

I: Alright, which contraceptive method do you think would be best for this girl?

R: Okay, fifteen years -

I: Fifteen years, sexually active and still in school.

R: Okay, that one I can give her oral contraceptive.

I: Oral contraceptives, I need you to say that femiplan?

R: Yeah, the femiplan, yeah.

I: Right, so, why femiplan and not injectables or implants?

R: Because the girl is still young, you see she is fifteen years and the oral contraceptives it's easy to reverse like if she stops, like one would take them for twenty one days then you rest for seven days, so then it cannot even affect her periods, it will just be there within the seven days resting period; and even if she stops using it, at least she will be fertile again fast, not like injectables, so I cannot advise her to use injectables because she is fifteen years old.

I: So what side effects does injectables have that doesn't make it right to be used by a fifteen year old that femiplan doesn't have?

R: Like say for example it does delay fertility.

I: When you say delaying fertility, would you explain more, like how?

R: Okay let's say like the client wants like - let's say, you know there are some who get married even at sixteen years,

such a thing can happen and of course when one is married they do want a child, so like if she had been using injectables for long, she cannot get a child immediately, some wait for like three months, others up to two years.

I: Right, and implants, why wouldn't you prefer implants but rather...

R: Okay, on implants, okay, I do look at age as well, I cannot just give a method because the client wants it, so even if she wanted implant, I would counsel her and tell her at least for now, you should use oral contraceptives then when you get to a certain age like eighteen years at least you can come and I give you an implant.

I: What is not suitable about implants for a fifteen year old?

R: Okay, it's like, you cannot even get - you see there are some big bodied fifteen year olds but most of them do have small bodies you even wonder what you would hold.

I: Okay, so is it about body weight or is there a side effect that makes implants not be preferred for a fifteen year old as compared to pills?

R: Okay, another thing is - say they started having their periods recently -

I: You were talking about the side effects of -

R: I was saying they started having their periods recently so oral contraceptives do help, if the menses are irregular, it

makes them regular but implants cannot help her like-what will I say - like oral contraceptives, the femiplan pills are always medications in a way as well.

I: Okay, and do you sometimes attend to clients who have the same scenario like this girl?

R: Yeah.

I: Okay, can you tell me the recent client you attended who had such a scenario?

R: Okay, she came and by the way she was also school going; she was from Hope actually, so not even a boarding school or anything, just a day school, so she came and told me that she wanted a method, now she wanted an injectable so I counseled her about the side effects of depo and after that she accepted to take the oral contraceptives.

I: And has any girl from T-safe ever come with such a scenario?

R: Yes they do come but the recent one was from Hope; but even the Hope girls are always enrolled into T-safe.

I: Right, so the recent one who was at Hope, is she still enrolled in T-safe as well?

R: Yes because - she will come after one month because I gave her pills, one cycle which can take her for one month, so when she comes for another cycle I will use the same T-safe, it won't fail because it does provide for an allowance of one month.

I: And is she a T-safe user?

R: Yeah.

I: She is a girl with T-safe card and all that?

R: Yes, she has everything.

I: Okay, I think we have come to the end, I don't know if you have any question but from my side, I would just like to say thank you for taking your time to talk to me and I appreciate your answers. Do you have any question?

R: No.

I: No question, okay, thank you.

R: Okay.

[End of audio]

NOTES

The interviewee felt more comfortable being interviewed in English but the interviewer insisted on using more of Kiswahili.

AFRICAN, POPULATION HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_EMB_EAST_URB_001_SP_001_7519

I: This is Lydia doing an IDI with service provider at Mwatate Health clinic ITH_R2_NAI_EMB_EAST_URB_001_SP_001_7519 in Nairobi county starting at 9.28 a.m. Move this side. Aaa...mmmh... Please tell me about your worker as a service provider in this facility. Use Swahili or English.

R: I usually attend to the girls of 19 to 15 years

I: Eehee..

R: Of age giving them family planning services with counseling.

I: Apart from the girls, what other job do you do here?

R: Apart from the girls, I also immunize the children, the babies actually. Then I carry out antenatal services to mothers also.

I: OK. Then aahaa... Your work specifically in ITH?

R: My role is to make sure that the girls have gotten the right service according to their choices.

I: What do you mean the right service?

R: The right service is that when I am told that the girl wants family planning, like the depo, I just give according to how she wants it.

I: What do you tell them?

R: I explain to them all the side effects

I: Mmmh..

R: The benefits. The myths and misconception. And eehee what else?

I: Apart from that what else do you provide other than family planning?

R : I provide information.

I: What kind of information?

R: Health information like I sometimes educate them on hygiene. You see girls are supposed to be more hygienic than the men.

I: Do you talk about general hygiene or there is specific hygiene you are talking about?

R: The general and specific because the girls are more exposed to UTI.

I: What is UTI in full?

R: Urinary tract infection.

I: OK.

R: I usually tell them to clean themselves proper with tissue paper when they go to the washrooms and they need to start from the front to the back. Rather than from the back to the front which gives them infections.

I: OK. Please describe to me, your experience during the time you are teaching adolescent girls?

R: My experience?

I: Yes, your experience with adolescent girls during sexual reproductive health services.

R: OK, what I have experienced with the girls...

I: Mmmh....

R: Tue the T-safe, some had given birth and they could sometimes come with their babies and you just wonder how a child could get a child? They have some myths and misconceptions. Where are they from? That was before the start of T-safe. So, I had to talk to them because the babies are and their mothers are also her. And so, I had to know about them.

I: OK. And can you tell me more about your work with more focus on sexual reproductive health?

R: For sexual reproductive health...

I: It is about SRH services.

R: About SRH...

I: Or what are the unique experiences with adolescents during sexual reproductive health services you provide?

R: The unique experience, for these adolescents, I have to counsel them first. So, after a short time of counseling, she tells me that she didn't take a family planning method but has other challenges like STIs in addition to other challenges.

I: Like what challenges other than STIs?

R: Like she has prevented the pregnancy but still have other problems.

I: What are the examples of some of those problems?

R: OK, some of the problems are aahaa...you know when a girl is using family planning method and the mother gets to know then definitely mother will say that her daughter has started bad behavior. So sometimes so they go to an extent, the parent refuses to buy for them things like pads because they know like the girl has become tough-headed (has head)

I: What do you mean the girl has head?

R: Like she doesn't obey her parents. You know what the parents expect their children to be well behaved, not to have boyfriends. But for the girls, they feel that they must have boyfriends, they must have sex...

I: Mmmh.

R: So sometimes you find it has bounced and she gets pregnant. So, she will come to me and ask me what I should do because I got pregnant and my parent wants to send me away.

I: Have you got such a situation where the parent wanted to send away her daughter?

R: Yes.

I: Then what happened?

R: I also called the parent. That girl had even stolen the parent's phone. So, when the Tue girl came, she had another phone and she explained to me everything. Then I sought permission to call the mother so that we could talk the three of us. The girl agreed it is ok. So, when I called Tue mother, she was very furious. And I used my own tactic to let the mother come. When she called like she was very angry and furious with the girl. It was like the girl has done a great mistake. So, I talked to them and at the end of the day, they agreed and went home together.

I: What exactly did you tell them?

R: I told them that life is to the adolescents sometimes you cannot control them. And in fact, yours is better because she was 19 years. So, I told her that some give birth when they are 16 years, your daughter is a bit older than yours.

I: Now tell me, do you have any training on adolescents' sexual reproductive health services?

R: I have never been trained.

I: You don't have any training in sexual reproductive health for adolescents?

R: Actually no, I have never been trained. But I have just learnt through experience.

I: From where did you learn through experience?

R: There is another NGO...

I: Mmmh...

R: It is called Hope Worldwide Kenya, so I go there every Wednesdays and Saturdays. I also see adolescent girls 15-19 years old those who are enrolled in that NGO, in that Hope Worldwide. So, the girls enrolled there are those who are not well off, those who are from poor families, those who cannot afford school fees, they are enrolled and the school fees is paid. They also pay for their college fees where they learn technical skills to enable them come back and start their technical enterprises. So, I go there to teach them about family planning, hygiene, and STIs. So, it is like we are used to each other with those adolescents. So, to deal with T-safe clients cannot defeat me.

I: So... (respondents continue to speak) ... Sorry....

R: And they trust me because they see me as their age mate and I am just as young as they are.

I: So basically, what you are saying is that before you became service provider in this facility, you never got any training?

R: I was not trained. Then how did you become service provider to the adolescent girls?

R: She just called me, Mercy, she called me, she is called Margaret, she told me because you usually work in Hope

Worldwide, you know his to deal with girls, you will be attending to the T-safe adolescents.

I: What services does this facility offer to adolescent girls?

R: Teehee.

I: In addition to SRH what other services does this facility offer to adolescent girls?

R: We sometimes give sanitary pads.

I: Do you charge them or it is for free?

R: Free.

I: Teehee.

R: After getting the service...

I: Mmmh...

R: We usually give sanitary pads.

I: What else?

R: But so far, we have not got that service. The last time we got them was in last February, since then we have not got them again. Another thing is health education. We do health education and this we started just recently. We have charts that show family planning.

I: Mmmh...

R: And also, for psychological support, like I told you they have challenges (laughs a bit)

I: Mmmh...

R: We usually talk to them

I: For psychological support, do you just talk to them or what else do you do?

R: We counsel them. Like the case I was telling you about, I called a mother at least I went beyond.

I: You said you were working with Hope Worldwide...

R: Yes.

I: Before working with Hope Worldwide, did you get any training?

R: No, just as I told you I just came here and Margaret asked me can you deal with girls? And I told her fine. So, I just went there like twice, she just saw that I was OK I could deal with adolescents and so I just began handling them.

I: So, what professional training do you have that makes you deal with adolescents, family planning, medicine, sexual reproductive health?

R: OK, training...eeeheee....

I: Any medical training?

R: No. Vocational training.

I: What vocational training do you have?

R: So far, as from school....

I: Mmmh...

R: Like there is no training for family planning that I have had.

I: OK

R: I have never been trained but I am just working. But I do the right thing.

I: OK, you have said that when girls come you tell them the advantages and disadvantages of the methods. Isn't it?

R: Yes.

I: How did you know about those? Where did you get such information, did you read about it or did you attend some form of a training?

R: OK, where I got such information was in school. You see when we are in school, we are usually taught about family planning, side effects, advantages, disadvantages and so much more...

I: Which school?

R: College. And then I came here.

I: Mmmh...

R: Again, after coming here there are these family planning books, there are flip charts.

I: What course did you do in college?

R: Aaahaa...Kenya Registered Community Nursing.

I: Right. That is what I was looking for. So at least you have a little bit of nursing.

R: Yes, I have.

I: So, what services do youths come for in this facility?

R: Mostly just family planning.

I: Other than family planning, is there any other service that makes the youths come?

R: Maybe treatment.

I: What treatment?

R: You see the youths do not have a lot of illnesses.

I: When I say youths, I mean adolescents.

R: Adolescents?

I: Yes.

R: Maybe just treatment for STIs. Because most of them they come for STIs since they have been prevent from pregnancies, they them ho and do not use condom.

I: Which service is mostly sought after?

R: OK about...

I: Between family planning and STIs?

R: Family planning.

I: OK, family planning. Very well. So please tell me about your opinion as a provider about T-safe.

R: With the app or?

I: Yes.

R: OK, with the app, we don't have much problem with the app, because we were using the cards. The girls come with the cards and the app just helps us in scanning the card After scanning the card to bring you the photo of the adolescent, because already the adolescent has the ID code. After confirming the details, if it is her you give the service buy if it is not her then you cannot give the service.

I: Mmmh...

R: You see it is just like using phones normally. The app helps you confirm identity because you have already known the age of the adolescent.

I: Mmmh.

R: Another thing, the problems is the challenge.

I: What is the challenge with the phone?

R: It has problems, you see these adolescent girls of ages 15-19 years, most of them do not have phones because they are secondary school students or some are school drop-outs.

I: Eehee...

R: So, for those years you don't expect them to have phones all of them. Sometimes they can be called one by one as we uphold high privacy and confidentiality. We tell them that everything we are doing here is private and confidential.

I: Mmmh...

R: We attend to you one at a time. So, times there is long queue you see adolescent coming as she changes the SIM card to another phone because she doesn't have a phone of her own, she has therefore to borrow from somebody else.

I: OK

R: So, because that phone was not hers and the details are recoded and saved there she forgets to delete. After sometime we, the ITH call her. And maybe she had used her mother's phone.

I: Who from ITH calls them?

R: They are usually called immediately after receiving the service.

I: Who calls them from ITH?

R: The TSFs.

I: What is TSF?

R: T-safe facilitators... Not actually but they are usually called and so I have never known if it is ITH.

I: Ok.

R: I have not known well. So, they are usually asked, did you go and got the service, the adolescent answers yes. Those are the questions. Which facility did you go to for the service? She answers Mwatate. And of course, they know the service because it reflects on the computer what services were given. So, when they here that it is another person responding maybe the mother of the girl, and she didn't know that her daughter had taken her phone and went with for services elsewhere, of course she will not talk well because she does not know about T-safe, family planning.

I: Mmmh.

R: She will ask who are you? I haven't seen such a thing. So, when she is called and the mother doesn't know anything like T-safe, family planning later on she will quarrel her daughter.

I: Great.

R: That is the greatest challenge.

I: OK. And....

R: And another thing, the caller will not understand this and say this is wrong and later the person who called will say that the problem is with service provider because the

adolescent will have told her anything concerning the service like which method was given, you have released to go home and she doesn't know any service she was given.

I: Ok. Apart from challenge with phone, is there any other experience either positive or negative concerning T-safe platform?

R: Another negative is sometimes due to the fact that they use cards sometimes she just comes with another girl's card. So, you scan and you realize the face shown is not matching the real person before you. So, you are forced to send her away.

I: Have you experienced something like that, a girl has picked a card for another girl?

R: Yes, a lot of it.

I: So how do you help them because it is obvious the other person will also come with a card that is not hers?

R: I usually tell them that since you have exchanged cards, I continue to scan more cards and try to match them so that I attend to all of them here in the facility.

I: Great (clears her voice). So, the ITH project, as it ended, did it influence the way you give services to adults?

R: It has given me more information.

I: Please expound on that.

R: You see like I go to Hope Worldwide, and I get more adolescents with many other challenges, you find a an adolescent will tell you that I have birth and I did this and that, so I appreciate that people have problems but we try to help them.

I: What are the most common questions you get from adolescents concerning ITH program?

R: They usually ask, what else will I benefit from the project? So, we tell them that I will give service. Another one I tell them that you will get Tiko miles and that motivates them. So at least they are like those two? Again, they get information concerning family planning services.

I: Apart from the benefits what else do they ask?

R: Sometimes after attending to them, they are usually asked questions like did the doctor attend to you well? What services were you give? So, they usually ask me, what sort of questions are these again?

I: Mmmh. But you, what are the most questions they ask you as they come to you the service provider?

R: Ok, they ask me... They don't have many questions because as they are recruited by the mobilizers, they are informed so here they only ask me questions mostly on family planning. They have been told very much about T-safe by the mobilizer. They come here already fed with information.

I: So, the questions adolescents ask concerning ITH and T-safe?

R: Just on family planning and Tiko miles. How will I redeem and when I redeem what will be given? So, I usually send them to the shop.

I: Tell the process of redeeming.

R: You send a message to paybiz and then the points, like currently, it is 50 but it was 110. So, you just write paybiz and then 110. And now you write paybiz then space 50.

I: Then you send to where? Then you send to 2269. Then after you have sent it brings you code. So, you go with that code to the shop and you the shopkeeper and you are given goods worth of the points.

I: Is there specific shop or any shop?

R: No, there are Tiko shops, not every shop.

I: What changes have you noticed since T-safe came?

R: Changes according to me or according to adolescents?

I: Both.

R: We don't get although not at all but few cases, we still have others coming while pregnant.

I: And what else?

R: Another thing, they are usually motivated. When they just hear of T-safe, they know you will get the service and thereafter you will go home with your flour. They are very happy.

I: Ok, how have the preferences of adolescents using T-safe services changed?

R: What they prefer mostly is pills; because the parent cannot see you swallow. They also prefer implant although they don't want it in their arms because the parents will notice, so they want placed on the leg. And I know how to place it very nicely that you cannot notice it.

I: Which part of the leg?

R: Just here (showing)

I: For the sake of recording, describe. I am seeing you but others are not seeing you.

R: (respondent loughs). The inner thigh.

I: How about preference of health care provider?

R: What has changed is for example the implant, I cannot put it for girls of 15, 16, or 17. I do it for girls 18 years and above. The good thing with that method is that it doesn't have many side effects.

I: Which method?

R: Implant.

I: Ok, implant.

R: It doesn't have many side effects. Again, these adolescents many of them have not given birth and they are sexually active. So, the moment it is removed fertility does not delay. And so, you at around 18 years they are completing school and so they may want to conceive at that time.

I: Apart from that, what are the preference change that you have noticed?

R: In the past, I thought adolescents could not use family planning method. So at least since I have worked in this project, I now believe that anybody can do family planning.

I: Why were you thinking that adolescents cannot do family planning?

R: Ok, because sometimes the girl comes and tells you that she wants the service and she is 16 years, I was like now this girl has started thins thing and she is just 16 years, what if by the time she reaches the ages of our mothers. It will affect her. But up to now I have not heard them complain.

I: Here in your Mwatate facility, how does it support adolescents who come for reproductive health services?

R: All the staff of Mwatate welcomes them and send them to me. I also welcome them with a smiling face; I treat them with privacy and confidentiality...

I: Mmmh...

R: Then at the end of the day, everybody is satisfied.

I: Are there things you do as a facility to ensure that adolescents get SRH services with ease and it is more accessible to them?

R: We usually do all we can to make sure that every adolescent gets SRH services and all the family planning method. Although for now we do not have implant.

I: Ok, is there something special that these girls get? Or is there any special treatment to the adolescents when they come for SRH services?

R: Treatment like...

I: Do you handle them in a special way or you just give them services like any other patients?

R: Other patients are attended to as outpatients but that room is specifically for adolescents and it is only me who treats them. Other patients are treated that side.

I: Have you changed opening or closing hours to accommodate them because as you said some of these girls have limited time?

R: It is just from 8 or 9 thereabout, 9 to 5.

I: You have never changed time maybe to open early or close Kate for the sake of adolescents?

R: No. Unless I am over there and they usually know.

I: How about privacy and confidentiality, how do you achieve that?

R: I attend to them one by one even if there is along que, I just handle them one by one. Again, when she has come in, I tell her that the information is just between her and myself and so she is assured that all the information is within us. And so, she asks as many questions as she has.

I: Do they sit in a waiting room or they come direct?

R: I have told you they know the room. So, they come and just tell me we have come and so I tell them just wait there I will call you one by one. Another person may come and say this method has been like this to me, you understand the side effects. Like I have not received my monthly period and so they don't even want to take long and so I release them faster after telling them about it. Only maybe those who want method may delay.

I: Ever since ITH was introduced in your facility...

R: Mmmh...

I: How has it contributed in improving SRH services?

R: Eeehee...

I: Was the facility offering ITH services?

R: The girls were very few.

I: How has SRH services improved since the introduction of ITH?

R: For the adolescents, if you compare with the past, there were a lot of early pregnancies but for now we don't see them.

I: But here in the facility, what has improved in relation to quality of service?

R: What has improved is knowledge because we have got more information about adolescents, their challenges and we now know what they want and how to best give those services.

I: According to your experience giving SRH services to adolescents in this community, what are the barriers and facilitators for accessing SRH services for the adolescents?

R: Sometimes because some of them are going to school, when she wants a method, she must ask for permission from school and maybe she is from far. So, others are in boarding school and they are from far. Others are in mixed boarding school and they have boyfriends within there and so they are like when they don't have family planning, she will have to stay like that without a method and anything can happen.

I: For facilitators, what do you think are the facilitators in Tue community?

R: For the community thinks like the girls are bad mannered because they start family planning method when they are still young.

I: What has the community done to show that they are a barrier to the adolescent's n accessing SRH services?

R: Like what...

I: For example, you have said that for girls to get SRH, it is difficult to some of them because they are in school.

R: Yes.

I: What about the community. What are the barriers that stop the girls from coming for services?

R: Barriers are for example, let us say here in Tasia, mobilizers go for them to pick them and bring them to the facility. So sometimes whether conditions, like here in Tasia there is a lot of mud when it rains.

I: What of barriers from the community?

R: For the community...

I: You have said that others are against it.

R: Of course, those myths and misconceptions because sometimes they come and say that I heard people say that implant goes up to the heart.

I: How do you deal with that misconception so that you help them make right decision and do right thing?

R: What we do is that we know when a parent says such a thing then we assume she represents a society. So, we organize and go for outreach.

I: So, what do you do when you go for outreach?

R: We tell them about the real picture of family planning, we give them real picture of what is happening.

I: And do you see any change?

R: yes, there is great change because we usually give them even flip charts. At least they see even those who were opposed to it begin to appreciate that what they knew were just myths.

I: And you are saying that the adolescents in school do not find time to come for the services? What does your facility do to help such adolescents also access SRH?

R: You see for those in school, when school are closed especially those for Hope Worldwide, we usually conduct

outreach so that we go and teach them when schools are closed as well as give the services.

I: What about those of T-safe?

R: For the T-safe they usually come to the facility. So, we usually go and even mobilizers have loud speakers that they use to announce in the community inviting adolescents 15 to 19 years old.

I: And those 15 to 19 years adolescents maybe the mobilizer has gone and made public announcement through loud speakers and maybe the adolescents are not there due to time.

R: Eeehe...

I: What does your facility do to make sure that those who missed the announcement also come?

R: We have noted that holidays are just April and August and so we try our best to make sure that By May we have done most of our outreaches and also in August we do a lot of outreaches. Again, there are girls who help us so that we try to know that everybody is home.

I: Ok. What are the challenges that you face while dealing with SRH issues?

R: Ok, challenges come at that point she has decided to be given implant but she has never used it. So, there is that fear. Fear like mmm..

I: Just say it even in your own words (both laugh)

R: She is worried about the syringe; how will it be placed? Because some other people say that you are cut.

I: Mmmh...

R: So, when they come there is that challenge of fear and we have to talk to them.

I: When you meet such a person who wants implant but has more fear due to less information. What do you do in that case?

R: I just counsel her and at the end of the day she will agree.

I: Apart from such fear, what other challenge do you see when giving services to adolescents?

R: I don't see any other.

I: And for the facility that is Mwatate, what challenges do you facing the facility while you give SRH services to adolescents?

R: Like shortages, I told you we don't have implant for now...

I: Mmmh...

R: Some people come for injectables and they don't find it because it is over. Mostly that is the great challenge.

I: What else?

R: Basically, that is the challenge.

I: And you have said that there are misconceptions?

R: Yes, there are misconceptions.

I: So, what are some of the perceptions adolescents have about using SRH services?

R: What are the...?

I: What are the perceptions like myths? What are some of the myths and misconceptions that adolescents have when coming for SRH services and the family planning products?

R: They usually say that when you are given implant, the arm where it is placed will be weak but it is not like that.

I: What are...(respondent wants to continue speaking)

R: Again, another one, when they are on coil, they don't want it. They believe that a coil is for one has given birth. They say that coil is not for a girl who has never given birth.

I: Why?

R: You see the uterus has opened so it is easy to insert but for a girl who has never been pregnant, it is very difficult to place it.

I: Alright. So

R: So, they usually say that like a coil, it travels. But the coil is in the uterus, so it is like a myth. They say that it travels to the heart it causes pressure.

I: Mmmh... Ok. What other misconception do they have?

R: They usually say that when it travels, you will have problems like back pain such like things and you will be very weak. When they come, I tell them the truth.

I: So, when you say that you tell them the truth...

R: Mmmh...

I: What do you tell them? How do you assure them?

R: I tell them like for implant, that they say the arm will be weak, I tell them to go and relax the arm for about 5 minutes or so.

I: Mmmh...

R: Because the method is still fresh, it may come out. And it happens when somebody begins to strain when the method is just new and fresh in the arm. So, I explain to them don't strain the arm.

I: Mmmh...

R: Yes.

I: And those who say that the coil travels, what do you tell them?

R: No, just a bit, when the arm has rested for about 5 minutes, you can do anything any job, you can lift a jerrican, you can carry water. And for the coil I usually tell them using the flip chart, I show them how the uterus looks like and how the coil will be in the uterus. It is like a T, so uterus it moves to the heart. So, I ask them how does it move.

I: when you explain to them like that, do you see them believe or what?

R: Yes, they believe for sure. We usually have models and we show them how it looks like. And so, I assure them that it cannot travel.

I: You have dealt with these adolescents for long.

R: Yes.

I: What feedback do you get for the facility?

R: Like what...

I: What feedback about your facility here as Mwatate?

R: they ask question like how will it be placed? And I explain to them.

I: And when you explain to them, do they believe?

R: Yes. They really believe; to an extent that I have two models.

I: Ok.

R: So, I use those to show them how it is placed so they believe that really it cannot travel within the body.

I: You have dealt with these adolescents in your facility.

R: yes.

I: What feedback have you received from them?

R: The feedback that I have got...

I: What feedback as Mwatate facility and your work here as you receive the adolescents through the T-safe platform?

R: They usually say that the services are good.

I: Can you expound; good in what terms?

R: They just say because we have exit forms that they fill in as they leave. The questions there are like; how is the facility, they fill in, how was the service, they answer and again in addition to those exit forms, there are phone calls that follow and they still answer more questions on services received.

I: And when you get feedback fro the adolescents...

R: Mmmh...

I: How has it influenced the way you give services to the adolescents?

R: You see when they say that our services are very good, that motivates me to attend to them.

I: Ok. How do you think you can be supported in order to improve quality of SRH services to the adolescents?

R: The first thing if there could be some training so that we can improve. Now especially I have heard that there is upcoming method for the injectable.

I: Mmmh...

R: From the organization of Science... I am not sure its name.

I: If that comes, we should be ready for it. We will appreciate.

I: Ok. What else?

R: Another thing can be their products. If we can products so that the adolescents do not lack the methods.

I: What do you mean when you say products?

R: I mean family planning products. Although sometimes we are usually given by Marie Stopes but since they don't have, they haven't given us.

I: And in terms of injectables and Tiko points, do you feel it should be increased to help improve services or that is just ok?

R: I would want them increased.

I: And...

R: Especially for the adolescents, these days it is just 50 shillings but, in the past, it was 110. So, you see from 50 they carry little goods. At least they should increase them for the girls. But on our part, we are good.

I: The Tiko points...

R: Eeehee...

I: Since when did it change from 110 to 50?

R: Since last month.

I: Last month?

R: Yes.

I: Last month April or March?

R: It was March in the middle.

I: So, from mid-March it was reduced to 50?

R: Yes. Even for the mobilizer, it was 170 but they are giving aaaa... as they started reducing it...

I: Mmmh...

R: It was 60 shillings...

I: Eeehe...

R: They were paying 60 shillings.

I: Eehe...

R: But after sometime it started reducing.

I: Now it is 100...

R: So, if they can restore it to where it was before, it can be good.

I: And do you think that if clinic is given more money for reimbursed, can it help improve the SRH services?

R: Yes. It will help improve. It will help us mobilize the adolescents and we will dedicate a room for them because adolescents like privacy.

I: So as per now you have dedicated a room for their services because there is no reimbursement?

R: Ok, we usually get reimbursed like for every method, for example long term method; the implants and IUD we get reimbursement of 500 for the pills and injectables we get 100.

I: Is that for the clinic or service provider?

R: That is for the clinic.

I: Ok. So, I have scenarios here I will out to you and then I will ask you few questions. Is that ok?

R: Yes.

I: So, scenario number one; Let us say a young woman has come to see you. She is alone and appears to be 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago. And would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to using contraceptives completely.

R: Eehee...

I: So, what would want to know from this lady in order to help her?

R: The important thing to know is how old is the baby

I: Eehe...

R: And her last menses, when was it? So that I can asses whether she is pregnant.

I: Eeehee...

R: Another thing is which family planning method she has used?

I: She said she has never used.

R: She has never used.

I: Mmmh...

R: So, I will want to know has last monthly period to help me know whether she may be pregnant.

I: Mmmh...

R: And she has said that she got a child one year ago?

I: Yes, one year ago.

R: I would wish to know if this child is still breastfeeding.

I: Mmmh...

R: So those are the questions. Again, I will ask her to know if there is any condition, she may be having so that I can give her the family planning method that will not affect her. I will ask in their family there is somebody with condition like blood pressure, cancer, diabetes such like conditions.

I: Mmmh...

R: Yes.

I: Ok. So, what are some of the conditions or diseases that if a woman is having then you cannot put her on family planning method?

R: Ok, for example for the ones who normally have hypertension...

I: Mmmh...

R: They don't use implant or oral contraception.

I: Why?

R: Because it exaggerates that pressure.

I: What would you tell this kind of a lady about contraceptives?

R: Ok, what I will do actually because her husband does not want her to use any method, I will counsel her then she can call her husband to come so that we all sit down and discuss the reality.

I: What else?

R: Another thing I will tell her about the importance of child spacing because when she gets another child now when this one is just one year now; it will not be very good.

I: What kind of information will you are giving her when counseling her because she has come to get help?

R: I'll tell her about all the family planning methods as I take her through one by one on advantages, disadvantages and Tue side effects.

I: OK. Which contraceptives do you think would be best for this woman?

R: For her, maybe implant.

I: Why?

R: Because she doesn't want a child now and the child is just one year old. So, I can tell her to use implant, so that in three years or even if she wants to remove it after two years, at least the child will have grown.

I: OK.

R: And even before I put her on implant, I will have checked her blood pressure and weight.

I: What is the effect of weight with that method?

R: Those with heavy weight usually when they swallow things like pills it is like it doesn't work.

I: OK. Has that been proven or it is just a myth?

R: It is proven.

I: Do you see many such clients?

R: Yes, they come.

I: Can you tell me about a client like this that you attended recently?

R: Like this woman?

I: Yes, like this one; the child is one year, does not want to get another baby recently....

R: The one I had was having a child of 1 year 6 months. Actually, I was immunizing her child. I told you that I do immunization?

I: Yes.

R: So, when I was immunizing her child, the mother had signs of pregnancy and so I tested her for pregnancy and indeed she was pregnant. There was nothing much I could do.

I: Her husband refused her to use family planning?

R: He didn't want it.

I: So, did you advise her on what to do after delivery?

R: Yes, I told her to come 6 weeks after giving birth so that we put her on a method.

I: So, you checked her blood pressure, weight, you tested for pregnancy; actually, that was obvious and the first thing.

R: After testing for pregnancy I didn't tell her about the methods because already she was pregnant?

I: Did you check her pressure?

R: Yes, and it was OK.

I: And weight?

R: Yes.

I: You didn't talk about the method she could you use or you agreed to discuss that later?

R: I told her briefly but not in details because she was already pregnant.

I: Did you talk about a method that could suit her?

R: She said she would like to use implant.

I: What was her reasons?

R: She said that after delivering that child she will cone for the five years planning method.

I: Great. OK. So, I will read to you another scenario.

R: Mmmh...

I: Let us say a young girl has comet to you. She is alone and she is 15 years old and tells you she is sexually active and would want to prevent pregnancy because she is still in school. And she has never used any contraceptive before.

R: Eehe.

I: So, what would you want to know about this girl before you help her?

R: OK, because of course she is sexually active, I will ask her do you have aaaha... That is how you ask them if they have a boyfriend. Do you have boyfriend. If she answers yes, then I

would wish to know what type of boyfriend but I will refrain and avoid going very deep into the nature of friendship.

I: Eehe.

R: I would to know if she gets pregnant with that boyfriend, would he be able to bring up the child.

I: Eehe

R: Then I would want to know has last menses, when did she last see it.

I: Why do you want to know about the last monthly period?

R: To enable me assess whether she could be pregnant now.

I: OK. And what would you tell her about contraceptives?

R: I would tell her about the methods we offer concerning family planning

I: Eehe

R: Then I tell her about the side effects. And what method will benefit her.

I: What else?

R: The advantages and disadvantages.

I: Which family planning method do you think would be best for this girl?

R: OK, 15 years.

I: 15 years, still in school.

R: OK, that one I would give her oral contraceptives.

I: Oral contraceptives?

R: Yes.

I: You mean femiplan?

R: Yes, femiplan.

I: Why? Why femiplan and not injectables?

R: Because the girl is still young; you see she is only 15 years. And again, for oral contraceptives you swallow for 21 days and you rest for 7 days. So that time cannot interfere with her period.

I: Eehe

R: She will be seeing her menses within the seven days of resting.

R: Great.

I: Again, when she stops, she will be fertile just immediately. Not delay as the one using injectables.

I: What the bad side effects of injectables with 15-year-old as opposed to injectables.

I: Like I said injectables delay fertility.

I: When you say delay fertility, can you explain more.

R: Let us say that a client may want... For example, you know there are those who get married even at 16 years?

R: Yes.

R: And so, she may want to marry, and of course when somebody is married, she wants a child. So, when she gets married, she would want to stay for long before getting a baby. But of course, others delay even for three months, others up to two years.

I: What if implant?

R: For implant I would out her on it because I don't know whether the partner agrees. So even if she wants implant, I will talk to her and suggest that she uses oral until she reaches 18 years of age and so she can come for implant.

I: What is not suitable about implant?

R: For 15 years they are very young although some of them have big bodies but most of them are have got small bodies such that you really wonder where you hold when administering long-term method.

I: So, is it about body weight or there is something else?

R: Another thing, because they just started their menses recently...

I: Eehe...

R: Oral contraceptives usually help to stabilize period; if it is irregular it becomes regular but implants cannot.... How can I say it? The oral contraceptives like femiplan are also a medicine in a way.

I: OK. Do you see clients like this girl?

R: Yeah.

I: Can you tell me about such a client that years u saw recently in this facility?

R: OK, she came, she was in school and was coming to Hope Worldwide. She was in school but not a school like boarding. So, she came and told me that she needed the method of injection. So, I talked to her and explained to her the side effects of implant.

I: Do you have any T-safe go RL like this one? Do they also come here?

R: Yes, they come. But the recent one was from Hope Worldwide. And again, even for the Hope Worldwide, some are in T-safe.

I: So, the recent one from Hope Worldwide, does she still come?

R: Yes, she will come because I gave her pills for one cycle would take her for one month. So, whom she comes I will still give her for another cycle.

I: So, is the one who AME still in T-safe?

R: Yes.

I: She is adolescents with T-safe card and all that?

R: Yes.

I: OK. I think we have finished. I don't know if you have any question? I want just to appreciate you. Do you have any question?

R: No question.

I: OK, thank you.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_KAJ_NORTH_URB_003_SP_004_10519 (1)

I: So, thank you so much doctor...

R: You are welcomed.

I: For allowing me. You welcomed me so nicely (respondent laughs)

R: You are welcome

I: For your timing for allowing me in. We welcome you so nicely, I am so happy to be here already. Yeah, so as I have explained to you we just want your views about adolescent care in their hands program and being the person who has been providing information and I have already explained to you that the information you give us will be treated with at most care, confidentiality will be maintained. So, to begin this, kindly tell me about your work and experience as a service provider at this facility?

R: Ok, Specifically in this facility, am almost finishing one year, although I have been in this organization for more than four years now and dealing with Adolescent is one of the task that we do because we provide Reproductive health services, Family Planning services and we also give other General medical health services that a client would require when they come to our Facility. STI Screening, Counselling we all do that to clients who come to our facilities and we call them clients because most of the time the people who come to see us are not actually sick but they are seeking other services like Reproductive Health, Family Planning, yeah, so that is what we basically do.

I: Okay, aha, you said for how long you been here?

R: This particular clinic, one year.

I: Oh, you have been here for one year?

R: Yes

I: Any administrative duties that you perform as you being the Centre Manager?

R: Yes, um, we organize events for example for this Adolescent program because we realize that most of the time Adolescents would not just walk in into a facility to get a service. They would imagine they are going to meet their mothers, their aunties, their relatives, so we would organize activities outside the facility, where we use our mobilizers to call the clients, inform them about the services that we are going to give and then we plan. So planning is one of the things that I do as an Administrator, I also look at the quality of the service that we offer the clients and another thing that I do as a manager, I also provide services, because when my provider is over whelmed there is no way I would be sitting there watching, so we help each other when it comes to provision of services and I will ensure that we go through the process of recruitment of community health volunteers who also help us to mobilize clients when we have activities.

I: Aha, that is great, so that is greatly what you are doing in a nut shell, but allow me to ask you specific questions about the ITH, so what is your role or how do you see your role in the ITH program?

R: Well, since the adolescent policy came out, we saw that is one of our key responsibilities for us to ensure that adolescents also get all the Rights in Receiving Reproductive Health Services Especially Contraceptives and STI Screenings. Now my role one, I would say number one is being a Service Provider, because I sometimes sit at reception and adolescent comes in, I have to receive them and listen to them and some clients would be very specific that you started with me I

want you to finish with me. I don't to go to another person to explain my problem. So, one, I am a service provider, secondly am the one who will ensure that the activities in the clinic runs smoothly, either in the clinic or outside. Whether we are preparing outreach activities to reach the adolescents who cannot be able to get to the clinic. Am responsible also to prepare reports at the end of the month, to see how many adolescents we have seen, commodities we have used, the challenges we have got during the activities. Have meetings with the community Health volunteers, because they also have a different opinion when they go to the field. I am also responsible in suggestion of recruitment of locum or part time staff, our sisters, when we are under staffed in the clinic.

I: Very nice, actually you have taken me, further that I think I would go and that is very great about you. As we continue, I would also want to ask you about the challenges that you undergo, just what you have mentioned, yeah, but let us go on. You have explained that you are a service provider; kindly; just briefly take me through the kind of services, Sexual Reproductive health services that you offer to adolescents specifically.

R: First of all we start with Counselling, because it depends when a client walks in alone, we do what we call individual counselling because they would come and say probably they want to get a contraceptive but they have no idea what is that, so you have to take them through a whole counselling process after registration of course and then show them all the methods , explain to them how the Family Planning method works, the Contraceptives works and then you will give them time to choose, because most of the time they are very

confused about the methods that they want. Some in the process of counselling you realize also that they might be suffering from a particular sexual infection and you also advise them on the treatment or some tests that they should do. Also, in the same process you realize that some don't even know when they last had their periods so you have to do the pregnancy tests. To ensure that they are not pregnant. So it is a whole process all the way from counselling then after they chose the contraceptive you explain, all methods of contraceptives, if it is about the sexually transmitted infection, if they cannot be able to do the test from the clinic you do a prescription for them to go somewhere else, if the test is done, bring the result and you continue from there. So we give counselling, contraceptive services which include short term and long term depending with, you know, every adolescent is different, we are all different, some would prefer short term methods, some would prefer long term method because they started being sexually active at an early age and then some are aware or they have heard about sexually transmitted infection, they would want to ask questions about that and some would come saying that they would only want a contraceptive but at the same time in the back of their minds they would want to do a pregnancy test because they are not sure.

I: What do you tell them about contraceptives?

R: We tell them that contraceptives is not for people who are married or who have children because that is the miss conception that is in the whole community, it is for anybody who is sexually active. So, they have a right of deciding, after you do the counselling which method they would want to use.

I: Very nice, at least describe your experience with adolescent Sexual Reproductive Health services, your experience as a provider?

R: Well, It is not easy, it is not as easy as a person who is aware of what they want because sometimes an adolescent would come because they heard a friend of theirs has come for a service and they just come and they have no idea of what they want. They just come to the clinic and they would tell you I came because my friend came yesterday and she told me she got something. So, it is not easy to deal with an adolescent but at the end of the day when I do proper counselling, I feel a satisfaction because now, I believed I have saved a woman's life or a young man's life either from a sexual infection or unwanted pregnancy.

I: Ok, very nice, so it is not easy and you have just explained that adolescents come here, they don't know what they want, and so you have to take them through all that process until they make an informed choice?

R: Yes

I: Ok, any other reason you say it is not easy?

R: Yes, When we arrange for outreach activities where we go to meet the clients outside because this is a program which was put with incentive of people getting some small points where they can redeem the points in a particular shop, or saloon or supermarket, you find that the adolescents are not motivated because of the services that you want to get, they are motivated because at the end of the day they are going to get something out of it. So, they are getting "Tiko miles" like points to redeem, we are also giving them Sanitary Pads. So you find because of the environment here, we have a very big

slum around here, clients would come not actually for the service but after doing a group counselling because in such a situation is very hard to do one on one, so when you do a group information session or counselling and then when they come to get services and you would like, No don't take this one, what do you think about this? Or what do you think about these methods more reliable? What do you think? No. They just say no. This is what I want. Because at the end of the day for them they are in a hurry to get that particular service and get their points to go and redeem and a sanitary pad. Yeah, so at the end of the day as a service provider you feel that you have not done a complete job that you are giving a service and you feel like have given a good service and the client is happy at the end of the day you feel like you are giving the service because this client wants the incentive of the service and not actually the service.

I: So, they are hurrying you up?

R: Yes,

I: Oh, my, ok. So much as you want to take them through whole the processes, they just tell you this is what I want?

R: Mhh.

I: Great, you have just named to me the various services you provide to adolescents.

R: Mhh.

I: Now, In the process of providing these services, what are the most sort after services by adolescents? The most sort after. The service they sort a lot of things?

R: Short term Contraceptives.

I: Short term, mhh, mhh.

R: The pills.

I: The Pills.

R: It is very funny because it keeps on changing because in the beginning when we had an adolescent program even before the ITH, the injection was very popular.

I: Ok.

R: Then you know the miss and the misconception of every other thing in our society where we live and now the injection is not popular anymore, for the adolescent, they would think they would manage the pills.

I: Okay.

R: And most of them by the time they are coming for the pills they would tell you that they have already taken the emergency contraceptive.

I: Mhh.

R: Commonly known as "P2".

I: Yes.

R: So, all of them, oh I have been taking P2, so P2 is like have been their method of contraceptive.

I: Mhh.

R: So, most sort service as per my experience in this facility is the pill. The daily pill?

I: The Daily Pill. Okay

R: Mhh.

I: Any other service that they seek most of the times?

R: Pregnancy tests, unfortunately now with this ITH program, it was not covering for a free pregnancy test. It means that the client had to find a way of paying for the pregnancy test but that is the second most sort service.

I: Ok. Wah! Interesting. Please describe your experience with the ITH, of the TC platform, that mobile platform? Please tell me about your experience with it?

R: The Mobile platform was a very good platform for us to get the clients to give us their information first, you would get all the information that you want from the client but our challenge came when we came to take the pictures and the clients were asking us where you are taking our pictures. Why are you taking my picture? You know we didn't actually have a proper reason why we had to take a client's picture and then some clients did not have mobile phones. So, if you don't have a mobile phone it becomes very difficult to tell the client that we need your number, for you to get your points, because for them to go to redeem a point from this platform they had to use their mobile phone to get the points redeemed. So it was easier for us because we were getting all the data that we want but it was very difficult for a client an adolescent who is wondering where you are taking their picture and you are not giving so much explanation and if they don't have a phone what is going to happen. Ok, when they came to change that we will start to use the cards only, it became easier because at first we were using the phones later on, it was the phones and the cards so finally even if a client has a mobile phone they had to have the cards for them to get a service. But it was a hard task especially to

explain to the client why you are taking photo of them like oh this is just what we do, because we need to register you and to take a photo but when you look at the ethics of it even I personally do not want to take a photo when I go to a health facility and you would wonder where is my photo being taken. Because with a lot of technology happening around, you never know where you are going to find your picture.

I: What did you see like they were thinking about, when you take the photos, what did they think you were doing with it?

R: Uh, they could not express you know adolescent are so young, they would just wonder and then they would not really follow up but you would really see that some would ask, some would not. It used to depend for example if we go to a university for example sometimes, we used to go MMU or Co-operative University, those ones are very educated and they would tell no. I would rather not take a service because I don't know why you want to take the photo.

I: MMU is which University?

R: Multimedia.

I: oh, Multimedia.

R: Multimedia University and then we would go to Co-operative University and the Nursing School in Karen, also we would go there. So, you would find that when we go to these institutions where adolescents the are aware, because we find people who are 18, who are 19 already in university and when we have the program there, they would just tell you, you cannot take a photo.

I: They refuse..

R: So, you know with the platform, there is no way am going to give a service when I have not taken a photo.

I: okay, okay.

R: So, taking a photo is part of the process, yeah.

I: Great, so like you were now missing out a lot on those adolescents that refuse to allow you to take photos. Uh, okay, so sorry for that.

R: Mhh.

I: Any problem you had navigating that platform you know you guys are "dot com" but you never know.

R: Yes.

I: Yes, technology is technology.

R: Now, uh, the goodness is most of the time for the clients who did not want to get the services when we were doing an outreach they would come to the clinic and get a one on one but now still with one on one it was still easier because you had more time to explain why we are taking photos but still you cannot compare if they were ten clients may be three would come or four but not all of them to get services now from the clinic.

I: Mhh.

R: But we empowered our CH V's that when you are doing your mobilization ensure that you tell the client that this is what we do.

I: Great, but in terms of operating the mobile Network, or the Platform, any challenge you get?

R: There were no challenges only a few times the Network would be overloaded because I think sometimes different clinics would be doing activities at the same time.

I: Mhh.

R: So, when it comes to message that show verification of the code because you have to wait for the message that shows you have given a service and then that would delay.

I: Oh, it would delay, okay.

R: Yes, but it used to happen once in a while, once in a while.

I: Ok, Great. How has the ITH project influence the way you provide services to adolescents and you as a provider how has this project influenced you?

R: Well personally I did not imagine that there was so much need of adolescents getting contraceptives, my imagination was somewhere else. But when I saw how young people are now getting sexually active at a very young age I saw that there was serious need that it changed my mind set that contraceptives are not just for people who are 18 and above and who know what they are doing and It also encouraged me that we should even expand more going to schools you know secondary schools and talking about these things to the adolescents in high schools especially, other than even the universities because at least the Universities and colleges they are aware.

I: Mhh.

R: They have some information about this and then, for my clinic now, we are now known to be giving adolescent services and we get a lot of walk ins, clients who just walk in from

anywhere not particularly here in Rongai but every other place surrounding us, Gataka, Karen, Ngong, they would now come and get their services here knowing that we are giving them a free service

I: okay

R: And it has also influenced our numbers because the ones who are above 19 who wanted to get a service and they would come and we explain to them they would still pay for our service and would get so ITH has a positive influence for us, yeah.

I: Mhh, a market.

R: A market,

I: Great, no one has told me about this. So, the facility also got at least a boost?

R: Yes, our CIP number increased.

I: it has increased.

R: It has increased our client numbers.

I: Great, very great to hear that. Ok. Um, what are the most common questions you get from the adolescent regarding the ITH or the TSEF?

R: Uh, they would always ask if they are going to services when they want to change a method again.

I: Mhh.

R: And I forget to mention this in the beginning because, unfortunately with the ITH platform, when a client has been registered once, for example the client has taken pills, the client cannot come back in one month and say they do not want pills anymore and they want an injection, because the moment

you put them back in the system it shows that they have already got a service and they cannot get another service. So, it like the registration of clients is only done once and you cannot change a method for the client in between.

I: Okay,

R: Within three months you cannot give a client a free follow up service, you cannot give a client a free pregnancy test. So these are some of the questions that they would ask .Will I come and check because with miss and misconceptions, when you use some methods you are going to get infections, they have heard, so they would ask, is it true that this particular method can bring infection? Can we come for the treatment of the infection if we get an infection? Can we change a method when we think that the method is not working for you? The answer will be yes, you can change the method but at a fee now because you cannot be registered two times like in a span of two weeks because that would look like same client getting a duplicate service.

I: Mhh.

R: You know, yeah,

I: So, you have mentioned that the change of the method cannot happen within three months, can it happen after the three months? In that program, I have no idea but am just asking.

R: Well according to that information, after we raised that, I particularly raised that.

I: You did?

R: Yes, and they said they are going to check in their systems if the client can get a different service after three months,

but, uh, unfortunately one or two clients who came back after three months, we tried to recruit them, you know there is a process of recruitment and shows the client is already in the system, so the client cannot be registered again after three months especially the ones who are taking the daily pills. So, it means you only get a service once for free and after that you need to pay. We have as an organization, days that we offer free services but it is not like all the time and now that is the problem because we would tell the client that don't come back at this particular time when we are having but what is going to happen between this time and that particular time that there is a free service the client can fall into sexual activities and get unwanted pregnancies. Yeah.

I: Very true, very true, ok and what changes have you noticed since the introduction of ITH? One of the things you have told me is that for your clinic you have received more clients but maybe there are other changes which you have noticed since the introduction of ITH that we have not mentioned.

R: Uh, there was a very high rate of unwanted pregnancies in the area, the adolescent coming in with unwanted pregnancies I would say have reduced because you don't find the cases that we used to see, a client would come and just say I have missed my periods, I have missed my period and out of the health education that we have been giving them even before the contraceptives, it has really been beneficial that a client is aware, that when I see this particular change and probably am sexually active and this is what am supposed to do. So, it has changed a lot and we are appreciated with the

Kajiado Community because we contribute a lot in giving information to the young population the adolescents.

I: Yeah, ok, if I just visit my mind and notes, um, you have said that the change that you have noticed is that the unwanted pregnancies have reduced.

R: Mhh.

I: I don't know if there is any other change you have noticed that you may want to talk about?

R: We have also seen that the young people are not afraid now to come to the health facility for service.

I: Ok

R: Yeah, at first they would think for you to go seek a contraceptive service, it is a very big deal but after we reached out to them and we showed them that you can always walk in because we give them our business cards when we go for the outreach activities, so they would call and ask can I come to the facility, they would call, literally call you, like yes you can come and get this service because we cannot just explain everything on phone. So, they would just walk in. Yeah.

I: Ok, great, now there is something you have already touched but allow me to just revisit it, about adolescents' preferences. So how have the preferences of the adolescent service users been influenced or changed as a result of the ITH program?

R: Uh, first of all they have realized that they can start with the short-term methods and later on try other methods that would work for them when they realize that oh so using this

is not such a big deal you know and then uh, what else? Mhh, repeat the question again.

I: So how have the preferences of the adolescent service users been influenced or changed as a result of this program? In fact, one thing that you had told me previously that, maybe we can bring here, you had told me that some adolescents have been using the...

R: P2?

I: Yes, the P2, yeah, so tell me whether the preferences have now changed in the use of P2 to something else?

R: Yes, now after you talk to them when you do the group counselling, whether a client is going to take a method or not but you mention for example the side effects of the emergency contraceptive and all that how it should be used, now they would prefer instead of putting themselves in trouble and you know with the adolescents they are very sure that their parents do not know they are sexually active. So some would tell you my parents found the pills somewhere so you would give me a method that my parent would not know that am using a contraceptive so they would now change from pills to injections for example because an injection nobody would know other than them that are having an injection. They still are not comfortable with the IOD because it is an invasive procedure.

I: What do you mean Invasive?

R: Because we have to put the IOD in the Uterus you know through the Vagina, Cervix into the Uterus. So, for them an invasive procedure like that they are still uncomfortable. An implant they would still say that the parent would be able to

recognize that they have an implant but at least they have moved from pills all the way from the emergency contraceptives to the daily pills. At least we are having now a good number of the ones who are taking injections so the ones who are brought with their friends and have already started taking the pills would say they would prefer injections because that is easy to manage. It's not like you are having a pill.

I: Okay, great, and those ones who have been trusting on the use of P2. What do you tell them?

R: We always talk to them about the side effects and we not only talk about the pills that they take, we also talk about, when we talk of contraceptives, we must mention STIs and the use of condoms and interestingly I have never been in an area where Female Condoms are taken so much like Kajiado. Female condoms are used so much compared to male condoms I don't know why. So, uh, other than the adolescents who are going to school we have the adolescents who are not going to school many of them because of the population that is surrounding us and you find that a young girl is coming from a family where the mother is a Sex Worker and probably this mother would bring men into the house. So, the preference for a female condom is you can put it on for eight hours and there is no problem. So, they not only know about contraceptives which are orally or injections or what but they also know the barrier methods. So, it has really changed their minds since it not only about contraceptives it also about sexually transmitted infections.

I: Great, very great, still on preferences, how have the preference of service provider been influenced or changed as a result of the ITH program?

R: Well, at first we would really concentrate on, you know we are taught that you always give a client choices, and you talk about all methods from beginning to end all the way from short term, long term, hormonal and non-hormonal, the barrier methods and since we are one organization that focuses on CYPs, at first we used to concentrate on long term methods either the e plant or the IOD but went came to realize that it is not working for the adolescents at all because the adolescents wants short term methods and you cannot even force them in any way to tell them oh, as much as they will give you the history some may have one or two termination of pregnancies, you tell them oh, why don't you just take the e plant this one you would prefer, you know they provide the influence because sometimes we take advantage of that, it is true, but we have learnt to listen to adolescents, that this is what I can manage and not what you are telling me.

I: Interesting, doctor CYP means what?

R: Contraceptive Year Prevalence is like what a couple takes, they put it as a couple but ideally it is not even supposed to be a couple, it is like we have a particular number of contraceptives distribution that we are supposed to do in a particular month like that is like one of our key performance indicators that we are supposed to distribute for example, thirty injections, fifty implants in a month, we have our target, so when we talk about the Couple Year Prevalence, it means that, we have that target of contraceptive that we are supposed to give at a particular month. Some times when a

provider is influenced with a target, they would forget that people have preferences also it is not just about what we think. Yeah.

I: So, it is the Couple Year Prevalence not the Contraceptive Year Prevalence.

R: Yes, yes.

I: ok, great, so uh, please tell me how your facility and colleagues support adolescent girls seeking sexual reproductive health services here?

R: Well, it is all about how we accept them from the time they enter the facility because when you are not judgmental to an adolescent they would open up and tell you everything they would think they want to say to you.

I: So, being non-judgmental is one of the supports that you give to the adolescents?

R: Yes, and then providing for them the services that they need with regardless of what or how their opinion would be, because it is all about choices.

I: It is choices

R: It is about choices and then another way is that we reach out to them when we do our mobile activities, we are not just sitting in the clinic to wait for them to come.

I: Great, any other support that I have forgotten?

R: Well giving them sanitary pads, for us we saw the need, you know, because if you give an adolescent a contraceptive and they cannot even afford a sanitary pad and it's unfortunate that we are in this environment and there is nothing we can do, we can only do also what we can do.

I: Very nice, so, uh, we are talking about the measures that you take to ensure that sexual reproductive health services are accessible to the youth. I don't know if there is any other measure that you take that we have not mentioned?

R: Yes, we work with the county government, so sometimes when they have the community dialogue, they involve us. They would call a community health volunteer to go and attend sometimes when we can as providers in the clinical, we go and attend. We would briefly be given like about five minutes to say what we do and where we are found and how we can be found. And that is very influential because in a community dialogue you have everybody, you have the chief, you the MCA, you have all these other people who have very big influences in the environment. Yeah.

I: They are there?

R: Yes.

I: Okay, you have mentioned something really special that you provide to the adolescents, the sanitary pads, I don't know if there is any other treatment of this magnitude that you give to them?

R: No at the moment, ah we have.

I: Oh, there is

R: We give them wrist pads which are written our Free Tall Number, we have a Mari stopes number where they can call for free without paying anything.

I: Toll free number?

R: Yes, so they can just make a call and talk to our call centre, we call it Mari stopes call centre. We give them Bandanas to tie in their heads. It's like a Head scuff, yeah.

I: Okay

R: And there is a time we would give them pad holders, it like when you are carrying a sanitary pad, the one that you are going to use later, so there is a pouch for pads.

I: Mhh.

R: So, when we have such items in our stock, usually when we go for outreach activities, we would give them but this was an item that we carried from a previous program that we had before this also for an adolescent it was called choices for change (CFC). We had items that had remained in the previous program for adolescent and we are still giving them because this is an adolescent program.

I: Great, so the head bands, the pouch for carrying pads, do they have anything written on it?

R: As I said the Wrist band has a Toll Free Number and when we are doing the mobilization, we have a booklet which is called Diver zone, so Diver is a modern word you know, a young person, a diver, this is young people's language so it has information about contraceptives but in different ways, you know, but all the pictures are there, so the picture of a particular contraceptive is shown in the leaflet, so they would sit, it is written both in English and Kiswahili, the diver, so they would look at it and decide.

I: Great, any changes you have made in terms of opening and closing hours to accommodate the big magnitude of adolescents that access services?

R: Usually, with the weekend we used to close at one, nowadays we stay up to around three o'clock.

I: Over the Weekend.

R: Over the weekend because most of the time they come over the weekend. During the week is not easy to find a walk in unless it is during the school holidays where most of the secondary schools have closed or the colleges have closed is when you find the flow but they like the weekends. Yeah.

I: Through to Sundays?

R: No, we don't open on Sundays.

I: On Saturdays, okay, great, um, levels of confidentiality, how has it been for them when they come for services?

R: They are happy because after we do our group session, when the client is coming to sign we have a consent form that the sign that they understand the method that they are taking even if it is a short term method, nowadays we do even if it is a pill, they have to sign a consent form that they have understood that they are taking a pill and we have never had one asking about if in case their mother would come we would give them information so we have never had such cases. And during counselling they are told that whatever information that we are giving you and you going to give us and you are going to sign and is going to remain with us.

I: Great, how is their waiting room like?

R: Uh, now, when we are doing a field activity we always have to set up but when they come here in the facility, because this facility is particularly small, I remember when I was in another Mari Stope facility we really had a very nice set up

for Youths only, for the divers, but here they just come in a normal consultation room we have done not a special set up for them. Yeah.

I: Okay, uh, and the consultation room you have already explained to me that it is one on one?

R: Yes.

I: Okay

R: With the consultation, it is one on one.

I: Okay, it is one on one; no one is able to eaves drop on what they are saying?

R: No, no

I: IEC materials you have told me a lot about it the bands; the wrist bands, the head bands, the leaf lets.

R: The Leaf lets.

I: I don't know whether there is another IEC material that you give that you have forgotten?

R: No, no

I: Uh, just those ones eh? So how has participation in the ITH influenced the quality of care of sexual reproductive Health services for adolescents in this facility being that you participate in that program? How has it influenced the quality of care that you give to adolescents?

R: In this clinic the quality of care is the same, there is no change but when we go to a different facility calling is compromised definitely because this is not Mari Stopes, sometimes you are given space at the chiefs camp, around where the chief is, you are just given an empty hall, so you

carry your couch, you carry your tables, you carry your everything, you carry.

I: You carry, you carry?

R: You carry everything and you cannot say that that place is as good as you are giving a service...

I: True.

R: In the facility, now the biggest thing about quality compromising even when it comes to counseling it goes really down because sometimes the service provider is over whelmed especially when the number of clients is just you know, you are expected to go and maybe see a hundred ITH clients all of a sudden they are three hundred.

I: Oh my.

R: Because there is a motivation behind the service. That is why I told you in the beginning sometimes you feel like you have given a service but it is not about the service now, the whole issue changes to the motivation behind the, what am I going to get, after you take a pill whether am going to use the pill or not I will get my Tiko Miles and I will go and buy something and I will get my pad or my wrist band or something, yeah.

I: Okay,

R: So quality is really compromised because even as a person a service provider you don't feel motivated sometimes because you have done so much counselling and when you look at the queue of the clients they are whispering we get our pads and we go away, yes so sometimes quality is compromised

especially when you are just given an empty space for you to start setting up a clinic, a proper clinic all of a sudden.

I: Mhh.

R: Okay sometimes when you go to other facilities where there is a clinic or set up, uh, yes the clinic is there but the standards are not the same, you know when somebody is running their own clinic for them to have a separated dustbin for medical waste and non-medical waste is not the same as Mari Stopes where we are very strict and we say that this dustbin is particularly for medical waste you know blood product and all that and this particular waste, so it is not the same but we have to deal with that because they have called us in their facility to go and do a service we have to manage the space and the commodities they have given us.

I: I am getting you; I am really getting you, yeah but still I appreciate that you tried. You have really tried in fact one thing that you told me that was interesting again is your participation in this program has enabled you to understand them better you told me that you do lots of counselling for those ones that comes here but of course the challenges that your citing I also understand. So, based on your experience working on sexual reproductive health issues in this community, you have described this community, it's like I can see it, so what would you say are the facilitators and barriers for the adolescents to access sexual reproductive health in the community you work from? I don't whether you want us to begin with the facilitators or barriers?

R: Well, we can start with the barriers.

I: We start with the barriers, ok, so if we start with the barriers is ok, so based on your experience working on sexual

reproductive health issues in this community, so what would you say are the barriers for the adolescents to access?

R: Well, the community still has stigma about contraceptives to adolescents, not every parent would want his child to have a contraceptive so some people in the society would be happy that we are there majority would still be not happy that we are giving contraceptives and because we are Mari Stopes they always have a very different opinion with our brand. Ok. Sometimes we would want space in a particular area for example we tried to go to Nazarene University and it was all the way from the watchman and we could not even go to the administration block like oh we want to talk about contraceptives and adolescents especially we are focused on, you know focusing on adolescents they would say no.

I: Nazarene said no?

R: No, no, The East African, the University here, ahh, KWEA, the Catholic University said no. So those are the stigma about contraceptives which include both religion and miss conceptions one of the barriers.

I: Okay,

R: Another barrier is ah, sometimes mobilization. Mobilization can be a barrier because you would want to go for example to Kiserian but the mobilizers that you have probably with their different experience of mobilizing they would not prefer mobilizing in Kiserian because of a particular issue that you do not know even as a provider so you find that mobilization is done for very few clients and they would just prefer going to a particular area and not a particular area maybe because of the different reasons that we may not be able to find out.

I: Ok.

R: And then another barrier, would be the word of mouth that comes from other clients, the adolescents who have received services, but they would say but we are not getting this other service for example when an adolescent has come for a contraceptive and you tell them we need to do a pregnancy test but you need to pay for it, you know, so they say, but you know I know that am getting a free service. So, barriers would come when other services have to be offered but, on a fee, and not free. Yeah, yeah.

I: Interesting. About the community having stigma about adolescents accessing contraceptives, what are they saying about it?

R: Well the community still thinks that their children should not be using contraceptives if they are not married or have had children before so for them this is too much for us to be giving contraceptives freely like that to their children. Secondly they still think that you know now when the community other than, they are putting their children first and then religion is also there, there are some religions which do not accept issues about contraceptives and also the would think that their children do not qualify for reproductive Health services because I think in their mind set they are saying my child is not even sexually active, why should they be given an information about ST. You know Mhh.

I: Ok, and you touched something about the Mari stopes brands, how about that?

R: Yes, Marie Stopes is known to give what we call Post Abortion Care. Now this has not been easy for people who are surrounding us and some people embrace that we save women's

life by giving them post abortion care some people no. They are not happy that you know Mari stopes is only known for giving post abortion care and nothing else. So, they don't know that we give other services other than the post abortion care. Yeah.

I: Okay, and the Religion bit of it, you have told me that the Catholic University was not happy, that I know is Catholic, did you establish why they?

R: Yes, the administration said no. We don't talk about contraceptives and we cannot allow you to come and talk to our students about contraceptives.

I: Any other religious groupings that you have found difficulty in?

R: uh, Mhh, my interest was Nazarene, I know it is a Christian University but I don't know which particular but they just say no, no, no all the way.

I: oh, you don't know the administration?

R: Yes,

I: Ok, having gone through all these that you have described, please tell me, what are the mechanisms that you or your facility have used or you could use to support adolescents to overcome some of these Barriers that you have mentioned?

R: We have really tried to engage ourselves in the community that when there are other activities going on for example when they have football matches bla, bla, bla, we know, we would will still send our team and put a tent an information desk for them to come and ask questions in a different platform other than the clinic, because we saw for them

coming into the facility was even the hardest part because of the community that is surrounding. We also introduced a voucher for this particular clinic where if you refer a client you can get a voucher where you can buy a perfume or where you can get your nails done from one of our, this particular person was our client also here, so she has a salon where she offers Manicure and Pedicure and she sells perfumes so it is a motivation that clients would prefer, other clients, the unfortunate part is that there has to be an incentive behind it. Yeah.

I: Ok, ok, I don't know whether you have done anything about the religions, anything you have done?

R: Um, the religion no, because that is a bigger platform, but we are saying as we continue moving on, we will see what to do.

I: Okay, otherwise what you have told me you are doing is to try to provide more information and you target the events like the football matches?

R: Yes.

I: Anything else that you are doing to address these barriers?

R: Yes, we have the First Lady of Kajiado usually has meetings almost like every quarter so they would invite us and we would go you know in these such events we have all groups attending and you talk about, they give you a very short time like five minutes to explain about these services. There is also a group called Women Empowerment Project, it helps a lot of girls, adolescents, by looking for donors, sponsorships for them to do, catering um, hair dressing. So, we have also partnered with them and we also do other activities when we

are going to do this so we organize like a cancer screening day but in this event, we also give information about adolescents' reproductive health, STI and Contraceptives.

I: Ok, great, let's then talk about the facility tasks, those factors that draw adolescents towards accessing sexual reproductive health.

R: Well it is about you looking young, because when I go there with a wide coat you know am dressed like am going to give somebody an injection, the adolescents will be looking at you, like why are you, you know it is so official, so most of the time we have our T shirts that we will be put on when we are going to these facilities, so our dress code would change when we are going to give adolescents services. Yeah, and then we made sure that during our recruitment of community health volunteers they are very young people who relate very well with the girls and the boys, yeah.

I: Ooh, so you use young people like them, the people like their peers, so that has been it attractive for them to access services?

R: Yes.

I: You also told me that you give them some motivations?

R: Yes, before even the motivations, we have to change our language when we are talking to them.

I: Language?

R: Yes, you talk to them to a language that they understand and you tell them it is important to explain to you the importance of the method and then, um, you give them uh that is when we tell them after this we don't carry every incentives in all activities, for example in this activity we

can give pads only, then the next activity we can give wrist bands, the next activity we can give the heads scuff so we don't carry like every other thing we would not want it to be like a monotonous activity where this is what people would just be coming to look for.

I: Yeah, ok, ok, so when you talk about language it has reminded me about something that I needed to have asked you but let me just go back to it, about your training in sexual reproductive health, yes please tell me whether you have undergone through that training?

R: Yes, yes, yes, I have undergone, my providers have undergone, we all have undergone the training. So, when we are giving services to adolescents, we have undergone training through Mari Stopes to deal with adolescents.

I: Great, how long was that training?

R: It was three days.

I: oh, three days training?

R: Yes,

I: Aha, so what were some of the areas that you covered in this training about handling the adolescents?

R: Well, we covered, first of all we went through the contraceptives as a whole and sexual reproductive health and infections and the STIs and then they would describe to us who a youth is because sometimes we assume who is an adolescent, the changes that happen during the adolescent period is just a remainder of some things that we have already done but they take us through that they also take us through adolescents preferences most of the time because

people have done researches, they know that this is what the adolescents would prefer, then the setting, how you should put a set up that would suit for an adolescent, yeah, so they would also ask we serve adolescents like get our views on the adolescents that we meet and how we give them services. Yeah.

I: Great, any other factors that motivate them to access services that we have forgotten?

R: Um, maybe if I remember

I: If you remember you will tell me. Ok, although you had told me about the Tiko?

R: Yes, the Tiko Miles. So those are points that after the client getting a service and we have found that is very good with the service, he or she has used the service, when we send a message to their phone, now they would get that point that they go and receive, maybe it is a salon, a barber shop, an electronic shop, a shop where they can just buy something out of the points where they are getting. Mhh,

I: Great, what are some of the challenges that you or your facility is facing in dealing with the adolescent sexual reproductive issues, the challenges, any challenges that you have encountered?

R: Yes, we have encountered challenges where parent comes back with the adolescent and said remove this thing, you have given my child something that I have not approved especially the ones that have accepted the long term methods like implants, we have the parent come to remove them the next day that they have not approved. Yeah.

I: Okay.

R: And another challenge is the overwhelming numbers because at the end of the day sometimes it feels like it is not about the service it is about the motivation behind the service. So you find a provider is expected to see maybe fifty or sixty clients and they are three hundred of them and this particular platform it goes to a point where clients would go and change their phone numbers come with a different phone number and a different name because you know a seventeen year old you cannot tell them to give you their ID or birth certificate, they just tell you am seventeen so it is out of a lot of questioning and a lot of you vetting them for you to determine if they are seventeen or not.

I: Oh, the age?

R: The Age, age verification was, is not just an easy task because you really have to ask your CHVs to help you to verify the age. So, it was a very big challenge because you look at this person, you saw this person yesterday in a different event but today she has come back with a different phone number and a different name and they want to get pills so that they can get the Tiko Miles. So, it was not easy.

I: So, is the same person you met in a particular event and did not enroll or are they enrolling again with a different name?

R: They are enrolling again with a very different name.

I: Okay, my...

R: And you cannot deny them service because you don't have proof to tell them, you I saw you last week in Gataka.

I: So, this person wants to receive the Tiko Miles twice or more than that using different names and age?

R: Yes, and it go to a point where we did an activity, here at the chief's, a place called PNU and when the provider was leaving the dustbin was full of pills because clients were taking the pills they would go out get the Tiko Miles on the phone and the pills are thrown away because they don't need them.

I: So, they are just taking because they want the Tiko Miles?

R: Yes,

I: And about these parents that maybe the few of them who followed their, the adolescent to the clinic, remove this thing?

R: Well, we had to remove and we would tell them that the adolescent consented we did not force them and they would say yes I agreed nobody forced them so out of the that the parent would not be very hard on us because we have already told them that the adolescents consented to have the method but we were scared that in such a situation for example if it finds you in the field and you are alone and the community mobilizes people, what are you going to do because it will look like you are forcing a contraceptive method to the adolescent.

I: Yeah, we have talked about miss conception about the community but I would like us now to zero in on the adolescents, if there is any miss and miss conceptions about them, what are some of the miss conceptions the adolescents have about using SRH services and their products?

R: They say it is for married people and when they use them, they will not get pregnant again.

I: Okay

R: And then, some would say it causes infertility and some would say it causes infection and aaah, the most common that we here, is that contraceptives is for married people.

I: Then it causes infertility, and then it can bring infection ok, eeh. I don't know whether there is any other miss conception that we have forgotten?

R: Those are the, those are the common ones.

I: Those are the common ones, okay, so tell me how you have been addressing these?

R: Well, it is all about information, and when you are walking with such community health volunteers who are young, some of them would even go to the extent of showing them, like see am using an implant but am fine am not having any infection, I am not married but am sexually active. And if you make them understand that contraceptives are for all sexually active people whether married or not married or whether with children or not, they would understand.

I: So, it is information, information?

R: Information, information, information.

I: Great, what feedback about your facility have you received from the adolescents through the T-safe platform?

R: Well, they have sent several people to come, they have sent auditors to come and check data, they were happy with our numbers, they have never had problems with the number of people that we are serving, they have also sent people to trainers again and again, because with community health volunteers we change them like all the time because if

somebody tries to do something else you need to recruit again.

I: So, who are these sending people for training and all that?

R: Aaah the Trigalize.

I: The Trigalize, yeah, but from the adolescents themselves what feedback have you received, about your facility, what do they say about it?

R: They are happy, and they keep on referring clients to us. Yes.

I: Mhh, aaa, so they are happy about and you see it in the way they keep referring?

R: Yes, and we have what we call a client feedback form so every time we go for an activity we have that form so we make at least thirty percent of clients fill the feedback form, it's like an exit questionnaires so they don't even need to write their names they just tell us the kind of service, bla, bla, bla how it was if they are happy about the service and what recommendation they would give. Mhh.

I: Okay, anything they have saying that you have read in the exit form about your facility?

R: Yeah, they were saying that the facility is very clean, the service providers are friendly but they would want other services to be provided especially, follow up and removal, for example if you have an implant inserted then when I want to remove is like you can come and remove the implant from the clinic if it is not working for you but at a particular fee. Now that is where they are not happy when they hear that they are supposed to pay some money. Yeah.

I: Please tell me whether these kinds of feedbacks that you receive how it has influenced the way you deal with the adolescents who visit your facility?

R: We make sure we give them all information because it is about giving them correct information because if I get this, how do we take a service, and when they come with a side effect I tell them now you need to pay a consultation fee and I did not tell them before so they feel betrayed in a way that why was I given a free service now this service is giving me a problem and I cannot be able to change when I don't have money, yeah,

I: So, you tell them all the information?

R: Yes

I: Okay, great, we are coming to an end, I can see we are quickly moving to the end, allow me to ask this, how can you be supported and by whom to help you improve sexual reproductive health service provision to the adolescents?

R: Well the ITH program together with other donors who have come up with the program at this particular time. Should support us by making us give comprehensive services for these adolescents if it is own free service, it should be free service because all the way from consultation, to the service, to removal, to check up, to a pregnancy test and treatment because all these things go together. I cannot give you one and deny you five. It doesn't work.

I: Hahaha.

R: And then they should allow us to train more service providers on youth friendly activities who are low comes, they cannot just be Mari stopes staffs, they can be low

comes, yes they have done a few but when three facilities are having activities, okay, we all need these low come to come and these low comes are not available so one provider gets over whelmed, yeah.

I: Mhh, Okay, so you need support on more service providers from low comes?

R: Yes.

I: Okay, any other way by which you may be supported and by whom?

R: There has been a lot of improvement as compared to last year because right now the marketing department is paying for transport and refreshments of the community health volunteers because that is also one of the supports we needed but we also need to come up with a way of identifying the people who give us facilities to work on or people who provide us with space because we have a particular fee that we think we should be pay them but why are we not partnering with them so MSK in their hands they could come up with a way we can strategize with a partnership of places where we do our activities regularly that we can work together with them and it becomes very easy.

I: Okay, this marketing department that you are talking about, is it within your facility?

R: Yes

I: Ooh, okay, great, um, any support in terms of the incentives or Tiko points anything you have realized?

R: Well, um in my opinion if I was given a chance, I would not put an incentive behind it because it changes the whole mind set of the person who is going to get the service.

I: Mhh.

R: There very genuine ones who would want to get a service whether there is incentive or not but if we remove the incentive part and leave probably the incentive part to the CHV's who are mobilizing and not the client who are receiving them because you are already giving them a free service it is already an incentive, you know so when you want something else and something else so this client will be coming for a this particular thing, they will be coming for an incentive.

I: I am getting you, Mhh, okay, fine. Now to finish up, I have two very short scenarios that I would want to read to you and just seek your opinion.

R: Ok, ok.

I: So now I would like to discuss some specific situations you might encounter with clients who come to you for family planning services.

R: Yes

I: Let us say a young woman has come to see you; she is a lone and appears to be nineteen years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and she would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. That is the scenario; I don't know whether it is clear?

R: It is clear.

I: Very nice, so what would you want to know about this young woman in order to help her?

R: First of all, I would still go back to the age verification

I: Yes, age verification.

R: Because she is 19, married, I would want to know how long she has been married and when she say she is 19 I would ask the year of birth because sometimes with impulse the question of year of birth you would easily know, sometimes they would tell you if you would ask them when did they finish school if they are educated and you will be able to easily calculate and see because there is no way somebody will tell you they have finished form four when they are 14.

I: Hahaha

R: Hahaha, so age verification is always the important part. Secondly you would also ask why the husband is not happy about contraceptives, was it a previous experience with a contraceptive or he has miss and miss conceptions as a person. If the baby, you say the baby is how old?

I: Ahh, she just had her baby one year ago.

R: Mhh, So you would also ask her if she know anything, she has never used but you should ask her if she knows anything about contraceptives because during her antenatal clinic definitely there must be two sessions in the government policy where a woman has to be taken through contraceptives counselling two times during the antenatal visit. So, if she did not go through an antenatal visit, for example probably because she just got pregnant and she went to deliver that

would also be another thing. You will take her through contraceptive counselling and you will explain to her since she is the one getting the method, she is the one to consent. So you would give her all options the choices, ah you cannot come up with solutions how she is going to explain to the husband because if the husband would agree to come for the counselling session, you would advise her to bring the husband along but If she has decided to come alone because the husband is not happy about contraceptives you would give her choices that would suit her at that particular time probably she will manage it without having issues with her husband.

I: Mhh, what would you tell her about contraceptives?

R: I would tell her about the importance of her child spacing for her own health because she would have time to rest to recuperate after the delivery, um, she would have enough time to plan and safe for the next baby because she doesn't want to have another child right now.

I: Ok.

R: Yes.

I: Mhh.

R: You will give her all the advantages of her having contraceptives, you will tell her about the side effects expected, you know expectations, you have to tell her the truth and tell her this is what to expect and this is not what to expect but the most important thing is about follow up, when the method is not working what are you supposed to do.

I: Ok, Mhh,

I: You will tell her all that?

R: Yes

I: I don't know whether there is anything else that you would tell her that I have forgotten?

R: Ah, because some people even with one year after delivery they still breast feed, you would give her method that will not affect her breast feeding process and you will explain to her and if she is still not breast feeding you will also give her a method that suits her.

I: Now, this is just about your thinking now?

R: Yes.

I: Which contraceptive method do you think would be best for this young woman?

R: Ah, Mhh, an IUD.

I: Mhh.

R: The reason why I would say is an IUD is because she is already having issues with her husband about contraceptives probably she wants to make a secret, an IUD is inserted in the uterus so she is the only one who would know she is having the method, secondly, it is a non- hormonal method, there would be no change, no physical change, no you know and then it is easy to manage because since you are not expecting any change, it is one of motivation, you only need to go the clinic once to get the method inserted. Checkups will be arranged but they will go a long with the child's checkup because the child will still be going for the clinic for her to be doing her checkup.

I: Okay, great, tell me whether you see clients like these young woman?

R: Yes,

I: You do?

R: Yes

I: Kindly could you just tell me about a client like this woman who attended to you recently, she is about 19, she is married, she has a child, she doesn't want to have a baby soon, one she doesn't want to conceive soon?

R: Mhh, most of the time, like I met a client,

I: Yes, a specific one, yes, Mhh.

R: The issue with her husband was about religion and not any other thing. The husband did not just want a contraceptive because he is a catholic and he thinks the church says you are not supposed to use contraceptives but this woman has seen people in her family who have had children like that without planning and they are going through a very financial hardship because cannot be able to take care of the children that they have but because she is educated, she is exposed ,she wants to get a contraceptive so after taking her through all the methods she says pills definitely the husband will find somehow,

I: Somehow?

R: Somehow, the injection because of coming to the clinic every three months it is too hectic for her because she lives far and the husband will be asking what is happening, every three months you have to find a way of going to get your injection done. The implant the husband might see because it is right

under the arm here, so somehow you did not have a small mark somewhere and you know since they are married the husband might notice what that is.

I: Hahaha, there is a mark?

R: Yes, there is a mark; you didn't have this small mark as much as it is a very small mark like a pupil.

I: Mhh

R: But it was not there, and then finally she ended up with an IOD because she said you know periods can change you become a bit heavier the first three months and that is it like there is no any other change that the my partner would realize that am having a contraceptive.

I: Ah great, the second scenario is short, shorter than what I have read to you previously. This is a different scenario; now let us say a young girl has come to see you. She is a lone and appears to be about 15 years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before, so what would you want to know about this young girl in order to help her?

R: Same thing I would ask her about the year she was born maybe if she has siblings, which class she is or probably around 15 she should be in form one secondary school and I would ask her to explain to me about her sexual activities because one would think they are sexually active because they have had maybe one or two sexual encounters and that they are not sexually active again and I will still take them through all contraceptive methods because depending with the school, if she is in a boarding school or she is in a day school you

know you cannot give somebody a short term method without expected to be all the time and yet they are going to a boarding school. So, I would take her through and I would explain to her that there is no permanent method for her. Any method that is not working for her she can come and change it any time. That she thinks that the method is not working but I would explain to her methods that is easier for her to manage because with the daily pill it has to be taken daily at the same so most of the time when you are given an antibiotics for five days, three days your find it is thrown away, would you be able to consistently take pills every day for example she wants to stay without getting pregnant for four years, so I would explain to her would you be able to take pills for four years, it is a short term method, it works very well, easy you know, the moment you stop you can be able to conceive but are you going to take it for four years. Ok, so I would still give her choices tell her that if this method is not working you can always move from one method to another until you get a solution for your method, explain to her to her the side effects the advantages and the disadvantages of the method and allow her to make a choice.

I: Ok, aha, so given this little girl of 15 years old in school and all that, mhh, your own thinking again, which contraceptive method do you think would be best for her?

R: Aha, Mhh, I would advise her on implant.

I: Implant, Mhh.

R: Because she will not be required to come to the clinic all the time for checkups and we have a three year and a five-year implant and so she would go away to school and come back only when she is experiencing any side effects.

I: Great, okay,

R: Yeah,

I: Please tell me whether you see clients like this girl in your facility?

R: All the time.

I: All the time? Kindly pick on one particular scenario, a particular little girl whom you saw recently?

R: Well, first of all she was accompanied by around seven others, they would always walk in groups and she was very boisterous, out of the way they came, am like so all of you want to enter into the consultation room, yes, you can always come but you are all going to stand there are no chairs. So I would take them through but she ended up choosing pills because she is scared of injections, she couldn't imagine getting an implant inserted, so she said she can manage taking pills she has been using condoms once in a while, so am like continue using condoms as much as you can because pills have a percentage of failure if you miss taking you pill every day.

I: Great...

R: So, I asked her if she has a place to hide the pills because she said she is scared of her parent also the teachers in school. She said yes, she can manage doing that. Yeah.

I: Okay, and so it was?

R: And so, it was she took her pills.

I: Okay, it will force me to ask this very last question although this conversation is so interesting and I would, as much as I would have love it to go on and on, but there must

be a stop, so how do you as providers, how do providers encourage adolescents to choose long term methods, how do you encourage them?

R: Uh, we just give them different scenarios especially of other experiences that other clients go through, I always tell a client when you understand where you are coming from it is easier for you to decide even than what am going to advise you because you know we have clients like yesterday I had a client comes all the way from Kileleshwa, she comes to get a contraceptive here, so she says the mother is those type of mothers who check on you , touch your body, you know, so at first she had an implant and the mother discovered and she just told her go to that place where you got the implant and she is studying here at the Multimedia University, so she came, we had the implant removed but she said am sexually active and I need a solution to this so we gave her pills she used for around three months and she said this thing am going to get pregnant with it so we moved to an IUD and she is very happy.

I: Mhh...

R: So, we give clients such scenarios but we still tell them it all depends with endurance of the method, how consistent are you going to take the method and which environment are you coming from? If you don't want any other person to know you are having a contraceptive except you, do you think when you have an implant your mother will not notice or an IUD? If you have pills, do you share a room with somebody or you are just a lone in the room that you can be able to take your pills and nobody will be able to see?

I: Ok...

R: So it all depends also with the environment that this adolescents are coming from, who she is staying with, whether she is in boarding school or she is just at home, the ones who are just at home they are not schooling you know and it all depends with that, so it is never about what, you would only advise her with a whole range of scenarios and choices but at the end of the day it all goes back to the client to tell you according to this I think this is going to work.

I: Very nice, anything you tell them about the long-term method that encourages them to go into it?

R: Ah, it is cheaper.

I: It is cheaper, what does that mean?

R: It means that when I give you a three months injection you will be coming to this clinic after every three months, for example you are coming from far, you need to use your time and transport to come to the facility but we have a long term method. I will see you after three years when you are coming to remove the method and moving to another method. So, it is economically fine with you, less side effects, you know, are expected from the long-term methods and you can always move from one method to another that is always what they want to hear. When you talk about three years it doesn't mean three years it can be six months the method is not working for me, I can change from one method to another.

I: Okay,

R: Yes, yes.

I: Very interesting, do you find many of them getting convinced and choosing on the long term?

R: Yes, they are really changing, when you see the activities of ITH that we did for example in November, clients are coming back in January, February and are changing from short term methods to long term methods.

I: Okay

R: Yes

I: I think you win on that; I am happy.

R: Hahaha, I am also happy. That you are happy.

I: Hahaha, it has been very interesting talking to you until we have talked, we talked, talk, talk, I didn't know the time is going, going but it has been so interesting I didn't even learn or notice that we have taken a lot of time am happy about what we have discussed. I want to thank you so much for your time and openness and everything. I am sure that what the information you have volunteered to us is going to help someone, is going to help in assisting, is going maybe to help another facility that was not doing as well as this particular facility, so I have asked you so many questions, let me now give you this opportunity if you have any questions for me about what we have talked about then and really.

R: No, not really, we are just waiting for feedback because at the end of the day when we talk in such a sessions, when changes come we will know it was out of this particular meeting that we are seeing the changes that are happening and one change that I would really want to come out is we want more services and less of incentives.

I: More services and less of incentives?

R: Yes, when we give a comprehensive counselling, contraceptive checkup, removal and treatment it is much incentive than giving a point, or a pad, or you know a head scuff to a client let just be one of the thing that we would give like any other organization but not incentive behind you getting a service.

I: Ok, a very pregnant point if it has any pregnancy at all, a very key point. You already explained to me that these incentives they are like what brings them and like those ones who throw away the pills I felt a lot, I was touched.

R: Imagine, you have struggled to get these pills going to the government to beg them, they give you some, getting some from Mari Stopes, you know it is not easy.

I: And then you just meet them on a?

R: Right at the door.

I: A dustbin?

R: Mhh.

I: Very absurd, but that was the situation as it was.

R: Yes.

I: It makes us to at least think a head, thank you so much. Any other question?

R: No, no.

I: Thank you so much and more so for your time and free talk.

R: Ok.

I: Haya, thank you so much. Ok.

AFRICAN, POPULATION HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_KAS_URB_003_SP_005

I: Thank you so much for accepting to participate in this study and as I have explained to you as APHRC we are here to as external evaluators. Finding ways of improving care for the adolescents aged 15-19 years old that you have been serving at this facility under this ITH project or T-safe whatever you call it. so, this Wilkister Code 003 doing ITH round ITH_R2_NAI_KAS_URB_003_SP_005, Nairobi County, Kasarani sub county at Needpoint facility 11th May 2019 starting at 11.05 a.m. Ok thank you so much and as I have explained to whatever you say is confidential so we truly speak our minds, whatever there is to talk. So, to begin, please tell me about your work and experience as a service provider at this facility.

R: Ok I am the manager of this facility for the last three years.

I: Ok

R: And according to...as we talk more about T-safe, it started like one year ago with us.

I: One year?

R: Yes, last year and we have not had many clients from T-safe but the ones who come we attend to them and it has been good having those small girls accepting the service with no arguments. Some even bring themselves so it has been good.

I: Oh, nice. So, you say you are the manager are you also the ITH service provider for the youth?

R: Ahh every client coming in for the T-safe they pass through me because I have to verify because there is a code that we have been using as long as they are sent by the mobiliser. There is a code that we link with her so they have to pass through me and maybe the one giving the immediate service like maybe an injection or the counseling now maybe the nurse can do the work or the CEO on duty.

I: So, it is the nurse, it is the CEO and you?

R: Yes

I: Who are doing all these?

R: Yes

I: You told me that you are the admin, the manager?

R: Yes

I: You are manager, and what are some of the administration duties that you do?

R: Ok to start with I am in charge of all departments,

I: Ok

R: Ahh most of the time or the biggest role that maybe I play is the procurement. That is managing of the stock and what have you.

I: Ok

R: And also following up on each and every person, duties and...yeah

I: Which are the departments that you have?

R: We have the laboratory, dental, outpatient and we also have imaging and maternity.

I: Ok

R: Yeah and the MCH also

I: MCH and is that where family planning falls?

R: No, family planning goes to the outpatient. The outpatient, we have family planning, we have minor and some bit of major procedures and....yeah.

I: Great. So, what do you see as your role in the ITH programme? What do you do in the ITH programme?

R: Most of the time I give the counseling.

I: Mhh

R: These small girls, and having been a parent also, I have passed through that life of a girl, and I like giving them counseling before they can even give them the service to show them how important it is and even the risk, the advantages and disadvantages of each and every service they may choose.

I: Ok

R: Yeah

I: Kindly just brief me what are these services that they choose from?

R: The family planning we have the injection, which goes for three months and the other name is Depo, we also have Pill, everyday pills, we have the internals and Jadel which goes for...the implant for three years and then Jadel for five years. And then we also have a coil.

I: Ok

R: yeah which goes up to twelve years.

I: Please describe your experience with sexual reproductive services as a service provider? What has been your experience with the SRH services?

R: Ok what we have to know about the adolescent girls, most of them not like our time that we never knew so much but right now from the age of fifteen to eighteen they have so much, the sexual part, they are so much into it and there is this word I am looking for...they participate in it.

I: Ohh

R: They are....

I: Just say the actual work even if it is in Kiswahili....

R: I am looking for that work.....they are used to....they are sexually active; they engage in it so much.

I: Mhh

R: Talking to most of them it shows you how much the school girls and boys are in to that, having sex and when talking to them you find that...we had some enrolment, from last year, since this case started.

I: Mhh

R: And we could in the internet and everywhere, we could see like most...fifteen to eighteen mothers are so many and maybe they lack people to tell them or even to talk to their mothers. Like not long ago we used to talk to our mothers and it was a big fear because I didn't know if I could be gotten doing this or even talking, the act even was out of question. Talking to a boy was like an illegal thing. So right now, we are bringing them and you can see there are so many schools which are even girls and boys and boarding, we don't know

what happens to those schools. There are these high schools and mixed boys and girls and you get evening classes or discussions going on so you don't know what happens there when the teachers have gone home. So, we have come to see, that is why last year we had so many mothers doing the KCPE and they are the like 13-14 years old, even it is not the targeted group that we have.

I: Mhh

R: Because we start from 15 years to 19 years. So, these girls who already know and they are in primary school. So, when you talk to them, since we talk to those who want the service,

I: Yes

R: You won't tell the girl to go away because she has not reached the age of planning a family. When family planning came at first it was told that it was for mothers to plan for the family they are getting and not to get lot of children are the same time, maybe there is no money to raise them and so on. Right now, we are not pushing them and telling them no, you are not a mother yet or something of the sort. We want to protect to show them that, whenever you tell these girls to stop having sex, maybe she will say, but the next point you will not know what decision she has made also.

I: Mhh

R: Some of them are raped maybe because of the way they are dressed so we want to talk to them...you try to get them to have youth service talks. Like the time we have the outreaches, we also prepare something for the youth. We just want to talk to them and hear what they say. But most of the things that we have come up with, the fifteen to eight are

more sex...they have that issue, it is in them. they see it in the internet, they are seeing it in the TV so it is everywhere. So, the point is just talk to them and maybe insist on them having that service. They can use coil which I think is none hormonal which....it will not interfere with them, with their reproductive...so yeah...

I: Wheew! A lot of experience

R: Yes

I: Times have elapsed, it is not today you are saying...previously family planning was for spacing birth and for woman who is already married and having children.

R: That, is it.

I: And today you are telling me an eighteen-year olds have children and they are not even married.

R: Mhh

I: So, it is not about spacing birth but talking to the young people?

R: Yeah.

I: Thank you so much. Tell me about your training in adolescence sexual reproductive health.

R: Ok, mostly I attend the meetings, the CMAs even by the MOH and also the Tunza facility since we are under Tunza.

I: Mhh

R: They give us a lot of training about family planning to be specific. The Tunza have even the CMA days like even a week

I: Mhh

R: And what I have...what they have shown us to do when dealing with family, we have to sell and not the disadvantages.

I: Mhh

R: Because each and every level has its own advantage but let us talk about advantage of using this service because when you sell a service you have to sell it; it is like selling a product. You have to sell it with what it is bringing to yourself, what earnings will I get when I get this product

I: Mhh

R: What improvement will it make to my life or even to the one who is concerned. Like if you are dealing with a Depo, sometimes we don't want to give these girls, because like the mothers say, the people who are coming this method, they give us the feedback. Some say it prolongs the menstruation period, it gives more than expected bleeding also and what happens to this Depo is that if you give to a client, she will have to wait for the third month it is over before skipping to another. But for a coil and an implant if you want to stop the method, it is now and then. I just remove it and then start another maybe immediately and it won't affect you. You will not wait for it to stop doing whatever is supposed to be doing in your body.

I: Yes

R: I think most of the time we have been talking about the Depo and we prefer even a coil since people, many people don't like because when we deal with these young children, you can see like they are not having one partner. They are engaged with multiple partners and so we discourage that even when we are talking to them. and you try to convince them the coil is

very good, it will not interfere with your hormones, it will not interfere with your periods, it will not interfere with your body, maybe gaining or loosing but also this coil wants you to have one partner if you really have to.

I: Mhh

R: Take that one partner the one that you know you are doing it with. Because when you multiply and you may not know wherever one had gone before coming to you. It doesn't like infection at all because multiple partners may lead to infection so we try to tell them more about the risk that they take and more advantages of the method that they choose.

I: Ok

R: Yes

I: So, you have been trained in so much. So, all these you are telling me is part of the training that you received?

R: Yes

I: And you mentioned something like CMA what exactly is this?

R: they are like training, small....a CMA is like a meet...a training on something,

I: Mhh

R: so, every time we go for this meeting, there is that we call CMA, a training that of maybe....we have a topic. Maybe we have TB, there is an outcome of TB cases, we are trained on how to see these cases, maybe there is a change of a drug

I: Yeah

R: Prescriptions, we are told each and everything to do out with.....

I: Mhh, ok and there are these specific training on adolescent sexual reproductive health, tell me how long you were trained?

R: Ahh about the...

I: Adolescent and Sexual reproductive health, the training specifically for adolescents.

R: Ahh it goes....like last year we have three CMAs

I: And each was taking like for how long?

R: because we.....maybe two hours

I: Two hours?

R: Yes

I: So, you went there three times?

R: Yes

I: That is fine. you have mentioned the services this facility offers. Kindly tell me the services that you offer to adolescents specifically.

R: Ok we have youth friendly services.

I: Mhh

R: that includes even the talks, counseling, family planning for the minor and outpatient in general, treatment.

I: Mhh

R: they also go to the laboratory maybe for some check-ups or labs

I: Ok

R: Yeah

I: Ok that is fine. Please describe your experience with the T-safe platform, that mobile platform or enrolling adolescents into T-safe services. Your experience in it.

R: We started very well actually and we had an enrolment, we signed a contract which was very good but sorry to say this, afterwards it came and collided with us. We started with a number/figure per client, there is how much they had to pay.

I: Yes

R: And now after some time they cut to half of the payment without us knowing, because the T-safe is brought to us by Tunza and we had an agreement with Tunza. And then now the Tunza comes back to us and tell us now we have this thing going on and we want to enroll you in that.

I: Mhh

R: If you accept then take it. before it was ok and maybe crises now and there but now with us specifically.

I: But you have just mentioned something that I would like us to explore a little. That initially it was more than slashed into half, what are these that were being slashed?

R: we had a deal of this payment, when you see this client, you see them for free.

I: Ok

R: And that was not an issue to us because we would like to help more of them

I: Mhh

R: As long as...because this girl won't go to ask for money from the parent and maybe she needs it. So, we had an agreement

that we are going to be paid this amount and then maybe later they are going to refund us this money. So that was the payment.

I: Refund the facility.

R: Yes, pay the facility per the clients.

I: Ok I am getting that now.

R: If you have seen two clients for Depo and two clients for Implant there was an amount that was being paid to the facility.

I: Ok I don't know if I will be taking too much from you

R: It is ok

I: Like Depo how much was it supposed to be paid?

R: We were being paid Sh250

I: Ok

R: the same case with the pills. For the implant, coil and Jadel we were being paid Sh1,000 for each and every client.

I: Mhh so this was initial and later on what happened?

R: Sh100, Sh100 and then Sh500.

I: So, a hundred for pills, and the implants Sh500

R: Yes

I: Now I clearly understand you. I clearly understand what you meant, yeah thank you so much.

R: so, after that even the mobilisers, we had a shortage of mobilizers for our facility and they went.....many of them are mothers.

I: Mhh

R: So, they have been talking to these girls and seeing them coming, and later on it went down since the mobilizers also comes from the tools, so I didn't know and all went down.

I: You were saying the recruitment went down?

R: Yes

I: So, you were seeing no client?

R: No.

I: Any establishment why the mobilisers were not able to bring in girls?

R: Some mothers refused their girls to come and I can understand maybe the way some of us were brought up it is not the way they would like to bring up their girls or children. Some of them said if I tell the girls to come it is like I am encouraging them to have sex and maybe when the girls get the services, she may be protected against pregnancy but she is not protected from having other infections or diseases. Those were some of the reasons. The mobilisers said they were maybe not encouraged maybe by the T-safe leaders because they had a leader.

I: Ok

R: I think this is what happened.

I: Ok

R: I think that is why we have not gotten any client this year from T-safe.

I: I just want to get this straight, the enrolment went down because the mobilizers reported to you their experiences in the community?

R: Yes

I: That the parents are saying no, their girls will feel too protected and then they will begin to have more sex with other people out there.

R: Sure

I: What they were reporting to you is what the community was saying about the girl?

R: Exactly.

I: Ok I am getting you. How about your experience operating the mobile system? What was your experience with that system that enrolls?

R: Ok it was ok because I think when the mobiliser recruits a girl, we used to have phones and the girls had to have phones.

I: Yea

R: A mobilizer has an Application which she will go and update the name and even the picture and then give the girl a code.

I: Yes

R: the code the girl is given is brought to me now. And when I get into the application I get the code and register her and it picks her. The process of the phone was just ok.

I: Ok you know you guys are dot coms and maybe the system was hanging or maybe you experienced some issues while operating it?

R: No, the system was ok. Whenever it had problems, we called the T-safe and their programmers would get back to us immediately.

I: What kind of problems did the system sometimes have?

R: Maybe hanging,

I: Oh, it would hang?

R: And then it could tell you that you cannot now enroll the girl for the service.

I: Mhh

R: And already the girl is already is here so you end up either talking to her or give it for free and finish the process later.

I: How has the project influenced the way you provide services to the adolescents and to you as a provider?

R: Silence

I: How has this ITH project influence the way you provide services to adolescents?

R: I may say it has given us an increased idea maybe on how to deal with young people since we are seeing even married people who are under nineteen

I: Mhh

R: it has given us a way to understand people.

I: Oh, you understand people.

R: We have even changed the way we use to see even bigger people before. Because if you hear the stories of these girls, so many of them are touching and you find even a girl by the age

of eighteen comes with a baby and needs the services and another tells you of even such worse touching stories.

I: Ok

R: So, it has given us not only the client coming and saying I need a service and then you go down just directly to the service the client goes. It has increased our counseling skills I could say.

I: Ok

R: you want to talk more with this lady, you want to know how well is the service doing to her and so many things.

I: Ok, very nice. Now with this electricity going off can we really be able to read this document really?

R: Can we pause?

I: Yes, we can. Now we can move on, the generator lighting is fine.

R: yeah

I: So where we were now, we were talking how this project has influenced the way you provide services to the adolescents and also to you as a provider and you were explaining and you have told me that it has made you know you know how to talk to them and even counsel them. so that is where we were and I would like us to continue.

R: Ok

I: Yeah so, any other way this project has influenced the way you provide services to adolescents?

R: ok it has even brought us to the meeting that we have been having with the youth,

I: Yes

R: Just a talk. When we have outreaches as I told you before, we also have a way to invite these girls and even boys just for talks, just counselling and some mentors. We have a guy who works with us in the lab and he has so many programs with these young people so we also want to engage with people in our locality and talks to them.

I: Ok

R: Yeah

I: So, you are saying it has expanded your avenue, you even know people who deal with the youth and you even engage them?

R: Sure.

I: Ok that is fine. What are the most common questions that you get from the adolescents regarding the T-safe program? What do they ask you when you mention that programme to them?

R: mostly they ask is it illegal?

I: Is it?

R: Is it illegal or legal to give under eighteen family planning services? And most of them are even worried about their parents because they may need the service but they don't want the parents to know. But our mobilizers have also had a way to talk to the parents which have I think one of the things that have even made it (unintelligible) stop talking to the parents.

I: How about that?

R: I am not quite sure, I don't have a bigger girl but I would keep myself in that shoe, comparing to how I was brought up.

I: Mhh

R: We didn't use to see all these things, actually that was like committing suicide for you when you get engaged with such things.

I: Ok

R: So, I would say for a girl at this age and having.....asking so much questions, how will my mother think of it, but back in the head she knows that I am active, sexually active. I would say those are the many of the questions that we get from the girls.

I: Mhh

R: They are worried.

I: They are worried and the most common question they ask is about whether it is illegal or legal

R: Yeah

I: To give girls under eighteen years those sexual reproductive health services.

R: Yes

I: And then what will my mother say?

R: Yes,

I: Any other key questions that adolescents usually ask you about T-safe?

R: About T-safe, mostly it is about that.

I: Only those?

R: Yes

I: what changes have you noticed since the introduction of ITH or T-safe?

R: In our facility?

I: it can be in your facility, the way adolescents walk in and out of your facility, any changes that you have noticed.

R: For the adolescents, maybe I could say those who are coming for the services, let us talk about the school girls, maybe the secondary and primary girls, most of them come like they are hiding, they are not that bold, they are even fearing and they don't know we will receive them and treat them confidentially. So, when they walk in, they can even come and walk through the reception and say I want to see a doctor, it is only for consultation.

I: That is what they say.

R: They say they want only consultation except for maybe the one who has been sent directly by the mobiliser, mostly they will come and ask for me. I have been sent for this and this. I have been sent to see this and this so when they come and they have the code, it is not big issue.

I: Mhh

R: But now those who are coming out of the blues, they have been directed by a friend, they will tell you they want to see the doctor. They do fear and they don't know who to see actually.

I: Ok if I get you right, those who have been sent by the mobilizers are freer and they come and know where to go.

R: Yes

I: But those ones who come out of their own volition, it is like they are still like afraid

R: I don't want to be known I am coming to get a service and something like that.

I: Ok great. Any other changes you have noticed?

R: Mhh

I: Since this project begun to be here?

R: you could say the mobilizers did their work also about the family planning and I think for family planning we get so many clients in a month.

I: Oh, so you get many family planning clients?

R: yes, and we have been having hour outreaches here about family planning to be specific because we give free family planning services.

I: Ok

R: Despite the age, we really don't specify.

I: Ok

R: yeah

I: And how have the preferences of adolescent service users been influenced or changed as a result of this programme?

R: For the girls, I don't know if I am getting that question right but for the girls, I would say they have the peer pressure mixed with most of them. maybe a girl was not ready for sex maybe because most of them worry more about being pregnant than issues like HIV Aids.

I: Mhh

R: So, whenever this girl gets this service and goes to tell the other girl, you know I have a solution for you, you cannot

get pregnant and these people are giving free service for family planning. So, you get so many people meaning there has been an increase in sexual activities more than before.

I: Mhh

R: Yeah

I: So, you are talking of peer pressure?

R: Yes

I: And their preferences about what methods they want to use,

R: They prefer?

I: Yes, how has this programme influenced their preferences in that line for example?

R: Most of them, let me give a point, a clear point of what I have observed

I: Yes

R: Most of them came wanting the pill because with the pill they can take or not.

I: Mhh

R: And the long term you have to insert and stay with it and they want the pills because they want just take and go. Maybe they have talked to the mobilizer who tells them that when you go you will get points and you will be paid. You will have an extra income on you. So, they pick the pills because no one will monitor me whether I am taking or not.

I: Ahh...

R: So, at the end of it we are the ones who are deceived because you have talked to this girl and she insists on the pills but because she is interested the points or something.

I: Ok

R: Then we have those who are in the service, they really want to project themselves, they prefer the OUCD.

I: Ok

R: Yes

I: So, you are saying some girls prefer the pills, give me I go

R: Yes

I: And not because they want to use but because of the Tiko points?

R: Yes

I: That is all they want?

R: Yes

I: So, they don't prefer any method

R: Being protected?

I: Being protected.

R: Yes. Thiers is another point and you see you have given this girl these pills and maybe she will just go away and give the mother or to the aunt. When you talked to her, she told you that she is sexually active and you know it but now she is not going to use it.

I: Oh my...

R: Yes

I: I don't know if there is any way you have been able to establish that they really don't use them.

R: I have had from a few people and even the T-safe programme, calling some of them and they tell you that they didn't get any service for that.

I: Mhh

R: Maybe the girl came with another number of someone else's number, you know that is what they used to follow up on their end.

I: Ok

R: so someone has received things but if asked on phone the answer is that they have never received anything of the sort, I have never been to that facility and so it has brought so many things back to the facility...you have given this number and the details and you are being paid and when this girl is called, the girl doesn't she doesn't respond right and say I didn't have the service. So, you end up not being paid.

I: it is really a big problem that one.

R: I think maybe that...I didn't have a lot of clients, some of them I was paid but now we have other many facilities and maybe if you are going through you will just come....I think the Tunza facilities, they will give you so much issues on the T-safe project but for myself I will say I have no problem with that.

I: Ok but of course the problems are there?

R: Yeah

I: Ok that is fine, and how have the preference of the health care providers been influenced or changed as a result of this

programme? We have talked about how the preference of the adolescents but now it is the service providers.

R: Ok what we prefer mostly as I have told you it is the coil.

I: The coil?

R: yes

I: Ok

R: But now the girls don't want because there are so many assumptions even with the big mothers now. Mostly they say that the man feels it, it brings cancer, you will get infections and more of those doubts.

I: Ok

R: I think we have gone astray with the coil now because this girl I want her when....after she gets the method and decides to have a family. I want her not to get so much stress of when will I get, I didn't use anything and now this method came to interrupt with all my reproductive health or something. So, we prefer the none hormonal but now for them they will even come looking for the injection.

I: Mhh

R: yeah

I: Ok so when they come....the preference you have explained to me it is the coil which is none hormonal and it will not interfere with the system of the girl but now the girl insists that she wants pills what do you do?

R: Ok before even the girl decides what to have, we have to really give an....every method

I: Mhh

R: All the disadvantages and advantages so that when she is choosing, she may have known what goes on with and every method. So, if she has chosen the pills, we have no argument with that because even if you force her, you won't force her to go to the bed and insert the coil.

I: Ok

R: So now it is the decision of the girl.

I: Ok I do appreciate that. I really do appreciate that important point.

R: yeah

I: Let us move on then. How does your facility support adolescent girls seeking SRH services here? How does the facility and your colleagues support them?

R: I would say when we started, the colleagues were not all who were into it. because now we had to talk to each and every member be the subordinate, be the lab technician and all those people working in the facility. I would the technicians and nurses were not arguing about that but maybe the other departments like the laboratory, they would say no, these are small girls, why are you doing this to them and the argument went on and on. That is why we started reaching out to the young girls and boys for counseling. We call it youth service, youth friendly service.

I: Ok and despite the fact that some of the staff were against the programme what do you see that your staff has given so far to these young girls?

R: I would say they have really given a good counseling to them

I: Counseling,

R: Yes

I: Mhh

R: That has been well done and follow up also.

I: Ohh counseling and follow up?

R: Yes

I: Any other support that your facility or colleagues give to the adolescent girls?

R: Mhh not really, I would say that is it.

I: Ok. What measures for example does your facility and colleagues take to ensure that services are accessible to the adolescents?

R: We make sure that the methods are available.

I: Ok you avail the methods.

R: All of them.

I: Ok any special provision you give to the adolescents other than the products, the methods, anything else they receive from you?

R: If a person gets the service, the method, we also give them the condoms for free.

I: You also give them free condoms?

R: Yes

I: Ok thank you. Tell me if there are any changes in the opening and closing hours to embrace the adolescent timing?

R: For our facility we go 24 hours.

I: It is twenty-four hours.

R: Yes, we never close at any time.

I: Ok

R: yeah and family planning you can get it any time you want, be it in the morning, at night, you will still get it.

I: Mhh waiting room, how is it like for the adolescent?

R: we have a special room for them.

I: Ok there is a special room and how about consultation? How is it like?

R: it is like this one now,

I: Privacy?

R: You cannot access it whenever there is a client.

I: Great. Any other IEC material that you give them, that is Information Education and Communication materials?

R: Right now, we do the counseling

I: Mhh.

R: There is a card we give for the family planning and they can continue reading it.

I: Ahh ok any books flyers and so forth?

R: Yes, we do have them.

I: What is the information on it?

R: They are different and like now we have fliers, the card that we give, it is like a booklet and it has information on all the methods of family planning, learning more about them. And some of the fliers that we give them are educative for the young people.

I: There is one question here that you have somewhat responded partly to it but I would like us just to repeat it so that we see if there is something else, we missed. How has participation in the ITH influenced the quality of care of SRH services for adolescents in your facility?

R: I had said it has improved the quality. It has improved it because like now we didn't have a special room for the youths and now we have where we can talk to them inclusively.

I: Mhh

R: Yeah

I: Ok that is great. I remember you had also told me that the youth are able to come directly to you.

R: Yes

I: And they are able to open up?

R: Yes

I: I don't know if there is any other way by which your participation in this project has improved or has influenced the quality of care that you provide.

R: pardon?

I: I don't know if there is any other way your participation as a facility in the ITH project has influenced the quality of care that you provide for adolescents.

R: I would say that having so many works, we have made up a team to follow up on the girls since it is hard for them maybe to talk out in the outside so we have a follow up on the girls and we have a team that does that.

I: Ok

R: And it is really doing well.

I: Ok

R: It has increased the quality of the services that we give to the adolescents and the other people.

I: Ok and how has this happened?

R: Since we started seeing these little girls, and we were concerned about them maybe due to the stories that they give and what you say to the girls,

I: Yes

R: So, we opted to have seminars for youths like I have mentioned earlier on and talk to them. so, you find that the things that happen to the little ones also happens to the young mothers so we have that thing going that we can talk to the mothers.

I: Ok

R: Even in the MCH department you can just go talk to the mothers when they bring their children in the clinic, not necessarily talking about the child but also the mother.

I: Ok so other people have benefit from your participation because the way you talk to adolescents you learn so much and so you are also concentrating on other young people who come here and giving them the same services?

R: Yes

I: Great. Based on your experience working on SRH issues, in this community, now I am talking about the community around here,

R: Mhh

I: Yeah what would you say are their facilitators and barriers for the adolescents to access SRH services? In the process of our talking, you have talked about some problems that you have seen even in the community but I would just want us to put this together. So, we are talking about the facilitators, the factors that makes adolescents come for services and those factors that prevent them, what we call barriers.

R: yeah

I: So, what do we begin with, the barriers.....

R: The positive ones.

I: Oh, the positive ones. Ok, let us begin with the positive ones then.

R: What makes them come I think mobilizers have done their work.

I: Ok, mobilization.

R: Yes, and to my knowledge we have also been going for the trainings since most of them work under the MOH.

I: Yes

R: So, they know how to talk to those members, the family members, the children because they also go and participate in washing of the hands in most of the schools so they have a big enclosure for these girls. So, the mobilizers they have...they are the ones who make them come

I: Yes.

R: I would also say some of the mothers are good, I am not saying that others are bad but the mothers are also concerned and they can see their girls. So, they are like do I see this

girl of mine crossing the line or do I see something else.
So, some of them are even brought by their mothers.

I: Ok

R: And, yeah and also the girls themselves, the peer pressure also. Others do it out of good will because they want the other person benefit and also protect themselves.

I: Mhh

R: Yeah

I: Ok

R: For the barriers, I will start with the mothers. Some of the mothers are very against it, most of them and

I: They are?

R: Against it

I: Ok they are against it

R: Saying it is not ok for the little girls to have been engaged in sex. I think that is the biggest barrier,

I: What are they against?

R: They don't believe that the girls are having sex and now they say no, my girl will not have this service because I know she doesn't and if she gets, it is going to open her way of being sexually active, yeah and I will say maybe caution. In the schools they also have trainings for these girls and the boys also. So, whatever they tell them, you know you cannot go to a school and start telling them all, now you have to take these services for family planning so they try to talk to them leading them away from this sex activities. So, whenever they get the training, in their heads they will always think

it is not right to have these activities and definitely I will not take this up

I: Ok so the school also have an influence.

R: And also, the girls themselves.

I: ok

R: They make their own decisions.

I: Ok tell me more about the girls making their own decisions.

R: Even if you talk to them having these services they don't want, they say no, I will protect myself. I know I can get pregnant; I know I can get these....they call it I am young a bit

I: I am young

R: Yeah, I am young a bit and those are for our mothers.

I: Ok

R: And also, the girls have so many things. They have the phones they have the internet and so they google so much about these things.

I: Mhh

R: And they know how to stay away from getting pregnant.

I: Ok

R: yeah

I: Ok now when you talk about the community we are talking about the girls, we are looking at the young boys, we are looking at mothers, we are looking all of them, religious leaders, teachers, and so on.

R: Ok

I: Tell me if any of these groupings have been a barrier to the girls accessing SRH services?

R: I would say that some of the religious leaders, which is very true because religiously the girls are not supposed to be having sex. But now it has gone away too far that you cannot stop these girls. Even if you were very religious, even in churches we always give them talks and counseling, not to engage in sex and with these we tell them no, don't even have, or use these methods. If you are using these methods then you have to be engaging in sex or something. Since they don't want to engage and they don't want to show you that they engage, so they don't use them.

I: Ahh ok, so which religious groups if you have any example here that have been talking more negatively about girls accessing family planning methods.

R: For the church you cannot lack youth groups in the church.

I: Youth groups?

R: Yes, and they have seminars, they have their own training, they have their own counseling, yeah.

I: Are these Christian churches or Muslim or?

R: Christians. I don't know much about Islam but with Christians they do have them.

I: Which denominations are here, majority that is?

R: Here?

I: Yes

R: Pentecostal you will not lack one saying no to it.

I: Ok that is fine, and now for these barriers that you have mentioned, please tell the mechanisms that you have been using to at least counter or to solve the issues.

R: Mostly we have been using the mobilizers since they are the ones who deal with the community a lot,

I: Mhh

R: They even talk to the girls, the mothers, have one on one because it is rare for us because even if we call them here,

I: Mhh

R: We cannot talk to each person one on one so the mobilisers have been doing it.

I: Ok

R: Yeah, they call a girl and tell her let us meet here and they talk.

I: Ok

R: Yes

I: Is there any other way you have been trying to counter this?

R: I would say mostly they do the work because they go to the churches, to the schools and homes.

I: So, we are talking of ways to overcome the barriers and you are telling me that you are using the mobilisers to reach the community out there and also talk to the girls and you have also told me that you have been reaching out to the girls in schools.

R: Yes

I: Ok

R: Mhh

I: That is fine. Any other effort you have been making?

R: The seminars that we have here in the facility

I: Mhh

R: Yeah, also we have been talking to them

I: Ok

R: And whenever a girl comes, we tell here you sisters, cousins and friends in that age group it is also good for them to come. Even if it is not necessarily to get the service, just come for counseling, that is all.

I: Ok and now taking you back to the facility and the things that facilitate, or enhance or encourage adolescents to access SRH services, other than what you mentioned like mobilization, like peer pressure, like concerns of the mothers, some mothers bring their daughters around, previously you had talked about the Tiko miles, I would like to establish is the Tiko miles have been a factor that has made girls come or this one is different?

R: yeah that one I think has also increased the girls coming since they need the Tikos,

I: They need the Tikos?

R: Yes

I: Ok we are increasingly coming to the end now that you are busy. Now what are some of the challenges that you and your facility face in dealing with sexual reproductive issues? The challenges?

R: the challenges.

I: Yes

R: Reaching out to them, the parents will come out and say, no you are teaching my girl to have....you are encouraging the girl to go on and have sexual activities and that has been the main challenge we get as a facility.

I: Mhh

R: And we don't want to interfere with this girl and the mother so sometimes you just leave it

I: So, the mother can come up to here?

R: Yes, some have come saying no, you are telling our girls to have this and this which is not good

I: they were saying you tell their girls to have sex?

R: Yes, by giving them the methods.

I: Ok

R: Yeah

I: And how have you been able to counter this when a parent talk like that?

R: we just try to talk to her and eventually most of them calm down

I: Mhh

R: Yeah

I: Any other challenge you have encountered as a facility or you as a service provider?

R: The financial part, sometimes it is ok but sometimes we get to buy these things and now when you give the client the service and not get paid, it is a loss on our part.

I: Exactly.

R: Yeah

I: You told me how it was an it is good you are bringing it back, thank you. Any other challenges that we can talk about?

R: Mhh...no

I: Any challenge that you have encountered dealing with adolescents, SRH issues?

R: Ok I would say for the girls they come up with issues on how they don't get menstruation ongoing and you find out that sometimes you have to change the method and maybe it the method they don't want to use.

I: Ok

R: So that has been a challenge convincing them to change from one method to another.

I: Mhh

R: And even others say if I have to change then let me stay like that.

I: Mhh

R: Yeah

I: Ahh that is fine. What are some of the myths and misconceptions that adolescents have about using SRH products and services?

R: They have a very common one most of them that when I use this service, I will never get pregnant. I am interfering with my reproductive health and if I get before I get child, then I lose a child forever and that has been ongoing for....a lot of times, even the newly wedded couples, you tell them to use a

family before if the couple is not ready for getting a child they say no, I will not use because I may not get a child, I want first to get a child.

I: So, they have the myths or misconception that if you use these products you will not get a child?

R: yes

I: Any other misconceptions?

R: Like for the coils they also say it causes cancer,

I: Mhh

R: I don't know where it came from. Cancer, infections, and they also say that if you use the coil the husband will or the guy will feel it such like issues.

I: Mhh

R: And also, assuming that I have to do a test to know which method is compatible with the girl. I don't know where that came from but even the mothers also ask for that. Which method can I use? You tell the you have to choose that on your own. You cannot do a test on me and know which one is good on my body...yeah

I: Mhh

R: They have that assumption that you have to do a test

I: On their body to know which method is appropriate for them?

R: Yes, and the test results shows which method to use.

I: Waah! So, they want to see those tests results that show you are going to use this one and not the other?

R: Use this one it is not going to affect you.

I: Ok I don't know if there any other myths we have forgotten?

R: No.

I: How have you been....in what ways have you been trying to mitigate these challenges?

R: you see the counseling has been improved and being able to tackle all those challenges through word of mouth and engaging with the girl and even with the mother.

I: Mhh ok, please tell me what feedback about your facility have you received from adolescents through the T-safe platform?

R: With the services we have given we have a positive way of thanking

I: Oh, they thank you?

R: Yes, they come and say thank you at least I got a service, and with the way we communicate with them and reaching out to them, it also shows that you are concerned.

I: Mhh

R: Yeah

I: So where do you meet for them to say thank you?

R: they can even come here,

I: Oh

R: Yes, and since now they have been using the phones, they call the mobilizer and share information with us.

I: And the girls say the services are good?

R: yes

I: Ok what do they like about the facility?

R: Maybe through the few responses that I have,

I: Mhh

R: the customer care service, the way we talk to them.

I: Customer care?

R: Yes

I: and through the mobile platform, I don't know if you have received any feedback from them?

R: yes, through the T-safe

I: through T-safe?

R: Yes. The T-safe, we always called him to hear how it went and we had through the Tunza we had a code that people use to give reports on how the service had gone

I: yes

R: not necessarily the family planning but also enlarging to the outpatient just to know the service that was given and we have gotten a very good report.

I: Ok

R: yes

I: What were they saying about you?

R: Mhh...I think most of them talk of the service they...the one on one talk

I: One of one talk

R: And you can even hear them saying about a name of the person who attended them,

I: Ok

R: That lady by the name, that lady by the way she looks, she talks to me very well, she gave me an encouraging, you can even use examples on your own self and you find the person even carrying it to her own and saying yes, that was the best and I also want to jump.

I: Ahh great,

R: Mhh

I: Now how can you be supported and by whom to help you improve the SRH services provision to adolescents?

R: I think I will say I know the T-safe they do give a help, and if they could also increase their help and support us like even having the products.

I: Ok products

R: Because like now the government is going low on the products. We could also ask if the government could help in this

I: Mhh...what should the government do?

R: I know they have good trainings because right now if you send a mobilizer to a school they will just ask, do the government know about this? The teachers will also ask, do they know about this, I am going to sue you. Why are you telling my children to do this and this, you are even engaging to sex, like forcing them because you are giving them the free...actually you are giving them free service. So, you are like pushing them, like you are not asking them for money, you just want them to have the service and you go and do the action. So I think maybe if the government could have a training of...or even send some people to give a training and show that it's really giving back to the society, I would say

that one would be a good help because for us we do it with a good faith and not like we want to be given only money. We them services and we are not even paid, so the question that comes from the community and even from those calls, some of the are very harsh, because I would say in Mwiki we are the only ones giving the T-safe promotion. So, when they hear that the (unintelligible) is giving free medical services to young girls, and the others are not and maybe the government doesn't know, I don't know if it knows about that. It has been a challenge for us too.

I: Mhh

R: Now knowing what people will say about us, what the government would say about us, yeah because most of the things we see, having in private section, and giving.....you know all privates it is about money, business.

I: Mhh

R: So even when you are giving out services that the end of the day it is business. You want to gain profit and not more than a loss, so rather than the public hospital, everything is given to them and they only have to give the service to the poor level, so if also they could engage themselves like we are having an outreach and they give us the products to give even for that training service.

I: Mhh

R: So even when you are giving out services that the end of the day it is business. You want to gain profit and not more than a loss, so rather than the public hospital, everything is given to them and they only have to give the service to the poor level, so if also they could engage themselves like we

are having an outreach and they give us the products to give even for that training service.

I: ok now for the trainings you have mentioned the mobilizers, to be trained by the government but you have also talked of schools. I don't know whether you were suggesting the government should also extend training to those schools or....or what do you mean?

R: The girls,

I: oh, to the girls' schools?

R: To the girls' schools to help them be aware that they know what is happening.

I: Ok

R: Because the mothers always assume it is an illegal thing, is it raised from the top.

I: Ok thank you so much maybe there are still others you would like to mention?

R: Even you people.

I: us people too?

R: Yes (both chuckle) you could us a hand in that because the way we have explained from the beginning, that challenges,

I: yeah

R: You can chip in and pluck a thing maybe you can add on to us or even anything that you can give, we can appreciate.

I: yeah, I think that is a good challenge for me.

R: Ok

I: Although I am coming in on behalf of APHRC as an external examiner/evaluator doing these interviews on their behalf. I think it is not without a thing because when we put all this information together, you can see the gaps.

R: Yeah

I: I think your suggestion is good, we may not come in as giving the products but forwarding your voice we would have worked too, really!

R: very much so

I: Thank you (both chuckle)

R: That is why I am encouraging you because that is help too.

I: (Both laugh) ok I have to very short scenarios that I just want to go through with you

R: Sure.

I: Now I would like to discuss about some specific situations that you might encounter with clients who come to you for family planning services. Situation number= one, let us say a young woman has come to see you. She is alone and appears to be nineteen years old. The young woman tells you that she is married, and lives with her husband. She just had her first child one year ago and would not like to have another child too soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. That is the scenario. I don't know whether it clear or I repeat it.

R: It is very clear.

I: Very good so what would you want to know about this lady in order to help her.

R: the first question that I would ask ahh... you said the child is one year old?

I: Yeah

R: I got it right. And the woman has not been using any contraceptives.

I: Yeah

R: My first question to her would be have you been receiving your monthly periods?

I: Mhh

R: Like every month and if yes, then I would like to have the dates too.

I: Mhh

R: And maybe the last date that she got the menstrual period. If no, have they ever been regular or irregular? And the first thing we want to know is if this mother is pregnant again.

I: Mhh

R: And the only option to know if she is pregnant is to have a pregnancy test. If the pregnancy is negative, let me start with the positive, if it is positive then she will start clinic and bring up her child. If it is negative, now, we will start talking the reason why the husband doesn't want the family planning. At times there are those assumptions, it will make you cold, it will make you bleed heavily or something.

I: Ok

R: So, the men fear and we always want, if possible, to talk to both of them, the lady to come with the husband. If not

possible, then what can we help? We have to use family planning and since the husband is opposed to it, he has to come and have a talk.

I: Ok and what would you tell her bout contraceptives?

R: Since she doesn't want a child soon, we will focus on the long-term methods.

I: Long term

R: The implant and IUCD.

I: Ok

R: yeah

I: Anything else you would tell her about family planning methods?

R: You have to give the advantages of having family planning methods for each

I: Each method?

R: Yes

I: Ok great. I just want to ask you about your thinking,

R: Mhh

I: Which contraceptive method do you think would be best for this young woman?

R: I would say the best would be the ICUD

I: IUCD?

R: Yes, and reason one why I love the IUCD is that it is just none hormonal.

I: Mhh

R: and it is very compatible with any woman as long as you have been having your periods well, and it is ok for you to use it because immediately you want a baby you just have to removed and get back to yourself.

I: Ok

R: Yes

I: You had told me at some point that if I am on IUCD the man can feel it. feel it how?

R: it is always assumed that he can feel it, it is kept under....underneath your cervix so they think it is just kept there where the man can feel it but in real sense

I: Is it during sex or with the hand?

R: During sex.

I: Oh, during sex, ok, great. Do you see clients like this woman that I have described? Have you ever encountered any?

R: A lot

I: could you just tell me briefly about a client like this one that you attended to recently.

R: Last month we had a lady who came and we requested for the husband and he came. We did counsel because we wanted to know why he was opposed to family planning so much.

I: Ahh ok.

R: Actually as I mentioned before I was using that client, because he said that the woman will be cold, it is going to give her so many problems and eventually we talked to the husband and we told the husband we can try with the IUCD

since it is not hormonal and will not change anything on the body. We had to see them after two weeks and it was all good.

I: It was good.

R: What happens is that when she comes alone there is that fear. Even others say no, let take an injection he will not know because there is no mark on her body. So, when the lady comes alone there is that fear what will the husband say. He said no and why do I have to go against the rule?

I: Yeah

R: But when they come both of them, this is a family, we are planning a family. And a family is for both of you. If the family doesn't want the child also very soon, eventually they will come around

I: Ok

R: So, for this particular girl, you sent her bring the husband. We asked her if the husband will say no and not come? She said no I will just talk to him and see if he will come and have a counseling together.

I: Ok great, the second scenario is even shorter.

R: It is ok.

I: Let us say a young girl has come to see you. She is alone and appears to be fifteen years old and she tells you that she is actually sexually active and she would like to prevent pregnancy because she is still in school. She has never used contraceptives before. So, what would you want to know about this girl in order to help her?

R: the situation is the same, menstruation period last date, that needs confirmation, check for pregnancy and then we

encourage her to choose a method. You will explain all the methods as I have said. You can give the Pills and also the IUCD or whichever she may choose because it will not affect her like any other person. And on top of that we always want to...we always insist on one carrying condoms, you can even give a girl like fifty condoms.

I: Great

R: You have to tell that even if you prevent pregnancy, there are so many issues that can come out of getting sexual activity so we give the condoms for that.

I: What would you tell her about contraceptives?

R: We always tell the they are ok and as I have said you have already explained the outcome of each method so after that and she really needs that, you don't just tell her to go and stay away from because she is already in it. so, you just talk to her about them and after she chooses you just continue talking to them and following up.

I: Ok

R: Yeah

I: It is ok. I don't know whether when you say you will tell them about the outcome of each contraceptive what exactly does it mean?

R: you tell them about the advantages and disadvantages of each method

I: Ok, great. And then this is about your thinking, just like the other cases, what contraceptive method do you think would be best for this young girl who is fifteen years old, in

school, sexually active, in school and does not want to get pregnant.

R: I would go for the pills

I: Pills?

R: Yes

I: Reason?

R: Because most of them.....would I really for the pills? (Both chuckle)

I: Mhh it is ok, we have space it is your thinking.

R: I think I would go for the IUCD

I: Mhh

R: Yeah because it won't affect in any hormonal imbalances also because for the pills the girl does not want to be seen by the mother.

I: Mhh

R: So if the mother stays....this is Nairobi and we live in very small houses, so wherever you keep your cloths I can see, where you keep your bad I can see so the parents maybe it won't be good for her unless now she.....and she can even skip and even forget like what all other people do. So, the IUCD I think would be good since it will not affect her at all

I: Ok great. Kindly tell me if you have been seeing this kind of clients, or rather young girls.

R: Yeah sure.

I: Please tell me about a particular young girl like this one who attended your clinic recently?

R: This year I have not attended to any under eighteen girls.....no, I got an eighteen-year-old girl but she had a baby.

I: She had a baby

R: She had a baby and she was married.

I: and the fifteen-year category?

R: No. Maybe last year?

I: Last year, how was it with this one?

R: she was brought by a mobiliser and she was not sure if she is supposed to get the service or method, she is supposed to use but after the counseling and assuring she has been active in sex, she agreed on taking the three-year implant.

I: Very great, great, I wouldn't want to stop but apparently, I have to. There is very interesting information that you are giving me about the long term methods and you told lots of information about like the lack of hormonal imbalance, that you think it is good for the adolescents, but let me just try to put that information together by asking, a question about it again. How do service providers encourage adolescents to chose long term methods, what do you tell them about long term methods that encourage them to use them?

R: Let me talk about the IUCD.

I: Mhh

R: We always tell them about how long it lasts and how short it can take you to get pregnant after doing away with it.

I: Mhh

R: So, I think that is one of the advantages they love most because they don't want say I used the family planning and it affected me and now I cannot get a baby

I: Mhh

R: I think that is the most point that they take home when they are coming out of the facility. Also, the implant and Jadel we always put them the arm. So, for it, it might have interfered with your hormones and it may not have interfered, everybody has their own hormones and they also like it because whenever you want a baby you just come take it off then you are back to your normal self.

I: Ok

R: Yeah

I: So, you tell them if they want a baby the fertility returns quickly?

R: Yes

I: When they want it removed, that is it?

R: Yes, you just take it out the same day and you are back to life

I: Ahh great. Any other way you encourage them to choose long term methods?

R: We try to convince them that long term methods are even better because you can use for the three years and maybe you are in form four.

I: Mhh

R: And after it is expiring you are almost getting even in university or finishing because after two years you can do certificate and you are done.

I: Mhh

R: Or maybe you will get married within the twenty year so from eighteen to twenty you have already saved yourself so sometimes it is because it gives you ample time for doing all sorts of thing that you want, you can learn, you can do one two three due to the long lasting I think...ahh it is also good.

I: Ahh very nice, very, very nice, I don't know if there is anything we have forgotten?

R: No

I: About how you encourage them to take long term methods?

R: I think those are the most big points

I: Ok

R: Yes

I: for lack of any other question to ask, I want to thank you and thank you in a very big way for accepting to participate in this study

R: Ok

I: and I have really enjoyed this talk, it has been very nice, it is very educative and I have learnt a lot from you.

R: Mhh

I: Yeah, now I am sharp.

R: You are on point.

I: Yes, I can answer questions.

R: sure

I: Yes, though not as good as a provider would. I would still refer but at least I have some little knowledge now. So, I want to thank you so much for giving us your time though you are very busy, you are alone but you have really given us sufficient time.

R: I have got my colleague who came that is why I am not moving out.

I: Ohh

R: She was...

I: She came to replace you. Now having asked so many questions, let me give you this opportunity to ask me any question about this talk we have just had in case you have any.

R: Maybe what I would like to know, you have said you are partners with Triggerize or T-safe or you are helping them to do evaluation?

I: As we are just evaluating as external people who come in to evaluate what they have been doing. Triggerize, Marie Stopes they have been implementing the program but now us we are evaluating as external people who have not been implementing. You know when you do your stuff you cannot be the same one to say it is good or bad, someone else has to come from outside and so we are those outsiders who are coming to evaluate the programme

R: Ok

I: Yes

R: I think I am good.

I: Ok

R: Yes

I: Thank you so much.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_LAN_URB_003_SP_003_9519

I: This Wilkister Ombidi doing an IDI with Service Provider ITH_R2_NAI_LAN_URB_003_SP_003_9519 at Marie Stopes in Langata Sub County, on 9th May 2019 starting time 9.40 a.m. Thank you very much to be here.

R: Ok.

I: Please tell me about your about work and experience as a service provider in this facility.

R: I am a nursing officer by profession; I have three years working experience in the nursing field.

I: Ok, for how long have you been working here?

R: I have been working for one year.

I: The department you work for?

R: This deals with reproductive health.

I: Please tell me if you do Some administrative duties?

R: Yes, sometimes when my boss is not around, I am left in charge of the facility.

I: Ok, So, you tell me that you deal with reproductive health issues.

R: Yes.

I: Please tell me abit what you do?

R: Reproductive health entails safe abortion, we also, deal with family planning..

I: Mhh...

R: Yes.

I: What is your role in ITH?

R: My role is to provide contraceptives to teens ages 15 to 19 years.

I: Ok, what kinds of contraceptives do you them?

R: We have short term and long term; the short term we give the pills, the depos, the long term we used to give nacelles, Norplant and the implant on, the coils and also, the condoms female and male.

I: The long term you said you give what and what?

R: Implants and the IUDs.

I: Ok. And please describe your experience with adolescents.

R: They are cool to handle. They are good to deal with.

I: Mhh...

R: But the most important thing is to understand them because the adolescents are very impatient. So, they are good to work with. I enjoy it.

I: Nice. What aspect of it do you enjoy?

R: One; I went for training and So, we were told how to handle them, be patient with them. I was also, once a teen (both laugh).

I: And very close...

R: Yeah.

I: Being 23 years you are still very close to them.

R: I am not 23, I am 28.

I: Ohh you are 28?

R: Yes, 28.

I: We wrote 23. But very close with them, nice. And you have just talked about what I wanted to ask you about...

R: Mhh.

I: About your training in dealing with adolescents.

R: Yes.

I: You told me that you have been trained?

R: Yes.

I: Tell me with who and where?

R: I went to Pride In hotel for five days. We were taught on broad topic but was about ITH. It was a nice experience.

I: Nice experience. Who were your trainers?

R: We had Moses but the organization was Marie Stopes.

I: Actually, what I mean is the organization that trained you?

R: It was Marie Stopes.

I: Ok, that was Marie Stopes. And you said it was five days training, in Pride In hotel?

R: Yes.

I: And you were trained on family planning.

R: Yes, but we don't call it family planning there is no family planning for teens but we have contraceptives.

I: What services does this facility provide to adolescents?

R: Contraceptives.

I: Contraceptives?

R: Yes, basically contraceptives.

I: Specifically, which ones?

R: We have long term and short term.

I: Ok, any other services you offer to them?

R: Youths call it safe abortion but for the teens we give contraceptives.

I: What are the most sought-after services by the adolescents?

R: Short term contraceptives; pills and depos.

I: Please describe your experience with ITH platform, the T-safe platform. That mobile..

R: It was a nice experience but had some challenges like the system failure. Like you could go to the field but I heard that it was the organization that was disfranchised.

I: Ok.

R: There was Marie Stopes, Trigalize and I don't know the other. Now I heard that Trigalize was to deal with the platform. You

go to the field you can't validate a client. There is a way we validate a client; the cards are there but you cannot validate in the system.

I: So, what exactly are we talking about when we talk about system failure?

R: I don't know whether it is network or what.

I: Ok. So, is that the network does not work?

R: Yes.

I: And So, you have to wait?

R: Yes, you have to wait, there are So, many teens and it is taking long for the network to come back.

I: Other than that, please tell me whether it had challenge to navigate? You know you guys are dot com, So, what about operating it?

R: We never had any challenge; on our side we never had any problems. In the training we were told how to operate, how to enter those figures...

I: That was part of your training?

R: Yeah.

I: Ok. Kindly tell me if there are any other experiences you have had?

R: It was fast when the network was there. At least the teens were happy with the whole project because they used to get some shopping, the pads, the contraceptives.

I: Ok.

R: They enjoyed. Then there was motivation on the CHV side, they used to get points for shopping. It was nice.

I: Allow me to understand this abit more; the pads that the adolescents were receiving..

R: Yes...

I: Were they or are you the ones who were proving?

R: The project; that was part of the package.

I: So, that was part of what was to be provided.

R: Yes.

I: We seem to talking in the past; it was... please tell me is it still happening?

R: It is still happening but now the project that is currently running is for long term but we are dealing with 15 to 19 years and So, the ITH ended.

I: The ITH ended?

R: Yes.

I: How long ago?

R: I think last month, a month ago.

I: One month ago. What services are you now providing?

R: 15 to 49 years but we are focusing on teens. But with long term methods?

I: You are only giving the long term?

R: Yes.

I: The short-term method ended?

R: Yes.

I: I don't know whether you have Some information about its ending?

R: I have no information.

I: Ok. How has the ITH project influence the way you provide ITH services to adolescents and you the provider?

R: To Some extent, having worked with them for example when a teen comes to the clinic, I gi9ve them first priority because the teens are naturally impatient.

I: Ok. So, the influence of the project has made you give adolescents first priority when they come?

R: Yes.

I: What other influence has the project had on you?

R: I understand them at least. There are those who come for contraceptives and there are others who come when they are pregnant and go for safe abortion, but these ones when they come to our clinic to take contraceptives.

I: What are the common questions you get from adolescents regarding the ITH?

R: What if we use these contraceptives, will we conceive in future? Those are Some of the questions.

I: Ok.

R: Will we get the pads? Because most of them are after the pads. Will we get the shopping points? Those are the most common questions.

I: What challenges have you noticed since the introduction of ITH?

R: There is no specific challenge that I have noticed.

I: Let me take you back abit, I don't know whether this is a challenge, you had mentioned that the adolescents are very much in a hurry.

R: They are impatient.

I: I don't know you can call that a challenge?

R: Yeah, that can be a challenge.

I: Ok, let us talk about that.

R: They are impatient and you find that you have many of them to attend to maybe 100, they are all in a hurry. Mhh that is a challenge. But to make them not leave you keep communicating to them that don't leave, we are also, serving you fast.

I: So, when they come in those hundreds, how does it impact on your work?

R: Most of them prefer short term method. Short tem methods are easier to dispense.

I: For example, how many would you handle here in the clinic?

R: Basically, we used to go to the fields, they were not coming here. Those with cards given by CHVs were served free of charge. Only few used to come here. We used to go to the field almost daily.

I: That is the outreach?

R: Yes.

I: Ok. Any challenge like you were overwhelmed?

R: Overwhelmed no.

I: Overwhelmed when they come in large numbers like that?

R: Yes, we used to get overwhelmed, but most of them liked to take short terms.

I: When it comes to big numbers like that, please talk about confidentiality?

R: Ok, on our side we used to go for outreaches, we usually have the curtains to partition the rooms So, there is side for counseling, there is room for consultation and the other side is for insertion, and they are seated the other side. So, we used to call them one by one.

I: Adequate rooms.

R: Not really adequate but we had enough because you find that when there is consultation in that room, the others are in the hall the other side and they are making noise there.

I: Ok, I am getting you. So, how have the preferences of adolescent service users been influenced or changed as a result of this program.

R: Please elaborate.

I: Do you see adolescents prefer certain services to others or they prefer certain facilities to others?

R: Ok, you find most of them used to take short term methods and they have cards. So, they take the method maybe a depo and after three months they make sure they come to us. The good thing about (phone rings) the ITH they still used to get free ITH services with the card. So, you find they still want to get the services they used to get initially again.

I: Ok, they are sticking on the method they used to get from you initially?

R: Yes.

I: So, what do you do about that when they stick on a particular method?

R: We talk to them and explain to them. We talk to them; we answer them and they say we are ok with the method. You see most of them they are teens 15 to 19 they hate their parents that have long term method, and So, they need to take Something appealing, like depo and injection. But for a parent, when the mother sees a mark, they avoid them. They don't want their parents to know.

I: So, I don't know we can say that their preferences have changed or it has remained the same?

R: It has changed?

I: What is the change like?

R: For example, you can see a client coming for example she wants to take a long-term method but she can't because of the parent. The IUCD is avoided. A client is willing but the circumstances do not allow?

I: You said you counsel them?

R: Yes.

I: How has the preferences of health service providers been changed or influenced as a result of this program? How has your preferences been changed due to this program? Has it been influenced or changed?

R: Initially, I used to feel very uncomfortable serving the teens. I used to feel what if it's my daughter? (Interviewer laughs), I used to feel in the shoe of the parent and imagine if it is my daughter 14 years, I would definitely get mad. But after working with them I realized that, like this is

slum, in these slums like Kibera, yes, the kids are young and most of them do not have sexual knowledge. They don't know how to protect themselves from infections, early pregnancies..

I: Mhh...

R: Most of the end up getting STDs, STIs, HIV, early pregnancies others dropping out of school and yet they have very poor background. At least I have worked with them. Initially it was very difficult for me to give a teen a contraceptive. I would look at them and just...

I: You were looking at them and you just wonder like they are kids, what the hell would such a kid take contraceptive for?

R: Yeah. I assumed they are kids.

I: Thank you So, much. Any other influence you can talk about as health service provider?

R: That is all I can say.

I: Ok, thank you So, much. How are you, the facility and colleagues supporting adolescent girls who seek sexual and reproductive health care services?

R: We usually counsel them.

I: Mhh.

R: We do get a number of them; we don't chase them away.

I: Mhh...

R: We talk to them because that is the work we do.

R: Yes. And when there are other clients, we give teens the first priority even if she comes last, we give them first priority.

I: You give them such priority?

R: Yes, they are impatient. They are very impatient.

I: Ok. Suppose they are here and there clients who have come ahead of them, how do you deal with that?

R: There is a way we handle them.

I: Just get me understand that abit.

R: There are files there and we arrange them the way the clients have come. I will call them and tell them that let me deal with teens first then I will handle you. Our clients will not complain that is the good part of it.

I: Wilkister will be very happy.

R: Yes, we handle them.

I: Wilkister is the teen and So, I will be very happy that I am handled first.

I: You for that one I will even come back.

R: Yes, they come back and they are very happy. Another thing, we maintain privacy.

I: Great. You have also, talk about the reception.

R: Yes.

I: What service does she give them?

R: Reception.

I: How does she relate...

R: She knows. She has been trained; she knows that every teen has first priority.

I: What measure does your facility and colleagues take to make sexual reproductive health available?

R: One; we usually give outreach services are So, many. When we go to the field, we know that outreach service is available to the teens.

I: Mhh...

R: Ok. Readily available because when we take the services to them, they it is readily available.

I: Ok, you are saying that you take the services to where they are?

R: Yes. And the fact the services are free.

I: Any other measure that you take to ensure that services are accessible to those adolescents?

R: Mostly we take them to the field.

I: I would ask you about any special provision that you give to the adolescents. You have already talked about the pads.

R: Yes.

I: That you give them?

R: Yes.

I: And you said it is a motivation?

R: Yes.

I: Tell me any other special motivation?

R: The shopping.

I: Tell me about shopping.

R: In that card there is 170 shillings for every card. So, every girl who comes is given a pad and free shopping worth 170 shillings. There are ITH shops. They shop for things which cost 170 shillings; they shop for anything they want; whether soap, oil, anything they want.

I: Is it the Tiko points or is it different?

R: It is the Tiko.

I: In terms of operation hours, tell me whether your facility has made any changes about the time you open or close to embrace hours that the adolescents want to come

R: No, as policy of the Marie Stopes, working hours is from 8 to 5. But when we go to the field, the time is extended maybe from 9 am to 6 pm because most of these girls who use contraceptives start coming from school at 4. So, we extend hours maybe to 6 but the clinic we close at 5 the normal hours and in the field, we extend to 6.

I: You had mentioned that Something about privacy.

R: Mhh...

I: Anything that you guys are doing to ensure that there is utmost confidentiality for the adolescents?

R: When there is Something for example adolescent comes here definitely there is privacy because they come one at a time. When we go to the field, we provide curtains; usually we have bed sheets So, we provide partitions.

I: About the waiting room; how is it like during outreach and here? What I am asking is whether you have a separate waiting room So, that they don't mingle with other clients.

R: Here we don't have separate waiting room. What we do is that when they come here, we give them first priority.

I: Ok. And you have told me that during outreach you have separate rooms.

R: There are separate rooms and there is Someone who talks to them and they also, don't stay for long.

I: You have also, told me that during consultation, it is one on one and nobody is hearing but, in the outreach, consultation is one on one but Some other people could be heard talking from outside.

R: Yes.

I: How about here?

R: Here it is ok, there is no problem. The place is good.

I: Ok. Any IEC material that you give them?

R: ICT?

I: IEC, information education communication material.

R: Yes, there are Some booklets, I don't know whether I have them (checks) containing about contraceptive, they go and read them. We tell them to contact us when there is Something they don't understand.

I: There is phone number?

R: Yes.

I: They call you?

R: Yes.

I: Even at night?

R: They used to call me.

I: Ok.

R: Yes.

I: Very nice. How has your participation in ITH influenced the quality of care for sexual reproductive health services for adolescents in your facility? I mean your participation as a facility or even you as a provider, how has it influenced the quality of care for sexual reproductive health services that you provide to adolescents.

R: It has positively influenced the quality of care we give to the adolescents as I have said before we give them first priority, two we respect their decisions.

I: Mhh...

R: We respect adolescent's decision.

I: What do you mean by that?

R: If for example a girl comes and say that I want a specific method maybe at times she comes you counsel her and she tells you she wants a specific method, you give. Or if she says don't disclose this information to my parents, you don't.

I: Mhh. Nice. Ok. Are there times that they allow you to disclose Something to a parent or a guardian?

R: Yes, sometimes they do.

I: Like what?

R: There are times for example a teen lives with a parent or guardian and the guardian knows that she is sexually active. So, she will tell you that just tell my aunt that I have used that contraceptive.

I: Ok, how do you link to the aunt?

R: Sometimes they bring them..

I: Aaha...

R: They come with them.

I: Ok. Great. And based on your experience on working with adolescents on reproductive health issues...

R: Yes...

I: You have told me that you go for outreaches...

R: Yes...

I: And you have also, interacted with those guardians. But what would you say are barriers and facilitators to adolescents in accessing reproductive health services? You say that you have interacted with the community.

R: Yes.

I: I would like us to talk about facilitators and barriers.

R: Mhh...

I: Let us begin with facilitators for example.

R: Facilitators of the project?

I: Based on your interaction with the community while implementing ITH to adolescents, what are the facilitators for adolescents to access reproductive health services? What makes it easy for them?

R: Site.

I: Say Something about it.

R: The location of the outreach meaning the hall, the area where you are going to offer the outreach, will they come or not. You find there are regions like Eastland according to Muslims...

I: The Muslims...

R: The girls are sexually active but the girl is sexually active but she is shy to go for contraceptives, So, we have to be in a place like hospitals because they are shy and fearful, it has a bit of privacy.

I: Ok.

R: Again, you realize that these girls who use contraceptives are school girls and so, sometimes they fear to come for contraceptives in school uniform. So, they have to come after school and maybe they live very far.

I: So, what happens to these adolescents who are shy and do not want to come in school uniform and yet they want to pass through there?

R: Most of them usually have T-shirts and So, we advise them to just remove the sweaters and they just come.

I: They just come.

R: Yes.

I: The site has been one of that ways that makes it easier for adolescents to come.

R: Yes.

I: What else makes it easier for the adolescents to come?

R: The way we handle them.

I: How about that?

R: We give them first priority, we talk to them, we give them our contacts, we know even if they use the methods, they can still talk to Somebody and they call us.

I: These are three good points you have told me about the site, the way you handle them...

R: Yes.

I: What did you say about the way you handle them?

R: For examples when a teen comes you give first priority, you try to do very fast and you try to communicate in their language.

I: (laughs) Mhh...

R: You don't try to be So, moral, not So, professional, if they are still speaking in sheng/slang language, you also, speak sheng/slang.

I: Ok. Any other facilitators, any other ways that make them come for services?

R: The shopping, the free pads.

I: Ok. The shopping, the free pads. Any other thing?

R: No.

I: Ok. Barriers. Let us talk about barriers.

R: Barriers, Mhh...

I: What are making it difficult for them to access the services?

R: The environment.

I: Please talk about that.

R: You find that you know like I understand and I understand the circumstance that make them to get contraceptives, but the surrounding, the people around them if they see them come for these contraceptives, they judge them and that will hinder them from coming for contraceptives.

I: Ok. Anything else that makes it difficult for them to access the services?

R: Mhh, I think that is the main reason.

I: That is the main reason. Ok. Any Mhh... misinformation they have for example Some myths?

R: Yes, most of them have myths they have heard from, I don't they have heard from.

I: Mhh...

R: You will find that they say that when you use this contraceptive you will never give birth again.

I: You don't know where they get that information from?

R: Yes. Again, when they come many of them together, they say this place use this method, meaning there is that influence.

I: Peer influence.

R: Yes, there is peer influence.

I: What has been the cause for the peer influence?

R: I don't know but for example when you go for outreach, I usually give general health talk and then individually. So, you find that when I have finished general health talk and I leave they start telling each other, let us use pills, or let us use depo (interviewer laughs), but when I come in I give

individual counseling, she changes mind or says exactly what she wants.

I: Mhh...

R: But for sure there is peer influence.

I: What do you tell them about contraceptives?

R: Contraceptives are things that prevent early pregnancies and they are good to use even if you are sexually active until you are ready to get children, you get married, you complete school. There is no need of getting pregnant, you don't finish school and your parents are struggling to pay school fees.

I: Mhh...

R: Yes.

I: So, we've talked about the environment, pills, myths and misconception, please tell me. What are the mechanisms that you or your facility has used to overcome or to counter these barriers you are talking about? Of course, you have told me about peer influence that you counsel. How about the issue of environment?

R: We have rooms.

I: And the myths and misconception?

R: Now we give the right information.

I: I don't know whether there is any other barrier that you have forgotten.

R: Maybe during rainy season like now there are no clients. You get few teens.

I: You get...

R: Few. Maybe during this time like children are back to school, the number reduces. But the number is peak on weekends and when schools are closed.

I: Mhh. So, some of them would need these services but they are in school.

R: In school.

I: They cannot access them because they are in class.

R: Ye.

I: Ok, you are saying that their numbers peak when schools are closed?

R: Yes, and on weekends.

I: Ok. Please tell me what are some of the challenges that your facility face when dealing with adolescents?

R: The challenges we face, is the community.

I: Community.

R: Yes. Most people are against giving teens contraceptives.

I: What are they saying?

R: Those are the people giving our daughters contraceptives.

I: Ok. What if you partition this community into about maybe mothers, adults, teachers, girls their boyfriends? Who for example talk so much against giving teens contraceptives?

R: Women.

I: Ok.

R: The women.

I: Any talk you have heard from their boyfriends?

R: Not much.

I: The dads?

R: Not much.

I: It is just the women?

R: Yes.

I: Ok. So, community is a challenge?

R: Yes.

I: Any other challenge?

R: They lie about age; Someone might come and tell you I am 19, a born 99 and maybe she is 20 or 21 but looks younger. Then another thing Somebody might come and lie to you that she is 19 because this project is for 15 to 19 then we usually make follow up. When we call, she says she is 20 forgetting that she had told you she is 19.

I: They forgot?

R: Yes, and there is usually follow up.

I: Who does that?

R: We have a branch in Marie Stopes that does follow up.

I: Ok. I don't know whether there is any other challenge that you want to mention?

R: No.

I: Ok. So, tell me what you do about this challenge of the community, the murmurs.

R: We talk to them. When we hear there is complaint about contraceptives, we call for a meeting and explain to them what are contraceptives for.

I: And about the age you tell me you verify?

R: Yes.

I: You have told me that mothers feel that you give contraceptives to adolescents when they are still young.

R: Mhh...

I: But the adolescents at their own levels have you seen Some of them complain?

R: That is them, the teens. But the mothers feel that it is just wrong to give contraceptives to adolescents.

I: It is just wrong. Any explanation why they say it is wrong?

R: They say it is wrong to give these contraceptives but adolescents say that when you use these contraceptives you may not be able to conceive.

I: Ohh, ok.

R: But there are those who are enlightened. They have googled for Some information.

I: I forgot for the feedback from the adolescents through the T-safe program. Have you received any feedback on T-safe platform? What feedback have you received from them?

R: Ahh, feedback we usually do follow up. And So, any follow up done we get feedback.

I: Any example of feedback you have received? They can be good or they can be bad?

R: Yes, they wonder whether the project will continue, some ask whether there are free pads in other facilities.

I: So, they are concerned about the project ending?

R: Yes.

I: Great. Any other feedback you get about your facility? What are they talking about?

R: It was a nice project.

I: They enjoy it. Do you receive this feedback through the T-safe platform?

R: I am not very sure unless I consult.

I: Ohh, because the people who do follow up are in another department?

R: Yes.

I: They have not been able to tell you that this feedback was from T-safe?

R: Unless I confirm.

I: Ok. And you had said that at least you have heard these people say that your facility is good.

R: Yes.

I: How has this helped you improve on services to adolescents?

R: As I had said before, you try to serve them first.

I: Serve them first...

R: We serve them first; teens are our first priority.

I: Any feedback about the waiting time, maybe they say they wait for long?

R: Yeah, they are impatient.

I: Impatient

R: Very impatient. Another thing for serving them first is that they think they will be judged. And they don't like being judged So, if they stay long in the facility, they will just leave.

I: Why are these questions moving too fast?

R: We are moving fast?

I: We are So, fast. Let me ask you...

R: Eehee...

I: Where can you be supported and by who to help you improve sexual reproductive services for adolescents?

R: Go for more trainings. Trainings do help, like before I went for training like I had told, my interaction with youth improved after I went for training.

I: I agree.

R: Yes.

I: Who should give this training?

R: The people who are supporting the project.

I: Any other support to you or facility to help improve the services you provide to the adolescents?

R: For example, when we go to the field, we need more service providers.

I: Who should bring more providers?

R: the supporters of the project.

I: Do you know the supporters of this project?

R: I think Marie Stopes, Tricalize...

I: Great. So, they should bring more providers during...

R: Outreach.

I: Outreaches. Ok. Any other support that we have not talked about?

R: Mhh, I think also, the shopping thing.

I: The Tikos.

R: It should be increased to 500.

I: So, they should increase it to 500.

R: Or there about.

I: Ok, ahaa. We are coming to finish. There are two scenarios, I will tell and then you can tell me how...

R: I'll go about it.

I: How you will go about it. Now I would like to discuss Some specific situation you might encounter with clients who come for contraceptive services.

R: Mhh...

I: Let us say a young woman has come to see you. She is alone and appears to be 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago. And would not like to have another child and so on. She has never used contraceptives before because her husband is opposed to using contraceptives. I don't know whether that scenario clear?

R: Very clear

I: Very clear, thank you So, much. What would you want to know about this young woman in order to help her?

R: One; I will take her through the methods of contraceptives...

I: Aahaa...

R: Two; I would like to know why the husband is against the contraceptives, maybe there is a method he does not like, all these are about myths and misconceptions...

I: Aahaa...

R: then I'll give her the right method. But if the husband insist that he doesn't want contraceptive method then I'll advise her to use a long-term method because the short term like the pills, she would have to take daily. That is, I'll take her through the counseling. That is the advice I will give her to take So, that her marriage does not break. Then the depo thing, you have to go after three months and the husband may ask her where she usually goes after three months...

I: Mhh...

R: But the long-term method can be inserted but if she is not ok, but she is ok using IUD.

I: Here at the arm?

R: Yes, but there are those who palpate more, she says the husband may touch the arm and he will know.

I: Her husband will touch that area?

R: Yes. So, I advise that she takes the IUD.

I: Ok. You had told me that you would take her through the contraceptives... talk to her...

R: The counseling...

I: Yes, counseling. What exactly would you tell her?

R: One; contraceptives are not things that harm, they help mother to space her children So, it is good to use them. Another thing I would tell her about the short term and long-term methods; the pills, the deposes, the IUD.

I: Ok.

R: Yes. Then we normally inform them that whenever there is a problem, they can call us. And the good thing about us is that we normally do follow up, then we also, give contacts.

I: You give contacts?

R: Yes.

I: Ok. Given this scenario of this girl; 19, married...

R: Yeah...

I: What contraceptive method would you think is best for her?

R: A long term method. Either an implant or IUD. Because for short term, we advise clients to use short term if they know they want to conceive Soon. But if she doesn't want to conceive soon, she can use long term method of 3 years, 5 five years or even 10 years.

I: Ok. Thinking through the line of client we have seen...

R: Eehee...

I: Do you see the clients like this?

R: Yes.

I: Could you tell me just briefly about a particular client in your thought who you attended to recently?

R: Yeah, you find she was a school girl.

I: A school girl, Mhh...

R: She was 17 years old; she has a baby and she is not married. The kid is with her mother and she doesn't come from a well-off background. She wanted services.

I: Mhh...

R: She had never used contraceptives before.

I: Any one who is married and does not husband to know?

R: Mhh... those we meet in the field.

I: Any specific one?

R: Very many.

I: Let's call her Akinyi.

R: Very many. We've had So, many.

I: Several Akinyi?

R: Yes. Her husband doesn't want. They are several.

I: Any of those several, how do you handle her?

R: Finally, I talked to her, she took IUD and I gave her my contact. And I told her in case of anything she can call, in case of any question, she can call.

I: Mhh...

R: yeah, another good thing with us, there is a toll-free number they can call us.

I: Toll free?

R: Yes.

I: How does that one work?

R: It is free of charge. In case they don't have credit, they can call us for free.

I: Aahaa, now I want us to go through a very short scenario

R: Yes.

I: This is scenario number two

R: Mhh...

I: very different from the other.

R: Eehee...

I: Now, let's say a young girl Has come to see you, she is alone and appears to be 15 years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. So, she has never used contraceptives. What would you want to know about this girl in order to help her?

R: I will take her through the counseling process as she has said that she is sexually active and I would to know what type of contraceptive she has been using to prevent her from getting pregnant.

I: Just Something to chip in, she has never used.

R: Never used.

I: She is 15, in school, she is sexually active but has never used.

R: Ok. One; I want to know if she has started her menses, that is one thing I want to know.

I: Mhh...

R: if she is sexually active and has started her menses and she is sexually active I want to know her last menses, if she is not sure I'll do pregnancy test. If she is negative now, I'll start the girl on new process.

I: Ok. What would you tell her about contraceptives?

R: That contraceptives are used to prevent pregnancies, and that if you are sexually active it is advisable to use contraceptives, like her she would be good with long term method because she is only 15. But I will let her make decisions.

I: So, you would advise her to use long term method?

R: Yes.

I: Which particular one would you advise?

R: Long term we have the implants, we have the IUDs.

I: Ok.

R: Yes, but I can still advise her to use the short term if she insists on the short-term method, I would respect that.

I: Ok. And why would you say that she goes for long tem method?

R: Now, the short-term method is for... we advise people, mothers who want to give birth any time soon to use the short-term method.

I: Ok.

R: Then the level of track is higher for short term method compared to long term.

I: Ok.

R: If she uses long term for short then the fertility maybe delayed.

I: Ok. And of course, we also, know from this scenario that this girl does not want to conceive soon.

R: Yes.

I: Please tell me, do you see clients like this girl who are sexually active? And would you tell me about a client like this one you saw recently?

R: Yes, there was a time in December I was in Kibera a 9-year-old girl came...

I: 9 years.

R: Yes, she was sexually active and wanted a contraceptive but the problem was that the project was not supporting below 15 years So, I had to send her to clinic, So, she came and she was served.

I: Aahaa.

R: Yes.

I: What method did she take?

R: She took pills. As I said the peer influence.

I: Now please tell me and this is my last question as much as I would to ask more because this conversation is nice. How do you encourage adolescents to choose long term method? How do you encourage them?

R: One; as we counsel them, we tell that the moment you want to conceive, fertility is restored faster compared to short term method. So, when you counsel them you realize that they go for long term method.

I: Mhh...

R: Another thing it can be removed anytime. Most of these teens, they fear long term because of the period. When they hear of 5 years without menses then they feel that is such a long time, and we tell them that it can be removed anytime you want. Again, we tell them that they can call us in case of any side effects. There is a toll free number, they can call us we will pick the call and advise them on what to do or they can come to the clinic.

I: Any other encouragement that we have forgotten about?

R: No.

I: Ok, very great. I have been taught a lot. I did not know that there is a method that when you use fertility comes back immediately.

R: Serious?

I: Seriously.

R: These long-term methods come back very fast. But short terms delay fertility. Actually, they face a ban in Kenya like pills and injection. Like you see the college girls or university girls use injection. At the time they get married, you realize they don't get children because the concentration of the drug is a lot.

I: Ok.

R: Like the depo is for three months; and So, after every three months you inject 150 milligrams, and in one year you get injected 4 times So, that 150×4 , So, that is 600 milligrams in one year.

I: Milligrams of the content?

R: Yes. But for a client using long term method, in three years she will be injected with 68 milligrams. Just 68 for 3 years. So, for the short tem client is using 600 ml in one year, So, what about in 3 years?

I: 1800 milligrams.

R: The one for 3 years get 68 ml, the one for 5 years use 150 ml...

I: Ohh that is too small. 150 ml for implant in 5 years but for depo 150 ml in 3 months. Now you get.

I: I am getting you. I didn't know all these. I didn't know.

R: Now you know.

I: Thank you very much. I have learnt a lot, including all these. You guys should be on the streets teaching people like me about all these. You see now I am even asking my own questions about my illiteracy (all laugh).

R: Mhh...

I: Thank you very much. I hope this information is going to be useful to Somebody. I have asked you many questions, do you any question for me?

R: Let me take you back. So, it is a research you are doing?

I: Evaluation. We are evaluating the program, the it was, whether it works...

R: Yeah, I am getting you.

I: Ok. It is just evaluation, what we read in the consent.

R: Ok.

I: We want to see if there are gaps, the strength, like I have learnt a lot from you.

R: Ok.

I: What do you have that other people do not have? Can we also, borrow? (Silence) Thank you.

R: Ok.

I: So, we stop? Thank you So, much.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_MAK_001_SP003_9519

I: This is Lydia doing ITH with service provider in Meli Health Clinic in Viwandani on that 9th May 2019 starting at 10:22 a.m. Right, Doris, please talk a little bit louder to enable the device capture you. Tell me about your work as a service provider in this facility.

R: My work here is to provide services mostly to women...I am a nurse by profession, especially in family planning and also to the children in MCH. I also help in delivery and I also treat.

I: Ok and in this ITH platform, what is your responsibility?

R: Ok my responsibilities are to provide family planning services to the mothers.

I: And how about on the T-safe platform? What is your role or how do you see your role on that platform?

R: When women come here, I offer them family planning methods of their choice.

I: Women or girls?

R: Girls and now women, sorry about that.

I: What age group?

R: teenagers, most of them are aged between 13-19 years

I: Ok mhh can you please describe your experiences about adolescent SRH services?

R: Pardon?

I: Your experiences and specifically in relation to SRH services to adolescents?

R: About the girls who come here?

I: Yes

R: About the T-safe services that we are providing for them?

I: Yes

R: If they are happy with the services?

I: Whatever experience you have with them since you started working with the T-safe project and when they also come here for the SRH services.

R: The experience I have had with them is that at least now they do come. Before they could not come, they feared their parents, they didn't have money and to day they are very free with me, they will call me on the side and tell me sister I want this and this and I take that opportunity and refer them to T-safe services. I explain to them what T-safe is before I offer them the services.

I: Ok

R: There is an increase in the number of girls who come for those services and there is also privacy when I handle them.

I: Can you tell me the training you have that is related to adolescent sexual reproductive health services? What training do you have that qualifies you to offer sexual reproductive health to adolescents?

R: I am a trained nurse and I had training in family planning under Tunza for one week.

I: Good

R: About the long, and short-term methods and generally family planning.

I: Ok

R: Yeah

I: What else?

R: I am a nurse and trained midwife, MCH and also teenagers

I: Ok and so what services do you provide for adolescents in this facility?

R: Mostly if they want HIV testing, we do for them, if they want family planning services, we do provide for them.

I: Mhh

R: There are those who get pregnant at the age of fifteen; and when they come for deliveries, we offer free services for them. we also provide them with free health education.

I: When you say free health education what do you mean? What do you actually teach them? can you kindly tell me in detail what you teach them?

R: we teach them about hygiene, dieting, how to take care of themselves to avoid being infected by HIV viruses. You know these girls are already teenagers so we teach them how to avoid infections from diseases; we actually teach them a lot of things.

I: Ok and even though you may not have stayed here for long, but at least you have been here for long enough?

R: Yes

I: What kind of services do these teenagers come or seek for? What are the most sought for by teenagers in this health facility? You have mentioned HIV testing, health talk, education, free maternity, etc. From your list, which services are most sought after by the adolescents?

R: Family planning.

I: Ok and can you expound on that, their approach that they make when they come to seek for family planning services from you, their preferences and the like?

R: you find that some of them... this is a slum and so most of them get involved or are sexually active at a very early age, they also fear their parents so they will come and look for a nurse and tell them they want assistance. They want family planning services and they don't want anyone to know. Most of them fear and they don't want anyone to know since they believe that family planning is for married women. So, when you offer the services to them also have to keep their confidentiality, you don't go telling people about it. That is what most of them do, they call you on the side and request for your assistance.

I: So, when they call you aside, you talk, do you usually offer those family planning services even if they are on the T-safe platform?

R: Yes, we do

I: Free of charge?

R: if they are not on the T-safe platform we do charge them.

I: How are the charges like?

R: For injection is Sh100, for the 3-month plan and for the long-term methods we charge them Sh500. And if it is COCs it is Sh100

I: What are COCs

R: They are to be taken daily, the Pill.

I: The Femi-plan?

R: And others brands of their choice.

I: You said charge them what for the Femi plan?

R: The long-term ones are Sh500 and the short term are Sh100

I: Examples of long-term methods are like which one?

R: IUCD and Jadel.

I: Can you explain to me your experience with the T-safe platform?

R: Most of the time, as nurses we don't use that application most times because there is administration which handles that. So, when they come, we send them to administration. We have a guy there called Benjamin who actually handles that platform and then sends them back to us.

I: So, the process of verification is done at what point/stage?
At the administration office stage or the nurses' stage?

R: Administration.

I: Ok that is fine. Right, we are doing well. Since you started dealing with adolescents who are under the T-safe platform or T-safe users, how has this influenced you in relation to the services you offer to the adolescents or these girls as a service provider? It is like how has T-safe influenced the way you provide services to adolescents?

R: It has helped us to be able to talk and be close to them. they no longer fear us anymore and there is a strong relationship between us.

I: As a service provider how has this influenced the way you relate with the teenagers? For example, if you compare the way you were relating with teenagers when they come to seek for SRH services from you and right now, do you see any difference?

R: There is a difference.

I: What is the difference from the way you deal with them unlike before T-safe came into being?

R: There is a difference because as I mentioned before we are not close in the way we relate with them.

I: What are some of the common questions you are asked by the adolescents about T-safe?

R: they usually ask is it is free of charge; that is the first question they ask us.

I: Mhh what other question do they ask?

R: They want to know if they are able to change the method to another one

I: And what do you tell them?

R: We tell them it is possible.

I: I want you to tell me all the questions these young people ask because these are young people who are curious. So, when they come to you it is because they know that you have all this information on family planning. They to get this information from you and of course they know nurses know everything which unfortunately is true and things like that. What other questions do they ask about T-safe?

R: they ask also about the points; they want to know if they can redeem the points from any shop and you tell them it is not possible.

I: What do you explain to them? (Pause) we were talking about the questions they usually ask you.

R: They will ask you about family planning methods

I: Mhh

R: They want to know which one is the best and if you can assist them to get one. When they ask that, I explain about all the methods available, about the injection for two months, the long-term methods and I explain to them. they also want to know about the advantages and disadvantages of each method and we do explain all these things.

I: Since T-safe inception, what changes have you observed? Like what changes have you noticed since the introduction of T-safe?

R: I have noticed that teenagers are coming in large numbers because they are not being charged for the services.

I: Ok

R: You know most of the are jobless and so they come because these services are free.

I: And in terms of teenage pregnancies and abortions and all that, what changes have you seen or observed?

R: they have reduced because we used to have many cases of maternity for teenagers. But now they are reducing now

I: And what about abortions?

R: Even those have reduced.

I: Ok and what about knowledge on family planning?

R: I think knowledge about family planning, and because when they come, we talk to them about it, and for those who have not come, they get it from their friends, therefore, the knowledge has increased. It is everywhere and many people are now knowledgeable.

I: And if you compare teenagers who were already aware about family planning methods and now when T-safe has been introduced, what changes have you noticed? What is the ratio between those who knew and those who didn't know about family planning now that T-safe is in place? Has it remained the same, dropped or risen?

R: It has risen because we are teaching them.

I: Ok and since T-safe was introduced, what changes have you noticed in the family planning methods that were preferred by the girls before T-safe and right now after T-safe, after

educating them on T-safe? In terms of preferences, what changes have you noticed in the adolescents who are using the T-safe services?

R: I have seen changes because since T-safe was introduced here, you find that the girls are now able to use long term methods because most of them who had little knowledge used to buy the Pill which they could afford. Like in the chemist if you decide to buy **Chaguo Lako** they can afford them but when it comes to long term methods, they cannot afford them.

I: Ok the preference has changed because the method is free or what or because they now have knowledge on the different family planning methods?

R: Because they get the knowledge and it is also free. You get free knowledge also.

I: You have mentioned Chaguo Lako, you said Chaguo Lako is daily pills?

R: Yes

I: So before, did they prefer this Chaguo Lako or there are other short-term methods they preferred?

R: They used to prefer, most of them used to prefer the daily pills.

I: And what about the health care providers, is there a method they used to prefer before T-safe came into being or implemented?

R: Yes, it was the injection which was mostly preferred and we used to charge that. So, you find that they don't have the Sh500 for the long-term methods. So, we used to prefer the Sh100 methods because others could come empty handed and

sometimes, we were forced to offer free services in such situation.

I: Ok

R: Yeah

I: So, the preference was not related to things like side effects or anything but it was just because of the cost?

R: Pardon?

I: The service providers preferred the injectables for the girls because it was just cheaper or because of some other issues?

R: Also, the cost and also it is easier for them because this is a private health facility.

I: Ok

R: So, it is cheap for them. even if I preferred a long-term method which would be ideal for them and you cannot pay for her because she cannot afford it.

I: So, most of them came wanting implants but they didn't have the money?

R: No, they didn't have the money

I: And so, you give them another choice?

R: Yeah.

I: How does this facility support adolescents who come to seek SRH services here?

R: They are supported because they get free services for most of their requirements. Like for the HIV test before we provide them with family planning services, we do it for free.

I: What else, how else does the facility support the girls that have come to seek those services?

R: Also, you find that girl who comes in pregnant we offer free delivery services.

I: Ok and what about your colleagues whom you work with, what do they do mostly to support these girls who have come to seek SRH services?

R: Ahh mostly we talk to them and provide them with services, as in..... we talk to them; we give them health education and we also make sure that they don't fear us.

I: Ok. Ahh is there any special thing you do for the adolescents that motivates them to come back again or encourages the other adolescents to come to Meli Health hospital for these SRH services?

R: Yes

I: What is it that you do for them?

R: I think other private facilities usually charge things like HIV test and pregnancy test. But here, we do it for free especially those who have come here through T-safe.

I: Mhh

R: You will not know if someone is already pregnant before providing a service. So, most of them we do sent them to the lab to do the HIV and pregnancy test first.

I: Ok and what about the facility hours; does the facility change their opening and closing hours? have you had to change your working hours to suit the girls?

R: No, we work twenty-four hours.

I: Yes, and that means the adolescents can come to the clinic anytime, even at night?

R: Yes, any time

I: Ok

R: yes, there is always a nurse and a clinical officer.

I: Ok what about the issue of privacy and confidentiality, how does the facility look into that so that the adolescents feel safe when they come for services?

R: When they come here, we always call them aside, in as much as they also call us, we call them. when you notice she wants family planning you call them in a private place and talk to them.

I: And how about waiting, do they wait in the waiting room or there is special protocol you have in place for them. Like when you see an adolescent girl, she has come and she looks not settled, what do you do?

R: We don't make them wait. First of all, when you see her come in you call her aside or even call her to come inside this room and ask her what she wants. If she tells you she wants family planning you go ahead and serve her but we never keep them waiting.

I: Ok that is fine. Since ITH or T-safe was introduced, has the quality of family planning services and health education increased or it is still the same in this facility?

R: It has increased because these girls go and share the information with others who also come for the services.

I: Ok and can you expound more on that like... how has the quality of the SRH services in your facility increased? Some of these

points you have mentioned them before but I just want you to expound on them again.

R: about the teenagers?

I: Yes

R: It has risen because after providing service to one or two, they have friends and they go telling them that at Meli Health they provide family planning services and it is free. So, they bring their friends and they come many.

I: Ok

R: and we end up getting teenagers who are not in the T-safe programme.

I: When you get those who are not on the T-safe platform what do you do? Do you still provide them with the family planning services?

R: We just give them.

I: And do you provide them with free services?

R: Yes

I: Ok. Based on your experience, working on SRH issues in this community, what are the barriers or hindrances that at times prevent these adolescents from getting family planning services and health education?

R: There are those who fear family planning because of myths. In the village there are people who say if you use family planning you will never give birth in your life, and so they fear. Those are some of the challenges that hinder them from coming for those services.

I: Ok and what other challenges are there apart from the myths? What barriers are hindering adolescents from coming for the SRH services?

R: There are those who are just afraid.

I: Afraid of what?

R: They are afraid that they will be judged because they are very young.

I: What about the issue of parents?

R: They also fear their parents because parents also don't let them come. They refuse.

I: Why?

R: because of those beliefs they have, they feel their children will never give birth in their life if they take family planning.

I: Apart from the myth that one will never give birth in future if they use family planning methods, what other myths are there or what do the parents say?

R: The parents say their children are very young to use family planning services.

I: What about religion, do we have some who refuse because of religion? Have you ever encountered such a situation?

R: Yes, from Muslims.

I: Ok so like which religion doesn't like that?

R: Muslims mostly.

I: Muslims mostly. And have you ever encountered a situation where a child comes to you wanting family planning but religion hinders them from taking family planning methods?

R: A mother. She came and said she wanted her child to use family planning but it is like her religion did not allow it.

I: So, what did you do?

R: I talked to her but in the long run she didn't get it.

I: The child was not given the service?

R: No

I: When you get...you have mentioned the myths that these girls hear out there, stigma that they will be judged....before that can you tell me how they will be judged because you just mentioned they will be judged. This is for recording purposes?

R: they will be judged; they will be seen as being involved with sex. Most of them don't like usually don't like being known that they are sexually active. So, they fear and people believe that anyone coming for family planning services is sexually active. So, they are afraid they will be judged that they are having sex at an early age.

I: When you meet such a girl who has refused to take family planning because of myths she has been told, how do you deal with that? How are you able to assist them so that they overcome those barriers?

R: we talk to them and then also tell her about the advantages of family planning

I: Mhh

R: you mention all the methods to her and explain to her and in the end, she will see the logic in that and take a service.

I: And what about those who refuse because of their friends who will talk about them behind their backs that they have started engaging in sex that is why they are going for the family planning services; how do you help in that situation?

R: We just make it private.

I: How do you get them to come to the facility because obviously she fears she should be seen coming to the facility and she is not sick or she may come to the facility without anyone seeing her. But when she reaches here, she finds others who are brave enough and have come for the services, now she is panicking, how do you get her to open up to you and tell you the real thing that brought her there?

R: You will call her but will not take her to the family planning room. You can take her to consultation room so that people can think she is sick and then from there she can explain to you what is the problem.

I: Right

R: She will come out of there without fear because people will think she is unwell.

I: Ok so what challenges do you face as a service provider, when dealing with adolescents SRH issues? Like when you are dealing with those girls under T-safe programme, what are some of the challenges that you encounter?

R: Some of them come for T-safe and yet they have not been enrolled yet. And they insist that they want the services under ITH programme. That is how most of them come.

I: So, when you encounter such issues, where a girl wants under the T-safe programme, do you have a protocol to deal with such an issue?

R: We refer them back to the administrator.

I: Ok and as a service provider, what are the challenges you face when dealing with SRH services for adolescents, in general now besides the T-safe users.

R: Some fear the family planning services and so you have to explain to them to understand.

I: And what about the facility, are there any challenges the facility is facing when you are dealing with these SRH services for adolescents?

R: None.

I: None?

R: yes

I: So partly you have answered these questions on the part of myths, those misperceptions that adolescents have, is there anything else you would like to add on that?

R: no.

I: And so...I think we have dealt with that. And how does your facility get feedback from the girls who have used T-safe?

R: Ahh they are usually happy when they come out of here. The feedback we get is that they are happy with the services.

I: How do you know that? Is there a way they give you the details on how how they are happy? When someone asks you how you are happy what would you say?

R: Because the services are good.

I: Ok and how has that kind of feedback influenced in the way you deal with other adolescents when they visit this facility?

R: It motivates us because we want to still want to serve them.

I: And have you ever gotten negative feedback from adolescent who are using T-safe?

R: No

I: Ok. in what way can you be supported so that T-safe or SRH services for youths can be improved more?

R: I think as nurses and clinicians that are there need more training. If we get training it will be of great help to us. Some of us have not been trained on such issues. So, I think training will do better.

I: What else can be done to help you improve the SRH services to the adolescents?

R: Having more mobilizers and like here in Lunga Lunga we can have many so that they go to all corners of the slums and mobilizer the youths from there.

I: Ok what else? I want you to exhaust all of them. anything that you feel if done, it will help service provider to give out those services.

R: Mostly training.

I: And what about ideas like being rewarded with Tiko points, though you told me that you don't know more about that, or the clinic to be paid for rendering services to the youths? Do you think if Tiko points were to be increased, this would help the facility or service providers improve in providing the SRH services?

R: Yeah

I: What about reimbursement to the clinic or service providers?

R: Service providers.

I: Can you say something about that?

R: How?

I: How do you think by reimbursing service providers for providing services to the adolescents would help improve the SRH services?

R: I think it can improve that because is whoever is providing services is being paid, she will be motivated. So, every patient she gets, she will be paid, she will also want to have as many girls as possible. She might even do the mobilization herself when she is out there.

I: Ok, great.

R: Mhh

I: I have some scenarios for you and then ask you questions. They are short ones. We are almost done. Let us say a girl has come to see you. She looks like she is nineteen years old, she lives with her husband. She tells you she got her baby last year and she doesn't want to get another baby in the near future. She has never used contraceptives before and it is because her husband doesn't like contraceptives. If you have such a girl who has come to see you, what would you do or what would you like to know about this girl so that you assist her? Remember she is nineteen years, lives with the husband, she has never used contraceptives because the husband is not for it. she got a baby last year and doesn't want another one that soon. If she comes to you and tells you that kind of story, what would you like to know about her so that you can assist her?

R: First I will want to know when she last had her menses.

I: Mhh

R: After knowing I will now explain to her about family planning and tell her all the methods that are accessible to her, then she will choose and do it privately without her husband knowing.

I: Ok and what will you tell her about contraceptives?

R: She has a one-year old baby?

I: It is not stated but since she got the baby last year, the baby could one year or near there.

R: I will explain to all about the family planning methods available

I: What will you explain to her?

R: It means if she gave birth last year the baby is not breastfeeding exclusively so I will explain to her about the long and short-term methods. You know when you are explaining to her, you cannot choose for her. She has to choose for herself and then you can tell her about the advantages and disadvantages of the method she has chosen. Once she chooses what she wants, I will give it to her because I have already explained everything to her.

I: Ok and as a service provider or nurse, what method would be most preferable for such a case?

R: The best for her would be IUCD.

I: Why?

R: Because it is non-hormonal and mostly it doesn't have a lot of disadvantages like these other methods or even side effects. The husband may not even notice anything at all.

I: Ok and do you see many clients of that nature?

R: Yeah but not many.

I: Not many?

R: No

I: can you tell me the last case that you faced similar to that one?

R: They come and tell you that the husband would not want her to use family planning and yet they have as many children four in number. What we do here is give her the injection because the husband will not see anywhere that she has been injected.

I: Ok

R: Yeah

I: And have you ever encountered a nineteen-year-old girl who the husband doesn't want her to practice family planning?

R: Yes

I: How did you help her; tell the process of that you did.

R: first I talked to her. I had to find out why the husband didn't want her to use family planning and she told me that the husband belongs to a church where they don't believe in going to hospital. So even when they are sick, they don't go to the hospital.

I: Mhh

R: So, I explained to her about family planning methods. I talked to her about Depo and the side effects and explained everything in details.

I: After that what happened?

R: She took the injection.

I: Ok

R: For three months.

I: As a service provider how are you able to convince the adolescents to take the long-term methods?

R: We usually....for example I prefer the IUCD and so I normally tell them more about IUCD.

I: Mhh

R: it has more advantages and the more you tell someone about something and dwell on the advantages more, they will be encouraged to take it and you also give an example. Maybe it is the one you are using and she will be convinced/encouraged/

I: Is there any other method you use to encourage them to use long-term methods apart from giving them more information on that advantageous side of things?

R: How?

I: Any other tactic you use to encourage the adolescents to choose long term methods?

R: I just show them the method, how it looks like, where it is put and how it is administered or the procedure of how it is administered.

I: Ok. good. So, my last scenario, which is very short. Three lines. A girl comes to see you, she is alone and looks about

fifteen years old. She tells you she is sexually active and would not want to be pregnant because she is in school. She has never used a contraceptive before. What would you want to know about this girl before you assist her?

R: First I would want to know when she last had her last period. After she has explained then I will explain to her about the family planning methods available then she can choose or I will help her choose.

I: Why would you want to know about her last monthly periods?

R: Because when you know the last monthly period date, it will determine if there are hormonal changes, and you have to send her to the laboratory so that you know if she is pregnant or not.

I: Ok and what would you tell her about contraceptives?

R: I will explain to her about all the short and long-term family planning methods. Then I will explain to her why she needs to use one of them to avoid unwanted pregnancy. I will talk to the, advise and then tell her the advantages and disadvantages of these methods.

I: what method would be ideal for this girl?

R: I think she can get an injection for three months or Jadel.

I: Why do you think those methods would be ideal for her?

R: Jadel is a long-term method and she will stay for five years. Within those years she will not be pregnant. With the injection she can easily get pregnant if she forgets to come for appointment, the pills she can also forget to take and get pregnant

I: Ok and do you clients like this girl?

R: Yes

I: Ok can you tell me about a client like this whom you attend to recently? It can a month, two or whatever but at least a teenager of that age.

R: The last client in this book as fifteen years and it was last week. What we usually do, because they get married quickly because of the problems in the family

I: Ok

R: What we do mostly we explain to her about family planning

I: Ok so you explained to her and then what did she do?

R: She came and told me that she already has a child and she is married. Her parents died so she is an orphan and didn't want to get pregnant soon.

I: Ok

R: I told her there are methods she can use, and I showed her, then explained to about all of them, then I assisted her to choose the one she thought was suitable to her.

I: At the end of it all, who was the final person who decided which method to be used?

R: She decided by herself.

I: Ok I think we have finished. Do you have any point about the T-safe Platform, T-safe project, ITH anything you can ask or how you can add something on it?

R: No

I: You are fine with everything?

R: yes

I: Ok. thank you.

R: I would like to finish by saying that we need training in our facility here.

I: Training as refresher course or real training?

R: About T-safe, more about it.

I: OK that is fine. Do you feel that since you didn't get that training it limits you while giving these services to the adolescents or how do you feel about it?

R: It is limiting because you get a girl coming of which she must pass through the administrator.

I: Mhh

R: If the administrator is not in, I cannot serve her because she has not passed through the administrator and this limits me to what I can offer this girl.

I: So, if the administrator is not there, there is nothing one can do to verify these adolescents?

R: yes, because he has to use his personal phone to do that.

I: Right, so T-safe needs to look into that?

R: Yes

I: Ok, thank you so much for taking your time to talk to me. I appreciate. Is that fine with you?

R: That is fine. You are welcome

I: Ok thank you.

File name: ITH_R2_NAI_MAT_URBAN_003_SP_001_6519

Duration: 01:41:18

I: This is Wilkister Ombidi, RA code 003 doing ITH round two service provider interview, service provider number zero-zero-one, interview in Nairobi county, Mathare sub county at Mundika health facility in Nairobi on the sixth of May twenty nineteen starting eleven thirty. So thank you so much daktari for accepting to talk to us, I already explained to you that this interview will take about one hour but we shall try as much as possible to move faster depending on how fast we respond to the questions. And I already explained to you that your participation is voluntary. I've also explained to you that taping of this interview is just for purposes of tracking this conversation so that it gives me time to download and then after that we shall delete the tape.

R: Thank you.

I: So you accept to participate?

R: Yes.

I: Thank you so much. To begin, please tell me about your work and experience as a service provider at this facility.

R: Actually I will start by introducing myself; my names are Bernard, Benvick Okwero Masiga and I am the director of this facility, Mundika maternity and nursing home. Actually we started with Triggerise last year and before

we started with Triggerise we had been working with Marie Stopes under supporting of the young girls for that age from fifteen to nineteen years' program called future fab. The future fab was promoting young girls to access on family planning and immediately when we started with Triggerise we stopped offering service to future fab and we opted to Triggerise. Actually when we were with future fab we were not receiving so many clients, young girls, because the girls were not getting what we call the TIKO miles but when we started to work with the Triggerise, Triggerise came with a program that we call the TIKO miles. The TIKO miles is equivalent to Kenya shillings and when we started with TIKO miles, at first the girls were not aware although the CHV whom we were working with they are so less but immediately when the Triggerise recruited their own CHVS to work with the facility, we increased from ten clients to two hundred clients per month. Mostly the impact that we have received in this facility is the...receive more girls to access on the family planning mostly this reproductive age from fifteen to nineteen years. As you know we are in slums and in slums we have young mothers who get early children at the age of sixteen to eighteen years. So the CHVs use that advantage, they went to the village, door to door,

they mobilized girls and the girls they were very, very happy because as you know, as I said earlier we are in slums. The girls when they came the mobilizers talked about the TIKO miles and the TIKO miles; they were receiving TIKO miles of one hundred shillings and the privilege that Triggerise has recruited the shops, cosmetic shops, food shops, butcheries, supermarkets; so immediately when the girls come, we do the counseling, after counseling, the girl is excited, she is being protected about to get the pregnancy and again the advantage, she receive TIKO miles whereas the TIKO miles is one hundred shillings, she goes and purchase pads if she doesn't have or she goes to butchery, she get a quarter kilo of meat or she goes to the shop she get a packet of unga. That one encourages a lot of girls to come. Because when the girls come and receive such like, she has protected herself, she gets some TIKO miles, she can shop, she goes to the village, she comes with more girls. This is how we have received so many impacting on getting more girls.

I: In fact, you have told me so much of what I was, going to ask for; so if you find me asking more, there is no harm in repeating, yes. Thank you so much. So about your work in this facility, for how long have you been here?

R: I have been here for the last eleven years.

I: **Eleven years, okay...and your role?**

R: As a director...

I: **As a director of this facility.**

R: Mmh.

I: **Okay, and you said this facility is called Mundika?**

R: Mundika...new Mundika maternity and nursing home.

I: **Maternity and nursing home.**

R: Mmh.

I: **Why do you call it new, daktari?**

R: New because when we started it was then...we registered as a business name, Mundika Maternity, Mundika Nursing Home, so when I wanted to start to remit the KRA returns, then I decided to register as new Mundika Maternity Nursing Home limited in order to start to access healthcare.

I: **So what do you do as a director of this hospital?**

R: As a director, I do some management of the facility, I make sure we have enough drugs, I make sure we have the monthly meetings in order to coordinate to run the facility, I make sure we don't have staff turnover and also I make sure that the facility must have that capability of running and have the quality staff. And also I make sure that we must have enough staff because

for now we have what we call comprehensive care NHIF and the NHIF comprehensive we must have quality staff and quality drugs.

I: Okay, great. So that is administrative, in terms of service provision, is there a department that you work from or you are just overall?

R: I am the overall.

I: Okay, so what service you offer in the facility..

R: Mostly I normally work in MCH and family planning where I normally give some immunizations and also I do some family planning services to our customers.

I: Thank you so much. So what is your role or how do you see your role in this program that is calling itself T-safe or ITH, in their hands program; what do you see your role in this program?

R: actually my role to this program is to make sure that when the girl comes, after she has been received from the reception, I make sure I do the verifications. The role for the ITH I do the verifications, the verification is where we have the girls who normally use the phones and we have also the girls who normally use the cards..

I: Kindly explain to me about using the phone and using the cards.

R: For the phone, the girl comes, they are being enrolled by the CHVs where the girl sends the SMS, T-safe to two two-six-nine-nine, she registers herself and when she comes to the facility, I have to verify. For the verification when the girl has been registered to T-safe, I send the code, I send the service to the code two-two-six-nine-nine and I receive some codes, when I receive the code, I give to the girl, the girl sends that code that I have received to two-two-six-nine-nine; she being validated, she receives some TIKO miles and also I receive some TIKO miles and then the girl goes and receives some services that she wanted to receive. And for the use of the card, the card looks like an ATM, the girl comes with a card, I verify, we have the information that we download from the T-safe, it is in the phone; when I go to that T-safe, I go to the, check the T-safe card, we are supposed to use the data...

I: Oh you are showing me how it works...

R: How it normally works.

I: Yes.

R: I register the visit, I put the code that is in the card, I put here, it validates, and I make sure I confirm because immediately when the CHV has been recruited that

when they have that card, they take a photo of that card, when they take that photo of from their phone, directly that picture of the girl goes direct to the card. And when they come to the hospital in order to get the service, I verify. After the verification, I register the visit, I verify and the photo of the girl comes to my phone and I verify in order to give the very, very girl the service, I cannot give to another girl. Because when I compare the photos that are in my phone and I look the girl, if the photo that is in the phone is quite different from for the girl who has come for the service, I don't give the service.

I: Very nice, so even that card is online, you will see it?

R: Yes, the card is online.

I: Okay.

R: So after the verification, I have confirmed that the card is the real for that girl, then I refer for the counseling, after counseling, the girl gets the service either the implanol three or the implanol five or IUD or oral contraceptives. She comes again so I validate the card in order for the girl to receive the TIKO miles directly with the card. When I validate the girl receive the TIKO miles, one hundred and ten and I also receive the TIKO miles. After the girl has received the TIKO

miles, I direct that girl to go to whichever the shop she needs in order to get some present from the TIKO miles.

I: So all these verifications, registrations, referrals are on you; you are the one who does them.

R: I am the one who does it.

I: Okay, please describe your experience with adolescent sexual reproductive health services, what is your experience?

R: Actually the experience that I have received mostly on young girls, for those ones who don't have the phones, because we have...because it is supporting the young girls from fifteen to nineteen, as you know the rules and regulations of Kenya, the girls must have an ID at the age of eighteen and you know, in order for a girl to access the phones, the sim card, she must register using the ID, so the experience that we normally get, negative experience that we normally get; that the girls...we have some girls who needs to get some...to get the service so they normally use the phones of their mothers...

I: Okay...

R: They use the phones of their mothers and you know we have some girls who mostly the girls are mostly who are sexually active, they don't want to show their parents

they are sexually active because when they take the phones, we have the Triggerise calling center that normally calls when the girl has received the service from our facility; so the challenges that we normally or the experience that we normally go through, the calling center, it calls and it gets that the mother is the one who normally receive the call and the mother is the age of forty five years. So when they call to confirm the age, it is a challenge, the mother says that I am forty-five years and yet the girl who came is sixteen or seventeen years. That one is the first experience that we normally go through. The experience [interruption 00:16:00]

I: This is still Wilkister Ombidi on the interview, the health provider is serving a client briefly for just some two minutes so I am waiting. Okay, my respondent is back and we are continuing, yes.

R: So and also the experience that we have gone through and the impact that we have received, because the young girls they are very, very excited, why, because before we have been receiving so many young girls coming, they have been aborted...abortions because they are not being protected. So the experience that we have received, the young girls they are very-very excited because they have

protected themselves in order to continue with education.

I: Yes, so how do you go about those cases that a girl comes for T-safe product because she has aborted?

R: Mostly we normally do what we call post abortion counseling, post abortion care, after when the girl comes if she went through an abortion, we do counseling, after counseling, she accepts to choose the family planning but we don't force the girl to choose any...she is supposed to accept, after counseling she is the one who normally choose the right method that she can use.

I: Great, now you have just talked about one challenge about registration that some of these girls are below age and they are expected to have a national ID for them to register so they use the names of their mum to re3gister...

R: Now, for the TIKO miles, when they come they don't use the name of their mother, what they need, we give the service, the only whatever they normally use is the phone.

I: Oh the phone of their mothers...

R: But when we do the documentation we write the real names of the girl; they don't use their mother's name.

I: Yeah, so I just wanted to understand whether the fact that they use someone's phone has been a barrier to their access of services?

R: Sometimes we use sometimes...

I: Because you told me there are some verification from the trigger center.

R: Yes, that one is the...they must come through...

I: So when they find that the person...the owner of the phone is forty-five years for example the way you have said, what do they do?

R: Normally they have some reaction and sometimes they normally decline to pay the service provider, but when we sit down with them and we explain whatever you are passing through and also we narrated to them that most of the girls they are using mother's phones, even they take their father's phones because for...it was around February where the complaint came from the Triggerise that we are giving the service to the men.

I: Okay.

R: But when they came and we explained, they understood it because we said that we have some...you know that you never...when you introduced this program, you never said that you would buy the sim card to the girls, no, and you know that you are sponsoring young girls from

reproductive age fifteen to nineteen years who cannot afford to get an ID, so they are accessing these services through their parents.

I: So it has been accepted, that's what you are saying?

R: Yes, it was accepted.

I: Okay, thank you so much. Kindly tell me more about your training in adolescent sexual and reproductive health services.

R: Actually the training was...we were not trained through the Triggerise but we were trained by Marie Stopes...

I: By Marie Stopes?

R: Yes, Marie Stopes is the one which normally train us in order to deal with adolescents, mostly we were trained on how to handle these young girls because as you know, as my age... [interruption 00:21:03]

I: My healthcare provider...Wilkister Ombidi still and Mundika health facility, is receiving a phone call so am waiting. This healthcare provider is serving clients and at the same time attending to our interviews. I have not put my recorder on hold because he tells me to just give him one minute. So my interviewee is back and we are continuing. Thank you.

R: Thank you.

I: Yeah, so you were talking about the training and you were telling me that you have been trained by Marie Stopes, how long was the training?

R: The training was a full week training.

I: Okay, one week.

R: Yes, in order to deal with the reproductive health of age fifteen to nineteen, we were trained and we were given the certificate in order to tackle those young girls because mostly, when Marie Stopes came up with that issue because most of the facility owners, they are adult people who cannot talk sheng, so we were trained when the young girls, they come, we have to behave like them.

I: Okay.

R: Yes, we talk we talk in sheng, we can chat, how they normally behave in order to accept and not to be very, very strict when they come in, because mostly before we started with that Marie Stopes to go for the trainings, we were very harsh because when the young girls come is fifteen years comes for the services, we were questioning so many questions and they decide to go. But that one made Marie Stopes to come with information that you have to go for the training in order to train on how

to handle these young girls to catch up with our situation in order to accept the family planning.

I: What are some of the sheng languages that you were trained on...maybe just an example...like a language that they speak and you understand them...if you remember one you'll tell me.

R: I will tell you when I remember.

I: You will tell me, yes, okay, you will tell me about the sheng, it's interesting. But what we are saying then is that when they talk to you, you understand them because you've been trained to learn the language that they speak, okay. So you have told me about various services that your clinic provides to adolescents, you have told me about contraceptives, you have told me about counseling, you told me about after abortion counseling also...

R: Post abortion care.

I: Post abortion care, what other services do you provide to adolescents?

R: The services that we normally carry out also the HIV testing, STI screening and also the HIV screening and also the pregnancy test.

I: Okay, so those are over and above the various contraceptives that⁴ you mentioned.

R: It's the normal that we normally give...under reproductive health service that we normally give, also the...we are very, very happy that for this year, the Triggerise has started to provide also to start HIV screening, STI screening and pregnancy test. And also they have promised us that these young girls when they come and we screen like malaria, typhoid, we shall come up with a negotiation with Triggerise and they will be paying have of the amount that we normally charge.

I: **Kindly tell me what are the most sought after services by the adolescents; the service that they seek a lot.**

R: The service that they normally seek a lot is the protection of three years' protection and also the injection.

I: **Injection?**

R: Injection and three years' protection.

I: **What does three years' protection mean to me?**

R: Three years' protection is implanol.

I: **Okay, and injection.**

R: And injection.

I: **Okay, please describe your experience with the T-safe platform, that registration platform, what is your experience with it, you told me you are the one who is doing it here when the girls come.**

R: That...according to the registration, experience that I have passed through, it's a very quick.

I: **It's quick?**

R: It's very quick and reliable.

I: **What do you mean reliable?**

R: Reliable that you cannot give the service to the girls who is not recommended on that card or who is not registered with T-safe.

I: **Okay, any other experience you have with it, with that system that you use to register?**

R: The system, also the experience that I have passed through the system, like use of card, the card is a very secretive because we have received so many girls to take up the protection by use of the cards which is very effective and it is a very secretive as you know we have young mothers who normally come for the family planning but their husbands they are very, very strict they don't want them to use the family planning. So when they use the cards, it is very, very secretive so it added some advantage to her side.

I: **Okay, please tell me how the project, the T-safe project has influenced the way you provide services to adolescents as a provider?**

R: The most influence that it has made us to have more girls because of through the TIKO miles that they normally give to the girls and also it has encouraged us because it has raised our revenue, especially because it has also increased our revenue.

I: **So you say you now serve more girls?**

R: We are serving more girls than we used to do.

I: **Okay.**

R: And it's because of the TIKO miles that they are providing to the young.

I: **Because of the TIKO miles.**

R: Mmh.

I: **Okay, any other way through which this project has influenced the way you serve adolescents? Of course you had told me about the language, maybe if you can explore on that. You had told me that through this program you were trained isn't it?**

R: We were trained.

I: **And you are now able to sheng with them.**

R: Yes, we are supposed to sheng with them.

I: **How is that useful?**

R: Because before we were not used to talk in sheng but when we were trained in order to talk in sheng, we

encouraged young girls to come because it seems like we are like them.

I: Oh you are like them.

R: We are like them and we can understand their problems in order because when they talk in sheng, we answer them in sheng.

I: Okay, kindly tell me, what are the most common questions that you get from adolescents regarding the T-safe?

R: The question that we normally get and they normally ask about, when they reach the age of bearing children, are they going to bear children or not, because they have some misconceptions that the young girls when they start earlier to get the family planning they cannot receive the...they cannot conceive, those are most of the questions that we normally, challenges that we normally get from these young girls.

I: Okay, so that is a challenge that you get from them.

R: A challenge that we get because that is why they cannot take the IUCD use of coils because of that misconception because sometimes the girls come with a question that when we insert that coil it will be stuck in the womb and it can bring cancer, those are some questions that we normally receive from the girls. Am I going to get

cancer, am I going to get pregnant when I stop using this family planning when I get married.

I: Okay, any other question that they ask you that we have forgotten? Or the...

R: Those are the questions.

I: Okay, now you have talked about challenges, allow me to take you back; the challenges that you have noticed since the introduction of T-safe, one of the challenges you have told me is that the girls are worried whether they are going to get children after when they receive contraception and more so you are talking about the IUCD, so what are the other challenges that you have noticed since the introduction of T-safe program?

R: The challenges that we have received, because when we started, the girls were...the TIKO miles that they were getting was one hundred and ten and now the TIKO miles they have reduced and now they are paying them fifty shilling, that is fifty TIKO miles, so that one is a big challenge because the girls complain that the fifty shillings when they go for shopping, that they cannot get any commodities.

I: You said initially it was...

R: One hundred and ten.

I: And now it is fifty.

R: Now it is fifty.

I: **How is that a challenge?** [child crying 00:33:31] **that's a baby being weighed before treatment and that is the cry that you've heard. Yes, so we were talking about the challenge of TIKO miles that initially it was one hundred and ten but now it has been reduced to fifty. How do you find that a challenge?**

R: It's a challenge because the young girls they were used to get one hundred and ten so they have radically changed to fifty shillings, because when they were going there, they were going to shop some pads for fifty shillings, they get some oil for...now...

I: **For another fifty.**

R: For another fifty. Ten shillings they can get for the lipstick.

I: **Lipstick?**

R: Yes, so it has discouraged more girls to come, although I know in order to catch up it will take more time also because when you are used to getting such like things and radically you change immediately, it normally change also the impact.

I: **Okay, great, any other challenges that we have not mentioned?**

R: The challenges that also we have received, for the girls, in fact the...for the last one month, the TIKO miles changed their services that the girl is the one who is supposed to be registered...

I: **Just repeat that...**

R: For the last one month, we have seen the challenges that the girls, the Triggerise has changed the system for the CHV in order to recruit the girls, the girls must declare herself for the registrations and also use of the cards, we are not receiving more clients who are using the cards and as you know use of the cards was...most of the girls they like using the cards rather than using the phones but the Triggerise is no longer providing the cards, it's also a challenge to us.

I: **The card?**

R: Card, use of cards.

I: **Yes, okay, so now the use of cards has been.**

R: Withdrawn.

I: **Withdrawn...**

R: From February we are no longer using the cards.

I: **So they only use the phones?**

R: the phones and also they have withdrawn CHVs so they encourage the girls to register on their self and also the girls to come on their own, it's quite cumbersome to

come to the facility if they've not been directed through the CHVs.

I: And the CHVs as you explained to me prior, it is them who mobilize?

R: Its them who mobilize these young girls.

I: And now the girls are supposed to register themselves not through the CHVs?

R: Yes, CHVs, for those two months we are not getting so many clients because Triggerise encourage the girls to register themselves.

I: Okay, and not to go through the CHVs.

R: The CHVs, that's a challenge.

I: So you are saying the...

R: Its also a challenge.

I: It's a challenge.

R: A big challenge because we are not getting more girls as earlier we had been receiving through the CHVs.

I: Okay, please tell me, how have the preferences of adolescence service users and healthcare providers been influenced or changed as a result of the program?

R: It has changed because of...mostly on the revenue; on the revenues because as the girls receive more of the services, more of the revenue that we normally get also.

I: But how have the preference of the girls, for example the users been changed or influenced as a result of the program...their preference; has the program influenced their preference in any way or changed their preference in any way? We are talking about in terms of access of services, has their preference changed?

R: It has changed because most of the CHVs they normally walk door to door, they look for the girls' door to door and they train them on how to be protected, they can get protection and also they normally teach them on how to...the importance of education.

I: **Importance of education?**

R: Yes, the importance of education because most of the girls, these young girls with this age from that fifteen to nineteen years is the age that they are in standard eight or form four and others they are in the colleges, but before, it was being terminated because they got pregnant and discontinued their education. But through the experience through the CHVs, they teach them when you go to these family planning, it will protect you, why; it will protect you not to get the pregnancy in order to terminate your education which has encouraged so many girls in order to take up these family planning methods.

I: **Okay, so you are saying that they now prefer to go for family planning and to prevent pregnancy so that they can continue with their education.**

R: With their education.

I: **Okay, any other preference that has changed as a result of this program when it comes to those adolescents?**

R: In terms of abortions also, it has changed because before we were getting so many young mothers who were coming for the miscarriages and also they had terminated the pregnancies and they came with severe bleedings, so the impact that we have received, nowadays we don't get so many people or so many young girls who come for an abortion because they are being protected.

I: **Please tell me if the preference of healthcare providers has also changed as a result of this program.**

R: That one I cannot explain.

I: **You cannot explain, okay. Like for example do you see many providers now getting excited serving adolescents because of this program? Those are some of the areas that maybe we can look at, do they find it interesting for example?**

R: Because we as service providers, we normally get excited when we receive so many clients and also they are very, very excited, why excited, we are very-very excited

because of young girls continuing with their educations and they matter a lot in life.

I: They?

R: It matters a lot in their lives, because we as service providers we would get a girl of fourteen or fifteen years comes, she is pregnant and when you go through the history you get that this young girl doesn't even know whom she conceived with. So when we started to provide these services we were very, very happy in order to protect these young girls in order to continue with their education in order that in future their lives will be better.

I: Great. How does your facility and colleagues support adolescent girls seeking sexual reproductive health services? How does the facility and your colleagues, your fellow healthcare providers support them?

R: They normally support them because of, sometimes these young girls sometimes even when they don't have those requirements...when they don't use the Triggerise forms and they come, we normally serve them because we have some young girls when they come and they don't have the money to give for the service but we don't...we as service providers we don't chase them away, we give them because we need their futures to be better.

I: Okay, so even when they are not in the program you still serve them?

R: We still serve them.

I: Okay, any other support that you give them?

R: The support that also we normally give them is to provide some pads.

I: Pads?

R: Yes, some pads, free pads and also sometimes even we normally do some STI screening free in order for them to know whether they are infected; mostly those who normally comes when they are active in sex we normally do some screening and also we do the HIV screening freely.

I: Okay, you told me this is a private facility.

R: This is a private facility.

I: But you are able to offer those services freely as part of the support for the adolescents?

R: For the adolescents.

I: Okay, adolescents are known to be people who are sometimes in a hurry to be served, I don't know whether you have experienced that here.

R: That one is true but mostly when they come when they are in a hurry, sometimes I normally have the staff turnover because I have selected the staffs who normally serve

the youths, we have what we call youth friendly corner, a youth friendly corner where any youth comes for the service, she does not miss that service, we have to serve. The youth friendly corner has one person who are serving the youth friendly corner in order this girl does not...we make sure that the girl accesses the service, does not miss; because we have those ones who normally come and they are in a hurry, so when they are in a hurry and perhaps you are using the consultation or MCH room, they cannot get that service. So that's why we created the youth friendly corner in order, we don't miss any girl to get the service.

I: Okay, any changes you have done in terms of opening and closing hours to accommodate them?

R: We are twenty-four working hour facility so we are open twenty-four hours, any girl that comes even at 1am or 1pm, we shall serve the girl.

I: Great, in terms of privacy what have you done, anything you've done?

R: For the privacy we have the homes, the youth friendly homes where when she comes she just go inside, they do some counseling there in order for their confidentiality.

I: Great. The place where they wait at when they come for service, what is it like...I mean the waiting room?

R: The waiting rooms, although we have created and also our reception knows that when the girl comes and asks for the services, she just direct her to the youth friendly corner for waiting and so that she get the service she needs. She doesn't wait...when these young girls come they don't wait; they go direct to the youth friendly corner where they are being serviced immediately.

I: Who directs them there?

R: The receptionist.

I: The receptionist...so long as you are that age you are talking about?

R: Yes.

I: Fifteen to nineteen.

R: Because nowadays they know, when they come they normally say that we have come for the T-safe, so when they just hear about T-safe, we direct them directly.

I: Any IEC materials you provide to them?

R: The IEC materials the Triggerise has given some IEC materials on how the...types of family planning that we normally offer and the services we normally offer, the services that the youth friendly services offers; we normally give them.

I: And how has participation in ITH influenced the quality of care of sexual reproductive health services for adolescents in this facility? Your participation as a facility, how has it improved or influenced the quality of care that you provide?

R: Pardon.

I: How has your participation in the T-safe program influenced the quality of sexual and reproductive health services for adolescents in this facility?

R: We can say that it has...in fact it is an impact to the young girls in this facility because for now even their parents, they are very-very good because we have some parents who normally come for the appreciations because of their young girls, they are continuing with their education, that one it has made the impact with these facilities because when the parents come with their daughters in order to get the family planning that shows that we are giving the quality services to the girls which has improved the livelihoods of their young girls.

I: Okay, so the quality of service that you offer has even influenced the parents to support their girls...

R: The parents to support their girls.

I: Okay, any other way by which your participation in this program has influenced the quality of care you provide?

R: Also we...the management, because the management of the side effects, when they come with the side effects, we normally give the quality care in order to manage that side effect.

I: **Kindly tell me briefly what you do.**

R: Sometimes when they come with PV bleeding, vaginal bleeding or getting the periods twice per month, we normally...that one we normally encourage, we normally do some counseling and we normally say that that one is the hormonal imbalance, we do give some drugs in order to balance the hormones and they catch up with the family planning and also when they come and they have that negative, that hormonal imbalance continuously, we do opt for other family planning where we normally do the counseling, after the counseling we opt to another one and it normally encourage young girls to come because of that quality we give.

I: **So you are kind of saying that you give extra attention.**

R: Yes, we normally give an extra attention to these young girls. Sometimes we do the, sometimes when they come they just have PV bleeding, we do the cervical cancer screening freely, in order to rule out when they have that one, and it normally encourage them to come for the service because we care about them.

I: Okay, you told me previously that some of these girls come with very negative perception like the IUCD for example can stick inside; how do you manage that one?

R: That one, it needs a lot of tactics in order to convince those young girls, a lot of tactics in order to rule out that once you say that that one cannot happen, we have some young girls who normally take this and this, or we have those young experienced girls who have the IUCD, we just invite them, they come and they talk to those girls who are having those misconceptions and reassure them that also they are young girls and they have that IUCD and it has never affected them.

I: You invite peer users of the same product to talk to the girls?

R: The same product to talk to the girls.

I: Great, and that almost answers part of the question that I was going to ask; that based on your experience working on sexual reproductive health issues in this community, what would you say are the facilitators and barriers for adolescents to access sexual reproductive health? You may tell me whether you want us to start with facilitators or barriers.

R: We can start with...

I: Facilitators?

R: Yes, better.

I: **Factors that facilitate?**

R: Yes.

I: **Okay, so what are those factors that facilitate adolescents to access sexual and reproductive health services?**

R: They fact that they are being protected not to get pregnant and sometimes also when we are giving them like an inject-able or implanol three, also we normally counsel them about the backup method because backup method is the use of condoms, because when we give an injection or we give the implanol three to protect not to get pregnant but we are not protecting them not to get HIV, that is why also we encourage them, as we are giving this injections you know that injection it will protect you only the pregnancy but it cannot protect you the, either STI...as you know, when you give one injection, injection it will protect you just only not to get pregnant but it cannot protect you the STI. So we normally encourage them also to use condoms, they are being protected not to get pregnant and also they are protected not to get STI or HIV.

I: **Okay, so for facilitators you've told me that one factor is protection from pregnancy so that facilitates them**

and then protection from STIs by use of condoms. What else do you think facilitates them into accessing sexual reproductive health services?

R: To continue with their education.

I: **Education.**

R: Mmh.

I: **Okay, continue with education. Okay, any barriers that you can talk about in terms of their access to sexual and reproductive health services?**

R: The barriers; because we serve also the young mothers, barriers is their husbands, the husbands because they don't want them to use the protections. Misconception also is a barrier.

I: **Okay, misconceptions.**

R: Misconceptions is also a barrier...

I: **And for misconception you told me about their perception about the IUCD...**

R: The IUCD protection that it can be stuck in the womb and it can bring cancer, sometimes it can make a girl to be...cannot bear children in future.

I: **Any other barriers to access that you can...**

R: Cannot bear children in future. The barrier, also the parents; parents also are barriers because you have some parents who are very, very strict, they don't want their

girls to use the protection because of the misconceptions that in future they cannot bear children that it can bring sterility.

I: Kindly tell me what mechanisms your facility uses to support adolescents to overcome some of these barriers that you have mentioned. One of the barriers that you have just mentioned is about the husband; how have your facility been able to support these girls in...?

R: Mostly we support them in order to use injectable because those ones who normally come with...of course when you are being injected, protection for three months, the husband cannot know. And also we normally do some counseling that when you receive some negative effects, come immediately and we solve the problem immediately before the husband notices.

I: Great. About parents, some of them are strict, they don't want their children to access those services, how have you been able to go about this?

R: That one, sometimes we have...we do encourage the girls to be accompanied by their parents, sometimes we do advise the girls to be accompanied by their parents mostly their mothers and when they come we do counseling together. When we do the counseling together, the parents also accept in order because the girls...we tell the girl to be

very frank and to say if she is very-very active in sex and the way that she can be protected is the use of family planning and also we convince the parents, in order for your child to continue with education, why don't you protect the child or you want the girl to remain just a standard eight leaver, because most of the majority here, young girls they are standard eight leavers so we do encourage their parents, do you want your girl to continue with her education or you want your girl to stop early education. That makes them to convince the parents also to accept in order for their young girls to accept the family planning.

I: Okay, am just imagining a situation where a parent does not want the girl to use these services, just the same, same thing we are talking about; and now the girl has come without informing the mum, so you are trying to bring in this mum to the picture, how do you do it?

R: We know the tactic that we normally use in order to convince the mum to accept because as you know, nowadays education is the key of life and when the parents...when they can't convince the mum that mum I want to continue with education but you don't know I am this and this and this, and in order mum to continue with my education, allow me to use this and this, and also we come together

as three people, we discuss advantage, disadvantages and advantages of the girl in order to continue with her education, they do accept.

I: And that...have you been able to talk to dads of the girls?

R: Dads they are very, very strict, mostly we normally use the mums.

I: Oh you just use the mums.

R: We use the mums because dads they don't want it because the way they don't want their wives to take the family planning there is the way they can discourage the young girls to use it.

I: Very nice. Please tell me...

R: In fact, another challenge that we were receiving when we started giving these services because more of the girls were coming, we have some people who were saying that we are the devil worshippers, don't go they are giving you the devil worshipper things; so those are the challenges that also we were receiving from parents of the young girls. That when you go to Mundika, Mundika nowadays is promoting young girls to devil worshippers, don't go; when you get that service, you will be initiated to devil worshippers which was wrong.

I: So how did you counter this one?

R: That one I used the CHVs who went to chief barazas, they talked to the parents that this is a program which is being sponsored and also the young girls they went with these things that they normally purchase after they have received TIKO miles and disapproved their parents and they came up and they caught up with our programs, nowadays we are not receiving but they are encouraging.

I: Okay, actually that answers what else I wanted to ask you about, what challenges your facility has faced dealing with adolescents' sexual reproductive health issues; so one of them is just what you have just stated about the part that you are devil worshipers. Kindly tell me if there is any other challenge that your facility has encountered as a result of providing adolescent sexual and reproductive health services.

R: Its just one challenge that I have told you, that one of the devil worshiper but another one, no.

I: Okay, just this one of the devil worship, which you have told me you've countered, you tackled very well.

R: Yes, we tackled through the CHVs.

I: Okay, now, about the misconceptions, you told me that adolescents have misconceptions about IUCD for example that it can stick in the womb and all that, tell me if there are any other misconceptions that you have heard

from adolescents about the use of sexual reproductive health products.

R: Sterility.

I: **Sterility.**

R: Mmh.

I: **How about that?**

R: They say that when you get earlier family planning it can make you to not to bear children, it can create the sterility. And also they normally get some information that when you start earlier with the family planning it also lowers your libido, you cannot be very active in sex, it lowers libido.

I: **Okay. So how have you gone about these misconceptions, about the...**

R: Sterility.

I: **The sterility, yes.**

R: It is a matter of counseling because we normally use some counseling and as I have told you earlier, also we normally use young ladies who have used this family planning in order to have her talk with the young girls who normally come with these misconceptions.

I: **You told me that you use the girls for example for the IUCD, the girls who are already users to come and talk**

to them, so even this for misconception of sterility you use the same, same method?

R: Yes, we use the same, same procedures.

I: Okay, how about lowering of libido?

R: The lowering of the libido we normally come with sureties, we normally say that sex comes from the brain, so when you concentrate, you will do it but when you follow the misconception it will become the way you think and they normally catch up.

I: Okay, great. Now, you have told me very beautiful things about this facility, how it is offering services including that some parents have come to appreciate that you are helping their children. So other than these parents coming to appreciate, what other feedback has your facility received from adolescents through this program?

R: The feedback that they are excited.

I: They are excited?

R: They are very-very excited because of the TIKO miles that they are receiving because as you know, we are in slums, we have some young mothers who were not affording these services but now these they can access; they can get pads, we have some people who can access these

cosmetic things; that's now the feedback that we normally get very-very excited.

I: Okay, any other feedback about your facility that you've received from adolescents? What do they say about your facility anyway?

R: We are giving the quality service and also our employees, they are very, very friendly.

I: They say your employees are friendly?

R: Friendly and also they talked about the CHVs who are attached to this facility they are good people.

I: The CHVs are also good people?

R: Mmh, good people.

I: The CHVs who are attached to this facility are good people; what do they mean good people?

R: they are good because the way they normally talk to these young girls, they are not harassing them, they advise them like their mothers, because you have some young girls who normally come that, those women are very good because they even advise us more than our mothers. That is why they normally talk that way. They normally advise more than our mothers because our mothers they harass us when they are advising but these women they advise us; they convince us in order to take because even our mothers were trying to tell us to get family planning

but we were rejecting. But when these mothers came to us, they convinced us, they gave us good words in order to start the family planning and also they have ruled out that you cannot get cancer when you are using the family planning; you can continue with your education when you are using the family planning, you can take it till, get TIKO miles and that TIKO miles can access you to get some cosmetics things in order to...

I: So they look nice?

R: Yes, you look nice.

I: Interesting. So this wonderful feedback that you have gotten from the people you serve, how has it influenced the way you deal with adolescents visiting your facility for sexual reproductive health services?

R: In fact, it has encouraged us and also made us to improve on the part of service, to provide offering service. Mostly to improve and also to buy more, or to get more of the commodities when you are request for the commodities and also the impact to the ministry also because we give the report to the ministry and the ministry when they get some feedback when you go to the monthly meeting, they normally also they encourage us that we are being, we are good a good job because we are

protecting the young girls in order to continue with their education which the government needs.

I: Great, so you are trying; to say if I get you right, that you have been able to get more products from the ministry of health?

R: More products from the ministry of health because most of the products that we normally use we get from the ministry. And...

I: Which products are these?

R: The family planning commodities that we normally use for this Triggerise

I: So you say when you go for monthly meetings and you give your reports...

R: We give the report they are very, very excited because of...we are promoting the young girls.

I: Great, and then you've told me that the facility providers have also improved on the way they offer services, please explain to me a bit of this, how have they improved?

R: Most of the times, before we were not having some meetings in order to give the feedback on how we are giving services but nowadays we normally sit down, we normally have weekly CME on how to give an...

I: Weekly what?

R: CME.

I: **What's that?**

R: Continuous learning.

I: **Okay, so it is CA...**

R: CME.

I: **So you say it is continuous...?**

R: continuous learning, or updates...updates on certain things because when we get so many girls and we were not receiving so many girls, because they need some family planning update, on job training, OJT; most of the times we normally comes, like one of the fine days very early in the morning, we sit down, we say that this and this and this, also we improve on weak points and also we encourage each other where they don't know...where someone is very weak points on counseling, we do some counseling on the staffs in order to improve also the counseling styles in order to win these young girls. Because as we win these young girls, we get also the revenue and also we improve their salaries.

I: **Okay.**

R: Yes, because when we get a lot of revenue from these young girls because those TIKO miles that we normally get, also those workers who are working in the MCH who

are promoting the family planning, we have to give some incentives.

I: To the community workers?

R: no, community workers also I normally give some incentives although they are being paid through the TIKO miles.

I: Okay, so you give them something extra?

R: Yes, something extra.

I: Like what?

R: Like one thousand to everybody or sometimes, and also I normally provide some food for them when they come very early in the morning I give them lunch and also at the end of the month when I receive some TIKO miles, the TIKO cash and also I give them some incentives.

I: Very nice, you know this talk is so interesting, I may go on and on, but allow me to ask this next question; we are increasingly getting to the end and I will miss this talk but let me ask; now, how can you be supported and by whom to help you improve sexual reproductive health service provision to adolescents?

R: Mostly on improvement, on side we can through the government and also through the Marie Stopes and also through the Triggerise.

I: **Okay, so how can you be supported and by who; so you are telling me government, what should government do?**

R: Mostly when on providing the commodities, government must provide...the government also through the Marie Stopes provide the commodities but the Triggerise to improve in terms of payment.

I: **At least explain a bit.**

R: Triggerise to improve in terms of payment.

I: **What does that mean?**

R: Payment of the service provider, payment to the CHVs and also payment to these young girls, they have to improve.

I: **So improving on payment means...what exactly do you want them to do?**

R: To increase TIKO miles.

I: **Okay.**

R: To increase the TIKO miles or to maintain where we have been, not to reduce.

I: **You told me previously you were at one hundred at ten and now it has been reduced to fifty shillings.**

R: Fifty TIKO miles.

I: **TIKO miles.**

R: Yes.

I: **And you told me fifty TIKO miles is fifty shillings?**

R: Yes, fifty shillings; that one cannot make the young girls to convince each other to come because they normally say, just only fifty bob to come from Dandora or to come from Mathare north and get just only fifty bob, I can't. But when they got that one, they were coming. So it is better when they improve in terms of the TIKO miles.

I: **Am getting you. Tell me whether you have some training needs that you may need improved and by who.**

R: Mostly we need some training on reproductive health to provide updates, not just training but in updates because trainings normally take so many weeks but updates it can take just only two to three days, updates on the family planning uptakes. Because I have some new employees and new place they are from the colleges and when they are from the colleges, they need some training in order to improve in terms of offering family planning services.

I: **Okay, so they need some...**

R: Trainings.

I: **Some updates.**

R: Updates.

I: **Who is supposed to provide this?**

R: Marie Stopes.

I: Who else?

R: Government.

I: And government.

R: Through, let's just say Mathare Sub County.

I: Okay.

R: But we are in Mathare - Starehe Sub County.

I: You are in Mathare Starehe Sub County, okay. Any other support that you may want and from who that we have not mentioned here?

R: The support that I normally need the Triggerise to do it in order to increase also the number, because we are giving the reproductive age from fifteen to nineteen years, we are missing the age of twenty-four years. If they can add from nineteen to twenty-four years, because we are in slums and we have so many young mothers who are from that fifteen to twenty-four years where they cannot access to the family planning, where they cannot access even to do the pregnancy test and even to do the HIV testing as you know we are in private, we do charge some; like the HIV testing we do charge something because we pay workers, we have to charge, we pay electricity, we pay water. So we have to charge something even those that are being provided freely HIV but we have to charge

something because whoever is doing that counseling you have to pay so if they can improve or increase the ages.

I: The ages you are saying it should be increased to twenty-four?

R: To twenty-four.

I: Okay, not just to nineteen.

R: Just not nineteen. And also to increase more services like when we can be doing what we screen for the malaria and when we charge like when we charge five hundred, if the Triggerise can pay two hundred and fifty and we charge two hundred and fifty if they can...

I: For malaria screening?

R: For malaria screening and treatment.

I: And treatment, you normally charge five hundred?

R: Five hundred both for treatment and...both screening and treatment.

I: Okay, so even when these girls come for the T-safe and they have other needs like malaria, it will force them to pay because...

R: To pay, they have to pay.

I: Because Triggerise has not included that as the free services of...okay am getting you.

R: And also the STI screening.

I: Also STI screening, okay. How do you charge them for STI screening?

R: STI screening normally depend on which type...which services are we screening like the screening of the urinalysis 8we charge one fifty, screening of the VDRL we charge two hundred.

I: Okay, now; I have some two scenarios, they are very short scenarios; so I have some two scenarios here that I would like to read to you and then I will ask very few questions about it; so now I would like to discuss about some specific situations you might encounter with clients who come to you for family planning services; the first scenario is this; let us say a young woman has come to see you, she is alone and appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Is that scenario clear?

R: Yes, it's clear.

I: Yes, so what would you want to know about this young woman in order to help her? She is about nineteen years old, she is married and living with her husband, she has

just had her first child but does not want another one soon. Her husband does not want her to use contraceptives but even her she has never used contraceptives before. What would you want to know about this young woman in order to help her?

R: First of all, I will start with counseling on family planning to that young girl. I will ask some questions as you have said that she has never used family planning but I will insist to ask because first they normally use what we call emergency pills and sometimes they know that emergency pill is not part of family planning, it's just emergency pills; I will ask so many questions. After that, I will do the counseling traits. After counseling, I will ask which types of family planning that she is interested in. after that I will counsel her the types of family planning that she can get in order for her husband does not know that she is using the family planning.

I: **Okay, is there anything else you would want to know about her before you help her?**

R: Also I shall rule out the pregnancy because she has not been using the pregnancy and yet she has the husband, I shall rule out also the pregnancy test. I will ask her

to do the pregnancy test in order to rule out whether she is pregnant.

I: Okay, what would you tell her about contraceptives?

R: I will encourage her to use the contraceptives because it will protect her not to get immediate child to the first born, and also because of her health. Because when she starts bearing children on and off, it also, it will lower her immunity because on and off, on and off, it can lower the immunity. I will talk about the importance of the family planning, how it can protect her and how it can make her to continue with the life smoothly when she is being protected. Also I will encourage her; I will give her an advice on how to open a business in order to generate the revenue in order to help her husband. And also I will encourage her before even when the husband is not willing to get the family planning but sometimes we normally encourage them to tell the husband to come in order to talk in board, to talk as a couple to give them the importance of the family planning.

I: Okay, now you have just mentioned that you would encourage her to use family planning or contraceptives so that she doesn't get another pregnancy; which

contraceptive method do you think would be best for this young woman?

R: Implanol three although we shall start with injection, I shall advise her to start with injections for three months in order to know the side effects, what she will be experiencing, we shall discuss about that one. And after...although I will counsel all the types of family planning because when the new clients come to the facility, you have to give counseling of all the types of family planning. But sometimes we have those clients who are undecided, they cannot decide for their own, so you have to choose for them. So because as a young girl she doesn't know about the family planning, I will counsel her and also I will choose for her a good method which is, it will be secretive for the husband not knowing that it is on family planning. And also I will give her the side effects of that family planning in order, when she just receive that any side effect, then she come immediately and we manage in order not the husband knowing that she is on a family planning.

I: **Okay, so if I got you right, you are saying that you would...what you think, the method you think would be suitable for her I, the first one should be injection, three months?**

R: Mmh.

I: **At least tell me why you think this one is a suitable method.**

R: The injection of the three months, it is very suitable because mostly the husband will not know that she is on family planning.

I: **Okay.**

R: Because as you said that the husband does not want her to use the family planning so we must play tactics in order the husband does not know that she is on family planning. Because when we give them...sometimes when we give the orals, pills, and sometimes women they are very-very careless, they just take it and they put it there. When we put the implanols, sometimes we have those husbands they know, they check here...they check.

I: **They check the arm?**

R: Yes, they normally check the arms, in fact we have received so many clients coming with their husbands that remove this thing, I don't want to see this thing, just remove it so the most effective family planning that we can give, either that inject-able or IUCD if we can counsel and she accept to use the IUCD. And the IUCD, the challenges that we normally receive that these young girls who are very-very active, because the IUCD does

not want anybody who have multiple sex, so we have received so many misconception...so many young girls come when you want to insert the IUCD, they say that it will restrict me not to have another boyfriend.

I: Okay, so the girls also complain?

R: Yes, they complain about that one.

I: Okay, but basically...

R: Because under counseling we normally say that when you insert the IUCD, you must stick to your partner only but when you have the multiple sex, you will be having re-infection on and off.

I: So you are saying inject-able or the three months would be the...

R: Very-very okay.

I: Okay. You have told me that you see women such as this young woman here, could you tell me about a specific client like this woman whom you attended to recently, what happened, the process. A specific young woman who is the description of this one whom you attended to recently.

R: Of recent we had a...

I: Just a specific one, you can nickname her if you choose to.

R: We had one young mother came, we did the counseling, after doing the counseling, in fact she is seventeen; she was fourteen years.

I: **She was fourteen?**

R: She was fourteen years, she got pregnant, after getting pregnant, her parents forced her to get married. After getting married, through the CHVs when they were going door to door, they got that young girl..

I: **Married.**

R: Married, the young girl...they did the counseling, after counseling they came with that young girl. In fact, the young girl encouraged us to...post mentally six weeks ago...after that we counsel about the family planning. She accepted to take the injectable. After accepting the injectable, she went...we gave her an injection. After getting an injection she developed some hormonal imbalance with PV bleeding and the husband was enquiring why are you bleeding, why are you bleeding; in fact, as a young girl, she just told the husband that I went to Mundika and I got some family planning. So the resident came accompanied by the wife. When they came he told us to remove the family planning and it is an injection which we cannot reverse. What we told her, we sat down with the husband and the wife, I talked about the family

planning, I talked about all the types of family planning, advantages, disadvantages. I came to the injection that I gave, I talked of the advantage and disadvantage, after that, few questions that I asked the husband, are you ready to get another child for now; he declined that I need this woman to bear children after three or four years. And how do you...how can you protect that woman not to get that pregnancy, can you use condoms; I cannot use condoms so we sat down, I carried out the counseling to the husband and the husband accepted the woman. So when the husband accepted, I opted to managed the side effects of PV bleeding and now the girl is using the depo provera.

I: Congratulations, very nice.

R: Thank you.

I: Very well done. Another short scenario now; now, let us say a young girl has come to you. She is alone and appears to be about fifteen years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. So this is a young girl, fifteen years old, she is sexually active and would like to prevent pregnancy because she is in school, so she

has never used contraceptives before. So what would you want to know about this young girl in order to help her?

R: Firstly, I will take the health history whether she has parents. After taking the social history, after taking the social history, I will ask her whether she is still in school or not. The third question that I will ask her, whether she has the close relative or close friend and also I will ask about the boyfriend, her boyfriend, whether the boyfriend stays near or stay far away. After that I will counsel her about the family planning. And also sometimes I do advise, we advise the young girls to be accompanied by their boyfriends. When they come with their boyfriends I do counseling together, if the boyfriend can accept to use condoms, because young girls will go to young girls, although we have these ones who normally go to these sugar-daddies, sponsors, we call it sponsors. But we do advise them, because as a young girl and she is very-very active in sex, I will advise, if she can use family planning but she must use up the backup method which is use of condoms. Because as a young girl and she is very active, she will have different boyfriends and if I will give the depo provera because she may be coming to get an injection, I will advise to get an injection but when I give an injection and I don't

protect...I give an injection in order to protect her from the pregnancy but I don't protect her from the sexually transmitted diseases which is HIV and STIs. I will not have helped that young.

I: Okay.

R: So I will counsel her and also if she...firstly I will counsel her to stick with one boyfriend and if she sticks with one boyfriend, also I will encourage her to come with that boyfriend in order to encourage that boyfriend to be using condoms.

I: Thank you. So what would you tell her about contraceptives?

R: About the contraceptives I will counsel her on contraceptives and advantages of contraceptives because as young girls and you are very-very sexually active and also you want...despite you want to continue with your education, so you have to use the contraceptive method in order to continue with your education.

I: Anything else you will tell her about contraceptives?

R: About the contraceptives also I will convince her that...about the contraceptives, it will protect you from getting the HIV and unintended pregnancies and also it will make you to continue with your education.

I: Okay, for this little girl who is fifteen years old and in school and does not want to get pregnant, which contraceptive method do you think would be best for her?

R: Condoms.

I: Condoms. Any reason for this?

R: The reason for that, the condoms will protect her not to get pregnant and also it will protect her not to get STI or HIV. It is a dual protection.

I: Okay, anything else that would make you to advise her just to use condoms and not other contraceptive types?

R: what?

I: Any other reason why you would rather she uses condoms and not other contraceptive types or just the dual protection?

R: Yes, dual protection. In fact, I use that name stand for dual protection.

I: So you don't want her to take pills, you don't want her to take injection, no?

R: Also it normally depends because sometimes you can counsel, you cannot get that it is you who decide for her, she can decide on her own because we normally also give some consent to sign, so when she is signing the consent and she has decided to use; even those young...in fact it was in January where I inserted the young girls

of fifteen, I inserted the implant, why, she came, the first question that I normally ask...

I: In January this year?

R: February this year.

I: You had a case?

R: A case that...

I: Tell me about this case.

R: The case, the girl came.

I: Fifteen-year-old?

R: she was fifteen years old. She talked about the T-safe. In fact, when she came, she came about, she was asking the TIKO miles; I asked her, do you know about the TIKO miles, yes I know; have you ever heard about the TIKO miles, yes; what is about the TIKO miles; there is a process that you normally come, you get protected through the family planning and you get some points where you go for shopping. So when I asked the young girl about the types of family planning that she can use, in fact I asked which type of family planning do you want; I want three years' protection. Do you know about the years' protection; yes, I know, it's a protection that when I go and play sex with my boyfriend I can't get pregnant. Do you know the advantages, I told her the disadvantages and she said yes even my mum is using that

protection and she doesn't have any side effects? I counseled her and said that the hormones of your mum are quite different from your hormones. I did the counseling, she accepted, I inserted the implanon three and gave the return date, she came. When she came she said that she is doing well, she doesn't have any side effect, I said continue with that method.

I: Okay, so you experienced this little girl...

R: Yeah, we normally experience, but that one they normally come when they know that they do this and this.

I: This one was also in school?

R: Yes, she is in form one.

I: Oh, now she is in form one.

R: Yes, she is in form one.

I: Very interesting. Thank you so much. I cannot go on because you've answered all my questions.

R: Thank you very much.

I: And so interestingly that if I had any more I would have asked but I don't have any other. Thank you so much for your time, it has gone so well although with interruptions but of course I was getting into your program. Some of the urgent ones you had to arrest but I think it has moved on very well all the time. So I want to thank you so much for your time and your

participation. I've asked you so many questions, I would now want to give you this opportunity, if you have any questions about this study, kindly ask.

R: So as research team who are conducting this program, on your side, what are you going to provide or to assist as a private...to assist the facility in order to improve more on this reproductive health age?

I: Okay, as APHRC, we are evaluating this program to see what impact it has had, to see how it is helping adolescents, and the question about improvement now, I cannot immediately talk about what we are going to provide; the results of this evaluation will determine where the gap is and that is how now we will be able to use an informed position to say this is what should be done. For now, we are just collecting information and it is hard to say what we are going to provide until this data is analyzed. You had another question or we close?

R: Another question [inaudible 01:40:16] is it okay whatever we are doing to these young girls so that to [inaudible 01:40:23] is it okay as you do the research.

I: So you are asking as a research center, is it okay what you are doing to the girl?

R: Mmh.

I: What do you mean what you are doing to the girls?

R: We are protecting them.

I: You are protecting them?

R: And also we are promoting them and also in order to improve their health and also to help them to continue with their education.

I: You know researchers do not judge but the information we have collected from you and even other healthcare providers tell me that the girls appreciate and as a healthcare provider you do not mean harm. So there is no way I can say it is bad, I also congratulate you for the good work you are doing.

R: Thank you.

I: Thank you so much.

[End of audio]

Notes

The interviewer probed all the questions as per the guideline.

File name: ITH_R2_NAI_PAN_URB_002_SP_001_7519

Duration: 01:06:56

I: Okay, this is Florence Olum, code zero two, taking IDI interview with a service provider zero-zero-one from Marie Stopes facility in Pangani urban of ITH round two on date sixth zero five twenty nineteen at around ten what?

R: Ten nineteen.

I: Ten nineteen. Thank you so much, Alex, welcome for this interview, as we are going to start, I would like you to

tell me about your work and experience as a service provider in this facility.

R: So I've been working with Marie Stopes for the last two years, two years two months and Marie Stopes being a reproductive health facility, we offer mostly reproductive health services to women of all ages and we also offer clinical services to men, to all genders, it's not only females that we handle. So we specialize in sexually transmitted infections, HIV testing, contraceptives and general health clinic, counseling.

I: **so there is something that you've talked about like the facility has been offering the reproductive health services of which is the main reason why I am here. Now tell me about your role in ITH.**

R: My role in ITH in this clinical setup I am the manager and I am also a service provider where I give services to clients or girls between fifteen and nineteen years and its mostly contraceptives and we were also previously, or rather, we are also giving HIV testing, STI screening and treatment.

I: **So are you also offering these services under the ITH, I mean the HIV testing and STIs?**

R: Yeah.

I: **Okay, so can you describe to me your experience with adolescents on sexual reproductive health services in your work?**

R: so for my experience...

I: **Let me cut you short a little bit, you told me you are the service provider here, are there other service providers or it is only you?**

R: No every clinic has got two service providers, one is the manager and the other one is service provider. So

the only difference is that the manager manages the facility but as well since I have a clinical background I also treat clients. So ITH since we started at Triggerise or rather, the experience has been nice seeing the impact that we are giving to young girls especially when so many are getting pregnant because of lack of information. So the most important thing we do is when you give the information you find that most ladies or most young ladies nowadays are aware of contraceptives, when you are trying to teach them about contraceptives in fact you'll find they have that knowledge. And the uptake has been good but right now as we are no longer doing the outreach services, the numbers have gone down. Yeah, but the experience has been good so far.

I: So you've said that you are no longer doing the outreach services, maybe you can tell me the reason why you are no longer doing the outreach services.

R: Our contract ended, we did not renew the contract since we started in March of twenty eighteen and so the contract was ending in February. So when it ended in February twenty nineteen, we stopped doing the extensive outreach activities, we received the communication from our program manager, the person responsible for the ITH platform. So we no longer offer that targeted outreach services, so now we only wait for clients to come to the facility who have been mobilized by Triggerise mobilizers so that they can be able to...we can be able to give them the service.

I: Okay, maybe are there reasons why you did not renew the contract?

R: I may not know because it is the organization, it is the managers up there who they are the decision makers.

I: **Okay, then as a service provider maybe you got some trainings, can you tell me more about that.**

R: Marie Stopes as an organization offers several training; so the first training we did was about youth friendly training on how to handle the youth especially young girls, so all the service providers who are handling youths were given the training, actually all service providers in Marie Stopes have been given that training to tackle youth, that bracket. We were also training on the Triggerise app, the T-safe app and on the procedures to follow when we are handling Triggerise clients and we've been getting on the job trainings also as well from both Triggerise staff and our own staff on how to work with the platform.

I: **Maybe on your training, can we hear more a little bit into details what you really went through on how to handle the girls and what do you really need to do and maybe the communication as well.**

R: Okay, wow! That is, it's a bit difficult because we went, we stayed in a hotel for two days, so it was a training for two days and we were having lessons from morning to evening so it was extensive communication. But ideally we were told the training was to give us the knowledge on how to understand how the youth think, to understand the things that, how to approach a youth, how to talk to their level, talk within how to understand their issues, how to communicate your issues. It's basically about communication with the youths. I would say that is, like the main thing, how to communicate with the youths and how to put your point across and the responses to expect

and we were also made aware of the legal provisions on how to handle the youths since they are a special group who are protected by the law, so we were also taught about that.

I: Maybe on my own side, can I hear a little bit more on the legal issues?

R: [short laughter 00:08:13]

I: Talking about the legal issues that you were trained on.

R: Oh yes, yes, the legal issues, it's basically about the right to consent for a service, so based on the reproductive health policy, so we were taught the age of consent for contraceptive services, they don't really need the consent of the parent and they can actually consent for contraceptive services since it is one of the sexual and reproductive health rights of everyone in the country, so yeah, that is like the main thing.

I: So you told me that generally Marie Stopes has been offering the sexual reproductive health services, so can I get exactly what services you offer to these adolescent girls?

R: So we offer all the contraceptive services from family planning counseling then we are offering contraceptive pills, we are offering the three months' injection, depo Provera and sayana press, we are offering the three-year implant, implanol, the five-year implant, jadelle, the ten year IUD and STI, HIV screening. We have condoms, female and male condoms and sometimes we treat them because when you screen them and you have health issues, we can also treat them for the sexually transmitted infections. We also do linkages; let's say if a client is HIV positive we link them with other facilities, other organizations that offer those services.

I: More so for the HIV, which facilities do you mostly link them with?

R: LVCT.

I: LVCT.

R: Yeah, they have a good program.

I: Okay, and then mainly on counseling, what information do you give as you do the counseling? Do you in person do the counseling too?

R: Yes, I also do the family planning counseling. So the counseling generally is extensive which starts with the introduction and then we introduce the sexual reproductive organs and the reproductive health systems for both male and female so that they can be able to understand how their reproductive health system works. After that then we go into sexuality and we discuss a little bit about safe sexual practices. And then after that we introduce all the contraceptives, each one by one and then we give the criteria for selecting a contraceptive that is by ruling out pregnancy. So after we select the criteria for the contraceptive then we give them the option to choose the contraceptive method they want and then when they choose, you give more information about the contraceptive method to include the advantages, disadvantages, the expected side effects and we also...then whatever contraceptive method they choose we give them and then we give them a return date and we give them numbers to contact us in case of any complication.

I: So you give them your contact?

R: Yes, we give them our clinic contact.

I: Okay, you talked about something that I really wanted to follow up, like after...you've said that you talk about

all the contraceptives and then you give the priority on the...

R: The option that they prefer.

I: The options that they prefer, it's like you also give them the information on the best methods or if I did not get you clearly just clarify.

R: Yes, when it comes to contraceptives, I usually believe contraceptives are just like any other product in the market, let's say soap, bathing soap; so everyone has their preference, someone prefers imperial leather, another one geisha, another one...so it all depends with their own experiences and their own sexual experiences. So we give all the methods objectively without favoring any so that out of the information, they can choose the one that best fits them.

I: And you might say; what are the most sought after services by adolescents? The most sought after services.

R: From my experience, it has been basically what I've just said, it's just family planning, counseling, a lot of adolescents are very curious about sexuality and the emerging trends of sexuality, so they are very curious on how to prevent pregnancy. So the services would be sexually transmitted infection screening, yeah, STI screening, family planning, yeah.

I: So can we say like in a month, for STI screening, you would get like how many clients?

R: Okay, right now not as many as we used to but around ten.

I: If you say not as many as you used to...

R: That is when we were doing the outreach services and, yeah when we were doing the outreach services most of the young girls would always be curious about HIV and

STI screening. It's a service that from my experience they would always ask, can they get that service.

I: Okay, so I believe, in T-safe you have that platform?

R: Yes.

I: Maybe tell me your experience with the platform.

R: So T-safe there is this app called T-safe and I was registered as a service provider, someone who verifies, so for me to give the service, I would...a client would first be registered by a mobilizer then the mobilizer gives the client either the client is registered, the phone number is registered if they have a phone. If they don't have a phone they were given a card, a TIKO card, so the TIKO card they would come here and then I would use the T-safe app to scan the code; it had this barcode, when you scan it, it would give the photo of the client and then you talk to the client and then whatever the client chooses you would put it in the system and then the system would accept and send funds to our account and give the young some points and also give the mobilizer some points, some TIKO miles which are converted into cash.

I: So you've talked about the TIKO card, so for those who don't have phones are the ones that come with the TIKO card?

R: Yes.

I: But for those who have phones?

R: They are just registered in the platform, so what we do is that when they come, I will send a code then when am given a code, I give that code to a phone then in her phone she will use the registered phone number to send that code to the TIKO platform and then the platform will send back a code that I will use to show that this

client, to verify the client. So when I verify the client then she gets the points, the mobilizer also gets the points and our clinic gets the funds.

I: So if we talk about the points, like for the mobilizer, how are they getting these points and maybe how much if you can tell me?

R: Okay...it's been a while since I've figured how much they are getting but...I guess I'll just have to honestly guess because I cannot remember.

I: Yeah.

R: So when they were being registered under the TIKO platform, they would get I think a hundred and...between a hundred or a hundred and fifty TIKO miles; or was it fifty...but the client gets a hundred and ten TIKO miles. Yeah, the client gets one ten TIKO miles but the mobilizer I don't know if it is fifty or one fifty TIKO miles, I'll have to...

I: Its okay, it's okay.

R: Yeah I can't really remember.

I: And then these points, what do they do with these points?

R: they go to the shop that is TIKO registered and then they convert the TIKO miles into cash at the rate of one TIKO mile is one Kenya shillings and they buy commodities, they go to saloons they get their hair done, they go to barber shops, they get their hair cut and all that.

I: Okay, so you mean the TIKO shops are around?

R: Yes, when we used to go to the outreach centers, when we were doing the outreach services, like in Dandora there is a shop that immediately after the activity, you would find the shop is filled to the brim, the clients, the mobilizers, everyone is there and the shopkeeper was

very happy because I also went there to see for myself and I saw them converting it into goods and they went home with bread, milk, cooking oil, so they really, really, benefited from that.

I: And now how has the project influenced the way you provide services to adolescents and you as a provider?

R: The project mainly, the biggest thing is the training which I believe was a requirement before the project started, it gave us new knowledge, it also gave me new experience because I was not used to handling many young people in one, at ago; the project was able to give me an experience of handling so many young people, doing like a group session with young people and understanding their issues where they would talk freely and discuss their myths about sexual...the sexuality. So it's just about personal growth when it comes to the young girls and also the added knowledge when it comes to...and also the job satisfaction of seeing young girls taking the proactive action to prevent pregnancy.

I: As you provide these services, what are the most questions maybe you've been receiving from these adolescent girls?

R: Mostly myths about their sexuality. They are very curious about how to prevent pregnancy using natural methods that is the biggest and emergency contraceptives, since they are mostly thinking about short term. Most adolescents don't think long term, that is the thing that I've noted. They are very reserved to taking long term methods, but most of them are curious on how to handle the short term methods, the emergency contraceptives, the natural methods, that is the safe days and STI, how to prevent STIs and just STI treatment.

Yeah, most of the questions revolve around the discharges that they are having, that daktari am having a discharge, what could this be what could...its mostly about the health issues of their reproductive system, that is the biggest question that we receive.

I: Okay, and then you've talked about there are some myths issues, can we talk more elaborately on them a little bit?

R: Some of them are very embarrassing.

I: No, there is nothing embarrassing in this world.

R: [short laughter 00:22:28] I've handled so many young girls and I, myself was sometimes feeling embarrassed.

I: To speak about those myths?

R: Yes, some of them are very embarrassing but you just cover your face; your internal face, you don't show the embarrassment in your face but in a way you also feel embarrassed; because they were like, can you get pregnant through anal sex, can you get pregnant through oral sex, these trending and emerging issues of masturbation. There are so many questions about sexuality that are very embarrassing to discuss and they are very open and they want to know more about them, so it's one of those things. But anyway the myths surrounding contraceptives that when you put contraceptives you will get fat, that you will get too fat, or when you put a coil, the coil will go to the heart, to the brain, to the intestines. The other myth is about the coil, before you put a coil, the boyfriend must be there for us to measure the length of the penis.

I: Lets start from the...sorry, sorry...

R: Yeah, so you asked what is embarrassing about them.

I: Mmh.

R: So I would say it's the cultural influence; society does not really look at those issues as common that is what is making them embarrassing.

I: **And then I would like you to share with me your first experience to meet such like..**

R: A situation.

I: **Yes, situation, yeah.**

R: That situation happened like immediately after I joined Marie Stopes and immediately after the training and so the young girls came in and there were so many questions about getting pregnant through anal sex and at first I felt shocked but I did not react, I just composed myself and I gave the answer as honestly as I could. I was like no; it is not possible to get pregnant through anal sex. So there are other means that you can now get an STI from anal sex, like for them to preserve getting infections if anal sex can prevent that and I was like, no, it is also possible to get some infections based on the research that is there; I said you can also get it.

I: **Okay, so you've also talked about the way you deal with these issues, how you respond to them. And when you respond to them, how do they take them?**

R: actually they appreciate; they appreciate the information because like they did not know, they did not have that knowledge that you can get sexually transmitted infections through anal sex or through oral sex. So when you give them the information that it is the sperms or the secretion, the ejaculation that contains the bacteria and the viruses, so after that they understand that yes, anal sex can...you can be able to contract HIV, you can contract HIV even from oral sex

and all that. So at least they leave appreciating the new knowledge.

I: And now with the ITH, what changes have you noticed since the introduction?

R: ITH, the thing with ITH is that it has been able to capture so many young girls and so the change mostly has been to the young girls and the change is now they are a bit more knowledgeable since the government does not really take up sexual education that seriously. My observation is that more young girls are getting to know about preventing, how to prevent pregnancy and taking up the methods themselves. They are taking the proactive action to get the contraceptives.

I: And how have the preferences of adolescents, like ability to make choices and healthcare providers...has been influenced or changed as a result of the program?

R: The program I think has changed the healthcare providers because now we are open and since we are giving these young girls the services, we are no longer in a position to...not that we used to, as an organization even before we started, we were giving services before ITH came, but am thinking the other platforms, the other facilities that were brought on board I think they are now going to find new ways of handling the young girls, how to create an environment that is youth friendly so that we can be able to capture them since they are a group that is highly marginalized. So some hospitals can actually target them by coming up with new projects to target the young girls.

I: And I was also asking about like for them to make their own decisions, how can you say that one has changed?

R: For the young girls?

I: Yes.

R: Right now they are empowered because now they have the knowledge. You see when you are knowledgeable you are empowered. So when you give them the knowledge and they have the confidence to get these services when they come here, so, and they understand that we no longer judge them, we give them whatever service they want, so they are free to choose whatever method they want. So it has actually enhanced their morale.

I: So just from your own experience, can you say that a girl can come with a fixed mind that this is what I want?

R: Yes.

I: And then what do you do about that?

R: We give them that service.

I: The exact service?

R: Yes.

I: Do you give them after the counseling or you...because she has come with a fixed decision, you just go on that or you give them still time to think?

R: We must, of course we must give counseling, even if you come with a complete notion about a method, that method, of course we are going to discuss other methods first just to give a base. When we give the base of all the knowledge that is there and then we explore more about the option she wanted so that when she leaves at least she will have heard this, because one thing about the youth is that they are easily influenced, so when their friends say this is the best method and they come here and they are like, I want this method, so you ask her, do you know about the other methods; so when you talk about the other methods and they are like, okay, I think

I prefer this other one instead of the one that I came for.

I: And does your facility and colleagues support adolescent girls seeking sexual reproductive health services?

R: Hundred percent.

I: Explain more...how?

R: A hundred percent because number one it is the organizational policy. Yeah, we are a reproductive health facility that handles women and that is like our biggest, our biggest clients are women and since even before TIKO came, the majority of the clients we are offering our services, we go to universities, we do what is known as campus activation, so our group, our audience has always been young girls, the...has always been adolescents and young girls. Campus girls are nineteen, eighteen and we do it regularly even before the ITH platform came. So you would find we go there give health talks, we participate in the activities, we always interact with the young people, it's just that the ITH was a project that helped us continue with our mandate.

I: And you told me that in this clinic you also offer other services; now maybe you have many clients who would like to get different services and you have these youths who want to get the sexual reproductive health services; what do you really do...and especially they come at different time?

R: Okay, like I said, most of the clients, most of our clients are actually under twenty-five. Most of our clients are under twenty-five. So it would be difficult to identify a twenty-four-year-old and a nineteen-year-old, they have cloths the same...so our environment is actually very youth friendly, we have got music, we have

got television and we also have a room that is...we have a youth friendly room where we can make the youth, the young girls stay away from the crowded area because sometimes they may feel uncomfortable sitting with elderly ladies or elderly clients or men. So sometimes we can be able to have a discussion with them in a different separate room.

I: So you are talking about having a discussion with them in a different room, whenever you are offering counseling, maybe you can just tell me a bit, you can explain to me which area do you normally sit with them and how?

R: Majority we use the consultation room because the client flow is like, we don't have a high client flow, so like our clinic you would find that unlike other clinics, if you are talking about Marie Stopes Eastleigh, the client flow is a lot and there are many providers so their strategy is different from ours. So from us since we don't have a high client flow, so when they come we just talk to them here in the counseling room and we take a lot of time with them, so this is the room.

I: Sometimes whenever you've talked to people and even you've witnessed them talking with you here, what is you talking to a client...I mean you are giving counseling and then other people pops in, what do you do about that?

R: When another?

I: Okay, like...

R: I am giving services and then....

I: Yes, yes, yes.

R: I don't know, we have got a very clear privacy...we have a very clear and private environment and we lock the room so that we don't have that interruption.

I: Okay.

R: Yeah, and then we have that way of informing the next client on their estimated time before they are seen, so we don't really get a lot of disruptions and we guarantee the privacy and the confidentiality of their communication with us.

I: Okay, and also maybe I would like to know like maybe you have the information materials, at times you put them on the wall, do they have them outside or...?

R: Yeah before ITH came, we had a program called CIF and with CIF we even had very nice IEC materials, they were everywhere and they were nice and the young girls would identify themselves with that. But since the project ended so we had to remove those IEC materials but still we have IEC materials under Marie Stopes, good literature, some including the magazine, these magazines that are circulated, what is it called, Shujaaz.

I: Shujaaz magazine.

R: Shujaaz magazine, so we place them on the reception for them to be read and also on the other rooms that we are having that they can read and get the information they need.

I: Okay, so what do shujaaz magazines really entail?

R: Shujaaz is a teenager, young people's magazine that contains literature that identifies with that age group. And with the literature they also have information here and there on how to handle some of the challenges they undergo and they briefly discuss about contraceptives in their language using sheng language.

I: Okay, and now, how has participation in ITH influenced quality of care of sexual reproductive health services?

R: Through training.

I: Through training?

R: Yeah.

I: Maybe if we talk about quality care now you can explain it to me more.

R: Okay, so you see with quality care, when it comes to quality, since Marie Stopes really relies so much on quality, we have quality advisors and quality managers who are around to check even before ITH came. So when it comes to quality we have our own internal mechanisms of checking our own quality through regular audits. But ITH the main thing that they added was in my own opinion it was just the training because we received a lot of information that was not there. So when the information is there, we will get the service. Then their platform which was able to trace the services that we are giving also helped in improving the quality so that you don't say you are giving services to a hundred young girls and you've only seen one. So quality came also with the technology.

I: Okay, so...

R: And the feedback, yes, I forgot; feedback from the clients, the clients would give feedback on the type of service that was given.

I: So have you been receiving some feedbacks?

R: Mostly the Triggerise platform is the one that has been receiving the feedback. Yeah but for us we have our own method of collecting feedback, we give questionnaires to clients to find out how the services work but Triggerise also has been receiving feedback through the SMS system. Yeah, they send an SMS to the client who has received the service to ask for them to rate the service they were given.

I: So you say that for you, you get through the questionnaires.

R: Yes.

I: The fact that you were working with the Triggerise, did you also collect the information of the feedback through this questionnaire on the Triggerise service that you are offering?

R: Yes, yes, yes, it is basically all clients who come to Marie Stopes must be asked about our Marie Stopes brand, how we are giving the services. so long as the client appears in our system, we also need to find out the type of service we are giving. So we do a feedback for them to give us information on how best to improve. It might be even the site that we went to where Triggerise did not have any part to play in the site that we chose, so they will tell us, let's say like the site is good, the site is okay, or rather suggest next time come to this area, this area has got so many young girls and the young girls do not know this information. So as an organization as a center, we would take that recommendation, the one that cannot be given through the SMS feedback since the feedback is a rating system, it does not have that comprehensive feedback mechanism.

I: I don't know whether you will be comfortable in sharing with me a few of the feedbacks that you got.

R: Most of the feedbacks are positive feedbacks; they are positive feedbacks and the only complaints would be about the, it would be about mostly when it comes to Triggerise, it would be about the venue. They would be like there is no Marie Stopes around, where are you guys. They would also want to find out our plans in advance, when are we coming back to that region again so that we

can go and give them more information or more IEC materials. And then they also complained about...when you see with Triggerise you can only...Triggerise was limiting the number of services to be given, so that limiting aspect was also an issue.

I: We were talking about the feedback that you've been getting and the last one we were talking was about the limitation of the client by the Triggerise.

R: Yeah, so if you get a pill today or if you get a certain service you can only come back when that service expires. So like pills, if you are given pills now, until the platform allows you to be seen again, you cannot be given another service.

I: Okay.

R: So let's say if you are coming for pills now and then next week you want another service, the platform will not allow.

I: Okay.

R: If maybe you saw the light and you want to change from pills to implants it will not allow.

I: Now, how do you go about that?

R: Mmh?

I: You are completely restrained not to do anything about that.

R: You can't do anything, if the platform does not allow you, you cannot give the service.

I: Then we also talked about the SMS that the Triggerise get their feedback through; do they share this feedback with you too?

R: No, they only share when we get negative feedback but when it's positive you can't get that information.

I: And can you say that there are some certain points that there usually are bad feedbacks and which were they actually?

R: Okay, not with us but I've heard of centers that have received the negative feedback where they say clients are complaining about a certain region, about the service that was given in a specific outreach so that is the time that I've heard that feedback being shared.

I: So can we talk about this also like through the feedback, how has that feedback provided influenced the way you deal with the adolescents visiting your facility for sexual reproductive health services? Could be through the Triggerise or maybe your own now that you also offer this.

R: At least with the feedback you get to understand, you also try to find out what was said and if it was a provider, maybe you may find that the provider was maybe a local provider, someone who is not an employ of the organization, someone who is a part-time and probably they are not as sensitive to a client; you know when you come to Marie Stopes we have a culture of how to handle clients and you'll find like all the staff have adopted the culture of how to handle all clients so when you find someone who is a part time, maybe they have received training but they do not have the culture of handling clients with care. So in such a scenario you don't call that provider again to offer the service and instead you look for other providers. So it has influenced the way the people you choose to go for the activities, it has also influenced for us to be pre...to preempt such kind of issues that arisen, that arose before.

I: Okay, and where do you get the contraceptives?

R: We get mostly from...the organization supplies us and we also get from the government.

I: **So if you say the organization, which organization?**

R: Marie Stopes.

I: **Supplies you with these?**

R: Yes. We keep our commodities internally.

I: **Okay, and then how can you be supported and by whom, to help improve the sexual reproductive health services?**

R: How to be helped?

I: **How can you be supported...if you talk about support you need.**

R: First maybe I don't think...I honestly do not think Triggerise or rather, yeah, its confidential.

I: **It is confidential, very confidential.**

R: Yes, I don't believe Triggerise have got so many people on the ground to see how the services are given. They mostly audit the data, the raw data of how the field activities are like. So like when we do outreaches and we come back with raw data, so they would be like they question so many things and I would believe if they came to the ground when you are giving the service, it would give them a better picture to understand how the data is coming out.

I: **If you say that they are questioning so many things, maybe like which things?**

R: They are questioning how...they are questioning the activities that we offered the number of clients that you've seen the services that you've given; the question method mix, something we call method mix.

I: **What is that?**

R: Method mix is the number of services that are given. So if you go to an activity and you find people are choosing

one method only or are inclined to one method, so you don't really understand why they are choosing one method. So they question if we are following the whole protocol and we be like you just come to the facility where we give in the service and see for yourself if we are offering the service as is supposed to be given.

I: So as the implementers and partners of Triggerise, how do you engage especially in giving out this information that you are giving me?

R: They usually come for the monthly audit when they come and audit our records.

I: So when they come is when they question this?

R: Yeah.

I: Okay, I get it then. And now how do you deal with this now when they question these things?

R: No we just give the explanation as it is; we say that is what we found on the ground. Because let's say if you see twenty young girls walking together and you counsel them for even ten hours each, since they are walking together, high chances they will walk out with the same contraceptive method whether you change their...you give them all the knowledge, they will most likely choose a common contraceptive. Now, that is the information that Triggerise questions, they are like why couldn't you have done something extra and you are like I wish you were there and do that something extra we see them getting it. That extra thing that they are saying you should have...

I: Done.

R: So those questions are the ones that we say that support is, for them to come on the ground. I know they do that;

they actually go to the ground with other organizations but why don't they come with this organization.

I: So that is one thing that needs to be done to improve the sexual reproductive health services. Then what else or is there something else that need to be done?

R: No, no, no, it's just that. My explanation is based...is mostly on, it's a relationship based conversation not on the platform. But the platform itself has got issues and the issues that can improve the services might range from improving their software services, let's say face recognition software to capture these clients who are being given the TIKO card. Because sometimes you may find someone, you gave them service a week ago and they are here for the same service and then the TIKO platform does not recognize.

I: Okay, and do you think there is any support that you need in doing this work?

R: No, as an organization we are sorted. As an organization we are sorted, everything is okay.

I: Okay, thank you so much. And in terms of maybe as an organization because you get the contraceptives from your organization but if we talk about some other things that are being given out by the T-safe providers...I mean the T-safe...

R: Yes, yes, yes, the IEC...yes, initially when it started us providers we were given TIKO miles like me I received close to three thousand TIKO miles but when I went to redeem them, it's like they were swallowed by the system when we changed from one platform to the next. But it would also motivate us because if we are getting fifty TIKO miles per service, three thousand that means how many...that's a lot.

I: Good money.

R: One hundred and fifty clients. I was receiving for one hundred and fifty and all those miles disappeared. You can feel so discouraged and...

I: Why do you say they disappeared, what really made them...

R: My TIKO miles disappeared, I tried redeeming them and the system did not accept.

I: So there is...

R: So they disappeared somewhere.

I: So there is a failure in system or maybe there is a failure in something.

R: There is a failure somewhere because that is three thousand shillings that I would have, three thousand shillings is a lot of money. I would have used it...in fact it was so embarrassing because I went to the supermarket and I was like yes, I want the twenty-liter cooking oil, I want this one bale of flour then when we tried to redeem, it's not possible so he returns all the commodities back. I am like oh my goodness, this is...

I: But when you meet such like challenges what do you do, is there any platform to discuss these?

R: They say they'll follow it up and they are following up till now it's being followed up.

I: Maybe you can as well talk about the space like now you as Marie Stopes you have your own space for your clients; and now Triggerise are coming up again with other clients and as you can explain to me that you were receiving so many clients; was it okay for you or you see there are some improvement needed?

R: No it was okay because we would adjust. You see if the client flow increases we would also increase our providers.

I: Okay.

R: Yeah, the providers are also people who have been trained, so we would always adjust. As an organization we were ready, we are always ready to handle the large number of clients, you know.

I: Okay, now maybe I have a very few questions now that are left and now am going to take you through a scenario of a certain client and then you will give me your view out of it. So let's say a young woman has come to see you. She is alone and appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to that. Now, what would you want to know about this young woman in order to help her?

R: WITH IT first thing is to verify the age because the platform is set and since it's a project that only targets a specific age group so first thing would be to identify, to confirm the age. Once you have identified the age, the next step would be to get to understand the ladies' perspective. As much as she is married and she is not ready to have another kid. The next question would be to find out, what about the husband, does the husband also want to have another kid anytime soon. You may also want to find out the opinion of the husband about contraceptives, the ladies, opinion about the contraceptives; her attitude towards contraceptives. Then after that you just give basic knowledge on all the contraceptives and then you would...I would encourage the patient to get a hold of the husband so that we can also have a similar discussion with the husband about

contraceptives. Because what I have realized and it is not one-time thing, I have seen so many times even during outreach, not even for the young girls, even these regular outreaches where you find a lady come, we put an implant, she goes home, she comes back with a slap on her face; the husband has told her, remove this implant. And as much as it was the lady's opinion and her desire and she was an adult like in our case she was an adult and she consented, it brought issues in her family; and when we were doing the counseling she did not disclose that it will bring an issue in the family. So when she comes back we just remove it because either way you don't want her to have issues in her family. So in this case if she mentions that it would bring an issue to the family, then you need to involve the spouse.

I: Okay, so like in the first instance you told me that you need to get an opinion of the husband, how do you get an opinion if at all she did not tell you that maybe it is a problem of the husband...opinion of the husband if he needs another child.

R: From the question you have mentioned the husband, what did you say about the husband?

I: I said the husband is opposed to the contraceptive and the opinion was about getting of another child if the husband need.

R: Yes, you see the husband is opposed to contraceptives but you do not know why he is opposing; is he opposing because he wants to get another kid soon which is basically a family issue you cannot really intervene because they are the ones who decide when they are going to have their kids. So you might need to find out, is it that the husband does not want contraceptives because he

wants a kid let's say in six months' time or in three months' time. So you need to find out the background, why the husband does not want. If it is not possible to get that opinion you may also request for the husband to come so that you find out. From my experience, most men are opposed to contraceptives because of myths, and since they never experience these side effects, their myths are so strong. So I would involve the husband.

I: Okay, so you will request the wife to involve the husband in this. And has such a case happened to you?

R: Many times, many, many, many, many times. In fact, like every day I usually get such and since you don't want issues in a family, because usually there are two ways to go about it; the first one is giving the contraceptive while she hides it from the husband, that is the first option always, whether you can give the contraceptive, then she will hide it from the husband. Or involving the husband which based on her decision as an adult, she will have to make.

I: So can we talk about the recent client that you saw with the same, same situation?

R: The recent client did not want the husband to know but not a teen, it is just an adult female who wanted a contraceptive because the husband is against contraceptives because the last time she used she grew fat, so the husband does not want her to use a contraceptive. And also a get similar to that, she did not want to get pregnant but she opted for the three months' injection since it cannot be seen, it is an injection that she is given then she goes home. So because she is an adult and she has consented, you still give, as much as you know the husband won't be happy,

but because she is a consenting adult who wants a method, you just give. And since you know it is not harmful, you still give.

I: But for the adolescent or the one that you saw maybe you saw currently have you had such like a case?

R: For the adolescent like in that scenario, if she did not want to...you know she came for counseling and mine, counseling is more important, if she leaves there with the information about contraceptives, I'll be very happy because number one, I know she will make the right decision once she speaks with the husband. And since the facility is opened, she is always, she can even come tomorrow to get the service after discussing with the husband. Yeah, in fact I can convince her for her to go and convince the husband.

I: And then in your own opinion, which contraceptive method do you think would be best for this young woman?

R: My opinion?

I: Yes.

R: All of them so long as she convinces the husband. But if she is thinking about getting a contraceptive method without the husband knowing, the one that she will conceal, like I said, all the contraceptive methods she is likely to be found out including the three-month injection. So I would not advise her to take a contraceptive method and hide it against, without her husband knowing because all of them have side effects, the one that the husband, the spouse might know, and it would bring issues that you did a contraceptive without my input.

I: Okay, now let's take another scenario again; let's say a young girl has come to see you. She is alone and

appears to be about fifteen years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptive before. So what would you want to know about this girl in order to help her?

R: Okay, so a fifteen-year-old girl; first thing is to confirm her age with TIKO. But if it was a Marie Stopes client I would not really care about her age because we give even to younger than fifteen years services⁴, all services.

I: Younger as?

R: As young as any, they can always come. The policy says twelve years and above.

I: Okay.

R: So if she comes with questions about sexual reproductive health, I can always give her information. If it is an STI I can always treat, okay. So in such a scenario the fifteen years; first thing is that I'll also counsel about preventing pregnancy and STI, I give the general reproductive health counseling about her sexual reproductive organs and her you get pregnant just to understand the biology behind pregnancy and the biology behind STI and all that. Then you talk about how to prevent contracting sexually transmitted infections through use of condom then after that I'll talk about the remaining contraceptives that prevent pregnancy and whatever she chooses I would give.

I: And then what would be...what would you tell her about the contraceptives? You've talked about giving them information mostly, about the counseling, preventive measures and in general now, specifically for the contraceptives, what would you tell her?

R: They are safe, easy to use, can be used by any woman of any age regardless of the number of children they have. Even if they don't have any children they can use any contraceptive and that they are effective and I would mention a few effects that she would look out for and we would manage the effects. I would give her my contacts to find for her to visit a facility if in case anything happens and how to stop the contraceptive if a time would reach when she would want to stop using it. That would be the information.

I: **And for the contraceptives, which one would be your recommendation?**

R: We don't usually recommend, we give all the options and they choose. But whatever, from my own perspective, if she is sexually active, I believe she is not planning on getting pregnant in the next five to ten years since she is still fifteen, by the time...probably for the next five years am sure she is not going to be that so I would recommend a long term method and that is either coil, implant, coil or an implant.

I: **Okay, and have you received such a case of recent?**

R: Yeah we put so many implants and...for young girls, so many. We have the figures that Triggerise come and get.

I: **Like talk about your last client, the experience you had with her.**

R: Its just like any other client but most of them prefer the three-year implant, not even the five-year implant, I don't know why they...as much as it is five years, it's like they have a preconception, the three year one is not so long, it's not long term like the five years, so the last client was a three-year implant, I inserted a three-year implant.

I: Okay, I've come to the end of my questions, I know it was long and I really want to appreciate you for your time, also the information that you've really given to me are very-very important in this study and I believe after this, this information will make some impacts. And before I completely close, if there is any question that you really feel like you want to ask me, you have the time and also as we were talking maybe there is something maybe you wanted to share and you did not get that time to share or there is something that has come up into your mind that you feel we need to talk about, please let's do so.

R: No me am good, am good. Thank you so much for the opportunity to participate in the research. If something will develop, new knowledge, I am happy to be a part of it.

I: Okay, thank you so much.

R: Thank you, thank you.

[End of audio]

Notes

The interviewer asked all the questions as stated in the guideline.

File name: ITH_R2_NAI_RUA_URB_002_SP_002_85219

Duration: 01:12:09

I: This is Florence Olum taking an IDI in, this is Florence Olum taking an interview with a service provider that is ITH round two, in Nairobi Ruaraka sub -county and the client is 002 on date 8th May 2019.

So as we are starting can you tell me more about your work and experiences in providing services to this facility?

R: Thank you Florence, in relation to what or generally.

I: Just generally.

R: I am the founder of Pro Act, so I started with Pro Act from scratch, that was 2011 and as we grow I think because I am the administrator one of the things that I am extremely committed to is quality service. And that has helped us to have an edge over the others and it was very good to see Pro Act being accredited by NHIF because that opened doors for more clients to come to us. So I enjoy working here, I look forward to coming here and I give Pro Act brands my all.

I: Okay, so right now we are talking about service provider, can you share your experience in this.

R: In ITH, I fully support this because I've realized it is going to work with reality. These girls whether we want to keep them away from sex they are having sex, that is the reality on the ground. So you go to the girl and let them know you if you continue like this you are going to get pregnant and this is what pregnancy means. But now if you cannot chill then you can protect yourself, because I always feel very sad when I see a young mother with a baby, yeah I feel very sad the struggles and whatever. So I said I want to support this, yeah. Whoever is willing come and get the method.

I: So you've said that you always feel very sad to see a young mother struggling. If you say struggling what do you really mean.

R: Economically, you know their life is cut short, maybe they were supposed to go to school, go to university wherever, get a job, help themselves. Now they are grounded economically, socially, emotionally, spiritually, actually crumbled.

I: So how do you see your role in ITH? Let's start what is your role in ITH and how do your role in ITH.

R: My role is to create awareness, because I engage young people a lot; I want to find out what is their sexual life then create awareness so that they can get contraceptives if they want. But of course, we always talk about abstinence but then if you can't there are contraceptives. So my role is to create awareness and provide the services.

I: And how do you see your role?

R: Its supportive, it's good, I mean I am there, yes. It's a necessary role because when they come they need somebody they can openly talk to about these things and I think I have no trouble talking about this with the young girls.

I: So you say you are there it means you give them a space where they can express.

R: Yes, where they can express themselves, I realize that is actually their fear, you know when they look at me and they know their mother, their first instinct is this one is going to judge me. But as we continue they realize no, she is a good mother.

I: Okay. Now can you describe your experience with the adolescents on sexual and reproductive services, health services?

R: That is an erratic group; it's like they don't even know what they want. They are not able even to define their lives, they want to have their cake and eat it, you know they want to go to school, they want to have sex, they want to have fun but none of them considers the consequences. So now, my work is to put some information and awareness. To tell them my friend you want to finish

school and you are unable to chill, take this thing and complete school. Otherwise, if you asked me I would have told you to relax and finish but it looks like that is a difficult way, they are so erratic. Their behavior, then they have a lot of peer pressure they have a lot of influence on each other and they want fun, you know this is the time now the hormones are up and they want to experience themselves. So that is why we need to follow them and help them so that they don't get sinking in this adolescent age. It's a very delicate area.

I: So whenever you are talking to them about this generally what can you say are always the outcome as you've discussed?

R: They want the contraceptives but there are a lot of fears because there are a lot of things. One they really fear the parents, two they fear the side effects, they really are worried about their future fertility that is a very major concern. "If I start this thing will I give birth?" you know. Then I also want to make them understand contraceptives don't prevent STIs, yes. You can still get HIV, the only thing you do not get on contraception is a baby but the other things you are vulnerable, now they can make a choice.

I: How do you create space to talk to them?

R: Privacy, privacy is what those children want. Like now when we have those ITH days, I usually hide them here. I say if you see them just bring them here, because I fear they will mix with the other people. And here they feel very well because they will finish and go, nobody will see them. Yeah so, I am cautious that they are worried about who knows what they have come for. Somebody may tell the mother. So this place has become very good

for such, even counselling, they want to do it here. Imagine they I bring this thing and we sit here, and I can see they get very comfortable with that.

I: Okay if you say they get comfortable, kindly explain a little bit.

R: They open up, you know when somebody starts now pouring their hearts, their concerns, their deep feelings, they even tell you about the boy, when they met, what they said. You know now that person is getting comfortable.

I: Okay, now can you tell me about your training in adolescents and sexual reproductive health.

R: Basically, I was trained at Kenyatta National Hospital as nurse, then I have done many other courses on the way. I have also done counseling, a diploma in counselling. I have been involved a lot in preventive health; I've also been involved in emergencies responses. And I think what I have picked on the way and I think is what made me start Pro Act is lack of information is making people suffer a lot of things that if they knew they would have done something about it. Therefore, I always have that within me, to empower, to create awareness because then knowledge is power and I have seen that. So that can we be more preventive than reactive, actually that is what being proactive means, that is where the name came from.

I: So we were talking about your training then you said you were trained in Kenyatta National Hospital; you were trained by who?

R: KMTC.

I: KMTC.

R: Yeah.

I: And then from the T-safe where you trained to offer these services?

R: We've really been engaged by the Marie Stopes; they call us for those meetings. I think we've really talked in those review meetings about adolescents; we've gone for several meetings.

I: So apart from meetings, let's talk about training first. So it is Marie Stopes who trained you.

R: Yes.

I: Through Triggerise or just Marie Stopes?

R: Triggerise, we were there at After Forty hotel I think a whole day.

I: A whole day, one day?

R: Yeah.

I: Okay, maybe tell me more about how was the training, how the training was.

R: I think they took us through many components; they defined who an adolescent is. Their sexual behavior, how to approach them, their social issues, how to deal with them and of course I think one of the things that came out very powerfully is the legal aspect, when you are dealing with them. Because you know these are minors according to Kenyan law and I remember the subsequent meeting we had we were brought aware. We were now looking more about the legal issues, because they can make a decision to have sex to have sex even without consulting their mothers, so why do they need their mother to consult about the contraception, yeah. So we were being empowered to understand their behavior, their concerns, their social issues, how to go about it and also the legal issues. And one of the things that was really emphasized is always have them consent, let them sign a

paper that they have actually chosen, then Marie Stopes provided those consent forms. Whatever you give even if its pills let them sign saying they have accepted.

I: Why should they consent?

R: Because they are minors and in case you are challenged, you know you have something to show that she brought herself and said she wanted, I did not force her. And you always explain, before she signs you explain to her what the paper says, what it means so that in case there is any legal issue you just show the paper.

I: Okay, there is something that has been coming up. You told me that you always have meetings with the Triggerise.

R: No. I said when we were starting.

I: When you were starting.

R: Yeah we had a lot of meetings with Triggerise they call it Triggerise? You know they keep changing.

I: Yes, I know. Which one are you familiar with?

R: We went to Triggerise then we went to ITH, In Their Hands then we started with Vouchers we left that came to cards. So I don't know whether the names keep changing.

I: Okay there is something you talked about Marie Stopes. Like do you give you reports to Marie Stopes, or what happens?

R: You know initially we did not know about ITH, I think ITH came the other day; we were dealing with Amua Marie Stopes, because I think they were the ones who were organizing all these. So even if they were there we never dealt with them directly, so now all over sudden I am hearing you are supposed to give the data to ITH then we give to Marie Stopes, so who is who? I thought you were one and the same person, so why am I giving two people

data, why don't you combine and go check that data together because all along I know ITH, Marie Stopes is one and the same thing.

I: So in this clinic what services does the clinic provide to adolescents?

R: We do HIV counselling and testing, family planning STI pregnancy tests, counselling, referral, yes.

I: Referral on what?

R: If there is something, they need and they don't have.

I: Like.

R: Like rape management.

I: Is there something else that you refer again? Is there anything else that you refer?

R: You know like also sexual assault sometimes they get traumatized though I have not seen one of that but I heard a case and case and I was imagining if that girl came to us now you know we just have to refer. Maybe mental issues, we cannot manage that here, sometimes they give birth and they go into maternal psychosis. Yeah those ones we refer. If they come here they are pregnant, if they are too young can't deliver them, we send to where there is a theatre because us we don't have a theatre.

I: so if you say too you too young what do you mean?

R: Anybody under 18.

I: Anybody under 18, okay so you deliver only the above 18 years old. And if you talk, about these cases like rape sexual assault, mental, it has come out very clearly that sexual assault you've never met such a case but you've met these other cases?

R: Not many, one here are there.

I: And then on what you offer what are the most sort after services by the adolescents?

R: Treatment for STI.

I: Tell me more about that.

R: Sexually transmitted diseases, they will come "Oh, I am burning when I pee, I want to be tested for urine, I want to be tested for HIV." So HIV, STI treatment, those are very common. They want to be tested for HIV; they want to be checked for an infection.

I: So how often do you get that?

R: I think it is a common thing especially over the holidays I think is a common thing especially December, December they pick, by the way December they are very active, so they want to test pregnancy, HIV, UTI.

I: okay and maybe for the services that you always offer maybe you can say like okay in this month the cases that were high was this, in this month the cases that were high was this.

R: Maybe I have never thought about that because we will comprehensively look at the women whether they are adolescent, when they've not demarcated them and so on, so these STI is for adolescents, this STI is for these other women. Maybe I have not thought about that.

I: Let's talk about last month, can you say like what number of the STI cases you found.

R: That one I may not be able to tell; I will see the records but I know it is one of the issues that is common in the area.

I: Can you tell me your experience with either ITH or T-safe platform, if you understand the platform.

R: That app is very good, it does not have a problem because the girl will come the card, she will have been

registered with the mobilizer, so when I go to the app it will ask me for the pin that the girl has with her. It will ask me to insert A B C or D. so I insert on my phone, then it will ask me for the service the girl wants and she will have told me and I will put it.

I: After inserting A B or C.

R: That is the pin, pin validates the card first that the owner of the card is the one who was registered by the mobilizer and if I see this brings me her photo, I see it is surely her. So after that, I am told to choose what she wants and all the things are there, so I choose what she wants. And then it validates and it also informs her. So all of us get messages, so it is not a hard thing, it is not a hard thing.

I: So you can say that you accessed it so easily.

R: Yeah it is not complicated; if you activate the app, it is not complicated because even the girls are able to use it.

I: And maybe apart from the card, apart from the registration, are there any benefits that they get?

R: The girls?

I: Yeah.

R: Of course, they will get the method free but with the Tiko Miles, they are able to get things from the supermarket, I hear that if they go to certain places they are given those things for free. Then there was a time we used to be given pads, if she comes with the card and takes long term you give her a card, there was at time we had bandanas but they were exhausted.

I: Okay, so when was that that they were there?

R: When we were using the vouchers.

I: Vouchers, how long was that.

R: I think maybe 2016, since 2017, I don't think I have seen those things. But for quite a while, me I even thought ITH is dead. Especially the change from the vouchers to the cards it went quiet until I thought this thing died, and then now all over sudden now I hear it is available. Yeah, so now when they came back with those cards I did not see those things we used to give these girls, maybe they are given by the mobilizers.

I: **And how has the project influenced the way you provide services to the adolescents and you as a provider?**

R: Pardon.

I: **How has the project influenced the way you provide services to adolescents and you as provider?**

R: Initially it was positive but now I see it influences negatively. So even when I see the ITH girl I am not enthusiastic anymore because I am doing my job whatever that person is paying me. So I feel like just go to the County hospital. because you are taking my time, I am giving you services for free, it has confirmed the Tiko Miles are here but we are not getting paid, so now I am getting negative, initially I was very enthusiastic. But that program now the way it is, it is not pleasant.

I: **Okay. And then does it influence way you provide services to adolescent.**

R: What do you mean?

I: **Maybe their turn up.**

R: Especially here I think we are in a place, the economic status of this place, you know poverty also I think influences these children into engaging sex, engaging into sex. You know here there is no slums, it is only Soweto and it is and it is just a small area. So you get that this place, it a very up market. These are church

going people, their children go to school, they behave you know, then you are talking of whatever free clinic. So you will get that even the few we get now are from Soweto maybe Kamae or from Githurai 44.

I: Okay.

R: But where we are even when we did the road show no one even came close to the lorry, yes. So where we are I was surprised when I went to Soweto, I was there only for two hours and I saw almost 60 girls. Girls are drunk, others are bar maids, others are day scholars in school, very young girls I don't know they are living with who. so if you hear about the social setting there. You know this is a more good market for that, but here where we are no. it is not a very viable place for this program. But there are a few who come, even if it is one.

I: So maybe just to get this right, you think that the girls that are here most of them are taking their education serious and they don't engage so much in sex.

R: They take their lives serious, that is what I will say.

I: Okay. And then what are the most common questions you get from the adolescents regarding the ITH or T-safe program.

R: "How does this thing work, how do I use it, now if I start will I continue having my periods, if I sleep with this boy will I get pregnant? And what of the day that that I will feel I don't want it and I want a child, how will it go? And what will I do not to get pregnant, you know these things I hear sometimes they interfere with the body now what will I do?" and they are very serious concerns. "Now what will I say if my mother sees me with these things, where will I hide them? And if I have a complication who will I tell, where will I go?" you know,

and they are very genuinely concerned, yeah. They are concerned especially if they will get a child in the future that one does not miss.

I: Then how do you go about this now?

R: We have a teaching chart and a teaching aid. So we will go one by one showing them, reading these are-

I: If you talk about a chart, I know.

R: Yes, you know the chart, the one you flip, the flip chart. Then there is a teaching aid, that teaching aid has all the methods, we have put all the methods from the pills to condoms to Jadelle, Implanon, and coil. all of them, so we take them through one by one telling them what it means, how you use, the side effects and what it does on your menstrual cycle, what will happen if you stop. One by one then you tell them now choose, choose the one you want.

I: Okay and what changes have you noticed since the introduction of the ITH or T-safe.

R: I think I must say that here we have not interacted much with it because I have said the numbers are very few. But when I went out there imagine those girls need help because when you hear the stories they are telling me you realize if there is somebody and somewhere where they can always access they are able to move on with their lives. And somebody helping them to walk with awareness not just in, you know you are doing things blindly. They really need that support; they don't know much yet they are engaged in very serious issues. So I think here the only challenge is that they are not many. But now when I went out there I could tell they are hungry for information and they are wondering now where will we be getting it from? They would want a consistent

place where they can go for those things, because even buying from the chemist it's like they still fear. They see now if this person goes and tells my mother that I came and bought. They want somewhere they can enter and get taught. So if this runs I think it will influence their lives positively.

I: Okay. Now what about the preferences of the adolescents who are the service user has been influenced as a result of this program?

R: What?

I: Okay. I can say that the preferences meaning what they prefer most has been influenced just because of this program.

R: Are you asking or you are saying.

I: I am asking.

R: I don't get your question.

I: Like how have the preferences of the adolescents.

R: Oh, how. Yeah, you know when you give them, like now I realize some of them have heard of things but they have never see. So they are able to come face to face with those things, they touch and tell you "oh this is what is called like this?" they even want to touch the condom and feel how is it is. They look at pills and I tell them. "You see it has an image of an arm, it tells you if you leave you go in this direction. So they are able to make choice, it empowers them; they are able to make an informed choice. Not just being told you take this and go take. They are able to go through them as we help this one because of this and this.

I: And now you okay. How have the preferences of care providers been influenced as a result of the same program?

R: I know that maybe this program maybe has issues of you know maybe if you give a girl long term you get a more money than pills, so you may be geared towards pushing them to take a certain method as service provider to get more money. But for me I am resisting that because these are very young girls, I want to guide her so that she can have something that suits her within her social setting because some of these girls are even in school, most of them are living with parents. So they want something that can maintain them and when you give all that information, I allow them to choose unless I hear no, this one for you no. and I will give reasons why we should not go that way. So I know it is influenced by the Tiko Miles and the money that you are going to get, and I know that is a major.

I: **And then what I wanted to ask again, there is something I want to ask. You mean that okay as you are offering these services on the contraceptives there are those ones that wherever you give them you get higher points.**

R: Yes.

I: **Like which ones.**

R: If you give a Jadelle, it is 500 if you give pills it is 100 you see. If you give a coil, I think it is 500. Now for the ones in school, I have found they really prefer the pills because they have control when they go back to school they can stop. And I am not trying to push them to push the... but we have these ones from the street they don't go anywhere. So that one you know, it's good for them to have a long term instead of coming for the pills all the time. But you will realize sometime they don't want the long term, they still want the pills. And you see now as a service provider I want something that will

fit the girl but also fetch money, I am in business. But something that is good for her.

I: Okay. And really if I may ask what are the reasons why they put different charges for those contraceptives especially for you guys.

R: I think they also want them to consume more of the long-term number two the service provision also is different, like when I give a pill it is just counseling and issuing. But now when I put a Jadelle there are consumables, you know I have to use my sight and it is more involving so it must cost more. Leave alone ITH now even when I am doing normal patients, a pill patient will pay little than someone who wants a coil because the process is different.

I: And where do you get these contraceptives?

R: From the government.

I: Okay. Now how does your facility and colleagues support adolescent girls seeking for the sexual reproductive health services.

R: We support them; it is a collective approach because there is a need. We keep talking like today you found us in a meeting; we have a meeting every Wednesday. Those are the things we talk about, the needs that we need to respond to. And we keep on asking ourselves what are our clients' needs, what are our clients' base. So I think it is a collective thing and I don't think there is anybody who intimidates the adolescents here.

I: So generally, what do your colleagues take to make these sexual reproductive health services accessible to these adolescent girls?

R: We are here every other day of our life 24-hour service, the lab is there and we have also decided to have high quality customer service.

I: **If you say high quality customer service what does that mean?**

R: Where every customer feels yes, I am accepted, nobody is intimidating me by the questions they are asking or the way they are looking at me. You know there is a way I can just look at you and, so it's a conscious effort, the welcoming to make this hospital open 24 hours. You can come any day any minute even if its 2:00 Am and you will get a contraceptive because the people we have here are qualified. They can offer the services, 24-hour service.

I: **You also talked about something, about privacy or by bringing them to this place where there are no many people maybe I can also ask what of the time they take as they wait. Do you consider such?**

R: Whenever there is an adolescent who needs to be given the contraceptive, they are usually brought here. They are not made to wait there. Because this place is open like I am saying every day, when you know and we have agreed any adolescent coming for contraceptive, when they just say it is family planning and you see it is the young ones you just tell them to wait by the maternity we are coming. Yeah, and that helps them, but maybe unless, you know once in a while you will get there is a cries but not every other time but the standard, even if the adolescent is only one they know, that is the way we do.

I: **So we've been talking and you've been mentioning about the quality services that you offer, so I wanted to know**

how has participation in ITH influenced the quality of care of sexual reproductive health services for the adolescents in your facility.

R: I think ITH has not done much, I have not felt them at all. But as we do our normal things day-to-day work we want to look at the components, when you say of quality you know there are components. Yeah, so one accessibility, can you get what you want when you want. So we make sure we have the commodities that they want. They should not come and be told there isn't. Number two when they get at the reception they feel yes. No one is looking at me like "even you, you also want family planning your child". Number three the privacy, you know, number four of course infection prevention, we also want to look at that so that if I put Jadelles I don't want it to go and get infected. I want it to heal well, so sterility, equipment 24/7. I don't hear to come here and be told we don't have. Come after two days we can't do it today. We don't have that.

I: So you've talked about ITH has not done much, maybe you can tell me more about that.

R: Yeah because you know when I look at this other arm of Marie Stopes Amua, we really feel Amua. Amua keeps training us, when we talk about Amua Leo Maries Stopes is here, they are giving us resources to help so that we can offer quality services. Because when you tell me that this is a day for them and you don't give me someone and I am continuing with my life as usual, life is not about the adolescents, I have my normal patients and you have not given someone extra. You see Amua tells us you search for someone and we will pay him to help you. You see now all that comes to quality, but now ITH has told

me "this is your day for girls" and then there is nothing they are doing, they are not even present I don't even see them. And you want privacy, they should be put in a place of their own and find someone for them, who will pay that person. Then the other thing you get is I have decided to do that work by myself, the whole day I have only seen three girls that is wasting me. If I were there, I would do, so I don't know whether mobilization is not done properly or what. So when we say about ITH program influencing quality, no.

I: So generally the highest number that you've ever gotten of adolescents.

R: It is outside there.

I: It is outside there.

R: Yeah, here I think the highest we have done by looking is seven.

I: Okay, and then now that you are taking about also the same ITH not doing much and yet they are bringing some more clients to you to serve and not giving you even an extra provider, can you also talk about maybe the space that you have, is it enough when they come.

R: I have space. That is not a challenge. When we do Amua Leo, women are here all over but now with ITH. We don't have a problem with space.

I: And based on your experience working in sexual and reproductive health issues in this community, what would you say are the facilitators for the adolescents to access sexual and reproductive health services.

R: That what would I say?

I: Are the facilitators.

R: Oh yes, the facilitators.

I: Considering the community.

R: Of course the sub-county health team are a very major key player, I think Marie Stopes is also very key in that, Afya Jijini, I think Tunza also, Tunza is also doing that, a lot those sexual whatever's, and community health workers. Those are the main people because they are in the villages. And also, the service providers like Pro Act.

I: **I don't know if we can go a little bit in bit. I know people like MSK, Afya Jijini what they do but can we now go to like community health volunteers, how do they facilitate this access?**

R: They are able to identify the people who need those in the community and they are able guide them where to access the services. I hear that things like pills they issue there.

I: **The community health workers.**

R: Yeah, health workers the volunteers. They are allowed to give I think pills and even there was debate they want to give them Depo to give injections.

I: **Okay, and what of Afya Jijini, what is their role in this?**

R: Yeah, they also have a lot of community health volunteers in the community who mobilize, I think who teach, who create awareness. I think they also do outreaches.

I: **Okay, with the community health volunteers.**

R: Yes.

I: **Then MSK, what do they do to facilitate this?**

R: They have community health workers, trainings, they have community health volunteers, they also fund like those Amua Leo, you know now when thing are free, those free commodities, and we also do outreach. So people are able to access.

I: And then still based on your experience working on sexual and reproductive health issues in this community, what would you say are the barriers for the adolescents to access sexual and reproductive health services.

R: The barriers.

I: Yes.

R: I think. One I think awareness, we really need to do a lot of awareness, number two their economic status then their social status, you know these are children living with parents, that is a barrier itself then probably also the service providers, do we have the...you know like we were doing the youth friendly services training by the sub-county. How many have been trained in youth friendly services so that you know. Because as I went through that youth services by the sub-county you know I realized this is a very special group, you cannot handle them like other people. So do we have youth friendly clinics? So the other barrier is lack of youth friendly. Maybe we need youth centers where nobody else goes, maybe that is the next level of operation, population needs to influence that we can have Youth friendly health center that you only go there if you are this age and below. And the service providers are this age and below, so that they can have their common agenda.

I: So you've also talked about social status as a barrier, maybe you can expand on that a little bit.

R: Yeah, social status, you say this is a child living with her mother, so they don't have a role of independence to make the right choices; they are influenced by the values of the parents. So they are not able to make decision as an individual. They don't have that capacity. And you get some parents are so strict, even imagining. There is

only that they don't know their children are having sex, because I think every baby looks very holy to the parents. So the value of the parents is also influencing, it is becoming a barrier to children because, especially here women don't want to hear children are being given contraceptives.

I: Okay and then what of the economic status, tell me more about that.

R: The.

I: You've talked about economic status too.

R: Yeah, and that is why they need to really about this ITH because you see these things are sold, how many have money? So the fact that most of them are students, or they are not working or what. They are not able to access and that's why now this ITH needs to be very aggressive so that it can give them those cover any way you can access these whatever for free, somebody is actually paying for it, it is not free somebody is paying for you.

I: And then you also talked about the awareness.

R: Awareness is, yeah.

I: As a barrier.

R: Yeah, it's a barrier, they are sexually active but it is like they don't know where can I get a method? And even if I got which method can I use? And if I use will it affect me. You see she is asking herself those questions in the house as they move. If they don't get somebody to break that, you find it becomes a barrier to accessibility.

I: So you talked about parent very harsh, parents being harsh, have you met any challenge on that?

R: Yes, you know I even engage women, mothers generally to find out, I will tell them now you know these children we have these days they are having a lot of sex what do we do with them? Do we give them contraceptives because you want to test them they are like no. I think our women are very spiritual? "No, that is like giving them license telling them go and sleep with men" then you know this one you can't even talk about. Actually I don't think I've found a mother who is saying, "Yeah, give them" no.

I: **And her do you guys have any youth friendly trainings?**

R: Where?

I: **Within this your locality.**

R: What does that mean?

I: **Like you talk about, we talked about service provider being friendly, so are there other people have been trained?**

R: In Pro Act or in this community?

I: **Yes.**

R: In Pro Act or?

I: **In this community, that deals with the adolescents apart from now the mobilizer that you know. Maybe there are others.**

R: I may not know because I just stay here, so I don't know what is happening out there with the youths. I don't know whether there have youth groups, I don't know whether they are mobilized and trained on things, I don't know whether the volunteers are mobilizing them to train them on sexuality. But maybe I heard the MCA in Kahawa has a youth project and they are taught about those sexuality, reproductive health. But I have not witnessed I have only heard.

I: And then what are some of the challenges that you've faced or your facility face in dealing with the adolescents' sexual and reproductive health issues?

R: One they are not coming, especially for contraceptives.

I: Another one?

R: I don't think there is another one because they come and we are there, we have things we are ready to help, we have a laboratory.

I: At some point, we talked about some other things like misconceptions but maybe you can tell me of some of the misconceptions that adolescents have about using sexual reproductive products and services.

R: They say that if start taking these things you will not get pregnant, they will spoil you, you will become cold. That I think is their major fear, "These things are not good, if you start taking this one you will not get give birth, you will be cold, you will get cancer, I heard if you start taking these things at an early age you will get cancer of the Uterus." "So if I start using it at this age I will get cancer?"

I: And now how do you mitigate these challenges?

R: you go back to the chart, you know they explain those things very, and mystify the myths with facts. And also asking them whether they know anybody who has gotten cancer from using or someone told them. By the way, there are a lot of myths surrounding contraceptives, leave alone the adolescents' even women. I hope we are about to finish.

I: We are about, by the way. Can you say that there are some feedback that you get in your facility after offering these services to the adolescents?

R: Yes.

I: Tell me more about that.

R: Like there are those we served last time, they were brought by a girl from Kahawa, they were very happy they were saying they were able to express themselves and they are happy to know that now they can come here anytime and take those things. And I think they were liking the place they were saying that place is smart, a clean place, where there is no noise people are not many. Yeah because like I said they are a sensitive group, it is always good to hear what they are saying.

I: Okay, and now how can you be supported and by whom to help you improve the sexual reproductive health services provision to the adolescents.

R: For me the thing I would want is for the girls to be mobilized, for them to come. Number two if I give services I should be paid and training should be continuous. This is a very dynamic group, the youth are very dynamic, today they are like this today they are different. Because the resources are there, the government is giving us those things and they are available.

I: And for the clinic is there any support?

R: For the?

I: For the clinic is there anything that you may need as a support?

R: Yeah, if they will be many it is also good to be given an extra service provider because we are not very many, and we would want to have somebody who provides services only to them. So the day we are with them specifically, like the way Amua does, yeah it is good to have an extra service provider to paid by them not us.

I: And then about the Tiko Miles points, what can you say about it, is there anything else you might.

R: I want those Tiko Miles to change into money, because like now they are just on my phone, I am told I have 9000 Tiko Miles but nobody is paying, so I want those Tiko Miles change into money. I am not interested in Miles I am interested in money, that is the baseline.

I: So if you say you have the miles and not money now how are you supposed to go about it and then get the money or get.

R: You know this app is managed by ITH so I was told, they are the ones who confirm, so if it confirms it means it has been registered fully and I was told it is supposed to be paid maybe after a month. But now it has gone November, December, January, February, March, April, May it has not been paid. And you know Tiko Miles is work that you have done, they don't come without service provision. Then I think people in ITH are not in the villages, we don't feel them we don't even know them. Because like now every time I talk about Amua, if you ask me about Amua, we are with them through and through. Kimani, Edward. If you ask me about Amua I can tell you how we've worked but these ones, it's like they work from there.

I: Okay. Now we have very few questions to go.

R: How many?

I: I believe I have only two but they are a little bit subdivided very small- small. It is a scenario I am going to read to you then you will give me the answer. So let's say a young woman has come to see you, she is alone and appears to be about nineteen years old the young woman tells you that she is married and lives with her husband,

she just had her first child born one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now what would you want to know about this young woman in order to help her,

R: The first thing I want to know it is true the husband the husband has said that, what does she want, if you got a baby what would that mean for you before then, if you went against your husband what it would mean. So that I also know where she is. Then I would also want to help her understand the implications of unwanted pregnancy and how vulnerable she is being married and with a husband and no contraceptive, there is no surety that you will not get pregnant, in fact the next minute you come you may be sited here telling me you are pregnant. Because you know what I have learnt with human beings, even when they come they know what they want, they have already thought the process through, so you only explore and walk together. So when I come and understand what she wants, what it would mean for her if she got a baby and also making her understand it is true when you are married and you don't have a contraceptive you can get. Then I also want to know, okay you don't want a baby soon what does that mean? How many years do you want? From there we will go through the available method according to her needs. If, because some I even ask them if they would connect me with their husbands if they are feeling like they are not able to talk their husbands so that I can tell them what it means if they are scared of those things. And I have seen some come, because they fear things they don't even understand,

they are just myths. So I would ask her if your husband would agree you would bring him here I would counsel him about the available, what we do, about side effects so that you can be together because you also don't want fights in the house, yeah all that.

I: And what would you tell her about the contraceptives now?

R: Now that she has mentioned she doesn't want a baby soon, I think I will talk more about the long-term, I will talk about the three years, I will talk about the five years and probably a coil, which is about five years. And help her decide whether that is what she wants.

I: And among the one you are talking about or which contraceptive method do you think will be best for this young woman?

R: That one I will give, if we agree I can give her the Implanon, for three years. Nineteen years, the baby is year ago so is one year, she doesn't want a baby soon. So if you protect her for three years the baby will be four years then she can have a baby. But then it is also good to let her know these methods are long term reversible so that even I she changed her mind if the baby is two years we don't have to go all the way. Because I realized if you say it's three years it is now like an injection you are giving her, she has to sit and wait for the three years. You help her understand it is reversible, even if after one year you feel you want a baby you just come we remove it and you get a baby.

I: Okay, and do you see such like clients here?

R: Yes, they are there.

I: Tell me one of your experience, the recent experience you've had.

R: One girl came, actually, she had a baby and she had been injected Depo and was bleeding a lot. She did not want a baby soon and did not know what else was available, it's like she only knew the only thing called a Depo. She did not even know about the implant, so she is so desperate because I think her friend told her it is only injections and pills and coil, and she doesn't want and she bleeds she doesn't know what to do. You know just talking her through and showing her, I told you I have a training kit that has all those things and I show her. She chose Implanon very fast and she told me she doesn't ask her husband because that thing is inside he won't see it, he will cause trouble and force her. So those things are there.

I: **Now let's say a young girl has come to see you, she is alone and appears to be about fifteen years old, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you want to know about this girl?**

R: I would want to know how long does she want to protect herself, because she has told me she wants, that is confirmed and sexuality confirmed, so that one is confirmed so there is nothing else I am confirming. Now it's to move forward to know which method is it. Allow me to pick this.

[Recording stops 01:05:17]

I: **What you would like to know about this lady in order to help her.**

R: So the girl has told me she is in school, she is sexually active she wants to prevent herself from, yes. I want to know the method she is aware of, have you heard which

one people use or have you seen or had you decided. So that she will tell me yes or no. now her answer will determine the way forward. If she says she wants this I will show her but we also still go through all the other, that's a policy, it's good to take somebody through all the other methods but fifteen years, fifteen years I wish she can just start with the pills first and we see. Maybe two three cycles and we see how she manages that before we go into the long term. I am still considering her age, she is a bit young, so I cannot talk about the coil, I will talk about pills for a start and I will tell her how it is taken, how delicate it is, if you forget you get pregnant. So in school which time is safe for you to take the pills so that you also don't find yourself pregnant and will not miss taking and you will not be seen so you are not going to be criticized by the others, so what time, give me your program. I will work through with her because you don't make decisions for them, you don't even pin point this, you just walk them through a journey until you get the convenient way of doing it.

I: As I have heard you is like your preferable method for her is pills, maybe your reasons.

R: My way of doing, the very young ones fifteen years, sixteen. Who have never used anything else I always want to start them with pills for many reasons. They are too young and I want to introduce something mild first because I still care about them, to even be able to navigate with those hormones and see. For it not to give them complications because I am imagining if we give her an implant and she has gone to school I don't know what you will do for her when she comes.

I: Do you get such like clients here, that fifteen-year-old girl?

R: When we have ITH we do; I think I got on but I found out most of them are from outreach Soweto. One was even fourteen; I did not give the fourteen-year-old.

I: Why.

R: She looked confused, I tried counseling and I said no we will rebook appointment. Was even wondering was it her decision because they came as a group. Yeah but you know even ten can become pregnant, even ten can. But I didn't like the way she looked like you can't communicate coherently about these things, she is shy, she is not answering any question until I was not able to make a decision but there those of fifteen years, fifteen sixteen are many. But here that age is not a lot.

I: So like those fifteen that you got, how did you deal with them?

R: Just normal like any other client who needs a contraception, yeah they brought themselves. I did not go for them they have a need, so I was responding to their needs, I gave them. We talked "you want, here they are now which one do you want, this is how they work, if you are done here you wait seven days and start on the eighth day" we gave them.

I: Okay, so we've come to the end of our session, I am giving you this opportunity if you have any question.

R: No.

I: If you have anything to add on what we have discussed.

R: No.

I: Or maybe there is something about ITH that you really feel you need to talk to me about.

R: Payments.

I: Payments.

R: In fact, if they don't continue paying me I will cancel this whatever contract, yeah. It is a win-win thing, you give you take, you give you take. But you cannot roll out the burden of these adolescents to Pro Act. That Pro Act bears the burden alone, that one I will not accept.

I: Okay.

R: Then I think they also need to be in the communities more, they need connect with the service providers more. I tell you we really feel Amua, with the project of Amua you really feel there are people you are walking with, they will organize meetings regularly, review meetings to see how we are doing. ITH I think they just work from there. The issue of data I think we need to agree how it will be done.

I: Okay, so I want to say thank you so much for giving me 8te opportunity. You have also given me very valid information that are really going to help us. I have also learnt a lot from you, don't think that I was just listening I was also learning. So I have learnt a lot.

R: Like.

I: Especially the way you were talking of the needs of the girls and the differences of the class like in this place, there are those of the high class maybe they are not seeing the need, yeah. So I have learnt a lot too. Thank you so much.

[End of audio]

Notes

The interview is audible. All questions asked with relevant probes.

File name: ITH_R2_NAI_RUA_URB_002_SP_003_9519

Duration: 00:53:18

I: This is Florence Olum taking an interview, ITH, round two NAI URBAN 002 SP 003 9519. Thank you Dr. Martin and welcome to this interview, just as I assured you that there will be enough confidentiality, I hope this is going to give you room to discuss with me freely, is it okay?

R: It's okay.

I: So please tell me about your work and experience as a service provider at this facility.

R: My work as service provider in this facility, I help offer services, it is enriching, it is quite an experience because mostly we deal with young people especially on matters to do with sexual and reproductive health and especially when it comes to contraceptive use, we do serve them and you can see the young people, because they are the largest population in our country and so that one also applies here, we see so many of them. Like in the country we have people between the ages of ten to twenty-four form about sixty percent of the population so and they have their needs and these needs are not limited to sexual reproductive health services.

I: So you've talked about young people and you see most of the young people and that you've said. Maybe you can talk specifically about the ages that you see.

R: The ages?

I: Mmh.

R: Yeah, mostly we see between the ages of fourteen to twenty fours, yeah, they are the majority.

I: And mostly on the issue of sexual reproductive health or...?

R: Yeah, sexual reproductive health, actually they are the majority but we see other cases, medical conditions.

I: **Like which ones?**

R: Medical conditions?

I: **Mmh.**

R: Yeah, we see like UTIs, STIs and, yeah other cases like malaria, typhoid, and pneumonia and so on.

I: **Okay, if you talk about UTIs, what do you really mean?**

R: UTI stands for urinary tract infection and it's not necessarily a sexually transmitted because a UTI can come also sometimes because of ranging issues but not necessarily sexual related.

I: **So anyone can get it?**

R: Yes, yes, yes, even people who have never had a sexual intercourse or a sexual relation.

I: **Okay, and then what is your role in ITH?**

R: My role in ITH is I offer consultation services to these young people, yeah. We do the counseling services also on various things which are affecting the young people including the relationships. We also do offer the services like the contraceptive use, all of them apart from maybe we can't encourage them to use the permanent method of contraceptives, yeah, but all other methods we normally do provide to them.

I: **Okay, you've talked about offering counseling and specifically you've mentioned the relationship, are there other examples that you can maybe give on the counseling that you do?**

R: Counseling also on post abortion care and so on and, yeah.

I: **So do you get post abortion care mostly?**

R: Post abortion yes, we get post abortion care clients.

I: Tell me more about that.

R: It depends on what you can see and about to tell, but you might find some young people who have gotten pregnant probably because they didn't use contraceptive due to peer pressure, sometimes you'll find them going out seeking abortion services and probably it doesn't succeed and they find, yes, so I am trained on this, yeah, so I always attend, I do counseling, I talk to them, I provide them with services and also after that we give them contraceptives.

I: What are always your key messages to these clients, the post abortion clients?

R: What I normally, the key messages is, if it's possible it's good to abstain so that they can finish education first then relationships later so that they can be empowered in future.

I: Okay, that is one, is there any other?

R: Another one is the future of our nation is always dependent on the young people and so if at all they destroy their future today, what will happen next. Another one is, a moment of pleasure today can destroy a lifetime of opportunities in future and again a moment of pleasure can introduce other infections like HIV, yeah, so it's good for them to be careful.

I: Okay, and then how do you see your role in the ITH program?

R: That question is not clear.

I: How you see your role in the ITH program.

R: My role as a service provider; as I said earlier, its enriching and I like dealing with young people, so yeah, my role is, I feel its enriching, it's a good experience to walk this journey with the young people.

I: Okay, so can you describe your experiences with adolescents' sexual reproductive health services...your experience?

R: I think these questions are just intermarrying, yeah...

I: Somehow.

R: Because yeah, because I tackled them earlier, yeah, but I think it's okay; my experience is good, it's enriching and I feel that we are or am contributing in creating an impact to the young people.

I: And the experience sometimes can be negative or positive and that's why I had to follow up on this, yes...

R: Let me tell you, I don't think I've gotten any negative...

I: Experience...

R: Yeah, experience, I think more is positive because most of them when you talk to them and they feel oh, you've really helped me, they are happy, they'll even be able to refer other people to come for the services because they were satisfied probably they were happy.

I: And also maybe your experience, the fact that now you are a man and you are offering services to girls, maybe you can share that also.

R: Okay, I don't think I've had any problem being a man and offering services, it's the way probably you talk to them and the way we interact with somebody, if you open up to them and you see, actually even sometimes it's not even about the age because somebody can be forty years but yet he is able to interact with these young people at that level, you know, he is able to bring himself or herself to that level. You could be a man and you are dealing with ladies and you know there is this, I mean, the issue of trust, so I don't think gender has a major impact whereby they'll come and say probably they can

only be attended to by a lady, I've never had that incident apart from maybe in some other communities, yes we've had, after having worked maybe in some Muslim communities whereby a lady or a woman will feel uncomfortable being attended to by a man, but in our community I don't think that's a problem.

I: Okay. But do you receive the Muslim ladies here too?

R: Yes, I do, yes I do but they don't have a problem at all. It depends I think with the person who has referred them and how they have been told about the services.

I: Now, can we talk about your training on adolescents' sexual reproductive health.

R: Yeah, I've received a lot of training, mostly...let me start back coming forward, I've done a lot of training sexual reproductive health and I've done also mentorship on post abortion care in the government facilities because I've worked with the government of Kenya, and I've also been training, actually I am a master trainer on adolescents sexual reproductive health especially what we normally call AYFS, adolescents and youth friendly services which also covers what we are dealing with especially adolescents. So I can say I have a rich experience and background in matters to do with adolescents.

I: Okay, and before you started working in the T-safe, did you get any training from them?

R: Yes, yes.

I: Tell me more about that training.

R: I got training and this one was conducted by Marie Stopes and MSK and I've been trained on T-safe...okay, together with Triggerise, actually that was done together with

Triggerise and we were...I was certified to offer the services.

I: Maybe we can discuss a little bit of what the training entails.

R: Okay, it was a while ago but the training entails how to deal with the young people in a respectable way, what young people like, how young people interact with one another and what are the young people's needs, and also we talked about their contraceptive needs, and also...what else did we talk about...yeah, mostly and the...a lot of things that affect young people and how we can be able to deal with them.

I: Just as we know that each and every individual has got their own rights, did you talk about something to do with the rights and all that?

R: Yes, yes, yes.

I: Tell me more about that.

R: Actually that one I remember it came out very clearly and it is even in our constitution, article forty-three section one A where it says that everybody has a right including sexual and reproductive health rights. So even these young people they have a right to access the reproductive health services at any point where they feel without being coerced or being judged. So it is covered in the constitution and this one came out clearly that yes, it is their right.

I: Okay, you also talked about respectable way of dealing with these adolescents as you told me about that; can you explain it to me.

R: Respective way is when we are dealing with these young people, we are not supposed...as a service provider, am not supposed to be judgmental, right, am not supposed to

impose to them my values, am not supposed to tell them not to use this or to tell them to come with their parents or to ask them if at all what they are doing their parents are aware, no, I should respect them and respect their decisions and give them the service as long as this service is not going to be a danger to themselves or a danger to others.

I: Okay, thank you for that information; and can you now tell me just what specifically does your clinic offer, the services that your clinic offer to these adolescent girls.

R: I said earlier we offer counseling services, okay, maybe we start with consultation, in the hospital we do consultative services, we do counseling services, we offer reproductive health services, we do curative services and also we do preventive and promotive services.

I: Okay, and now for the T-safe exactly, what do you do to the adolescents or the same?

R: Yeah, they are just all the same.

I: So as you are saying that you are doing the same, because you had the consultative, you had the counseling, we have the curative; so do you also give the report on the curative issues?

R: Yes, we normally do a monthly report, we normally have a monthly report which we normally do and we normally send them to our respective areas where we are supposed to send them.

I: Okay, and what if an adolescent girl comes and gets a service and maybe it is not part of the T-safe, what do you do?

R: Nothing, I just treat them and they pay, I don't do anything much because I am not authorized to register them for the service because I don't have those...yeah.

I: **And what are the most sought after services by the adolescents?**

R: Mostly I would say contraceptive services.

I: **There is also another one or just one?**

R: I would say contraceptive and counseling, counseling also is major.

I: **Okay, under the T-safe, you have a platform; tell me more about that platform.**

R: The platform; do you mean the social media, the WhatsApp group and so on?

I: **Mmh.**

R: Yeah, in this T-safe we are normally updated on what is going on, any new developments and also it's like a social interaction for not, outside, actually we don't deal with anything outside what we do, so we normally get information and communicate with one another on the progress we are making.

I: **So if you talk about being updated, at which level and also social interaction, at which level do you have this?**

R: We normally have different levels, one, they have the Triggerise team which normally updates us and in case there are any other development they will tell us and also amongst the service providers, we get also to interact and get to know what's happening and how it's happening and how we can be able to enrich and build one another.

I: **Maybe you can tell me your experience while getting and using the ITH mobile system.**

R: The ITH mobile system I think it's good because technology is the thing we are going and nowadays when you look at what is happening and you are able to use it to register and we are able to offer the services and we get the information and this information also flows, so it makes it even easier to track and see how many young people, adolescents and young people to see how many have they served, how many...you know, so it is a good platform and it is a good system, looking that everything nowadays we are headed towards there.

I: **And then if you are talking about the social interaction, I believe that in this community there are other facilities that are also offering the same services under the T-safe; can we say that this social interaction involves all the clinics or it is just one clinic with the Triggerise or maybe you are all involved in this?**

R: You mean the clinics which are under T-safe or even...

I: **Yes...**

R: Or even other clinics which are not under T-safe?

I: **No, I mean the clinics that are under T-safe.**

R: That one I might not be able to tell because you see we are different entities so the other guys on the other side so I might not be able to tell that.

I: **Okay, so what I wanted to know is like, okay, now that you are using this social network, isn't it?**

R: Mmh.

I: **Maybe it is just between your facility and the Triggerise alone or it is between your facility and the other facility in the Triggerise.**

R: No I think it's between my facility and Triggerise because I've not seen anything that is happening between me and the other facilities.

I: Okay, how can you say that the project has influenced the way you provide services to adolescents and you as a provider?

R: I can say that the project is handling and its good owing to the fact that having mobilizers who are out there, were it not for this, then the mobilizers could not be there; so one thing is that they are helping young people to locate where the clinic is, they are also bringing the young people, so were it not for this program definitely we can't see the number of young people we are seeing.

I: Okay, and what can you say are the most common questions you get from the adolescents under the ITH?

R: Common...that is frequently asked questions?

I: Yes.

R: Okay, maybe it's about the contraceptives, whether they cause infertility because you know most of them have not started getting children yet or some of them have started so they are like can it cause infertility, I want to get a child, will it affect me. Another question they ask is about their body image; am I going to get fat; is it going to, you know, because probably they don't want to grow fat, yeah. Another question is will it affect my sexuality, yeah so mostly those are the major three questions that they ask.

I: And what changes have you noticed since the introduction of the ITH?

R: I can say it has...the outcome, if we talk about the outcome, there is a good number or flow of the young people to the clinic, they are aware about these services that are being offered by these facilities or in this facility and so it makes them aware of their sexuality

and their reproductive rights so without fear they can access them anytime.

I: Okay, if you are talking about there is a good number of flow, can we say that maybe because maybe others get information from the others and they tend to come by themselves without being registered?

R: Most of them they look for the person to register them as much as also we get others who just bring themselves without being referred. So we can say it's good turnout.

I: Okay, and how have the preference of adolescents' service users and healthcare providers been influenced or changed as a result of this program?

R: Influenced?

I: The way their preferences have been influenced.

R: Here in particular I will tell you...I won't tell you that they've been influenced, I don't know...most of them like you realize maybe, according to our regular reports, most of the young people come for oral contraceptives so that is the most preferred method of contraceptive and as much as probably we would like to counsel them so that you can have the method mix, that bit have been [inaudible 00:22:33] so I think they influence each other because one person they can come for the pills, they also tell others, I took the pills so I want to go for them; so I don't know if that is a kind of an influence they have because upon ourselves I don't think we have any influence on them on what to use.

I: Okay, and then what measures do your facility and colleagues take to make sexual reproductive health services accessible to these adolescent girls?

R: One thing is we operate from morning early at eight, we can start seeing them as early as possible and we close

late so that when these young people probably by the time they are going to school or they are going to colleges, they can be able to get these services, when they are leaving school in the evening they can be able to find the clinic open and they access the services. We also even operate on public holidays and weekends including Sundays because then most of the time they are at home so they can be able to access these services as well.

I: And can you say that also there is a special provision for the adolescents like maybe when they come here there is a way you treat them?

R: Yeah, one thing is as you can see we have a cup of coffee or tea, anything they want to drink, or water as they come in, they can be able to get that one. Another thing is our environment, you know where we are, they can be able to access it without any problem. Yeah, and also the way we interact with them, also we put for them like TV so that they can be able to watch the channels they like watching as they are waiting and also magazines and newspapers we put the ones which they can be able to read and enjoy including the shujaz, there is a magazine called the shujaz which is usually loved by young people.

I: Okay, so most of them like reading the magazine?

R: Yeah they like reading; they can read the magazines which are available so as to keep them busy as they wait.

I: Okay, we talked about taking drinks, who facilitates these drinks?

R: The [inaudible 00:25:05]

I: Okay, so I also wanted to ask about maybe the confidentiality issues, do you take care of that and...

R: Yeah, actually confidentiality and privacy is a core area because when somebody takes or adopts a method or what you talk with that person actually you offer a certain service, that one remains here and as you can see, the doors are closed and there is nobody walking in and out, yeah so again, yeah privacy and confidentiality is a key thing.

I: **Most of the time I understand in the facilities maybe somebody is busy inside and you realize that somebody is coming in, so whenever you are offering these services, do such like things happen to you?**

R: Do what?

I: **Whenever you are offering these services to the adolescent girls, do somebody come and knock get in or what to consult something with you?**

R: No, no, we don't do that, once somebody is inside, until the whole...like since you came inside there are people waiting outside and yet nobody has come to knock or check.

I: **Okay, and how has the participation in ITH improved security of care for the sexual reproductive health services for the adolescents in your facility?**

R: I can say that one thing is we work closely with MSK Triggerise, and MSK conducts regular quality assurance checks to make sure that we are at par and our standards are maintained where they are supposed to be.

I: **Okay, that's good. And now based on your experience working on sexual reproductive health services in this community, what would you say are the facilitators and barriers in the adolescents? We've talked about the barriers but now let's talk about the facilitators in general but also there can be other barriers in general,**

maybe we talked about the specifics that you've been meeting.

R: Barriers could be categorized in different categories, I don't know which category you want or which barrier are you talking about, is it provider barrier, adolescent barrier or what are you referring to in particular?

I: **Okay, in this am talking in general that's why saying general am because it might be a provider, it might be a communal thing, it might be...**

R: Okay, I think one of the major barriers to accessibility, it could be sometimes a stock-out, yeah, sometimes you realize, like we get most of our commodities from the government and so there is this time where was a stock out of most of the commodities we wouldn't have the DMPA, that is depo and so what we were getting was sayana plus it was selling at a high price and T-safe or Triggerise is paying us still the a hundred shillings and you know, per client and yet we are buying this, we have other overheads and so on so it becomes like a problem; so you find that for example you have these, the sayana plus or the subcutaneous DMPA and you bought it, you've undergone some costs to get it and yet the only profit you can make is only thirty bob then you find that is hindering somehow so you feel should I give it to these adolescents or should I give it to somebody who is coming to pay, you know, something which is reasonable. So that is one of the barriers. And another barrier is that I could be here as a service provider, I find the young people but since I cannot be able to register them then you find that am not able, and probably they don't have enough money or they don't have money yet they want the

services, so you find that difficult. So by the time you are sending them to go to a mobilizer and probably the mobilizer is not available, that then becomes a problem. Mostly that's the thing, yeah; mostly that's why I can say these are some of the barriers.

I: Okay, so what are some of the mechanism that you or your facility have used to support adolescents overcome those barriers?

R: Now, there is nothing much we've done but we've tried to work together with our partner, that is MSK so that when they are sourcing for the commodities they also consider us so that they can also be able to supply us so that we can be able to serve these young people.

I: Okay, we talked about the barriers and I forgot that we were also to talk about the facilitators, what facilitates them more.

R: What facilitates them to come?

I: Yes, to access the services.

R: Actually I can say mobilizers and the...I think mobilizers play a very big role in facilitating these young people to access because most of them as you are...because they could not be...because don't advertise so it's a word of mouth, so these people are very crucial and they are very important out there because they are like the link between the young people and the providers.

I: And then maybe also because I can't be mobilized and then I am like I don't even think I need that thing, but maybe there is something that motivates me, okay there is something that is going on with me, what can I do about this; do you think there is some other things that also motivates apart from just mobilizers and...?

R: Definitely, money is a key thing.

I: Money is a key thing...

R: Yeah because you see, these young people are being given these contraceptive services, they are being offered, you see you get, where on earth do you get a contraceptive method, you protect yourself and yet you are rewarded with some points, yeah, so that one is a motivator and also it's a motivator also to the mobilizer because when they are there are they get the young people, they are sure of getting something at the end of the day for bringing these young people, so it's like a driving force behind also the success.

I: And what of self-need, can it also be a facilitator?

R: Yeah, as I said earlier young people are many and they have their needs and one of the is sex and that drives them so much so also it's there also.

I: Now how to deal with the challenges of myths and misconceptions.

R: The challenges of myths and misconceptions they have been there, they've always been there and they'll always be there so with myths and misconceptions, one thing is to get the facts, as a service provider you know when a young person tells you that when I take this contraceptive, will it affect my libido or sexuality, when I take these contraceptives, will I get fat, when I get these...can they contribute to cancer; when I use these contraceptives, do they; you know, that kind of a thing. So what you do as a service provider its good also to get these facts so that you can be able to dispel the myths and misconceptions. So you just tell them, yes, contraceptives is not something that will make you to add weight but probably it might increase your metabolic rate so the only thing is just to watch what

you are eating and so on. In cases of too much bleeding and cancer of the cervix no they don't cause, that's a myth but you base your fact scientifically at least to make them understand that it doesn't cause this.

I: Okay, what feedback about your facility have you received from the adolescents in the T-safe?

R: Okay, we normally have a mechanism where we normally have I mean a suggestion box where young people, they are normally supplied with the questionnaire so they say exactly what they liked and so they dropped them and so they appreciate that they can be able to come, get the services without having to wait for long and then they are able to go and attend their classes or do other things.

I: And like your facility, what specific feedback have you gotten back?

R: Specific feedback?

I: Mmh.

R: Probably I may not be able to say specifically this is what they said but they are appreciative of our services.

I: Okay, and do you think that has also influenced the way you deal with the adolescents?

R: I think so, yeah.

I: You think so, maybe explain because you are not sure about it.

R: No because if you see them coming definitely you have to be satisfied and they are happy so that's why I am saying I think they are...influences the way they come to seek the services.

I: Okay, can there be any specific example?

R: specifically, we can say that we normally do an event...we normally have an event once in a while, so after that

you see these people coming back and say I was here when there was a youth even here in your facility and I was served like this and that's why I've come back, so that's a positive influence.

I: So can you say that majority normally come back?

R: I can say not majority but at least they do come back.

I: They do come back.

R: Yeah, because again you can't compare...when for example, if at all they came during when there was free service where you are getting all these and maybe for example they come in between where probably there are times where for them to receive that service again, they must pay a small fee, so some of them will try to avoid having to pay that small fee so they'll try to wait until their time is due maybe the oral contraceptives, they come to [inaudible 00:36:31]

I: And also the feedback, maybe I would want to get a few more about the feedback, like let's say apart from the positive one that you get, maybe somebody comes back and tells you that I experienced this, I did this, do you get such like services or maybe there is information that I didn't get?

R: Yes, we do get.

I: How can you be supported and maybe by who to help you improve the sexual reproductive health services?

R: So how can I be?

I: How can you be supported and by whom to help you improve the sexual reproductive health services to the adolescents?

R: Assistance maybe it's from all angles and quarters especially in commodities, mostly that's what we need, commodities and supplies, then we can also talk

of...because...okay, we offer the services at a very minimal price and if at all also they can consider, because sometimes when these people come, they are many and they consume time for the other normal clients who feel that I feel a provider they are giving value for money and these young people they come, the time which somebody gets is too minimal so you are like...so sometimes you might be tempted to tell them, wait a bit I finish with these other ones then we deal with them later of which is not right.

I: So in other words what are you trying to say here?

R: What I've said is just that...

I: No I just want it to be very clear.

R: No, that's what I've just said.

I: Let it come out.

R: No, that's all, that's what I've just said.

I: It's okay, so, let's talk about the incentives, is it...are you okay with it?

R: It's a bit minimal, considered, it's a bit on the lower side.

I: So is it in your part, is it on the mobilizers' part or the clients' part?

R: No you see everybody talks for themselves, so am talking on my part, the part of the provider, I feel the incentive is a bit...because on normal circumstances, pills normally go for about a hundred and fifty shillings, an IUD or coil normally go for one thousand five hundred whereas in the T-safe program, the pill will go for a hundred shillings, the IUD will go for five hundred and the implant will go...you see that's a very big variation. Considering that sometimes we have

to buy these things like when they were not there we were buying them, so you find if you buy them then...yeah.

I: So with the TIKO miles it is you that is being reimbursed, what of the clinic?

R: Actually that money goes...actually it doesn't come...it goes to the clinic's account which is under the name of the person who is running it, yeah, because the service provider has a contract with whoever, like for example if you have a client here, whoever gives the services, they are just doing like parts of job which they are supposed to do.

I: Okay, now am going to read for you a certain scenario and then you give me your opinion about it; so let's say a young woman has come to see you. She is a lone and appears to be nineteen years of age. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and wouldn't like to have another child so soon. She has never used contraceptives before and because her husband is opposed to it. Now, what would you want to know about this young woman in order to help her?

R: A young woman comes, she is nineteen years old, she is married, she has a baby one year ago so the question is she wants to?

I: She...okay, she doesn't want to have another baby very soon and she has never used any contraceptives because the husband is opposed to.

R: So my question...the question is what would I...?

I: Yeah, what would you want to know about this young woman in order to help her?

R: One thing is I've already known her age, I've already known that she is married, I've already known that she

has a baby and she doesn't want to get another baby, so I would like to know, after how many years would she like to get another baby and I would like also to know what her aspirations, what would she like to do, does she want to go to school, does she want to...you know, so that she can be able to achieve what she wants to achieve before the next baby comes. I would also like to know whether the baby is still breastfeeding or not and then I would also like to know about the contraceptive method or choice which she would like to use; now depending on what she'll answer me; I'll talk about the long term reversible contraceptive method or the short term contraceptive method so depending on what we discuss.

I: And why would you want to know about the...if she is breastfeeding or not?

R: Yeah because there are some methods probably...

I: We were talking about the reason why you would want to know why she...if she is breastfeeding or not.

R: Yeah, because within one year, probably she could have been practicing what we call lactation amenorrhea method whereby it's also a form of contraceptive method whereby she is not doing anything, she doesn't go to work; maybe you know, I would like to know also whether she's received her menstruation and all that, yeah; that's the reason why.

I: Okay, and what would you tell her about the contraceptives?

R: Yeah, as I said, I'll talk about the method depending, I'll discuss with her, how long would she like to stay without getting another child, what is her aspiration, what would she like to achieve, would she like to go back to school, then from there we can decide, is she

going to use a long term reversible contraceptive method or she is going to use short term contraceptive method, so this one will depend on now what we talk about, what duration does she want to stay without conceiving so from there now we can decide more will come up or she'll make a choice from what now I will discuss with her.

I: Okay, you as a service provider, what contraceptive method do you think would be best for this young woman?

R: Now, that is my opinion and of which my opinion does not count, what counts is the client's method of choice so we are not supposed to impose those things..

I: Okay.

R: Yeah because she will be the one to say, I need a baby after five years; if she needs a baby after five years I'll tell her then go for an implant, the two route you know, the jadelle. If at all she says I want to stay three years, you know, I'll tell her then go for an implanon which is a three years. If at all she tells me she wants a longer period then we have other options but if at all she wants something which is short term, we can go for pills, yeah, or clinical...but this is purely dependent on the client or choice.

I: And let's say now the client leaves the ball on your court that please decide for me, which method would you prefer?

R: Looking at her age she is nineteen and I don't know maybe she wants to get another baby after three years or maybe she can discuss with her spouse which I've seen that from the scenario, she is married, yeah, so maybe she can ask maybe what have they discussed with the husband. But if at all she wants after three years but definitely it will be difficult for me as a service provider to

tell her, use this method its good for you; probably I'll say yeah.

I: And do you see such like clients in this clinic?

R: Actually most of the clients they come we discuss, we talk, yeah, somebody will tell you, I only want a baby after seven years, maybe they got a baby when they were too young, I will ask her, are you sure that's what you want; yes, I need this baby to grow, I need to have sorted out myself, I finish my college, we normally get such scenarios.

I: Okay, so if you normally get such like a scenario, maybe you can share with me the latest scenario that you got more or less the same like the one that I've just given you.

R: We had this scenario whereby there was this girl, actually she eventually [inaudible 00:46:50]. She was at the university yet she decided to keep the pregnancy, she delivered, then they were not in terms with the father of the baby and actually she was like no, no, no, I don't want another baby and even feel like even this one baby is enough for me, I don't want a baby at all; this is enough, I am not in touch with the father, let me assume at least I have a baby, am happy so I want a method which can be able to...so when we discussed she told me I do an implant for five years and so I told her probably along the way, because she is...I think she is twenty, eighteen or twenty years...

I: This girl who..

R: She adopted a long term; she did a jadelle for five years because she didn't want to get a baby soon.

I: Okay, but when did she come to you, when was this that she came?

R: I think it's early this year.

I: **How old was the baby?**

R: The baby is one and half years.

I: **Okay, that's good; now let's say...this is another scenario; let's say a young girl has come to see you. She is alone and appears to be about fifteen years. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. Then what would you want to know about her in order to help her?**

R: One thing I'll congratulate her, I'll counsel her for taking a bold step of coming to the clinic because this is somebody who is thinking about the future, so I'll still talk about a few things, I'll talk about maybe the prevention of pregnancies, prevention of STIs including HIV and because yes contraceptives probably will not be able to...it help prevent pregnancy but can't prevent STIs and HIV which is also there, it can affect her and they also come through sex and so I'll give her the different options we have of contraceptives so that she can be able...which can enable her clear her education and achieve her goals in life before she starts to get a baby or before she starts getting children.

I: **And I want to repeat another question that you had talked about before but this is now a different scenario, so the type of the method that you might prefer for her.**

R: Definitely looking at her age, I will recommend for her a long term method; long term reversible contraceptive method and this one now we are talking about maybe an implant or IUD, yeah, that kind of thing.

I: **Why would you prefer the long term?**

R: The long term because this girl is fifteen years so we are looking the earliest probably this girl who is in school most likely and the scenario said that she is in school?

I: **Yes, is sexually active and she is also still in school.**

R: Good, so definitely a long term method will enable her go through her schooling without fear of interruption because of the pregnancy.

I: **Okay, do you see more of them?**

R: Yeah, they come, that's why I told you we normally see that age, sometimes even fourteen years all the way to twenty-four.

I: **An example of one of them that you met recently?**

R: No they come, especially for pills they come but they don't, yeah but most of them when they come and specially they come through the mobilizers, they'll come but they'll come for either depo, injection or they'll come for pills. They'll come like every...even today probably they'll come.

I: **So you told me that it is the client who chooses.**

R: Yes.

I: **But maybe how do providers encourage adolescents to choose long term methods?**

R: No, this is after counseling. Okay they have the freedom to choose after you give them information then they make an informed decision where they are like yes you've told me this and this and this so am like, so out of all that, which one do you think you would prefer. So it's the client's preference, yeah so...

I: **But in your information is there a time you've tried to encourage maybe depending on your own wisdom to...?**

R: Okay, yeah, the way I've told you if a girl who is fifteen years come and am like why do you want to use the pills and not the other method and I think maybe due to your age this other method will be good for you; because rather than somebody who is coming for the pills, I try to, as I counsel them and telling them probably this would be better than this; but by the end of the day, their decision stands.

I: Thank you so much, I've come to the end of our interview, I know it took a little bit longer but also because you also busy so from where we are I don't know if you have any question for me.

R: I don't have any.

I: You don't have any question for me...and maybe there is something that you think that we were supposed to talk about and maybe I did not ask or something you feel you need to add concerning T-safe.

R: Nothing.

I: Nothing...so thank you so much for your time, I know it's not always easy for a doctor like you who is very, very busy to give somebody that much time, so I appreciate your kindness.

R: You are welcome.

[End of audio]

Notes

The interviewer asked all the questions as stated in the guideline.

File name: ITH_R2_NAI_RUI_URB_002_SP_006_10519

Duration: 01:32:43

I: This is Florence Olum taking an IDI interview of ITH round two NAI_RUIRU_URB_002_SP_005_10519.

Please tell me about your work and experience as service provider in this facility.

R: My names as you said are Grace Kabiru, I am a Kenyan registered nurse who partakes the MCH, and I deal with the mother child and family planning.

I: Okay and what is your role or how do you see your role in ITH.

R: My role in ITH I have been providing services to the teenagers, yeah. Services as in family planning and still counselling when they are knowing their status.

I: So you mean by the time that you are through dealing with counselling then they get to know their status in the same facility.

R: In the same facility. The lady will not only come for the family planning services because as I tell them we give family planning services if you don't counsel that girl she will be exposed because she knows the barrier that she could have gotten is already covered, she will not become pregnant. But is something worse than becoming pregnant, she can go and get HIV/AIDS, which I have not prevented if I have not counselled the girls, so I tell her even if I have put on a method, the method does not prevent HIV/AIDS, which is killing. And at that tender age, you won't prevent it, you counsel on behavior change.

I: So generally, what type of clients mostly or adolescents that you get, mainly category of age and all that.

R: Mostly I get from form two, around sixteen, seventeen up to nineteen. Still there are those who have already finished form four, then you know there the worst thing is pregnancy they are not remembering that inside the

society those boys they are being with or those they are going with, those men that are earning, they have HIV.

I: So can you describe your experience with the adolescent's sexual and reproductive health services.

R: Okay by the time, they are seventeen eighteen they are active.

I: Active sexually?

R: Yeah, active sexually, they have started getting new friends and they want to mate, but the only worry they have is they don't want to become pregnant. When you introduce them to condom most of them they are not willing to use it. so by the time you have to sit with that girl and counsel her on the changes that are coming in your adolescent, and if are told because during the counsel you get that you have counselled you have counselled, you check for a pregnancy test sometimes you get already the lady is pregnant. And all through the counselling the girl did not confront you that she is pregnant, now you go back to still the counsel because maybe that girl will be wanting a service like to be inserted an IUD. When you insert an IUD prior the testing it will just be an abortion because already you have found that is pregnant. So my experience during my time I have interacted with those girls where I have met about three who are pregnant, others you would come and check physical look you get really this lady, physically you see this lady is pregnant. When you go to check up her physical partition you get already there is a fetus and she has come for the service. So sometimes you wonder even those who are recruiting over there, do they really check? Whom are they recruiting; do they have time to talk with that girl?

I: And whenever they are coming for this counseling, by the time that you are conducting counselling do they tell you that they are pregnant?

R: No.

I: They don't say.

R: They just tell me this is a tummy.

I: So does that mean that they know or they don't.

R: They already know.

I: Okay. If you say that they are not willing to use condom, now what do you do in that case.

R: They are not willing to use condom. So what you will do, you counsel for another method then you counsel for HIV and testing, you can even issue a self-testing kit for the girl to go with it. So that in case she meets her boyfriend she will check the status before they conduct the sex.

I: Now tell me about your training in adolescent sexual reproductive health. Your training.

R: I am trained.

I: Tell me more about it.

R: I am trained in youth friendly, I partook the training three years ago and it is good to deal with the adolescents but sometimes it's tricky yeah. for them you have to be friendly, you have to befriend them so that if you want them to come to you and to look for you, you have to behave as if you are one of them. But if you go as if you are up to them, they will sneak you.

I: So you said something that it is good to work with them and sometimes it is not good, maybe give me a clarification on that.

R: It is good to work with them if the communication becomes good, sometimes it becomes hard to deal with them because

you are a person today, the same person if come another day you fix this one if come the other day still she has not taken a step to what you started. You know counselling is a process and if you don't step by step...that is why I have said on the other side it may become hectic if you don't become patient.

I: I understand.

R: But if you are patient, enough you will deal with them softly especially if you are trained on them. If you are trained on the youth slightly you will know the weakness, what the, sometimes it is tricky.

I: Okay, so we were talking about the training, the training that you underwent and you told me that you went for about three years.

R: Back.

I: Back, okay who specifically trained you?

R: Insight.

I: Insight. And with the issue of T-safe did you get training?

R: No.

I: You did not.

R: Yeah.

I: Under Marie Stopes, did you get any training?

R: I am not under Marie Stopes.

I: You are also not under Marie Stopes. Okay, maybe you've talked about the training, about being youth friendly. Was there anything else that maybe that you got that was very key in attaining the youths training? I mean the youth services. In the training.

R: I do not get you.

I: Okay like you have highlighted one of the component of being a youth friendly person, service provider. Was

there something also that you think was okay on dealing with the youths in giving the youth services?

R: Yes, youths are supposed to be handled, they are not to be mixed up with the other clients. Because you might learn that in that waiting bay, there might be a mother and so the youth will not be comfortable there and may shy off to get service. So and they are, what I have observed about it and what we are doing about it they don't have that patience, that you know you will not tell her wait, then they are time conscious.

I: **Maybe there is another something else.**

R: About them?

I: **Yeah.**

R: They love to be handled special, so wherever you are handling them, if you are somebody who gets annoyed very first you will not handle them. And they need to be even reminded; now the nurse has told you, you walk step by step, by the time you are counselling even if you reached somewhere when she comes back you start a fresh. You don't take a lot of time with her because still she stands out.

I: **Okay, so as I talked also to other service providers they were highlighting something to do with rights, or the adolescents right to needs, what do you say about that?**

R: Yeah they have the right they have that freedom. They have the rights to access the medical services; they have rights to their education, rights to their basic needs.

I: **On the side of adolescent sexual and reproductive health, like right ow you are dealing with fifteen to**

fifteen years old girl and who are still minors, what do you say about that?

R: They are still minors but there is that stage where there is attraction to opposite sex. But for the Kenyan constitution from fifteen you can make your own decision, so if she is willing there are ways that she is already exposed to sex, so she will not, even if you sit here and tell her not to have sex she has already indulged in it. so the better way is to help her not to get that unwanted pregnancy, not to get HIV/AIDS just prevent, counsel and prevention because already put their support so that she can continue maybe, by that age is when they are in school

I: **Thank you so much for that. And then what are most sort after services by adolescents.**

R: What?

I: **The most sort out, what they go for most, or what they ask for most.**

R: Services?

I: **Yes.**

R: For family planning?

I: **In general,**

R: In general,

I: **Yeah.**

R: They ask for, most of them they request to get the HIV testing. They want to know their status; they want to know about the changes, body changes. The others would want to have a method; they want to have a family planning method. There are those who want counselling with no method, yeah.

I: **So counselling with no method, that counselling means.**

R: You counsel on the behavioral change, you counsel on the behavior change, and then you counsel on the lifestyle that you be different

I: **So it is they coming specifically that they want this service.**

R: It was there, Triggerise had introduced it but it came, they slashed it off.

I: **Okay.**

R: And it was covering these ages, as there are those fifteen years' girls who is walking with, a fifteen years' girl is mostly young for one, she is walking with a friend who is form three, around seventeen years, eighteen. But she has not indulged in sex, she has a boyfriend but she is not actively in sex. So when she comes to me I will not tell her to use because Triggerise is paying for service and I will not tell her to use a method because she has a free service somewhere. I will encourage this girl to remain faithful, not to have sex with that boyfriend she might remain in relationship but they will not go to an extent of having sex, yeah. And I will counsel her and book her again because I don't want this girl to use a method. I am paying my attention it might be my daughter, I will not tell her use this thing and walk out with your boyfriend, because I still want this girl to have concentration in school because the meeting she is in school she is remembering that man she left maybe even it's a working class. So at that tender age if she has not indulged in sex I will not advise her to use a method, I will request her if she wants to test herself because HIV is not only through sex, you can get it through other methods. Test herself, tell he to remain faithful, and when that time comes

when you want to seriously want to have sex, you will come for the method.

I: And you also talked of some of them want to know about the body changes, meanwhile you can tell me more, a little bit about that. What exactly do they want to know about their body changes?

R: There are those who are still, they have started their menses. So there are those who have gotten the first menses and it has not yet come back so they will ask you. There are those who are getting irregular menses, they will ask you about it. There are those who are already sexually active and they are using safe days, they will ask you.

I: So do you get such like clients during that time?

R: Yes.

I: Okay. So you can now tell me your experience with the ITH platform.

R: I have not really worked for so long with them but the little I have, I have and it was challenging.

I: Please tell me how.

R: A lot of challenges because first there was that, I have told you about the counselling with no method, I may get like fifteen to eighteen client, they want counselling with no method. Those are ladies they are not in, they have boyfriends but they are still schooling with them so they have not gone to that extent they want, they are just in those things, they are talking that words but no sex. So for them they will come, you will give counselling to them but by the end of the day, she was supposed to get a method so that she can get fifty shillings or a hundred shillings so that she can get a pad. But I will counsel her, I have used my time, I have

used her time, she will not gain anything, I will not gain anything but I will have done my job because initially if you are in the medical field you don't necessarily look for money, it is better.

I: So you are trying to say that whoever has just dropped in whether they've been counselled and have not received any method doesn't get any points and you as a service provider, you've taken your time and also no points.

R: No points, of which I'll say the bad side of me introducing pill to this child who doesn't know about that pill then I have insisted she use it where as she is not even active sexually. What will be the medical implication of using that pill when she is not active in sex?

I: Okay, and maybe there is another experience?

R: Still for the same platform, they don't cater for a girl who would want to come and get HIV tested, if she wants to take HIV test they have to pay because it is not covered in the package.

I: Is there another one?

R: Yes, in case the same girl has come, I have gotten she is pregnant and maybe she has not even informed their next of kin or their guardian. The platform doesn't cover and like build her on the possibility of her starting the antenatal clinic. The ITH does not cover even with a backup of helping that girl so that she can be able to raise that pregnancy safely. So unless you book her for another place, but for pregnancy test they don't cover, for HIV test, they don't cover but they cover them in a chemist. So I will counsel a patient then I will look in my phone which chemist is near that is catering the service so that I can send the girl then

the girl come back. Or the girl will have to chip in and pay for the service.

I: Okay, so it is the chemist people to-

R: It is a challenge. Because if that client wanted a long term the chemist will not give, they only give the oral, yeah.

I: So when they come back they have to pay.

R: No, when they come like now if I counsel a client and say she will require pregnancy test depending on the last intimacy that they had and I see this client requires a pregnancy test. The girl doesn't have the cash to pay, so I will look for a chemist that is on the Triggerise program so that she be tested there and then bring back the results so that I can offer the services. So most of them end up not getting the service because I cannot be offering service behind my professional background, what I am sure I am not giving the best.

I: Okay. And what about the mobile platform, is there any experience you can share?

R: Sometimes you will get a queue for the client, there are so many girls waiting for you. Then all over sudden you get the code is hanging. To explain to those girls sometimes it becomes hard because maybe there was a girl who was coming for a refill, she doesn't have...and during the counseling, you told her about the follow up and not miss the dates. Now the code is not giving back the feedback so I will not give the service. Unless the girl pays and the girl mentally she knew I was going to earn my points and get a method. So sometimes, it becomes hard. The other time that you don't even know that you have been blocked on the other, side you can't give the

service, the minute you get a girl, you open the phone is that time that you get you can't enroll.

I: So first of all let's talk about this up of the code, what makes it hang?

R: Network.

I: Network, and then being blocked. Why is some body being blocked?

R: If sometimes let's say that there is fraud, the other times they don't communicate, yeah. by the time even you will call they tell you it was blocked because of, they said about fraud but you ask them about the data they come and verify the data there is no about fraud, then all over sudden you are back in the system. That communication, you know they are supposed to communicate so that you alert the girls the facility is not working yeah.

I: So did this happen to you.

R: Yea, before I diminished the program on March, I think or late February.

I: Okay.

R: In fact, on late February, there was no facility working in giving the service, then they took the data, they said that there were too many short-term methods offered compared to short term. But there is client choice; I can't change the client choice. If you came in and tell me you want an injectable, I can tell you about all the method that we have, I counsel you on all the method but if you are on the point of injectable it is very had you have been using an injectable for me to make a choice for you. I am supposed to table everything that we have, give you the advantage and the disadvantage, how it works then you chose for yourself. When you chose for yourself

myside still I will use, there is a way that I can use that will tell me is it safe for you, is it good to use at this time? In addition, with my knowledge, still I know when you are, using this one is okay, yeah. But I cannot confuse you to use a cord when you really don't want to hear about it, yeah. That is, they said that there was more short term offered and they blocked the lines for like one week then they brought back the program. So that get me with a girl explaining that the clinic is not working, check another day, she had come for refill. First, she will not be confident in you because you have returned her without a service and you told her not to miss the service. So they are supposed to alert us in three months' time you will not be offering the service. So that you can communicate with your clients so that they can look for another place.

I: Okay. How has the project influenced the way you provide services to the adolescents and you as a service provider?

R: What?

I: The ITH has have influenced the way you provide services to these adolescents?

R: They have influenced. What they have done they have put a mobilizer in the field who will try to recruit those teenagers and inform them on the availability of a certain service in a certain facility with no payment. They have offered that point, those Tiko Miles to the adolescents, which they are able to help themselves wherever they are in problems like pads or rather those things that they necessarily don't have that cash to assist.

I: So how did it influence the way you now provide these services to them and the fact that they have had that Tiko Miles, the fact that they had mobilizers. Is there a contribution on your side as you are now giving them the services?

R: Due to that introduction so many girls who needed the service but they were not able to go over the counter and request for the method and they were having unprotected sex. They could access the services in the facility, so the facility was able to attain a high number of teenage girls who are receiving the service compared to before the Triggerise program was initiated.

I: Okay. And then what are the most common questions these adolescent girls ask regarding the ITH program.

R: Regarding the Triggerise, mostly what they ask about the age, by the time, she reaches nineteen, mostly by nineteen late nineteen she might come and access the service and she can't get the service, already she blacklisted. The late nineteen.

I: Okay and when these adolescents come to you, what are the most question do they ask you?

R: They ask about the, about the program?

I: Yeah.

R: After that age how can they be enrolled again, because they have already been accessing the service so how will I protect myself after this. Furthermore, most of them are at school, so you find most of them are at school, they don't have cash, so they want to continue with the service but they can't get the service.

I: And then we are now talking about the preference of the adolescents' services. How have the preferences of the

adolescent service users and health care providers been influenced or changed as a result of that program? ITH.

R: The Triggerise has improved the teenagers who need service, they have made the link between the teenagers and the health providers, they have narrowed the distance. So they easily come and look for you and they open up if they want a service, and they open up their activeness in sex.

I: **And can we say that also they are, maybe about their decision what do you say?**

R: What?

I: **Making decisions for themselves.**

R: They are able to make the decisions for themselves, yeah. With the counseling and being informed that there is a service so they can make an informed choice for themselves.

I: **Okay. You know how does your facility and colleagues support the adolescents seeking sexual reproductive health services.**

R: How often?

I: **Your facility and your colleagues support these adolescent girls to access these sexual and reproductive health services.**

R: It's open.

I: **It's open.**

R: Yeah.

I: **Like.**

R: Every day any time.

I: **Okay.**

R: Yeah.

I: **Maybe you talked about maybe they don't wait for long.**

R: They don't wait for long, immediately the teenage girls come we just say from Tiko then she is forwarded to me or any other provider who is on duty. So they don't queue.

I: **And also maybe can we say that you always have a private room where you talk to them.**

R: Yes.

I: **And at some particular point you talked about the confidentiality and at some point it might be broken like maybe I can talk to a client right now and then when the client is gone we have some discussion about what I am experiencing, on those confidentiality, how do you deal with that?**

R: There is confidentiality; we finish with the girl it's between me and that girl.

I: **And then how is the participation in the ITH influence quality of care of sexual reproductive health services for adolescents in your facility?**

R: Participation?

I: **The participation of the ITH has influenced the quality of care of sexual reproductive health services for the adolescent in your facility.**

R: It has created awareness to the young girls about the presence of the methods.

I: **Okay, and what of the quality care?**

R: It has given quality service to those teenage girls.

I: **Okay, maybe you can let me know a little how it has led to that because this is an ITH program. There is a way that there was framework and now you have been in this clinic before and you have been offering these services. Is there something that has been added that has come**

with the ITH that has contributed to the quality care to these adolescent girls?

R: Due to the introduction of the Tiko Miles, it has really helped those girls to access their basic needs which most of them couldn't afford because they are able to buy those things that they can't afford, maybe the guardians can't give them cash to buy.

I: **Okay.**

R: Still it has brought so many girls that could have indulged in unsafe sex, to the family planning that is it has really reduced the teenage pregnancy unwanted, yeah.

I: **So you mean the Tiko Miles really help because for those who really wanted the services could not get it because they couldn't even afford it.**

R: They could not afford it still and at the other side, they could have afforded but they don't have that courage to go for it in the GOK facilities where they normally queue in one area. Their confidentiality it has really boosted, yeah.

I: **Okay, that's what I really wanted to probe on. And then how does your facility improve... based on your experience working on sexual and reproductive health issues in this community, what would you say are the most facilitators or barriers of the adolescent to access sexual reproductive health services.**

R: The barriers?

I: **Within this community. You can talk maybe first of what facilitated, what really prompted that to happen. What really makes them go for the sexual reproductive health services?**

R: They don't want to get that unwanted pregnancy; they want to finish their schools. And maybe for some they have not made the decision they want to start a family, so they don't want that extra burden.

I: **And then what are the barriers?**

R: The barriers to the method?

I: **To access the sexual reproductive health.**

R: Religion, they are from that background that the parent doesn't want them to indulge sex before they get married. And still their education. During school, they are taught about sex lessons that sex before marriage is not a good idea. So they may have indulged in sex but still they see as if it's an outcast, yeah.

I: **Maybe there is also another barrier for accessing the sexual reproductive health services. From the community is there any other apart from the two that you've mentioned? You've talked about religion; you've talked about the parents.**

R: Some of them will see as if, the prostitution.

I: **So if you say some will see them as they are prostituting.**

R: Yeah, because to some of those age you get there is a girl who is not in school, she left school. And now she has indulged in another group that is not active in the community, so most of them, they are looking for money and during that time, they get indulged to sex for money, yeah. But they are in that teenage life.

I: **And now what are the mechanisms that your facility has used to address these challenges?**

R: We have been doing counseling to them, if you get a girl who has indulged in prostitution you counsel, you give a second method even if she has taken that pill, there

is still another option you will give her. Either a female or a male condom to protect HIV/AIDS. And during the counseling, you will tell her about the age, age and sex. She is still young and there is a big way to go, not to indulge in that sex life for money, yes.

I: And on the religion issues what do you do?

R: On the religion, if at all a girl has indulged in sex it is better to give a method than to wait for her. She is actively in sex, to wait for her to become pregnant, then when she becomes pregnant and she still looks back on the religious background of the parents you will go and abort that and will meet the death.

I: And now with the parents what do you do?

R: Now we have not gotten the extent of the parents, the ITH doesn't cover the side of the parent. So there is no way a girl will come there with the parents.

I: So what are some of the challenges your facility has faced in dealing with the adolescents on the sexual and reproductive health issues.

R: There are times those mobilizers they counsel the girls and the parents are not for the option of the method. So the facility will be captured, you are offering family planning to young girls, so you are telling them to be sexually active, not to... where as they are students.

I: So you've met that or in your colleague.

R: There are those issues.

I: Any other?

R: There are those who associate those like the Tiko Miles It's not a straight program, they associate it with a certain cult where they get power, where are they getting this free money to give the girls and there those who

say those services we are giving they want to make their kids barren.

I: Okay. What are some of the misperception the adolescents have about using sexual reproductive health products, their perception?

R: They really worry about by the time they get a person who is really like they want to get married will they be okay; like will I conceive when I stop using this? Yeah. There are those others that they have the method that time when I want to stop this, after how long will I conceive. They are worried about their future, what will they be.

I: Is there any other concern? Are there other concerns again? The perceptions that they have?

R: The perceptions are so many, I can't exhaust them.

I: Okay and then how do you mitigate all that now, those perceptions?

R: During the counselling whatever we offer, we make sure that whatever we have given to that girl it is something that is reversible. So the minute you stop using it you can conceive if you want to conceive.

I: Okay. And then what feedback about your facility have you ever received from the adolescents through the T-safe platform?

R: During the, wherever we try to interview them there was a time they could come during the introduction, most of them they come from very far because they don't like accessing the services around their home area. So there are times they complain about the distance. There are times they are many, maybe we are only three counselling and offering the services. So their times we can be drain because can't hurry them up when us we have not exhausted

with the person. But mostly most of it we get appreciation about our service, our counseling and even if we get a girl who is pregnant and she has come for a service we still counsel her. We tell her immediately she gives birth she can be enrolled and come for the service to prevent another pregnancy. And we counsel still for her safe delivery.

I: Okay and how has the feedback provided influence the way you deal with the adolescents visiting your facility.

R: What?

I: Okay you've talked about the feedback, now how has that feedback provided influence the way you deal with adolescents visiting your facility for sexual reproductive health services.

R: We have tried not to blame them whenever they are coming for the service, we have tried to schedule them the individual. We monitor the visits those maybe during the checkup of the MOH, we check when they are returning date, when the returning date is bulky we have more providers offering the service so that they don't stay for long. The other times we give them like the refreshments so that they don't get bored.

I: So you offer refreshments.

R: Yeah.

I: That is from your own pocket.

R: From my own pocket because I don't want them to get tired and go, like when they are taking the refreshment the queue will have almost done before they get bored.

I: Okay and how can you be supported and by whom to help you improve sexual and reproductive health services provision to the adolescents? We are talking about the support; how can you be supported to help you improve

sexual reproductive health services provision to the adolescents.

R: To be able to improve the reimbursement for the Tiko Miles for the service provided is too low compared with whatever service we are giving. Then the service should be offered at a core point, that is we should not be sending the girls to the chemist for HIV testing and HIV tests where as we are offering the service. We could merge together to offer the services at a core point than that service that I am sending her like exposing her so much to everybody that is accessing the, where as it is supposed to be confidential.

I: **Okay, and is there any other support that you might need and who should offer that support? We were talking about the support that you might need and who should offer. Support might be many because it might also trigger the challenges that you were talking about, maybe there is a support you need.**

R: Due to that program the Triggerise, I think the program need to be, like it should be much introduced to the parent of these teenagers to be aware that there is an existence program going on so that they will not act as they don't know about the service being provided. They should introduce the program even to the parent so that whenever they are introducing the parent they should not come to us like you've started.

I: **How do you think it can be introduced to the parents?**

R: The Triggerise through the, maybe a group for those mobilizers, mostly the mothers you get them in the Chama's, in the women groups.

I: **So how can we go about this?**

R: We just go about involving them about the introduction of an existing program that is really helping to reduce the teenage pregnancy. And then from there you can get their perception about the program.

I: **Okay, maybe there is something else we are leaving out for the support.**

R: For the support of?

I: **How you can be supported and by who to improve these services to the adolescents.**

R: Still this Triggerise has not introduced themselves, like for us we are in ministry they have not introduced the program in the ministry. So sometimes you get better when the ministry asks how did you access so many, do we just...so my request is that they should introduce themselves to the Ministry of Health. You see like here in Ruiru they introduce themselves, we are offering this so that they are not alarmed about how you are getting the high numbers.

I: **Okay, thank you for those information, we are about to finish but right now I am going to read for you a scenario and you will give me your views upon it. So let's say a young woman has come to see you, she is alone and appears to be nineteen. She is alone.**

R: A male?

I: **Alone, alone she is alone.**

R: Please repeat from the start.

I: **Okay. A young woman has come to see you.**

R: Woman, okay.

I: **A young woman has come to see you; she is alone and appears to be about nineteen years old. The young woman tells you she married and lives with her husband, she has just had her first child one year ago and would not**

like to have another child very soon, she has never used contraceptives before, and the reason is because the husband is opposed to it. What would you like to know about this young woman in order to help her?

R: She has one kid.

I: **Yes, and she appears to be nineteen years old.**

R: First, she wants to get services through ITH.

I: **Yes.**

R: Was she registered?

I: **Okay in this scenario, this is how it is, just a young woman has come to you, she appears to be nineteen years old and she has gotten the first child one year ago. And she had never used any contraceptives and the reason is the fact that the husband is oppose to it and she doesn't want to get a child so soon.**

R: This woman I will not assume she is nineteen because you cannot age by a look. I will counsel her on the family planning methods available. If the husband doesn't want a family planning but the mother is willing, I will do physical examination and I've done physical examination and a clinical assessment to assess she is not pregnant. Then after the counselling of all the available methods then she will opt for a method then I will see whether this method when she uses it will it cause issues conflict to the family, because they are living well I might not like to give a method that the husband may make a separation to the family. If the method she has chosen I am okay with it, she is okay with it and if at all, the mother is able to pay for the service because she is not registered in the, she has not been referred by a T-safe, she is a coming patient so she preferred the facility. She was not introduced by anybody to it I

will counsel and give a family planning method regardless of the age. But I will ask her the age and the date of birth so that I can get the age. I will give the service she has come for if at all she is able to pay.

I: And the payments.

R: And the payments. If at all, the mother is not able to pay for the service and she is below nineteen I will refer her to, there is a platform you just download, you access the service, about the T-safe, you will be registered and then she can come back and get the service.

I: Okay.

R: But there are methods I can give her and the husband will not know which method, whether she is using the family planning or not. I will not deny her the service, depending that the husband doesn't want.

I: So what exactly will you tell her about the contraceptives?

R: The method I will give her is confidential, the husband will not know whether she is using it, it will prevent her not to get the next pregnancy and the minute she wants or she will desire to get a pregnancy she will come back to the facility and we terminate the service, yeah.

I: And then which contraceptive method do you think will be the best for this young woman?

R: An IUCD will work best because it is confidential; the husband will not get to see you or will not see whether she is having method. The minute she will like to terminate the method she will just come back to the facility, we will just remove the IUCD and she will

continue with at all she is willing to deliver but it will come under her own will.

I: And then have you ever met such like a girl in your facility?

R: No.

I: Okay. Now we are going to the second scenario.

R: But I have met an adult not a girl.

I: What age?

R: 22.

I: 22.

R: Yeah.

I: Maybe you can share a little bit about her.

R: She married at the age of 16 and she had three kids, and her blood pressure was fluctuating. The husband didn't want her to go for any method and he still wants other kids and immediately that she gets pregnant by the time she is almost to deliver the husband is like run away then he comes back after three or four months, and that husband is the bread winner. So the relatives, the neighbors have to chip in and give food and help the mother. So it was like the third born at that age of 22 the mother has really struggled, if you look by the physical look it's as if she is a mother of 28 approaching 30. Because she has stressed, so one of the neighbors brought her and she told me counsel on the best method that she will not get pregnancy and it will be confidential it will not break this marriage because we don't want her to give birth even her medical background. We don't want her to get another pregnancy, even her she doesn't want another pregnancy because she has observed the husband, and then that is the time we did a medical examination then I saw her for an IUCD,

inserted an IUCD. She came for a checkup, the second checkup at six months. Then after one year she came, the husband is like asking, "What happened? Why are you not conceiving?" the mother is telling him "if God wants I will get pregnant" but he is looking, searching for any method any evidence that could have shown that you can be using, and look at we didn't issue documents, the document were taken by somebody else. So that who calls that you should go for clinic, she is the one who reminds her. After they leave here, she keeps it and marks it in her calendar. Now she is on her fifth year. And imagine she is now stable because she works little jobs and can take care of her children.

I: Thank you for that information. Now let's go to the second scenario. Let's say a young girl has come to see you, she is also alone and appears to be about 15 years old, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used any contraceptives before. What would you want to know so that you can help her?

R: She is about.

I: 15 years.

R: I would like to know about her age, you've said she is actively, sexually active. We do a medical examination.

I: So if you say you do medical examination maybe you can clarify that a little bit. What exactly are you going to examine?

R: We will examine whether, you see by the time she says, she is sexually active; this girl could be pregnant, so you have to check her status. You have to check her, counsel her and check her for HIV status; she could be HIV positive, whereas you are checking on the issue of

family planning alone. So you might give one service and ignore the other, so you have to look both sides. If she qualifies for those then you can tell her about the available family planning methods, you can give according to her choice. If from her mouth, she is sexually active, yes. You will not ignore her even if she is fourteen years and she comes to you she is sexually active and she is in school, she is worried about pregnancy, you will give the method. But you may request for a guardian because at fourteen years she is not able to even consent for a test or for HIV test. So you will have to look for ways that will trigger her that she may come with a very close guardian to her or a parent so that you share the worry then you see where to help if she is below 14. But if she is 15 according to Kenyan policy you can give from 15 without bringing the guardian.

I: Okay. We were talking about what you would want to know about her and you've talked about two, is there any other again that you would want to, because we have talked about the examination, we've talked about-

R: She is sexually active; still you will want to know who is this that is the partner? you might think of sexually active and then you might find maybe it's the father or somebody elderly, a fathers age. That one you will have to counsel. And not necessarily that I will give the method because you counsel and you do a follow up to see even, that is where you intervene even the parent or the guardian whether she knows the existence of. And the counselling will continue because if at all there is the abuse then don't give them method because she is not sexually active by her own but he has used her.

I: So you are trying to say that if it is not her own you don't introduce the contraceptive.

R: I will not introduce but I will counsel and follow up.

I: So if you say you will counsel will you also counsel on the contraceptive methods?

R: You will counsel on the contraceptive methods but you will do a follow up because if at all it is the father surely she is not heading the right direction.

I: And what can you tell her about the contraceptives?

R: You will tell her about the contraceptives so that she can use and which are confidential because she is still in school. Maybe the environment is where maybe she cannot take maybe medicine now and then there is somebody who can check up her bag. So you will have to introduce a method that is confidential to her, it will offer protection to her, yeah.

I: Okay, so for you what contraceptive method do you think would be best for her?

R: For her I would have given her a three-month injection compared that she will not make so many frequent in the facility. It will be confidential; nobody will tell she is using.

I: Okay, we are almost done, only one more question. So how do providers encourage adolescents to choose long-term methods?

R: We encourage them to choose long-term methods because there will be no frequent visit to the facility. They are reversible because if I decide I don't want that method today it will just be removed; the fertility will come back immediately. Still the reversibility, it is reversible, the side effects are minimal, they will not come back so frequently unless they need a checkup or a

query whereas sometimes we offer even the phone numbers so that in case of a query they may ask over the phone not necessarily to come back, we are confidential.

I: So in one way you are saying that you share with them the advantages of the long term.

R: Yeah.

I: And then how do you help them make now that choice that the long term is now the best after sharing.

R: From there we wait for her to make the decision because I can't make her. I just help her to make the decision but the final decision remains with the teenager. From the client.

I: SO Grace I want to thank you so much for the information that you have given to me, I've learnt a lot from you. And as we were talking maybe you have some questions for me, this is not the right time to ask them, especially on what we have been discussing.

R: How will you help; you have taken the research how will the research be beneficial to me?

I: Just as I have said as an individual it might not be beneficial to you but as someone who has been dealing with the adolescent girls and also I had also realized some of your concerns to them as we were talking. I believe for the information that you have given to us it might not help you as a person but it will help the community at large. because this information just as I told you we are going to share with the policy makers so that they can better design how this adolescent sexual reproductive health services can be made possible or be made better. And also, we are going to give back the information to the Triggerise service even that of your concerns, maybe some of these issues will be reviewed

for better implementation in future. So maybe if it is benefit we will include that. Because I know, your facility was one that was doing this and maybe in future you might benefit from this.

R: If they improve their service because there are those...if I am offering the service, if I am contacted to offer the service for sure I am supposed to be informed in advance, we are going to terminate the services for like two weeks or from a certain date as we do our audit. But I am not supposed to go because we use our phones to validate those clients. The major I am going back to my phone it's whether I am getting that, I am not supposed to validate for the service they have been terminated. Then when I call, the region person is when she is telling me "I am not aware" or there was some fraud. Then at initially the reimbursement of the Tiko Miles they were friendly as in I could sit with that girl, offer all the service available, give her the counselling and other tests, medical checkups and it was really paying. Then all over sudden they were slashed half way and they expect us to continue with the same service with the same little pay they are paying. That is why you find a person like me I better see that one patient whom I am going to offer the best with the clinic charges than this patient. She will come, they expect review the whole of it with that substantial amount and the cost of that commodity I am using is my buying price, will I maintain the clinic surely?

I: Where do you get your commodities?

R: We buy; right now, there are no commodities in the GOK facilities, so we purchase our commodities. There were times we could get the commodities from the GOK but right

now, they are not there. So you get the buying price is almost, whatever I am offering to a walk in-patient there is half what they are offering. Maybe I am issuing a pill with 100 shillings over there to a walk in-patient, and for the Triggerise, I am offering the same commodity with 50 shillings. And its okay I am getting at that big number but that big number I have to pay attention to each and every, and I have left that person who could have given that 100 for two Triggerise patients. You see. It's a challenge to us. And then there is the issue of they have introduced the mobilizers, they have those shops whereas you give the girls, the girls will get Tiko Miles, those Tiko Miles there are areas like here she is a girl from Githurai 45, she is going to redeem her Tiko Miles the other side of Githurai, Kahawa West road, Kamiti road. She came for the service, this girl maybe she doesn't have money, fare to go. This girl is under the care of her parents so the minute she gets lost from the house for so many hours and the parents where will... she goes for the pads to the other sides of 44. How many hours is she going to spend, how secure is the area before she penetrates to the shop that she is going? Even if it is secure, will she get the cash to go to that area where the shop is. Okay, she might get to that shop and the network is still low so she might end up who wanted a pad, a packet of pad and she will not access it, she has wasted her time, the Tiko Miles she has but they are not help to her.

I: So you mean Tiko Miles not redeemable.

R: They are not redeemable because there is no shop around here, so most of them don't know the use of those Tiko Miles because the minute I come I give the service she

tells you where can I redeem those points. There is no shop around maybe she wanted to buy braids for those college girls, until 44. So immediately, they recruit a facility let there be a shop around that will help those girls to access the shopping that they want to do. Because like here, even now, I am no offering the service but they come back to the facility, "you gave me these Tiko Miles, after the service I got the Tiko Miles, where can I redeem them?" 44, "44 is too far, my parents are home" you know it's like she has sneaked, she has been sent to the supermarket and she wants to benefit from.

I: The Tiko Miles.

R: Yeah. It's not of beneficial to some it has been a challenge. Although they have been getting the service for what they want, for the family planning but they are supposed to get double advantage about the services.

I: Is there something else again, or a question for me? Thank you so much for your time and also the contribution, I really, really appreciate.

R: For that whole of March, there were no mobilizers so there was nobody to recruit those girls, though they could come with their friends. There are those who are usually access, they access the service but they could come with their friends who want the service but they have not been recruited, so you can't offer the service to them, because they know the services, it is a Tiko facility you are supposed to offer free service but there is nobody to recruit them.

I: Is there something else again?

R: The Tiko, those in charges of Tiko they are not available, they don't visit us to listen to our

grievances. They only communicate through the phone, a text.

I: So they communicate to you just through the text.

R: Through the text, there is no training offered while starting the program, so most of the things you don't know how to go round about them, so most of them you will find yourself using your airtime to call them. There are other times you call them they are not available; they can't pick the phone so it needs a lot of.

I: Okay I understand. Okay thank you so much, maybe unless there is still something else.

R: I am done.

I: Okay thank you so much.

[End of audio]

Notes

There was some background noise. All questions asked with relevant

File name: ITH_R2_NAI_THI_URB_002_SP_006_11519 part 1

Duration: 00:27:14

I: This is Florence Olum taking an IDI of ITH round two Nairobi URB 002 SP 006 11519. So I want to thank you so much for welcoming me into your facility and also giving me this time to talk to you. So as we are staring, please can you tell me about your work and experience as a service provider in this facility?

R: My work as a service provider is entirely service provision and based on the range of services we conduct here we have a lot of things we do ranging from family planning to general consultation and management, STIs treatment, HIV, youth development, so generally service provision within the setup.

I: Okay, thank you so much; also you've talked of dealing with youths, actually what do you really do with the youths?

R: With youths we talk about reproductive health and with youths they are vulnerable so things to do with HIV, STI screening and treatment, family planning, alright, yes, sexual education is part of what we do with youth entirely, right.

I: If you say sexual education, what type of information are you giving them?

R: The information we give in terms of sexual education is what are the disadvantages of having sex at that tender age, what can you do to ensure that you have safe sex in case you decide to have that; do we involve condom use, do we involve contraceptive use, do we have open forum for sex education; yeah, so when we get to the teenagers and we talk like that, we tell them the dos and the don'ts of having unprotected sex and what comes up in unprotected sex in terms of infections, HIV, STIs, right, yeah.

I: And then, how do you see your role in the ITH?

R: Well the role in the ITH I can say it is splendid because we are really trying to avoid unnecessary or unplanned pregnancies and as we talk about health education regarding sex, they can embrace protected sex and that one now we reduce infections. So infections and early pregnancies and then now having that general information about what it is supposed to do in terms of reproductive, right. And now again with the age, in terms of early ages we normally talk about hygiene because you know these are people probably they are being in their menses for the first time, second time, they would really need to know

how they can take care of themselves to avoid other opportunistic infections dealing with bacterial infections, candidiasis which normally comes with hygiene matters, right.

I: So what actually do you tell them to do in that case of I mean the hygiene issues?

R: In the hygiene case issues we just tell them how often are they supposed to change their pants, right, how should they take care of themselves in terms of personal hygiene, how should they clean their inner garments, right, yeah, what are some of the funny things once they detect in terms of discharge they need to see a doctor, alright, and then toileting becomes a factor because you know if they don't do proper toileting they can get re-infections and...

I: What do you mean with proper toileting?

R: Proper toileting is like there is a way they wipe themselves, right, once they get to the toilet, so if you don't do it front back, that is not proper, if you do it back front, you are now transmitting that [inaudible 00:04:01] is bacteria which we find in stool and if it comes the other way it can cause infection.

I: Okay.

R: Yeah, so that's that, and again even the toileting we have right now is the water one and the water one if you really don't take care of that it can re-infect you because it is already infected, so when you get there, there is always that back splash yeah, so you really need to take care of that again. So when you attend one, you flash before you attend to it even if it is your personal toilet or you try to cover it with a tissue to avoid that condition, right.

I: Okay, so can you describe to me your experience with adolescents' sexual and reproductive health.

R: I can say good, fifty percent, bad, fifty percent; good in a sense that the uptake of contraceptives because that's majorly what we do is high, the uptake of barrier methods like condom is high, and the information awareness creation is also high. In the other side of the bad is about where we meet these clients, alright, the ones we meet in the society, the society is very hostile.

I: Okay.

R: Yes, especially if you tell them you want to give a contraceptive to a lady who is fifteen and the mother has a presumption that the lady has not started having sex, what's the essence of that; so sometimes you can be chased out of the site; so the community becomes very hostile and then other institutions also especially the Christian based institutions where we can get these also at times will not allow us to exactly talk about what we really want in terms of contraceptive, so they might say just come here and you only talk about STIs, alright, so that's another bit of it. So it is good and the other side it is bad.

I: So when you are talking about the Christian based institutions, so do you think this is something common in this area?

R: Very, very common, yeah, very, very common especially if you get to Christian faith based institutions, yeah, sometimes they don't embrace family planning at that tender age because that's one...they normally say when you do that we promote sexual activity but you know the essence, our perception might be different from theirs so they are allowed to have faith based institutions and

at times we get difficult times when we get to that services.

I: Okay, so you mean you've ever experienced a challenge with them?

R: Yeah.

I: And how did you go about that?

R: Well, we tried really talking to them but you know sometimes them as aged people they understand the essence of that but they really, really don't want the clients, their students to understand all the same basis; so we are just trying them to let them know that it is good they know the truth about what we are here for and because we only give them a service they need, we really can't overlap. But sometimes others agree, sometimes they don't, so if they don't, we really can't go over the board to let them know what we have, so we just sometimes work on the scope of what they want.

I: So like what I want to see as the experience is like though these people are the Christian based but they come as an individual not as a group of the Christian, so if you see this you normally say yes?

R: Yeah, it's okay.

I: Yes, and then you also talked about the hostile parents that are coming who maybe think that their daughter, whenever you give contraceptive to their daughters they think that you are giving them the opportunity so you also experienced that in this your facility.

R: Yes.

I: And how did you go about that?

R: Again dialogue, we really tend to do community involvement so that we let them know but others will embrace that idea but you know others are too difficult,

yeah, others are too difficult they cannot change; others can come to our site and then they start quarrelling but you know, you just tell them, mum, we've come here because of that and that. Sometimes talking with them can cool that temper but others cannot change their stand, yeah.

I: Okay, now tell me about your training in...as an adolescent sexual reproductive health provider.

R: Yeah, training, yeah, we've undergone a training on sexual reproductive health specially dealing with the teenagers and it was a training which took probably a week; yeah, we were told about the ethics, we were told about the role we are supposed to play, we were told about being non-judgmental and biasness and then we were also taken through the act, that is now the reproductive health act guiding the provision of health services to the youth, yeah.

I: When did this training take place?

R: Last year around September, September, October in Nairobi.

I: In Nairobi?

R: In Nairobi.

I: Okay, so you've also told me that you were trained a little bit on the ethics issues, maybe you can elaborate on that a little bit.

R: In terms of ethics, regarding the age, you know as a healthcare provider and you are dealing with the age eighteen to nineteen, these people are vulnerable so you can really manipulate them so we were told to maintain that ethic, professionalism so that you don't go overboard, yes.

I: So if you talk about manipulation, what do you really mean?

R: Manipulation is like you stop doing what brought them to the clinic and then you start probably involving in other things which are not professional.

I: **Okay, you told me about your role, I don't know whether whatever you got in the training might be a little bit different from what already or they are more of what your role is...**

R: Not that much but whatever we got in the training was just now to sharpen and shape the kind of activities we operate but more or less the same, they are the same-same services we provide here but now this one is quite...too specific, to the teenagers, so the way we handle teenagers is not the same as the way we handle the adults, so when we talk about their roles, they were distinctive like when a client comes to you, you also need to get into their shoes if they talk their language you need to understand that language, right; if it's about environment you need to make that environment conducive for them so you don't even involve them with the elderly because if you involve them with the elderly they will not come; they will know it is for the elderly to go for contraceptives, so if you have the same place for them...yeah, so that is the role, make the environment become too conducive for them, be very specific and you also tend to be a youth even if you are not, yeah.

I: **Okay, so you told me quite a number of some of the services that you offer to these adolescent girls, I don't know maybe if you...maybe you had left anyone out that you can add on?**

R: No.

I: **Okay, then what are the most sought after services by the adolescents?**

R: Pardon?

I: **The most sought after services by the adolescents?**

R: Contraceptives, working in reproductive you also meet infections and that is now STIs screening and treatment, pregnancy crisis, yes, yeah.

I: **If you talk about the contraceptives, maybe there are...you can say that there is a major contraceptive that is being sought after.**

R: Yeah, based...when we refer to the ITH and there are scopes, we talk about pills, we talk about injection, we talk about implants, we talk about coil; but if you look at the uptake here, majorly ladies at that age they don't like long term methods and probably they will resort on pills, they will resort on injections and implant, but with coil, the uptake is not good at that age fifteen to nineteen.

I: **Okay, not good for them or not good for what?**

R: For them, they don't want it but you know being, giving counseling, we don't become biased, they choose what they want once you give them the information. But now the uptake is high on implant, injection and pills but coil they don't like it that much.

I: **Okay, also you've said that they don't like long term, what are the reasons?**

R: The long terms, it's about the myths that if you use a contraceptive for long you will become barren, you will become infertile and side effects, so majorly just that, and then another thing about the long term is especially if you talk about an implant, their parents will definitely know that they are using so preferably injection whereby they can come after three months or pills, yeah, so the two.

I: So you are talking about the confidentiality between them and the parents?

R: Between them and the parents.

I: So please can you describe your experience with the ITH platform.

R: I can say it's good in the sense that it has made me become resilient when am dealing with youths, it has also made us understand there is a reduction in unnecessary pregnancies within the entire location and made us understand there is that creation of awareness so ladies know what they need to do at what point and what they need not to do so generally I can say the experience is good.

I: So you've said that it has helped you to be resilient, please if you can explain to me a little bit of that.

R: Resilient in terms of dealing with the teenagers and dealing with the community, yeah, teenagers you can have a lady, when you talk about contraceptives they will allow and she ends up not taking anything, right, she comes back the following day, you have to repeat the process until she takes that, so if you are not resilient with that then you might be biased, that's one. With the community or the parents are a whole, you can be chased at a site, right, you can be taken to the police but at the end of the day you will just let them know why you were there, yes, so that is why.

I: And maybe you can also share with me your experience in navigating and using the ITH mobile system.

R: The mobile system, experience is good basically because we have two platforms in terms of ITH, there is an SMS and there is an app, so navigating an SMS is easy as well as app, yeah, because we were given the gadgets for the

application before we were using our own phones, yeah, so it is good. But the issues of network here and there based on the location you are in, sometimes you get the network is down and again based on those figures we put in, at times you realize some are not recognized, so you need to repeat it more times or we need to call now the command center so that they can sort it out.

I: So tell me a little bit in details what you do in this SMS or the apps.

R: Yeah, SMS, based on the service there is a community involvement, community health workers, CHVs, they do registration, once they register a clients, a client comes here already registered and then I give the counseling; based on what the client wants, let's say for example we've done counseling, the client has chosen contraceptive in case let's say implant for three years, so there is a code, I can't remember...two nine...there is a code, so I can't really figure out that code right now; so there is a code, so we send that abbreviation; let's say for example it is an implant for three years, so we write IMP3 and then we send, once we send the code, there is a code being reversed to us, we write and then we give the client to send. So once the client sends the code and the client is register then we'll be given the authorization to go on, right, so that is the SMS part of it. So client has to get registered from the CHVs. Due to the app, the app again is the same, there are those who are using cards and with the app, we call it T-safe app, yeah, with the T-safe app also will give you, you click and then it gives you the direction.

I: Okay, so you've talked of...okay you were almost giving me a number then you realized that you've forgotten it...

R: Yeah.

I: **I don't know how long you've used it.**

R: I used it for that period we had ITH, three to four months yeah, but you know it is something we had in the phone so I really need to don't cram it because even the clients come with the same, same code.

I: **Okay, and right now are you still using it?**

R: Currently we are not because the service has been suspended here so we are not using it.

I: **When was it suspended?**

R: Around two months ago.

I: **The reasons?**

R: We were not told.

I: **Okay, now, how has the project influenced the way you provide services to the adolescent and to you as a provider? How is the service, I mean the project has influenced the way you provide the services to the adolescents and also to you as a provider?**

R: It has influenced in a certain way, one, it has increased the uptake, one, because it is free, right. Number two, it caters for the majority, yeah, because fifteen to nineteen those are the majority, right; and on my aspect, it has influenced not to be judgmental, I think I talked about that, being resilient, right, know how to maneuver within the society, yeah.

I: **And what are the most common questions that these adolescent girls come with especially on the ITH platform?**

R: Well, I can answer that in two perspectives; one, others are too naïve, they don't ask questions, right, but others ask about why contraceptives yet I've not had sex and am not planning to have sex; number two, what of if

I use a contraceptive and I get pregnant later when I want a baby, what are the side effects of the contraceptives you want to give, right, yeah, so most basically we are talking about that.

I: Okay, then generally tell me, who are the main clients that were needed to be enrolled in this project?

R: Fifteen to nineteen.

I: Yes, that is true, and then maybe the category of clients because we are talking about a lady here who is asking a question that why contraceptive and yet I'm not having sex; so maybe there was a level of which people that were supposed to be involved in this because you as you know, as I know that most of the girls who take contraceptives most of the time it's because of preventing pregnancy; so how come you get these clients who have not started sex?

R: Yeah, you know we are in a society and it doesn't really mean that someone has to have sex at a particular age, you can get those who are twenty and they are not sexually active. So in regards to that, that's on a personal level, yeah, someone has not had it, someone has it, yeah, so in terms of age, we really can't say majority are below fifteen or above fifteen above sixteen, it goes across the board.

I: So if you are fifteen to nineteen should seek this service or should T-safe or should be enrolled?

R: Should be enrolled.

I: Okay, I get it. And then what changes have you noticed since the initiation of the ITH?

R: Changes in terms of?

I: The health services.

R: The services...an increase of uptake, right, yeah, we have reached to remote areas, yeah, we've involved schools, so generally we've increased the empire of service provision, we take it to the hard to reach places, yes. And being that it is free, then even someone who doesn't have money can get that service.

I: **Okay, so you were saying that it is something that has brought...**

R: Change, it has.

I: **Okay, and then how have the preferences of the adolescents and healthcare providers been influenced or changed as a result of this program?**

R: Pardon?

I: **How the preferences...okay, if I talk about the preferences it's like ability to make these choices, how has it influenced them on the healthcare provider or the healthcare providers has been also influenced as part of the program?**

R: The clients have been influenced in one way; one, they are able to get the information; number two, they are able to make an informed decision after giving an option; number three, they know where they can get certain services, even if they come to a center or I mean at a point and they don't get a contraceptive, we normally give them directive, you can get us at this particular place, right. Now, in terms of service provider, the impact is now on the demographic, we've realized we've deal with a group of people who if it were not because of that project, they would have not received that service, yes.

I: **You've talked about them being able to make the informed decisions, how do they do this?**

R: They do that because the role is we tell them what we have, right, we don't coerce them, you tell them this is what we have, these are the benefits and these are some of the disadvantages, so at the end of it, you don't make for them a decision that you have to take an implant, no, they say I want this and you really can't change that. So making this decision account after giving them the entire information, yes, and that information is anchored on her judgment.

I: **Because you've told me you have to give them at least information, what if someone comes with a fixed mind that this is what I want and maybe she is not ready to listen to the information or if I also consider, remember coming here is something secret to their parents and then maybe they are considering time and like that if they don't want to take too long, how do you go about that?**

R: If someone has come here and has captured a point, we are only based on that, because even if you talk about other methods of contraceptive but someone has got a decision, we now put more energy on whatever she has chosen, yes, so that if there is something she did not know on that, she can pick it from there.

I: **Okay, and how does your facility and colleagues support these adolescent girls seeking sexual and reproductive health services?**

R: One availability, we are available for them; two, our doors are open; three, friendly environment, yeah, our service providers are friendly to youths so they don't feel like even if I get an old man there he is going to judge me why I come for a contraceptive and am young so availability of the service providers, availability of the products, because if a client comes here and doesn't

get a service, that is like nothing you've done, and then a conducive environment, two, we get to where they are because we normally organize the outreaches.

I: So if you talk about the conducive environment, what do you really mean?

R: A conducive environment, sometimes we try to make the environment accommodate them, one if I have a fifteen years old at the bench and I have a thirty year old lady at the bench, I will first of all attend to that fifteen year old so that she gets the service and go, because if I leave her there she will definitely not get the service because those who are coming probably are like mothers, so we first of all give them the first priority, number one; number two, we always set a place for them, so if we realize we have aged people and young people we can take the young people to their place so that they get the service leaving where the general place is.

I: Okay, I just wanted to ask a little bit on the same, same issue of the conducive environment because at times like you were saying that you would tend to serve the adolescent first and then maybe the group who are also waiting in the line... [interruption 00:27:13]

[End of audio]

Notes

The interviewer has probed the questions so far as per the guideline.

File name: ITH_R2_NAI_THI_URB_002_SP_006_11519 part 2

Duration: 00:27:46

I: This is a continuation of the service provider from MSK, Thika. So before we took a break we were talking about the accountability that you talked about that you always guarantee your clients and also the opening time that you

talked about and also you talked about the conducive environment...I don't know...you were trying to explain to me the details of how you create that conducive environment.

R: Yeah, I wish to say we have some places this side for the teens, yeah, if a teen comes in combination with the elderly, we normally tend to give them first priority, yeah.

I: **And also maybe like you've talked about the teenagers can decide on which facility to go to, what do you think makes them come to your facility?**

R: I think the approach we give them, that's one; the location of our facility and the vicinity that they normally prefer where it is, close to them and again if they have been with the service provider, they have interacted rather than going to a new person.

I: **And now, how can you say that the participation has influenced ITH quality of care...okay, the participation in ITH has influenced the quality of care of the sexual reproductive health services for the adolescents in your facility?**

R: The quality has influenced them because of the age bracket, so we focus much on nineteen to...I mean, fifteen to nineteen; so it's not like a blanket; so if you have that, you realize the kind of service you give is of quality of a target group.

I: **So if you say quality, what do you really mean by that?**

R: When we talk about quality we mean the service confines with the ethics, with the rules, with the standards.

I: **Okay, now based on your experience working on sexual reproductive health issues in this community, what would you say are the facilitators for the adolescents to access sexual reproductive health services?**

R: Pardon?

I: **The facilitators.**

R: For the adolescents to access...

I: **Sexual...**

R: The facilitators, are NGOs like Marie Stopes, availability of commodities, accessibility to where we have them, that is either in schools, popup activities or in the community and then funds because we need to move from one place to another so we need transport, yeah.

I: **You were talking about the popup activities, so maybe you can explain to me a little bit about these activities.**

R: A popup activity is an activity whereby you can just go out an open air; you put a tent with music, anything to attract the teens so that they can get that activity.

I: **Okay.**

R: Yeah, others go to the clubs at night.

I: **And then what can you say are the barriers for them to access this sexual...**

R: Myths, religion, service provider attitude, location of a place, community, alright, and even time becomes a barrier.

I: **So if you say location; how does it become a barrier?**

R: The location has to be accessible, right and it has not to be discriminative, alright, yeah so that is one in terms of location, yeah.

I: **And you've also talked about the myths, what are these myths?**

R: The myths yeah, others say contraceptives are bad, they can make you barren, they can make you infertile so they tend to shy away from taking them.

I: **And then you've also talked about the attitude of the providers.**

R: Yeah, provider can be non judgmental whereby will ask a client who is fifteen why do you need a contraceptive yet you are still young to have sex, so if you give them that attitude they will shy away from coming for the service.

I: **Okay, so what are some of the mechanisms that you put across into your facility so that you can deal with these challenges?**

R: Myths, we normally try to let them know it is not true; these are some of the misconceptions so we deal with the myths so that we tell them the exact things. Yeah, in terms of location, our premise is accessible, we also go out to look for them and we visit schools, alright, we organize outreach activities, we go to the community, we liaise again with the health service providers rather than the Marie Stopes so if someone has got a clinic outside we can use that clinic to get access to them. In terms of religion, well, that is kind of very sensitive issue because we have different religions but we just need to let them create that awareness that these services are being sought for and you can get them here then attitude; health providers to have positive attitude towards the service and to be very sensitive towards the age.

I: **Okay, by the time we were talking when I asked you this question, generally you talked about the Marie Stopes and I was asking what is it about the Triggerise, is there anything that they have enhanced?**

R: Anything that Triggerise have enhanced?

I: **Yes, yes.**

R: Yeah they have enhanced the availability, I mean the accessibility because they support that activity in terms of CHVs, so by using CHVs we can access that; they have facilitated the service provider in terms of training,

yeah, and again they have partnered with us so that instead of...they are paying for that service, so instead of now we really charge the clients, they are being coded so that that service is paid for them.

I: Okay, I was almost forgetting to talk about that. So what are some of the challenges...I know we've talked about some of the challenges you had faced earlier and maybe there could be some that we've not talked about as you are providing these sexual reproductive health services. Are there some of the main challenges that you think?

R: No, the main challenges we just tackled based on the age bracket, majorly those myths, then community, parents, yeah and even the administration itself.

I: And then as you offer these services, what are some of the feedback you've received especially on the T-safe platform?

R: One, people have been so congratulatory in regards to that because we are now catering for the youths, number two, they have been in demand of we increase the age bracket from fifteen to around twenty or twenty-one...

I: So who are these who are giving this feedback?

R: The feedback, because you know a client has a friend who is not of the same age and would really want to benefit from this activity, so after seeing this service is good for them but I would wish you increase the age bracket so that you cater for my friend.

I: And then for the main -users do they bring the feedback and what do they say?

R: Yes they bring the feedback and because you know the feedback is designed, it's not an open ended question whereby someone reasons, so it talks about location, it talks about price and if you look at the way it is

designed, we only get a lot of positive things of course it's either yes or no but in some specifications, they talk about age, they talk about accessibility, they talk about...sometimes others do not have phones, right, so if you can develop another platform apart from having a phone, others cannot even access the card, yeah, so they talk about if there is a way others can also be put in the group.

I: Okay, and how do you tackle those issues?

R: Probably if someone do not have a card, if someone do not have a phone, then we can use someone friend's phone to do the registration but with that, you can't use one phone to register two people so that's also another challenge, if you don't have a phone, you can use a card, yes.

I: And then how can you be supported and maybe by who so that you can offer these services in the best way possible?

R: Support, now this is a partnership between Marie Stopes and Triggerise, they should work more on capacity building just through trainings, right. Community involvement because if the community is too harsh we can't offer that service and institutions involvements when they have an MoU kind of a staff; and availability of the commodities by the service provider, yeah.

I: So if you say institution involvement, how are they supposed to be involved?

R: Like if I want to organize an activity in a university then I have to get the management involved in this so you really just can't wake up one day and go so they also need to be involved in this so that before we go either the organization like now the Marie Stopes or the Triggerise has got kind of an MoU that we will be providing this

service in your facility and we require you to provide for us this, either place and we come with this.

I: Okay, and how can you involve the community?

R: Community, just basing community leaders because they are decision makers, they are policymakers, parents are also supposed to be involved in this by probably organizing kind of a meeting with the community leaders with the parents so that we let them know that there is this activity which is going on so when you see our team, this is what they are coming for, yeah.

I: And on the capacity building?

R: Capacity building is training, so people are supposed to be trained on contraceptive, right, basically because this is something ongoing; if there is an update, you can get the update, skills are supposed to be reviewed on a daily basis, infection prevention, yeah, so training mostly.

I: So if you are talking about training of the community, who specifically are you targeting to train of these issues?

R: We are targeting three groups here, we are targeting the community leadership, we are targeting the parents and we are also targeting the clients.

I: And then we were still talking about the support; how can you be supported and by who and you've given me all these; and in this program we had some issues of the TIKO miles and all that, what can you say about that, does it need any support, does it need any...

R: Yeah, with the TIKO miles were really supportive, the CHVs were really getting that but the service providers we were told we were getting that in the first instance but all over sudden everything changed, but well, it is beneficial especially to CHVs because they can use those TIKO miles

to redeem and get whatever stuff they were buying, so they can just reimburse on that.

I: So what actually do you think should be done or like now you are talking about improving the services and you are like saying that initially you were getting the TIKO miles and right now you are not getting, do you feel that it should remain the same way, the way it was or what do you think should be done and by who?

R: It should not remain the same, yeah, they should really put a lot of strength in it, they strengthen it by number one, effective redeeming because if I get to a supermarket, am going to redeem my points and am told I can't redeem and I have the points then that's wrong because it will not give me a morale of going to the community and looking for these people, that's number one. Who is supposed to do it, that's Triggerise, that's what they are supposed to do. So they need to be effective, if I am awarded a hundred TIKO miles and I've collected my TIKO miles and am supposed to go and redeem them then am supposed to get that service. So they need also to register a lot of supermarkets around so that we don't have only one specific supermarket.

I: What happens that makes someone not to redeem his points?

R: Not to?

I: Yes, you have the points yet you cannot redeem them.

R: You get to the supermarket and you are told you cannot redeem and you don't know why; if you ask those who are concerned, they cannot give you satisfactory answer.

I: So you had ever done a follow up on that?

R: Yes, we have a lot of community health workers who have been saying the same, they get to a place to redeem and they cannot redeem that...

I: **Do you think that exists...**

R: Pardon?

I: **Yes, just finish...**

R: The system, or they say the system is not recognizable, others say you come after one week, you know.

I: **Thank you. So do you think the same thing that happens to you as service providers also happen to the clients?**

R: In terms of?

I: **Of TIKO miles.**

R: The clients do not get TIKO miles because we were not told so, we were only told the TIKO miles go to the CHVs, so if it happens to the clients then I don't have an idea, I do not have that feedback.

I: **Okay, so we are almost coming to the end; I have like two scenarios I am going to read them to you and then you'll give me your view; so let's say a young woman has come to see you. She is alone and appears to be nineteen years old and the young woman tells you that she is married and lives with her husband. She has just had her first one-year-old, her first child; one-year-old...I mean one year ago and would not like to have another child very soon. She has never used any contraceptives before and this is because her husband is opposed to it. In this case as a service provider, what would you want to know about this young woman in order to help her?**

R: At that age, what we have again is she is guided by the law to get health service, right. We need to know why the husband is not into contraceptive; but now this was being an informed decision for this person because at above eighteen you can make a decision. So person I will advise on the options we have and then she'll choose what she wants.

I: Okay, and maybe in the same category, what would you tell her about the contraceptives?

R: About the contraceptives?

I: Yes.

R: What they are, what are the benefits, what are the minor side effects, what to observe and when to come back to the facility.

I: Okay, and which contraceptive method d you think would be the best for this young woman?

R: Because if the husband does not want that then we need to guide the client on something she is the only person who knows and that most likely is an injection because if we give you an implant, the husband will feel it, if we give you pills, he will see you taking them, so we only have two options there, either an injection or coil.

I: And how do you reach to that decision?

R: We reach to that decision by telling the client, these contraceptives can be noticed, there are these groups which cannot be noticed by the second party and then she makes a choice whether to take the one the husband is going to notice at home or the one which is going to be safe for her.

I: And how do you providers encourage the adolescents to choose long term methods?

R: Most likely we talk about the effectiveness because the shorter the method the lesser the effect; for example, if she used to take pills, that is something which you need to take daily, so if you take that you know if you don't comply it becomes less effective. Now, when we talk about long term methods, the more you use the long term method, the more effective it becomes, so that effectiveness is

going to guide this kind of a person to choose whether to go for a long term or to go for a short term.

I: So let's move to the second scenario; a young girl has come to see you. She is alone and appears also to be about fifteen years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. So what will you do in order to help this girl?

R: One...

I: What you would want to know first.

R: I would really want to know about personal history, majorly the reproductive and the last period, whether the person has ever been pregnant, any current contraceptive method she is using, any infection because that one is going to know which method is more preferable and then we talk about the options, we have benefits, merits and then she chooses.

I: And just for my concern, let's say that you are talking about this medical history like maybe the pregnancy, the STIs and other things, do you think they speak openly and how do you...

R: Yeah they do, my approach will allow them to be open, yah, so if I have an approach; because this is a friendly environment, so if I become friendly to the client, the client is going to be more open, I have to give the client a reason why I need that information so that this information is going to benefit both of us. So the approach I give matters a lot, yeah.

I: Okay, then what would you want to...what would you tell her about the contraceptives again?

R: I will give the options we have ranging from long term, I mean short term to long term, advantages of each, some of the disadvantages because whatever has got advantage must

have some limitation, what to expect, how it works, right, at what time is it going to be effective, right, how long does it take; what is required before that or afterwards, when to come back to the clinic, yeah.

I: Okay, and then for her, what contraceptive do you think is best for her?

R: Well, being non judgmental we would really not become very specific on what method would be best for a client and because if we now say we are for coil, that one am going to be biased so I'll just give information and she chooses what she thinks is going to use effectively, because now I will have to tell, if you use this, it's going to be effective at this particular time, if you use this, this one is more effective, so once she has that informed, I mean, she had that decision and information, she can now choose what she wants. So basically in a contraceptive, the client chooses what she wants to use.

I: Okay, am now having just a few questions like two only; and the first one we are going back to the first scenario where the lady was...appeared to be nineteen years old and she had given birth to a child who was approximately one year ago and then if you remember, she had not used any contraceptives and the husband was opposed to that, so what I really wanted to know is if you have ever met such like a client in your facility.

R: Yes.

I: Then you can share with me.

R: The scenario was about a lady who had a child, the husband never wanted her to use a contraceptive because of reasons and one of the reasons are contraceptive is going to make the lady barren, right; but the lady came, we talked and we offered the service based on the choice, yeah. Later

she came back for checkup, because that lady I remember we did a coil and then she has not been back from the rural I hope she is okay.

I: Okay, and then let's go also back to the second scenario whereby a lady appeared to be fifteen years old and she was sexually active and she had never also used a contraceptive before, so have you ever met such like a client in your facility?

R: Yes, we have mostly met such clients, yeah, and the only thing we need to know is are they safe for contraceptive at that particular time, because if you've not been using a contraceptive and you are sexually active, then we need to know when was your last period so that...the main essence of giving you contraceptive is to prevent you from being pregnant, so we first of all have to evaluate whether you are pregnant or not, yeah, once that one is done and we find out you are eligible then we take you through the contraceptive. So that kind of a scenario we have and that's the daily thing we meet here.

I: Okay, so when was that did you meet that client?

R: The last, yesterday; daily, those are...we meet them daily, yeah, yesterday, a day before yesterday...yeah so it's just on a daily basis.

I: So some...I've talked also to some of the providers and they were like some adolescents don't get sexually active by choice, they get by force.

R: That true.

I: In such like cases, what happens?

R: If someone gets sex by force, then there are multi-sectoral kind of approach we are going to give to this client because this is a client you need to screen for pregnancy, this is a client you need to screen for STIs, this is a

client you need to screen for HIV, this is a client you need to put on a therapy, we call it PREP, right; post prophylactic exposure for a period of a month and this is a client who need emotional support, right, yeah. So in such scenarios, even after providing contraceptive or let's say the client is infected, STI is injected, treatment done, the management doesn't stop there because once we treat this then we'll make the client understand that mostly the ladies are prone and they don't plan for sex so they need a protection, yes.

I: Okay, so you talked about the screening, where do you do your screening especially if you get such like cases?

R: Yeah if we get such clients, for something we can't do like for labs, we send them to labs for the test, for the CCC, that is now the HIV prophylaxis we take them to the center so that...

I: You have a center here?

R: We don't have a center here for that, for HIV we have a center that is Thika Level Five, we connect her; for the labs we just do in here.

I: Okay, for now I think my questions are over but maybe as we were talking maybe there is something that you thought that we should share and I left out... [interruption 00:26:40] I'm only concerned if you have anything to tell me that maybe we left out that you feel you need to share under this ITH program.

R: One, we need transparency, right, they need to let us know what they want in terms of the service provision and when the project is stopped we need to be given a reason why that one is done, yeah, age bracket probably they might increase the age to cater for more girls.

I: And then maybe as we were talking you might also have some questions for me; you are allowed.

R: No, as per now, no.

I: No questions?

R: Yes.

I: Thank you so much; am sorry for putting you into that tough situation, I know you are very, very busy and I appreciate your time.

R: Thank you so much.

[End of audio]

Notes

The interviewer probed all the questions as stated in the guideline.

File name: ITH_R2_NAI_WES_URB_003_SP_002_8519

Duration: 01:03:40

I: Thank you very much for accepting to talk to us and to participate in this research. I have told you the reason why we are doing this research and you've accepted to participate and also allowed me to use the tape recorder, right?

R: Yes.

I: Thank you. And I've also told you that I am using the recorder so that I do not miss anything from your conversation so that I may get to write down all that we shall discuss before we can delete the recording. So just feel free to discuss, okay?

R: Okay.

I: Okay, so this is Wilkister Ombidi, research assistant code zero-zero-three, doing ITH round two, mobilizer interview, mobilizer number zero-zero-two at Marie

Stopes Kangemi in Nairobi, Westlands sub county, this date of eighth of May twenty nineteen starting 1pm. Okay, we can now proceed, right?

R: Mmh.

I: Thank you so much. So to begin, please tell me briefly about yourself and what you do.

R: About my life or...

I: Briefly about yourself and what you do.

R: Okay, about myself as in...I don't understand; you know I may explain how I am or how I live, or...

I: Maybe about your experience working...about your work experience or maybe your education and maybe what you are doing now...

R: Okay...

I: Yeah, just those.

R: Okay, about my experience about life, you know life can sometimes be hard and sometimes...you know if you have a job, life will be okay but if you don't have a job, life cannot be easy. So currently my life is hard because I am still in school.

I: Oh you are in school?

R: Yeah, yeah, yeah. So when I finish school and get a job, I think my life will be better in the future.

I: Okay, what do you do in school?

R: Okay I am taking the catering course.

I: Oh, college?

R: Yeah, college.

I: Okay, and what do you do in the community?

R: Okay in this community, I used to work with Triggerise...

I: Oh you were working with Triggerise?

R: Yeah, I was helping girls at least when they come for these services they avoid early pregnancies, they avoid

contracting HIV...that's how I was helping them at least they don't spoil their lives at a young age. I didn't want them to also get early pregnancy like I did, I was helping at least know that if you do this, you can get this and if you go this way you get this. So I was giving them courage.

I: So in what capacity were you working with Triggerise?

R: I was working as a mobilizer.

I: Oh mobilizer.

R: I was a mobilizer, I would give the information to the girls and tell them more.

I: And did you stop working or are you still going on with it currently?

R: Okay, that work stopped so we didn't know whether it was stopped permanently or whether it would be back.

I: That is the mobilization?

R: Yeah, mobilization.

I: But you've said that your role in the community is to mobilize the girls?

R: Yeah.

I: When did it stop?

R: September last year.

I: Okay. So briefly tell me about your roles in the T-safe platform. You told me that you call it TIKO pro.

R: Mmh.

I: So tell me your role in the TIKO pro.

R: Okay, role as in...

I: Your role.

R: Oh my role?

I: Yes.

R: Okay, my role was just voluntary, because you cannot just idle around so you just have to volunteer.

I: **So tell me what you were doing in this program.**

R: My role in the program?

I: **The TIKO pro program..your role in the program.**

R: My role?

I: **Yes.**

R: My role was just to mobilize girls to learn more information. If they came here they would learn more information about contraceptives, about HIV and all those things. They were taught about them here.

I: **So you would meet girls...**

R: I would meet girls and give them information then if they accept I would mobilize them to come here for more information. If they then accept to take the contraceptives, they would be given them for free.

I: **Okay, please tell me whether you still did the mobilization for the TIKO pro.**

R: Yeah.

I: **Okay, how were you selected or recruited as a mobilizer?**

R: I was recruited by...there was another TIKO pro mobilizer who came to me and told me about it then she said she wanted me to go for the services. when I received the services, I was asked, can you do this job, I said yeah I can. That's when they recruited. So I also started mobilizing girls to benefit like I had benefited.

I: **So you are trying to say that you were also mobilized and you received the service then you were recruited?**

R: Yeah, when I received the service, the service provider registered me into the system directly. When I gave out my phone number, he placed me into the system. So after one week I came back and they told me that you are already in the system so you can mobilize some girls so that they can receive the service like you did.

I: So the first mobilizer is the one who recruited you as a fellow mobilizer?

R: The mobilizer first brought me for the service here.

I: Where were you given the service?

R: At Padens.

I: Here?

R: Here in Padens, just down there. So when I received the service I got the chance. After receiving the service, you provide the phone number because there are points you earn through the phone. So when they gave me the service, I gave their leader my phone number, as he was giving me the points, he also took my details and enrolled me into the system...

I: As a mobilizer?

R: Yeah.

I: Okay, when was that?

R: It was last year January.

I: Okay, last year January?

R: Yeah.

I: Twenty eighteen?

R: Yeah.

I: Okay, tell me how you are rewarded for enrolling the adolescents into the ITH program...when I say ITH...

R: I understand...

I: I mean in their hands, when I say T-safe, it's the same thing, when I call it TIKO pro as you know it, I still mean the same thing, okay?

R: Yeah.

I: So please explain to me how you are rewarded when enrolling adolescent girls into the ITH program.

R: How I enroll them?

I: No, whether you...should I call it earnings...whether you get any rewards; you know when one works they have to earn something, so I want you to tell me about the reward you get.

R: Okay we were paid but we didn't earn money. When I enrolled a girl and after she received all the services, there were cards and smartphones and if she had a sim card, you would register her to use the line. If she didn't have the line you would use a card whereby you would have to take her photo before you enrolled her. So if she had a card, the service provider will put some points in the card, I will then also get my points.

I: So you earn points?

R: Yeah, I get the points through the girl who receives the service; if she comes then I get the rewards, if she doesn't come I don't earn anything. That's why we used to strive, even if you can get two girls for the service, after they received the service and got their points, you would also get the message that your client has received the service so you also earn some rewards.

I: And what do you do with the points?

R: So we had a shop here, we had a selected supermarket, wholesales, so we would go there with our points, if you had ten thousand points, you could go to a wholesale and take items worth the amount of points you had, ten thousand. You could take flour, sugar or anything. You could just do some household goods shopping. So we could also buy some things like shoes, beauty products and such. So if you had like twenty thousand points, if you go there you do some shopping; you could buy flour, clothes and all.

I: And what is your opinion on the rewards?

R: Okay, the rewards I got really helped me in my own opinion because if you managed to mobilize ten girls in a day, you could benefit. And we worked hard to earn something.

I: **Okay, and moving on; please tell me about the process of mobilizing adolescent girls into the ITH program. Where did you begin and how did you go until they came to join?**

R: Okay, we just went all over Kangemi, and everywhere else mobilizing girls. During mobilization, you could not just meet a girl and bring her over, you are both strangers; you first greet her then you tell her that I work with this organization and I would like to know, how old are you...if she tells you...

I: **So when you meet her you ask her age?**

R: Yeah, you first ask her age then she will tell you; if she is older we will tell her it's okay, if you were nineteen years and below, we would have taken you for this service but since you are older, we cannot take you for the service. So we would...when we met one who is nineteen years, I approach her and tell her the benefits of the service so she feels that she cannot go there alone because she fears so if you can take me there, then she will accept. When she receives the service she is happy, so she would always come back so long as she has the card.

I: **Okay, and what did you tell them about the program?**

R: Okay, I used to tell them the benefits of the program because when I came it also helped me. So I used to tell them the program helps prevent early pregnancies, if you don't want to get an early pregnancy you would be helped or if you don't want to get HIV you will also be helped. So when they heard that they would be excited and say

yeah, I want this and this, so you bring them here for the service.

I: Okay, you have said you just met them here in the community?

R: Yeah, in the community.

I: Along the streets or where exactly?

R: Along the streets, sometimes you could go to the plots, door to door and ask for the girls. You could also just be walking along the road and you meet them there.

I: Okay, and after mobilizing a girl and telling her to go to the clinic, how did you make sure that she came to the clinic?

R: After I registered her and did everything to her, the girl would ask me, where is the hospital? We were not allowed to enter the clinic, so we would come with the girl and show her the clinic from a distance if she doesn't know, if she knows where Marie Stopes and she comes from Kangemi, she would come alone. When she comes I would then know.

I: How would you know?

R: Through the phone.

I: Through the phone?

R: Yes.

I: How?

R: Because when she receives the service, I will then know through the points because if she comes for the service, I will receive points in my phone. I will then know that this girl I asked to go to the clinic has received the points so I will be sure she went. But when I approach her and tell her then she fails to come, I will also know because I won't get any message in my phone.

I: Okay, so how did you make sure that she went to the clinic?

R: Making sure she came here?

I: Yes.

R: Phone number, I communicate with her. We separate and she tells me that she is coming, I ask her for her phone number; because we were not allowed to bring them to the hospital, so...or one would tell you, no I fear, you tell her no, I shouldn't go in with you. So you can bring her to the gate and let her in and wait somewhere and keep an eye on her. That's what I did.

I: Thank you. Please tell me whether you faced any challenges when you were mobilizing these girls. The process of meeting her, talking to her and directing her to the clinic for service; tell me the challenges you faced during that process.

R: Okay the challenges I faced was that you could 4meet a girl and stop to talk to her, some would even insult you and tell you; I don't want you to tell me stupid things; so you have to let her go. Another challenge is one would lie to you and even let you register her. You will wait for her in vain so that's what we faced. She may even cheat you on her age, she wants the service so she will lie to you on her age, when you come here, she will be asked her exact age and she gives an older age; so that's the challenge we faced a lot.

I: Okay, any other challenge you faced during mobilization that we haven't mentioned?

R: Okay, those are the challenges because my clients were just that. Sometimes a girl would assume you like she doesn't here you. So you look like a fool, you just stop random people on the streets. But we were just courageous

because it was a job and it helped us; so we just continued, if you are insulted, you just continue, we don't insult them back, we just let her go.

I: Any other challenge on how the parents perceived you when mobilizing their daughters?

R: Okay, by the way we have challenges with the parents because some girls would come without their parents' knowledge, when the parents realized that their girls had maybe an implant, it would be a very big problem. Maybe a girl gets a method and it doesn't react well with her hormones and hence she starts to bleed, so the parent will really be hysterical. She will want to know the person who mobilized her, and if you are the one, you would be arrested because you are the one who mobilized her, and that you tricked her into coming.

I: Okay, we'll talk more about that because we have to look at the challenges deeply in this interview. So please tell me your opinion as about the mobile platform as a mobilizer; the one you call TIKO program. Give me your experience on the use of the mobile platform.

R: Okay, its use...

I: Your opinion about the program.

R: About this program?

I: The mobile program that is enrolling the adolescents through the phone and all that...the T-safe mobile platform.

R: Okay, do you want a challenge or an opinion?

I: The opinion.

R: Opinion?

I: Yes. You said that you would tell them about the program and how to use it in the phone; what they would see. Now what is your opinion about the mobile platform?

R: Okay my opinion is the platform was good because if you had a phone like this, we would use the sim card, one had to have their own line for us to register her. But if you had this, we would use the app, there was a TIKO app which we would use to...we would take your photo and send. I felt the one where we took the photo was right because you know the one where we use the phone, she would lie to you that the phone is hers but when she is called by T-safe, they would find someone different. So in my opinion I think the phone was the right one.

I: **Please tell me the how easy or difficult it was to use the program.**

R: Okay, it is not difficult to use because you are just asked the date of birth, year then your photo. I don't think that was hard. You would just use the bundles.

I: **Okay.**

R: Even a person who dropped out at class six would know because it wasn't hard.

I: **You know I am talking to you as a mobilizer who faced all these.**

R: Mmh.

I: **Okay, so what key messages do you give to girls about this platform when enrolling them?**

R: Okay when enrolling them the key message I give them is to avoid early pregnancies and diseases, that's what I told them. Because some fear going for tests but I gave them the courage to go and get tested. When they get to know their status, they would then want to come every time. So I helped them do that.

I: **And what key messages did you tell them about the mobile program on how they would register on the mobile platform; what did you tell them about the system?**

R: Joining the system?

I: **No, about the system...you said they were enrolled using the phone and such, so what key messages were you giving them?**

R: I told them the importance was that when we enroll you into the system with the card, you will remain...you will just be coming back with the card for services, you wouldn't be asked when your last visit was and whether you are new, you wouldn't be asked that. When you come with the card they would just know this is one of our own because she has come for a certain service, we should attend to her. So that's what I told them.

I: **When you enrolled them..**

R: Yeah, so I told them it would help them to enroll. If she was enrolled using the line then she would be required to come back with the very line, she wouldn't come back with a different line. So they will then know that she had been here for the service.

I: **They would just be known and not asked a lot of other questions?**

R: No.

I: **Okay, any other key message you gave them?**

R: Okay I think that's all because we just enrolled them through the lines and the cards.

I: **Okay, you have also told me about the photos; how did they feel when you took their photos?**

R: Okay, some of them refused and asked where are you taking my photo. But we would also tell them, you know the photo would be reflected in the system so that when she comes back with the card next time, she will still be the one.

I: **So some of them refused to have their photos taken?**

R: Yes, some of them refused and bought sim cards instead.

I: Okay, and what instructions do enrollees receive about the different features of the T-safe platform?

R: About?

I: When they enroll in the mobile platform, they log in, and then what instructions do they then get?

R: Okay, they would always receive messages and they would be asked the type of service they have received; if the service was good, you answer and if the service was bad, you would also say. That's what I saw them do because they would just receive messages and then reply the messages.

I: Okay, and are there instructions on how to use the program that they received?

R: The instructions on how to use the program?

I: Yeah.

R: The instructions were to be followed...if she comes for a service like HIV testing, the instruction would be that you should come back after three months. If she came for a three-year implant, she would be given a different service next time such as HIV testing or...yeah, she can just keep coming for HIV testing after every three months; that was the instruction. You cannot come today and earn points and then still come tomorrow and earn points.

I: And do you mean the mobile program tell them about the different features of the T-safe program?

R: We are the ones who told them.

I: What about the program. Are there instructions the program explained to them when they joined?

R: Yes, when they are enrolled...

I: So those are the instructions am asking about.

R: Our job was to direct them and tell them if you go, you will get this and this, so when they get in there, the service provider will then bundle everything together and make them choose. So we don't know the instructions they received in there because the client was the only one there with the service provider.

I: **And what are the most common questions adolescent girls when hearing about T-safe program?**

R: Okay most of them would ask, if I get the pills, will they affect me, will the injection affect me. Those were the kind of questions they would ask. Or another would tell you, I once used this method and it affected me, will it affect me again if I use it. So we would tell her that so long as you have come for T-safe service and get the implant and it affects, you can come back and tell them then they will help you. So they had questions on whether it could affect them or something of the sort.

I: **Okay, any other common question they asked about the T-safe program?**

R: Okay, another question was, because some were asking why do they only serve fifteen to nineteen years old; one could be twenty years and they also want the service, so she would ask you, what will I do to get the service. So those are the kinds of questions we also tried to tell our leaders to increase the number of years so that it could capture fifteen to twenty-four years.

I: **They want it to be twenty-four years?**

R: Yes. At least you know the population on that is huge, so we were just attending to the young ones, but the ones who are twenty to twenty-four years; they are almost the same...almost the same age as me, and if you look at me, I am still young. So they were asking, how different

are we from them, aren't we the same...in fact we know a lot more than them.

I: Okay, and how do you assist girls access services after enrolling them?

R: Okay, I do take them and show them where the hospital is and they then go.

I: Any other assistance other than showing them the location of the hospital?

R: Okay, after I enroll them, they just have to go to the hospital because there isn't anywhere else they can receive the services. If one would say that I like the service but I don't want to go to that hospital, I want to go to a private hospital, you just let her go there for the service because then she will also just be able to receive the service. She will say I am this was and I want this service. They will also get the services there.

I: Okay, why might some girls enrolled by the mobilizers not access the sexual and reproductive health services?

R: Okay there are a lot of things that can prevent them because you can enroll them then maybe she cannot come. Maybe you enroll her and she tells you that I will come tomorrow and she keep extending it, so it becomes hard to follow them up.

I: Okay, so they keep saying they will come but they don't come; what do you think prevents them from coming for the services?

R: I don't know what prevents them from coming for the services because one would just tell you that I will come tomorrow, when tomorrow comes, she will tell you I will come tomorrow again, so we don't know why they don't want to come. They don't always give us the reason. But

a rude person will just tell you that I don't want the service, I didn't ask you to register me. So you just decide to leave her alone because it isn't a must.

I: But in your opinion what prevents them or what can prevent them from coming for the service?

R: Okay I think...one can tell you that I don't have a husband yet.

I: If they are not married yet?

R: Yes, if they are not yet married they will ask you, what would I have family planning or why would I take the contraceptives. So you just let her be. You ask her, do you have a boyfriend and she tells you, I don't have. Or if she has she will tell you, I know how be with my boyfriend. So those are the reasons why I think they don't come for the services.

I: And what else do you think can prevent a girl from accessing the sexual and reproductive health services after being enrolled?

R: What can prevent her from coming?

I: Yes, what can prevent her from coming for the services? She has been enrolled but she doesn't come...

R: Some just ignore it because you may tell her but she will just ignore.

I: She just ignores?

R: Yes. She doesn't think you are helping her. She just feels that you are wasting her time by telling her about the methods.

I: So some of them don't see the importance of them being enrolled?

R: Yes.

I: **Okay, any other reason that can prevent girls from receiving the services after enrolling....in your own opinion?**

R: I don't think...

I: **Any barriers that can prevent a girl from accessing the sexual reproductive health services?**

R: Okay some say that when I go there I will be tested and I don't want to be tested.

I: **Okay, they fear being tested?**

R: Yes, they fear being tested.

I: **Mmh.**

R: Some say I once use3d the injection and it affected me, I don't want to use it and I cannot go back for it.

I: **So what are they scared of being tested for?**

R: HIV.

I: **Oh HIV.**

R: Because its mandatory to test for HIV and pregnancy before she can receive the implant.

I: **So they say I don't want to test for HIV or pregnancy before I can have the implant so she doesn't feel like coming for the method.**

R: Yes.

I: **Okay, so what do you think are the biggest motivating factors for girls to join T-safe platform? We are talking about the factors that influence them to join the T-safe platform.**

R: Okay from how we always explain to them; one would feel attracted because you tell her that everything is done free of charge. So when she realizes that she will say let me just go for these services because when she goes to a different hospital she would be required to pay. So

she will see it better to go for the free service and get the information.

I: Okay, so you have told me about the advice she gets from the mobilizer and free services. What else can influence the girls to join this program?

R: Okay, the points they were awarded.

I: Oh, points?

R: Yeah, those points also influenced them to join, they would say, I don't have such a thing; let me go for the service so that I can get the points.

I: Okay and could some just join the program out of curiosity to know what the program does?

R: Okay, those who want to join the program or...?

I: Yes, they are just curious to know what the program does.

R: Okay some would just come, when they see me bring some girls, they want to know where I earn from mobilizing the girls. So when they get to know what I benefit, they do also feel that, instead of just sitting here, let me also go for the service.

I: So they are still motivated by the benefits?

R: Yeah.

I: How about when one sees an age mate receive the service. Do you think that can also influence the girl to join the platform?

R: Yeah, some would join because their peers joined. Maybe you meet the two of them so you take both of them then one accepts to join because the other person accepted.

I: Okay, I would like to ask you about the community where you work as a mobilizer; how does the community perceive the T-safe program?

R: Okay the community has the same view and they like the program because it helps girls, so they never viewed it negatively or said that it doesn't help.

I: **How did they say it help the girls?**

R: It help the girls prevent early pregnancies and HIV also reduced.

I: **So which group in the community mostly like this T-safe program...there are mothers, fathers, peers of the girls and the boyfriends.**

R: Okay most woman liked it and even the men but mostly there were some girls who didn't like it. There are girls who just don't care, so when they heard about this program, they didn't like it. But men and women liked it.

I: **How do girls not care?**

R: I mean...one doesn't even maintain herself.

I: **Okay.**

R: She doesn't take any initiatives to make sure she is safe whatsoever.

I: **Okay, so she doesn't see any reason for having...**

R: She doesn't see any reason why she would use the method.

I: **Okay, and what about the attitude of the community about T-safe shops or pharmacies? How do they perceive those shops where you said you would get the items when you have the points; you said some can go to the pharmacies. So how does the community view the shops?**

R: Okay they didn't have any problem because we were the ones who benefitted when we went there. We couldn't go to any shop to redeem the points, we had specific shops or supermarkets or pharmacies where we could redeem the points. So they didn't have a negative attitude towards them.

I: Okay, they didn't have a negative attitude towards them?

R: Yes.

I: Okay, and what about the attitude towards the clinics where the girls would receive the points; what is the view of the community towards the clinics?

R: Okay, they didn't have any issues with the clinics.

I: What do they say about the clinics offering services to the girls?

R: Okay they supported them because they helped girls.

I: Oh they say the clinics help girls?

R: Yes.

I: Okay. And what is their attitude towards the mobilizers like you? What does the community say about you?

R: Okay, they gave us...they thanked us because we were helping many girls. You could even meet a woman and she tell you, let's go so that I can give you my daughter. They were happy with the program; let's go so that my daughter can receive the services. So they were also helping us by encouraging us.

I: Who exactly helped or encouraged you in the community?

R: Okay you would meet some women and they will tell you there are girls in a certain place, I will talk to them so that you can come and take them for the service.

I: Okay, so please tell me, have you had any challenges with the community as a mobilizer?

R: I haven't personally had any problems.

I: Okay, say like if you have been stigmatized by the community or some community members don't just trust you and such like things.

R: I didn't personally have such an experience because I would just go...even when I went through the community they would tell me Mercy there are some girls in this

area, I can take you to go and talk to them. So I didn't feel any stigma or anything.

I: And what about for the girls who don't care and even when you tell them about the service they ignore you; how did you solve such issues as a mobilizer?

R: For such a situation, if they refused to get the service...

I: They didn't want the service...

R: Yes, so you know you cannot force them so we would just let them be because we weren't forcing them or tying them and dragging them over.

I: Did anyone in the community view your work negatively and as worthless?

R: Yeah, some people said I wasn't doing any meaningful job because we were not being paid anything. But I knew what I was doing. They would think that I would just be there. Someone sees you leave for work but she doesn't think you earn anything.

I: Okay, so tell me, what challenges have you faced when mobilizing girls into the T-safe program?

R: Okay the challenges I have faced are that at times you could even lack bundles; sometimes the cards would be out of stock. Maybe the girl doesn't have a sim card and she wants to get the service, I mean she doesn't have a phone. So we got a big challenge on how to help her on that.

I: Any other challenge we haven't mentioned when mobilizing adolescents?

R: Only those because...at some point they started to say that the girls had to have an ID or birth certificate, so those rules made us regress because you could find a girl without a birth certificate; you could find one without an ID or a birth certificate and she tells you

she is eighteen years, so you wouldn't know how to help her. Or you would mobilize the girl and after they join the program, when they go to the clinic they ask her to go for certain things like birth certificate or ID, so when they ask for that, maybe she comes from far away she cannot come back, she ends up not receiving the service.

I: And how did you solve such challenges?

R: Okay, we raised these issues with our coordinator and she helped us out.

I: For example, how did you solve the problems of lack of bundles?

R: Okay, for the bundles, if you don't have, you have to use your phone and the messages are free of charge. So you don't use the app, you just use the line. If you use your phone, you may find that the girl doesn't have a phone or line, so that's what...you could lack bundles and say that the option you had is to use a sim card but the girl doesn't have a line. so that complicated things at times.

I: When you had such cases what did you do?

R: Okay, we were many mobilizers so when I lacked the bundles, I couldn't let the girl leave, maybe my colleague had bundles, I would refer the girl to her to register her.

I: So when you lacked bundles you would refer the girl to a different mobilizer?

R: Yes.

I: Okay, any other challenge you faced but we haven't mentioned?

R: No.

I: You told me that the mobilization program has been put on hold for now. Briefly tell me what's going on.

R: Okay we don't know because when it was stopped, we were told that it would be reintroduced so we don't know what the problem was.

I: When did it stop?

R: September last year.

I: Okay.

R: So we don't know why it stopped then but they said it would be reintroduced. We are always told it will be reintroduced but we don't know when.

I: No one has given you the reasons why it was stopped and when it would be reintroduced?

R: No.

I: So now that the program was stopped, do you still enroll the girls?

R: No, how will you enroll the girl and where will you take her to after enrolling her; we aren't enrolling anymore.

I: Okay, sorry. How do the adolescent girls perceive the T-safe program?

R: Okay they want it to be brought back; they do ask us what happened because most of them want it to be brought back so that they can continue getting the services.

I: Okay.

R: So they do ask us, when will it be brought back; but we don't know when.

I: So you've said the girls like the program?

R: Yes.

I: How do they say it helps them?

R: The advantage they get is that the service is free of charge, so that's what they are happy about.

I: Okay, anything else that makes them like the program?

R: About points, you know the points also make them like the program.

I: **The points?**

R: Yes.

I: **So they like it because of the free service, they like it because of the points...**

R: Yes.

I: **Any other reason why they like it?**

R: [silence 00:53:12]

I: **I can see we are almost coming to the end but I have a few questions left for me to ask. What beliefs, perceptions or concerns hinder girls from enrolling into T-safe for services?**

R: The concerns I get?

I: **The family planning services or any other T-safe service.**

R: Okay the concerns they have is that if she is still a young girl who live with the parent, that do make her be concerned that she may come for the service and have problems back home with the parents. Or she can come for the service and get some side effects, maybe she used them for the first time and they have some side effects on her.

I: **Okay, you have talked about someone like a neighbor to her?**

R: No, guardian, like the mother or father, aunt and such like.

I: **Are there beliefs that can prevent girls from coming for the services?**

R: Yeah, there are beliefs that maybe a friend of theirs told her that I used this method and it affected, so they still have those beliefs. One says it can have the

same effect on me if I use it. So they believe on what their colleagues tell them.

I: What beliefs do they have on, for example the use of contraceptives?

R: The belief they have is about bleeding, most of them say they would bleed; some also fear the coil, they say that's a bad method.

I: Why do they say it is bad?

R: They say it is bad because it hurts these parts...

I: The lower abdomen?

R: Yes.

I: So they say the coil hurts the lower abdomen?

R: Yes.

I: Any other belief or rumors you've heard about these programs or services?

R: There are a lot of beliefs but the ones I have said are the most common. Even for HIV test, some say that I may not get the correct result or...one just believes some nonexistent things.

I: Okay, so on HIV services you've said they believe the result may not be theirs?

R: Yes. Some even do come for pregnancy tests and they disown the results; if she is found to be positive, she disowns the results and the doctor would even test her three times for her to believe.

I: So they say that when you go for a test you don't get the correct results?

R: Yes, some were saying that but that's just their beliefs they tell others to discourage them.

I: Okay, so they want to prevent their colleagues from going for the services?

R: Yes. Or one would say, you are just going there for the points. So they end up refusing.

I: **So why do they think the points are given?**

R: That they are paid to receive the service.

I: **Okay, it's like paying you with the points to...**

R: Yes, for you to receive the services. so most of them were saying I don't want to be paid, I would rather pay for the service myself. So you tell her the points are not a payment method.

I: **So they see the points as payment?**

R: Yes, they see them as some sort of payments but it's not a payment, it's just a motivation for coming for the service.

I: **Okay, so as a mobilizer, how do you solve all these challenges...for example you have told me that some believe that contraceptives can make you bleed excessively; so as a mobilizer, how do you solve this challenge?**

R: Okay when a girl tells me that it affected me, I do take the responsibility of bringing her to the hospital, we give her the information then the service providers help them. They can give them medication or the method can be removed and be replaced, it depends.

I: **Okay, you have also said that some believe if you go for HIV test you will be given the wrong results; so how do you solve that challenge as a mobilizer?**

R: Okay we do tell them that no one can be given the wrong results because when you are tested, the doctor doesn't take the results somewhere else; it's always just tested there as you wait, you will just wait for minutes and then give you the results. So we do tell them that the results can be changed.

I: And what about the belief that people are paid to receive the services; how have you solved this challenge as a mobilizer?

R: Okay we would tell them that this is not payment; these points are given to you for coming for the services, so they are just for appreciation for coming for the services.

I: Okay, I think we have come to the end of our questions and I would like to thank you very much for taking your time to participate in the research. You have said a lot of things and I am sure whatever you have said will help improve the services. so I have asked you a lot of questions, now I can give you this opportunity to ask me the questions you may have.

R: Okay the question I have is that; you have said that all these are going to be analyzed so that you can know what the problem is.

I: Yes.

R: So will you bring that project here or is it just a project for the other communities? Will you bring it here so that if someone has an issue they can come and explain themselves to you or...you know there are people...it should be close so that at least, it shouldn't be like in town, so at least somewhere one can reach fast if they have any problem?

I: Okay.

R: Another question is about the T-safe program, I wanted to ask on behalf of the others; can you bring the program back to help the girls receive more information and receive the services. Are you allowed to provide those services?

I: As an office?

R: Yes, as an organization; can you decide to roll out the services in Uthiru, Kangemi and at least everywhere else so that when a girl has a problem or wants the free services, she can receive the services from your organization?

I: Okay, these are very good questions. First I would like to say that this program belongs to you, not us so we cannot improve the program and take it somewhere else; it has to be brought to you because it is yours. We cannot improve a program and have it in our office for people to come to town and all that; if the program is improved, it will continue where it was because it belongs to you, don't worry about that.

R: Okay.

I: And as APHRC, we have come to evaluate to know where there are problems and benefits so that if we find a gap that prevents girls for example from accessing the services, we can look for ways of solving that. So we are putting all these research Together to improve the program for you because the program belongs to you, okay?

R: Okay.

I: Okay thank you...any other question?

R: No.

I: Can we close it now?

R: Yes.

I: Okay, thank you very much.

[End of audio]

Notes

When asking about how the responded is rewarded for enrolling adolescent girls into the T-safe platform, the interviewer did not problem the opinion of the respondent on the amount of TIKO points they were rewarded.

File name: ITH_R2_NAI-LAN_001_SP005_10519

Duration: 01:15:50

I: This is Lydia doing a service provider interview in FHOK Kibera on the tenth of May two thousand and nineteen starting at...what is the time?

R: One nineteen.

I: One nineteen. Alright, so Aggrey, can you tell me about your work and experience as a service provider in this facility.

R: Yes, my name is Aggrey Marita I do coordinate clinic activities in Kibera clinic. We run a number of programs, we have the youth friendly services, we have the general curative services and then we have the SRH general information sharing center. And apart from that one we just do the screening for cancer for the older generations.

I: Alright, so what are some of the experiences that you have as a service provider in this facility?

R: We have a diverse kind of experience ranging on different kinds of clients that we see. So the experience basically if I can just narrow to the youth, we have...Kibera has the highest population actually.

I: What is IS in full?

R: As in if we can just...among the informal settlements within Nairobi, Kibera is the leading in the population; we have a total population of almost five million so far in Nairobi within Kibera. So with this population you get that most of the people that are so much vulnerable in such a kind of high population is the young people. So this is where we are talking about the adolescents and the young persons aged from ten up to around twenty four years. With these young people, we have so much

issues on incomplete abortions, we have issues of STIs and also we have the issues of some SGBV, that is sexual gender based violence that's happening within the community. So those are the most common kind of issues that we have for the young people. And then apart from those ones we have also drug and substance abuse which has also contributed to the increase in terms of the STIs and also the incomplete abortions because most of these young girls because of poverty they end up getting to slum sex. So in the process most of them they get these STIs and also they get some unwanted pregnancies of which because of some issues especially around the policies, most of them they end up doing an unsafe kind of abortion within the community.

I: Okay, what do you mean by slum sex?

R: So slum sex we have just like there is some kind of influence within the community. We have a group of young girls, they are called forty-two sisters, here in Kibera. So these young girls they influence the other young girls that just in case maybe they want to get some quick cash, they just go around the streets around the backstreets within Kibera and then they start now exchanging sex and also for cash.

I: So it's a form of being a sex worker or we can say prostitution?

R: Yeah, I can say it's just prostitution, its only that now we narrow it to slum sex because most of these girls they just operate within the community.

I: Okay, what is your role or how do you say your role in ITH or T-safe?

R: ITH is one of the programs that we implemented back last year and as a service provider we had a number of things

that we dressing ITH. So basically we were trying to empower the young girls within the community so that they can take charge of their reproductive health and also they can make informed kind of decisions. So with ITH we had a number of components we were covering under the platform; we had the STI and HIV screening, we had the family planning. And then apart from these two services we were also doing holistic kind of counseling to the clients. So as a part of our service provision, when we were doing counseling, we also tried to share as much information to the young girls about all the things that they need to know about family planning and all the information they need to know about the reproductive health system so that they can understand exactly what they need to do just in case of anything. So for us it was basically empowering the young girls within Kibera and also with the TIKO miles that we were giving to the young girls, it was also another way of doing some kind of...we were trying to make sure that most of these young girls we don't give them cash but we tried to give them an incentive that they can also share the same information that we shared with them at the clinic level to the other young girls in the community.

I: Okay, so you've mentioned basically what the facility does. But what specific roles do you think you play in ITH as a service provider?

R: So the specific roles I play in ITH I give services, SRH services.

I: Okay, can you please describe your experiences with adolescents SRH services?

R: So for the adolescent, when it comes to the services delivery to the young people especially the adolescents,

it's a little bit different. The dynamics of working with young people is so different. That's why most of them sometimes as much as they come for these services, they don't want to open up and share that they want a family planning method. And also even the way you talk to them, it also determines whether they are going to open up and get the method or they are going to maybe...at some point they just come with some kind of strategies, maybe they can just come and say they want to get maybe some kind of treatment for pneumonia and then in the process now they can ask you if they can get a test for HIV because of some other exposure. So working with the young people and also with the experience I've had with the ITH and other programs working with the young people, the young people they have a different kind of package when it comes to the information; the way you talk to them, the way you handle them, you need to be so much creative so that you can share the information in a more processed way so that they can get the real details. So for me as a service provider, counseling was one of the key strategies and also we also have the youth forums for our clinic; so that was the best platform for me to share the information that I wanted to share with the young people.

I: Great. Now, can you tell me about your training in adolescents' sexual and reproductive health issues?

R: So that was done as an internal kind of program that was done among the FHOK clinics; we were trained on youth friendly services, actually we have done two trainings so far. So this was an effort of trying as much as we give the services using the integrated approach, we tried our best so that we can also integrate the young

people in a more conducive manner. So we have been trained on youth friendly services so that we can be in a position to address the young people issues and also so that we can come up with gaps in terms of the unmet needs for the young people when it comes to use of contraceptives and also other SRH services.

I: Okay, you as Aggrey, do you have any other training apart from this one that you were given by FHOK, do you have any other training that qualifies you to deal with adolescent sexual and reproductive health issues?

R: Yes we had a joint training, both FHOK and the ministry of health on the youth friendly services.

I: What about professionally, do you have...did you ever get to be trained on how to deal with adolescents and how the sexual health issues with them...

R: Yeah as in according to our job and also our cadre, we are also trained...that's part of the trained that we've gone through.

I: A cadre is...?

R: sorry?

I: You said apart from your job...

R: Yeah, professionally actually we are supposed to be trained on that so it's still one of the key areas that we get trained on.

I: Okay, so what services does the clinic provide for adolescents...and this one is a wide view whether sexually reproductive or any other services that is just for the adolescents.

R: So for the young people, for FHOK Kibera we give a number of services, we do curative services, those who come maybe with some other kind of ailments they can get general treatment; we also do the SRH now where we talk

about counseling, we talk about STI screening, STI treatment; we also talk about maybe just in case maybe some other girl they have some kind of issues especially with...because of the rape issues in Kibera, we also have the referral system for SGBV clients.

I: Where do you refer your SGBV clients?

R: We refer them to Mbagathi.

I: Great, so while you are going through the process of interacting with an adolescent T-safe user, there is that point where you have to verify the identity of the girl.

R: Yeah.

I: Right, so can you please describe the experience that you've had when dealing with the T-safe platform?

R: So dealing with the T-safe platform we had so much issues especially when it comes to client identification. You get that most of these young girls, maybe they were taken some photos that were not very clear at the ground level; so for the CHVs who are doing the introduction or who were doing the enrolment for the girls, some of them they never used to take very clear kind of pictures depending on the kind of maybe the phones they were using. So sometimes it was so tricky for us to get the real picture of the girls. And also the other thing that came up in the process of the program was the clarity in terms of the age that we were supposed to be giving the services. So as much as you'll get that some girls' maybe they are around seventeen or eighteen, it was so difficult for us to get the real details of getting the exact age of a girl who has come for the service.

I: So those ones with blurred photos, how did you get to the point of figuring out this is the right girl or this is the wrong girl that am dealing with?

R: No, we used to communicate to the area manager, maybe sometimes you can even take a screenshot and then you can forward to the IT manager at ITH and then he can give a way forward just in case we need to give a service or not.

I: What about those ones who came maybe someone lied about their age, they tell you they are seventeen and meanwhile maybe they are twenty or, yeah, difference in age; how did you deal with that?

R: So for them we never used to have...because the program was basically catering for fifteen to nineteen years, so that was very strict; so there is no other way we could give a service for such kind of a girl. But for us as FHOK, maybe if they came for maybe HIV testing, we don't give them as ITH; we just give the service as FHOK and not as ITH. But under the ITH program, we only consider fifteen to nineteen years old.

I: Okay, so how about when you are actually using the platform, was it easy to navigate while you were doing the confirmation of the identity and maybe keying in the age and maybe the method that the adolescent has chosen. Was it hard while you were navigating it, was it user friendly or can you just briefly please explain to me your experience while you were doing that?

R: So for this one, for the ITH platform, most of the details were captured at the ground by the CHVs, so as much as they were coming, maybe she is seventeen or eighteen years, they never used to capture even the date of birth, so they used to come with the year. So if you

just come to the clinic and then you say you were born in nineteen ninety eight, it's so difficult for me to be very sure exactly which kind of...how many years are you because sometimes maybe you were born in February and then you came maybe at around October most probably you will be twenty but because it was not very clear about the exact date of delivery, it was very strict for us to get the key details. And then the system itself at some point it had some kind of faulty issues because you could see the client and then you could just hang.

I: You could just what?

R: It could just go off.

I: Okay, but what about navigating it, did you find it easier or hard?

R: Navigating around the system it wasn't that hard.

I: Okay, and now, how has the project influenced the way you provide services to adolescents?

R: WITH the mobilization that was done under the ITH we realized that there was a very big gap in terms of the service delivery to the young people. As much as we were trying our best to cover the numbers with the outreaches, but still there was a gap. But now with ITH and then with the issue of the TIKO miles especially being the slum area, most of the girls were able to mobilize even their fellow friends to come for the checkup and also to get the services.

I: So what are some of the most common questions that adolescents do ask regarding T-safe?

R: They were so...there were some kind of...there was another group that came up at some point and then it was trying to give a different kind of perception of the program and then they were saying that the free cash that was

given, it had some kind of hidden agendas. So most of the girls they wanted to know exactly what was all about these, the TIKO miles.

I: What is what they are calling the free cash?

R: Yeah, so most of them maybe at some point they have some kind of different kind of perception in terms of was it really genuine or it had some kind of illuminati kind of things; so most of the guys were so much concerned about it.

I: Right, anything else, anymore questions that they usually ask about T-safe?

R: Yeah, that's what they have been...the others were just the normal methods especially they were so much concerned about the side effects of the different kind of methods of family planning.

I: So when they asked you about the TIKO miles whether it was genuine or there was something to do with evil or devil worshipping in it, what did you do, what did you say to reassure them or to make them believe that this is something good?

R: For us as partners and on the best interest of the project, this was just an incentive and it was just a token of appreciating the girls who came for the services and it was also another way of encouraging even the other girls to come for the service. So checking on the kind of gaps that we have especially for the young people, sometimes those TIKO miles were not really cash that most of the people they term to be. So the TIKO miles were supposed to empower the young girls, maybe just because she is a girl maybe coming from a poor family and she cannot even get the sanitary towels, with the TIKO miles it was easier for her to get such a kind of

services. So as much as we give the SRH services, sometimes you need to be considerate that at some point there is a cost implication on some of the other commodities. So that was what we had discussed with the young girls. It was just all about empowering the young girls.

I: Okay, so what are some of the changes that you've noticed since the introduction of T-safe?

R: Yeah most of the changes that we have seen, there is a different kind of behavior when it comes to health seeking... so there is a change in terms of the health seeking behaviors for the young girls. Initially most of them they never used to come to the clinic especially to seek the contraceptive services and other SRH services but with the introduction of ITH and with the kind of empowerment that we've done from the ground and also the clinical level, so most of the young girls they opened up and then they used to come for the services. So even up to date, as long as for us as a clinic we are not giving the services under the ITH, we are still getting the girls we are giving the services as FHOK.

I: Okay, what else; what other changes have you noticed since T-safe was introduced...you've talked about...

R: And also for the last year up to date, if you can compare the number of unsafe abortions that we used to get each and every other time, the number of unsafe abortions have really dropped within the Kibera community.

I: Right, what about pregnancies?

R: Yeah, even the pregnancy at the moment as much as we have the teenage pregnancy also, it's not rampant as it used to be sometimes back. The numbers are not that high.

I: Okay, so the adolescents, when...I know when you were dealing with them before there was maybe a family planning method that they preferred as compared to the rest or maybe when you started dealing with them during the T-safe when it was first implemented last year; what can you say are some of the changes in preferences in terms of method use?

R: So in terms of the method use, actually I can mention there were two methods that were most preferred by most of the girls, that was the oral contraceptive and the depo injection. Those were the most preferred methods of family planning. So apart from the two, the other long term methods they were not really...had a good kind of uptake but we used to get some clients taking the implants. So the two preferred methods were oral contraceptives and the injectables for three months. And then when we were doing counseling, what we realized or what came out; most of the girls were so much to the injection because of the privacy, you could use the method privately without anybody noting because the moment you just give the shot at the clinic level, there is nobody who is going to detect you have a method of family planning because of the stigma, because of some kind of discrimination by other girls, so most of them they preferred taking a shot for three months or two months. And then for the oral contraceptives, when we were doing counseling, there is a part where we discussed about the side effects of the family planning method. You realize that when you are doing health education and the counseling as part of the service provision, most of them they realized when you are taking a pill the only day you take, that's the time its active so as compared

to other methods like an implant. So just in case of anything, especially for who were so much cautious about the side effects, it's easy to reverse the side effects of oral contraceptives as compared to a shot for three months. So that's why even the oral contraceptives were also preferred. They didn't prefer the implants because of so much exposure and because the method was a little bit...it could not be used privately. It was easier for somebody to know that you have an implant on your arm.

I: Okay.

R: But we still used to have...especially eighteen, nineteen years and also those who have given birth, most of them they preferred the implant for three years.

I: Right, so since the introduction of T-safe, has the preference now changed?

R: The preference is still going up because the number of girls seeking the healthcare services, especially for the contraceptives are still high but due to some issues with the program, we don't have the numbers as the used to be when the program was active.

I: Okay, do the adolescents still prefer oral over implants since T-safe was introduced or have you seen a change in that?

R: There is a change as in even though there is a change, it's not that significant because the issues that we were expressing, those were the same issues that have been there before.

I: Okay, and as a healthcare provider, has there been a change in preference in terms of methods of family planning usage since the introduction of T-safe?

R: Yes.

I: Okay, can you expand on that.

R: Generally even from the numbers that we used to get compared with the previous numbers before the introduction of ITH; our numbers went high when we introduced ITH. And this was because of the mobilization that was done by the shujaaz and also the other players in the consortium. So with the mobilization we used to get so many numbers of girls coming for the services. so when we used to have these numbers and then with the kind of services that we were giving and also the kind of health education we were doing for the young girls, most of them they could also go and mobilize their friends so the numbers were really high. And even the way they used to take up the whole issue about Triggerise, it was basically in their hands so it was just a way of making sure that you empower them and also they can go and then they empower somebody else and the circle could just expand.

I: Great, now how does your facility support girls who come to seek SRH services?

R: For us as FHOK one of our key areas is also the young people so we still give the services regardless of any kind of challenges we are still giving the services and our kind of on program.

I: Which is?

R: We have GOSO.

I: What is that, am guessing it's an abbreviation.

R: Yeah, GOSO means get up speak out.

I: Okay, anything else that the facility does to promote adolescents to come and seek SRH services?

R: Yeah we do the medical camps, we do the outreaches, yeah so those are some of the things that we do. On weekly

basis or on weekends we have to go out and then we do the outreaches.

I: Sp the outreaches happen every weekend?

R: Yeah, they happen each and every other weekend even during the weekdays, it depends.

I: Those are just done within Kibera or?

R: Mostly...we have different clinics within Nairobi so each and every other clinic has a catchment area so our catchment population is just within Kibera. So most of our programs we run within Kibera but sometimes we are also called by other organizations and even the county government, we can also even go to another place and then do some kind of programs there.

I: Okay, what about your colleagues, what are some of the things that your colleagues do to support adolescent girls while seeking SRH services or just supporting them to seek?

R: So for us as an organization and also with the team of people am working with, all of them actually a good number of them, especially those who came earlier, they have been trained on youth friendly services. so we work as a team, just in case there is a girl who wants to get a service, be it a receptionist, be it a lab technologist, each and every other person has a responsibility of giving the service. So in one way or the other, they can also get somebody who can talk to them in a more friendly way and also in a more welcoming manner.

I: Alright, so you've talked about outreaches and having medical camps that can make it easily...

R: To reach out to the youth.

I: Exactly. Do you have any other special provision for adolescent girls that can make it easy for them to seek these services?

R: Yeah, we have the...we have also another program, it's called j-safe...

I: Is that an abbreviation or its just...

R: j-safe, yeah, it's a Japanese organization.

I: Okay so you were telling me of special provisions that adolescents sometimes get so that it gets easy for them to seek SRH services.

R: Yeah, we have a number of programs apart from the other partnerships with other organizations we have also our own kind of programs; so at the moment we have a Japanese program that it just integrated within FHOK system and then it's trying to make sure that each and every other pregnant woman within Kenya or within our operating areas they get all the services they need for ANC visits. So this one is basically empowering the young teenage mothers and also even doing health education for the other girls who are not pregnant so that they can be using the methods of family planning and also it has a different kind of demonstration when using a method of family planning. Each and every other package of family planning is covered with that kind of demonstration; so basically it's doing health education for the young girls within Kibera.

I: Okay, do you sometimes change your opening and closing hours to be able to accommodate these young girls when they need to seek these SRH services?

R: Yeah we are so flexible; we don't have even the specified kind of working hours. Sometimes we do even extend even for so many hours.

I: Okay, what about privacy and confidentiality when they come to you?

R: Yeah, as much as we have the girls around, especially for the young people, all our doors are lockable and then the visual and audio privacy is well catered for. So as much as maybe there is nobody who is going to be maybe so much curious about everything that we are doing together with the girls, it's so easier for us to give all the privacy that we need for the girls.

I: Do you usually make sure that that happens when you are giving out the service?

R: Yeah, we try as much as possible.

I: Okay, what about the issue of having to wait in the waiting room; do you give them a special treatment in that they wait or...I mean they do not wait or how do you deal with them when they come to seek SRH services?

R: I think for that one it depends with each and every other individual clinic. For Kibera and also being, if you check around the environment and also the surrounding, sometimes it's a little bit so difficult for us to give all these services in terms of what we give for the young girls will be waiting. But what we have done, we just installed a system, especially the big screen, so sometimes we put some programs that are more enticing for the young girls. Sometimes even especially in the morning hours we can have maybe a health program running in the system and then they can watch as they wait to be served. Maybe over the weekends sometimes we can also have some kind of soft music they can listen to as they wait to be served.

I: Okay, so do they...when for example an adolescent comes in and she wants to see you and maybe talk about

contraceptives and all that; is there protocol for them to just walk in or they have to wait like the other patients?

R: No what they do, once each and every other client we post at the clinic, we have a receptionist, so the receptionist can queue the information to the system so we don't have the manual system actually. So once they queue the client in the system, as am serving the other client, I can also see there is a client who is coming in, I can get all the details, the age, the cell-phone number and everything. So as I clear with this other client, I can gauge and then I can see maybe there is a young girl who wants maybe family planning and then I can even talk to the other client to excuse the client and then I can see them. So it depends.

I: **So you've said you can usually see on your screen if someone has come to seek family planning. Is that information given out at the reception area that okay, I have come to see the doctor; this is what I want to get...**

R: It depends with the client; each and every client has a different kind of way of expressing herself. But for most of them, with the kind of locality within Kibera, most of them they'll just open, most of them they can say to the receptionist I want to see a doctor; some of them they can go far and then maybe say I want an HIV test; some of them they can just come and then they say maybe I just want a family planning method. So it depends with the client. But most of them they don't open up and say they want a family planning method.

I: **How would you get to know that a client has come in and they want to seek SRH services from you and probably,**

adolescents are very impatient, they would leave after a while; how would you know that this is someone who is going to leave if I don't deal with them and how do you handle that?

R: So am not the only service provider, so in case am busy, there is also another service provider in the other room and the system is connected and even the receptionist...once the receptionist maybe has queued a client to a system and then she has noted me in the five to ten minutes you have not finished with the other client maybe doing a procedure, we have some other procedures that can take a little bit longer like cancer screening. They can also direct that girl to another service provider who is free.

I: **So usually...what am getting is when an adolescent comes and whether she is a T-safe user or not a T-safe user and they want to see you concerning family planning they will just have to wait like other patients until they are called into the doctor or the service provider, right?**

R: Yeah for us because of space and everything, they can't come directly because we have another client. So the only way is for the person who is doing the queuing or the triage, that's the person now who directs the traffic to the rooms.

I: **Right, now how has participation in ITH influenced quality of care of SRH services for adolescents in your facility?**

R: The quality of care depending on some of the things that we are doing under ITH and also the specific kind of components we are covering under ITH, I think the kind we give our services, it has really changed and also

with the kind of much more emphasis on the young people, we've also seen some kind of shifting from the...as much as we are giving the youth friendly services, we are also trying to modernize to youth responsive services whereby we empower these young people to take control on the kind of reproductive health. So as much as they are taking a method, they are not just taking a method, they are taking a method knowing exactly what they are supposed to be using when they are supposed to be getting another injection and all the things under the platform. So it becomes easier because even with the reminder with ITH is one of the quality checks that we check on. So it becomes easier for the girls to get the notification on time and then they can get another injection on time.

I: Alright, now, based on your experience working with SRH issues in this community, what are some of the barriers or the facilitators that make adolescents not be able to seek SRH services?

R: One of the biggest barriers that most of the young people have is maybe getting to be served under an environment that is not that friendly. So most of the young people when they go to the clinic they want to go to a place where maybe they feel comfortable. And for us what we try as much as possible to do, as much as we are not giving that service at moment, maybe we have some other needs; with the screening and also with the other young people around, it becomes easier for them now to have some time together. And also with the health programs that we run in the community, it becomes easier for the young people to have a different kind of mindset in terms of how basic healthcare services.

I: Okay you've said unfriendly environment; what does that mean?

R: So a friendly environment it means...

I: Unfriendly...

R: Unfriendly?

I: Yes you said something...

R: Unfriendly is a place maybe you go to the clinic maybe the way you get somebody who is going to serve you, the attitude and also even the way they talk to you is totally unwelcoming.

I: Okay, any other barrier or anything; any facilitation or any facilitator...facilitating thing rather that can make an adolescent find it hard while they are trying to seek SRH services?

R: I think the other one is also the age difference; sometimes most of the young people they don't want to talk from a perspective like you want to impose some kind of ideas into what they came for. So sometimes you got to be so much flexible and then the...regardless of your age and also the age of the young girl, you need to be so much accommodative.

I: Any other?

R: And also the other thing I think that is so much uncomfortable for the girls I think is on the...

I: Okay, what about things to do with religion or...earlier on you talked about stigma?

R: Yeah stigma especially...we have different kind of religions and then we have some other religions that they don't support family planning or contraceptive use. So basically that's also one of the areas that at some point can also hinder the kind of service that we give to these young girls because now you have to make sure

that you do a total counseling and also sometimes because of their kind of perception and also the religious kind of stand, as much as they can take up that method, they are not that comfortable.

I: Right, what about the issue of stigma?

R: So stigma can also be from the family members, their fellow girlfriends and also even their classmates, so it's a whole well round thing. So sometimes when they are using a method of family planning and even that wording family planning sometimes most of them they don't like it because maybe she is a girl, sixteen years, she doesn't have a family but she wants to use a method of family planning. So sometimes you need to be creative so that...the way you frame your works can also be much more receptive to the girl.

I: Okay, I think you've tackled my next question because I was going to ask you about how you deal with those barriers but you pretty much have mentioned almost how you...okay, just except for stigma; the stigmatization by family and peers; is there any mechanism that you or your facility use to them...

R: One thing I can add up; on the stigma, most of the people believe that when using a family planning method, maybe you are doing some kind of prostitution. So that's where most of the young girls they get so much uncomfortable coming for a family planning method out rightly because they feel like some of the other people will just have a different kind of view of what they do.

I: Good, so what are some of the mechanisms that the facility of you yourself use to help adolescents overcome stigmatization as a problem that can make them not be able to seek SRH services?

R: So for us as much as we give SRH services, sometimes you try as much as possible to have a one stop shop kind of approach when it comes to service delivery. So sometimes with the number of things that we give and also number of services that we give, it becomes so hard for somebody to detect maybe that girl has just come for the SRH services because just in case maybe she comes in and then maybe the other previous patient was maybe a general curative patient, it becomes so confusing to somebody to be very sure she came for a family planning method. With the privacy and all the kind of protocols that we follow, it would be so difficult for the people around to know what she came for the family planning method.

I: So what are some of the challenges that you face in dealing with adolescents SRH issues?

R: So most of the adolescents sometimes they have a prepared kind of mindset; sometimes they can come up with a specific kind of thing that they want to do. They can just come maybe they want a certain kind of method of family planning and then now for you as a service provider sometimes you have to do a screening so that you can check whether that client is legible to use such kind of a method of family planning. So sometimes we have some kindly conflicting kind of discussions when it comes to the methods to give. But you understand by the end of the day, the client has a right to make a choice. So as much as they make some kind of choices, we try as much as possible to explain to them all the repercussions and also we try and explain the suitability of the method so that they can be in a position to make an informed decision.

I: Okay, any other challenge that you face as a service provider when you are trying to give out the adolescents SRH issues?

R: Under ITH or just general?

I: Just general or even under ITH.

R: No, basically it's all about the normal issues maybe at some point they want a certain method or sometimes they can just come and then maybe they are in a group and then they want to be talked from the group perspective and then they want to get the method from the group discussion. So sometimes it becomes so difficult but we have a way of trying to convince them and then we can have one on one with the girls.

I: How do you convince them...is it something you can explain?

R: Yeah, sometimes you can just borrow some two minutes so that you can do some physical examination for the girl, maybe you want to test some vitals like blood pressure and also the weight. As you talk to the girl now you can talk to her and then maybe you can just ask her if she will be comfortable getting the service in front of the other girls and also advising her on the importance of using the method private without the other people knowing which method she took.

I: Okay, so you talked about eligibility when an adolescent has come to seek SRH services; what makes an adolescent eligible?

R: Yeah, when we check on the world health organization eligibility criteria, we have a make will, so that make will sometimes when you are giving a service especially for the contraceptive, you have to be considerate. Maybe this is a girl who has just given birth and then she is not even six weeks and then she wants to use a long term

method of family planning like an implant, now that she is breastfeeding, you need to be considerate so that you can give a method that can be much more appropriate at that stage. Maybe this is a girl who is maybe seventeen years and then she wants to use an IUCD, so you have to start with the basics before you can go to all the other methods. So you have to give and every other bit of the information that they need to know.

I: Why wouldn't it be okay for a seventeen year old to get IUCD?

R: Its not wring to get IUCD but you have to specify exactly what are some of the side effects of using IUCD. So as much as they can get the method, they need to get the real picture of exactly what's supposed to be done.

I: I feel like you wouldn't advise a seventeen year old to use IUCD as a service provider.

R: Yeah because by the end of the day am a service provider and there is that bit of information that am supposed to be giving. If I give an IUCD, to some extent, I have some kind of...a prepared kind of mindset related to what's supposed to be happening and with that uterus that is still intact and then I want to get an IUCD, sometimes can be traumatizing and sometimes it can cause some kind of...it can even exit the whole kind of muscles and then she will be having frequent kind of cracking pains. So what we do, we just5 advise them to use the appropriate kind of method.

I: Okay.

R: Some of them they can just come because of some kind of peer pressure, maybe they heard somebody was using an IUCD and then they want to use an IUCD. So that is the

essence of having a counseling session and also doing the specific family planning method counseling.

I: Alright, and why is it not advisable for a young mum or someone who's just had a baby to use implants?

R: so the implants we have the...we check on the hormonal content of whatever that we give to the clients. We get that most of the breastfeeding mothers they are supposed to be using what we call pops, progesterone only. So when they are supposed to be using progesterone only and then now you give them a combined family planning method, sometimes you can even affect the milk rate down.

I: Great, now what are some of the misperceptions adolescents have about using SRH products and services?

R: Yeah, there have been so much misconceptions especially some of them they are told at some point they lose their libido and then some of them they are told some family planning methods can be associated with cancer. And then some of them they are also told that at some point because of using some other methods, it can lead to infertility. Those are the most common misconceptions apart from the normal ones maybe at some point they would lose some weight, maybe some of them they would gain extra ordinary kind of weight. Yeah, those are the normal kind of misconception that most of them they get.

I: Anything else that you feel you have left out about the misconceptions that they do have?

R: It's a little bit diverse because each and every other person come from a different kind of background; if we get a Muslim, most of them they believe like this is something that is not holy to use in your body. And then now with the different kind of back...culture backgrounds, it becomes so difficult for us to share each and every

other bit of the misconceptions because they keep on reinventing the misconceptions each and every other day.

I: Do you have some of that are unique to you that maybe there are those that you usually get like people saying you'll add weight, you'll lose weight; those ones are usually there we've heard about them several times. What about unique ones that maybe someone came with you heard about it once or two times from three or maybe four clients...something that is new?

R: There is nothing really, it's only that some of them they are being twisted. For instance if you give injection for three months, sometimes you can have what you delayed menses; so at some point maybe you can miss like two or three, your periods. So most of them sometimes with the kind of information that is shared by their peers, they tend to believe that when you use a certain kind of method, you will never get your periods.

I: Okay.

R: And then there was this issue about the former KBC presenter, Kokai Njambi, endometriosis; you know the kind of information that was shared oh, she could not get the pills and then the pills went to the lungs and then the way the lungs used to collapse each and every other time; endometriosis is a condition that has been there for a very long time, its only that it has not been so much discussed because of some kind of publicity that it needs. So with such a kind of condition, most of them they associated the condition with using of some family planning methods that made some ladies not to receive the menses as usual.

I: Right, now what are some of the ways that you use to mitigate the challenge of these adolescents having all these misconceptions about family planning and all that?

R: So what we do, during our outreach programs, we try as much as possible to share the information regarding the family planning. When we have some in-reach programs, sometimes we just organize our programs within the clinic level; so most of these clients when they come in we try as much as possible to share the information regarding the SRH services and also the misconceptions surrounding the contraceptive use. Apart from that one we have a program for the different groups, for the young groups and also for the other teenage mothers; we still share the information when they are doing the community programs out there.

I: Okay, anything else?

R: Not really.

I: Right, now, what feedback about the facility, FHOK, have you received from adolescents through the T-safe platform?

R: Not yet.

I: You've not received any form of feedback about your facility since you started dealing with the T-safe?

R: We used to get it sometime back that was long time ago, last year around October.

I: Okay, what was that...what was the feedback, both negative and positive?

R: Maybe I can just mention positive...

I: Okay.

R: I didn't have any negative feedback, but most of the positive feedback was that most of the girls were happy that they could get the service very easily. And then

most of the services, as much as they came for a single, maybe a single service, we went an extra mile of giving maybe an integrated kind of package.

I: Anything else...

R: So we don't just talk about HIV, as much as we are talking about HIV we also talk about maybe unwanted pregnancies, we also talk about maybe other infections that you can get and also you talk about the hygiene. So we talk so much about SRH, we don't just discuss about the simple thing that maybe the girl came to check for.

I: Alright, any other thing?

R: No.

I: Okay, now how has the feedback influenced the way that you deal with adolescents that visit your facility to seek the same services that is SRH?

R: So sometimes we do client feedback, so with the client feedback we have monthly meetings as a team for all the staff within the clinic, so we discuss and then we try to do some kind of evaluation of our service delivery mode so just in case maybe we realize at some point there is some kind of gap, we are able to work on it and then we improve on that. So each and every other feedback we get from our client be it positive or negative, it also forms a basis for another discussion among the group members or among the team so that we can see what are some of the areas that we need to sit down and then reevaluate again.

I: Okay, do you have a specific example of a negative or a positive feedback that you got and how you handled the situation either from a T-safe user or just...yeah, but mostly from a T-safe program.

R: Form a T-safe...there is a time we...as we were giving the methods and then as much as we giving the counseling and all the information sometimes most of the people are different on how they react to some drugs. So there is a girl we gave a family planning method and then after some time she never got her menses which was just a normal thing but she was so much worried. So with such a kind of information when she came, she wanted to see that specific service provider who gave the service. So when she didn't find that service provider, a little bit she was a bit...she got annoyed actually because she called me on phone; my number has been circulating through all the platforms for ITH be it shujaaz and also the service provider or the mobilizers. So she got my number from shujaaz and then she called me; she came to the clinic but she just wanted to find out that person who gave the method and then she can get much more information. And that's why sometimes as much as we are giving the service and then as much as we are supposed to be doing the standardization, sometimes we need to understand that these service providers will not be around all the time. So sometimes they also need to take their offs. So when they come, we try as much as possible to standardize our services so that it can be easier they can be served by anybody who is around. For her she was attached to that person and then she wanted to be seen by that person.

I: So what happened?

R: I just talked to her because she phoned me, I just talked to her in a good way and then she opened up everything, so I was in a position help her.

I: Alright; how can you be supported so that the provision of SRH services can be improved to adolescents?

R: SRH service is something that is a bit...its wide because when you talk about the services we are talking about the services that are given by the healthcare service providers, we are talking about the commodities, we are talking about even the other referral systems. So we are not just talking about giving the service or a family planning method. It's just a diverse kind of program that need to be addressed from each and every other partner. So for us we believe like if we have to give a total kind of SRH service, we need to have all the systems working; you've worked with ITH, just in case of any kind of referral, it needs to be followed up, it should have a clear kind of mechanism of coming up with a referral system for the services that we give.

I: Okay and what do you propose that can be done so that it can help you to improve provision of services to adolescents?

R: I think we need to have a...let me just be specific to ITH, we need to have a standard operating procedures for the ITH service clientele, so the SOPs that will be used for service delivery for the ITH clients, it will be easier for the service providers to follow them as they are stipulating.

I: Okay, do you feel that giving out of more incentives or TIKO points or reimbursement process for the clinic if its changed or its upped a little bit can help in improving of service provision to the adolescents?

R: Yes it will.

I: Can you elaborate on that a little bit.

R: Because it depends with each and every other clinic and organization because different clinics have different kind of supplies. So as much as we are giving the service, the service we are giving also it has to have some kind of value in terms of what we need to get with the service that we are giving. So when we are giving the services, sometimes we are need to get that kind of reimbursement so that we can get more commodities for the services to be...so that you can have continuity of care. So I think one thing that we need to do is just to have a good kind of reimbursement, a standardized amount and also we have to be considerate about the service providers.

I: **Its okay, just talk.**

R: Yeah, because sometimes it comes with some kind of, huge kind of workload, so sometimes we even have to get another extra maybe service provider so that we can serve both the general clients and also the ITH clients because of the numbers.

I: **What about doing some form of a training, do you think that can help in improving of service provision to the adolescents when it comes to SRH services?**

R: Yes it will because previously most of us we were not done ITH specific training, so it was as much as am using the youth friendly training, but each and every other program has different kind of consult, so I think that's also one area that needs to be worked on, be it training on the system, training on service delivery, training on each and every other aspect of the program is also key.

I: **Great, so now am just going to read you two scenarios and then I'll ask you a few questions based on those scenarios as we are looking towards...just two more and**

then we are done; now let's say a young lady comes to see you, she appears to be around nineteen years old. The young lady tells you that she is married and lives with the husband. She just had her first child one year ago and would not like to have another child anytime soon. She has never used contraceptives because her husband is opposed to her using them. No, what would you want to know about this young woman in order to help her?

R: There are so many other aspects that I need to consider because I need to get the age of the partner because the age difference between the girl and also the partner can also hinder her seeking behaviors for contraception use. And also I need to get her level of education so that I can understand, did she drop out of school or she is in school; yeah that's also one thing I also want to understand. I also need to understand the religious background so that I can advise her accordingly because sometimes you can be advising at the same time you are also making another mistake to her beliefs. Yeah, those are the key areas I'll check on and then now I can just explore more from her so that I can understand exactly what really goes around when she wants to use a family planning method.

I: **Okay, what else would you want to know about her so that you help her as a young lady, nineteen, never used contraceptives and all that. Is that all that you would want to know?**

R: Yeah, I would also want to know exactly how did she end up in marriage, maybe she was forced or she just got pregnant then she was married by that person. And then I need to understand her social kind of life so that I

can understand about her friends, what does she do, is she doing anything apart from being a housewife. So those are some of the areas that we check on so that we can see exactly if she has some kind of much more exploitative partners or friends.

I: Okay, so what would you tell her about contraceptives?

R: Yeah, I would discuss with her about the importance of using contraceptive now that she is pregnant and then she doesn't want to get pregnant...

I: No, she is not pregnant; she just had a baby one year ago.

R: Yeah, she had a baby, sorry. Now that she got a baby and then she doesn't want to get pregnant; most probably she has also some kind of fears of getting pregnant. So even before she gets pregnant, she needs to have a method of family planning. So as much as she has some kind of conflicts or decision in terms of how to use the method and also whether to use or not to use without the consent of the husband, I would do the education so that she can understand the importance of using the method and also I can advise her to maybe at some point she can come with the partner and then we can have a discussion so that she can also understand the essence of using the family planning.

I: Okay, so you said you would do an education, what would be the...entailed in the education process?

R: So we would talk about the fertility, most of the time, once you've given birth, chances are your fertility rate increases. So there is a likelihood of getting pregnant as easier even compared before she got the first baby. So the likelihood of getting pregnant again is so high. And then the other thing, now that she is married and

then with such a kind of a domineering kind of husband, to some extent you never know the intention of the man; maybe he wants to get her pregnant again. So sometimes you need to make sure that you explain and then you give her the big picture about contraceptive and all the other things around the contraceptive.

I: Okay, now, according to the scenario that I just read, what contraceptive method do you think would be best for this young woman?

R: Based on her case and also the kind of issue she is going through and also the kind of fear she has, I would prefer that she uses a method that is much more private or the method that can be so much private to use of which there are only two methods she can use very private is an injection and an IUD. So apart from that one, because on the other one will just leave a scar, if maybe she can make, maybe she is not comfortable using those two, she can also use even the other pills and then maybe she can be hiding them somewhere where the husband cannot get them; because I understand, whoever that is in a relationship, that's the best person that understands the kind of person she is dealing with.

I: So your main reason for choosing IUD or injectables is because of the conflict of consent?

R: Because of privacy.

I: Because of privacy with the husband?

R: Yeah.

I: Not any other reason?

R: Its because of privacy and also because it's easier to use.

I: Okay, do you usually see clients like this young woman?

R: Yeah we see them every day.

I: Okay, can you kindly just tell me briefly about a client like this that you saw and attended to recently.

R: There is a time I had a client, she was around eighteen years; she had one baby and then she came with the husband, she had gone to another clinic and then she was given an implant, the implant was inserted for three years and she stayed with the method for only two months. So when they came, they just came as normal clients so I thought maybe they just were coming for consultation. And then when they came into the room, the guy told me; he was like he was commanding me to remove the implant from the girl and then the girl was just crying, she could not even express herself. And then now when I asked him about the girl, he just told me, just take it off. What I did, I just talked to the girl then I told her these are the charges, maybe what you can do, you can just go to the reception and then you make for me the payments and then you come back and then I can take it off. So the only one thing I wanted was just to get some space with the girl so that I could talk to her. So when I talked to the girl and then she told me, this guy, I was never even intended to get married to him but I have a kid with him. So and then it's like he is forcing the girl to have another pregnancy. So in that process I just talked to her and then I told her maybe what do you prefer, do you want to use another method or...she just told me because each and every other time, most of these girls or most of these clients they have solutions with themselves. So you just give them a platform and then they can come up with solutions. So she told me what you can do, just give me an injection for three months and then you take off this one and then later I can come for

another discussion and then we can see how I can use the other method. And that's what I did actually. So by the time the guy was coming, he had paid and then I had to do the procedure privately because all he wanted just to see the implant out of the hand. So in the process of taking it off, I also gave the three months injection.

I: Okay, great. Now how do providers like yourself encourage adolescents to use long term methods?

R: Long term methods, we try our best to sensitize the community and also the adolescents to use the methods of family planning for long term but the only interest is that the long term method of family planning we have to some extent they cannot be used that privately and the youths they want to use something that they can use privately. So having an implant, maybe because of some issues with your skin, you can have some kind of discolorization so most of them they don't prefer using it because it exposes them. So maybe at some point I don't know if the guidelines will allow us maybe at some point maybe they can have some kind of addition of the methods because there has been a change in terms of the modification of the methods.

I: Okay.

R: They started with around five straws; they came to around four, now they are only two; for five years and for three years.

I: Okay, so do you think that reducing the number of drugs is helpful in encouraging them to use a more long term method in this case implant?

R: Yeah at some point it will make them feel comfortable to use it depending on exactly what kind of client wants to do with the method, because I understand, the young

people they want to use something that is much more friendly and something that because of some kind of cosmetic issues, they want something that they can use without even having some kind of, any alliteration on their skin.

I: Okay, right. Now I'll read you second scenario, it's a little bit shorter than the other one; this is the last one then you just answer a few more questions then we'll be done. Now, let's say a young girl has come to see you. She is alone and appears to be around fifteen years old. She tells you she is sexually active but would not like to get pregnant because she is still in school and she has never used contraceptives before. Now, what would you want to know about this girl in order for you to help her? A fifteen year old in school, she comes to you alone, doesn't want to get pregnant and has never used contraceptives before.

R: Form the experience I have, I think one thing we need to understand that by the time that girl is coming to approach you, there must be a gap somewhere, she had so many other people she could have approached but she decided to choose you because of the position and also because she believes you can be a solution to her. So if she has come for a family planning method and then she is fifteen years, and then you can ascertain she is fifteen years and actually nowadays we don't insist on asking whether you are sexually active because even from your discussion you can understand this one she is sexually active. Now that she has just exposed that she is sexually active, it's good to give her a method of family planning so that you don't have to leave her to get into another mess again.

I: Now what would you want to know about her before you help her or before you take her through the process of the methods and everything?

R: I would want to know about her family background because some of them you can give them and then maybe their parents at some point once they realize they have some issues and then maybe at some point they can start protesting; so I need to understand the family background, I need to understand exactly what she terms to be sexually active and then I need to understand exactly the prior knowledge on contraceptive use. As much as she had never used, does she know exactly what it means to use a family planning method.

I: Okay, anything else you would like to know about her before you help her out?

R: Maybe and also as much as she has come, I need to also understand maybe at some point if she has any kind of pressure maybe from other peers or some other people behind the scenes.

I: Pressure not the medical condition, just pressure as in...

R: Yeah, pressure from the other people, maybe at some point some of the other girls are using the method then she wants to use the method, or maybe she has seen somebody within the family using the method and then she wants to use the method. Maybe at some point she has also been having some kind of risk behaviors that has made her to be even much more vulnerable to have a different kind of sexual lifestyle. So that's also one thing we also have to check.

I: So what would you tell this young lady about contraceptives...maybe I just remind you, she is fifteen

years old, in school, sexually active, would not like to get pregnant but has never used contraceptive before.

R: Yeah, what I can tell her about contraceptive, though these are the methods that can also help her especially with her situation at the moment; there is a method...she has each and every other option of choosing a method that can prevent her until she is ready.

I: **So are you going to tell her about the different side effects of each?**

R: Yeah, we have to do specific method of family planning counseling so that we have to talk about the pills, we have to talk about the pills, how she is supposed to be taking the pills, the side effects and how she is supposed to be taking the pills and also even give her the return date. We have to talk about the injection, we have to talk about the mode of action, the side effects and also the return date so that she doesn't forget and then maybe at some point she just exposes herself to another pregnancy.

I: **Great, anything else?**

R: So apart from just the general kind of information you share, you also need to do a much more backup information especially now that...as much as she is trying to prevent pregnancy, you also have to tell her that there are also some other infections she can get in the process so that she doesn't have to prevent the pregnancy alone and then to some extent she exposes herself to other infections.

I: **Right, any other thing that you feel that you've left out that you would tell her about contraceptives?**

R: Not really, because once you've given out the choices or the side effects, the return dates and everything, you also have to give her space so that she adjusts in case

maybe she feels like she wants to get in touch with you, she can have a free area or a safe space where she can come and then discuss anything she may feel like she wants to discuss.

I: Now, what contraceptive method do you think would be best for the young lady?

R: We don't have a definite best method for family planning we just have a range of family planning methods she can use. So with the full range of family planning methods, I'll just discuss with her and then maybe she can choose the one she will feel comfortable.

I: But as...okay that is good. But as a service provider having known the history or whatever scenario I've just read for you, what contraceptive method do you think is suitable not really best but suitable for this young girl?

R: She can have two, she can have the...either pills or she can do the injections.

I: Why?

R: Not really because she can use any other method but we just try as much as possible so that we give something that...because I can't start her on a three year implant not knowing exactly now that she had never used, I will...because of her age, she may get some side effects and then she gets so much into panic. So I prefer that she can start with the three months and then the moment you can see how she can cope up, it will be easier now to choose another method.

I: So does it mean that the three year and the pills have lesser side effects as compared to the long term methods?

R: Not really that, it's only that we are trying to check on the best way because if I have to give another one,

you don't know the kind of, maybe some kind of other issues she may go through. So if I have to put an implant for three years, it will be easily detected. So she is the one who is supposed to determine which method she wants to use. But for me as a service provider as much as I know these ones can work, I don't have the authority of telling her now I want you to use this one, she has to make her choice because that's her right of making her choice.

I: Okay, now do you usually see clients like this girl?

R: Yes we do.

I: And can you kindly tell me about a client like this that you attended to recently?

R: She was in that age, she was around eighteen years but now for this one, as we were doing the counseling and also when we did the exploration, you give her a platform so that she can come up with her own decisions and also her own solution to her issues. So some of the...like for her she wanted a method but she didn't know exactly which kind of method she wanted to use but she wanted a method that she could use without anybody noting that she is using a method. So when you give her all the options when doing the specific method counseling and also talking about each and every other method, she just chose a method she was comfortable with. So for her, once you give her that platform and then now it becomes easier because she knows exactly which kind of family she belongs to, she knows the friends, she knows all the people around herself. So it becomes easier, when you give her all the information and then you explain each and every other bit it becomes easier for her not to make a decision.

I: Okay but have you encountered one who just didn't want to get pregnant and was still in school but sexually active?

R: Yes.

I: Okay, so what was her story like?

R: Its only that she, as much as she was trying her best not to use a method of family planning but in most cases she could get that she is getting into some kind of risk behaviors, sexual behaviors. Maybe she goes out with some friends and then she ends up having sex, unprotected sex, so in that process at some point she was a little bit concerned maybe at some point she get pregnant without even noting exactly because she used to have different kinds of boyfriends. So she was so much concerned about which kind of method to use. So when we discussed with her and then she told me exactly how the situation was, she was able to choose an implant because she wanted something that cannot be...she doesn't have so many restrictions from her family but she was only concerned about her studies.

I: Okay, I think we are done, so do you have any question or anything that you would like to add that you think might help the program be better or just...or a point that you feel that you have left out?

R: Maybe for the program if it has to start, we need to have much more, enough kind of teamwork; we need to have a system that is working out well and then we need to have much more investigations and also much more trainings so that for the mobilizers when they are doing the registrations they can do very good registrations and also they can capture up to date kind of information.

I: Okay, anything else?

R: Because sometimes it's so disappointing to chase a girl who has come for a service because of some other kind of blunders that can be prevented from the onset of the program.

I: **So what are some of the blunders that do happen apart from...you talked about pictures not being so clear and being so hard to identify a girl or just being fine. What are some of the examples of blunders that maybe happened at the mobilization stage?**

R: Yeah we had the issue of the phones, sometimes most of these girls as much as they are fifteen and sixteen; they are able to use their phones. So sometimes when you just limit the phones to maybe somebody who is eighteen years, sometimes it can also prevent the other girls from getting the service. And also by...there is a time the program wanted the phones to be used by only the girls registered so sometimes you used to get that most of these girls they could go and then they pick their mother's phones and then they could just register with it and then they get the service. So sometimes it used to be so tricky just denying those girls the services because of the phone that belong to somebody else.

I: **So do you mean that older girls get phones and the younger girls don't get or it's just that the older girls...**

R: Its only that they had a different kind of version that somebody who is eighteen years she has a good kind of access to a phone which is okay but also we have others maybe who are sixteen years but they still have phones and then you can have somebody who is sixteen years but can be using somebody's phone.

I: Good, so thank you; I don't know if you have anything else you want to add?

R: Not really.

I: You are good?

R: Yeah, am good.

I: Okay, thank you so much for taking your time to speak with me.

R: You are welcome.

[End of audio]

Notes

The interviewer asked all the questions as per the guideline.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI-RUA_URB_003_SP_006_31519

I: Thank you so much for accepting to participate in this study and as I explained it is just to find out how the T-safe programme can be improved. So we really thank you for your time. So this is Wilkister Ombidi, Research Assistant number 003 doing ITH_R2_NAI-RUA_URB_003_SP_006_31519 health provider interview at Milele Health Center, it is a health center?

R: Milele Integrated medical services

I: Milele Integrated...

R: Medical Services.

I: In Nairobi, Ruaraka Sub County, this day 31st May 2019, service provider number 006 starting at 9.45 a.m. Thank you doctor,

and to begin, please tell me about your work and experience as a service provider at this facility.

R: You mean generally all the services or singling to Triggerize?

I: Ahh generally and you can also touch on Triggerize.

R: We started our clinical serves way back in 2009

I: Yes

R: And so we are ten years in to the service and serve basically a big catchment area comprising low income earners, the one perceived as low class.

I: Mhh

R: So, the kind of constituents that we serve here are not high class per se, so we are reaching out to communities that are economically constrained and so we tailored our services to what they can afford and giving the best within the framework of the Ministry of Health Policy.

I: Mhh

R: Yes

I: So personally, have you been working here for the ten years period that you mentioned?

R: Not all the time but I sometimes work here and other times I work in another place.

I: ok so for how long have you been working at the facility? The years put together.

R: Probably seven years.

I: Oh.....seven years?

R: yes, there was a time I was outside the country

I: Mhh

R: Yes

I: any administration duties you do here?

R: yes, I support them technically. I am the lead person in terms of technical services and we have the administrator who looks at the welfare of the hospital generally without looking at the clinical component.

I: Mhh

R: So, I do (unintelligible), I am the clinical technical lead in terms of the clinical services that we are offering to the patient. That is my work.

I: That is your work; so, you oversee all the departments

R: all operations of the clinical departments

I: Ok

R: Yeah

I: ok but you also serve clientele in terms of clinical services?

R: Yes it do, I screen patients, prescribe medication, refer them where applicable, yes.

I: Great. So what is your role or how do you see your role in T-safe programme?

R: Ahh my role in the T-safe programme is basically to coordinate reproductive health services among the teenage girls within the age bracket of 15-19 years old. It is a programme that has not existed before so for us we had to embrace to a new dimension because we have been offering services for people who are over eight years.

I: Mhh

R: So when it came on board, we really embraced and we found that so many girls are benefiting from the programme. And with the main goal of trying to eliminate teenage pregnancy because when T-safe came it was like an eye opener to the community, you know, something that has been one in the underworld. Because these teenage girls have been taking drugs but secretly, they have been taking family planning, a product but secretly without the knowledge of anyone. They would sneak in and buy the emergency pill, you know, go and keep it and use it when they know that they are going to engage in sexual activities.

I: Yes

R: So when the T-safe came it was like, it opened doors for them to realize that, yes, we have been doing it in hiding, now we can go out, we have someone who is supporting to manage our reproductive health activities and we have seen an upsurge of the numbers in terms of people benefitting from this programme.

I: Mhh

R: So that is my experience so far.

I: Mhh so ok, you have just indicated that with relevance to the T-safe programme you coordinate...so could I please know the actual activities that you perform in the T-safe programme?

R: Yes, we have been involved in the outreach programme.

I: Mhh

R: I am the one how, together with the mobilizers,

I: Yes

R: During the International or National days, like the World Family Planning Day, we had a big boom.

I: You had what?

R: What happened is that we organized an outreach programme and we went out to the slums here in Githurai 44, sensitizing people on the benefit of family planning and telling them that they can receive free family planning services at Milele Integrated Medical Services.

I: Ok

R: That day we had...I had T-shirts for the girls printed T-safe and Milele Integrated Services. You know they went round, they educated girls, we had the banners and that is the time now people got to know, because we involved the girls themselves, you know, with white T-shirts during the commemoration of the World Family Planning Day.

I: Ok

R: So we went round the markets and we attracted a lot of attention from the community and the community were wondering what is happening with Family Planning Services and they could see young girls participating in the process.

I: Ok

R: And so it was a big day for them for the girls and also for us to sensitize the community and even market ourselves.

I: Ok, great. So when the girls come here, what do you for them?

R: Basically, it depends, we are their first contact, girls who are coming for the first time, so mainly or mostly they are sent by the mobilizers from the field. So, when they come here,

we seek to enquire, what have you come for, what help can we give you? They tell us we have come for the T-safe services.

I: Mhh

R: Is this your first time? Yes. So, we actually book them with the clinician whereby they are interrogated on what they know about family planning. We take history basically. Have you used family planning before? So, if you used, when was it?

I: Ok.

R: What was it and when was it?

I: Ok

R: So, you probe the girls to get the background knowledge on the family planning. So, you take them through the family planning product that are available, you educate them.

I: yes

R: Then you narrow to what the girl chooses.

I: Ok

R: Because it is informed consent. You take them through the processes then you tell them the side effects, the mode of action, the advantages, the disadvantages, and then they pick the product.

I: Oh great

R: And the one they have picked you narrow down now to give more information on it.

I: Ok

R: Because it is an informed choice.

I: Alright

R: yes

I: Ok you have also indicated that there has been an upsurge of adolescents calling in.

R: Yes

I: Just a bit of explanation on that. How is it then?

R: Well, we have never experienced the numbers we are experiencing now, teenage girls looking for family planning services. As I told you, it has been an underworld business, they have been getting family planning products from the chemists but they will not volunteer to come to the health facility.

I: Ok

R: They don't come for services here because they fear, they might be reprimanded by their parents, and the community will talk negative against them. You know a young girl starting family planning when she is in form three, so I think those are the questions I think they have been avoiding all the time. So when the is avenue opened, and they had someone to embrace them, and show them the need to have family planning, and in an environment that is conducive, free from intimidation, I think they volunteered in big numbers.

I: Ok, kindly describe your experience with adolescent SRH services. What is your experience? You have been receiving quite a number of them.

R: One thing I have realized is that these guys have a lot of information. I think they learn a lot from the social platform, print electronic media, they are learning a lot from the television and one of the things that I have also appreciated

is that there is a lot of mobilization amongst the girls themselves.

I: Ok

R: If on

I: Ok

R: someone comes for the services, next time they will bring five more. Someone would call it research snowballing, they pull one another

I: Ok

R: So that you never find a girl who was given a method last month, coming back for review alone the second time. They will come many and in groups.

I: Ok

R: Something we are trying to understand why; if someone cannot come alone, she has to be in a group of five to ten of them so you don't even understand how the timing is done by them to come. And the most observable time that they frequent the clinic is between 3 p.m. to 6 p.m.

I: Mhh

R: you find not find many girls coming in the morning but they come in the afternoon all the way to six.

I: Mhh

R: yeah and there is an upsurge of numbers over the weekend.

I: Mhh

R: You know, most of them come asking for emergency pill over the weekend.

I: Mhh

R: You know, and I want to believe that those who are not regular pill, would want to come for emergency pill over the weekend. Sometimes we have to counsel them and tell them these are not the best for you guys because if you continue taking them for long, they will have a negative impact on your reproductive system.

I: Ok

R: so that is my experience.

I: That is your experience.

R: Yes

I: Mhh

R: they have a lot of information

I: they have a lot of information with them.

R: What they need is to be guided on how to consume the information because some of them are doing it in the wrong way.

I: Mhh

R: Yeah

I: So, you have just indicated that they have a lot of information they get from the media, particularly.

R: yes

I: So, what kind of information have you identified that they have?

R: One of the information they have is that as long as one has started menstruating, they are capable of getting pregnant.

I: Mhh

R: So, they should prevent pregnancy because they can have a child at whatever age as long as they are menstruating.

I: Thank you

R: That one is coming out very well.

I: Ok, please tell me about your training in adolescent sexual reproductive health.

R: Mhh yes, I have a lot of trainings in family planning, I did the six weeks course for the family planning, way back in 2006. I also did the six month course on reproductive health, and I have done public health in which family planning or reproductive health is a big component.

I: Mhh

R: Yes, Masters in Public Health in which reproductive health of a huge component because of the primary health care.

I: Mhh

R: Yes

I: But in relevance to the adolescents....

R: We had some training with PS Kenya, on sexual reproductive health and teenage pregnancy, we also have the framework from the Ministry of Health.

I: Ok

R: the SRG guidelines

I: Ok

R: So that one also exists.

I: Ok

R: There is some document, policies, guidelines that exist within the framework of reproductive health practice.

I: Ok thank very much, something that you told me but I just want to go back to it, just a little; about the services that this clinic provides to the adolescents specifically. You have told me how you educate them.

R: Yes

I: But let me take you back, what other services does this clinic provide to the adolescents?

R: WE cover the entire component of reproductive health to include cervix cancer screening.

I: Mhh

R: We do screen for survival cancer for teenage girls and even mothers, 15-49 years of age.

I: Ok.

R: we also do family planning; we also do the long-term which is a favourite of every organization now because of the minimal side effects.

I: Ok.

R: and in an effort to allay myths and misconceptions associated with the long-term methods.

I: Ok.

R: We are doing a lot of education among women and we have seen high level of acceptance among women of reproductive health system.

I: Ok.

R: Reproductive age bracket, you know accepting the long-term methods.

I: Ok and what are some of these myths and misconceptions that you guys have worked out to iron out among these women?

R: Yeah some of them is that when someone is put the coil, it travels all the way to the act.

I: The coil?

R: The coil, the long-term method,

I: Ok.

R: The other one is that it can get lost into the system, you know, the reproductive system, the other one is that with the coil, it reduces the sexual urge, the libido in women. The other one is that men can feel the thread when are having coitus with their spouses so that it creates a lot of discomfort.

I: Ok.

R: The other one is that it promotes infection, that women who have backache is because of the IUD and so those are some of the myths and misconception that we are trying to allay among the consumers of the services

I: Of the long-term methods. So, in brief you provide counseling education, you provide long term and short term methods

R: And also refer

I: to these adolescents? Please describe your experience with the T-safe platform, that platform that is mobile, just a little bit of your experience with it.

R: I am have not been in T-safe for too long because we started way back in 2018 and during that time we have been there, because we have been dealing with youth programmes before, like HIV screening for the youth, and we have also been giving free condoms to the youth

I: Yeah

R: And STI screening services. So this clinic identifies with the youth even before T-safe came on board, identified with the youth so well.

I: yeah

R: and it provided an avenue for their conducive environment. You know youths want to access places where they are youthful, youthful clinicians, where they are received warmly, where they can pick condoms put in toilets, you know, where they can receive other projects at strategic positions

I: Ok

R: That is what the youth want. They don't want to be exposed that much and this clinic has been providing a conducive platform for them to access services. So, long before the T-safe came on board, we had a very good working relationship with the youth.

I: Mhh

R: Within this area. They would volunteer with their girlfriend for HIV testing.

I: That is good.

R: They would come and ask for condoms. We want condoms and we give them condoms.

I: So, you have been youth friendly from the time you have been running?

R: For a long time. Yes. We have been youth friendly providing HIV services among the youth even before this programme came. So when this programme came again then it provided a good platform again for the youth who didn't know about Milele that is a conducive friendly environment that they can access services as well and within the framework that is required.

I: Ahh right, now there is this enrolment process that is normally done on the mobile phones.

R: Yes

I: I don't know if you have some experience with it, the one enrolling them on mobile.

R: yes, yes. These girls identified from the field,

I: Mhh

R: By the mobilizers or they are sometimes registered from the field.

I: Yes.

R: So we don't get to contact with them directly.

I: Mhh

R: We only get into contact with a person who has been identified by the mobilizer in the field or from wherever.

I: Ahh ok

R: We don't have a specific catchment area because we receive them from as far as Ruiru, Kenyatta University, as far as Ruaraka, wherever there is need to get in contact with mobilizers. So they send them here. So that is our first contact.

I: Yes

R: So when they come we ask then are you already registered with T-safe? They tell us we are already registered with T-safe so the person who moderates that on the phone checks by telling them to send their number of enrolment.

I: Ok

R: Ok? So that is where the interaction starts.

I: Any problem they get in that phone process?

R: Well I have not heard any complaint from the person dealing with that, the mobile phone. There was a time it used to be clogging

I: Clogging?

R: Yes, the network was poor and so we couldn't go through. The method would take some time for it to be validated between the service provider and the client.

I: Mhh

R: And later it would come, the message would come long after the client has gone.

I: Ok

R: Other times you validate, you look for the network, you go out there to look for network so validation like twice, thrice, and at the end of the day the client gets the method. So, there have been problems, but over time it has improved.

I: So how has the project influenced the way you provide services to the adolescents and you as a provider you have already explained to me that you guys were from, before the T-safe programme, you were already adolescent friendly?

R: Yes

I: But I would like to just revisit the presence of the T-safe Programme. Tell me whether it has influenced the way you provide services to the adolescents and you as a provider?

R: Yeah, we have to actually re-train our clinicians and employ a fellow youth who resonates with their age.

I: Ok

R: We have somebody who is nineteen like them.

I: Yes I have seen very young service providers here!

R: Yes she is nineteen old and so they resonate very well. They way they are explaining them, if they have private messages they want to pass across, they tell them then the girl counsels them and tells them yes, I can assist you to see the doctor and explain to him what you are telling me about.

I: Yes

R: And they can be of great help.

I: Ok

R: So he is the link. For some of ht girls who are already filling shy about exposing their condition...because remember they are not all coming for family planning services some of them have the STIs. Some of them have some issues they want to share with a confidant. So the first contact person is the person who receives them at the reception, who is their counterpart, a young girl like them so they feel free to open.

I: Ok, great.

R: Yes

I: I don't know if there is any other way through which this programme has influenced...

R: Yes another way is that with proliferation of so many numbers we have to expand the facility. We had to do some structural adjustments to accommodate the many girls. Remember we have our regular patients and clients whom we are also serving.

I: Yes

R: Remember we are also serving the public who are coming for reproductive health services so we had in a way to expand the infrastructure to accommodate and create room for them.

I: Ok

R: And that is why you can see that we have three consultation rooms.

I: Mhh

R: Where these girls can be seen so that when the girls come, the services run concurrently just like that other normal services so that we don't have to tell the girls, yes, wait we see the patient first and then later or we tell the patient we have girls here who are in a hurry let us see them first. They may not understand what is happening.

I: Yes

R: Because we have different consultation rooms so we expanded the facility to accommodate the huge numbers.

I: Ahh great. So you segregate them when they come, adolescents are told...are ushered in a different place...

R: no we don't, it is the doctor who is available.

I: Ahh

R: So we would not know what is happening that we are seeing girls or....even nobody knows if they are coming for family planning services. It is only the clinician who knows when they present themselves to him that.....yes.

I: So what are the most common questions that you get from the adolescents?

R: Well, one of them is about pregnancy. They have a lot fears about pregnancy. Can some get pregnant while they are still using family planning methods?

I: Ahh...

R: In what instances would one get pregnant whilst they are still using? Can our boyfriends also use family planning?

I: Mhh

R: Or it is only the girls who can use them.

I: Ok

R: Then another one is the fear of their parents, the mother or the guardians.

I: Mhh

R: They may not want their parents to know that they are using family planning methods because of the negative attitude towards family planning because someone would ask them. Do you have a family that you have started using the family planning methods? So why are you using the family planning while you are in school?

I: Yes

R: their parents do not want to understand that they exposed, they are vulnerable. You know they are vulnerable to unwanted pregnancies as long as they are in relationship.

I: Mhh

R: So there are a lot of fears between them using family planning then using their parent's phone, sometimes they smuggle the parent phone and use it. Come with it shortly, they validate the method; they remove the simcard, return their sister's simcard and return their phone to their mothers.

I: Ok

R: so remember many a times, they are using either using their sister's phone, mother's phone and those are mothers who are friendly

I: Yeah

R: Yes so we are getting a lot of challenges and asking a lot of questions; how they can navigate that, you people cannot give us services without recording our information, some of us are being questioned, like the other day one was caught up with some pill by the sister on bed, a sachet of family planning pills, the mother was told and she was summoned. The sister reported her to the mother and she was summoned, questioned, you know.

I: Ok

R: So there are a lay of fears among them.

I: Ok so the big question is that can't you people just serve us without....

R: Can't you serve us without calling, validating

I: validating and recording

R: Yeah she might tell you she is eight, can't you believe, why are you asking me when I was born, why do you have to prove?

I: Mhh

R: Am I not entitled to family planning.

I: SO many questions.

R: you tell them you are entitled to you know but you are also protecting your integrity.

I: Ok and you have already told me that since the inception of T-safe there has been an upsurge of the adolescents who are coming to access the services. But I don't if there are any other changes you have noticed since the introduction of T-safe?

R: Changes?

I: Yes

R: When we started, they used to give us reimbursed which helped us to cope with the system. The reimbursements were fair based on the product we were giving.

I: Mhh

R: But again they change the system and started remunerating us at a very low rate. And we felt that this programme was not friendly to the service provider but to the beneficiaries of the programme in a way that we are unable to sustain the programme. Because the product of reproductive....the reproductive health product have over time gone up. Because the Depo we were buying at Sh80, now we are buying it at Sh101

or Sh105. The Pills we were buying at Sh20, Sh25 but now they are retailing at Sh58.

I: Fifty eight bob?

R: Yes and you were being reimburse Sh100. So you look at the time you are spending with this client, the counseling time, the education time, sometimes the procedure of the o you are giving them, the time it takes to give them the IUCD, or the implant and the remuneration we are getting we find it unreasonable While we have argued this for too long,

I: Yes

R: Well it has not come out very well, it does not come out well and those are some of the things that we feel are boggling us down and we have had several meetings telling them to review and to even have market surveillance of the reproductive health product because they drastically reduced the prices of the products to more than 75%. We were being refunded Depo Sh400 they brought it to Sh100. The implants we were being reimbursed, Sh1500, they brought to Sh500 so in a way we have felt this programme is not being use for....you know you are being used as conduit just to generate numbers for people

I: Ok

R: Who are not looking at the interests of the people who are the service of providers. We have had several meetings with them telling this programme is good for the children, for the girls but it is draining us big time.

I: Mhh

R: Because I am not here to do a programme for a ride, I want to make a profit, I am paying the house rent, I am paying the

staff, I am paying the cleaner, and I am paying the receptionist

I: Mhh

R: so if you look at this and the time you are spending with the girl, and the reimbursement you are getting it is too way below.

I: Sorry for that.

R: So we have been having issue which we have raised with the management and at some point I personally felt like withdrawing the programme

I: Oh really?

R: Yes, I actually wrote to them.

I: So who are these guys who were meddling with the reimbursement? Who are they?

R: I don't saying meddling but I am saying they reduced.

I: Oh they reduced and who are these people?

R: I may not say there are particular people but the management.

I: Yeah and who are these who were supposed to reimburse you?

R: The Triggerize

I: Triggerize?

R: Yes, Triggerize, we are not doing it for free, remember they are not giving us the product, they are not buying the product for us to give, and this is our product. Just like I am attending the public woman, the mama who is selling vegetables here, I selling to them my services.

I: Yes

R: Including counseling, including screening,

I: Mhh

R: Including education but they are looking at it within the component of just the product. They are not looking at the time I spend with this client.

I: Mhh

R: And even my technical skill, you know

I: Mhh

R: My technical skill of inserting the IUDCD, my technical of putting the implants, surgically, my technical skills of injecting, that one begin underscored which we thought was far way below and I don't think some of us are really motivated with this programme so far because of these kinds of stuff. The pricing...the pricing is the problem. The reimbursement is too way below.

I: Ohh.....below what.....but now they have come down below eight percent. I have given you examples of implants.

R: yes you have.

I: Sh1500 and now it is Sh500 and remember some of these procedures consume your resources like the gloves. You cannot put an IUCD with the (unintelligible) filled. You have to put on gloves; you know it is a procedure that takes thirty minutes.

I: `Yes, it is true

R: If it is the surgical procedure it take twenty to thirty minutes and you must be gloved, you must be glued well like a clinician who is a doing a surgical procedure.

I: Mhh

R: So if you look at all those things and the benefits you are accruing from this programme then we see it is not having a very good motivation to the service providers.

I: Thank you.

R: We are not getting motivated at all. We have the enthusiasm to offer the services, we know the clientele we are benefiting, and they are people who have been marginalized for long.

I: Mhh

R: But now service provider has been kicked out of the scene by being not motivated to offer the service because of the poor remuneration....I mean poor reimbursement.

I: Ok

R: Because remember whatever we are doing with the expansion of the programme you also need to expand your facilities. So you expand it means....rent more rooms to accommodate the numbers.

I: Mhh

R: You pay the receptionist who is receiving the girls, you are paying the clinician who are offering their time to the girls. Those are some of the gaps that we have identified and voiced up to the management to improve.

I: Thank you

R: And it has not been done.

I: Mhh it is great that you are talking about this because as we look forward to improve this programme, these are some of the gaps that if we grasp, it help on the focus of what next. But I am happy that you have not stopped, you have been able to go

on. So let us then move on. How have the preferences of adolescent service users been influenced or changed as a result of the T-safe programme?

R: Come again?

I: How have the preferences of the adolescents service uses changed as a result of this programme?

R: To family planning products?

I: Exactly

R: One of the things we have noted over time is that the young girls do want to be committed to long-term methods.

I: Mhh

R: They don't want to commit themselves on that because they are telling us I am just out of school for three weeks and I am going back.

I: Mhh

R: So why would you give me a Depo to stay in my body for three months and I am in school and I am not sexually active that time? I am in school. And they also ask, why do you give me an IUCD to stay in my system for five years, for three years, for ten years and I am not married? I am just doing it for pleasure.

I: Ok

R: Casual sex. So they want a method that is fast; has a short cycle, like pills,

I: Mhh

R: Myscopill, they want something, quick fix

I: Mhh

R: They are not committed to this kind of sexual life, that is their language and if you listen to them, to a big extent, they have a genuine concern. Because they ask us how do I commit myself to three months and I am out of school for three weeks only?

I: Mhh ok and you had indicated previously, earlier on that some of these adolescents, some of them were using the E-Pill and have you seen a change during this programme?

R: Yes with the opening up of this programme and the education that we have given them, they are moving away from the emergency pill.

I: Ok

R: Because it is like they have been abusing it, using it like every week. Someone uses the emergency pill every time they have sex, others use it after....over the weekend and even before this programme came on board,

I: Mhh

R: Not only talking about the girls, even the general public,

I: Yes

R: Really abused the Emergency Pill because over the weekend we record the highest sales of the Emergency Pill. From Friday all the way to Sunday we have the highest sales of emergency pills.

I: Mhh

R: That is the time much of the public use them but the girls have reduced the use of emergency pill over time because of this programme.

I: Ok

R: Yeah and they can access the services whatever time they want, whatever time of the day they want they can access it the services.

I: Ok

R: We operate twenty four hours.

I: Ok even at night?

R: They will get the pill.

I: And I would also want to know the preferences for the service providers have also been influenced by this programme?

R: Preference by service providers.

I: Yes

R: Ohh yes, you look at where the ball is rolling, you stock it more.

I: Mhh

R: If they want the normal pill, the twenty one cycle, you keep it.

I: Ok

R: that is where the ball is rolling towards.

I: Ok

R: Ok yes, the supply for specific method has in a way been influenced by the consumers themselves.

I: Ok and there could be issues of...ok many people, many providers sometimes think that adolescents are difficult people.

R: Mhh

I: So I don't know if this programme has enabled your staff to appreciate them.

R: I don't think they are difficult per-se they need a lot of information.

I: They need a lot of information.

R: If you are not able to give them information sometimes they become difficult because some of them want you to go their way

I: Ok

R: But if you give them factual information, I think they receive it with....they receive it very well.

I: Mhh. Do you find many of your providers wanting to serve their adolescents?

R: Yes, many of them.

I: Many of them

R: Many of them want to serve them but they also have preferences. Someone might come and say, where is that short brown doctor; I want to see him.

I: (Chuckles)

R: They also have preferences and sometime you don't have an option for that. You know sometimes you have to give in because they have their rights to be seen by the person of their choice is they are available. If the clinicians are available, if they are not available, you cancel them, today he is out of duty, today he took an off, he is on night duty but you can be assisted with whoever is there, are you comfortable?

I: Ok.

R: Yes, they accept.

I: Great, so how does your facility and colleagues support the adolescent girls who come seeking SRH services?

R: One of the things we have realized these girls do not want to waste a lot of time.

I: Mhh.

R: So they want things done quickly. If someone comes here for services they don't want to stay for one hour.

I: Mhh.

R: Waiting for a family planning methods and after all they are not sick. What we do, we have tailored the programme in such a way that there is a turnaround time, you now, it is sufficient. The time we have with the girls is short. So the maximum time you can keep a girl is five to ten minutes.

I: Ok.

R: For the starters it takes time because of the counseling. But for people who are coming for the review of services who are coming for subsequent visits, it is five to ten minutes.

I: Ok thank you.

R: For starters it might take twenty minutes because of the counseling, education bit, screening and all that.

I: Ok so you have made arrangement for their waiting time to be very short?

R: Yes.

I: Any changes you have made in opening and closing of the facility? You said you work 24 hours.

R: Yes and we have the girl even coming over the weekend like Sundays.

I: Ahh great. Anything you guys have done about privacy and confidentiality with regard to adolescent access of SRH services?

R: yes, as you can see our rooms are very private, once you get in to the doctor, it is what you discuss that is what matters most and it is confined within that room.

I: Ok.

R: You don't discuss with anyone else.

I: Ok.

R: so the set up of the hospital allows that. And number two we have three entrances, you can come through the main door, you can exit through the rear, and in fact you find some girls don't want to go through the, you know, when they come in groups, they want to be in and then follow one another through the rear door.

I: Ok

R: So we have provided that avenue for them. They come through the main but they go through the other one so you may not know where they are coming from.

I: Mhh

R: Because as you can see the first floor is the hospital, the first and ground floor is the hospital but the rest are the tenants so you may not know where they are coming from. So they come in and go out with another door.

I: Do they have a separate waiting bay?

R: No, we will not allow that because then we don't want to treat them special.

I: Chuckles.

R: The waiting bay is the same, you know, but we know them, and we cluster them and we are able to pick them to minimize the turnaround time.

I: Ahh great, any IC material you give them to read?

R: We have I see materials from the Ministry of Health and from Triggerize programme.

I: Mhh

R: Yeah we give them.

I: Tell me, how has your participation in the ITH influenced the quality of care of SRH services in your facility being that you guys participate in the T-safe programme, tell me if it has influenced the quality of care that you give to adolescents.

R: It has in a big way because looking at the sensitivity of the cohort we are dealing with, the girls, 15-19 years of age, and then it has changed drastically because we need to look at them in a different way. These are girls needing who need a lot of information. Ok so it as changed quality in terms of, you need to allocate them ample time. You need to give them room. Let the talk more and you less.

I: Ok.

R: So being an actual listener, as been the greatest pre-test asset for us to win their confidence

I: Mhh.

R: We let them ventilate heir concern first

I: Mhh.

R: What brought to the hospital?

I: Ok.

R: By asking them open ended questions to give them room to explore.

I: Yes.

R: You know, what brought you to the hospital today?

I: Mhh

R: How are how you ding with family planning?

I: So you give them all the time?

R: Yes we given them ample time so that in a big way it is quality time

I: Mhh

R: So unlike when you want to clear the queue and people go you feel they are wasting your time. And girls need that, they need an active listener. That is one thing we have come to appreciate.

I: Mhh

R: Don't talk too much to them, let them do the talking, listen first because they have a lot of concerns. Remember, not only family planning, they have a lot of psychological issues they are going through, you know. They have a lot of stressors both at home, with friends, peers so let them talk. Many of them go out of topic. The main goal was family planning but someone tells you they went parallel with the sister

I: Went what?

R: Parallel

I: Ohh ok they disagreed.

R: Yeah they disagreed with the sister yesterday, you know she feels she is better, she greater than me....they go out of topic, away from family planning and they have a lot of issues so you have to listen to them

I: And you still listen to them?

R: Yes.

I: Oh great and now I would like us to revisit a related area. Now with seven years of experience working in this facility, and ten years of the presence of this facility here, please tell me what have you seen as the facilitators for adolescent to access services? What facilitates them?

R: Ok, one of them is a friendly environment. You must create and friendly for the girls to come for the services. And it resonates very well if you are a person or resonate with their age.

I: Mhh.

R: They don't want to be seen with people whom they can hardly ask questions.

I: Mhh.

R: Because one of them told me that she went to a public hospital for family planning and she was in form four by then. So the nurse asked her, why are you here for family planning, have you finished school?

I: Ok

R: What the hell is this? So instead of the guiding the girl the health care provider started giving sermons to the girl. So I

think it resonates well with the friendly environment, you know, the attitude of health care providers is of great help.

I: So when you talk about friendly environment what exactly does it mean?

R: Make the facility more attractive to them.

I: Ok.

R: Make the facility attractive, how things are arranged.

I: How things are arranged?

R: We have the IC material whereby they pick as they walk out. That part about a healthy environment. It is not about the staff talking to them.

I: Yes.

R: Have the IC materials, put the condoms there, have a place for them to sit, you know.

I: Ok.

R: A conducive environment.

I: Ohh great. So we are talking of friendly environment, we are talking of positive environment, positive attitude of the health care providers, I don't know if there is something else?

R: Yes, there is which is very critical too. One of the things girls want us to have is trust.

I: Trust?

R: They need someone they can trust with the information.

I: Ok.

R: Ok.

I: Mhh.

R: They want a confident they can share with their story. They have their story.

I: Ok. They want whom someone with whom they will share their story with and keep it confidential.

I: Ok, great. Let us then quickly move to the barriers, those factors that bar them from accessing sexual reproductive services in as much as they would want to.

R: Ohh,

I: looking that the environment and the community you are working for.

R: On of them is the opposite of the other. Bad attitude among the health care providers, people who are not welcoming, you know, people who are not active listeners, because if you are not an active to the adolescents then you create a lot of gaps.

I: Mhh

R: There is a social gap between you and them. Then there is also the age, age is a barrier by the way.

I: Mhh

R: Age....what we have observed for the last one year, age is a barrier. They want someone they will resonate with. Someone who they think is going through the same.

I: Ok

R: Ok, someone who they think has gone through the same, like I said they share a lot with my receptionist here. Some of it I get to know later that the girls have later.

I: So the age of the health care provider?

R: Matters a lot because it is a barrier.

I: Ok, ok

R: Some things they cannot tell, like the STIs they might not tell someone who is the age of their mother and they will come asking for a specific person and if she or he is not there, they go out. They differ the treatment for another day/

I: Ok

R: So age is very critical, to them, to us health care providers it is no longer an issue because you can screen and see anyone but to the girls, it is very critical.

I: You had also mentioned something about the fear that they have in terms of being disclosed to the parents or guardians.

R: Yes

I: I don't know whether this could also in your perspective be included as a barrier.

R: It is a barrier; it is a barrier by the way.

I: It is?

R: Yes because the parents do not believe that this girls are vulnerable, they want their girls to get saved, go to church, get preached to, to avoid pregnancy and remain....to abstain.

I: Abstain?

R: To exercise abstinence when they are in school and not ready for marriage.

I: Mhh

R: But this is not practical to them.

I: Ok

R: Yes

I: There are also those misconceptions you talked of on certain products, in your perception could those also be a barrier?

R: Misconceptions in girls? No. Because they believe in what you tell them. They don't have much information.

I: Oh they don't have much information.

R: About SRH.

I: So what are some of the mechanisms that you or your facility have used or could use to support adolescents to overcome these barriers that you are talking about? We are looking at bad attitude, not listening to them, age of the provider

R: Mhh

I: parental...

R: guidance

I: Yeah or refusal

R: Mhh

I: Yeah

R: one of them is to train service providers on friendly services, youth friendly services. Let me use that word; Youth Friendly Services because most of the youth that are suffering out there, it is because they have no one to give their story. They don't trust us anymore.

I: Mhh

R: You are a friend to their mother as a doctor or their mother comes here, ok, and you normally talk to their mothers so they fear that you might leak the information they talk to you to

their guardians. So that is number one, youth friendly services.

I: Youth friendly services.

R: Health workers should be trained on that. Number two provide conducive working environment for them.

I: Mhh

R: Make the places you are using to be youth friendly. Cohesive, I mean let us have privacy, confidentially so that it can be achieved.

I: Ok

R: And the other one is empowering them with information.

I: Ok

R: Give them a lot of information because when you give them a lot of information then they will not fear to express their story.

I: Mhh

R: yes

I: Ok

R: so lack of information is a barrier so you should give a lot of information for them to be able to express themselves and to understand their rights, the SRH rights.

I: Ahh great

R: That is that is the key word, let them understand what they are supposed to access.

I: Where would you suggest this information should come from so that adolescents in the community can get it?

R: Yes, a quite a number of constituencies have come up with youth friendly centres.

I: Mhh

R: Number two, the facilities that are youth friendly should also be supported. Youth friendly centres should be supported to empower the youths.

I: Ok

R: with information,

I: Ok

R: Yeah

I: what kind of support?

R: Support them technically, infrastructure to create more room because you can create a room where the youths are coming and having their own fun, they are discussing their issues together, you are coming in as a care provider to clear some issues that are not so clear to them, you know, that would be a big deal

I: So who would give these supports that we were talking about?

R: I think I don't know, because there are some programs that supported

I: Ok

R: Instead of duplicating effort.

I: Mhh

R: We realize that MSK are doing, Triggerize are doing, there is a way thing can be coordinated because I don't expect MSK to support me for family planning, Triggerize to support me on

the same; that is duplication of effort, they can take another angle.

I: Ok

R: To support but the main aim is empowering the youth.

I: Ahh great. So what are some of the challenges that you or your facility face in dealing with SRH issues?

R: Challenges?

I: yes

R: One is lack of information

I: Information

R: We need a lot of eye see materials

I: Ok

R: Which we don't have to give to the youth because the moment they identify that this facility, Milele, is friendly to us, then their expectations, they attach to it. One of them is information. When you lack eye see material, because that is what they like most.

I: Mhh

R: The other one is social media engagement. We have a platform for the youth within our Face book page where we engage the youth directly. They can ask questions, you know, questions can be answered directly, you know, that way we do promote social engagements on social media platforms.

I: Mhh

R: That would work, number three, we need to also create a platform for the youth, competition, maybe you could have where

you are congregating the youths, to education them on alcohol abuse and the like so that it is not only family planning that we are complimenting that one with other involvement, other social whatever activities.

I: Ok

R: Yes

I: Any misperceptions that adolescents have using SRH services or products?

R: Yes, they have a misconception that if you use some family planning methods, some of them can predispose you to cancer.

I: Mhh

R: Of the cervix, that is a misconception.

I: And in particular which products are they pointing out?

R: They come asking so we believe that they have heard from where so that misconception we try to allay.

I: Mhh.

R: And we heard that if you use this family planning before you get married you can have cancer, is it true? You seen that one is a myth and misconception.

I: Yes.

R: So we take it up from there.

I: Ok.

R: They don't say themselves that they know, but they heard.

I: Mhh.

R: You know they heard or they read, they saw it on the internet; so one of them is misconception that some family planning methods will expose them the cancer.

I: Ok.

R: So we have to allay that.

I: Ahh great.

R: Then another thing is that they have a particular preference of a method when they come here. By the time they come here someone is saying they want Depo. If you ask them why are you particular about Depo? My friend uses it.

I: (Chuckles).

R: So you have to tell them a method is that is friendly to you might not be friendly to your friend and vice versa.

I: Ok

R: So you have to take them through the process of learning how the mode of action, the side effect, the reversibility, the irreversibility of the method, you know, so those are some of the issues.

I: Ahh great. This actually forms part of the challenges that you guys have. I had asked about the challenges that you people have in dealing with adolescents sexually reproductive health issues and you have listed eye see materials. I don't know if there is another challenge that we have not listed.

R: Yes, another challenge as I told you is the reimbursement that we get from the Triggerize

I: Yes

R: We are economically unable to sustain this programme because we are buying these products at a very high rate but the reimbursement we are getting is too meager and someone doesn't see the need of sustain this programme because one, it is wasting your time. You rather give your clients who are giving you money some preference.

I: Yeah.

R: This is a money making business so why would you waste your time with people whom you are not getting little amount.

I: Mhh.

R: You know.

I: Ok.

R: Even if it is the spirit of helping it should be too way traffic.

I: Two way traffic.

R: You are supporting it to build myself, you are supporting me to pay the spaces I have rented because of your girls, am able to motivate my clinical officer and nurses who are screening your girls.

I: Yeah.

R: If they are not motivated, obviously they will not give quality services and so one of the greatest impediments of quality services is reimbursement.

I: Ok, ahha.... so you have told me about reimbursements, had meetings with Triggerize guys and for the misconceptions you normally give information. So how about lack of eye see

materials, what modalities, or in what ways have you used to mitigate this?

R: Ahh most of the materials we have are not related to eye friendly to youth friendly, they are general, they are not targeting a particular age set. But we would wish materials either targeting the adolescents, come with a theme of unwanted pregnancies, have the eye materials on that

I: Ok

R: Come with alcoholism, come with something to do with indiscriminate sex among the youth, how they are exposing themselves to STIs, STI management, predisposing factors to STIs, you know, those are all reproductive issues.

I: Mhh

R: So having eye see materials tailored to the needs of the youths

I: Adolescents

R: Yes

I: So that remains a problem.

R: Yes

I: Ahh great. What feedback about the facility have you received from the adolescents through the mobile platform? Do you sometimes receive feedback what they are saying about your facility?

R: Yes, we are rated by the service uptakes or service consumers who are the adolescents and we are also told the parameters under which one we are perceiving to be doing poorly.

I: Mhh

R: We have consistently been doing very well, because lastly we were rated at 4.97 out of %.

I: 4.97 out of 5?

R: Yes so we cannot complain we are doing well, at the maximum rate.

I: Ok ahh great.

R: So we are rated by the service consumers themselves.

I: Mhh

R: Through the mobile system there are some questionnaire at the end of the service, did you like the service, did you like the service provider, and were you satisfied with the services so you rate.

I: You rate?

R: Yes

I: so is it your consumers who rate you?

R: Yeah the adolescents.

I: The adolescents?

R: Yes as they pick the service, from the service provider, at the end of the service they rate on the mobile Application and so that one is reflected on the database.

I: Ahh

R: Of the Triggerize and so they are able to aggravate who scored the highest.

I: Ok

R: Among the service providers. Who was rated poorly and so on so we scored 4.97 points.

I: 4.97 is such a big score, what did they say within that rating that was very good about this service

R: It was about friendliness and the environment of service uptake, they like it.

I: Ok

R: Mhh

I: So how has this very beautiful feedback influenced the way you deal with the adolescents those who visit your facility?

R: Sometimes we want to involve them so that we see what more can we do to make them more comfortable.

I: Mhh

R: And our services appealing to them. Someone might say I like your colours,

I: Ahh ok

R: I like the arrangement of your reception,

I: Mhh

R: Just a comment

I: Those are some of the comments?

R: Yes, you try as much as possible to listen from them. What else do you think you can do apart from the colours? So you can have some movies, learning movies, they prefer movies which tell us a lot of things. They want movies on reproductive health, they want some education materials distributed, and

they want some youth friendly activities like competitions which we are unable to offer honestly

I: Ok

R: You know they forget that we are just service providers.

I: Mhh

R: They think we are being supported by Triggerize, with which money?

I: Ohh

R: All this we are giving is Triggerize that is their perception

I: But for me you are not just service providers, you are very good listeners and I can come with my stories so I will tell you anything.

R: They tell us a lot of things, they think we are implementers. They think we are a Triggerize clinic so they tell us you people you cannot even organize for competitions, for girls? You ask them what kind of competitions, they tell you beauty contests, and they come with a lot of stories.

I: (Chuckles) Nice, nice. Now I want us to go back to something that you had already touched on about support. How can you be supported and by whom to help you improve SRH service provision to adolescents? You have already mentioned about the eye see materials that you need support. So who is supposed to support you in this?

R: Well let me say this, we have not particular person who we can say will support us because everyone is looking at the plight of the adolescents including the NGOs. So my proposal would be if we could arrange yours, supporting service providers, who

have the initiative of improving the Sexual Reproductive Health of girls, that will be a big mileage.

I: Ok

R: If we can have NGOs who are providing SRH services coming together, not to duplicate efforts so that one line is this and the other line is for another thing, actually the impact and outcomes would be great

I: Great

R: Yeah

I: What other support would you suggest that would help to improve and by whom?

R: It is basically training of the health care workers on quality because the service providers actually are the backbone, they are the entry point to quality service.

I: Ok

R: So if we can have health care workers who are offering adolescent service trained,

I: Mhh

R: On youth friendly services or adolescent health, that will be a boost.

I: And who should do this.

R: The government does it, there are some NGOs that does it like PSK

I: And other support that you would suggest?

R: yes I would support also to...if they would probably have some model sites

I: Model sites, what do you mean?

R: Model sites means, if they can have sites that have excelled according to their parameters, according to donors or partners parameters, we think Milele has done excellent work, so we can we make it a model site so that girls can be sent there to learn. Other facilities can be sent there to learn to those model sits. People who have made the bench marks status by the partners, you know, it will be a reference point.

I: Ok

R: The other way of support is to create awareness for the services, creating awareness for the services for the service providers. Probably if possible, and in a big way, to create awareness for the services that we are offering. That is the only way the hospital would tap in the benefits. If we can have the mobilizers working with us directly, even to create awareness for other services apart from adolescence like the non-communicable disease, hypertension is killing people, cancer screening.

I: yes

R: Mobilizing people, go to Milele today they are having survival cancer screening.

I: Mhh

R: We dent want money but let us have materials to support that.

I: Ok

R: Then we have gloves, then we have people paid for lunch not really money that we are paying Sh2,000 to support Milele do survival Cancer screening for certain age groups. If the partner feels let us support Milele to do 15-19 years old, well

we cannot do for everyone. If they fail let us support Milele to do screening for STI, to do screening for HIV, we work with the mobilizers to get the message out there.

I: Ok

R: And the others coming in or whoever is coming in to promote service uptake and also create awareness to the public.

I: So you are talking about mobilizers who are directly linked to your clinic?

R: Supporting us to create awareness for the services.

I: As we increasingly move to the end, I have two small scenarios, they are very short and I am going to read them for you starting with scenario one and then I will ask very few questions about it. The first scenario; I would like to discuss about some specific scenarios that you might be encountering here. So scenario one, let us say, a young woman has come to see you. She is alone and appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and she would not like to have another child so soon. She is has never used contraceptives before because her husband is opposed to her using contraceptives.

R: Mhh

I: That is the scenario, as short as that.

R: So what is the question?

I: What would you want to know about this young woman in order to help her?

R: She is already married.

I: She is married.

R: therefore no question about marriage because she is married at her age.

I: She has one child about one year, and she has never used contraceptives before but her husband doesn't want to use yet her she doesn't want another child so soon.

R: who doesn't want; the husband or the girl?

I: The husband.

R: That is a very intricate situation for a health care worker. One of the most important things to understand as a girl is whether she had had.....it is true that she has not had but does she have any information on family planning? That is the starting point.

I: Ok

R: Is she aware or does she have any information on family planning methods? That would be one to find out if or whether she has any information.

I: Mhh

R: If she has any information then try to explore what she knows about family planning.

I: Ok

R: Number two is whether she has never heard about family planning methods. If she has never heard about family planning methods, then you can take an opportunity to educate on the benefits on the (unintelligible) the benefits.

I: Ok

R: Right

I: Mhh

R: If she has ever heard about family planning method find out what she knows, because there might be some myths or misconceptions about the family planning methods and the information she got.

I: Mhh

R: Find out also where she found out the information from; could it be from service providers, is it fellow women, is it users of family planning methods, probably you would dwell on that. She already has one but she doesn't want to use family planning and she doesn't want another baby. It is important to ask her why she is not ready for another child given the one she has is (unintelligible) years old, why, why? Why are you not interested in another child?

I: Ok

R: Let you explore that with her why she doesn't want another child and ask her, whether she has ever visited the clinic whether antenatal or family planning with the husband.

I: Ok

R: Ok? If not, try to tell her the benefits of couple visiting a family planning clinic.

I: Yes

R: One, they will get a lot of information concerning couple counseling, couple counseling.

I: Mhh

R: Right, and try to allay fears.

I: You allay fears about the family planning.

R: Mhh you are a health care worker, and family planning rained, you can have an appointment with the couple to come for counseling.

I: Mhh

R: Try to understand what is it that the couple knows about family planning.

I: Ok, great. So what would you tell her about contraceptives?

R: I would actually explore the benefits of contraceptives and one they help the family to have the number of children they can economically be able to support.

I: Mhh

R: Number two, it promotes the well being of the mother, the health of the mother. Before the mother gets another child

I: Mhh

R: She has already replenished her energy that was depleted during labor and delivery.

I: Yes

R: Number three family planning helps people to live healthy lives.

I: Mhh

R: Because if you don't under through cesarean section three four times, five times, then it means you are not at risk.

I: Mhh

R: Of complications associated with surgery.

I: Yes

R: Number four it is important that people have family size that they are able to cater and it also gives them time for other economic growth.

I: Ok

R: You are able to go in other dimensions other than keeping your eye on the family always.

I: Mhh

R: Number five it is always important to have a family size that can exploit maximum from economic potential.

I: Ok

R: you have to take them to good schools; you want to give them the best education for best foot. So that basically is trying to explore the benefit of education and let the father also know that she can also practice family planning. It is not only the mother.

I: Ok

R: they may not be aware that the father also is a candidate for family planning because much of the burden is laid on the women.

I: Mhh

R: As the only family planning partakers. Let the father know that there are options for men in family planning and the wife can be free and the man can also take up the family planning services.

I: Ok and you talked of economic growth, what would you tell this man about growth as a benefit of...contraceptives?

R: Yeah, I want to tell him that by practicing family planning and having children that they are able to raise, without much economic strain, he is able to develop himself by doing other thing by saving money that could have been consumed by large family size.

I: I get you. Is there anything else you would tell her about contraceptives that we have not mentioned?

R: Yeah the other thing is about contraceptive is that contraceptive is the way of life because it ensures that the mother and the baby live a healthy life.

I: Ok, great. So for this particular woman we are talking about, which contraceptive method do you think would be best? This is just your thinking.

R: Mhh

I: What contraceptive method do you think would be best for this young woman and why?

R: obviously the most important method would be the one that is reversible.

I: Mhh

R: Remember the child is one year old and they might change their mind soon and probably after going through the session of counseling the man might say, yes, let us stay for one year. Let us stay for six months so a method that is long term and easily (unintelligible) reversible would be the best and that is the IUD.

I: IUD?

R: Yes, that one you can reverse. You can remove and the mother gets pregnant the next year or the next month.

I: Ok and do you see clients like this particular woman we are describing? Have you ever come across one?

R: Many but they don't come with their husbands though.

I: (Chuckles) like in this scenario she didn't come with the husband,

R: Mhh

I: So could please tell me about a particular client like this one who attended this clinic recently, how the scenario went?

R: We had one who wanted the implant removed and never do family planning again because she had experienced very bitter...she had very bitter experiences with the method, bleeding continuously. So when she came here we tried to counsel on the other options that she can use. Apparently she had been told about IUD and she had a very negative attitude towards it.

I: Mhh

R: That it involves instrumentation, instrumentation means you insert some equipment inside the reproductive system

I: Oh my.

R: So she couldn't believe that some can get instruments inside her uterus and the cervix...you know the fear of instrumentation, saying that it is true you have IUD and we can get you another option for this method that you can use.

I: Mhh

R: A method that is reversible, a method that if you start bleeding it can be removed.

I: Mhh

R: You know and she had a lot of fears concerning the implant. She said no, we have agreed with my husband that I am not going to use any other method. And I asked her if her husband was ready to use family planning method. Is he aware that he can also use a family planning method? She said no.

I: Mhh

R: I would rather use it than my husband. And before she went out she asked me what options I have for men. I told her it is vasectomy. You know he cannot allow it, he is a man and doesn't, that one he cannot allow , I am sure.

I: This one already had children?

R: She had two of them.

I: Ohh

R: So she was asking you don't have something to swallow?

I: I told them for men, no, it is only vasectomy that can work for them. She said now and we explored and I told her go and think about it because there are options that are available for you guys and then come we discuss further. And I would prefer if you came with the man. Come together so that we can explore options that are available for you but you cannot say you don't want to say you cannot use family planning when you have only two kids with two year apart.

R: Ok

I: Mhh that is the scenario that you....

R: So that is the scenario that I recently encountered.

I: Then quickly let us move to scenario two. It is even much shorter than scenario one fortunately for us. And then we

finish up. Now let us say a young girl has come to see you. She is alone and appears to be fifteen year old.

R: Fifteen?

I: Fifteen years old and she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. So that is the scenario, short as it is.

R: Ok thank you.

I: so what would you want to know about this girl in order to help her?

R: It is important to know if she has had any sexual encounter

I: She said she is sexually active.

R: yeah but has she ever been involved in sexual coitus? Has she ever experienced? Being sexually active doesn't mean you are involved yourself.

I: Ok

R: So you would want to know, have you heard a sexual encounter with a man or boy so to speak. Have you had an encounter, that is one. It is called sex debut

I: Ok sex debut

R: Sexual contact

I: yeah

R: we want to know that. Number two it is important to know why she wants to use family planning. Why do you want to use family planning? Do you have a boyfriend? Do you feel at risk? Why? Why do you feel it is important?

I: Mhh

R: yes, you are sexually active but why do you feel it is important for you to have family planning method?

I: Mhh

R: Are you leaving alone or with your parents?

I: Ok

R: Then what she knows about family planning

I: What she knows?

R: What do you know about family planning? If she knows anything where did she get the information from?

I: Ok

R: Is it social media, is it fellow students discussing, is it from fellow students using, is it from a health care work so explore to know the level of understanding so that there are myths and misconceptions around that before you get into the method itself, you have already allayed by giving the girl factual information.

I: Ahh great. And what would you tell her about contraceptives?

R: Basically the benefits.

I: The benefits

R: And what does it mean for her to use family planning at her age?

I: Mhh

R: What is the goal?

I: The goal

R: what is the goal of using family planning at your age, what do you want to achieve?

I: Mhh

R: I would try to tell her basically it is unwanted pregnancy, someone can be raped, it may not be wanting to do it, and you raped.

I: Mhh

R: you can also have a boyfriend now that you are sexually active

I: Mhh

R: So you need to be safe to prevent unwanted pregnancy and the consequences relating thereof with the same.

I: Mhh...ok I don't know if there is something else you would tell her about contraceptives that you have not mentioned?

R: Yeah it is important also to find out what type of contraceptive would be preferable for her.

I: Ok

R: At that age, the preference, you know the one with minimal side effect and the ones that she can use comfortably.

I: That is great

R: Yeah

I: And you know that take us to the next question, in your thinking what contraceptive method do you think would be best for this girl and why?

R: This is a school going girl. I wouldn't want to talk about IUCD to a child who has not given birth, honestly speaking. I would consider pills, the Oral Pill, not the emergency pill.

I: Mhh

R: But the contraceptive pill, not the emergency one.

I: Mhh

R: I would personally prefer that and then explore the benefits of being.....keeping the regimen for the pill. You should take it on daily basis.

I: Mhh

R: So that she doesn't take it only when she is having sex, and then when she goes to school she doesn't take it. Of course if she has finished the packet before she goes back to school, fine, but if she had two three contraceptive pills and she is going to school let her finish the cycle

I: Ok

R: When she comes back again she starts the cycle.

I: ahh ok

R: so the importance of being consistent in taking the pill, determines its efficacy and efficiency

I: Ahh great. If I got you right, when she is in school, she can have a break.

R: I am believing that there is no activity going on when in school.

I: Yeah

R: She is the one to determine.

I: No sexual activity going on there.

R: If you are not going to engage in sex at school if not and if you are the one reporting this to me, I take it then don't use until when you come. Take when you are exposed.

I: Ok take when you are exposed. Now do you see clients like this little one coming here with that kind of related scenario?

R: Many, many young adolescent school going and that is when we record the highest number of uptakes in term of contraceptive pills.

I: Ok

R: it is seasonal by the way. The uptake of the contraceptive pill in this clinic is seasonal.

I: it is seasonal?

R: yes, you find the numbers sky rocketing when the schools close

I: Ok

R: When schools open they come down.

I: Mhh

R: so months of December, October all the way to January we have big numbers.

I: yeah ok, I get it.

R: Then they come down again.

I: Ok and just like the other scenario I would also want to ask the last question on this could you tell me of a client like this little girl who attended clinic recently if there is any; a specific girl.

R: Come again.

I: Could you tell a client like this little girl who attended this clinic recently, the one you attended to

R: Mhh

I: Here recently.

R: I tell you about what?

I: A little girl like this one

R: A little girl?

I: Yes

R: Well, not even one because most of the girls we are seeing are the same age, thirteen to nineteen so many of them come actually not knowing....they have been referred by their fellow peers, go to Milele, have you enrolled for T-safe? Come I show you whoever is enrolling, they do that and they come here. So the first information is who sent you?

I: Mhh

R: T-safe mobilizer

I: Ahh

R: And who told you Milele is offering this? It is my friend, my friend is using

I: Mhh

R: My friend told me that you guys are offering family planning services

I: Mhh

R: So as a I told you this is peer influence.

I: It is about peer influence and so they come in big numbers?

R: Yes, it is peer influence and they have no information.
Basically by the time they come here they are blank.

I: They are blank

R: Because they have just been identified, enrolled and
registered. So when they come here they are blank.

I: Mhh

R: So you have to find out what they know so that you can have a
starting base

I: Mhh

R: But most of them even without digging they know nothing at all.

I: Ok

R: It is peer pressure.

I: So in other words we are not saying that a specific one came
that you attended to? You are saying that you attend to so many
of them of that nature?

R: Yes unless there is someone who is coming for a refill and they
want to share their experience of the method after that one or
two months

I: Yes

R: They will tell you yesterday I felt some abdominal discomfort,
I have been feeling some dizziness, and those are mild
manageable side effects with contraceptives.

I: Ok

R: Unless there is migraine headache, then that one you should
report but some of them are tolerable side effects.

I: Ok

R: So when they come here for the first time, first contact, they are blank.

I: Ok

R: Some were told just go you will get information from there.

I: Ok and my questions are getting finished and I will miss this conversation. However there must be an end to a thing. Let me just ask this last one,

R: Mhh

I: How do providers encourage adolescents to choose long term methods?

R: One of them is trying to tell them that...many of them have the pill burden. If you want to win a client on a long-term method, just come up with the disadvantages of the short-term methods. Like the pill burden you tell someone you keep on swallowing and swallowing every day and you might forget, you are traveling and you might forget the sachet, wherever you are going you might not find that sachet there, so the pill burden is really discouraging.

I: Mhh

R: Because many of them would not want to keep taking tracks and two this is a method that is reversible. If you take a pill you cannot remove it from the system but if I put an implant, you can walk from her the door and come back and I remove.

I: Mhh

R: If I put an IUCD, you can stay with it for a week, you come back and I remove but it is very hard for me to remove a method like Depo, something that is already in your system it is hard for me to remove.

I: Mhh

R: That is the language you would use, simple language; you know that they may understand.

I: Ok

R: Then another thing is that the beauty with the long term method is that you are covered for a long period of time. You are sexually safe from getting pregnant for a longer period of time, ok?

I: Mhh

R: Then the other one is the beauty with it also is that regardless of wherever you go, ten years, five years, you will not even have to worry.

I: Ok

R: About your husband whether he comes or doesn't come.

I: (Chuckles)

R: Some hide when they know the husband is coming, probably they walk a distance far but with a long term method, the man can come any time he wants, you don't care because you are internally protected.

I: yeah

R: You don't need to give an explanation that today I forgot to swallow, you know, so that is the beauty of it.

I: That is the beauty of it-.

R: You just mention but a few.

I: Ehh thank you so much, I have learnt so much from your doctor.

R: You are welcome

I: And ideally I must appreciate you and I really do. Because this quality time I didn't expect it given the queue that is waiting out there but you are really taken your quality time for quality response.

R: Any time.

I: And I want to believe that what you have said is going to go a long way to improve these services for the sake of the adolescent girls. I have asked you so many questions and this particular one was my last. Kindly may I also give you the opportunity if you have any questions to ask me before we close.

R: Not really a question but a comment.

I: a comment, it is ok.

R: There have been a lot of questionnaires coming here in this facilities but there is no tangible impact or tangible response we have received.

I: Ok

R: We hope this one will go a long way in impacting this programme and improving the life, sexual reproductive lives of these young girls.

I: Ok

R: We hope it will also inform policy and changes that can be made to improve service provision in the adolescence health arena. We hope, to hope that the gaps identified from this programme will address the myriad challenges service providers are facing in providing service to the young girl.

I: Mhh

R: We also hope that it will go a long way as an advocacy tool to lobby for funds to support this programme. Scale up because I am sure that it is not all over Kenya it is in some regions

I: yeah

R: Supporting some regions so we hope that the outcome of this assessment will help and continue to cascade in regions that deserve, where girls deserve more attention of course guided by the prevalence of adolescence pregnancies in Kenya

I: Mhh

R: So that is my hope and the main goal is actually to improve the service delivery.

I: Thank you.

R: At the end of the day it is service delivery.

I: Mhh

R: And service delivery goes along with impact and if services are good there is a huge impact.

I: Yes

R: To the beneficiaries of the service.

I: Thank you

R: So thank you so much/.

I: Thank you so much, very big hopes, I cannot give any promises but I forward the voice, the hopeful voice ahead. And let us hope something gets done. Thank you so much.

R: Welcome

I: Ok...oh a handshake, very nice. Thank you.

ITH_R2_NAK_KUR_SOUTH_RUR_001_SP_002_15519

This Lydia doing an indepth interview with a service provider at Mercy Medical Centre in Nakuru County, Kuresoi Sub county on the 15th May 2019 starting at 11.34 a.m.

I. Alright, so Madam Nancy, can you tell me about your work and experience as a service provider in this facility.

R: This is a clinic

I: Mhh

R: WE have operated in this clinic for almost twenty years.

I: Ok

R: Yes

I: Mhh

R: I am the in charge, I am a nurse. I am offering various services here.

I: Ok

R: I am doing family planning, antenatal care, immunization

I: Ok

R: Deliveries and curative, doing treatment sometimes.

I: Ok

R: Sometimes. Yeah, I have a CEO but he is not around now, he is on leave.

I: CO in full is?

R: Clinical Officer.

I: Ok

R: Yeah.

I: Right, and what other work do you do apart from that, or you fill you have told me everything?

R: I have talked of immunization, family planning, antenatal care, curative and providing counselling and providing services to the youth

I: Mhh

R: Youth friendly services.

I: Right.

R: Yeah.

I: And what are some of the experiences you have had as a service provider in this facility?

R: The challenges....what?

I: No...yeah both challenges and the good things, basically, you day to day work, what are some of the experiences you have had that you can talk about?

R: Mhh...experiences...

I: Mhh

R: WE have a challenge now, we are almost three clinics in this area.

I: Ehh

R: Mhh....one of the challenges is the workload, nowadays it is not as per the previous years.

I: Ok

R: Because we have challenge, some of the clinics have been enrolled to NHIF and we don't have. So they are giving free services and we are giving them a pay.

I: Ok

R: That is one of the challenges.

I: Mhh

R: With the youths,

I: Mhh

R: We don't have so many of them but some of them do like this clinic.

I: Ok.

R: Yeah, they do like this clinic because I have friendly....at least most of my work has a almost of their age.

I: Ok

R: And we are confidential especially the service provider.

I: Mhh

R: I am so confidential with them. I interact with them positively and they really like our services compared to other clinics.

I: Mhh

R: Yeah.

I: Ok, great, now what is your role or how to do you see your role in the TSEPT ITH project?

R: With the TSEPT, we have started but we are yet to improve because we don't have these shops, the (unintelligible) shops around and you really need them as per your counselling and as you teach them on the TSEP when they meet that path of redeeming of....

I: Points

R: And they have a challenge. So we have a challenge. I have a challenge as a service provider because I am the one who is faced with their questions and their demands.

I: Right.

R: Mhh

I: What about your role, what role do you play in the project, in the TSEPT project?

R: I am the service provider.

I: Ok

R: Yeah.

I: What does that entail exactly?

R: I provide the consented services to the youths and also to the adults.

I: Ok.

R: Yeah

I: What are some of these services that they come here to be given by you?

R: Some of the services

I: Mhh

R: One of them is reproductive counselling and screening of STD/STI, HIV, and provision of family as per their choice.

I: Mhh

R: Yeah

I: Is there something else?

R: Yeah, treatment and health teachings adolescence, all the signs and symptoms of adolescence....

I: Right

R: Yeah.

I: Now can you describe for me your experiences with adolescence sexual reproductive services?

R: At least it is technical.

I: Mhh

R: Because it needs your time, it needs your privacy because sometimes it is very hard for them to disclose some secrets and.....yeah, so you have to be patient with them.

I: Mhh

R: You give a good counselling to open up when they have a problem, eh?

I: Mhh

R: It is not easy for them to just come and tell you; I have this problem and this problem. And especially when they are coming for family planning, they don't tell you openly.

I: Ok

R: You have to dig down (chuckles) on their hearts for you to get what they want.

I: Ok, now.....

R: Yeah, so at least you take a long time counselling them and asking about themselves, mhh...

I: Ok, very good.

R: Yeah

I: Apart from being patient with them when they come to seek services from you, what some other tactics or ways that you use to make sure that an adolescent who comes to you at least get to open up and tell you exactly what you want?

R: Yeah, one advantage with me,

I: Mhh

R: If one of them comes, I give them counselling and a method or a treatment or counselling on STIs. They go and tell others.

I: Ok

R: That you go to so and so clinic. If one of them comes, they go and bring others.

I: Ok

R: Yeah

I: They refer one another.

R: Yeah they refer one another to this facility.

I: Ok

R: And I assure them of confidentiality.

I: Right.

R: Yeah

I: Has it been positive experience and negative experience, how can you explain that?

R: Which....dealing with which part?

I: Dealing with adolescent sexually reproductive services during the provision of the services. Is it an experience that you can say it has....what word can I use....has it helped other service providers to move forward positively or you are seeing anything else in a negative way?

R: Yeah, sometimes

I: Mhh.

R: It has really helped me in going ahead in some way and some ways you have so many challenges.

I: Mhh.

R: Some of the adolescents, you know they consent themselves nowadays.

I: Yeah.

R: So sometimes if their parents know that they are using a method, they have to come to you.

I: Right.

R: They have to come to you and ask you why did you provide this method to my child.

I: Mhh.

R: Yeah

I: And how do you....

R: And sometimes some parents again comes and they want to me to give a method to a youth

I: Mhh

R: Without their knowledge, so..

I: Without the youth knowing?

R: Knowing especially for Depos and what...so at least I take time to counsel them because I have to...the adolescent has to give me a consent

I: Ok

R: Ehh to give them a method so I don't give them without the consent of the adolescent.

I: This is despite....

R: So it is a challenge, yeah. The mother (crosstalk)

I: This is despite their age?

R: What?

I: It is despite their age like if an adolescent comes to you and she is fifteen years old, and the mother says I want this child to get a implant and the lady doesn't know that this is what the mother has brought her in for.

R: Mhh

I: You still let them decide even if she is below eighteen?

R: Yeah, I let them decide and give me a consent.

I: Ok

R: Because in case of

I: A written consent or

R: A written consent.

I: Right

R: It is good because nowadays Marie Stopes have given us a consent book

I: Mhh

R: Procedure Book and at the back there is a consent form to sign.

I: Yeah.

R: In case of any services or any said procedure given to a youth or even adults.

I: Yeah

R: Yeah

I: Right, so ahh can you tell me your training in adolescence sexually reproductive health issues?

R: It is has really assisted us because nowadays we know how to handle these adolescent.

I: Ok

R: It is not like previous years, we were just using the maybe the adult consent or view on how to counsel, how to help the client to choose a method of her own. At least we have knowledge to handle their adolescent.

I: Yeah

R: And we have that confidence of giving them a method because there is consent.

I: Ok

R: Yeah

I: What training did you have that qualifies to give adolescence sexually reproductive health education?

R: We were given recently the youth friendly services training

I: Ok

R: Yeah

I: Apart from that?

R: The family planning updates.

I: As a nurse when you were doing your nursing training, did you touch on anything to do with adolescence sexually reproductive health education?

R: Yeah, not so deep. At least you don't go into much detail

I: Mhh just little by little (briefs)

R: Yeah

I: That is fine

R: But at least you know what to do

I: Mhh

R: On adolescents and what methods they should....you should give them and what you should not give them.

I: Right

R: Yeah

I: Great. Now you have talked of several services that the clinic offers to the youths. You have talked about family planning, or in general you just talked about what the clinic provides for people and what you do.

R: Yes

I: There is family planning, and I see immunization, curative youth friendly services and then there is counselling. Now I want us to narrow down to the adolescents. What are some of the services that the clinic provides to the adolescence?

R: Apart from those?

I: No, you can also include them because now these ones you mentioned them but it was on a general aspect.

R: Ok

I: Now this one we are just narrowing down to adolescence specifically.

R: Ok, to the adolescence,

I: Mhh

R: We are doing, I told you the counselling, counselling on HIV, STI

I: Mhh

R: Yeah

I: What else?

R: We are also doing treatment in case we find any problem with the STDs, we also do curative services.

I: Mhh

R: For those adolescences.

I: Right.

R: We also provide family planning services with their consent.

I: Mhh

R: They are consented. We also do...most of them come for pregnancy test services. We have a lab.

I: Mhh

R: So we are doing screening of STI and doing pregnancy test.

I: Mhh

R: Yeah

I: What else?

R: We are teaching them on their sexuality again, health teachings...for your information we have the...they are giving us this Shujaa.

I: Ok

R: We are being provided with Shujaa

I: Magazines

R: Magazines every month

I: Ok

R: So at least they come and collect them

I: Mhh

R: And in the process we are also emphasising on our services on them.

I: Right.

R: Mhh

I: Now you have talked about health education.

R: Yeah.

I: What doesn't that entail, what goes on when you are giving out health education to the girls?

R: What happens?

I: During the health education,

R: Mhh

I: What do you teach them?

R: We teach them on the screening, the importance of screening for HIV and STIs

I: Right

R: We are teaching them on the use of condoms.

I: Mhh just go on and explain it, it is being recorded.

R: And also, the use of condoms and how to prevent unwanted pregnancies by teaching about the available methods of family planning which we are offering.

I: Ok

R: Yeah

I: Great. And what are some of the sought after services by the adolescents? Mostly what kind of services do these girls come to seek for in the clinic?

R: Ehh I can say most of them are coming for pregnancy test.

I: Mhh

R: Then family planning....

I: But majority of them...

R: Some of them are coming to collect condoms.

I: Ok

R: Yeah.

I: Above, amongst all those you have mentioned; pregnancy test, you have mentioned family planning and you have mentioned the use of condoms, they want condoms more, out of all those three, which one is most sought for? Which do adolescents mostly come to seek for from you?

R: Mhh I can say....

I: Mhh

R: Some of them come for counselling, maybe they screen for STIs, STDs and pregnancy test for most of them.

I: Mhh

R: They come for it.

I: Right

R: And also the magazines

I: The Shujaas?

R: Yes the Shujaas.

I: Ok

R: And the condoms.

I: Right, and you have the TCF App on your phone?

R: Yeah, I have.

I: Now can you describe your experience while using that platform?

R: Ok this platform is so challenging in fact.

I: Mhh

R: Yeah we have the application. Sometimes you try to register a client, it is so challenging, it needs a lot of bundles.

I: Ok

R: Sometimes the network is so disturbing.

I: Mhh

R: Sometimes you validate....some of the days it really refuses completely, yeah.

I: Mhh.

R: Mhh so sometimes you have to give a client a service

I: Mhh

R: And putting apart this App

I: Mhh

R: Yeah because it is so disturbing. You try so many times, the client waits for you until you give up and treat the client.

I: So when it does that you just give the client...

R: You give a service and you request her to come maybe the following day because you know the youth when they go out they will not come back again

I: (chuckles) they disappear.

R: So you decide to give a method

I: Ok

R: And postpone the registration and whatever

I: ok so when they come in and the platform is not working,

R: Mhh

I: how are you going to do the confirmation that this is the right youth that you are giving the services to?

R: They have a card.

I: Ok

R: Yeah they go with their card.

I: Mhh

R: Yeah even by the mobilizers.

I: So how do you do the verification through using the card?

R: In the card they have those...the full whatever, they have some numbers on their cards.

I: There is a way you can use that number to verify....a code?

R: Yeah they have a code on that card.

I: So you use the...

R: So they come with them

I: Mhh

R: Yeah and then you enter those numbers. So they give you an okay and you take a photo of it.

I: Ohh

R: Ehh

I: Alright. Ok and apart from the fact that sometimes it uses a lot of bundles and it hangs maybe there is network problem.

R: Mhh

I: Have you had any problems while using the platform, maybe navigating from point A to B, maybe the instructions are not clear to you, have you had any challenges of some sort?

R: Sometimes it is very slow.

I: Ok

R: When it goes in

I: Mhh

R: It opens but it is very slow so it continues until it breaks those.....ehh...it turns you back again from registration.

I: It takes you back to registration?

R: Yes, and maybe you had gone all the way up to the method you want to give the client then it takes you back or they give another alternative of opening up the App using another number. Then you write that number as you continue, it gives you another number again.

I: (Both chuckle) how often has that been happening?

R: I think it is almost frequently.

I: Ok

R: Yeah, at least you can validate one or two and then it refuses. It is so challenging.

I: So when that happens, you said you just give the service and you tell the girls to come back again.

R: Yeah

I: Ok. Now how does the TCR project influence the way that you provide services to the adolescents?

R: Yeah it influences because sometimes you give a method to a client. That client goes out and because it is free,

I: Mhh

R: Nobody reimburses you for what you have given to the adolescent.

I: Mhh

R: So you go to a lose because you have to buy for that commodity to give a client on a free...

I: Mhh

R: yeah

I: Ever since you joined this TCF programme, how has it changed the way in which you have been serving adolescents?

R: At least from the time we were trained on it, it has given me some...so many knowledge on how to deal with them. It is not like

previously when I didn't have that knowledge on how deal with family planning and STIs, counselling for adolescents....at least I can counsel so deeply compared to the previous years when I was not trained on the same.

I: Ok

R: Mhh

I: Can you give examples of the things that have changed like you have talked of the way you used to counsel people, it is now different from the way that you counsel them.

R: Yes

I: That is just an example, are there any other examples of the things that have changed for you ever since you joined the ITH?

R: At least I have the number of youths I was seeing previously has increased.

I: Ok

R: Yeah, it has increased because I they have an....they have a knowledge that we are providing for them, family planning, screening services for them.

I: Ok

R: Yeah

I: That is great. Now what changes have you noticed since the introduction of TCF?

R: One is that, the increment of adolescents and then nowadays it has helped me to at least read more.

I: Mhh

R: More on youths and adolescents and so many methods, and the methods of family planning applicable to them.

I: Ok

R: yeah

I: What about in terms of reported cases of unwanted pregnancies?

R: it has really reduced.

I: Mhh

R: Yeah it has really reduced; at least most of the adolescents have that knowledge that they also can use family planning methods. Previously they used to see family planning methods as for adults alone

I: Mhh

R: But nowadays they feel free to come for these methods.

I: And what about cases of ahh...unfinished or incomplete abortions and all that?

R: Pardon?

I: I was asking, have you noticed any changes since TCF in relation to cases of unfinished abortions that you used to have before it was introduced?

R: Nowadays it has really reduced, you don't see them. They are not so many

I: Mhh

R: Compared to those years the TCF or the adolescent being provide with family planning. They have really reduced.

I: Great.

R: Yeah

I: And the...

R: Adn you see most of the adolescents have access elsewhere for those....these....

I: Methods?

R: Misoclear, misoprostols,

I: Mhh....those are?

R: You know....those are some methods of might be eliminating or stopping a pregnancy for....

I: Methods of abortion?

R: Abortions.

I: Can you just repeat that, you said miso....what?

R: Misoclear and Misoprostols...those drugs that....at least drugs

I: Right.

R: Yeah

I: Those are drugs that are used to induce abortion?

R: To induce abortion, yeah.

I: Ok.

R: Mhh

I: Great. How have the adolescent preferences changed? When I say preferences, I mean in terms of the family planning preference that they used to prefer before TCF as compared to what they prefer right now since TCF was introduced and they got to know more about all methods of family planning? Has there been a change in preferences?

R: yeah

I: Ok

R: At least most of them previously they were using methods like, the short term methods.

I: Ok.

R: Like the three months, injectables, and some pills, daily pills but nowadays they have known that also (even) them can access long term methods.

I: Ok.

R: Yeah, they have known that also....they can also access the long term methods.

I: What are some of the reasons that you usually get or you used to get over why an adolescent would prefer a short term method over long term method before?

R: Pardon?

I: What are the reasons adolescents sometimes have when they come to tell you about the methods they want to use like the pills or injectables as compared to implants and other long term methods? What made them prefer those methods instead of using these long term methods?

R: Ok.

I: Mhh

R: Sometimes most of them were fearing their parents not to know they are using family planning methods.

I: Mhh.

R: And secondly,

I: Yeah

R: They thought the long term methods will affect them in a way.

I: Mhh.

R: Will affect them and when the parents knows, it is very hard to go and remove or those....the long methods. And they also preferred the short term because they were cheap

I: Ohh!

R: Compared to the long term. The short term were cheaper and the long term were expensive so they preferred....but when TCF came at least they can access all the methods they want.

I: What are some of the effects they talked to you about; the effects of the long term methods?

R: Yeah, the effect of long term methods, some of them fear because at least for the implant it is a procedure,

I: Mhh.

R: Which is...they say it is painful.

I: Mhh.

R: Compare to the three month or the pill, it is painful, secondly they say you have also to come for removal which some of them....you know some of them they are comfortable coming, you give a method and they disappear.

I: They disappear.

R: For some time so for the long term they fear for removal again.

I: Ok.

R: For that method like for the IUCD and the implants you have to come to the facility to be removed. So they don't like that and they fear that, they say it is painful, it is also expensive.

I: And as a health care provider, has your preference changed in terms of a method you used to prefer for adolescents as compared to right now...like which method did you prefer the young girls should use before TCF came into being? Since the introduction of TCF have you changed your mind about your preferences on what the girls should use instead of the other?

R: Yes, it has really changed because before we were minimising by sticking to some methods but now at least we have a knowledge.

They can use so many methods as per their counselling and physical examination, history taking and all that.

I: Why were you sticking on one particular method before? Was it because of lack of knowledge about the other methods or what was the main reason?

R: One of them was lack of knowledge on other methods.

I: Mhh.

R: Secondly also that time we used to fear.

I: Ok.

R: You might give a child an implant and worry what will happen when the parents know that you have given the child this long term method.

I: Mhh

R: Yeah and also the stigma surrounding it so you opt for a short terms method which when you give after some months, after some days, then it no longer useful.

I: Ok. Ahh how does your facility support adolescent girls who come to seek SRHC services?

R: Mhh there is support for them.

I: Mhh.

R: With TCF, nowadays we are giving those methods free of charge.

I: Ok.

R: Yeah we are giving them free of charge, we have also supported them on distributing for them the Shujaas at least they have some knowledge on all the family planning, sexuality

I: Mhh.

R: And the rest

I: Mhh

R: And we also give them health teachings.

I: Mhh

R: Yeah

I: Yeah

R: Health teachings on family planning, HIV, STI screening and curative.

I: Do you have any special provision for adolescents in your facility?

R: Special which we don't give to the others?

I: Yes, that you don't give to the others but this is something that is meant for adolescents only when they come to your facility?

R: Yeah, one thing is the free services for them for family planning.

I: Right.

R: Secondly those magazines we give them free.

I: Mhh.

R: Sometimes these health teachings, screening, we are giving them free again.

I: Ok.

R: Yeah

I: Do you sometimes change your opening and closing hours to be able to accommodate these adolescents?

R: Yeah, sometimes.

I: Ok.

R: Sometimes, even on the market days we do close late

I: Ok.

R: Than the other days.

I: Right.

R: Yeah

I: Good. Now what about....you talked about privacy and confidentiality,

R: Mhh.

I: How is that looked into when an adolescent comes in to talk to you?

R: With privacy

I: Mhh

R: Yeah, most of them we don't give them to queue with the rest of the....at least we give them priority when an adolescent comes and they are being served quickly, we don't leave them to queue with the rest of the group.

I: Ok

R: Yeah. Yeah and sometimes, we are very confidential with them.

I: Mhh

R: Yeah, because sometimes we have a room.

I: Mhh

R: We just channel them to that room

I: Mhh

R: Yeah, and the advantage is that they are coming with their friends which might have taken a service from us.

I: Mhh

R: So they know where they will go and will be served.

I: Ok

R: As soon as possible.

I: Great. And within your consultation rooms, is it so private that it will be confidential in terms of audio and also in terms of visual confidentiality that can be observed?

R: Yeah, it is private.

I: Ok

R: Yeah

I: That is fine. How has participation in ITH influenced quality of care in sexually reproductive health services for adolescents in your facility?

R: It has helped a lot.

I: Mhh

R: On the screening

I: Ok

R: Screening our adolescents and at least we have some knowledge

I: Mhh

R: And not like previously where we could not handle them in the right way.

I: Ok

R: Mhh

I: Fine. Based on your experiences, we have talked about stigma and we have talked about the fear of the parents that you sometimes have when you are giving out services to a girl who is probably under age.

R: Mhh

I: What are some of the barriers that adolescents have that can prevent them from coming to get these SRH services?

R: One, is that stigma you talked about.

I: Mhh

R: Might be they have heard from the others that might be....if you are given a method like maybe depo or the long term methods, you might never give birth, you cannot get menstruation....that stigma from the other youths or from the adults.

I: Mhh

R: Yeah, another stigma is most of the people see that if an adolescent comes for a method, that one is a prostitute because she has taken a family planning method; the adolescent is not faithful or what.

I: Ok

R: Yeah. Another thing is culture.

I: Ok

R: Yeah, some of the cultures do not allow their children to take family planning methods when they are young.

I: Like what culture?

R: Religion

I: Mhh

R: They emphasize on the youth being faithful until marriage or what and then also ahh...some of them say, at least culture like ours,

I: Mhh

R: If you take family planning you cannot give birth again. That drug...

I: If you say culture like yours, you mean the Kalenjin culture?

R: Yeah, some of them.

I: Mhh

R: They dislike the use of family planning methods.

I: Ok

R: yeah. Ehh, yeah

I: What else do they give; you have mentioned sometimes if you use family planning,

R: Mhh

I: You will not give birth again.

R: Pardon.

I: You mentioned that cultures like the Kalenjin, some people say that ahh if you use family planning you will not carry a pregnancy at all.

R: Mhh

I: What other reason do they give as to why they don't like family planning apart from the fact that they think if you use family planning you will not give birth?

R: Sometimes some of them say they will introduce cancer...

I: Mhh

R: That they cause cancer

I: Mhh

R: In the uterus, other say you will give birth to twins or triplets

I: (chuckles)

R: If you use the pills.

I: But I think that should be a good thing (both chuckle) while would people not want to give birth to....

R: (still laughing) they don't like that.

I: they don't like it?

R: Some of them.

I: Ok

R: No all of them

I: Ok and do you feel you have exhausted the barriers or there are other challenges that youths face or it hinders them when they want to come and get family planning services?

R: There is the community barrier

I: Mhh

R: Might be for us. Sometimes we have stigma. This facility is offering family planning for our children,

I: Mhh

R: They are spoiling our children by giving them family planning services which makes them become roam all over the place.

I: Ok

R: Yeah

I: So they..

R: Yeah the community barriers.

I: Ok that one is now to the facility.

R: Yeah to the facility.

I: And for the adolescent....have you finished them or you feel there are more barriers that you have forgotten that might make a girl find it difficult to come for family planning services?

R: Sometimes it is the commodities, sometimes we don't have them, not all the times. Sometimes there is a commodity which an adolescent wants to use but you don't have them.

I: Mhh

R: yeah, especially most of them sometimes they want these injectables and sometimes we are out of stock with them.

I: Ok

R: Yeah.

I: Anything else?

R: Mhh adn then something else might be that fear to come to the facility.

I: Ok

R: Just around might be....people will look...oh that girl has entered that facility to look for what and she is not sick.

I: (Chuckles)

R: So there is that fear.

I: Right

R: Of coming to the facility, might a relative is around

I: Adn will say

R: I see you entering often what are you looking for?

I: (Chuckles)it will be known.

R: And also time, ehh.

I: Mhh

R: Others are in school and leave school very late.

I: Mhh

R: So they getting the time and once they reach home it becomes difficult for them, mhh....

I: That is fine.

R: And distance, sometimes this area of ours...

I: Distance?

R: Yes, there are some who are interior and to reach there and maybe it is the rainy season, it is crazy

I: It is impassable to you can pass but....

R: It is not impassable but it is impassable when it is raining heavily.

I: Mhh

R: Yeah

I: What are some of the mechanisms that the clinic or you use to support adolescents to overcome these barriers like the stigmatization from the peers or that community? How do you help them to overcome that so that they can be able to overcome this SRH services?

R: When they come, we make sure we counsel them

I: Mhh

R: Expansively on the stigma around, at least we counsel, we teach them on the right thing so that as they go out they know what is good and what is not good and those stigmas around. So we make them know the truth of that method

I: Mhh

R: Yeah and then the side effects and the positive effects on them

I: Ok

R: Yeah and we teach them on the stigmas around and how to overcome them.

I: Right

R: Mhh

I: And what about the notion that every girl that uses family planning is seen as someone who is a prostitute or promiscuous....she will not be going with men from one point to

another? If a girl....how do you help them to understand that this is probably not true and that it is just ok to take family planning? When they come to you and say ahh if I do family planning people will say that I have started misbehaving. How do you convince them otherwise?

R: You convince them because of that area of their lives in that you take these family planning methods to prevent unwanted pregnancy.

I: Mhh

R: Because if they become pregnant it will be a big shame compared to taking a method of family planning.

I: Ahh right.

R: Yeah.

I: Great and what about issues to do with religion maybe there religion don't accept them to use family planning but she really, really wants to use, how will you reassure this person so that they change their mind and probably have to go against their religious teaching or beliefs?

R: At least first of all you exhaust all the benefits of that family planning to her

I: Ok

R: Yeah the benefit of that method to her and to overlook by counselling everything and to overlook those barriers for the benefit of his or her life.

I: Mhh

R: Yeah

I: Ok.

R: Yeah

I: What about the issue of....some of them thinking family planning methods are cancerous, they will cause cancer and of course

everyone fears cancer. So how would you change an adolescent mind or help her to you know think otherwise about these things causing cancer?

R: At least you teach them and counsel them on the possibility or the possible things that will cause cancer.

I: Ok.

R: And you teach them that family planning doesn't cause cancer.

I: Mhh.

R: As per what people are saying.

I: Ok.

R: Yeah.

I: You talked about of fear being seen when coming in to the clinic for fear everyone will link their coming to the clinic with family planning. And they don't want that.

R: Mhh.

I: So for those girls who really, really want to get these services but are afraid of coming into the clinic because someone might see them, how do you make sure that they get the services or do you help them solve this issue that they have? They want the services but they are afraid of coming in here because they might be seen by someone who will start saying girl has been entering here after every few months, what is she up to?

R: Mhh.

I: Or those who don't complete come because of that fear though she would really have liked to come? How do you help those kinds of girls?

R: On thing you arrange for them for an appropriate time.

I: Mhh.

R: Yeah where they can access that service for free,

I: Yeah.

R: Free from that fear.

I: Mhh.

R: You set a date and a time which is conducive for them.

I: Yeah.

R: Mhh and secondly you counsel them on how to overlook all those stigmas around. I know this time and date, if you set them an appropriate time, and appropriate place

I: Yeah.

R: And a confidential place where they can access these services they will overcome this fear.

I: Right and what about the issue of time and.....others are in school.

R: Yes.

I: Maybe she has not time and when she comes from school probably you are closed and all that, what do you do to help them get at least an opportunity to get these services and also the issue of distance, you mentioned that there are places where it is impassable when it rains.

R: Yeah

I: What do you to maybe to help them?

R: Sometimes we schedule them on weekends.

I: Ok

R: Yeah because sometimes I come on Sundays in the afternoon some of them come and you counsel them adn give them what they want.

I: Mhh

R: Yeah, some of them goes to church and by pass by our clinic and you can provide them what they need at that time.

I: Ok

R: Yeah

I: Great and the issue of distance do you go to them now or how do you handle that?

R: With the issue of time, sometimes we use our mobilizers to be giving health teachings to them

I: Back in the village.

R: In the interior.

I: Mhh

R: Yeah and we have also community health workers, sometimes when they are in the village meetings, what they do also talk of family planning especially in the quorum where the youths are.

I: Ok

R: Yeah

I: And so how do you help them so that they end up getting the services and not just the talks and teachings about these methods?

R: at least these mobilizers and community health workers do link them to our clinic and they give them the appropriate time they will come to us.

I: Ok the appropriate time?

R: Yes

I: And you talked of a challenge you face with the community that they stigmatize you for providing family planning methods to girls that they still see as very young to start using those methods. Now what are some of the other challenges that you face as a

facility or you yourself as a service provider in this facility face while dealing with adolescence SRH services?

R: Mhh sometimes there is lack of finance.

I: Mhh

R: Yeah because some of the methods I told you would not be channelled properly because T-safe program because with me...we provided all those, especially in February,

I: Mhh

R: We had so many youths and we were not paid for the commodities. The service provider was not paid.

I: Mhh

R: And some these things like the family planning commodities that we do buy them so we get a lose because we provide free to our youths and we were not reimbursed for it.

I: And what about the community do they receive well or, apart from the stigmatization, from the parents, are there any other ways you get challenges from the community?

R: Like this T-safe now, we don't go openly.

I: Ok

R: Though we are happy our (unintelligible) around now have started providing the family planning and what for the youths.

I: Yeah.

R: It has really assisted us to some extent. But we don't go openly that we are giving family to our youths (chuckles) because you will be stoned.

I: They will give you a bash.

R: Yeah so we operate secretively.

I: So even the mobilizers do that, they go secretively?

R: Yeah they go secretly because if you say I am providing that clinic, they will stone that clinic. You are spoiling our children; you are providing them with family planning when they are still young

I: Mhh

R: Yeah so you will get the chief in your facility immediately (both chuckle)

I: Coming to defend his people or coming to ask....

R: Coming to defend his people and so you are spoiling things.

I: Mhh

R: so you can end up with a case to answer.

I: Ok

R: Yeah

I: Now what I am getting is like the community members don't actually support his one hundred percent?

R: Yeah it is not 100% supported.

I: Ok

R: Yeah

I: Do you have at least those who support it?

R: Yeah, there are some who support it very nicely.

I: Ok

R: And even come accompanying their children especially in the holidays for a method.

I: Ok

R: Yeah so really support them.

I: Ok

R: because some of the youths, most of them in this area

I: Mhh

R: They have kids at the age of less than nineteen.

I: Oh!

R: Yeah so those ones are enlightened I should take this child for a method.

I: Right.

R: Yeah

I: And you as a service provider what are some of the challenges that you face while you are giving out, or you are dealing with adolescent on SRH issues?

R: Some of them...

I: Sorry you talked of about sometimes you have to buy supplies

R: Yeah

I: And then you don't get refunded or payed back and that is lose on your side.

R: Yeah

I: This to...add a bit more of the challenges that you face.

R: Some of them when you giving a method, giving a service. These kids are very shy.

I: Mhh

R: They are really scared for example the implant, you counsel and when you try to administer it they are so scared.

I: Mhh

R: After giving the Metosol, the follow -up

I: Mhh

R: Whey they feel something small, just a small pain, they are on your clinic and so they are so challenging

I: So how do you deal with such?

R: You re-counsel and at times you give her painkillers

I: Mhh

R: Yeah

I: Great and now what are some of the perception the adolescents have about using the SRH products and services? For example, you mentioned that some do agree to have the services or if you agree you will get pregnant and later develop cancer. So what are the others?

R: Missed periods. In adolescence most of them want to see the period every month

I: Yes

R: So when they miss they don't really feel comfortable. Another thing is maybe weight loss, weight gain with some clients and so in adolescents they really don't want any unusual change on their bodies (both chuckle)

I: That is a problem now?

R: yeah it is a problem now.

I: Everybody knows there is an ideal body size

R: Yeah so they say people will wonder what I have done with my body.

I: There is a problem.

R: There is a problem and sometimes by bad luck a teacher notices you have an implant

I: Mhh

R: That stigma and embarrassment.

I: They don't want that.

R: Yeah

I: And how do you assist them when you notice that really this girl wants some service but she is a little bit worried about what you have mentioned maybe she has talked to her friends or she is afraid the teacher might know and because of stigmatization. What do you usually do and explain so that they can decide for themselves without considering what other people will say or their views?

R: At least one of the most important things is counselling. You counsel them on the method that she likes.

I: Mhh

R: Mhh and so when you counsel her thoroughly on that method, the side effects, the positive effects of that method, she will be satisfied and comfortable to use that method despite the stigma and the rest.

I: Ok

R: Yeah

I: Ok

R: And also we talked of the confidentiality

I: Mhh

R: and to overlook, you counsel them that the method she will use is not comfortable for what the other person is using. At least by history and phsycial exam you are doing to them at least there is a method desirable to them. So you counsel them and give that method nicely and give a follow up method and she will do away with those misconceptions.

I: Ok

R: Mhh

I: Great. Now what are some of the feedbacks you have received from adolescents who have gone through the T-safe platform?

R: They really appreciate.

I: Ok

R: They really appreciate and are promising to bring more friend and more clients to me.

I: Mhh

R: Year, they really appreciated because another time we gave some incentive like pads and there is Shujaa, so they promised to bring us more clients.

I: Ok

R: yes

I: you have mentioned pads, is there anything else you have done for them that made them be happy with the services that you offer?

R: Ehh another thing is that confidentiality that we have.

I: Mhh

R: It has really helped bring in more adolescents because they know this one cannot disclose to somebody because in some of the clinics they are provided with a method and the following day the parent is aware.

I: (Chuckles)

R: So they are really confident with our clinic.

I: Ok and so how do you feel that you can be supported so that you improve on giving out SRH services to the adolescent?

R: Yeah, one thing is the finance. If they pay us for that small service we provide shall really appreciate and it will assist us to at least to buy a small incentive to them.

I: So this payment should be done to the service provide or the clinic?

R: it depends where the clinic will arrange to buy at least an incentive for them.

I: Ok

R: and also, we are to open up Tiko shops ehh,

I: Ok

R: Where they can get their....redeem their points and get their products. For the clients and mobilizers. You know we are depending mostly on our mobilizers.

I: Yeah

R: Because they are bringing so many clients to our clinics.

I: Ok

R: They are our eyes.

I: On the ground.

R: Yeah

I: Regarding the Tiko points you want.....if they can open Tiko Shops it would be better. Do you feel that the Tiko points the mobilizers and the grils get per service are sufficient or what we are doing is hampered?

R: at first there were not complaining so much.

I: Ok

R: But as time goes it got to two fifty and they be begun to be discouraged after using bundles and what, they give you fifty bob per client, you see it is just a waste of their time and effort because some of them are traveling a lot. They are not getting allowance for even transport...mhh

I: Ok

R: Yeah

I: Great, we are almost done, I have just two more questions, scenarios and then I read around four questions and narrow them because they are similar.

R: Mhh

I: I will read for you a scenario and then you will tell me....I will ask you a few questions about the scenario. Now let us a girl or a young mother has come to see you.

R: Mhh

I: She looks like she is about nineteen years of age and she got her first baby last year. So she tells you that she is married and living with her husband. She just has that one child and would not like to get another baby for now. She has never used any family planning method at all because the husband doesn't want her to use any.

R: Mhh

I: What would you like to know about this girl so that you can be able to assist her?

R: First I would like to know her age.

I: She has told you that she is nineteen years of age.

R: Secondly, I will counsel her, do a physical exam and take history and then see if she is pregnant or not. So you do a pregnancy test.

I: Mhh

R: or sometimes you ask her might be she is on her period then you go ahead and counsel her for the method that she likes. And if possible, let the husband come and counsel both of them. At least she can be able to change that attitude of not wanting to use a method.

I: Ok

R: Mhh

I: That is fine. Is there anything else you would like to know about this lady before you assist her?

R: You said she had one child?

I: yes.

R: You find out if she has used any family planning method?

I: She has not.

R: Has she ever had any other pregnancy before this one?

I: Mhh

R: yeah

I: Those are the questions you would like to know?

R: Yes

I: Ok that is fine. You said you will talk to her and counsel her first?

R: Yes

I: and what would you tell her about contraceptives?

R: Now after she....you counsel and you teach on all the family planning methods that you have.

I: Mhh

R: What you provide and how they work, side effects, the long term and short term methods. You teach them all that you have and exhaust what you know about those family planning

I: Ok

R: Yeah

I: Anything else?

R: She has to fill the consent in any thing

I: Mhh

R: When you want to given a method or perform a procedure, they have to consent you.

I: yeah that is very important.

R: Yes.

I: Right according to the scenario I have just read, what do you think or what method do think is best suitable for her?

R: The child is?

I: There is no specific age but she just had her first child one year ago so probably a year or one year old.

R: Ok I think with the history and the physical exam, with their consent on that method, if she wants the maybe a pill or depo, you teach them on the side effects and effect of that family planning she has chosen. With the history, physical exam you shall weigh out if she can use or she cannot use that family method.

I: Ok

R: Yeah

I: As from the story because right now this is just a scenario and you cannot actually do the physical examination.

R: yeah

I: Just from the story which method do you think would be ideal for this woman?

R: She can use all the methods. She can use pills, she can use depo, the long term IUCD, the implants and the condoms.

I: Why do you think she fits to use all those methods instead of just one?

R: So the specific would be her choice,

I: Yes, I know it, it is your choice, you choose one.

R: Mhh

I: But as a health provider, which one would you prefer for her?

R: Nowadays we prefer the long-term methods.

I: Why?

R: Yeah because and it also depends if she wants to use the long terms methods

I: Mhh

R: And maybe she wants to give birth to another child in the near future.

I: She says she doesn't want to give birth to another child any time soon.

R: Ok so I will give a long term method.

I: Ok

R: Yeah

I: Like which one?

R: Like implants, she qualifies for implants and IUCD

I: Ok that is fine, and do you meet many clients of that nature, like this woman?

R: yeah

I: That scenario?

R: Yeah

I: Can you tell me a scenario that you recently dealt with that is almost similar to this one?

R: The one which I saw recently they came with the husband.

I: Ok

R: yeah and this woman wants to go to school and has a one year old child.

I: Ok

R: so I counselled her in the presence of the husband and they chose to use the implant, a five year implant.

I: Fine

R: Yes

I: And have you met any that wanted to use a method but the husband is not willing in the recent past?

R: yeah at least severally.

I: and what did you do about it, can you briefly talk about it?

R: One of them we counselled, the mother wanted an implant and the husband wanted a child in some few years to come. So we talked for a while and they requested told me that they will come back to me in a week's time. And after one week, that woman came and she told me that the husband refused and so she wanted me to give her a short term method to use.

I: Ok

R: So she gave me a choice of the three months injection as the she talked to the husband.

I: Ok and how do service providers encourage adolescents to choose a long term method?

R: Mhh at least it will depend on the duration they want to stay without getting married. Most of them are at school so sometimes we encourage the long term methods. Like if she is in form one and she wants another break of five years before they get a child or ten years, so you encourage them to use long term method.

I: Ok

R: Yeah.

I: Now I will read for you my last scenario

R: Mhh

I: Let us say a girl comes to see you and she is alone. She is around fifteen years old. She tells you she is sexually active and would not want to get pregnant because she is still in school. She has never used contraceptives before.

R: Ok

I: What would you want to know about this young in order for you to help her?

R: One of them, first I will take her history, maybe she may have gotten pregnant at some point and aborted or whatever, whether she is married or not or she has a partner. Secondly would be if she is receiving her menses.

I: what is the reason of wanting to know if she is pregnant or having a period?

R: Because she might be pregnant and she wants a method.

I: Mhh

R: Yeah

I: Great. what else would you like to know about her before you help her? Remember she has told you she is fifteen, sexually active and doesn't want to get pregnant because she is still in school.

R: At least when you want to know how many partners she has, screen for STI, HIV

I: Ok

R: Her sexuality anywhere.

I: Ok

R: Yeah

I: Good, now what would you tell her about contraceptives?

R: You will counsel her and tell her about all the methods.

I: Mhh

R: And you give time for her to choose.

I: Mhh

R: Yeah, after explaining all the side effects of the methods, you assist her or she can give you a method of choice. You assist on that method or to change to another method according to her condition and age.

I: Fine and according to the scenario what contraceptive method do you think would be best suitable for this girl?

R: Ehh...I think she can use an implant

I: Implant

R: And pills.

I: And which one do you think is the best?

R: The best one is an implants.

I: Ok

R: yeah

I: Why?

R: Becuaese with implants, whe you give them, after removing, they will come to their...their fertility is restored fast

I: Ohh

R: Unlike the Depo that when you administer, the moment she stops using the method, the body takes time to restore or gain back her fertility.

I: Do you....

R: And things like pills, she might forget to take them and get pregnant

I: Mhh

R: And there are those who hide the pregnancies and that would not be good for her.

I: Ok

R: Yeah

I: and do you get such type of clients of that nature like this girl? Do see clients like this girl?

R: yeah

I: Ok

R: Mhh

I: Can you please tell me of a client like this whom you attended to recently?

R: the one I attended to I went into counselling and we did a blood test and she was pregnant.

I: Ok

R: So I wouldn't give her a method because she was already pregnant.

I: Mhh

R: She wasn't aware that she was pregnant so I didn't continue giving her a method because she was pregnant.

I: have you attended to a girl who has almost a similar scenario like this but not pregnant?

R: Yeah

I: Ok can you briefly tell me her story?

R: this one, we did our counselling on all our methods, did a physical exam, but she really insisted to be given these three months injection.

I: Ok

R: Yeah

I: Right.

R: We counselled on it but she insisted on the three month's injection.

I: So you gave her the Depo?

R: yeah we gave her the depo.

I: Ok

R: Mhh

I: Do you have anything else that you feel like you have forgotten, anything you feel you would like to talk about or piont out, maybe a suggestion about the project?

R: Yeah the project is not bad but they have to improve on the Application for redeeming the points, the enrolment on the client by the service provider.

I: Yeah

R: I think what is challenging is the registration of the client and from the service provider from that App.

I: Mhh

R: Another thing is the payment, the payment is too little especially to the mobilizers.

I: Ok

R: yeah and it takes time.

I: how much are they being paid right now?

R: Right now, it goes up to fifty shillings.

I: Ok

R: So most of them have given up so they have to improve on payment and duration of time and also pay the service provider.

I: Ok

R: For her to at least get something to purchase these family planning methods.

I: Ok

R: You know sometimes we are not being given.....sometimes we don't get these commodities and it is so frustrating to turn away a client because you don't have that commodity.

I: Yeah

R: Yeah and also they should be providing us with those commodities if possible

I: Ok

R: Yeah, if possible.

I: Great. Anything else?

R: And also trainings.

I: Yeah

R: At least we feel we need more training on the same.

I: Right

R: We need those trainings and we request for the T-shops, we don't have

I: Ohh yearh

R: The T-shops are away in Nakuru where you came from and you also observed that. Here were are so much interior.

I: Yeah it is far.

R: From here, a few miles ahead, it is now a forest an entry point to Bomet.

I: Ohh...ok

R: So we are really requesting for the T-shops.

I: Alright, that is fine.

R: Yeah

I: You want to add anything else on that or you...

R: Otherwise we really do appreciate this T-safe programme and we feel it should continue because it has assisted us a lot.

I: Ok

R: It has assisted our community, there are a few unwanted pregnancies nowadays and youths are really coming for family planning and other services related to that.

I: Mhh

R: Yeah

I: Ok with that you are done?

R: yes, I think am done.

I: Ok thank you so much for taking your time to sit down with me, I do appreciate.

R: thank you so much, welcome again.

I: Ok thank you.

R: Yeah

END

AFRICAN POPULATION HEALTH AND RESEARCH CENTRE

ITH PROJECT ROUND TWO

ITH_R2_NAK_MOL_RUR_003_SP_002_15519

190514_1013

Wilkister Ombidi

RA 003

ITH R2

SERVICE PROVIDER 002

NAKURU

MOLO

ELBURGON MATERNITY

RURAL SETTING

Date: 15052019

Time: 1015

I: To begin please tell me about your work and experience as service provider at this facility.

R: OK, my name is Esther Kariuki from Elburgon Maternity. I am community health nurse. Opened this facility in 1998. It serves the community of this area. The services given are curative, maternity services, maternal child health services...

I: OK.

R: We also do youth friendly services and we also give health talk as regards nutrition because we also deal with TB patients as well as HIV clients.

I: OK.

R: Yes.

I: So when you talk about youth friendly services what does that mean?

R: Youth friendly means, a client may come seeking advice most likely concerning family planning services, most likely concerning some issues with the members of the family at home. Then you are able to allay the fear to make the youth know how important her life is...

I: Mhh...

R: And in case sexual reproductive services, we also offer.

I: Good.

R: So we sexual reproductive health services and we also offer general counseling on how they can deal with life.

I: Ok, thank you so much. So for how long have worked here?

R: I have been here since 1997, so we are around 22 years now.

I: Any administrative duty that you do?

R: Yeah, being the administrator of the facility, I do most of the administration.

I: What is your role or how do you see your role in the ITH program?

R: Being a mother or having seen the challenges youths are undergoing these days, I take the responsibility of making them know how life should be handled.

I: OK.

R: And that is why there is early marriages, early sexuality, early.... A lot of knowledge in the media. So I take the responsibility of showing them how to one; handle their lives, number how to access family planning services.

I: Your role for example you have told that you give them family planning services and how they should handle themselves.

R: Yes.

I: It is in the ITH program?

R: Yes, those are in the ITH program.

I: Any other role you play as service provider in the ITH?

R: Yes, I usually visit schools and give lectures. I am also member of the church and leader in that church. So I usually request for seminars for the young adults.

I: Aahaa...

R: For example last year 2018 in August, I had a meeting which I found to be a record because between 19 to years I had 100 girls whom I lectured to whom I have seen their fruits.

I: Congratulations. When you give lectures in schools, what topics do you handle in those lectures?

R: Lectures like now when I had the 100 girls, it was me who handled all the lectures. Like the first one I had was on female genital mutilation,

I: Mhh...

R: The dangers, the second lecture was how to handle themselves between ages 14 to 19 years. I had to differentiate to them the ages of adolescent; that there is the young adolescent...

I: Mhh...

R: The middle age adolescents and the mature adolescents.

I: OK.

R: Among the three ages of adolescents, a lot may be happening and they don't know the changes that occur within their bodies. I could emphasize to them that during adolescence, several changes take place in their bodies and actually if ignored, they can make them suffer.

I: Mhh...

R: So I could teach them the signs and symptoms of the changes and how they could handle them because some of them are very healthy, having breast the feeling of having sex, those are very healthy feelings because those are the preparations of our bodies as human beings.

I: OK.

R: But we should think beyond the changes in our bodies. They could laugh.

I: OK

R: They were plowing. I told them that we are created in the image of God. God had asked himself when I create a man, where will he be. Where will he farm?

I: Mhh...

R: And when God had finished creating everything, finished the world and everything in it, He then brought a man. So as much as you are a young person, there are changes, you are supposed to settle. Not seeing your breast are big you want to bring a baby to feed.

I: Mhh...

R: Not feeling the sex desire, you want to go and sleep with everybody. You see these things are there so that you can appreciate what God did and they prepare for your future life.

I: Great. I am like I wish I attended that lecture. I am learning a lot.

R: Mhh...

I: Please describe your experience with adolescent's sexual reproductive health services.

R: My experience.

I: Yes, your experiences.

R: My experience can be a bit challenging because sometimes, you counsel a girl. She is sexually active; she doesn't have a child...

I: Mhh...

R: Here you are a service provider you want to give them a service. So to me I know according to how we were trained we should just give a service. For me I give a talk that will just make that lady to lady to avoid sex before marriage...

I: Mhh...

R: And to the training I have been attending is just you give the service. But you give the service and a girl is just there giving sex to anybody who asks for sex just because she is covered and you get the young girl coming back when she is HIV+

I: Mhh...

R: She fears the baby but gets the HIV.

I: Eehe...

R: So it is quite challenging with adolescents. You have to be very careful with the girls. You have to be very careful giving the method and tell the girl that it is good to get a method but you have to be very careful because by having a method, you will not have another baby probably with the same man, but giving a method is not having sex with everybody.

I: Mhh...

R: Because this choice exposes you to every danger.

I: Ok, is that what you mean by giving away?

R: Mhh giving yourself to everybody.

I: Oh... Ok. So that being your experience that these girls get into?

R: Yes, they just go and get HIV. You tested negative but sometimes you get two or three testing positive.

I: Ok. Very unfortunate. And any other experience you have with dealing with adolescents' reproductive health services?

R: They fear.

I: Mhh....

R: They fear discussing it with adults, they fear discussing it with parents. They fear getting to site. And what I have seen is that these girls need somebody who is very friendly.

I: Mhh...

R: because you cannot just come and tell them I want you to use family planning services.

I: Eehe...

R: If you talk to them like that they may not understand.

I: Ok.

R: So by the time you tell them to get the service, you have agreed on several issues.

I: Alright. So when you say they fear getting to site, what do you mean?

R: They fear, because they know getting to a facility where family planning is done is for those who are married.

I: You mean...?

R: Like now, this is a health facility.

I: Aahaa... Ok, I understand.

R: Mhh.

I: Tell me about your training in adolescents' reproductive sexual health. Your training.

R: Mhh. What I was trained on?

I: Yes, if you have ever been trained on adolescents sexual reproductive health.

R: yeah...

I: Just briefly.

R: Yes, I have been trained; one I am a professional midwife...

I: Mhh...

R: I am a professional midwife, number two; I have been updated on several updates on family planning, all these concerns, the uterus, the family planning methods as long as you are a midwife, all these go together.

I: Eehe...

R: And actually, the partners, the AMUA people, the Marie Stopes people, they have really trained us severally on reproductive health.

I: And were these specific to adolescents sexual reproductive health?

R: Yeah, actually it is a seminar by itself.

I: It is a seminar by itself.

R: It is a seminar by itself. If it is about youth friendliness, it is about youth friendly.

I: Ok.

R: And you can imagine five days putting adults sitting down to know about youth

I: (laughs) and everything.

R: And everything.

I: The one for five days was about youth?

R: Yes.

I: What services does the clinic offer to adolescents?

R: Yeah my clinic gives all the services apart from permanent method.

I: Apart from permanent method?

R: Permanent method is a tubal ligation.

I: Ok, TL. Just a quick mention of the services you offer?

R: That is IUCD, implants, pills,

I: Ok.

R: Condoms.

I: Any other that you provide?

R: No.

I: (flipping papers). However if you remember another one you will just say. This is not...

R: And even counseling.

I: Ok.

R: You counsel a client, she just

I: Ok. Kindly describe to me your experience with mobile platform. Here we are talking about the mobile system you told they register in; the tickle

R: It is only managed by... it is not effective.

I: It is not effective. Explain to me what you mean by this.

R: One, I have never seen its benefit, two, I have never heard any client talk about the benefits.

I: Eehe...

R: Simply it is not effective.

I: Ok, when you say you have not seen the benefits, what do you mean?

R: The moment you see those clients the method you administer, you are paid back.

I: Mhh.

R: I have never been paid.

I: Who are these to pay back?

R: Our partner the Marie Stopes.

I: Ooho, the Marie Stopes. But about operating that mobile phone platform, tell me any experience with that application.

R: If you have it on the phone there is no problem. Except me, personally my phone could not have it.

I: Ooho, yours did not accept the app?

R: Yes.

I: How were you registering them?

R: I said I did not register them.

I: You told me that you were registering them...

R: There was a phone of another staff.

I: Ok. Were you the one using it?

R: If we got a client she was the one registering.

I: Did she tell you of any problem?

R: No, there was no problem, because the system could tell you 1000 shillings, 100, or 50 shillings. But this is what was appearing on the phone but there was no reality (laughs).

I: 100, 1000... what?

R: Money, that was money.

I: Ooho.

R: You see implant they were paying 500, antenatal... something like that.

I: Mhh... But you have told me that nothing was paid?

R: Mhh, so how has the ITH project the way you provide services to the adolescents?

R: Well, during training at least somebody taught us how to give services to the youth, how approach the youth.

I: kindly explain to me how to approach the youth is like. How do you do you approach them?

R: One you have to be very friendly. You must have a friendlier place.

I: Aaha...

R: Number two you have to be somebody who keeps secret; these are not the issues you want to talk about with about people.

I: Aaha...

R: Not that when you have talked to somebody you go and you begin telling her mother that your daughter came to me. Again you have to make the youth like that place. You also must have right language.

I: Please explain to me about language. What about language?

R: Mhh, you can have this lady...

I: Yes.

R: Like I can remember the latest, the lady we had was last year August. She was in form three and came while already pregnant.

I: she was in form three?

R: And she was Mkorino. You know Mkorino; they are these people who tie/cover their heads with clothes. To me for Mkorino, when I see Mkorino, I don't expect that she would say I am pregnant

I: Mhh...

R: I want to abort...I want to do this. I didn't expect that. Because the religion itself talks on her behalf. I expected her to tell that I am coughing (both respondent and interviewer laughs). When she entered we greeted one another and I told her she is welcomed.

I: Mhh...

R: So I told the receptionist to register that girl. She told me that sister/nurse I am not sick. I want to talk to you. She came in and I asked her you want to talk to me? And answered yes. Then we talked and talked and she had headscarf. I asked her do you go to school in that one? She answered yes. You are not bothered with it by being asked questions? She said no. When do you iron it, it is well iron. Then we became friendly. So she opened up and told me that there was a boy who visited her place and the following month she didn't see her menses, and the second month and that was the third month.

I: Mhh...

R: I am pregnant. I bought that small thing and it is like I am pregnant.

I: Mhh...

R: As I talked to a friend of mine, she advised me to come and talk to you.

I: Alright.

R: Just tell me what I can do. So I told her, now we started talking. You were in the language, you cannot just tell her, you are now pregnant, and did you go to school to become pregnant? You cannot just talk to her. This is the language I was talking about. So we must know how to talk about these things. Because even if she has headscarf it doesn't mean that she cannot get pregnant if she plays sex. And then we talked.

I: You talked.

R: I told her you are a Christian, and I am a Christian too. I do not do abortion in my clinic. You see when you are in form three you will later need to have a child. And being a Christian it is easier to ask God to forgive you than to forgive me when I kill. She looked at me and laughed. The she said that I will repent for having sex with a boy who impregnated me. Then I told her, I will be testing you in the clinic at no pay. Number, just persevere because you are almost seven months and it is not yet widely known. You met somebody who told you to come to me. You are now five. The next one month you will close school.

I: Mhh...

R: Just hold on, give birth then talk to your mother to take care of your baby for you and you go back to school.

I: Mhh...

R: You know the way I talked to that girl, she was able to see me in the heart and she was able to keep the pregnancy until she gave birth.

I: Was that her boyfriend?

R: I think it was a boy whom they were not meeting regularly. Like he used to admire her until one day he sneaked into her cube because the school is a day school and she rented a house.

I: Ok. What are the most questions that you get from adolescents/

R: Will I get pregnant if I use the method.

I: Eehe...

R: The side effects of the method.

I: Any other?

R: Only those two.

I: Those are the most common questions.

R: Mhh.

I: Ok. What changes have you noticed since the introduction of ITH?

R: I think girls have realized that they have a right concerning their sexual life.

I: Mhh

R: And they can access the methods. Whichever, whether any method of family planning they want, they can access it.

I: So that is one thing you have noticed girls have?

R: Yes.

I: They feel they have a right.

I: Any other change?

R: They are able to go to school and complete the level.

I: Girls are able to complete school.

R: Yes.

I: How have preference of adolescents influence change the program of ITH?

R: Maybe I don't understand the question or but I don't think whether there is any.

I: I need to read it in Swahili because we want to understand it better.

R: Mhh.

I: (reads the question in Kiswahili). What changes have been influenced in the program by adolescents' preferences of the ITH services?

R: I cannot comment anything. I haven't seen anything.

I: Mhh.

R: But I don't know what other service providers have seen but with these seminars maybe the way they gather them, I also seen them enjoy.

I: Ok, the youth?

R: Yes, the youth they enjoy getting new information.

I: Ok, they enjoy getting new information.

R: Yes, because I usually discourage them from being carried by motorcyclists (boda boda) because they give these girls 10 shillings, 100 shillings. Some of these things when given they don't know that these people will demand back. These are young girls who are just 14 or 15 years of age and they don't know, they just think that these cyclists are just generous. But they will demand back.

I: Ok.

R: So the knowledge you give them will help them. Such knowledge should reach Elburgon, Nairobi everywhere because some of these girls really suffer.

I: You are giving me a very important point...

R: Mhh...

I: That these girls are now enjoying knowing the things they never knew because of this program.

R: Yeah.

I: So they are hungry for information.

R: Yes, because adolescents they like sitting with boys, it is just nature, but they do not know that there is danger in that.

I: if they are taught that it is nature because even a cock hangs around a chicken...

I: Mhh...

R: So they are taught that it is nature. So having them just coming too close to them you will avoid.

I: when talking about preference here, we are talking about what is that you see want a lot.

R: Knowledge.

I: Yeah, they want knowledge. Any other thing that you they prefer since you started this program?

R: I think it is knowledge. It covers all.

I: The knowledge that they need a lot, they need knowledge about what for example?

R: About the changes in their bodies.

I: Ok, change in their bodies. Let us talk about the providers. How has preference of the provider changed as a result of this program?

R: I think is individual.

I: It is individual.

R: There are some people who do not like this program as it is, but there are some people who enjoy talking to these girls like myself (laughs).

I: Like yourself.

R: Mhh. It is individual.

I: It is individual. However you have told me that you talk to them nicely, like the story you have just narrated to me and I felt like ooh my.

R: Yeah, you have to talk to them nicely because this girl is innocent. They sometimes tell that I went to that other facility and she started by reprimanding me that my work is to go around sleeping with men. And maybe she was carried by the cyclist who like gold hold of her by force. So she does not know where to begin from. So they are innocent and so you must know how to talk to them.

I: But you tell me if you really enjoy talking to them?

R: I really enjoy, even their company.

I: Even their company?

R: I like it. I am a mother of two girls and one boy. My daughter completed form four and I registered her in the women group.

I: Mhh

R: She is getting her money, she is able to listen to what adults talk about, what they hate and finally this girl is already a citizen in Australia.

I: Ok, that is great.

R: She just went up; she is a nurse like me.

I: Ok.

R: Another girl just got married the other day.

I: Ok.

R: So I just know that if a girl is closer to her mother, closer to her friends, they just learn to handle things well.

I: So you would rather have girls be closer to their mothers than be closer to their peers and young boys.

R: Yes, they should be closer to their mothers. If you are a mother be closer to your daughters. Even the other day I was telling young mothers to be closer to their daughters.

I: Mhh...

R: This girl will not keep secret to herself. Even the day a boy will talk to her on friendship matters she will tell

you. So these girls are very innocent and should be brought closer to the adults.

I: How does your facility and colleagues support adolescent girls seeking reproductive health services?

R: My facility supports them... the youth?

I: Yes.

R: if you are not able to give the method, give them your tongue.

I: Give them your tongue?

R: Yes, talk to them nicely. If you have not been trained in giving family planning methods then talk to them nicely. If a girl tells you that she does not have pads, her mother cannot give her, I give them for free.

I: For free?

R: Yes, even now I have very many of them in the cartons (laughs). I ask them you do not pads, and the periods you get? They answer yes. And so I just give and them that even your mother will give you one day if she has.

I: Any other support you give?

R: Sometimes I get cases even from boys. I not only deal with girls...

I: Ok...

R: I also deal with boys.

I: Ok. So tell me what measures do your facility and colleagues take to make sure that there is privacy and confidentiality?

R: we have rooms, like you see there is a room here. If a girl wants a talk and you see she wants few things on family planning, learn to talk in private.

I: Ok, and you have also told me that you them some special provisions, you told me you give them free pads. I don't know whether there is something else you give them?

R: Not very common but when she is sent home for school fees like 100 shillings, I can give but if it is more; like 2000 shillings, I call her school and pledge to pay that money so that the girl does not stay home.

I: You really go out of your way.

R: I have done to many.

I: Ok, many have completed school through you/

R: Yes.

I: Thank you for that. Anything you have done about the change of opening and closing hours?

R: This place is 24 hours.

I: 24 hours.

R: Maybe I can be out but it open for 24 hours. but unless I am out of the country but I am available.

I: You also talked of privacy and confidentiality. You sometimes talk to some of them in a private room. I don't whether there is any other way that you ensure privacy for them?

R: Maybe filing.

I: Tell me about that.

R: There is that register and that talk, you just finish and keep somewhere.

I: Waiting room. What about it?

R: waiting room is common as you can see. And the receptionist or whoever is there is able to screen.

I: To screen.

R: Yes, I want to talk to the mother/nurse, I want to be tested...

I: Mhh...

R: The client is taken to the right place.

I: So you are saying that they are screened and directed on where to go immediately?

R: Yes.

I: So they do not wait.

R: Everything here is computerized. When they come their names are keyed in the computer system.

I: Where they are waiting is common room as you have said. I don't know whether they are comfortable?

R: And fortunately they are not very many so we have never seen any challenge with that.

I: Ok.

R: If you just say family planning, direct to family planning bench.

I: Ok and where they meet the provider.

R: The good thing here is that we have very many rooms, where we meet clients. Even if there are two for family planning you just tell her to wait in another room you will provide the service to her.

I: Ok. Great. Any IEC material that you give to them?

R: We have them and we also have materials showing the methods. How they work...

I: You mean family planning method?

R: Yes, how they work, the side effects, the advantages and disadvantages.

I: How has your participation in the ITH influenced the quality of services you offer to adolescents?

R: Yeah, they teach one another. when one goes, next time you will see them two or three.

I: Any other way that by being in the ITH, it has influenced the quality of reproductive health services you give to the adolescents?

R: I think that one there is nothing because quality should be quality whether you are serving the youths or adults, quality should remain.

I: However you had told me something important the way you talk to them.

R: That I also said, it is individual.

I: so based on your experience working with the community. Now I am talking about community, I want to open the door.

R: Yeah.

I: What would you say are the facilitators and barriers for adolescents to access sexual reproductive health services? Do we start with facilitators or barriers?

R: Let us start with administration, or do we call it Kenya. There are government policies. Then we can come to the facility and then go to community. Because when we talk of community there are things that community does not believe in.

I: Mhh...

R: The community wants the child to go school and complete without engaging in sex, goes ahead to get married before having sex. And I tend to feel that the community wants some magic to happen that the child just lives, goes to school and completes and gets married before having sex.

I: Mhh...

R: And there is nothing else a child should know.

I: Mhh...

R: Which is very wrong because I happen to be a bit older, and I remember as a young girl I was always in the house with my mother, being told what is good and bad, coming home late is bad, walking around with boys is bad. I grew up knowing those.

I: Mhh...

R: But these days parents have forgotten their roles (interviewer laughs). They have left children to the teachers but again sex education is not taught there. In the church they are just left like that, they are not told

what the repercussions. So the girls are just left on their own.

I: The fact that there is nobody to care for the girls is a challenge?

R: Yes, there is nobody to care for them. Nobody listens to them and so they are just like that.

I: We are talking about barriers. So this is one of the barriers that make girls lack the services. (Respondent talks to somebody else)

R: community does not talk about sex because it feels it is shame to talk about sex with their children.

I: Any other barrier?

R: Getting method is also a challenge.

I: Getting the method?

R: Mhh. Getting family planning method, counseling.

I: Mhh

R: I think counseling is a big issue to the youth because people believe that counseling should be done if somebody has had issue, which is wrong. The youths are not incorporated in things in the community. But I feel that whenever there is anything even baraza, let youth be incorporated.

I: Mhh...

I: Aaha, ok. I wish to take you back on something you have just mentioned which is very important.

R: Mhh...

I: That counseling should be everywhere even in churches, homes, barazas. Is there something in the church which is a barrier to the youths in accessing reproductive health services?

R: Yes.

I: Which are?

R: In the church people believe that they will to preaching and through God they will be to know some changes in their bodies. But not all those youths are spiritually strong because if you are spiritually strong you can be able to control yourself. Those teachings should be incorporated with adolescent lesson. I also need to know the changes that happen in my body. Teaching of changes in the adolescents and the spiritual should go in tandem.

I: community is very wide, it has fathers, mothers, uncles, elders and many sorts of people. You had told me that the community fears talking about sex. Whom do you see as the group that fears most talking about sex?

R: The whole community fears talking about it.

I: Mhh...

R: Poverty has also contributed to the barrier.

I: Please talk about poverty.

R: Poverty is lack of resources.

I: How is it a barrier?

R: You talk to a girl, why did you do that, why did you play sex? She will answer; it was him who bought for me pads

last month. It was him who gave me 200 shillings for going to school last month. And her mother is poor.

I: Aaha... So, talking about the things that prevent girls from accessing services; do you see poverty is preventing girls from accessing sexual reproductive services?

R: Yes, I already told you about this.

I: Any beliefs, misconceptions about family planning methods and products that bar the youths from accessing the service?

R: I think they talk, like ... but a youth will listen and just want to hear a lot from health worker.

I: What are the facilitators for accessing the reproductive health services?

R: I think for facilitators as I said earlier is one; friendliness. Service provider should be friendly. if the clients you get do not have things like pads, just provide such simple things to clients. Because there people who do not have any income.

I: Any other thing?

R: Even a room, you get a health provider having a small room, that is where she is dispensing drugs, consultation in that same room.

I: So by having enough rooms help?

R: Yes.

I: I don't know whether there is any other facilitators?

R: There isn't.

I: Ok, but when they come just tell me. I want to go back to barriers.

R: Mhh...

I: Please tell me the tactics you use or you have used to support the adolescents overcome the barriers you have just mentioned.

R: There should be rooms.

I: Mhh...

R: Provision of methods, partnering with Marie Stopes, they give me pads, some of them I don't buy, they are just given to me by Marie Stopes. I happen to be a resident in this town so I have time to visit them; I also go in to those churches. I am able to visit schools.

I: Anything you tell them about reproductive health services?

R: Yeah, I tell them using family planning methods is not a crime, otherwise you will get pregnant and get second baby such that reaching form four you will have been in school even for seven years. Myself I do not encourage family planning but I encourage talks. So you just talk and I make visits to them. Because even giving birth to this child, they do not have resources and they still need school fees.

I: You have told me about the talks in the community like the coil with disappear in the body.

R: Mhh...

I: How do you help them overcome this?

R: I give them the IEC material, have a talk with them and ask them to know the anatomy and physiology of the body. Let

them know where the uterus, let them know when you are pregnant the fetus will not play and reach the mouth. Let them know the anatomy.

I: How about the community, how do you handle the community?

R: Mhh... yeah... you know you get these mothers mostly according to my experience in the churches. When you give a massage, they go and tell the others. Then when you get a client you teach her and she will go and tell the others.

I: What are the challenges your facility when dealing with adolescents' sexual reproductive health services?

R: Lack of commodities. The depos, implant, pills sometimes we lack supply and the other thing it is tedious;

I: Mhh.

R: You may even lack funds. Some people do not have money. You have arranger for seminar but you do not have resources.

I: Mhh...

R: Sometime you want to give them something but you do not have resources. So you just cannot have them near you. Remember they are children; 19 years and below are children.

I: Yeah. They are children. (Laughs)

R: Sometimes I buy packets of sweets and give them, I also give them pads and when you do that they come and listen to you.

I: Very nice. So what are some of the... we have talked about misconceptions; any other misconceptions?

R: And I think it is because they are young they don't even know what they want. Remember even when they are pregnant they go to anybody some who tell them to insert a stick and remove the fetus. And they will do that and that is why you hear many girls dying. They will do anything.

I: Anything they ask what pills do?

R: They never ask. One thing I know is that girls like listening to information.

I: One thing you have mentioned about barriers like for example lack of commodities, resources, poverty, barriers, more inquisitive, lack of money to buy all these. Please tell me what you do as a facility to overcome this.

R: Just a little money I have to buy for them when I have.

I: Your own money?

R: Yes, my own money. Yes, giving free services.

I: What feedback have you received from a adolescents concerning T-safe platform?

R: I have never.

I: You have never?

R: Yes. T-safe has never been effective to them.

I: When we talk about feedback we are talking about what you hear them say, what they enjoy?

R: They enjoy and they like bring others.

I: So; like what do they tell others?

R: That if you have not given birth she will not give you any family planning method; that if you are pregnant and you go there she will not remove it.

I: She will not remove it?

R: Yes. (Both laugh)

I: Mhh

R: If you have given birth she will put you on family planning method so that the father of your child will not impregnate you so soon.

I: OK.

R: And they like it. Like last night another girl ran to me and she said, ooh mum I have missed you. For three days I have not seen you.

I: How do you feel?

R: Very good. She I a young girl she finished form four last year. You feel good.

I: How can you be supported and by who to help you improve sexual reproductive services to adolescents?

R: The support can come from very many corners. One, this facility is private and we see clients, the flow of clients in this facility is not very high because people say that if you go to that facility, you will be charged. And I was saying the other say that if I get NHIF, that I don't care who comes and who does not come, some get admitted and NHIF pays, I will be free to move and get those people.

I: That is one support.

R: I was saying this because right now I have been given outpatient and I am waiting for inpatient. Inpatient will add me resources and I will be able to serve people well.

I: OK.

R: That is number one. Number two Marie Stopes with their ITH program, clients and other things. If they could keep their words the way they teach us, the way they counsel us, that this client is registered with ITH, with Tiko points, that they will pay for the clients it will also promote my moving out.

I: Mhh.

R: Number three is yeah

I: Ok

R: This is all about all about resources, if I have more resources I will be able to visit many mothers out there. I will be able to tell them how to deal with adolescents and how to help these girls, so resources carries all.

I: It carries all.

R: Yeah

I: Any needs or supports in terms of ~~any oter.~~

~~I: Any support in terms of~~ training?

R: And also trainings. You see this is a changing world. With very many things coming over, people should be updated on what is going on.

I: Who should do this?

R: The partners like now if it is the Ministry of Health like here we partner in this we are partnering with the Ministry of Health.

I: Mhh...

R: If they see the need of dealing with the youth, they can organize for training and then incorporate us.

I: This talk is so interesting, I don't want to finish but it will force me. Now I have some two very small scenarios and then we just wind up.

R: Mhh...

I: Two scenarios.

R: Mhh

I: Now I would like to discuss about some specific situations you might encounter with clients ~~—~~who come for services in your facility. Situation number one. Let us a young woman has come to see you. She is alone and appears to be 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would ~~—She does~~ not want to have another child so soon. She has never used contraceptives before because her husband is opposed to her using ~~——~~contraceptives. That is the scenario. I don't know whether it is clear or you would like us to repeat.

R: Very clear.

I: Very clear. Thank you so much. So what would you want to know about this young woman in order to help her?

R: Number one she has a baby and she has a husband.

I: Yes

R: ~~the baby is too young.~~ Number two, ~~she has a husband~~
~~and~~ the husband does not want her to use family planning.

I: Correct.

R: Number three can I get to know what she wants to do because she is already -married, she has a ~~and the~~ baby who is one year, and maybe she has some ideas of some few things ~~so can I get to know what~~ she wants to do before she gets her second baby, can I also know that.

I: Mhh...

R: Number three can I also know what the husband does. Can I also know how they get their resources in life? Number four can I also know the reason why I think that I said, why the husband does not want the ~~e~~-second baby.

I: Mhh...

R: A few things she will mention to me...

I: Yeah...

R: And finally I will come up with either to get the husband on board. According to my family planning practice, the years I have been practicing, practiced I have never seen why I should hide husband from knowing the mother is using a contraceptives. This is because these things have side effects. She might choose a coil, I ~~may~~ insert a coil very ~~well~~ nicely and then the ~~threads~~ are there and they prick the husband, and she has ~~not~~ said she is not using anything, the husband will say this is witchcraft that you have gone and brought me something here and ~~T~~that will be the end of the ir marriage.

I: Mhh...

R: Number ~~threetwo~~ Depo, ~~the depot~~ with ~~all the~~ side effects or without side effects of all the ~~contraceptives~~ methods, just ~~let~~ incorporate the partner so that the partner may husband know. The husband will know it is true we don't want another baby, and I want to honor and honor the feeling of my wife.—_She can wait for all the years she wants and then let her use the method.

I: OK.

R: Now if you incorporate you will come up with a solution.

I: Alright. Except according to this scenario it is not the husband who does not want a second child, it is the wife. Otherwise the husband does not want her to use contraceptives.

R: Yes

I: He doesn't want.

R: Mhh....they have discussed and the mother knows why the husband does not want, she will tell you. ~~Time 01:10:22~~

I: She will tell you.

R: Mhh....And if she will tell you, out of what she will tell you, you will know how to handle.

I: Ok

R: Yeah

I: what will tell this young woman about contraceptives?

R: I will just put on the table all the methods that are there and available in the facility.

I: Mhh

R: The side effects and the effects of all the methods, and then from there she will choose.

I: Mhh

R: And then after choosing she will have to know eehh...of incase of any side effects, if side effects arises she will know how to handle.

I: Ok

R: Mhh and maybe in the course of the talk you will also feel whether the husband can be incorporated.

I: Ok

R: Yeah it is important.

I: Ok, anything else you might want to tell her about contraceptives?

R: Mhh You know there are some girls, nineteen years, they will tell you they have finished form four and they have been called to university.

I: Yes

R: Mhh let the four years in get finished and then she looks for a job. So in the course of advising the methods, let the mother use the method that will give her that life that of five year.

I: Ok

R: So the contraceptive that would be more helpful to her is according to what she has told you she wants to do.

I: Mhh

R: If she wants to stay for one year, the most ideal one is for one year and then she can have another baby. So it depends on what the mother has put to you.

I: Ok and just on that point, this is now your thinking,

R: Mhh

I: Which contraceptive method do you think would be best for this young woman?

R: One, I have examined her. And maybe I have her she cannot use such and such a method. So which method she will choose it will be of that particular period if she is fit to use all the methods.

I: Alright.

R: If she is not fit and you know we have hormonal,

I: Mhh

R: We implant, implant is also hormonal, we have pills, they are also hormonal, we have IUCDs so if she can use all of them, as long as she...even if she wants to use for one year, even if you insert a coil you will remove at one year. If you insert this, you will remove at one year.

I: Ok

R: But this depends on the clinicians. Examine the client and tell her the correct method she is supposed to use.

I: Alright

R: Yes

I: Do you see clients like this woman; do you sometimes see them here?

R: Yeah

I: Ok, then could you tell me about a client, just think of about one specific client like this woman who you attended to recently? Just think of one and tell me how it went. She was about nineteen years, with a kid, she is married, she doesn't want another baby so soon, the husband doesn't want her to get receive family planning methods, those ones. So think about one particular one you attended to recently and brief me, very briefly how it went.

R: I think I don't have, the only one I have of an IUCD and never wanted...

I: yeah

R: The IUCD was disturbing the husband until the husband said; by the way the (unintelligible) are very painful. Remember the penis is very soft

I: Mhh

R: Pricked with that thread the husband feels some pain and it can create some rashes around the penis.

I: Mhh

R: So she just came to me and actually it was two weeks ago. And she told me the husband to her to remove that thing you better give birth than use that thing.

I: Mhh

R: So we talked, I examined her, and then actually the threads were long.

I: Oh they were long?

R: Having know the centimeters between the vagina and up to the cervix, so I had to trim the thread, remove that one because it was due and put another one and trim the thread and put them the way they are supposed to.

I: Ok

R: Because to her, coil was the method.

I: Ahh

R: She is usually hypertensive and she cannot use any hormonal. So you just advise accordingly.

I: Ok, good. But you have not served with a child and the husband...

R: Totally the husband does not want?

I: Mhh

R: And totally myself, I told you that some things goes with the individual.

I: Mhh

R: Myself I don't serve anybody who hides the method from the husband, I don't.

I: Ok

R: But I try just to make the mother understand why she should not hide.

I: Ok, great.

R: Yeah

I: the second scene is even shorter but let me read it.

R: Ok

I: This is scene number two

R: Just read. Are you taking tea?

I: Yeah, I am taking tea, a lot. Thank you. Now

R: and it is getting cold.

I: And you are adding me more...ok thank you. Now I want to go through this because you told me that you want to go somewhere I also don't want to delay you a lot. Now let us say a young girl, has come to see you. She is alone and appears to be about fifteen years old. She tells you that she is sexually active and would like....

R: She is fifteen?

I: Ok let me start

R: Just start.

I: I can start again. So let us say a young girl has come to see you, she is alone and appears to be fifteen years old.

R: Mhh

I: She tells you that she is sexually active and would like to prevent pregnancy because she is still in school.

R: Mhh

I: She has never used contraceptives before.

R: Mhh

I: So what would you want to know about this little girl so that you can help her?

R: (Chuckles)

I: Yeah we can move on.

R: Fifteen year old, sexually active, does not want to be pregnant

I: And she is in school.

R: And she is in school.

I: Yes and the question is what would you want to know about this girl in order to help her?

R: Number one I would like to know her status, status means is she having her parents, whom does she stay with, I also would like to know about her parents

I: Mhh

R: What do they do? I also would like to know how did she start these issues of sex, who taught her? Who was her role model and then after gathering all that I would now start counseling her and telling her what usually happens. If she starts sex at that age, the dangers are there. She may think the dangers are pregnancy. I will make her understand that the dangers is not even pregnancy alone.

I: Mhh

R: One she is exposed to STDs, number two she is exposed to HIV and Aids, number three she is also exposed to cancer of the cervix, she is making the organs start working when they are not mature enough.

I: Mhh

R: And number she is totally ruining her life by doing what she is doing.

I: Ok, how is she ruining her life?

R: You see now she is sexually active, the cervix is there, the STDs are there, HIV/Aids and maybe finally pregnancy. You see they just think it is pregnancy and pregnancy is good because you bring forth a baby but these other things are the most dangerous ones.

I: Mhh

R: Yeah these are the things I would do after asking her.

I: Ok and what would you tell her about contraceptives?

R: Mhh I would not give any method.

I: You would not give a method, reason for this decision?

R: I wouldn't tell you the reason now because she is not the one we are talking one on one. One, maybe the exposure why she is getting interested with sex, she will let me know. She will also let me know whom she is moving on with. She will also tell me why she is doing that. Maybe she is getting the sex because of the resources because she is poor, maybe because she is an orphan.

I: Mhh

R: Those are the things that are supposed to be solved.

I: Mhh

R: Before you rush to family planning.

I: Ok and would you also give her any information about contraceptives?

R: Pardon?

I: Would you give any information about contraceptives about this little girl?

R: She came to know about the contraceptives in first place and that is why we engaged in our talk.

I: Mhh

R: That she is sexually active and she wants contraceptive. Just knowing that she didn't want a baby and she didn't know that there are other bad things that would come to her on top of not getting pregnant. Even if she got pregnant there are other issues arising.

I: Mhh

R: Having taught all these things that would come to her, not only the baby, she also listening to me and she will come up with some clues.

I: Mhh

R: So it is not just pregnancy alone there are other risks involving my continuing with sexuality?

I: Mhh

R: And this sex, you will come up with an answer.

I: Ok so if I get you right, you are saying that for her you would not go into contraceptives, you will go into those other factors.

R: Of she wants to know about contraceptives and wants to prevent pregnancy.

I: Yeah

R: Let her know that contraceptives are there and even if I give them to you, you will not get pregnant but...then go down to other dangers.

I: Ok...ahh... so what are you likely to tell her about contraceptives, now that you give the information to her?

R: It is true that we have drugs or things that prevent pregnancy,

I: Yes

R: And they are there, they are available. You don't even buy them. I am trained and I will give them to you. Do you think that pregnancy is the only issue that is disturbing you?

I: I am getting you.

R: Do you think that is the only problem, there is no other?

I: Ok

R: so we will come to an agreement but she will go knowing that everything is available.

I: In your own thinking, this is about your thing again, which contraceptive method do you think would be best for this young girl?

R: I told you some things goes with to individual and as an individual family planner, myself, I would rather pray to God that this girl listens to counseling

I: Mhh

R: Finally she should leave my office with proper counseling that what she is doing is totally wrong. She is only hearing the....rather she is listening to her body desires which is normal. I will tell her it is normal to feel you want sex, it is normal for breasts to be big, it is normal to have a big back, it is normal to have a smooth face to

be admired. That is normal but if you agree to obey all those things your body is telling you to do, it is you who will lose. Accept the changes, accept the feelings, sexy, accept feeling beautiful, all those things but don't give in to them. That is why you feel sexy all the time because the body is demanding. If you obey that body, it will follow.

I: Ok

R: I would rather this girl come out with my counseling other than coming out with a coil or an implant.

I: I am getting that.

R: And I don't know what others are telling you when they get to that.

I: What others are telling me it is not anything strange, as you are telling me it is individual, everyone has their own views and I respect them just like I respect theirs because this you and that is them.

R: That is why I am saying I may differ with so many but

I: No, it is ok.

R: But I think that is my feeling. But I would rather this girl come out with my counseling other than a method. She is already fifteen

I: And

R: and next time she comes with a CA cervix, cervix eroded, plus, plus with infections, will I celebrate because I am the one who inserted an implant? Will I celebrate because she has a coil? Then I should weigh all these things but I should celebrate if she goes knowing the dangers, and

stopping what she is doing until she finishes what she is doing.

I: Yes

R: If it is schooling, let her complete and be mature enough, how organs becomes mature and then she starts engaging.

I: Great. Do you see clients like this little girl in your facility?

R: Yes

I: Please think of a specific one, could you please tell me about a client like this girl who you attended to recently, just a specific one. Do not mention her name, let us talk about her.

R: Yeah, that own I attended to her and that I gave a method, that I actually inserted an implant-on.

I: Mhh

R: She came to me fourteen years and she was nine months pregnant.

I: Mhh

R: The following week she gave birth and six weeks in the antenatal clinic I told her go back school, form two.

I: Mhh

R: She is in form two somewhere, within. And she told me that the boy who gave her the pregnancy is around. So there was no choice but to put her an implant-on because she will still meet the same boy. She is now sixteen; she is now fifteen actually because that was last year.

I: Mhh so you gave her an implant-on?

R: Mhh

I: And she went back to school?

R: she is in school right now, when we go the school I will tell you that one.

I: Very nice, to finish off completely, there is something little here, a little question here. How do provider encourage adolescents to choose long term methods? How do you encourage them? If any?

R: The young girls?

I: the adolescents, we are talking about these ones who are aged fifteen to nineteen. How do providers encourage them to choose long term methods?

R: I think this encouraging of long term methods does not come from the provider.

I: Mhh

R: one it comes from the partners because I hear family planning...there are more people, the Marie Stopes....we want you people to do long term methods...these comes from the partners, it doesn't come from the provider.

I: Mhh

R: Because you are supposed to put down all the methods on the table, teach the side effects of all of them, let the patient choose the method.

I: Mhh

R: If she chooses Depo or the Pills, and that is what she has chosen, you have to warn her about the method, I don't see how again you will insist; oh, no, the coil is long term;

no, this...you cannot, although the partners insist on long term methods.

I: Mhh

R: Yeah

I: What do they want you to tell the adolescents about the long term methods?

R: Though they insist I don't know what really...it is just telling somebody that you don't have to keep coming daily for pills, for...I think there is something they benefit where they have gotten those instructions from. I mean they have partners, the Marie Stopes and the partners also maybe they are getting something out what they tell their Marie Stopes, for Marie Stopes now to tell us to give

I: Mhh

R: so I don't know, it is my thinking.

I: Yeah

R: But if they gain, well and good but for provider what you have been taught is that let the mother know each and every method, the good and the bad thing about that method and give the mother time to choose.

I: Ok

R: As long as you have advised her, what works how and when and once she chooses, you don't start bargaining again.

I: Mhh

R: Yeah

I: Ok, I appreciate. For lack of another question to ask

R: Mhh

I: I want to thank and so, so much for taking your time and for accepting to participate in this study, the talk has been very interesting, very informative, and I have learnt so much from you. I was your student in this interview

R: Ok

I: You have taught me a lot and I am not the way I came in.

R: Chuckles. You have learnt something?

I: I have learnt also and I am sure someone is going to benefit out of this talk that you have given me.

R: I hope so.

I: When services are improved, they will be improved because you accepted to talk.

R: Mhh

I: Freely and voluntarily

R: Mhh

I: And you have given us information that will make us at least see where the gaps are so we want to thank you so much for all you have done to the programme.

R: Thank you.

I: And I have asked you so many questions and I would like to give you this opportunity if you have any questions that you would like to ask me about the talk that we have had together.

R: Ok I don't think I have any because you commented earlier whatever we will discuss is for improving the services of

the community which I believe if it will do that, it is to my happiness.

I: Thank you.

R: Number two, I also appreciate your approach, and I appreciate your visit in my facility

I: Thank you

R: And I believe something will be done for our youth. We are already getting old, we will be out of site and these are the future citizens of the country.

I: Mhh

R: Is we don't care about them we really cannot please God when we are just saying we are there. Something out of you, something out of me and out of somebody else would be of benefit to these people

I: Yes

R: and we will enjoy our society.

I: Very well

R: Thank you.

I: Another very strong piece of advice.

R: Mhh

I: I continue to appreciate you and the way your clients come and say I want to see mother, you know you go just beyond offering services.

R: Yeah

I: Into being a mother to them and this is one thing that is very unique to you.

R: Mhh

I: So I continue to appreciate you and your good service to them.

R: Thank you

I: Thank you so much and God bless you.

R: Amen

I: Ehh

ITH_R2_NAK_NAI_URB_001_SP_003_16519 Part One

I: This Lydia doing in in-depth interview with a service provider in MSK Naivasha, in Nakuru County on the 16th May 2019 starting at 10.03 a.m. Right now, can you please tell me about your work and experience as a service provider in this facility?

R: Ok I am Geoffrey Kamau Mwangi

I: Ok

R: A nurse by profession and currently undertaking a course in health history management at Kenya Methodist University.

I: Ok

R: I have been working with Marie Stopes for the last three years.

I: Ok

R: As a service provider and center manager. Our role is servicing clients both adolescents and any other age group in the center.

I: Mhh

R: Giving them reproductive health services.

I: Right

R: as per the guidelines of MSK.

I: You have talked about the guidelines of MSK.

R: yeah

I: What are some of those guidelines?

R: Ok they guidelines of MSK they include one, client safety, the services the clients should receive at MSK centres and also all the other guidelines from the National government that should be followed including the documentation of services handled at the centres.

I: Ok

R: Yeah

I: What are some of the experiences that you have had working as a service provider for MSK (Marie Stopes Kenya)?

R: Ok the experience we have had mainly being a health reproductive facility we encounter with women of all reproductive age groups, cohorts and we serve them depending on their different ages, different needs and also their different understanding of the services that we do offer.

I: Ok

R: Yeah.

I: Can you please describe your experience with adolescent's sexually reproductive health services?

R: Ok our experience with adolescent started in 2015 when I entered into a contract with MSK

I: yeah

R: We have been serving adolescents all through under different projects. A project that we had done prior was known as CIF under Children Investment Fund Foundation

I: Ok

R: and it was dubbed the future FAB project where it was vigorous, we trying all we can to access more adolescents in the villages uptake the contraceptives because they know the prevalence rate of those adolescents using those contraceptives is very low, the rate is very low mostly in Naivasha.

I: You have said you were trying to access or rather get more adolescents to start using contraceptives in the villages.

R: Yeah

I: How did you do that, what are some of the tactics that you use to make sure that you reach these adolescents in the villages to make them at least know about contraceptives and make them use them.

R: Ok when we want to access the adolescents we know that these are young girls and gents who are under the care of their parents or guardians and also there is a lot of control on how they access services at the community level. So you find that for us to access the adolescents we have

to go through the Ministry of Health, Sub county, Ministry of Health the Sub County the health department where we get a consent and also we are given guideline on who are the gatekeepers in the various areas that we visit. So first of all we have to deal with the gatekeepers in the areas that we are going to visit. This includes the chiefs,

I: Mhh

R: It includes the community health mobilizers in those centres and also the parents where we have the meet-up clinics. We have to meet up with parents first of all to tell them that we will be coming to the village, we will be able to access your girls and this is the information that will be disseminated to them and then the services that they might receive thereafter.

I: Ok

R: Mhh

I: And what is your role or how do you see your role in ITH or T-safe?

R: Number I am the center manager and I have to deal with the community entry point.

I: Mhh

R: to ensure that we don't just clash into events in the facility or outside the facility. So first of all, I have to ensure that the working relationship between the Marie Stopes clinic being a private clinic and the sub county health department

I: Mhh

R: is at par with timeline so that things don't go haywire

I: Ok

R: And then number two, there is guideline from the National Adolescent Reproductive Health Policy of 2015.

I: Yeah

R: That is always a guideline that we do follow all the time. It is the one that states what should be done and what should not be done to the adolescents.

I: Ok

R: From there, we do the meeting with the parents before we get to the community. Then from there, there is meeting with community health mobilizers, the giver connectors who uses Marie Stopes to mobilize adolescents who are willing to receive services either meet up mobile clinics out there or the facility.

I: Mhh

R: And also, I am a service provider who services the adolescents with various methods of contraceptives counseling, HIV testing and so on.

I: Ok so you have talked about being the center manager, being like an entry point and all that, ahh...you have not touched much on...like apart from being a service provider for adolescent, what about ITH?

R: Mhh

I: Like what are some of the key roles that you play as a service provider for ITH project.

R: Ok in ITH project, like us prioritize number one ITH being a project that involves adolescents, number we have to get to the community where the adolescents are.

I: Yeah

R: And we have to deal with all their entry points where have to give the information, to narrow down the information that this is Marie Stopes, we are having this project and it is targeting the adolescents between the age of 15 and 19 years

I: right

R: Where they are going to receive the services. These are the services of contraceptives. Then from there, there is the issue of mobilization.

I: Yes.

R: We are the ones who coordinate the mobilization of clients and the planning of team pop up clinics. These are services offered out there in the community,

I: Mhh

R: the same, same quality as the clients receives in the clinic. They receive them out there and we ensure that the confidentiality, the quality of services is all the same at any level.

I: Ok

R: So I am there to ensure that the adolescents the services that adolescents receive are confidential and also there is.....guidelines are followed to the letter to ensure that we don't harm any adolescent.

I: Mhh

R: This also, by doing this we also protect the picture of Marie Stopes and also avoid collision with the adolescents, the adolescent Department.

I: Ok

R: Mhh

I: so incase, you have talked about following guidelines and doing mobilization in a proper way and all that.

R: yeah.

I: and making sure that service provision is equal across age groups.

R: Yeah

I: what are some of the collisions, that is pulling each other or something like that.

R: Yeah, ok.

I: do you have a case whereby you had a collision because maybe a guideline was not followed or something happened.

R: Ok we always say that the adolescents, the contraceptives that adolescents that is availed in the community, is a topic that is not widely open. So you get that it is a challenge to get that information to the community.

I: Mhh

R: Like now most of the communities in Naivasha, the don't agree in adolescents receiving contraceptives. So for you to be able to convince parents that you are going to give a health talk to your young girls and gentlemen so that they can be able to receive, the adolescent to receive the

family planning or the contraceptives, they are always against it.

I: Ok

R: And by this, number one, the entry point to the communities is always hard and you have to ensure that you give them the information once, twice thrice and you have to show them the reasons why you are finding it appropriate for the adolescents to use the contraceptives.

I: Ok

R: without that, there are always issues. For the commotion that we have talked about or the issues that arises, there was a time that we held an event and everything had been planned but thereafter the Child Protection Department from the Sub county department came and started insinuating that we offered contraceptives to youths without their consent.

I: Right

R: So that has ever happened once

I: And was it true?

R: it was not true because the adolescent had signed their own consent.

I: Ok

R: Yeah

I: Right are you sometimes able to give adolescents below eighteen years contraceptives without the consent of the parents?

R: According to the National Adolescence Reproductive Health Policy of 2015, it gives the adolescent the whole autonomy

of giving her consent. It doesn't require the parents to give the consent on their receiving the services.

I: Ok

R: Yeah

I: So you talked about having to convince the parents that it is actually a good thing for the adolescent girls to start using contraceptives.

R: Yeah

I: How do you do that because as you have said, family planning is not a topic that is easily accepted across several communities especially when it is targeting young girls.

R: Yeah

I: So how do you sometimes get to these parents and talk to them so there at least they allow you maybe to hold your outreaches so that you can get to these adolescents who are in the village and don't come to your facility level?

R: Ok any time before MSK holds an event out of the facility in any community, there is what we call a parent meet-up.

I: Right

R: A parent meet-up is a sitting that is arranged by MSK, the marketing department and the sub county reproductive health department and the sub county public health department because you will always find that the public health department in the subcounty is the one that gives us the areas where they find either unsafe abortions from teenagers or high numbers of teenage pregnancies.

I: right

R: And we find that already some of these parents in the community, they already know there is a problem so that is the entry point and you have to show them that we do have this problem and that why we need to have the adolescents for them to get the information or education on the various methods of contraceptives and from there we get to the community and we advise the adolescents themselves, we counsel them, for those who are willing to use contraceptives, we give them the contraceptives but more so the most important thing is that within the community where most of the adolescents and parents they understand that the MSK, they can offer services of adolescents and also the reproductive health benefit of using a contraceptive by the adolescent.

I: Ok

R: Mhh

I: Great. Can you tell me your training in adolescent sexually reproductive health?

R: Ok I have taken a sort course on adolescence sexually reproductive health policy and the approach you are supposed to take when you are serving the adolescent.

I: Mhh

R: so these are....being a reproductive health policy, they are just normal guidelines that you should use when you are serving the other client but now you have to be more careful because you are dealing with an adolescent who sometimes, they don't have the information at all, at all.

I: Mhh

R: They are naïve, they are fearing and also they are using some of the peer pressure.

I: Yeah

R: And also they do fear their relatives and their parents. How will they say when the relatives or their parents or peers understand that they are using contraceptives....

I: Yeah

R: So we have been.....we attended the five day course where all the information was given on how we should approach the adolescent, the confidentiality, how to share information with these adolescents and also the way to offer the services to adolescents.

I: Ok

R: Without causing any harm and also without going against the guidelines.

I: Ok

R: Yeah

I: Ahh.....so you said you took a five-day course where you were taught on how to give services to the adolescents.

R: Yes

I: Can you given me a brief description how that was taught to you. Like if I am an adolescent, and I come to you right now, what are you supposed to so that I get to that point where I feel comfortable with you, I open up with you, if I have issues dealing with my sexual reproductive health issues, and all that I get to that point where I can say,

ok doctor this is the truth. Something that I would normally not tell anyone. How do you handle me an adolescent?

R: Ok so as an adolescent, number one, in the facility, we give them the choice of the service provider, so that when they get to the reception

I: Mhh

R: Number one they are asked who do you prefer to offer services to you?

I: Right

R: is it a male or female service provider? And from there you are able to understand on how open can these adolescents be.

I: yeah

R: Number two when you get the adolescent, you want all that you can when you are serving them or giving them information, you want to have the utmost time

I: Mhh

R: and confidentiality because most of these ladies, adolescents, gents and ladies, they don't have any information on contraceptives. They have never heard about contraceptives there before so this is something new to them. we have to be very patient to them we have to give them more information

I: Mhh

R: Yeah, we have to learn their body language and so on.

I: Mhh

R: you have to assess them to ensure that are they eligible for any method of contraceptive?

I: Ok

R: Are they being coerced by somebody to use them method? You have to be sure, you have to assess them fully to ensure that whatever you are doing to the adolescent is according to their own will.

I: Ok

R: Mhh

I: Yeah you have talked about eligibility.

R: yeah

I: What makes an adolescent eligible to receive any or what criteria do you use to check out if someone or an adolescent is eligible for any family planning method?

R: Ok some now, number one there is the WHO guidelines on the contraceptives use that identifies. During the assessment you have to assess the client if they have any medical condition, any surgical condition

I: Mhh

R: Any hereditary issue that can interfere with any method of contraceptive they are planning to use. Also you have to identify is this teenager using any other drugs out there that can interfere with the method of contraceptive that you are going to take to them? and number two you have asses them on either, an adolescent can come to you and they are twenty years of age

I: Mhh

R: They are nineteen, seventeen years of age, but they have never received their menses.

I: Right

R: You find that they are not eligible to use a contraceptive at all, at all. The other thing on the eligibility you cannot use like a permanent method on an adolescent. So you have to assess them fully to ensure that the methods you are giving are not there to affect them but they are there to protect them from having that unwanted pregnancy until that they feel that they are of age to have a method.

I: Ok

R: Or to have a pill.

I: Ok so what would make an adolescent at nineteen not to have had their periods or monthly menses?

R: Ok number one there are those who are homo...the start of their menses is already delayed. There are those who have delayed menses. Number two you can find an adolescent is coming to the facility, they have never received their menses either they are pregnant at that time and they cannot use contraceptives at that time. So you have to assess them fully. Most of these girls, they don't know themselves. Most of these young men do not know what they expect with their body.

I: Ok

R: So the various experiences are always a surprise to them,

I: Ok

R: Mhh

I: You also said you cannot give family planning to an adolescent who is either eighteen or nineteen and has never received their menses. Why not?

R: This is because we always say that for you to be at risk of having a pregnancy you have at least to have received your menses,

I: Ok

R: Ok so for those ladies who have never received their menses, they don't have the risk of having a pregnancy, they might have an issue either a reproductive health issue or any other medical issue that is causing their menses not to have commenced at that age.

I: Ok

R: So you need more assessment prior to using a method of contraception.

I: Why wouldn't you give a permanent family planning method to a teenager.

R: This is because we always find that most of adolescent at that age of between fifteen and twenty years, they cannot be able to make a solid decision like I won't have...I don't want to have a pregnancy at all in my life. So, we delay the permanent method of contraception to a later date or age where these girls can have a sound mind to sit down and make a decision that either I don't ever to have kid at all or after attaining the family size they now can opt for a permanent method.

I: Ok

R: You know permanent methods are irreversible, these are methods that we use and use and we cannot come back and say you want it reversed.

I: Can you give me an example of some of the permanent methods?

R: Ok some of the permanent methods is the tubal ligation in ladies and the vasectomy in male, where we do tie the tube, the fallopian tube or (unintelligible) remains.

I: Ok

R: to ensure that either the sperm does not travel to meet the ovum at no time and this procedure is irreversible. It is a minor surgical procedure but irreversible.

I: Ok

R: Mhh

I: Great. Do you think there are instances where the method might fail or for example someone has vasectomy or have tubal ligation, then at some point he or she is able to make a lady pregnant or she is able to get pregnant.

R: Ok we always say most of the contraceptives that we use at MSK or according to WHO, they have a...what do you call it, I have forgotten the name, the effectiveness is around 99%

I: Ok

R: So, there is always that degree of failure rate.

I: Right.

R: yes.

I: What services does the clinic provide to the adolescent?

R: The services that we provide to the adolescent are number one, we have counseling. We do counsel adolescents.

I: Mhh

R: We offer HIV testing and counseling, counseling and testing, we do pregnancy testing, we offer family planning method of contraceptives,

I: Mhh

R: Different methods of contraceptives

I: Mhh.

R: And also, the general health assessment and management like the management of the UTI, sexually transmitted infection and other condition that would make an adolescent come to the facility.

I: What are the most sought-after services by the adolescents?

R: Ok most of the sought-after issues are issues to do with UTI (Urinal Tract Infection), sexually transmitted infection, pregnancy crisis and contraceptives.

I: When you say pregnancy crisis what do you mean by that?

R: Pregnancy crisis is where you get that most of the adolescents are not willing to use contraceptives but there after they are sexually active and they find themselves having unwanted pregnancy so they want to get an experience person who can give them the information on how to deal with this pregnancy that they do have at the adolescence stages.

I: Ok

R: yes

I: Now can you please describe for me your experience while using the ITH platform?

R: So the ok the ITH platform is a platform that is incorporating the paperwork that we do at the centre

I: Mhh

R: Yeah

I: you said it incorporates the what?

R: The paperwork that we do at the center.

I: Ok

R: We have a platform that uses a phone and a map and nap and we have those adolescents who do have a card and others who do have a phone.

I: Ok

R: So we ensure that from the time that this adolescent is being given the information on the methods of contraception, or the services that are offered at the same time, in the villages or during mobilization, they are either registered to the platform by a mobilizer.

I: Ok

R: So this mobilizer can either register them on phone or give them a card, a smart card in case they don't have a phone.

I: Ok

R: From there, these adolescents are directed to the areas or different clinics where they can see the services that they want.

I: Mhh

R: They are not given like you have to use at MSK clinic or so. They are just given, you have this number of facilities where you can visit and receive the services. And also from the card or the phone they can text us, they can choose, they can check where they can receive the services.

I: Ok

R: It is given in different pharmacies, different health clinics, private and some government so then from there when they get to the facility, after receiving the counseling and opting on the method of contraceptive on any other method or service that you want to receive from the platform, the service provider does a validation of the service that they want to receive or they have already received at the center. With this validation, the girls or the adolescents they received some Tiko miles. Tiko mile is like a monetary link. It is like a monetary amount that you are given afterwards to appreciate for the services you have received at MSK or any other center. These Tiko miles....they are able to redeem them and they can use them either in the saloon or buy some of the stuff the client (unintelligible)

I: Ok

R: Yeah

I: Right.

R: the reason why the Tiko miles are given at the far end of the platform is that you don't want to look at it as enticement. We don't want to look like we are enticing these clients to receive the services so that they receive the Tiko Miles.

I: Right

R: And not every girl that receives the card or a Phone come to the facility.

I: Ok

R: Yeah

I: Great. Do you have the T-safe or the ITH Application on your phone?

R: Yes I have.

I: What experiences have you had while you are navigating, while you are using on your mobile system, is it hard, is easy, is it.....you know, getting where you want from point A to B, can you kindly describe for me that experience.

R: The Tiko platform that triggerlize App that you use on Tiko, is a very simple Application. It is easy to use, and up to date. We can call it is up to date.

I: Ok

R: Yeah but we always that with internet connectivity and the various areas we do visit on some of these sites, you can find that the connectivity is always poor.

I: Ok

R: I want to upload a something and it cannot load at all, at all. And sometimes we do have bad times with on Application that are sorted from the trigger (unintelligible) point.

I: Right. You talked of the validating process that is done to the adolescent girls before you provide the health service. Describe for me how you do that?

R: So the validation point, this is where number is when this girl gets to the facility, either using a form or a card, when you are using a card, the service provider first of all has to scan that card. That card has the information about the girl or about the adolescent. This includes the age,

I: Mhh

R: It has a photo of the adolescent...

I: Yeah

R: Those are the main points of use on this card. And then for us to know, to be sure about the age of the adolescent, we ask them a number of questions, you don't really ask the year of birth and so on. We ask them questions like when did you start schooling such things, when was your first menses or how old is your younger sister and all that. There are many things, we always ask many questions so that we can be probing to be sure that teenagers or adolescents we are serving they are not faking their real age.

I: Right, so you have talked about asking a whole lot of questions like when you started schooling or when you first had your periods.

R: Yeah

I: Do you usually have prior information before you ask these questions about her periods, her schooling dates and all that so that you can know if she is telling you the truth or not?

R: Ok we said from the word go that these are teenagers who have already been enrolled by the various mobilizers, the

triggerize mobilizers who are known as Tiko Pros, we have the Shujaas, and we do have the Marie Stopes giver connectors or the community health mobilizers. So all these mobilizers are out there in the community mobilizing for the adolescents who receive services from the various points. So you get they are enrolled, these adolescents are enrolled on the platform by the mobilizers. So when they are getting to the facility these adolescents are already on the platform. So what you ought to do as a service provider is to validate that this is the adolescent who was seen at the community level

I: Ok

R: They have all the...their age is verifiable.

I: Ok

R: Yeah

I: So at the mobilization level are they asked questions like when they first had their period and the schooling history and all that?

R: They are not asked that. They ask them about their age.

I: OK

R: But then when you are coming to the service provider point, being the more...having more information on how they can be able to get the ages of these ladies better.

I: Ok

R: And having more of confidentiality this girl can even open up and then you can know whether they got the right information or it was the wrong information.

I: Right so the questions about schooling and when she started her menses are just ways of trying to see if the age that she gave is correct.

R: Exactly.

I: You are using the class level to see if she is around that age.

R: Exactly

I: Ok

R: This is because we can't ask these clients some of the national methods that can be used to identify, things like the birth certificate and so on. Because we always know that the custodian of all these are the guardians and mostly they don't want the guardian to know or the parents to know they are using or they intend to use a method of protection (unintelligible).

I: Ok great and how has the project T-safe project influence the way that you provide services to the adolescents?

R: Ok the ITH project that prior (unintelligible) we call the future of a project, this one is a project that demystifies most of the service providers attitude towards the service they offer to the adolescents.

I: Mhh

R: Because prior, many service providers do not find it appropriate for an adolescent to be using contraceptives but other...when you are working under a facility like Marie Stopes,

I: Mhh

R: that offers health reproductive services to most of the different cohorts in the community, you find that the prevalence of services or prevalence of Family planning in adolescents is very poor.

I: Mhh

R: And the more we are getting to ITH project the more information we are disseminating to the various communities, we are finding that the response is good, the uptake is more. But sometimes you go to the field you just offer the counseling, you don't have even a single client who turns up to receive the service but thereafter they walk to the facility and they receive services.

I: Ok

R: so by this we are finding it that more and more by having the time with clients,

I: Mhh

R: talking more and more to them, having exposure to these adolescents, the more we are getting to them to have more information.

I: Ok

R: And the more they are coming to the facility to receive the services.

I: Ok you want to get them?

R: Yes.

I: Ok so what are the most common questions you get asked or the adolescents ask you regarding T-safe?

R: Regarding T-safe, number one what the ask is on confidentiality.

I: Mhh

R: How sure are we that when we share this information you it wont get to our peers, it wont get to our parents, it wont get to our schoool?

I: Right

R: So they want to be very sure that when they receive these services or when they are served in MSK that their information won't go to any other person

I: Ok

R: It is just held by MSK alone.

I: Mhh

R: Then the other question they do ask is on how safe is it to use the various methods of contraceptives?

I: Mhh

R: Being adolescents.

I: Ok

R: Yes they want to know, yes we are coming here as T-safe, the project by T-safe, they are enrolling us with this digital platforms how sure are we that we will receive the services and they are safe? And in case of anything we can be able to come to you and we can questions and also either reuse the method and if they are using a long term method they can reverse the contraceptive that they have been using?

I: Ok

R: Yeah

I: any other question that you usually get from the adolescents about T-safe?

R: Very rare.

I: Very rare?

R: yeah.

I: So I am going to take you a little bit, I feel we didn't exhaust the various questions. I asked you about how being involved in this project has influenced the way that you deal with adolescents as a service provider. So I would like you to tell me, you have talked about several things, but I am yet fully satisfied because I want to know if it has influenced you in a positive way, or negative way and then just give me a few examples as a service provider since you got involved.

R: Ok ahh...mostly from the time I started serving clients, adolescents, being a trained nurse, we always know that we should not discriminate the clients who are receiving the services either by their age, region, social background or economic background.

I: Right.

R: But now this time round when you are using the ITH project and so on, it has influenced us more in that the attitude in serving most of these adolescents, because this is something you are doing each and every time, it has helped us to perfect when you are offering the services, something that is very positive; perfection, that you have to

understand that the needs of the adolescents are different from the needs of the other age groups.

I: Ok

R: then the other thing is that because the ITH project is sorting most of the bills for these adolescents who receives the contraceptives

I: Mhh

R: We are finding that the access, we are improving on their access.

I: Ok

R: The accessibility of the commodities, the contraceptives by the teenagers is improving and by this we feel good mostly because prior, we were having some clients who would come into the facility, they want to be served with different methods of contraceptives, they don't have the cash, we didn't have some waiver form plan. But right now in the platform, you find that the accessibility of the services by the clients has improved. Whereas in fact to have...also we have found out that the more we are offering the services to adolescents the fewer the pregnancy crisis issues that we do receive.

I: Ok

R: By this it gives you the morel to walk out there each and every day, even if we offer one teenager with contraceptive, you know that you are improving the couple of years protection of the adolescent.

I: Ok

R: Yeah.

I: So you talked about confidentiality as one of the questions the adolescents ask when you are talking about T-safe.

R: Yeah

I: How do you assure them that your conversation with you is going to be confidential?

R: Number one is anytime you are talking to an adolescent you have to ensure that you are talking to them in a crowd. You have to be in a room that shows them that everything that they are doing there is confidential.

I: Mhh

R: Then there is always number two the continuity of care. If you started with this client, you want to serve them to the end, you don't want to tell them move out or the room I serve someone else and then they are served by someone else.

I: Mhh

R: By that continuity of care where they see you as only entry point that this is the person who is serving me this commodity of this service that I do have, they always like that because it is confidential.

I: Ok

R: Yeah

I: You talked of low rates or low cases of early pregnancies since ITH was introduced.

R: Yes

I: Now what are some of the changes that you have noticed since the introduction of ITH?

R: We have all noticed that the dissemination of information on contraceptives is getting deeper and deeper into adolescents where you find that most of these adolescents are walking into the facility without having a referral from anyone requesting for the services and that is a plus because that shows that information on adolescence is moving deeper and deeper into the community and the adolescents are taking it positively.

I: Mhh

R: yeah

I: What else? What other changes have you noticed since introduction of ITH?

R: Ok those are the major ones

I: Mhh

R: Maybe we will get back there in case I have any other information.

I: Ok

R: Yeah.

I: No problem. Now the preferences of adolescents, the T-safe users changed since the.....or changed as a result of these programme being implemented. By preferences I mean preferences in the method or the type of family planning for example, before ITH was implemented, maybe you were still meeting adolescents who were coming in for family planning services but then there is a method they preferred back then.

R: Mhh

I: and then after implementation of ITH now the preference has changed. Can we talk a little bit on that?

R: On preference, as I said earlier, most of these adolescents they are economically well or

I: Yeah

R: They are economically disadvantaged so you find that prior to the T-safe project, most of the adolescents were preferring the short-term methods which include injection and the pills because these are methods that the cost of offering those services were low.

I: Mhh

R: A hundred or two hundred bob while the prices of receiving most of the long term and reversible contraceptives that are better and more preferred by adolescents were...the costs were high. The cost was one of the hinderance for them, major hindrance where you find that they could prefer to use the short term method because that is the amount that they could have for that.

I: Ok

R: So by the commencement of the T-safe project they are not fearing even to use the long term but reversible contraceptive because they don't have to worry about the cost of the services.

I: Ok

R: Yeah.

I: Great, ahh...so right for now has the preference changed to long term methods because it is free or how has it been? Are they still sticking to the short term methods?

R: Ok you find that mostly because when you are offering services to the adolescents, first of all they do work with peer pressure whereby they want a method that one of their friends is telling them that they are using.

I: Ok

R: So you find that they start from the lowest method in the counseling that you have ever mentioned. So when you mention the various methods that they have, they want to use the method they feel like this is the simplest and safest first of all.

I: Ok

R: If it doesn't harm them at all, the next time you have an encounter with an adolescent, the preference would have changed to a more modern method that is more easier to use that can serve them for a longer duration with time.

I: Great.

R: So at the entry point they will always choose the lowest point or the one they feel this is the safest method and then from there the preference changes.

I: When you say safe, you mean safe in terms of what?

R: To them, most of the adolescents they want a method they can discontinue when they feel that it has side effects.

I: Mhh

R: Or when they feel it is not doing so well with their bodies.

I: Ok

R: Like they cannot tolerate the side effects so that is the meaning of safe in this statement.

I: Great, as service providers, has....or as a service provider yourself, has your preference changed since the implementation of ITH program in this facility?

R: My preference hasn't changed at all because as for me I believed in offering any kind of service to any client irrespective of their age, their social economic group, their religion or anything.

I: Mhh

R: That was not a initial in the preference of the method that I was offering to the client.

I: Yeah

R: because the client is always the key. You cannot tell them that they have to use the method. But they are the ones who make the choice.

I: Ok

R: Yeah and you have to give them all the available options for them to make an informed choice.

I: Great.

R: Yeah

I: And how does your facility support other adolescent girls who come to seek for sexually reproductive health services?

R: Pardon?

I: How does the facility Marie Stopes in Naivasha region support adolescent girls who come here to seek sexually or SRH services in your facility?

R: This is where Marie Stopes has a policy where no adolescent should be turned away from the facility when they want to receive the services.

I: Ok

R: And this is a policy we have adopted where any adolescent, regardless of the service that they want to receive, they have to be given a listening ear whether they have cash or don't have any cash and any other thing that we feel is appropriate.

I: Ok

R: Yeah

I: Anything else, another way that these facility supports adolescents when they come to seek the SRH services?

R: Ahh

I: You have talked they are never turned away and you talked about offering free family planning methods for those who cannot afford it.

R: Yeah

I: Is there any way that the facility still...ok for example, do you sometimes change your opening and closing hours to be able to accommodate these adolescents so that they can be able to find you here when they are free and able to come?

R: Of course that is another thing.

I: Ok

R: The operation time and also the...we also move out there to the community so that we can be able to access more of these girls at their community levels. There are those who

cannot be able to travel from some of their villages to Marie Stopes so we take the services to them instead of them coming the facilities for services.

I: Ok

R: Yeah

I: what about when you mentioned...you touched on confidentiality and how you do that.

R: Mhh

I: what about the duration in the waiting room? When an adolescent comes to your facility and probably you are busy are they made to wait until you are done with other patients or you have a special protocol for an adolescent who comes to your facility?

R: We do have youth's (unintelligible) consultation room where we ensure that most of the adolescents, they don't wait at the reception because you find that most of the age groups they find at the reception they might make them uncomfortable when they are waiting so we ensure that most of the time they don't have to wait and since we have two service providers, when one is serving the others, and you get that there is an adolescent at the reception, we first of all give them priority then we continue serving the rest.

I: Ok

R: Yeah.

I: What about your consultation roles, are arranged or rather in a location that can make an adolescent comfortable when they are talking to you in terms of...is it confidential, the

audio and visual like someone might see or hear them when you are discussing?

R: Our consultation rooms are video, audio and also they are medicalized where most of these adolescents when they get to those consultation rooms they are not able to see any of the...any methods that anything that may scare them aware like the needles and so on.

I: Mhh

R: They are also able to find that when you get to that room you are the two of you.

I: Ok

R: There is no interactions and nobody can hear whatever information they are sharing.

I: Great

R: Mhh

I: Do you sometimes maybe have things like magazines, charts or pamphlets with information about sexually Reproductive Health issues? Anything or printout that can help an adolescent, you know, know about family planning and all that.

R: Yeah, the Marie Stopes do have a pamphlet that we share with these adolescents. The pamphlet has all the methods of contraceptives that we do offer, it is also have the STIs, screening and management and management pamphlet.

I: Mhh

R: Then from there, there is the partnership with Shujaas. Shujaas is one of the partners in the ITH programme

I: Yeah

R: That do have a comedy of....we do have a pamphlet that talks about reproductive health issues in a comedy way.

I: Ok.

R: Yeah, so when most of these youths read Shujaa, it is a comedy but inside that comedy it is giving them information about sexually reproductive health

I: Ok

R: Yeah

I: Great and how about your colleagues, how do they support adolescents who come here to seek sexually reproductive health. you mentioned about having several service providers so that at least when the adolescents come in, they don't have to wait and there is always someone to, you know, provide a service to them. what else or how else can you say that your colleagues support adolescents who come to seek SRH services?

R: Ok all the service providers or all the staff who come into contact with the adolescents at the facility,

I: Mhh

R: They have been trained on youth friendly services provision. So, from the receptionist to all the service providers they always know that when I have an adolescent, I am serving a delicate age group, a (unintelligible) who requires a lot of confidentiality, a lot of care, and who currently do they have, we are always impatient. They don't know how to sit down and wait for services to be offered to them.

I: Right

R: so you have to ensure that when you are serving these adolescents you don't have to take a lot of your time. They don't have to wait for along time before they are served by a service provider.

I: Right.

R: Yes.

I: Now, and how has participation in ITH influence quality of care of SRH services for adolescents in your facility?

End of part one

ITH_R2_NAK_NAI_URB_001_SP_003_16519 Part Two

I: This is part B of the IDI questionnaire with the service provider at MSK in Naivasha on the 16th May 2019 starting at 12:58 p.m.
Right let us continue we were on number seven

R: Yes

I: I was asking how participation in ITH influenced quality of care in sexually reproductive health services to adolescents in your facility.

R: Ok so the introduction of ITH so most of the service provider...about everybody who comes into contact with the adolescent trained newly on how to offer services

I: Ok

R: What to expect from these clients and also the community entry points, how to deal with the community and the negativity that they have with the adolescents and contraceptives.

I: Mhh

R: By introduction of ITH we saw the role of the trainings of the youth friendly service provision

I: Mhh

R: Training on how to handle the clients at the reception point, consultation point, service delivery and also follow up of these adolescents.

I: Ok

R: Yeah

I: Great, now based on your experience, working with SRH issues in this community what would you say are some of the facilitators and barriers for adolescents who want to use SRH services?

R: Ok the barriers are on the higher side.

I: Mhh

R: Number one, we have the beliefs in the community.

I: Ok

R: So where most of the people think that adolescents are or should remain just chaste....chastity...they should remain chaste until marriage something that does not tally these days. Most of the adolescents are engaging in irresponsible sexual behavior even before marriage.

I: Ok

R: Then the other challenge is the religion. Most of the people who serve in Naivasha are either Catholics or Protestants who believe that people should not, adolescents at large should not use contraceptives.

I: Ok

R: then another challenge that we have is on the Children Department. Most of the Children Departments are not aware or the public at

large does not understand any guideline like National Sexual Health of 2015

I: Ok

R: Where they believe that before you offer services to the teenagers, you should first all get consent from the guardian or the parents.

I: Mhh

R: So that is a major challenge that we do have.

I: Mhh

R: Then the other challenge is on the myths and misconceptions on the different methods of contraceptives,

I: Mhh

R: That are out there in the society, that even scares the adolescent before they start using the methods so you that most of the community people they have various resentment to different methods of contraceptives so in case an adolescent faces them before they come to the facility, they will be discouraged.

I: Ok

R: Yeah.

I: So you have talked about myths.

R: Yes, myths and misconceptions.

I: Yeah so what are some of the myths that the adolescents to have that can act as a barrier when they want to seek SRH services.

R: Like now when you start using contraceptives early they will make you infertile; you will not be able to conceive thereafter.

I: And is that true?

R: No, return to fertility is almost guaranteed in all the methods of contraceptives. And then the other myth is that for you to use a

method, you have to be having your partner each and every day.
That is another myth that is there in the community.

I: Like a married couple?

R: you have to be a married couple where you have to have your partner each and every day which adolescent are not privilege to.

I: Ok

R: and then another thing is on the side effects we are sometimes exaggerated at the community level

I: Ok. Like which side effects are there?

R: the side effects are like when you are using the pills you might have some nausea. So there are those people who tell these girls that they will close you womb and the periods will not come and you will never conceive.

I: Alright.

R: yeah

I: So you have mentioned several barriers that can make it impossible or hard for these girls to seek SRH services.

R: Yes

I: What are some of the mechanisms that you or your facility use that could support an adolescent to overcome some of these barriers that you have mentioned?

R: So we said from the start with dissemination of information to the adolescent, this is the key thing. Prior to them accepting to use any other contraceptive method,

I: Yeah

R: They have first of all to have the information that has....so the more the information is disseminated to the adolescent,

I: Mhh

R: The more the numbers of them will accept to pick a method of contraceptives.

I: Ok

R: So you find that sometimes the one time you go to them and give the information they will pick a method. The next time you give information you will two or three receiving the services and thereafter they start going to the facility because number one you have talked about the methods of contraception and you have clarified between the (unintelligible)

I: Yes

R: And you find that most of these things they are buying the idea, one at a time. It is not something that happens radically but it will take time

I: If you take.....like we have talked of religion being a barrier and some religions like the Catholics believe that taking of contraceptives equals to termination of a pregnancy.

R: Exactly.

I: if you find a Catholic who believes in that what are some of the mechanisms that you are going to tell her or what will you tell her to actually make her believe you and about what religion has been teaching her and get to that point where she is now taking these methods?

R: What we do is that during the assessment and counseling of the client, you just collect the information from the client's side of the story.

I: Mhh

R: Like now you ask a client like; are you ready to have a pregnancy right now?

I: Mhh

R: They will tell you no or yes.

I: Mhh

R: You ask them the second thing, are you engaging in any sex?

I: Mhh

R: protected or unprotected sex? If it is a yes, they are engaging in sex, you as what are the reasons for unprotected sex?

I: Mhh

R: You either have UTIs, STIs or an unwanted pregnancy. What is the solution to that? Will pray so that you don't have a pregnancy? No. Then what will you do? Then they start buying into the idea of using a contraceptive.

I: Ok

R: so, you have to show them, you have to talk from their point to your point. You never start from your point first to their point.

I: Ok

R: Yeah

I: Ok now what are some of the challenges that you as a service provider face dealing with adolescent SRH issues?

R: So is it from the ones we have talked to prior?

I: Yeah apart from those because we taken quite a long break, probably I won't remember if you mentioned like some of them but you talked about challenges like maybe getting to the community, there is a little bit of resistance,

R: Yes

I: So if you can just add on some few points about some of the challenges that you as a service provider face or your facility face when you are dealing with adolescent SRH issues.

R: Ok number one, on the part of service providers we have a challenge with time, time factor.

I: Right,

R: this is where you have to serve like a huge number of clients but at the same time you find that you are alone or you are two in a facility.

I: Yes

R: One has to remain at the facility level, one has to go for pop-up clinic, you have to serve multiple clients, these clients requires a lot of time for counseling and everything so you find that at the end you have things like you are not productive enough,

I: Mhh

R: Unknowingly to everyone that for an adolescent, it is something very different from when you are serving any other age cohort so the timing is one thing. The other thing is on the accessibility.

I: Ok

R: Of the teenagers.

I: Right.

R: You find that at that time you think that you are going to meet the teenagers is not the time that they are there in the villages. Like now you want to plan for events on a weekday and most of these teenagers are in school. Adolescents are in school. So the timing is another thing.

I: Mhh

R: You find that for you to find them you have to wait up to Saturdays, you have to work on Sunday or at late. By this you are able to have more of the teenagers and the adolescents than when you are working on a normal working day.

I: Mhh

R: and you also have to work more during the holidays or when the schools are not in session.

I: Ok

R: Yeah

I: And what about the facility, what are some of the challenges the facility face when trying to deal with SRH issues?

R: Ok the challenge that....I cannot say they are many challenges as per se the center because the flow is not always that huge for you to be overburdened or anything

I: Mhh

R: so I don't think there are any challenges at the facility level.

I: So Marie Stopes is usually related to termination of pregnancies.

R: yeah

I: That is what, when you say you work with Marie Stopes the first thing that people have in their mind is like one is carrying out an abortion.

R: yeah

I: so what happens now when you go to the villages and probably you are wearing a branded T-shirt or you have your van and you appear there, what are some of the things that you experience? What are the first, like.....every reception that you get, as a facility now, because you are branding yourself as Marie Stopes. What are some of the experiences you have had both negative....you know positive, when you go there and you are representing this facility.

R: Ok Marie Stopes has very many positive parts and some negative picture to the society too.

I: Yeah

R: where the positive is that most people believe that for SRH issues the best place where they can be served is like Marie Stopes.

Where the problems can be solved is Marie Stopes clinic so that's a positive one. For family planning, most of the cervical cancer screening, screening and treatment,

I: Mhh

R: UTI prevention, treatment, prevention and screening, STI screening and treatment, most of the clients out there they have a relationship with Marie Stopes and they believe that the best services such kind of ailments and assessment can only be done at Marie Stopes.

I: Yeah

R: And that is a plus for us.

I: Mhh

R: So when you are moving to the facility, from out there to the facility, most people know that Marie Stopes when it comes to Marie Stopes they are the best.

I: Ok

R: Because even some of the Ministry of Health facilities, they send their clients to Marie Stopes if they want to them to seek contraceptives or we have a field team that visits most of these sites out there

I: Yeah

R: And they offer free contraceptives to women of all age groups and adolescents too included. So that is a positive. The negative part is on the pregnancy crisis management at MSK.

I: Ok

R: Many people believe that Marie Stopes is an abortion clinic.

I: Yeah

R: There is nothing else that is done at Marie Stopes except that it is an abortion clinic.

I: Mhh

R: And that why I said we do have the parent meet-up prior to us offering the services where do ask them we believe that in your society, we are having abortion, what leads to abortion?

I: Yeah

R: You have to start there. So from there you are able to bring on board your idea of the use of contraceptives by the adolescents.

I: Right.

R: For you to have unwanted pregnancies, and for people to go for unsafe abortion, they have to be unwanted pregnancy.

I: Yeah

R: Unwanted pregnancy can only be protected by the use of a method of contraceptives.

I: Yeah

R: Mhh

I: Right.

R: So both points can work as a plus and as a negative.

I: Yeah.

R: Mhh.

I: Great. Now we have talked about some misperceptions that adolescents have about using SRH services like some of them don't use family planning because of the myths and all that.

R: Mhh

I: And also you said about the myths you just talk to them and you explain more.

R: Yes.

I: Can you add a little bit maybe some other misperceptions that adolescents have about using SRH products and services.

R: Ok we can go back like twice, like now the use of some short term methods like condoms; some of them believe that if you use a condom sex is not sweet, they wouldn't enjoy sex.

I: Mhh.

R: That is one perception that the adolescents do have. Use of condoms, the sex is not sweet and enjoyable.

I: Yeah.

R: So when you come to the pills, yeah, most of these adolescents have the misconception that it will block their tubes leading to infertility. They would not be able to conceive thereafter.

I: Ok.

R: And when you come to methods like the injection, the three months injection they are told there in the society that this is a method that is used to inject dogs and so on so that they go down and not conceive and it brings a lot of fear that I am using a method that might lead to me being infertile in future or a method that is not tested to be used by a woman. When you come to long term method like the implant, they always say that these are (unintelligible, car passing by) that is being inserted into your body and sometimes it travels in your bloodstream heading to your heart, leading to death.

I: (chuckles)

R: You see.

I: Ok.

R: A method like the IUD or the coil, many people call it the coil,

I: Mhh.

R: They always say that it will disappear inside your body and when you are giving birth, the baby comes out holding the IUD.

I: (Chuckles).

R: Or it sticks on one part of their body. So with all these misconceptions we have to go twice when you are trying clear it from them.

I: Right. And I am going to ask you to do exactly what you have just mentioned so for each and every one of these misperceptions, like for the condoms the sex is not sweet anymore, for the pills the...how do you tell them, how do you mitigate the challenges?

R: For like when you are using a condom, we always tell the client that time, because you have the peace of mind, that is the time that sex can also be enjoyable mostly than when you have worries that you might get a pregnancy, I might get a disease, I might get everything and then you try and tell them that even the material that is used to make the condom is of high quality

I: Mhh.

R: Can never burst, will make you have peace of mind and you would regret thereafter of any STIs and so one.

I: Ok.

R: So it doesn't change the test of the feeling when you are using a condom at all at all.

I: Mhh.

R: When it comes to the pill, we tell them they act as the normal hormones that they have in their body. The part of the pill and the part of the injection in the implant, we tell them that the same, same hormone that they have in their body is the one they are being given in another form.

I: Yeah.

R: So that now it alters their body a little bit but it doesn't lead to infertility at all, at all.

I: Right.

R: And return to fertility is almost guaranteed in each and every method you use as a contraceptive.

I: Ok.

R: Then come to the IUD after showing the client what it is,

I: Mhh.

R: We are into an agreement that this thing cannot travel from where it to anywhere

I: Ok.

R: Or there is no way a pregnancy, or when you ask them have you ever seen one where a baby was born holding an IUD, they will tell you no. These are just things we hear about.

I: Right, so what are some of the feedback that you have received or the facility has received from adolescents who are using T-safe?

R: So most of these adolescents are always very creative and when they have positive things to say on the side of the use of T-safe and they seek the services because number one, we said that they cannot afford these services if they don't have the T-safe.

I: Yeah.

R: Mhh this is like....it is bridging the gap between those who cannot be able to afford for the services and those who can afford the services.

I: Mhh.

R: Another thing is that the T-safe is giving the adolescents that platform where they can engage with service providers

I: Mhh.

R: And ask any of those reproductive health questions that they can't ask anybody at the society level.

I: Mhh.

R: So, you get that through sex education by a service provider, they are getting more information, they are getting more aware of themselves, and they are engaging in safer sex thereafter.

I: Right.

R: And then the other feedback that they do ask is on...they want to know more about the continuity of the project.

I: Project.

R: They don't want to ever come and you tell them you won't receive the services, yeah.

I: Mhh.

R: Because the project is not continuing. The same, same things happens when a client whom you served when they were nineteen, they come back when they are twenty two,

I: Mhh.

R: And they want to tell you to get rid of a contraceptive and you tell them like the project does not cater for them or such issues and they feel discontented.

I: So from what you hear from them or the feedback that you hear from them, have you ever gotten any negative feedback any T-safe user about the platform?

R: The platform, no.

I: Mhh

R: We have never gotten any negative thing about the platform.

I: So you have talked about positive feedback and when they are free they are able to ask you questions because it has given them that

platform, let us say a medium talking to a service provider about something that they are usually uncomfortable about talking to anyone else.

R: Mhh

I: So how is the feedback provided by these adolescents in reference to the way you deal with the adolescents that visit your facility to seek SRH services.

R: Ok by attending to most of the adolescents we have realized that each adolescent who have visited the clinic or the facility is a referral agent for another adolescent.

I: Alright.

R: Because we have come to see that most of these adolescents act as a peer group where when one uses a method and the method is good for them they will always tell their friends and bring their friends themselves to the facility for a contraceptive.

I: Mhh

R: So by offering quality services to these adolescents, ensuring that the myths and misconceptions have been cleared, we are finding more adolescents finding their way to the facility.

I: Ok

R: And also when they have a question for them to ask or they have an enquiry.

I: Mhh

R: We always give them a number where they can contact us and get the information prior to getting to the facility and so by this there is the growth of information to the adolescent on contraceptives.

I: Ok

R: Yeah

I: Has all these feedback influence you in a positive or negative way?

R: Mostly in a positive way where we feel that we have not yet done enough to reach to more adolescents, serve them, give them the information...disseminate the information so that more can be able to receive the services from our end.

I: Ok

R: Yeah

I: So how do you feel or be supported to be supported to help you improve SRH service provision to adolescents?

R: I believe number one we have...the adolescent SRH education has to cater for each child of everything that is being done prior to the quantitative survey on the number of services that are offered to adolescents.

I: Ok

R: We have come to realize that you first of all, like I have said earlier, you have to feed these clients with the information first and most of them won't use any method during that state of information dissemination. They just sit down, relax, you can give them the health talk, you give them everything, the information then they run back to the facility for services. So we request for continuity.

I: Ok

R: Continuity to...when you start something like the ITH project, let it not go and die at once.

I: Mhh

R: It needs to have continuity that we have phase one, after this, this is what is going to happen, after this, this is what is going to happen next.

I: Mhh

R: because we want to....the sexual reproductive education in Kenya, we know it has very many, it has been even tried to be incorporated in the education sector, something that many people are against.

I: Yeah.

R: But we believe a step at a time, yeah, this is the only way to go for us to increase the prevalence of usage of contraceptives to the adolescents.

I: Great, now where do think this support should come from?

R: The support should come from advocacy. Number one, there should be a lot of advocacy

I: Mhh

R: Advocacy, advocacy, there should be a group of advocacies on SRH issues on the reproductive for the adolescents

I: Mhh

R: Advocacy has to be there. Number two there has to be facilitation of the staff who are offering service to include consultation and everything to do with adolescents. Facilitation like when you need to travel from one point to another,

I: Mhh

R: Also, facilitation because when we move out of the facility, we need to set up a point where the services are offered of the same quality as they are offered at MSK.

I: Yeah

R: So, there is that facilitation, each and every time we move out of the facility,

I: Mhh

R: You might not be there to make an income but you are there to make an impact.

I: Yeah

R: So, there is somebody at your back who is going to cover the cost of fuel and other needs for these services.

I: Right, now I do understand the service, the mobilizers and adolescents do get points

R: Yes

I: The mobilizer brings in a girl and the moment the girl get service do you think by upping the... maybe the amount of the points it can help you to improve the services of SRH or something like that?

R: For me I believe on the part of the mobilizer, yes. On the part of the client no, because you don't want to see like we are enticing clients so that they can receive services.

I: Ok

R: so, for me I have always held myself on point of observation in that.

I: Mhh

R: The point should go to the mobilizer.

I: Right

R: And not the client because we want to bring out the issue like we enticing the client to receive the services so that they can have a monetary thing that they are receiving at the end. Because it can be seen that if there is no monetary value, these girls will not receive the services at all, something that is not true. There are many young girls out there who are yearning for information and for the services.

I: Yeah

R: Not because of the points. So, the points should be or something else that is there just to say congratulations we have received services to Marie Stopes but it should not be there like the girls are choosing the services so that later they can get the points.

I: Good.

R: Mhh

I: What about the facility, do you think if there was some sort of a reimbursement for the facility it would help you to like improve in the provision of the SRH services to adolescents?

R: I believe at the facility level; we have a policy of zero turn out of clients at all. You cannot turn away a client for any service at the facility all the time.

I: Right

R: So, the any form of points being given to the facility or anything cannot change the way the services are being offered.

I: Ok

R: That one cannot change at all.

I: Will it help improve it?

R: No.

I: It will not?

R: No.

I: It is still the same thing?

R: It is still the same thing.

I: What about training maybe for your mobilizers or more service providers?

R: I believe on the point of facilitation, that is I talked about facilitation of advocacy group.

I: Mhh

R: Then we said the workload because we are moving out there to the community, you want to offer quality services but sometimes you are limited because you might find yourself, the minimum time you can spend with adolescent client to (unintelligible) is a minimum of thirty minutes.

I: Ok

R: You have to counsel fully, you to ask their and answer their questions before they make a conclusive decision

I: Mhh

R: An informed one then they choose for a method. So, if you are counting like thirty clients and you have to work from eight to five those are like how many hours...16, you have to see sixteen clients at most.

I: Mhh

R: Something that you do it will be seen like you are not productive.

I: Yeah

R: Because not all clients that you will counsel who will become...it will become an effective method...you use and effective method of contraceptive. Some will just receive the counsel and they say they will come another day.

I: Right so we done with most of the questions I just have to short scenarios, I will read them for you and then ask a few questions how you can deal with the scenario like that.

R: Ok

I: So, let us a young woman has come to see you, she is alone and appears to be around nineteen and the only details is that she is married and lives with her husband.

R: Yeah

I: She just had her first child who is one year old and would not like to have another child so soon.

R: Mhh

I: She has never used contraceptives before because her husband is against her using them.

R: Mhh

I: What would you want to know about this young woman in order for you to help her?

R: So, number one the assessment of the client.

I: Right.

R: It involves history taking, physical exam, lab testing in case of any and we also show that we can do the X-ray and so on.

I: Mhh

R: Through this history taking and physical exam, you will be able to assess or to come to conclusion whether the lady is eligible for a method of contraceptive.

I: Ok

R: We always say that client, there are those clients who their partners have a reservation for use of contraceptives but we always advise them accordingly that when you are using contraceptives, you can have the privacy of using a contraceptive without your partner knowing that you are using it or not. And we cannot deny you from using a method of contraception because your partner does not want you to use a contraceptive.

I: Right.

R: The client consent is the key thing.

I: Right what else would you want to know about this young woman before you help her? You have talked about history, physical test, lab test and all that.

R: Yeah.

I: To determine eligibility of a method. What else would you like to know?

R: I would like to enquire from her whether her partner, the reason for reservation of the partner to use a contraceptive.

I: Ok

R: You have to know sometimes it might be a genuine case, sometimes it might not be, they are just myths and misconceptions from the community and so on.?

I: So, you are saying that sometimes maybe the husband has a genuine reason?

R: Yes.

I: Do you have an example of a genuine reason why a husband his wife to use a contraceptive?

R: We always say in our families, the choice of a contraceptive we always and if possible,

I: Mhh

R: We always advise a client that it should be an informed choice for both partners; between the lady and his or her partner because without the partner's consent sometimes it might lead to conflict in the family.

I: yeah

R: And also, the gap... the spacing between children in a family is the responsibility of both the lady and the gentleman in the relationship. So, I would like to know more on why; is he a responsible man, does he want some kids at this stage or so on, you see. Then from there you sit down and both of them or you can give them a date they come both of them, you give them advice, you

clear the worries of each one of them and then you continue offering the offering of the services.

I: Ok

R: yeah.

I: you mentioned eligibility, what would make a woman eligible or not eligible for a specific method or generally other methods of family planning?

R: Ok like now we start with specific methods. Just for a few examples.

I: Right

R: I know I am using a condom, there are those people who are allergic to rubber and most of the condoms are rubber.

I: yes

R: You would like to enquire from this lady or from the man, do you have any allergies to rubber? If they have any allergy that is not one of the methods you can advise them to take.

I: Mhh

R: When it comes to the use of pills,

I: Mhh

R: The pills are hormonal contraceptives. Being hormonal contraceptives, in case somebody has ever suffered from a tumor or cancer of the breast, this is not one of the best methods that you advise this lady to use. In case they have like the varicose veins, the deep venal thrombosis and so on.

I: Yeah

R: You will not tell them to use any method that is hormonal in nature.

I: Why not for the deep veins something?

R: We all say that when using a progesterone, the progesterone that is there in a pill it causes the blood to (unintelligible...to peak...pickem???) something that this lady already has a problem with. So, you don't tell them to use a method that will deteriorate their condition.

I: Mhh

R: So, when you come the implant and the injection,

I: Mhh

R: And **per se** we say that this client is using some antibiotically...she has epilepsy, a disease that causes her to be falling every now and then.

I: Mhh

R: And loosing consciousness, they cannot use those methods because the other drugs that they are using to control their condition

I: Mhh

R: Would reduce the efficacy or how the other drugs can work.

I: Right so you are epileptic, if you are using implants and you are also taking epilepsy drugs,

R: yes, the epileptic drug

I: The epileptic drugs are going to suppress the family planning methods

R: yes, they are going to suppress the work of the other drugs and so you find those clients coming back and telling you that you administered a certain drug on me and I have conceived with it. Something that will reduce on the... the positive that you have or chances that you will give to the clients they will a method of contraceptives is going to protect them fully.

I: Ok.

R: Yeah

I: Ahh...so what would you tell her about contraceptives, this lady from the scenario that we just talked about? She is nineteen or appears to be nineteen, married, lives with the husband, just had her first baby a year ago and doesn't want to have another baby. She has never used contraceptives because the husband is opposed it. What are some of the things that you will tell her about contraceptives?

R: So, number one I will advise her about the available options.

I: Mhh

R: all the available options, their pros and their cons.

I: yeah

R: In case there are any that requires checkups, I will explain to her about them. then from there I will be able to tell on her the consenting part of the use of contraceptives where not all both partners are allowed to make a consent but one partner can make a decision to use a contraceptive and they use contraceptives. And the use of contraceptives we cannot just narrow it down that you are not going to..... we are not going not use a method because your partner is against it. That is the decision that will be made by the client herself.

I: Alright,

R: yeah

I: I want us...do you think you are going to tell her about the possible side effects and what to expect or what not to expect?

R: yes, of course during the counseling we said that during the counseling on the methods of contraceptives, we are going to give them the pros and the cons of each and every method and also the checkups that are required for the use of each and every method.

I: Great. Now according to the scenario that I have read, what method to you think could be best for this woman?

R: All methods are best for her. She has to make her choice.

I: Now all methods are good for her but which one would be best suitable for her according to her scenario?

R: For service providers we are there to give you a method that you choose because we given an informed choice to the client.

I: right.

R: The service provider does not have any best method for a client.

I: Good, that much I know but at the back of your mind you are thinking this lady probably better off using this method and this method because of dadadada.....from the story that she has told you. So, which one do you think is best for her?

R: We don't know what is best for her until she makes a choice.

I: Ok

R: Yeah

I: So, you wouldn't like have a picture or an idea of what or which method she can use?

R: Mostly what we do is that we allow our clients to make informed choices. They are the best ones to know on that.

I: Mhh

R: Yeah, we have to give them the information, full information on the methods, their pros, their cons, which one ones can be concealed from a partner, those ones that the partner can know, everything and then from there after information, they make an informed choice. We don't meddle with a client. We let the client choose, we just give the information then they make a choice.

I: Ok

R: Yeah

I: So, I am going to ask you an unfair question because I have to get my answer from you.

R: Yeah

I: I need you to pick a choice, if you were this lady, which method would you choose?

R: If I was the lady, I would choose a method that the partner would not come to learn about that I am using, if he is against.

I: Which is?

R: That is an IUD

I: right

R: That is the most appropriate, there is the injection which your partner will not know about it and that you had an injection.

I: Mhh

R: But something like an implant is something that be revealed because someone can touch your arm and discover that you are using a method. Something that won't be so good. When you are using the daily pills that you have to swallow every day I would not advice on that because the partner might become curious and want to know why you are swallowing tablets every day.

I: So, if you are this lady would you take IUCD or injectables?

R: It all depends on which one I find most appropriate.

I: No, I just changed the scenario and I just want you to pick one.

R: That is very ambiguous

I: That is why I am using hypothetical....

R: But that scenario is an ambiguous (chuckles)

I: Why?

R: As a service provider it is somehow ambiguous.

I: Ok that is why I am now telling you; I am asking you an unfair question because first of all you are a man.

R: Yeah

I: Sorry to mention this but I need you to take into that position like you said you give them a choice to choose as a service provider, now I am putting you into a position whereby it is you, the client, which one would you chose?

R: Ok the best method is (unintelligible) which if reversible contraceptives

I: Ok

R: That definitely goes to the IUD, it serves you for long duration of time and you can always reverse it with very little side effects as compared to the injection.

I: So, the reason why you would choose an IUD for this scenario is because of the longevity and the few side effects and also it is re-reversible.

R: It is re-reversible.

I: Ok do you see clients like this woman?

R: We do see them on each day...day to day in all MSK centres.

I: Ok could you please tell me about a client like this whom you recently attended to?

R: Ok so

I: just a story about a client

R: Ok we had a client who was eight years

I: Mhh

R: 2+0 that means she had two deliveries prior.

I: Yeah

R: The two deliveries (knocking on the door, pause)

I: Ok

R: There was an adolescent who visited the facility, eighteen years, 2+0 that means she has two kids and then the last kid she got her three months ago.

I: Mhh

R: And with a kid of three months ago, she has done her pregnancy tests for the last three months, each one she did a pregnancy test and then for her she is not ready for another pregnancy at all.

I: Ok

R: But she is finding herself at the risk of getting a pregnancy and the other thing she has visited the public hospital

I: Mhh

R: They told her that she can only get an injection and according to her, that is not the preferred method for her or contraceptive.

I: Mhh and why did they tell her that she can only get injectables?

R: I don't know, when I enquired, she told me that the doctor who was there was quite arrogant and told her that the only method that is there is an injection.

I: Ahh

R: And there is nothing else she can use.

I: Why was she doing pregnancy test every month?

R: Because she has been engaging in unprotective sex

I: Ok

R: so, she was finding that she is at risk of another pregnancy and she was not ready for any other.

I: Ok

R: Then from there she visited a private hospital where, yes, the counseling was done, and she told that she was eligible to use an implant or IUD.

I: Mhh

R: But at a price of Ksh1,000.

I: Right

R: And owing to the status that she was not working at that time, the gentleman she cohabitates with is a drunkard, so he cannot sort the bills for that amount for to use a method of contraceptive, so she left without any service.

I: Mhh

R: And then out there, one day when she was walking, she met with an MSK mobiliser

I: Right

R: Who told her that you can receive services at Marie Stopes if you register with me under the T-safe App. And from there she got her status in to the facility

I: Ok

R: After the whole story the lady accepted to use a method but she wanted a method, a method that only her is aware of or know that she is using a method.

I: Right

R: She didn't want the parents to know, she didn't want the partner to know because the partner believes that when you use an IUD it will hurt him.

I: Right, I need you to be clear for the sake of wherever is not or doesn't know.

R: Ok so when they are having sex the man will be hurt.

I: Ok

R: And when she uses the implant, the man was saying that it will travel to his and make him to slim.

I: Mhh

R: Yeah, you see she was in that sort of dilemma where she doesn't know where to go.

I: So how did you help, her what happened next?

R: After the counseling and after reiterating and reassuring her that when you use a method it cannot affect the partner at all.

I: Mhh

R: and when you are using a method like the IUD the partner cannot feel it or they cannot be hurt by the method at all, at all. She decided to use a method and there and then she chose an IUD and she came for a checkup thereafter

I: Mhh

R: She got the point and then she redeemed the points and bought something for the baby.

I: Ok

R: And that was like one of the scenarios. We also get someone to project from +1 scenarios which ever would be.

I: Ok great.

R: Yeah

I: How do you as a provider encourage an adolescent to choose long term methods?

R: So, when adolescents come for counseling,

I: Mhh

R: we always counsel them on all the methods.

I: Mhh

R: And at the chart that we use for counseling we always pledge from the most effective and easy to use method to the least effective method that you will have to use very carefully.

I: Yeah

R: so, you have to clarify those things to the client that we have methods that are least effective and we have to use them very carefully.

I: Mhh

R: and there are those that are most effective and easy to use. The more you are moving to the long term and reversible methods

I: Yeah

R: These are the methods that are easier to use and also, they are the most convenient methods

I: Yeah

R: The more you feed them with information, but like when you get an injection, it has the same hormones like the implant... the three-month injection

I: Mhh

R: the only difference is for how long it is going to serve you.

I: Duration?

R: yeah and then number two when you tell them that the side effects of the injection as compared to the implant are all the same, the side effects are more when you are using the injection than when using the implant. We try to move them more to the long-term methods.

I: Ok

R: Then the IUD we always tell them that is the only method that does change you at all, at all.

I: Ok

R: So, it doesn't cause weight gain, it doesn't cause weight loss, it doesn't change your bleeding or the menstrual cycles, you are just yourself

I: Ok, is that true for the IUD I thought the others are hormonal and the other is non hormonal?

R: Ok the IUD we have two types, we have the hormonal and non-hormonal method where to tell the truth the hormonal IUD is not always accessible to all clients because it is costly

I: Mhh

R: and rarely available and so the only option we have is the CopperT one, that is a non-hormonal IUD. The hormonal one the accessibility is too low.

I: Ok so have you exhausted your tactics on how you kind of like push the adolescents to choose a method or you have another point?

R: I don't have another point.

I: Ok so I will read you another short scenario then I can ask a few questions then we will be done. Now let us say a lady comes to see you, she is around fifteen years old, she tells you she is sexually active but will not like to get pregnant because she is still in school. She has never used contraceptives before.

R: Mhh

I: so, what would you want to know about this girl in order for you to help her? A fifteen-year-old girl, comes to you alone, she is sexually active and likes to prevent pregnancy because she is still in school.

R: Yeah

I: and she has never used any contraceptives before.

R: Ok so we will take her through the normal screening schedule where we have to ensure that this is girl or teenager who is not less than the specified age by the guidelines, the National Adolescents Reproductive Health Guidance of 2015 that says that adolescents...you should serve adolescents between the age of fifteen, adolescents should be the age of fifteen and above and not lower by that. But at fifteen an adolescent can consent for themselves to have a (unintelligible) contraception.

I: Ok

R: By that this lady will be eligible for more counseling and assessment so that they can make a choice of the method of contraception they want to use.

I: Ok

R: Yeah

I: Anything else you would like to know about her before you help her?

R: Ahh...after the assessment I don't think, during the assessment you will be able to pick all the necessary information about the client.

I: Ok

R: There is nothing special for this client that you want to know over the others that visit the facility.

I: Ok and what will you tell her about contraceptives?

R: WE always tell them the contraceptives are not a burden but they are things that are there to protect you from having unwanted pregnancies, yeah. And they ensure that you achieve your life goals in an easier way

I: Mhh

R: So, you have peace of mind most of the time, you don't have to be thinking about having unwanted pregnancies continuing or discontinuing with your education and so on,

I: Mhh

R: So, you take them step by step on the various methods give the advantages and disadvantages

I: Mhh

R: Their requirement before using the method and in case there is anything or checkup that is required for the method and how available they can be for the checkups and everything.

I: Ok

R: Yeah

I: And which contraceptive method do you think could be best for this girl?

R: The girl is eligible for most of the contraceptives, all of them after assessment.

I: But which method would be best suitable for her?

R: Yeah?

I: Which method do you think would be best suitable for her? A fifteen-year-old girl who is sexually active and has never used a contraceptive before? So, we are back to that point where you will still tell me as a service provider you are not supposed to choose one. I am not asking you to choose for her but I am asking you which one would you be recommending? Even if not out verbally but you are thinking she should better choose this, this would be best suitable for her because of one two three....this is going to be a wrong choice before of this and that?

R: ok in this adolescent age of fifteen years old, we try and.....when you are giving the information, you try and avoiding anything maybe quite (unintelligible) like the IUD

I: Ok

R: And then you leave the option of all the other methods,

I: Mhh

R: Preferably an implant that is long term and reversible.

I: Mhh

R: But you don't opt out of the IUD completely because there are those who come and they have the information on the IUD and according to the medical eligibility criteria

I: Mhh

R: BY WHO, they don't have any limitation

I: I am getting that an IUD would not be best for this girl, why?

R: I believe, according to the researches that have been done,

I: Mhh

R: It will cause a lot of discomfort when you are inserting an IUD to an adolescent aged fifteen years.

I: right

R: Mhh

I: Why the discomfort?

R: The uterus is still developing and so on

I: Ok right, do you usually see clients like this girl?

R: I usually see them but the disadvantage is you won't see them walking to the facility wanting to have a contraceptive. Most of the time you find them when they have a problem, maybe they gave unwanted pregnancies and so during the counseling at the pop up

clinic and so on but for you to receive them naturally at the clinic or find a fifteen year old walking alone to the clinic that they want a contraceptive is very rare.

I: So, have you ever encountered maybe a young lady close to almost fifteen years who came to you wanting family planning general services in the recent past.

R: We do have.

I: Can you tell me the most recent one that you had, the scenario and how it was.

R: Ahh....there is this high school girl in form one

I: Yeah

R: Who already had a kid.

I: Ok

R: AT the age of fourteen and she was already engaging in unprotected sex.

I: right

R: And she never heard/had the information on the method of contraceptives. So, we went for a pop-up clinic at a place known as Ngarariga and we gave all the information on the various methods that one can use

I: Mhh

R: their pros and con, advantage and disadvantages and then thereafter she took us to task to want to know more about the methods. A week later she presented herself at the facility wanting to be told more about the methods of contraception that we have, the different choices that we do have

I: Mhh

R: She came and we gave her the information and she chose to use a three years implant and she left happily knowing that she is protected.

I: Ok

R: Yeah

I: Right so we are done with questions, I don't know if you have anything that you would like to add, a comment, a suggestion....anything that you feel we left out.

R: So now, my only thing that I can add on that is the issue of adolescent sexually reproductive health, I believe this is one of the areas that more attention should be put to

I: Mhh

R: By advocacy. Advocacy first has to be the key thing. Advocacy and then ensuring sex education are given to adolescents at all stages.

I: Mhh

R: So, advocacy, sex education and also facilitation, ensuring that they continuity care. Continuity of care that will lead to affordability of the services because if these adolescents comes one time and they find that there is a project, the next time there is no project, they just drop from line of using the contraceptives and you wouldn't be doing any justice to them because ladies who have already used a method they come and don't find a method they end up to where they were prior.

I: Yeah

R: So, there should be a sense of continuity

I: Ok

R: In whatever you are doing.

I: Right. Anything else that you would like to mention?

R: Nothing else.

I: Ok, thank you for giving me your time

R: And thank you too.

I: And sorry for any inconveniences.

R: Ahh no problem.

I: Thank you.

ITH_R2_NAK_NAK_EAST_URB_002_SP_001_14519 Njeri

I: Ok this Florence Olum taking an interview with a service provider ITH_R2_NAK_NAK_EAST_URB_002_SP_001_14519. So, thank you (unintelligible) for giving us this opportunity so that we can have a meaningful discussion over the ITH programme. So please tell me about your work, your experience, your work and experience as a service provider within this facility.

R: Ok I am a registered nurse

I: Mhh

R: And also the center's In-charge. I started working in March, no somewhere in July 2017

I: Yes

R: But I have been in Marie Stopes for many years.

I: And what is your role?

R: As a nurse?

I: Yes

R: I am the center manager.

I: Ok center manager and maybe your role in ITH?

R: Mine is to give the service, I am a service provider.

I: Ok and how do you see your role?

R: How do I see my role?

I: Yes and specifically in ITH

R: In ITH?

I: Yes

R: Like how?

I: Maybe the experience you have like in providing services of ITH.

R: I have no problem with the ITH people. The service is...you just offer the service

I: Mhh

R: And provide the information that is required to enable the client get enough information and to choose a service that is good for them.

I: Mhh

R: Yeah

I: So you are saying that after a client has been enrolled they come and choose their own methods?

R: You take them through like you educate them and tell them of the different services, the different contraception that are available and you are not supposed to force someone to use a certain method just because you want to out that method. They also have a role to play in choosing.

I: Mhh

R: Yours is to guide and give the correct information.

I: Mhh

R: Yeah

I: and depending on your role, maybe there is an experience you had dealing with adolescent that you can share with me.

R: some were choosing...they are coming for these services because they thought there was some other form of benefits apart from the method. They were talking of redeeming some points in some supermarkets.

I: Mhh

R: Majority, most of them were in because of that benefit they thought was there

I: Mhh

R: Yes

I: If you say that some came in because they thought that the benefit was there. Does that mean that there was benefit?

R: Pardon, come again?

R: You have talked about; some were coming because they were expecting some other benefits.

I: They were told that there will be some redeeming of some points and that was their motivator.

R: Mhh

I: Ok and do you think that motivator was there?

R: yes there was, I think they used to have some points, yeah?

I: Mhh

R: There were going to collect some things from the supermarket; that is what I know.

I: Mhh, where were they getting these points from?

R: Mhh....in the system, there is a way one would get some points,

I: Mhh

R: From the system, the ITH system.

I: And can we talk about the little training you get under T-safe?

R: Training?

I: That you get under the adolescent sexual and reproductive health?

R: Yes, we went through the training in Nairobi that we actually need to do and not treat an adolescent like an adult.

I: Mhh

R: So we have to be taken through the training and to get to learn more about them.

I: Mhh

R: On how to handle them, and to be exposed on what they like, the environment and things of that kind.

I: Mhh

R: Yeah.

I: So you have talked about how to handle them, how to know about what they like and moods of their environment.

R: Mhh

I: Maybe you can tell me a little bit more in details.

R: Mhh

I: What were you told about how to handle them?

R: A youth?

I: yes

R: You know a youth can be distracted in so many ways.

I: Mhh

R: Nowadays we have phones all over. You could be talking to them and they are chatting on the phone and so you have to bear such kind of behavior and so you should talk to them in a nice way.

I: MHH

R: A that is not enticing *per se* but a way that they will they are accommodated and they are wanted in whatever situation they are.

I: Ok

R: Mhh

I: And you talked about their environment.

R: You cannot just provide services to the youth especially at the reception there; you cannot just pack them with adults. You are supposed to keep them somewhere private,

I: Mhh

R: Somewhere as they wait for they will be doing things with their phones and other things.

I: Mhh

R: And you see you are also avoiding the stigma part of it.

I: Mhh

R: So you cannot just assume that they are comfortable by mixing them with this other population.

I: Ok

R: Yes

I: so if we talk about data a little bit especially, I have seen your facility and I have seen your reception, the reception area, how are managing that?

R: We have a recovery room and it is spacious and we could keep some seats this other side, they could wait for us from this point from the rest of the population at the reception. We also have two

consultation rooms, one would be dedicated to them when they come or be given to us but we were not supposed to mix them.

I: Ok by the time....are you still offering those services right now?

R: Yes, we are still offering them.

I: Ok, so today if I want a client who visited this hospital for the same service today or tomorrow or yesterday, can I get?

R: No

I: The latest

R: After.....I don't....if there was a miscommunication or what but there was a notion that the ITH services were now coming almost to a stop.

I: Mhh

R: Ahh....most of the clients that we used to serve, we used to go outside there and do pop-outs

I: Mhh

R: There outreach programs there. Few would come to the center but majority were served in those areas in the outreach services.

I: Mhh

R: Yeah so for the past....since January this year we have been doing the outreach but not in the center, the outreach to the youth out there but not at the center.

I: Ok

R: So you cannot tell me to look for a client who came specifically came here but if we look at the weekly return, maybe they can try.

I: Ok.

R: yeah

I: the latest outreach that you guys had was when?

R: Outreach?

I: Yes

R: On Saturday.

I: Last Saturday?

R: yes

I: And it was still on the ITH still?

R: Yes, but you see we also have some challenges, you cannot go out there to the community and say you are just giving out these commodities or services to the teens without interaction from this other population.

I: Mhh

R: And when this other population join ahhh....in Marie Stopes's perspective, you cannot deny them.

I: Mhh

R: But before....you see right now we are doing it for our own (unintelligible) reason and the like,

I: Mhh

R: But before that we were specializing on the teens alone.

I: Ok, teens alone. So how do you normally do it whenever you are at the outreach?

R: Ahh....there are these people, the MOH people, the PHO, they have their own zones. You need to communicate with the government people first. You cannot go out there and pretend that you are going to give services without their consent. They cannot allow it. So you have to talk to them, they give you the consent, they talk to you about their zone, if there is some sort of resistant they have to stick around because the parents can also maybe decide to bring the chief and these other people there to stop the service but in Nakuru East we never experience the resistant as

much apart from this other part, the West, not the East like Ndondori and the like,

I: Ok so what service does the clinic provide for adolescents actually?

R: Adolescents, contraception beginning from the pills, we have...if someone wants the condom we give. You see you cannot refuse someone what they want.

I: Mhh

R: contractions, implants, IUD, ahh...we classify them into short and long methods.

I: Mhh

R: Yeah

I: And what are the most sought-after services by these adolescents?

R: What?

I: The most sought-after services?

R: The most sought after?

I: Yes

R: Ehh the short term. The pills and the....what....and the injectables, the three months' injections.

I: Mhh

R: But we have another group that is fifteen and nineteen,

I: Mhh

R: That have given birth or they already have kids.

I: Mhh

R: that group prefers to use a long term methods especially the implants.

I: The implants. And then if we look at the services that you give, ok you talked about most of the contraceptives, do you give counseling?

R: You see before someone is given a contraceptive, counseling is part of it. There is no way you just give someone something without consent, without counseling.....mhh

I: Ok

R: Because someone has to understand what this is all about.

I: Ok and the screening?

R: Screening for what?

I: The STIs, HIV

R: ahh we were screening for the pregnancies and if someone...you see you cannot just do a random screening, you tell people that you are going to test for HIV.

I: Mhh

R: If someone asks for a certain test, you just give them but when you are doing counseling there is a part that you will ask whether they have a discharge or any other problem around reproductive sites. If you think or see that there is a need to do a screen before giving out specific contraception especially the IUD, that one is a must you do that.

I: Mhh and what will make you know that there is need for screening?

R: Screening?

I: When doing the counseling?

R: When you are doing the counseling that is when you will know because you have to ask them if they have any abnormal discharge.

I: Mhh

R: ahh there is no other way you can know whether they have an abnormal discharge with apart from asking them and then you go to the extent of examining the sort of discharge she is talking about.

I: Ok and now you have talked about the services that you offer as some of them are contraceptives and then also the screening now, and you also talked about the counseling.

R: Yes

I: Between the few that we have mentioned, now, which main service that you think the adolescents always sought out? (Unintelligible)

R: They want contraception.

I: Contraception?

R: Yes. Now these other things like screening, once in a while you find someone asking for the HIV test, especially that group I told you they are between fifteen and nineteen and they are already parents.

I: Mhh.

R: so a group like that one will be especially after some screening.

I: Mhh.

R: Yeah.

I: Ok and can you describe to me your experience in the ITH platform?

R: Mhh it is a good idea.

I: Mhh.

R: Especially if there is a no resistance, you go to a zone, you talk to the people in charge of that area, the other government people, and they tell you more about their area

I: Mhh.

R: They help you in mobilizing the clients, they also help you with designing the sites and then they will be there with you when offering those services.

I: So the government is positive?

R: the government is positive apart from few individuals who have their own way of thinking.

I: Mhh.

R: Yeah.

I: In ITH there was another platform where you could communicate through SMS or WhatsApp or the T-safe which they could use, I don't know if you have the experience on that?

R: No, I don't know that one.

I: You don't know that one, and how are you going through these ITH platform like you maybe the...(crosstalk)

R: Mine, if the client comes here there is that part of validating the client.

I: Mhh.

R: Using the phone and that is what we do here as service providers.

I: Mhh.

R: Ours is not to go and register them out there.

I: Mhh.

R: That is the work of the mobilizers. Mine is to validate, to confirm that whoever was registered there is the same, same person that we are offering the service.

I: Now how could you validate this?

R: They is that system there is a picture that was taken there. Nowadays, you confirm that there are two pictures.

I: Mhh.

R: We went through a certain training there and so it was not like before where we could use one photograph without confirming that image again.

I: Mhh.

R: Yeah.

I: and then under that experience of validating is there any experience you had that you would like to share with me in the process of validating

R: Ahh some will never go through and you just report them.

I: Report back to whom?

R: To our area coordinator here in Nakuru if it doesn't go through. But there were not many. Maybe....I only experienced maybe only two.

I: Mhh.

R: Yes.

I: And what were the reasons why they could not go through?

R: Some teens could even do double registration.

I: Mhh something else?

R: That was the main for me.

I: Ok.

R: Mhh.

I: And then we were talking of the experience and you have mentioned this as one of them, one of the experiences that you met maybe there is another experience?

R: There was some sort of resistance and I was talking regarding this Nakuru East part.

I: Mhh.

R: But we managed to penetrate. Apart from those two the rest were ok.

I: Ok.

R: Mhh.

I: I have talk to some service providers and they were talking of no network or I don't know whether you faced...

R: There were no networks and again some mobilizers would do what, they would collaborate with some people and then the real validation was not 100%.

I: Mhh.

R: Because it is required that the service provider is present at the point of validating or service provision. So you get they are communicating with that mobilizer and then validate for this one and yet we have not seen the client.

I: And let me take you a little bit back on the validation. What would you pick to say that this is an eligible client?

R: Eligible client?

I: Mhh.

R: For validating or what?

I: At the time for validating

R: There is a card that a client would come with it.

I: Mhh.

R: you take that card....you want me to take you step by step?

I: I think that will be easy to understand.

R: I don't think I can remember all that.

I: Any that you can remember.

R: There was a card involved. You activate or register that client, you pick a method, and it is sent there and then you do what? After it is sent there is a number, there are four figures ABCD and the SMS was 26690, I cannot remember. It will ask you to ask the client to get one of the things. Once that is done and it is accepted, then you proceed and give the method.

I: Mhh.

R: If it declines because of net or the network,

I: Mhh.

R: It will also give you another chance to try.

I: And then some of them talked of age, the mobilizer could mobilize someone who is overage, did you meet such like experience?

R: Mhh there were some doubts especially from these people from....what to do you call them? I don't want to call them....low income areas where we live.

I: Mhh.

R: That group of teens that are fifteen to nineteen and they are already mothers.

I: Mhh.

R: There was some difficulty in confirming if they are really eighteen, or nineteen or twenty because you don't know whether someone was coached.

I: Mhh.

R: To say that they were born under certain years so that when we start counting our years they will definitely be in the margin that is being looked for.

I: Ok.

R: Yeah.

I: And how has this project influenced the way you provide services to adolescents as a provider?

R: We as Marie Stopes we never had problems with providing those services. For us we are just going forward with what we used to do.

I: Ok.

R: Mhh.

I: So you have been doing this before?

R: You cannot refuse somebody contraception and they need it.

I: Mhh so in one way you are saying there is no added advantage?

R: For us no.

I: Ok

R: For us no.

I: And then what were the most questions that the adolescents ask were asking about ITH?

R: Were what?

I: The most questions that they would ask?

R: The girls?

I: Ahh the girls in the ITH?

R: In the methods?

I: Yeah

R: The means. It is mainly in the means. That was the main thing. Majority think that the use of contraception will interfere with their biological clock in future.

I: Mhh

R: Yeah

I: Any other?

R: Nothing else.

I: Nothing else?

R: Mhh

I: Would you say...what changes have you noticed since the introduction of the ITH project?

R: The uptake

I: What?

R: The uptake is high.

I: Uptake is high?

R: Yeah, though not in every region but definitely we would post in previous year when we were not under ITH were way below than what we have at the moment.

I: Ok

R: Yeah

I: Any other change?

R: Perception of the service providers...we are not the same. It has encouraged people to keep away from their personal beliefs.

I: Mhh

R: Yeah.

I: Maybe there is any other?

R: No.

I: And then how have the preference of adolescent service users and health care providers, be influenced or changed as a result of this programme?

R: Come again?

I: I am saying how have the prevalence, prevalence is like having a...

R: change?

I: Yeah, change their decision on making autonomy and we are also talking about the service providers, though we talked about the perception.

R: Mhh

I: yeah

R: The service provider we don't influence. And that is what I was talking about beliefs. We don't interfere with what the client wants.

I: Mhh

R: But there are those definite ones that we cannot encourage. A teen of fifteen and a teen of nineteen cannot come and tell you to do a permanent method and you agree.

I: Mhh

R: It is impossible but though all those other ones they qualify for.

I: Mhh

R: They can use it.

I: Mhh

R: Yeah

I: So the only thing that you can dispute is permanent?

R: It is the permanent methods. You could also find girls that they were not aware completely of what was going on.

I: Mhh

R: And I touched on the (unintelligible) things so you find that someone didn't know that they were coming for contraception. They

just followed their friends; they go through registration because they were told.

I: Mhh

R: They would get some things from the supermarket; that is what they used to say. So when they come to the service provider and they are taken through what the actual thing is, they refuse.

I: So when you met such a case what were you...how were you handling it?

R: You cannot force it if she is not ready for what we were doing.

I: Mhh

R: Give her time to go and think what she is about to do.

I: Mhh

R: We have seen even parents brining their kids here for a removal

I: Mhh

R: Because those kids did things because of peer (unintelligible, low tone) so the parents bring the kids to remove them.

I: Ok you have talked something I seek some more clarification from like you said when somebody comes and she says that she wants a permanent method you will dispute. And let us say that is exactly what I wanted and I am a teen. (Unintelligible)

R: That was just an example

I: Mhh

R: Actually no teen can come and ask for a permanent method

I: Mhh

R: They even don't know about them.

I: Mhh

R: I was just giving you an example, if they do or if they would ask for such a thing, I cannot agree.

I: whether she has that information or not?

R: It is impossible.

I: Then how does your facility and colleagues support the adolescents (unintelligible) seeking SRH services?

R: A hundred percent. We said even before ITH came we used to have teens and we were providing them with the services.

I: (Phone rings) we were talking about the support that your facility gives to the adolescents in order to get these services.

R: I said we used to do this even before ITH came into being.

I: Mhh

R: so we were pro that.

I: Ok so based on your experience working SRH issues in this community, what would you say are the facilitators for the adolescents to access sexual reproductive health services?

R: Facilitators?

I: Yes

R: Who are the facilitators?

I: What facilitates them to access these services?

R: the adolescents within this community now?

I: Yes

R: Going to them, reaching the, the outreaches.

I: the outreaches.

R: If you compare and ask them to come to the centre you would not get a big number.

I: Ok

R: Mhh

I: Do you think there could be something like a need from them to?

R: A need for them to?

I: To access those SRH services?

R: Yes majority are sexually active, many are sexually active and now they don't want to get these unwanted pregnancies.

I: Ok

R: That is the only way of avoiding.

I: Ok

R: Mhh

I: And then what are some of the challenges maybe you face in the T-safe project?

R: Challenges?

I: As you provide the SRH services what are some of the challenges that you face?

R: They are not many challenges apart from what I was telling you.

I: Ok

R: It is just that they follow their friends and they are not aware of what is happening.

I: Ok

R: Mhh

I: And what about feedback about your facility have you received from the adolescents through the T-safe Platform?

R: Mhh...I have never received any.

I: you have never received any?

R: No.

I: Now, how can you be supported and also by whom to help you improve the SRH services provision to adolescents despite the fact that you have been doing this before?

R: How can we be supported?

I: Yes and by whom?

R: Mhh having more outreaches.

I: Having more outreaches

R: Mhh

I: Outreaches

R: And taking care of the finances.

I: Mhh.

R: Yes.

I: Like?

R: Like going to reach out to these young people out there you need money

I: Mhh.

R: You need money, you need transport, logistics.

I: Ok.

R: Mhh

I: Where do you expect these funds to come from?

R: The donor.

I: The donor?

R: Yes

I: And where are these donors?

R: Mhh

I: (unintelligible)

R: They are there

I: Ok

R: Like who funds ITH.

I: Maybe you might want someone else to come in?

R: Mhh the government if they are willing.

I: Ok that is fine. So we have main questions that are left and it is about the scenario that I am going to read to you.

R: Mhh

I: Then I we do (unintelligible, low tone)

R: Mhh

I: So let us say a young woman has come to see you. She is alone and appears to be

R: A young man or?

I: A young woman who has come to see you and she is alone and appears to be nineteen years old.

R: Appears?

I: Yes

R: Mhh

I: She appears to be nineteen years old and the young girl tells you she is married and lives with her husband.

R: Mhh

I: She is married and lives with her husband.

R: Mhh

I: She just had her child one year ago and would not like to have another child so soon.

R: Mhh

I: Yes, she has never used contraceptives before because her husband is opposed to it.

R: Mhh

I: What would you want to know about this young woman in order to help her?

R: Mhh I will ask her when she was born, the year she was born.

I: Mhh

R: From that you calculate the age and you see we are dealing with fifteen and nineteens?

I: Mhh

R: So we are only avoiding less than the fifteen.

I: yes

R: And sometimes in some areas even those who are less than fifteen...it is true that they are sexually active. And now for our scenario here, that is what I will do and then I will ask when she gave birth the first time.

I: Ok.

R: Then she will get me consent that she is willing to use this contraception.

I: Mhh.

R: Consent then now after consent we do counseling

I: Mhh

R: And if she is not ready to give birth soon it will be a long term method although if she was for another opinion, a short term one we cannot deny them but a long term one would be the suitable.

I: Mhh

R: Yeah.

I: So what is your main reason for the long term?

R: What?

I: The reason for the long term?

R: A long term doesn't have a lot of care

I: Mhh

R: You don't need to be coming back every three months

I: Mhh

R: Or maybe after every one month to get more pills and if the husband was not for these methods, things like pills will be hard to hide.

I: Mhh

R: And then long terms, can. She can play safe.

I: Now what would you tell her about contraceptives?

R: You have to talk about side effects and let her know that there are side effects, what to expect in how many months; if the side effects, maybe beyond, there is also an option of changing to another method.

I: And you said the best contraceptive you would offer is the long term method, specifically?

R: Ahh now the client will let me know.

I: Mhh

R: After I counsel I will let her decide whether if it is the long term, whether she wants the implants or she wants an IUD.

I: Mhh

R: Yes

I: and do you meet such like clients in your facility?

R: Who want to use contraception?

I: Especially the same criteria, the same scenario?

R: Majority who would come here whether they are married or not,

I: Mhh

R: I don't think their spouses would have any objection. We have never heard of a client telling us that the husband is against.

I: Mhh

R: I only talked of that one incident the mother was not aware.

I: Mhh

R: Yes

I: And do you meet often the nineteen year old girls who have already given birth?

R: I said that many are starting

I: Ok

R: these villages, areas like...low income areas like Kaptembwa, and the likes, majority of the girls you will find there have already given birth.

I: Now let us go to the second scenario.

R: Mhh

I: So let us say a young girl has come to see you again,

R: Mhh

I: She is alone and appears to be fifteen years old.

R: Mhh

I: She tells you that she is sexually active and tells you that she would like to prevent pregnancy because she is still in school.

R: Mhh

I: She has never used contraceptives before

R: Mhh

I: then what would you want to know about her in order to assist her?

R: Just ask the age, take the consent and you cannot refuse.

I: What would you tell her about the contraceptive?

R: Counseling.

I: Mhh

R: when you start counseling you start from the short term going to the long term.

I: Mhh

R: Yes, you see you tell them how they are used. If it is the short term, the pills tell them how they are used.

I: Mhh

R: If it is the Depo or (unintelligible) tell them where they will be injected.

I: Mhh

R: How long they are going to stay before coming back.

I: Mhh

R: Or when are they supposed to come back.

I: Mhh

R: If they are the implants, there is the insertion, IUD the site of insertion, signs to watch and then that is all.

I: And do you see such clients more often too?

R: like this one?

I: Mhh

R: Fifteen I do permanent and?

I: Fifteen, she has just reached fifteen and she is sexually active and she has never used contraceptives?

R: Appears to be fifteen?

I: Yes

R: Majority I said, majority of our clients here most of them are those who already have children. Majority, whether you are talking of these villages in town and the actual villages in the rural there, majority. Once in a while you will get college students, college students who are nineteen. Nowadays they are even some who are seventeen, eighteen first years.

I: Mhh

R: Those ones will come.

I: Ok so my last question.

R: Mhh

I: How do service providers encourage adolescents to choose long term methods?

R: Long term?

I: Yes

R: Mhh I always talk that part of....if it is an IUD,

I: Mhh

R: It does not have the hormones, it is non-hormonal.

I: Mhh

R: Ahh you can stay with it for the longest time possible even ten years. If it is the implant we have for three years or five years

I: Mhh

R: Ehh insertion, the way of inserting it is not painful even the IUD is not painful.

I: Mhh

R: you just counsel them on the best time of insertion especially after the period.

I: Mhh

R: And the advantage of that long period of time

I: Mhh

R: As opposed to these short ones.

I: Ok

R: Effectiveness of a long term method is quite high as opposed to these short terms.

I: Ok

R: Yeah

I: Ok we have come to the end of our question

R: It is almost forty five

I: and I wanted to ask if you have any question for me

R: No

I: Or maybe as we were discussion maybe there is something you thought I was supposed to ask you but I didn't ask or maybe something you feel we should share under the ITH and we didn't?

R: No

I: Mhh so thank you so much for your time.

R: Yeah

I: Good afternoon.

End

ITH_R2_NAK_NOR_PERI_URB_002_SP_003_16519.

F: This is Florence Olum taking an **IDI on**

ITH_R2_NAK_NOR_PERI_URB_002_SP_003_16519. So as we are going to start our interview, welcome very much Dorothy and maybe I would like you to tell me more about your work and experience as a service provider in this your facility.

P: I am a registered nurse; I started this health facility in 2010 and I see all types of clients including family planning. I get satisfied when I find a client has gotten happy with the service I am giving and I am positive that my clients are happy.

F: So, if you say that you find yourself happy when your clients are satisfied, how do you got to know that they are satisfied?

P: There is a form I use for feedback and I get feedback from people themselves and clients who bring other clients.

F: So you get it from the people that you serve and also those who bring the clients.

P: Yes

F: So what are some of the feedback that you always receive?

P: They have, apparently most of them they talk positively and when they give feedback they say there were happy with services they got, the attention they were given, the communication process and also after they leave they are able to understand the complications, side effects of the methods because I teach them into details about conditions of the method they are using

F: So have you ever gotten negative feedback too?

P: Yeah, clients will come and tell me, apparently the place is not open for 24 hours although a times they come and they don't get me like yesterday I was away so they feel I should have been there and when I get new people to manage them, they are not happy. They also consider especially the older people they don't want to find young people; they want to find somebody they can talk to freely.

F: so, if you are talking about this negative feedback that you have mentioned and basically, you've talked of your time of opening, at what time do you open?

P: 8.00 AM I work upto 8.00 PM yeah.

F: They want you to work 24 hours?

P: Yeah, they want 24 hours

F: And how do you now manage that you don't open 24 hours yet they want you to do that?

P: Aah, they can still call, if somebody calls at night, I still assist them, at times community leaders calling to tell me there is such a client who needs help and we still assist.

F: Okay, and when they don't get you, now what happens?

P: When they don't get me there are others, they can decide to go other hospitals

F: Okay, and then you said that at times when you bring new people to serve them, you realize that they are not happy about it?

P: They are negative, I think because of the age difference and somebody like the young people they get frustrated because somebody would come and ask where is so and so and then you he says, "I am the one who is one duty" and the she says "I'll come back" you see it is frustrating for that person.

F: So do you find yourself... okay like is this for all categories of clients that see this challenge or just a specific group like you are now talking of the aged group

P: The aged group, the young people have no problem although they also want to come and find I have gone because they want to find a young one, the adolescent.

F: Now these people when they find other new people who they feel they don't want to be seen by, which age category are those?

P: the adults from 30 years upwards

F: So they only want to be seen by you?

P: Yeah, of if I go for somebody who is mature, when I am away, I have to ensure there is somebody who is mature to remain around.

F: And now, how do you see your role in ITH or what is your role in ITH

P: I motivate the young people, I go to the churches, we are doing lectures in the churches and advice the young people

to plan the families and to accept the services that are available, of course I tell them the services that are available, I also give education to the schools on lessons on sexuality and when they come here I also attend to them.

F: So, if you are talking about going to the church and educating the young people, which churches do you go to?

P: I go to Baptist church, go to PCEA and AIC and Ebenezer, it is just a gospel church

F: What of the catholic churches?

P: Wow, there is reservation, I would rather talk to individuals but not go to church

F: Why?

P: Because they are not positive, yeah.

F: why are they not positive?

P: Because of their religious belief, so when I want to send out a message, I write a message and I know there are people who are positive in that church, I talk to them like I have somebody from Egerton university, we talk and agree on how she'll put the message; services are available in such a place so those who want to come for services they will come and find services are being given because among my clients, there are Catholics. But the reality Catholics are practicing, they are taking contraceptives but now when it comes to their stand..

F: So, when talking about your role in ITH, you have talked about going to church, talking to young people, are there other more roles that you play?

P: oh, on ITH

F: I hope when I say ITH you understand?

P: Yes, I understand. When the clients come here, I counsel them individually although they are ready for counselling, they want to be very fast, they don't want you take time with them, they want somebody comes in and get the service.

F: Why?

P: It is the attitude of the young people but I still try to tell them that it is important you just listen to what I have to tell you about this method you are using because I would expect that if they are aware of the side effects of whatever they are choosing, they are likely to drop out of it or take it negatively because nobody explained it to them and also it is important to conduct breast examination and the conditions that are likely to affect her as a woman.

F: So, you have also talked of counselling as one of the roles you play, maybe there is another role

P: that is provision of the method, give the method you have chosen and give instruction after the method on return days

F: Okay, now can you describe to me your experience with the adolescent sexual reproductive services

P: One, as parents we assume that our children are not sexually active but they are very active. Two, they are so confused that when they come to you, someone comes and tell you that the condom burst and they are coming for e-pills. I take time to tell them the dangers of using e-pills as a regular then it is so confidential, they don't want the parent to know. The other thing I have found with them is that they

are very impatient and are not to go through any examination.

F: Why?

P: You just mention pelvic examination... with examination it is terrible, they don't want to do it. They just want to come for the method, they just like want to walk in and walk out.

F: why do you think they don't want to do examinations?

P: It is just upbringing just like most of us have brought up, the privacy, their privacy. They don't want somebody to see them there. This attitude is even among the grown-ups not just among the adolescents alone especially when you want to do VI velour you find somebody telling you next time

F: And how do you go about that now?

P: It is somebody's wish; you can't force somebody but it is important you tell her it is important that is done and the dangers not having it done.

F: Okay, you've talked about the confidentiality issue as one of the experiences you have realized, why do you think they care so much about confidentiality

P: I think, it is because of the cultural upbringing that adolescents are not supposed to get involved in sexual activities before marriage that is what makes them feel that they have done the wrong thing and they don't want it to be known

F: And this "impatientness"?

P: the impatient, I guess they want to finish up so that nobody catches them up

F: You also talked about, there are girls that are thinking their parents are assuming that they are not sexually active yet they are the people who live with these girls most of the time. Why do you think this happens?

P: According to what I have seen, parents do not want to talk freely with their children, they are just told that is bad but having that dialogue where they can sit and discuss things and concerns is not taking place and when they are talking as you have said instead of telling them reality, they just tell them don't don't don't ... it is like I ask them, do you have a boyfriend? No, I don't have a boyfriend then I tell her why do you say you don't have a boyfriend, your brother is a boyfriend, you know that mentality that negative...that if I have a boyfriend my parents are not happy. It is what they have been brought up to know having a boyfriend is wrong.

F: And now what do you think can be done to change this perception of the parents?

P: There is a very big gap in communication between the parents and the children. Two, there is a very big gap in the community on issues related to health and I long for one day that gap will be filled.

F: Now Dorothy, maybe you can tell me about your training in adolescent sexual and reproductive health services

P: What particularly do you want to know? I have been trained on many trainings on how to handle adolescents, I have done training on comprehensive abortion care

F: If you talk of comprehensive abortion care what do you really mean?

P: When they come to me and somebody has induced effect most of them must have gone to the quacks or have gone to a chemist buy the drugs and they take, when they get excessive bleeding, they come to me. So when they come I need to assist depending on what level they are in.

F: so, you have been trained on this?

P: I have been trained.

F: Any other thing?

P: I have been trained on manual marking mass aeration; it is still part of dealing with the incomplete abortion

F: So, what do you do with this?

P: it all depends on what level of pregnancy the client was in when they induced the abortion, I personally induce abortions but I save life.

F: Okay, any other thing on the training?

P: I think that is basically what I have trained on

F: So, you are part of them ITH, were you trained on the ITH?

P: Yes

F: So tell me what your training entails, something about your training on the ITH

P: The training on ITH was...the theme was "I decide" encouraging the youths to take the decisions and when they come to you when they are new, what you do is you answer the unanswered questions for them, tell them about the available services and then let them decide whether to take the service or not after they have taken that service, you empower them on how to continue with that service

F: Is there something else

P: That was basically what it was

F: So, I have also talked to other service providers and some of them talked about the issues of policy and the rights of the girls about the contraceptives, maybe did you really hear something about that?

P: You know just like, abortion is illegal in Kenya but the policy also says when it comes to contraception it is client's informed choice, if you tell the client about the services available then the clients now decide which service to use. A client may not just come and you deliver a service, you need to do proper history taking because the person may be young even 12 years but she is sexually active. You have heard of clients who have sexually been abused. So after you have counselled them properly and known the method the method, yeah we know the policies yes but there are guidelines, so we need to be flexible. You have to be decisive when you are talking to these people, we have the young people, they are married. And there things of course when it comes to asking for abortion, but the policy is there that you should not tamper with this pregnancy unless the mother is in danger. So when they come to me I will talk to them of all the options available that is if they come before they terminate it and most of them you realize, they are just ignorant, they need an advice so that they can take decision.

F: Now, we have talked about some of the services that...we have talked about your role and talked about some of the services you provide but generally for the adolescent girls what services do you provide to them?

P: They come for treatment and they come for treatment either one; because of pain from menstruation or sexually transmitted infection or they come to me because somebody is pregnant, she wants to continue with her pregnancy, antenatal care. Basically, that is what especially antenatal care and advice and counselling.

F: so for the ITH program, what services do you offer?

P: Counselling, client education, examination of the client, provision of the method and follow up

F: So you have talked about counselling and client education, maybe I could seek clarification on the client education?

P: When it comes to client education, you take specific method which are contraception related. It doesn't matter whether it is long term or short term because all of them have good and bad part of them, have side effects, they have complications, so you empower the client to understand

F: And then coming counselling entails what just for a better understanding

P: It is an overview of the events that are likely to take place when the client is on the situation we are counselling her on, you give an overview of the methods that are available and briefly how they work, but when the client chooses the method you go deeper into it.

F: Yes, what are the most sought services by these adolescents?

P: Looking for e-pills because the condom burst or they did it without a condom and as you talk to them what they know sometimes is the boy carries the e-pill. So, e-pill is the most sought contraceptive. Then they come for pregnancy

test, UTI is common and the side effects of the methods they are using.

F: Who are these coming for the UTI services?

P: The girls, those who are sexually active.

F: So you have talked about those coming to seek services for the side effects, who are those?

P: When you gave implants, you know they coming back that they are bleeding just as I told you earlier, they are not patient to be empowered to know the side effects. I may not have been the one who gave them the method, they were given by someone else, so they will come to complain that they need to replace with the 3 months injection. Others say during the periods they don't dry up; others say excessive bleeding.

F: Thank you for that explanation, now can describe to me your experience with the ITH platform?

P: ITH, it is good for our children and if they are given freedom to come without fear of their children, they will get better services. You also realize, when they come, they go in groups, they influence each other, so like when they are three and one comes, you find that they want the same method. It takes time to tell them the fact you are the three of you when I check out, I may find out you can not use the same type method. There are other methods you can choose. You also realize that they have peer pressure, because when you have a group that has become positive, they usually influence others and if they are negative the influence is negative. Okay, we have received support of course from the team that supervises us, they have been

positive with us and when you have anything, you talk to them and they are always able to come to support you.

F: So you have talked about, without the fear of the parents they will get a better service so what happens in this case

P: You see, what we need to do, let give example with myself, I know there are parents whose children use a method but I would not like them to know that I served them because they don't want to be known. You see, I think there should be something that can be done empower the parents to create a situation where they'll be free to access the method, I don't know how best to put it. Because whatever they are doing, they are doing in fear. Except for those who are married but those who are not married they have a lot of fear, like last time one was planning to get married. They are very holy in the church but they are already doing it. So when you look at that they are doing what the church doesn't want them to do, so if that was to be known in the church their wedding will not be regarded as pure.

F: Okay, I understand, and now you've talked about the coming in the groups and you realize that as they are coming for the same method. How do you go about it?

P: You deal with them individually, from the history, they will tell you and that quick examination if you are like in some areas you can just see without doing examinations you just use history if you can be able to know so that you recommend this to this person because you should assist them make a decision

I: Okay, that is very good, there is a certain point that I saw somewhere and I just wanted clarification. When we were

talking about the services, you also talked about follow ups. Ho do you do follow-ups?

P: If I have given you a method, I need to give more check-ups, if I have given you this, come back in 6 weeks and if they don't come back, I am able to know where they are, sometimes we just bump on each other by the road and ask them why they didn't come.

I: That is okay, now we were talking about the experience with the ITH platform, you have talked about a few issues, and actually I also wanted to know your experience by the mobile system?

P: When you try mobile where you go to a school a client might seem most of all it is confidentiality, when you go to a school, the response is not nice, but if you do a mobile in a place where there is a clinic, the clients turn up, we also do mobile in a place like negotiate somewhere, pick a shop you know in these buildings, the clients will come up, that is why there is the confidentiality. For example, we went to a school in Lane ands the classes were made as the place for seeing them but still that never assured confidentiality. The environment generally didn't look so conducive for them. So they would prefer to be in a place which provide confidentiality. We have clients who come to seek contraceptives so you got to a clinic and you can assist them there or you take a building with different rooms and use it to offer services. That way they will turn up however the turn up outside there is higher with young people when you call in the clinic.

I: And now if you look at the enrolment process, how were these adolescent ITH were being rolled?

P: There is a community health worker; first of all, you give them health education to sensitize them and then the community health worker continues to talk to them and enroll them.

I: How are they enrolling them?

P: using the phone, there is a phone that trigarise that after they have enrolled them they tell them to come for the service. The other way is the client will come to you directly and you deal with the client as a service provider using the phone and you find out most of these, and this is what we have discovered, they tell you they have a phone if they give it to you and call, it goes to the mother. Like one time somebody called that I am so and so and when the phone is picked they talk rudely thinking it is the client talking yet they left the phone with the parents number. So those who have families, they can come to you directly but.

I: So now you as the service provider, how do you see navigating the format of that form?

P: When we began, like I personally, I had a problem until some people had to come because mine was not going through, I give service but when you to register, there is a problem, however, somebody came who was called Lucy, I think they came with another Caro they got in touch with Nairobi and then the clients started getting registered, when you use that phone at times, it may not recognize the number, the code, it may not recognize the person you are registering and it may tell you that person do not exist and like when we were coming to match when we had been told stop using it, when we wanted to get the picture of this person, what was coming out was like a cartoon until I talked to them

about the problem, he told me maybe it is a machine that had a problem, I also talked to Philip and told I think there is a problem it brings something looking funny. So up to today even though we stopped using it, I was not sure if the ones who were enrolled when the machine was just coming whether they entered the machine or no but at the end of it all when you play around with it, it registered the client but the pictures don't come. You see, it leaves you hanging.

I: So, in that case what were you doing?

P: these are last days, what I was told was that you keep on trying, repeat, at times there was a lot of conflicting information, we are told the system has changed, you do the first round, it rejects, do the second round, you start the process again. Or you can tell the client to bring the card you try the next day. So, we got confused. We were not sure whether it was the machine whether it was what but.

I: I can understand the disparity you were in. And now, how has the project influenced the way you provide services to the adolescents and you as a provider?

P: Okay, ITH program assisted so much in assisting adolescents who could not access the services. When they come to the clinic, their attendance improved. The interaction between the young people and others also is coming up

I: Others like who?

P: The health workers, the community health workers. Also, at least because of that payment which was being given it made services available for those who could access it and also to visit the clinic.

I: And for the service provider how did it help you?

P: It improved the client by client population, of course there is the money bit of it we appreciate it happened, the template is broad for the service provider on the needs of the adolescents

I: And maybe if we talk about the attitude of the service provider, was there any influence?

P: There is this influence that, you know me I have been dealing with the adolescents so I took it positively because I used to train them. Now, it became an eye opener to the service providers to see the hidden potential in adolescents.

I: And then what are the most questions that you get from the adolescents regarding the ITH program that time you were giving the services?

P: One of the most common question is whether after stopping the method they will be able to conceive, when you are counselling them you tell them the method you are taking unless you are taking condom does not protect you from infection. Some although will go and get increased vaginal discharge, they come thinking they have sexually transmitted infection from their partner. The other question they ask is whether there is a method the boyfriend can use apart from using the condom and of course it is only the condom. I think those basically the questions that I get.

I: And now what changes have you noticed since the introduction of this ITH

P: The youths are developing freedom to seek services. Also I am seeing a situation where there is openness because

sometimes they come a boy and a girl and when they come, they seek HIV testing services. So it is encouraging most of the boys to participate. I have seen that coming for couple testing is increasing.

I: Something else that you have seen as a change

P: I think open discussion, there is open discussion

I: Between who and who?

P: between the service provider and the young people

I: And now how does your facility support girls seeking adolescent sexual and reproductive services?

P: If they are coming for the information, they are given the information, if they are coming for a service, we provide the services, the necessary services and... i think that is it.

I: Apart from those services, is there any other thing that you do that will make it easier for these adolescents to come?

P: who

I: the facility and...you as the service provider and the colleagues working around?

P: Yeah, when I started operating, I was operating up to 6 but I realized they would like to come those hours when people were not seeing them so I extended to 8.00 pm, the time they are available.

I: Okay, something else?

P: Is just a matter of encouraging them about the services available to know the services available at the facility

for them. I encourage them to go and let others also know the services available.

I: And maybe you realize that in a clinic there may be so many people that are coming in the clinic and now they queue there, can you say like there is something like a special attention you give to them?

P: That is why you see they way they like the clinic, one day I give a special attention to men, those who have brought in their children, so when an adolescent come, we leave this room open, we know they will come inside here instead of queueing there, they can't queue there.

I: Now has participation in ITH influenced quality of care on sexual and reproductive services for adolescents in this your facility

P; I personally as a service provider, I feel updated and empowered to handle them

I: Maybe you can expand a little bit on this

P: The trainings I have attended and workshops, they enlightened me on the policies and the gaps that we have been having towards the young people that discourage them from using the services. So the approaches which were used for training atleast you have something to learn then when I don self-evaluation I realize here I was not doing the right thing. Then in terms of counselling the young people, you realize that also the approach you use before you were trained, before you got empowered, you also change it, form what you got, you use on people that were supposed to benefit from it. So you have a benefit to the client and to yourself

I: And then based on your experience working on sexual and reproductive health in this community, what would you say are the motivating factors?

P: Okay, one of them, we can't say entirely the parents are not positive about the young people, some of them are encouraged by the parents that go and see mama Betty when a child has complained that I have this and this. Number two, they know when they come and I see them, they don't hear it in the community, there is confidentiality.

I: and then the same question, what you would say that there are barriers within this community for the adolescents to access sexual and reproductive services

P: Ignorance of the relatives of parents or guardians. Negative attitude towards sexuality among the young people. There are negative rumors mongering towards contraception and cost. Where they have to go is a cost because it is a private clinic.

I: So if you say where to attend the clinic what do you mean?

P: to pay for a service

I: if you talk about the rumor mongering about the contraceptive, maybe what do you mean

P: They say if you start getting a method of family planning, you can not get pregnant.

I: Anything else?

P: Others would rumor monger about the side effects like depending on specific methods, injections will make you lose blood in in heart, interest in your husband, back ache. Just like implant you bleed throughout.

I: And then you talked about the ignorance of the either guardian, parents or relatives

P: The ignorance is that anytime a girl mostly girls are the victims complains of anything to do with reproductive tract, is an assumption that the girl is sexually active and you hear about STDs which is not the case.

I: And you also talked about negative towards sexuality

P: the girls are not to have sex until they get to marriage

I: Now what are some of the mechanisms that you or your facility has used to support adolescents to overcome those barriers that you have mentioned

P: I talk to them, telling them the changes that take place in their bodies and consequences of such activities. Because the adolescents, most of them don't understand themselves, they need somebody to ask questions and to answer them, so I create a forum for that so that those questions can be answered.

I: So when you say most of these adolescents don't understand themselves, what do you really mean?

P: The changes that are taking place, the changes that they are feeling that take place in their body especially when it comes to sexual excitement. You need to reassure them that it is a normal process and they need to handle themselves when there are such things.

I: Okay, thank you for that. Now what are some of the challenges you or your facility faces dealing with adolescent sexual and reproductive issues?

P: One challenge we face, is about the churches, what they think when they see like young people are going to that clinic to do this and that like we talked earlier about the catholic church, the church say, they use natural methods, but my issue is mostly with catholic and other churches including the SDA, they would not want to be known to be using the method. So would hear like someone say that clinic, they call it AMUA clinic is where children are going for the method, that is negative publicity. However, it has not touched me. There is a clinic that closed the other day just because of such things. The provider induced an abortion and the client died so it became a scandal so the clinic had to close, I would not like to get to that mess, because this young people they can go somewhere else and they end up in your clinic, once they end up in your clinic, if the worst happens when she is in your clinic you are going to bear. So I am very conscious of the set up operating in rural area because this is not set up, because this is where we live with the people. The children would also not like you to know if your child has been given a method. You know anytime that child visits me, like I do home visit and sees me in their home, she just fears that I am going to tell the parents, but I tell them no, what we talk in this room remains in this room.

I: maybe you have told me the reason as to why it was closed, but how did that hospital come to be closed?

P: because a patient died, a client died

I: Like who made it to be closed, was it closed by the government and who raised the alarm?

P: the community raised the alarm because the client died on the way to the hospital as she happened to say, Mrs. Njagi has killed me, I am giving you an example. She has killed me. It spread very fast in the community in fact the service provider ran away before anyone told her, she was running away from the police.

I: SO the person who died was a woman or a girl?

P: It was a woman.

I: Which age?

P: I don't know the age but it was a woman.

I: Now what are some of the misperceptions that the adolescents have about using sexual and reproductive products, I know you have talked about a few issues maybe there are some that you want to add.

P: I said earlier that they think they may not get pregnant, they have the rumors about the side effects of the method because some people just talk but they don't give reason as to why, for example if we are teaching people there are times you someone say depo gave them backache and when they are told that if that happens you don't do this and that then spread the rumors. We have the rumors like the coil, it is true if not inserted properly it may come out but it may perforate. So when it happens they take it very easy maybe the client has gotten pregnant with a child, baby will be born with the oil on the face,

I: The now how do you mitigate on this?

P: We explain to them some of these things are not true, how does that happen. You explain to them where the baby is and

where the coil was put. For perforation, you tell them it can happen, you don't tell them it cannot happen but also based on the person inserting it.

I: How can you be supported and by who to help you improve on sexual and reproductive health services to the adolescents

P: We seek support from the ministry of health that is through the DMOH, the DMOH gives us free education and that is where we take our reports and the reports go under review and then updates are given. Then we have other stakeholders that also support us, there is the ITH itself. AMUA also provides the health network and private nurses associations.

I: So what do this private nurses association do

P: They carry out updates to the providers. Any updates, training also, the SRH trainings. Any health education trainings and collaborate closely with the nursing council of Kenya which is our legal body, I am nurse by profession

I: So you talked about AMUA, what are the main roles of AMUA as your partners?

P: Majorly they deal with contraception, and they provide us with the contraceptive and the supplies.

I: If you talk about supplies now I am lost

P: They give the drugs, they also give other materials like cotton wools, they have been doing that.

I: You have also talked about the DMOH whereby you receive things like education, there is review. Review on what?

P: Data review, take clients data regularly

I: and education you mean on;

P: when it comes to DMOH, it has all the components to with health so when it comes to contraceptives, we the unit of family planning nurse dealing with it, if it is something to do with lab then you get to lab person if it comes to surveillance then you see public health person. And so there are those trainings to ensure we are regularly informed of what is taking place.

I: SO these are partners that you are working with that are supporting you?

P: Yes

I: And are you satisfied with the support they are giving you or there is something else that you think as a facility or provider you still need, maybe are other partners that you think can come and also give their support and on what?

P: Okay, let me say I am very grateful for these partners we are working with so far; they have been very supportive and environment interaction had been very conducive but with the DMOH being the overall we require them to visit us more frequently to see what we are doing. Yeah... I am open to anybody who want to come work together as long as you know we have a common goal, provision of healthcare. So that can do the best for the client

I: There was this issue of ...(not clear) that was with this ITH program, is there anything that you would want to say about the support and that

P: I personally, I am grateful, that it came up in the program and it was supportive, it increased of course our clients and income and even as I mentioned earlier we had a bit of problem in registering the client, when you are there we are trying to register the client is there but the phone is

not working. But I have an issue something to say on when it came to payments, we were told for instance this is what you have but when it comes to payment it was a different payment. By all cadres and what I know all the clients I attended to I entered but how the figures changed I don't know, but that is not big deal I am just trying to comment. Like one time I was told, I was due for about 30 something but at the end of it all I received only 20 something but I am grateful. Two, when it came to the mobilizers, I want to believe if this trigarize was to continue we need to do a bit more for the mobilizers. And if the Teko Miles can be turned into monitoring so that it encourages them, then Teko Miles were reduced from 170 to...(not clear). So I want to say these people they do a lot of work they are the same people in the community who can encourage or discourage these, they need to be motivated. That is a concern. They are people who are desperate, you call them they are going to come but inside they are mummering can they get something.

I: Now I have a scenario that I am going to read then you give me your opinion on this; so when a woman has come to see you, she appears to be about 19 years old and young woman tells you that she is married and lives with the husband, she just had her first child one year ago and would not want to have another child so soon. She has never used any contraceptive before because her husband is opposed to it. Now what will you want to know about this young lady in order to help her.

P: One, I would like to know why the husband is opposed to it what reasons has he given and what options has the husband apart from contraception. I would also like to know if she

is pregnant or not because if she has been using a method then what has she been on, if she has succeeded up to now why does she now want a method. So, I will weigh the options she will give me and then I will ask her now how would I help you?

I: And then....

P: The decision now will depend on her but you see she has come because she needs a method, it is either depending on what I tell her, I encourage her to use that method which she has been using of which she is thinking it will not work, why do you think it will not work and you've used it for a year and depending on what she will tell me, I may decide to give her method because it is individual decision and she will suffer the consequences, I will give her a method.

I: Actually, about the contraceptive, what will you tell her?

P: I will tell her about the contraceptive available, all of them and for each contraceptive I will give what she is likely to see. There are so many of such clients, so the decision of the client we shall take whether she didn't want the husband to know.

I: Now which contraceptive method do you think will be best for this young woman?

P: the best method for her would be the injection, because if put in her body she will not mind coming to the clinic and the husband is not likely to detect it. If I give her the pill, she'll be seen taking the pills, if I give her the coil, it is likely he may feel it. Unless she tells me, she can find a place to hide the pills I will hide the pills

and she decide on best time to take the pill. She will not be found.

I: And as we were talking you said that you have been seeing many clients of these category, maybe you can share with me the one you recently received?

P: This was a girl who was planning to get married in August and she is sexually active. Twice she has used e-pill because the condom burst, she is scared of using the condom, as much as I told her, they didn't know how to use a condom. So, will your partner accept you to use other methods? She says no, he says he would like to get me pregnant if we are coming from the honeymoon. So, we discussed, it was something like to do marriage counselling then I told her these are options that I have, which one would you like to use. She said the man is working in a school and what she would like to do is she can use the pill because she can take it during the day when he is not there and then she waits for about 6 months after marriage so that she can get pregnant. So, we came to the pill after talking about the other methods.

I: Thank you for that. So, we are going to another second scenario. So we are going to a second scenario, so let us say that a young girl has come to see you, she is an adolescent and appears to be 15 years, she tells you that she is sexually active and would not want to be pregnant because she is still in school, she has never used contraceptive before. So, what would you want to know about her so that you can help her?

P: Okay, you will find out if she is pregnant, the first thing. Tell her consequences of being sexually active like

sexually transmitted diseases and provide her with a method, give her a method.

I: And what will you tell her about the contraceptive

P: It depends on the specific contraceptive. But still the method you will give won't prevent her from HIV/AIDs and the res. She should be aware of that; she also knows that not all methods are 100% effective. They also have failure rates. But you emphasize to her the successful of the method depends on how compliant she is to it.

I: Then which method, do you think could be best for her?

P: I will give her an implanon

I: Why?

P: Because she doesn't have to prepare for sex although the method wont prevent STIs and she doesn't have to forget and of course tell her the side effects of the methods so that she is aware.

I: And such like girls do you also meet them?

P: Yes they come back, 4-6 weeks they come back.

I: And such like client, maybe you can share your experience with such category

P: There was one client who came and she was a bit obese, she was weighing around 120kgs and I told her she cannot use an implanon. She wanted implanon

I: What age?

P: she was about 18 years, she was 120 kgs, so I gave her options, apparently, she wanted implanon, she went to the armed forces and somebody gave it to her in January but

last month she had complains then I examined her. She had developed diabetes, she was drinking a lot of water, passing a lot of urine so I checked her and the pressure has shot up so I managed for a week and at the end of it I had to remove the implanon. As we are talking now the blood sugar started going down, the pressure has settled and all they are using now they are using a condom.

I: So what was your main reason not to give her implanon?

P: Because of the weight, is you are going to use an implanon and weighing 90 kgs, you use it within a year ans you change it, the chances of failure rate

I: And then how do you encourage adolescents to choose long term methods?

P: You give the information on the positive and negative information on the long term methods, the long methods will not allow to be pregnant for long, long methods will not make you come to the clinic regularly, so you are relaxed.

I: So Dorothy, we have to the end of our session, I know it has been long, taken a lot of time but I am very very grateful or maybe my last chance or last question is if you have any question for me or maybe as we were talking if you have anything for me especially on the ITH project. You have the chance to do so

P: Thank you very much I have enjoyed listening to you and had a cordial discussion. What I would like to know is, is ITH continuing?

I: something else?

P: number two, shall we get feedback on the outcome of your research?

I: something else?

P: Number three We were told ITH tragedize, they said they were doing verification of our interest, I personally would like to know the findings of the verification

I: something else you want to know?

P: No

I: And then anything that you think you have on the engagement that we have had

P: I just appreciate your coming

I: Thank you so much. You have asked some questions, like from these three questions you have asked is ITH continuing, that one I may not be able to tell as I told you that personally I work for the research organization. Maybe you will get information from your team, I don't know how you engage but from your engagement you can be able to get these answers because I don't even know them. Generally as APHRC person we give feedback but I don't know what level now that we are having a partner but maybe there will be feedback but again this is information that I will give because it is important as researchers so I will give them this information and if it is possible you will get to know. The issue of verification I am also going to, as much I have noted it down this is research aspect and may you may require feedback as you have said so you can engage in then information that you have been engaging in so that you can.

P; Okay

I: Thank you so much

P: God Bless you.

**File name: ITHR2_SP_HB_HB_RACHUONYO NORTH_P.URBAN_ST. LUKE_S APIDA
CLINIC_190510_1121**

Duration: 01:02:10

**I: Hi, this is Doreen round two, ITH round two. Service provider
interview in Homa-Bay County, this is rural at Apida Medical
center on 10th May 2019. Starting time is 11.20 am.**

**So would you please tell me about your work and experience as
a service provider in this facility?**

R: I am Bernard Odhiambo Awino, the proprietor and also the
service provider at St. Luke's Apida medical center. I am a
registered clinical officer offering services to the facility
both medical, reproductive and other services. I have been
operating this clinic since 2015.

**I: Okay, thank you. Now what is your role or how do you see your
roles in In Their Hands program.**

R: My role one is to ensure that we have quality service to the
adolescents and also to have the high number required so that
we can achieve our goals. Another one is also to reduce the
risk of unwanted pregnancies to the youths and also to create
awareness within the catchment population of the importance
of these services to the adolescents.

I: Okay.

R: Yes.

I: Thank you, so kindly help me understand. How do you ensure quality service?

R: Quality services we do them following the infection preventive measures, yes. That is one.

I: Okay, please help me understand. Just say more about that.

R: Yeah that is what I am bringing in.

I: Okay.

R: That is one; we ensure that the house, the room is clean. Two we ensure gloving before doing any procedure we ensure washing our hands inter patient, that is after another patient we also ensure we clean the coaches after seeing a client we also ensure that we keep or we dispose the waste appropriately, that is waste segregation. That is sharps in a sharp container then the non-infectious in a black bin and highly infectious in a red bin.

I: Okay, so that is to ensure quality of service.

R: Yes.

I: Okay, you talked about risk reduction, please help me understand.

R: I was talking about risk reduction as in unwanted pregnancies. You know the services that we offer we offer to adolescents which most of them are not aware about reproductive health

education; they are not being educated well. So we take them through counselling guidance so that they take up the service so that they cannot get that pregnancy because most of them when they get a pregnancy they become stigmatized so they run to quacks. So during that period they can go to a quack for termination of pregnancy, so they may end up dying or developing a chronic complication. So that is the risk part of it.

I: Okay, when you say a quack what do you mean.

R: A quack is somebody who is not trained on how to do the abortion.

I: Okay, thank you. So what about awareness creation, you also mentioned it.

R: Awareness creation to the community, as in to some extent we go for dialogue days maybe at the chief camps. And again we have integrated the service, the mobilizers so that...we have taken the wife of an assistant chief so that during *Barraza* or any other meeting we can organize and have the youths so that we can talk to them, just talking, just guiding and counselling and telling them the importance of these contraceptives. And also making them to be aware of the advantages and disadvantage of the services.

I: Okay.

R: Yes.

I: Thank you, now you've talked of "we", does that mean you as a facility, so is there anything else that you as a service provider do in ITH, anything else?

R: Concerning.

I: Generally a role that you as a service provider takes in ITH.

R: Yes, my role in ITH is to ensure that they kept the data of quality services done, and I also ensure that they meet their objectives because the objective of the ITH is to get a number of people or a number of clients within a given duration.

I: Okay.

R: Yes, which we were shown during training. So I help them to get on to that and I am also working as a conduit between them and the community.

I: Okay.

R: Yes.

I: When you talk about client please help me know whom exactly you are talking about.

R: The clients?

I: Yeah.

R: Clients or clan?

I: The clients. There is a lot of-

[Recorder stops 00:06:11]

Is there a given age category or like who do you deal with?

R: I deal with between fifteen to nineteen years.

I: Okay.

R: Yes.

I: Okay, thank you. Please describe to me your experience in dealing with adolescent girls, rendering SRH services.

R: Dealing with adolescent girls within the-

I: The SRH services yeah.

R: Yes, there is quite a number of things that I have learnt during the period that I started working in Triggerise. One I realized that the adolescent's age, the age group they are not supposed to be handled like the other age groups and when we are dealing with them, they normally need a lot of privacy. And two there is a lot of stigmatization, yes.

I: So why are you saying they are not supposed to be handled with other people, help me understand.

R: They normally need privacy, most of them for them to catch up and understand what is reproductive health, most of them are naïve, as in they are fearful. So we try to bring their confidence, okay we normally bring their confidence so that they can understand the services that we offer. And again, they some are just eager, in fact most of them are eager to know and to do but opening up becomes a problem. And again, we find others find it difficult to engage the parents, so they just want to confide with maybe a mobilizer and the service provider.

I: Okay and how do you handle this? Which process do you take them through to ensure they are-

R: I normally take for example others who are being accompanied by their parents; I normally take them into isolation counselling. That is I counsel the parents alone then I counsel the adolescents alone, it's when I bring them back on board both of them so that they can understand the service, yes, the nature of the service and what they want to do. And again, there are also a section of some families who are still believing that family planning are for only the married people. So we also counsel the same and we also make them know that is not family planning, it is a contraceptive and it does not bother somebody when somebody wants a child in future.

I: Thank you, now anything else about your experience with adolescents and offering your services?

R: With adolescents, also what I realized is that most of them become confidence with the opposite gender, yes. Like when you enter a female will want to explain more to a male service provider than the same gender, yes.

I: Okay. Would you kindly take me through your training in adolescents section then to productive health? You mentioned something about training earlier right.

R: Yes.

I: Please tell me more.

R: It was not a training, it was. Kindly one minute.

I: Yeah, I asked you to take me through your training in adolescents' sexual and reproductive health if there is any.

R: No, we did an update not a training, when a program called Voucher was being created.

I: Voucher?

R: Yes, voucher services we did updates in Kisumu in the year 2017.

I: Okay.

R: Yes.

I: What did the training entail?

R: The training entails more about the service provisions and the counselling part of it and the legal part, there are only three major parts, the legal part, the counseling and the service provision. So those are the main entities, so if I may expound a bit, training was only capturing about counselling on how you can go about talking to a young girl advising her, teaching her about contraceptive method and also helping her to understand deeper so that she can make informed choice of which choice she wants. Not you guiding her to take a particular service which maybe the client does not want. And then the legal part was just talking about the recording, the legality of recording of the document and in

any case if there is need of a consent and there is consent which must be filled before any service is done, and I think we have been doing that. And then the last one was service provision, which we talked about with different types of services offered under reproductive health that is IUCD, Jadelle, NXT, oral, contraceptives and emergency pills.

I: Okay.

R: Yes.

I: Okay thank you. Now that you've introduced the services offered, would you kindly help me know the kind of services you offer to adolescents as a service provider?

R: In Apida medical center?

I: Yeah.

R: Yes, we normally offer quite a number of services. We normally go beyond what Triggerise brings because one we major on the contraceptive services that is IUCD, the Jadelle, NXT, Depo, oral pills and maybe the emergency pills but we normally go beyond those services. At a time a client may come, the adolescents, you realize that adolescent is having urinary tract infection or sexually transmitted infection. Most of them we treat free of charge because we were looking into a way that the Triggerise are reimbursing something and if maybe we get a commodity free from the Amua we see there is no need

of charging the adolescents and maybe they cannot afford. And we also do for them SAC, do you know SAC?

I: No, I don't kindly help me know.

R: Safe abortion care. Safe abortion care, like me I normally do it, yeah, I do it for them at a discounted rate, maybe if a given gestation may cost 4000, I do at a half, 2000. If it is five, twenty-five, if it is three, fifteen hundred.

I: Okay.

R: We also do other services for example when adolescents come for a service you find that adolescent is having malaria, something like malaria. We normally take care of that one we don't leave them and also when we go for an outreach, we go for an outreach like me service provider and director of hospital I normally buy soft drinks because I know the Triggerise will reimburse me.

I: Okay.

R: Yeah, I also offer the services of transport to some extent because you find maybe you were in an outreach, you've done a service and then the commodity maybe gets finished. So I book them, I tell them you will come to the clinic on such and such a date, like that I normally book them then they come. So we pay maybe motorbike maybe thirty or fifty weekend every client to some extent. So we do a lot of services, we integrate.

I: Thank you. When you go for outreaches, you said commodity sometimes gets finished. Like what do you carry with you when going to these outreaches, which commodities?

R: We carry, not alone commodities we also carry equipment.

I: Okay like.

R: We carry pouch, I carry all the IUCD insertion kits, the Jadelle and NXT insertion kits, I also carry the safety box for disposing the used syringes and also carry the waste bins. And again, I go further carry all the commodities which I have, that is contraceptive commodities, which I may be having, yes.

I: Now what are the most sort after services in your facility?

R: The most served services.

I: I mean, yeah like which services do adolescents mostly, come for.

R: Adolescents like, majorly they like NXT.

I: What is that help me understand.

R: NXT is contraceptive method, which takes up to three years. It is being inserted on the upper arm, the left upper arm the nubile side, and it is easier to insert because it comes when it is loaded, it has everything inside. It has got the gadget, it has got the needle so the only thing is you inject to reduce the pain then you push it in. so they like it very much. As well as the Depo for three months. So the reason why

they like them we cannot understand so much but we normally counsel them on the whole methods but you realize that most of them land on the two, yes.

I: You just said you don't understand why they like these two methods, could you be knowing maybe you've heard them say or just talk somehow on why-

R: Yeah some speculations, it is a speculation.

I: Yeah some speculations on why they like these methods?

R: That it does not take time, it is not very painful unlike maybe Jadelle which you will insert one, you put another one then you also insert another one and also it takes higher number of days. Like the Jadelle takes five years, the IUCD takes ten years. So I think they are just going for this because it is just maybe a peer or they know it is going faster.

I: Okay.

R: Because most of them you will find the other one telling a colleague that you know I've gone there it has taken around two minutes and I am done, in fact it is the best. So they are advising one another.

I: Okay, I get.

R: Yes but I think those are myths. They just like them due to peer and maybe the quickest way of putting it.

I: Maybe it's user friendly or something.

R: Yes, it is now friendly, time friendly so that nobody will see them they are coming from a service.

I: **Okay, thank you. Now would you kindly describe the experience with the ITH platform?**

R: Experience?

I: **Yeah with the ITH platform.**

R: Yeah, I think my experience with ITH platform is good in fact it is okay. To some extent, we may be having challenges; we may also having some good things. The experience I have with ITH one it is more strict than the former one, which we used to do voucher, they are very strict. Two they also need quality data, the quality data which means that there is no way you can cook your data like the other voucher people were reporting cooked data when we were in a meeting.

I: **Okay.**

R: Even me the way I am seeing it because I have been in Amua for more than ten years, the way I am seeing it, it is good. It blocks some people, when somebody wants to do one thing, which is bad it will not happen, because a client once given a card outside they must take the picture then the client will also come, we will also take a picture during service. So there is no day you will cook and write a data, which is not there. And another one, which is also good, they reimburse on time. If they say a give duration, they will do it, not

like the voucher, which you may be waiting for two months or maybe a half a month. But to some extent, they also have their challenges that we have very few cards. Like last month, I had several people because the school was closed, so you know I did services and there were no cards. To some extent they are really frustration us because the whole of Rachuonyo North it is only Apida and the whole, you know what is in Rachuonyo North. Rachuonyo North is near the lake, there are a lot of NGOs running programs of the youths and these people are meeting almost every weekend there must be dream girl meeting somewhere, the dream girl coordinator will call us, bring for us the services, I have some few who need the services. So you know to some extent you are being called on a weekend, there is no card you have the commodities. So how can you go and do a free service? You drive, you take your CHV you buy lunch then there are no cards for redemption. So that is one of the challenges and we are also advising if you may get in touch with them they may increase the number of cards to some given facilities based on the numbers. That one I can even say when the County program office is there because if they check the register they will find that I do a lot of services, yes.

I: Okay. Now on a case where you are called for outreaches and you don't have enough cards, what do you do?

R: If I don't have enough I decline, I don't go because there is no way I am going to get reimbursed, yes. I have a vehicle I have to drive, I have to go and borrow commodities maybe in MOH facilities because I am also working in MOH to some extent. So that I go and even up to Kabondo or Rachuonyo South or maybe Rangwe, you know you will be driving. We will go and look for these people and also mobilizer I will have to pay for them maybe the motorbike or I will go along with others. So at a time we normally tell them to wait for a later day when the cards are not there.

I: Okay, now you said, unlike something else ITH is strict. What do you mean by saying strict?

R: I think I explained it. One they are strict in a way that they don't need things that are not tallying, as in, the system must tally with what is in the register.

I: Okay, I just needed us to capture that in this. So there is the use of the mobile platform, how is it? I mean how do you use it or how do you see it or what's your opinion on using the mobile platform?

R: I think I may encourage using the mobile platform because to some extent it help us card those who are faking the data. Yes, with me I encourage it.

I: Have you been using it? Is it a platform that you have been using?

R: Yes.

I: **Okay please explain to me a bit how you have been doing this.**

R: How I have been doing it, you know I can only explain on my side like a service provider.

I: **Exactly, that is what I need.**

R: The way I have been using it the client, like the former one the client was coming, the client, there were two the client which was-

I: **You are saying the former one, the former what.**

R: The former, you know it was changed a bit.

I: **What was changed?**

R: The platform.

I: **Okay.**

R: Formally we used, the mobilizers used to take picture only, we were not taking pictures at the facility. So they changed it so that when the mobilizer takes a picture in the field you or the service provider also takes the picture, you see. So it was changed, that is somewhere as from March, it was something which was changed from the new financial year. And formally, we used to have ladies who doesn't have phones coming with cards only, they were only issued with cards then you scan the cards using your phone. The service provider will scan for you. Nowadays it is a bit changed because

nowadays they work with the phones; it is phones in the community and the phones at the facility.

I: Okay, you as a service provider please take me through the stages; how you use your phone, just help me understand a little better. Or why you use the mobile platform.

R: The clients are being referred to facility, after getting the client you do the counselling, you make the clients choose the service they want, after choosing they do the service after doing the service you scan the card, as in there is an app for the Triggerise. So you go to that app there is a place of the name then you go to the camera, the card, then you scan the card it will bring the picture of the client who was there and then it will write accepted you see. After that, the Tiko Mile point will reflect in your message.

I: Okay, thank you. Is it something that is easy to navigate or are there any problems using it?

R: There is no problem.

I: Okay thank you. Now how has the project influenced the way you provide services to adolescents and you as a provider.

R: It has made us to increase the number of uptake, yeah.

I: Say more.

R: Yeah it has made us to increase the number of uptake because mostly you find these adolescents they don't have cash to get these services. So being that it is being offered for free

they rush for it. And again after getting the service, the Triggerise also give them some Tiko Miles, to mean they also go to the shop and get even a soda, chips or maybe if the Tiko Miles is enough to take something more than that they can still do it. So I think it has made us to include the uptake. And also on our side it has made us to do one two three in the facility.

I: Like.

R: Like improvement, you buy more drugs, you can do some repair because they are reimbursing.

I: Okay thank you. Now you talked about some challenges, are there any other challenges that you would wish to say that you've noticed since the introduction of ITH rather than the cards and what you've talked about.

R: No, we don't have much challenges in this service provision it is only the cards. No the challenge that we may also talk about is commodity but I should not talk much on that because we are being reimbursed, yes, but again we get we get low commodities. By the way since Triggerise started there are more people nowadays they don't supply the commodities, it is us to look for them. It is either we buy in the pharmacy; we borrow from a nearby facility or a sub-county. But mostly we buy.

I: So what happens when you borrow? Do you borrow to refund or to?

R: No when we borrow, it happened like in a place where I am working I can be given. I'll only fill S11 form because we normally even give them the report.

I: Okay.

R: Yes.

I: Okay, anything else you want to say about that.

R: About borrowing or?

I: About the challenges.

R: The challenges, the challenges anything I may say I may only request you to talk to them so that they can improve on the cards supply. That is only matter I don't see anything I can talk about, and also and the last one, which I was almost forgetting I may request them to take us even for a two days update on contraceptives.

I: Okay.

R: I think it is a very key thing because since we went for the training of family planning it was 2016 early, no 2015 early. That is when last they took us for a training over three days, since then there have been a lot of changes. One the NXT replaced implants and even quite a number of people have got challenges, and so far, there is a Depo coming, which is not familiar to what we are using now. That one the client cannot

use it at home, yeah I was told yesterday by the Marie stopes drug retailer that there is a Depo coming and also at the government level they had a meeting with the reproductive health coordinator he told us there is a Depo, which is coming. So the program it is good. It is being run well but they should also consider the trainings so that we get to do the right thing. And that is the reason why somebody cannot tell you that now I want to take you for a competent test, you know like me I will reject it because since they took us for that training it has taken quite long. Because there are so many challenge, like now if you ask me about the NXT, which is the new one, I have never been trained directly with maybe their body but I went for OJT. Do you know OJT?

I: No.

R: On job training, you tell somebody I want to see how you put it, just a colleague, I want to see how you put it, how is it. You ask for one day tomorrow you go start putting it. So I think they should organize even for just a week for training for only three days so that we can understand more what we are doing.

I: Okay. How have the preferences of adolescent service users and health care providers been influenced or changed as a result of this program?

R: The preferences of?

I: The preference of adolescents and the healthcare providers, that is you, been influenced as a result of this program.

R: I think we talked about that one, the preference of type of contraceptive methods, I think that's what you are asking.

I: Yeah.

R: Which one they prefer, what. I think most of them choose, I think a half, if I may talk a half of them choose perfectly but a half is being driven by influence.

I: Okay when you say chose perfectly what does that mean?

R: They chose according to how you counselled them.

I: Okay. Now how does your facility and colleagues support adolescent girls seeking the SRH services in your facility?

R: I think we also talked about that. We have extra support from that.

I: From where?

R: The services, we've talked about what we do for them outside the, I think we talked about that.

I: Just say more tell me more.

R: I just repeat it.

I: Yeah, say more like apart from the outreaches and the stuff we've talked about just say more.

R: Yeah if we leave alone, you asked me how we-

I: How you support.

R: How we support the adolescents in getting the services.

I: Yeah.

R: One of them, we normally give them incentives like soft drinks, two the transport at a time I normally provide. Three I offer some free services to them, apart from these, I told you treating of STI, urinary tract infections, unsubsidized SAC services that is safe abortion care, yes.

I: So would you say that sometimes you may have something like alter your opening and closing hours in support of the adolescents or something?

R: Yes, yes.

I: Say more.

R: we normally work maybe until around 9.00 pm because others they find it better they come after school, so we extend the duration of working hours. Normally we close at 7.00 but to some extent you find adolescents come and tell you that I am going to school, I'll come for the services at 6.00 or 6.30. So they come very late at night, I know maybe because of those stigmas, and they are coming when they are very few people. So we open until late. We normally open at 6.00 also others who normally take their service when they are going to school. But when they are in uniform, we don't normally do the services that is why we normally book them in the evening. So they come home, they change then they come to facility.

I: Okay and do you have something like a waiting room for them or some room set aside specifically for the adolescents.

R: Yes, there is a room.

I: Okay.

R: Yes, they used to be sitting here, there is TV inside the next room, I used to put TV here but due to some leakage here I removed I and placed it in the other room. I used to put them for TV here, they come and sit here, no the next room I forgot. The upper room, I used to put them the TV there they watch, they entertain themselves when they are waiting for the services.

I: Okay thank you. So how has participation in ITH influenced quality of care of SRH services for adolescents in your facility?

R: That one is leading direct to finance which we get from the services we offer. So the money we are getting it can help us to buy things, which we don't have for the quality care. Like I bought the auto play, the auto play for sterilization, I bought the extra insertion kits, I also placed the tiles I think you can now see the houses are neat. All round I think I also added enough commodities for them and also bought extra drugs for SI and UTI.

I: Okay thank you. Now based your experience working on SRH issues in the community, what would you say is the facilitator of adolescents accessing the services.

R: The major facilitator is the incentives they are getting. Like most of them when they are told the service is free and then you are going to eat chips, they come for it. And also again they take information from their previous colleagues who already gotten the service. So I think that one is also facilitating and also again we also have good mobilizers who are having a lot of experience and they know what to do so that the clients can comply and come. I think we have the three things, which is helping us.

I: You talked about incentives like when you go for these things you tell them if they come, they'll get chips or soda or something like that. Where do you categorize or would you categorize the points, they earn as part of that.

R: Yes.

I: Say more on the points they get as an incentive.

R: You know the points they get I am not that much aware because the points they get is majorly related to the mobilizer. You know they are being trained on those, so I don't know much about the points but what I heard them that after the service, they will go to the gynae shop and they will eat chips or drink soda. On top of what I may do if adolescents come from

very far, others reach here when they are very thirsty. I normally tell the service providers who is there or when I am there I just send one of the staff to go to the shop and bring a soda for the adolescents.

I: Okay.

R: Yes because I am comparing, suppose I am going to put the Jadelles, the Jadelles we are reimbursed 500, so if I take a soda of fifty shillings and maybe two *mandazis* of ten shillings because it is five five, that is sixty. And maybe the commodity I borrowed it free of charge, I will still get 400. So that is why at a time I just narrow down what I am getting so that I can get the number. And when she is coming back she is going to come with other colleague that you know I went there I was did service free, I was bought some soda and the points I got in the phone I also went and get some chips and maybe a soda somewhere. So they get to like such things. So you get one client they go and bring another two, these two also go and bring others, so they continue bringing.

I: Okay. And what would you say are the barriers of them accessing the SRH services?

R: The major barrier is what is called stigmatization.

I: Stigmatization.

R: Yes, others still feel they are young, others also feel they are afraid. They are saying people are going to see me going

out and they will automatically know that I am engaging in sex, so you find they have a lot of challenges but we normally find a way of removing all those barriers.

I: So like in such cases what do you normally do to remove the barriers that you are saying.

R: What I normally do on such, I normally like when I realize the client is having such barrier I normally invite the two. The parent and the clients, and that is where I told you I do isolated counseling. I do to the parent first and then the client, so that by the time we are finishing I put them together and then we will talk as one so that they understand that thing is not only done with married people but is done for even safety. Because you may even be raped somewhere it will prevent pregnancy so you will only take PEP so you will not go for emergency.

I: Okay.

R: Yes.

I: Okay, now other than the things you've mentioned as challenges dealing with adolescents, are there any misconceptions or would you help me understand the misconceptions around this other than what you've talked about.

R: Misconception in the-

I: About SRH services.

R: Yes, the misconceptions are there. One of them, most of them, half of the number have got some misconception about the reproductive health services. Others think that thing is being done to people who are married, others also talk about myths in their family that maybe if you are inserted the IUD it will disappear. Others say if you are given, Depo you will grow thin or very far you see; others also say that if you are given either Jadelle or NXT it will disappear in the tissues. So there are a lot of misconceptions but we normally overcome them by counselling and making to understand how these things are.

I: **Okay.**

R: Yes.

I: **Okay, so what feedback about your facility have you received from adolescents to the ITH platform.**

R: The feedback?

I: **Yeah.**

R: Feedback on services or?

I: **General feedback concerning ITH.**

R: Yeah most of them around 80% are happy about the Triggerise, they are very happy because they are appreciating that there is no cost for doing a service unlike later days they used to part with a lot of money. So nowadays they are appreciating that the Triggerise has brought a good thing, they don't pay

for the services, the services that they take near to them or we take the services to their doorsteps like in the places where they are meeting and they also get some incentives. So they are appreciating the services and others even wish that maybe that thing expires fast they come again.

I: Okay, so how has the feedback provided influenced the way you deal with adolescents.

R: Yeah it has helped me to understand that if they think they like it I should now be more friendly so that I can get more. Because I find somebody appreciating a body Triggerise are doing and the services we are doing, so it makes me bring them closer so that they can understand more about, at a time they just come, those who already had services for just counselling. You will even find them sitting here they are just talking, they are asking questions then they go back.

I: Okay.

R: Yes.

I: Okay thank you. Now how can you be supported and by whom to help you improve SRH services provision to adolescents. I know you talked about the cards is there anything.

R: I can only talk about the commodities.

I: Kindly say more.

R: I can only request that if I may be getting a commodity, not that I am being supported fully just a buffer, maybe half of what I require then I will just be safe.

I: Commodities?

R: Like NXT and Jadelle. I think if I may be getting I'll be much safer, that is what I may request apart from the cards.

I: Okay.

R: Yes.

I: What do you think should be done to offer you this support?

R: I think the Triggerise should offer the support.

I: Okay. Is there anything you can say about reimbursement or incentives for the clinic or for the girls?

R: For the girls I cannot talk about but on my side, I think something like Depo for three months they should look into it, and even the pills. Because I may just say that a Depo is coming now, the Marie stopes sale is at seventy shillings, then all that thing you do counselling, you do the service provision maybe you provide a soda then reimbursement will be a hundred shillings. Depo they normally do a reimbursement of a hundred, Depo and oral pills. So we normally have a challenge with Depo because Depo at a time Depo is not even in the stock you buy it at the shops at eighty shillings for one or at seventy. So I may only request that if there may be

any changes in the reimbursement then they should consider the Depo. Maybe to be 200 shillings, yes.

I: Okay and you talked about trainings, who do you think should be the one supporting you with this?

R: The Amua.

I: Okay.

R: The Amua should be supporting on training because they are the major major franchise. You know we normally say we are being franchised by the Amua, not by the Triggerise. Triggerise has just come to implement what they are supposed to be doing. So the training should come from the Amua because they have an expertise. You know in Triggerise we have people who does not even know what is a pill, what is Jadelle, what is it? But they are working. That is what I have learnt that most of these people working with at Triggerise they are not health-oriented people you see? But with Amua, most of them are health-oriented people and they know what is contraceptives. And the training should come from them direct because they are also the people who we are signing the contract with and also having a link with the counties and the sub counties.

I: Okay.

R: Yes.

I: Okay thank you, just two more questions. Now I would like to discuss about some specific situations that you may encounter with clients who come to your facility for services. Let's talk about this young woman who has come to see you, she is alone and appears to be about nineteen years old-

R: A young woman.

I: Yeah.

R: Young lady.

I: Yeah, who is nineteen years old who has come to see you in the clinic, the young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child soon; she has never used contraceptives before because her husband is opposed to her using contraceptives. What would you want to know about this young woman in order to help her?

R: What I would want to know, I think that is a very good question because I have met such cases before more than once, yes. I even got one in Seka where we normally go for outreach where a lady was being sent away because of that and I think I intervened and assisted the situation. In such cases we normally call for both, I think the lady should not come alone, although the lady is having all the rights according to age. Right to choose whichever reproductive health and to do. But to some extent, we look at the impact of what you

want to do, to some extent. According to me I, many counsel the lady I do the service I leave the lady to go home. But at a time, we look at the impact you see? So the thing, which I normally do mostly on such cases I call the husband, I counsel the husband on the importance of the mother helping the child to grow bigger. The importance of breastfeeding, the importance of regaining of the integrity of the uterus and the importance of making the man to understand that there should be child spacing for better academic...for education. You see. So I normally counsel them, by the way I have met several but I have managed all of them, there is nothing I have referred. So I there I normally bring health related issues to the woman and to the child. The child we will talk about the malnutrition, because when the mother will be pregnant again she will not be able to breast feed, she will not be able to take care of this child well you see. And what I will tell the man about the health status of the mother that the mother also needs time. And at times, we normally interject things, which are not there so that they can understand. In health, there is somethings, which you can interject during counselling to save the situation. So that is what I normally do and we normally find the man normally comply and they normally give a duration, that even if you want to do it why don't you do it for only one year you see?

Now they normally you know, I normally make them the head of the house so that I can pick all their views. So after pouring all their views I normally advise them that this one it is one year is there, three months is there and daily one month is there which is oral pills. So I normally tell them that you know this one from here, maybe from Depo going backwards may have not been best for the mother but let the mother come so that you can choose together. And that one you know finds me after already I have talked to the lady and we have counselled and the lady has chosen maybe the long term, so now when the lady comes they will land on what the lady was in need of. So that is what I normally do. Kindly for a minute I have a call from the Ministry of Health Homa-bay County.

I: Sorry so for this young girl whom we have talked about, which contraceptive method would you think is best for her?

R: So with me, I will not think but the client will think and give me, what I will do, I will do the general counseling. So long as I will be able to talk to the man and bring the man on board to understand the importance and the health matters of this reproductive health, I will make them know that this thing may affect either the mother or the child if the service is not taken.

I: Okay, you said you just have many scenarios of such. Would you please take me through one of the scenarios you just had and how you handled it.

R: Yes, I wanted to talk to you one, there was one in Seka; it was 2017 when we were doing what is called voucher.

I: Is there a more recent one than 2017?

R: There is a recent one, which I handled just recently but not here, but I referred her for the services. There was a case in Kendu-bay, the sub-county hospital which was referred to me. They called me, I invited the lady and the lady gave me the side of the story. The child is eight months and the husband refused completely that the lady should not use contraceptives, so the lady came and asked me which contraceptive can you put for me so that my husband cannot know. So I told the lady, the lady is around eighteen years, so I told the lady you cannot say I put for you something so that your husband may not know, maybe your husband is conversant with all these things. You don't know where your husband grew, maybe somehow he is a health professional and he knows. So what I want to do kindly help me with your husband's number you see. So after giving me the phone number I booked them, I told them I am so and so, I come from Apida, I am working in a given place and I wanted to see you together with madam on some issues. So when they came I start with the

man, that was this year January. So I started with the husband, so I talked to the husband, I introduced myself, I talked to the husband and I asked the husband about the issue of the madam. So I was like reporting the madam to him so that I can get more about... I normally behave as if madam came here for a family planning. What is your say or what is your take. so I normally leave it open so that he can pour everything out so after that now I bring the man on the health issues. I brought the man on the health related issues because what I also learnt is that both of them were on care HIV positive. so I brought the man on board and I told the man that as much as you are wishing that your wife does not put all these things, to some extent we need to argue together. Because I am talking to you at least I have done some health at least I know where I can help you, so that you are the person calling madam so that she can choose among what she wants. So we talked to the husband and I told him that you know yours status very well and the child is still on PCR, the child was about to go for the ninth month test to confirm. The child was on Septrin, he was taking Septrin for prophylaxis. So I told the husband that when the wife doesn't take all these methods she is going to conceive, so after conceiving there will be a different challenge because one the child will lack milk. The child will not be able to take

food well, then I went to the mother, I told the mother due to the condition which she is maybe the uterus has not regained the utility and also the health status is also still down and also she lost a lot of blood during delivery. Why don't you have this thing maybe for one or two or three years so that when you see the body is now becoming well you can bring her back so that I can remove these things you see? That is what I was talking to the husband and then he said I see you are now talking the point, it is something which you can remove? I told him yes I can remove and if you want the baby, you will get within that month. He said that is now good, I have now gotten the right person, now bring the baby I want you to listen carefully what she wants then you will tell you. Now I convinced the husband it was this year, this year January. So that is what I did and I helped all of them and they are now living happily, they are here at Seka.

I: Okay, nice thank you. That is now a second one here, let me just give you a second scenario. There is this girl who appears to be fifteen years and she comes to you, she is alone. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school, she has never used contraceptives before. What would you want to know about this girl in order to help her? She is fifteen, she is alone, she is in school, and she has never used

contraceptives. What would you want to know about her in order to help her?

R: One I will need to know about the menstrual cycle, two I will know that exact age because others say fifteen and they are thirteen or fourteen, so I will have to know the exact age and date of birth. And also I will also have to know the caregivers, the parents if they are also there they are aware, and also what I may need also to know is you know they normally say they have never been in sexual relationship but that one I will have to talk more so that they may tell me the truth. Somebody who have just walked in for a service there are some things which if you bring they may tell you the truth but if you say, you know you may only say for example that you say you have never behaved in sex before but why do you want to get this contraceptive? Do you know that this thing may spoil you if it is put on you if you have never engaged in sex? And then they will come out and say. I may say that so that I can dig something out of that adolescent so that I can get the right thing.

I: Okay.

R: Yes.

I: Okay, so what would you tell her about contraceptives?

R: I will just guide her and counsel her on both the types of contraceptives. Their advantages and disadvantages, yes and

on how the durations and how to use them and who is involved and the consent.

I: Okay.

R: Yes.

I: Now what contraceptive method do you think is best for this fifteen year old?

R: I may not say I think because they will have to choose. Because even a fifteen year old may decide to need IUD, we can cannot refuse to give IUD after she has accepted and also the parents also accepted that's what they want. The only thing I will only give them the consent, they fill then we just insert.

I: Okay.

R: Yes.

I: Now do you see clients of this kind in your daily operations?

R: I see most of them in that kind but most of them are sexually active and they have boyfriends. And also, they don't have difficulty in choosing after counselling.

I: Is there a scenario you recently met of that kind?

R: I met with so many.

I: Would you kindly give me a recent scenario, a very recent one.

R: A recent scenario, there was a fifteen year old lady who just walked in here. Was if fifteen? Fifteen and a half years but

that one I told you was sexually active, she told me she is in class eight, she is fifteen and a half years, she is having a boyfriend and she fears that she is going to be pregnant soon. So she asked me how can I help, so I told her there is a good smart service that we offer here. So what I want you to do, before we talk much kindly go and talk to the mobilizer. So I asked are you comfortable with this person or this person, so she told me I am comfortable with this, kindly go and talk to her because she is around, go and talk. Even she was having a phone, so she left her contact. So she went and talked to the mobilizer, so the mobilizer counselled her, told her about all these things then the lady came back with the card and then I did the service.

I: Okay thank you. That marks the end of my discussion with you unless you have questions regarding the discussion we just had.

R: Not really, I think I only appreciate you over guiding questions and also reminding us of the challenges that we have met during the services.

I: Okay, all right thank you so much for your time. Your opinions or views are going to be of much importance in the evaluation process so I appreciate your time.

R: Thank you very much and welcome.

I: Thank you

[End of audio]

Notes

The interview is audible. All questions asked with relevant probes.

File name: ITHR2_SP_HB_HOMA BAY TOWN_P. URBAN_OGANDE CLINIC_190506

Duration: 00:41:53

I: This is Agneta, doing a service provider interview, IDI in Homabay County and this is interview one. Yes, so to begin, we are beginning with question one; I just want you to tell me about your work and experience as a service provider in this facility.

R: Okay, my work as a service provider in this facility, I am a nurse, I do offer various services including the family planning services, experience-wise, I have around six years of experience with the work am doing now.

I: Okay, so in ITH what is your role or what do you consider is your role in this ITH program?

R: In the ITH program I am a service provider.

I: So what exactly, can you please describe your experience in the platform, in this program how it has been?

R: It has been good working with the ITH program because it offers opportunity for girls to receive the family planning services free of charge and at convenient time

for them 9mostly when the schools are closed or when they are on half terms they can easily reach and get the services through the ITH program.

I: Right, so in that, just like you have said, what exactly do you do, what is your role as pertaining to ITH?

R: As pertaining to ITH I do counseling and I provide the services as in give the family planning services to the girls.

I: What else?

R: Apart from giving the...its counseling and giving the family planning.

I: Okay, so please describe your experience with adolescents' sexual reproductive health services, how has it been...you have talked a little bit about it but I just need a little bit of your experience dealing with the adolescents.

R: Okay dealing with the adolescents has been a good experience; they open up when you are free with them and when they find that good platform for representing themselves or bringing up their views. When you talk to them they really open up, yeah, at their convenient time not when everybody is around of course.

I: Okay, how about your training on adolescent sexual reproductive health, please tell me the kind of training

you have received on adolescent sexual reproductive health.

R: No specific training, just general knowledge from school and the working experience but no specific training on adolescent fp.

I: **Okay, so I just want to know as well, what services does the clinic provide to adolescents?**

R: Apart from the family planning?

I: **Yeah, maybe you talked of family planning, right, is there any other service specific to the adolescents?**

R: Yeah, we have HIV testing and counseling, we have the antenatal, we have the VMMC for the male and then we have the CCC part of it, those who are on care and treatment, yeah; delivery for adolescents they come here, we do offer delivery; the inpatient services, the outpatient services.

I: **Okay, and what are the most sought for services by adolescents?**

R: Currently in our facility it's the family planning and the VMMC.

I: **That is the most sought services by adolescents?**

R: Yeah.

I: **Any other thing apart from that one?**

R: No.

I: So back to ITH, please describe your experience with ITH platform. The mobile system.

R: The mobile system to mean?

I: ITH has a mobile system, yeah, where you could be getting information, so as a service provider in the ITH program, I would love to get your experience of how you have been interacting with this particular platform.

R: As a mobile platform, okay me I offer the services at a static point, I don't do the mobile thing, it is rare we go for outreaches because currently am one staff so mostly the services I provide are static not mobile.

I: So there is nothing that you have engaged say in a platform mobile sort of system by ITH?

R: No, I think that will come to the mobilizers because they are the ones who mobilize, they bring me clients within the facility so me I do static. They mobilize from the community they bring clients to the facility, I don't move to the community to get the clients.

I: So there is no mobile platform or mobile interactions that you have had?

R: No.

I: Okay, now how has the project influenced the way you provide services to adolescents as a service provider?

How has ITH influenced the way you provide services to adolescents?

R: It has influenced my way of providing services in that previously before the program started I had fewer clients but since the program was enrolled, the clients have been many and with the increased number of course there is that increased gaining experience the way you handle different people, you get to learn different experiences.

I: So I would like to, that "how" bit of it that is what I want to know; how you have been doing, how you have been providing the services; probably just try and compare before the ITH and now that it's there, so how have you been doing, how has it influenced the way you provide service to the adolescents?

R: Okay, with the enrolment of the ITH program, the client flow and the way they are treated has become more different compared to previously. Previously we used to charge clients for the services, currently we don't charge them, and they come for free. Then previously the flow was not that much but currently they are coming, yeah, as in there is increased number. So you find that when you are dealing with a higher number compared to

the previous flow, you have to improve on your services and try to be faster and quick.

I: Okay, I would have loved to know more, improving the service or rather how you have improved the service provision.

R: Currently when they come, we have that client form, they come through triage of course being brought by the mobilizers, taken then vitals, they come to me we do the counseling, after the counseling they sign the consent, I offer the services, after that we register them through that ITH program then we give them the return date.

I: Okay, what are the most common questions that you get from adolescents regarding ITH?

R: Regarding ITH?

I: Eeh [affirmative]

R: It is a challenge; mostly about the cards, what will this card help me with...will it...

I: Which cards are you saying?

R: The ITH cards, yeah. How will it help, what can I get with it, how long will it help me access the services, yeah, such questions.

I: Those are the most common questions?

R: Yeah, yeah.

I: And you've talked about some changes since the introduction of ITH; maybe you just need to be clearer on the changes you have noticed since the introduction of ITH.

R: The changes as in I've talked of the different...of a different flow of clients within the facility.

I: What else?

R: That increased number...

I: Okay, so there is an increased number.

R: Yeah.

I: That is a change that you've noticed by introduction of ITH.

R: Yeah.

I: So I just need to know if there is any other change that you as a service provider have noticed.

R: Okay another thing I've seen with the girls, they try to probe more about the services when one goes to the community says I was given this free, some come without being brought by the mobilizers which initially was not happening, it was like they feared so when we shared with those who came about the free services, they go influence others, some come by themselves without being brought by the mobilizers.

I: Okay, now how have the preference of the adolescent service users and the healthcare providers been influenced or changed as a result of this program? The preference of service; how has this program really influenced or changed as a result of this ITH?

R: The preference...okay the ITH program we encourage the long term family planning options, so you find with free offering of the services, most of the clients nowadays prefer the long term family planning methods as compared to short term.

I: Okay and how does your facility or colleagues support adolescents that are seeking the sexual reproductive health services?

R: Facilities...repeat the question...

I: How does your facility or colleagues support the girls that are seeking services or rather what are the measures that your facility takes or your colleagues take to make SRH services accessible to the adolescents?

R: Okay, the first thing we do, we give them priority when they come for the services as in we don't let them queue, so we do the youth friendly services. Then another thing, we offer the weekend services mostly on Saturdays and that is specifically for them, in order to get them, you find that during the weekdays they go to school most of

them. The only time they can get is over the weekend and maybe overtime. So sometimes I am forced to extend my time working hours to past four, to around five, six when the queue is not that long.

I: How about something on their consultation room for them?

R: We don't have a specific room for them, we are lacking enough rooms; so we just used the ones we have but the modalities is what we change, giving the priorities, scheduling during off hours or weekends, that is how we do it, but we don't have specific room for them specifically.

I: Okay, and how about waiting, do they, how long do they wait for, something of that sort?

R: It depends with the number, when they are many...one girl you can take approximately thirty minutes.

I: Okay, now how has participation in ITH influenced the quality of care of sexual reproductive health for the adolescents in this facility?

R: It has influenced the package of adolescent care by giving them the chance to access the services for free which most of them can't afford, then they also get the services when they have the time, they can easily access it.

I: Okay, so just something on the quality, how has this program influenced the quality of the service they get from this facility?

R: The quality?

I: Yes.

R: It influence the quality by, one, the motivation given to the service provider give them the opportunity to offer quality services and taking time with these adolescents.

I: So you've talked of time, right, so time has influenced how you provide the services, so I need something to do with; you have talked of time has influenced your quality, so what other thing has changed since ITH that propels the quality of services you give?

R: Another thing the funds we receive as service providers for the facility has enhanced us purchasing other things that we might need during the provision of services, like previously we didn't have the place where do insert the implants and the IUCDs, we purchased the curtains with the amount we received from the ITH program, the beds we didn't have a quality mackintosh, currently we have we've purchased then the instruments are also improved, so the funding has assisted.

I: Okay, now based on your experience working on SRH issues in this community, what would you say are barriers or facilitators for the adolescent to access the service?

R: Barriers?

I: Eeh. [affirmative]

R: Majorly it was fear then myths and misconceptions, some say when you begin the family planning method early you won't be able to get babies some say when you attend the family planning services you will have babies with deformities, there are so many myths.

I: And those are basically barriers, could there be any facilitators, things that are making them come for the service?

R: That make them come?

I: Eeh [affirmative].

R: Apart from mobilization and the need for the family planning, any other thing I can't tell.

I: Okay, and what are some of the mechanisms you and your facility have used or probably are already using or you could use to support adolescents to overcome some of the barriers you have mentioned, say the myths and then the misconceptions; what are you doing or what have you done before?

R: Okay what we've been doing, we have some programs like the dream program for young girls, they normally come for their meetings in the facility, when they come we get the chance to talk with them about issues related with reproductive health including family planning to address the myths, yah, that is basically what we do. Then another thing we are planning to do is to involve the schools around on issues of family planning or reproductive health related issues and talk to them through the principal and be able to access those students in schools and talk to them, give them the information.

I: So are you planning to give this as a form of training or talk, how are you involving the schools, how are you planning to involve the schools?

R: In form of health talks to the schools, so from there they can be encouraged to come for the services after getting that knowledge.

I: Any other thing that you would want to use or you would want to do?

R: Okay, we were planning to have some clinics on Sundays because currently we don't, we only provide the services over Saturdays and overtime, yeah. So you find that some girls go to church on Saturday, they only get time on

Sunday, so those complaints we were trying to discuss if we can get time to come. The major challenge is the staffing, with one staff you can't be able to do that Monday, Sunday, Monday, Sunday, can't work all alone. It is really a challenge.

I: Okay, now, in dealing with adolescent sexual reproductive health issues, what are some of the challenges you are facing or the facility? You've already...you are already talking about them, so what are some of the challenges that you face in dealing with adolescent sexual reproductive issues?

R: Okay, the major one I've talked about is understaffing, you can't get ample time when you are alone for these girls. Another thing is about the myths, you find that a girl is willing to come for the services but the parents are against it, so it comes with issues of consent. They'll come willingly and they'll give you the consent, the next day you see them with a parent; remove the implant.

I: Okay, so you have talked of some myths; you talked of the myth of not being able to get babies, so apart from the ones that you have talked about, what other myths do the adolescents have about these products, SRH products?

R: The one of getting babies with deformities, I talked about that.

I: **Yes, you talked about that.**

R: Then the others are related to the side effects, what, you will over-bleed, you will become anemic, you will get thin or you will get obese.

I: **Okay, so what are some of the ways that you have tried to mitigate the challenge, say the ones say for example the one on the misconception of over-bleeding, the misconception of having children with deformities, how have you been mitigating the challenge?**

R: It is only through health talks and talking with them then through experience.

I: **Okay, that's all you have been doing to mitigate that?**

R: Yeah.

I: **Maybe just something, has it been working or has it helped solve the misconception?**

R: Not really, some, depends with an individual and an individual's understanding, there is someone you will talk to, they will understand you after explaining but some will still believe so you can't, it is something in their mind you can't get it out of their mind, maybe someone saw a baby with a defect and they believed it was family planning, how will you alleviate that; you'll

try to convince them otherwise but that will still stick in their mind.

I: So does it mean the talks have not really helped or it has helped...

R: They have to some.

I: To some extent?

R: Yeah, to some extent.

I: But is it a bigger position of help or its still just..

R: It is a bigger part of help to them especially for those who are coming, teaching them when they are together, interacting with the, letting them ask questions and they learn from one another. But one on one it is really difficult to convince an individual.

I: Okay, now I just need some feedbacks about your facility, what feedback about your facility have you received from adolescents through the T-safe platform?

R: Feedback?

I: Yeah, in terms of say quality of the service they have been using, say in terms of waiting hours, what has been their feedback; what is the feedback from the adolescents?

R: Okay, the feedback is good, so far we don't have complaints on the matters of time and the services we offer, apart from few with the side effects, there are

no major complaints about the waiting time, the type of services they get.

I: Where you mean...feedback could be positive or negative, so I would like to know, if it is positive, what exactly do they say?

R: Okay, they say when they are mobilized especially over the weekends, it is time friendly and it is friendly for them in the sense that they will not come find a long queue like during the weekdays, they'll not be here with their parents in terms of privacy, it is private; when they come nobody will notice whether it is family planning they came for or not, yeah.

I: Okay, and how can you be supported and probably by whom to help improve the sexual reproductive health service provision to adolescents in this facility in your opinion?

R: In my opinion, the support I'll need first is a staff, currently we are understaffed. I am only one nurse and one clinician dealing with care and treatment. So I handle OPD, I handle the pregnant mothers, immunization, family planning, deliveries, I am overwhelmed in short. Like in April I had some girls, you sometimes have to turn them away and tell them to come back the following

day if they can. So that is the first thing I would like to get assistance from.

I: From who now?

R: Okay, I've talked the issue with the hospital committee which is the Anglican, the county, Homabay sub county team know the issue, I've talked with them, I don't know if the Amua can get a hand but I understand they don't employ in these further facilities so I can't recommend anything. But the hospital is aware, the sub county team is aware that the work is too much.

I: Okay, any other support?

R: Any other support we need is maybe if we can get someone to help us with a room for youth friendly team so that we deal with the youths separately, we don't have a common room for everybody.

I: Any idea of somebody or not necessarily an individual but...?

R: It is the Anglican Church which is supposed to do that but currently the funds; it is only the issue of funds.

I: Okay, any other thing that would help you improve this service provision?

R: Another thing that would help me improve the service is about the commodities, it is really hectic to get the FP commodities, it is very hard. Although the Amua team

sometimes bring theirs, but sometimes you will find you have shortage.

I: Okay, what else?

R: Apart from those three, maybe others I'll think about later but those are the common ones; to get the commodities, a room for the youths, a staff to assist, those are the major things.

I: Anything regarding the incentives, the TIKO miles?

R: The incentive TIKO miles, okay, it has been good, they have been organizing it well initially...currently, but initially there was somebody else who was involved with this program here, me I took over I think in November, yeah, so she was the one who was handling everything and there were some issues but it was solved. So far, so good, apart from the issues of the cards and the...

I: What issues on the cards?

R: The...you understand the cards we give the girls to redeem and buy something from the shop, we had issues with the shop but Esther solved it. Another thing about that is still, there is only one shop in this region, so if they can get many shops, it can help. Then another thing currently which I talked about the other side is about the mobilizers from end March...towards end March to April, I do offer the services for free but they have

the cards and they can't mobilize the girls to give them the cards to bring here because they are not in the system. So even the issue of validating the cards when they come it is on hold.

I: Okay, how about reimbursement process for the clinics or probably training, what else, what sort of support would you suggest in terms of reimbursement process to the clinic or in terms of training?

R: Personally I have never attended any training regarding this I think maybe the previous colleague did but since November to now we are in May, there is no formal training we've gone to, we don't have that platform where we raise our challenges as clinics, as in like the ones I am telling you with the mobilizers, just have to talk one on one with Esther who is in the office and I think it is hectic for her, asking her daily; I think we should have a formal platform for raising those issues regarding the reimbursement and the activation of the mobilizers and possibly recruiting more mobilizers.

I: Okay; now I just...we are almost finishing, I have two scenarios that I want to share with you and being an experienced provider, I would just like to discuss a specific situation with you that you may encounter or that you have encountered before and then maybe you could

share how you have been handling; now let's say a young woman has come to see you, she is alone, appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband. She has just had her first child one year ago and would not like to have another child so soon. So she never used contraceptive before because her husband is opposed to her using contraceptives. So that is my scenario. Now, what would you want to know about this young woman in order to help her?

R: In order to help her?

I: Mmm, what would you want to know about her after she has shared the scenario, so what would you want to know about her?

R: Okay, the first thing, I would like to know her person view towards family planning methods. The second one, I would like to know if the husband has any specific reason why he doesn't want this lady to take family planning and if there is, I would like to address it according the way she brought it.

I: Okay, so address it how?

R: As in maybe the husband doesn't want the lady to attend the family planning clinics because of the myths so from there I would let her bring the husband we talk about

the myths, I'll first of all talk with her, address the myths, if possible, if she can bring the husband, it will work better. So from there if after addressing the myth she will be convinced about the family planning options, yes, we'll go ahead.

I: Okay, what exactly would you tell her about contraceptives?

R: About contraceptives?

I: Mmm, what would you tell her?

R: After getting knowledge of what she knows about the family planning, I will tell her of what she didn't know about it like the side effects, the types that are available, yeah, the reasons for having, why she should use the contraceptives, those are the major things I would tell her.

I: Anything else?

R: Those are the major things.

I: Now, which contraceptive method do you think would be best for this young woman and why?

R: Okay, she is having a baby who is one-year-old, I would prefer she go for a long term family planning method, maybe implanon for three years or jadelle for five years in order to attain that good spacing of the baby and avoid the short term methods.

I: Okay, and do you see clients like this woman in this areas?

R: Yeah, they are there.

I: Now, maybe just a short scenario, a client like this that you have attended to recently or in the recent past.

R: Okay, I have one who I attended to, the first time she came for the implanon and it is like the side effects overwhelmed her, she over-bled, was taken to another facility which she was handled there, she came back later like after two days, she told me she had the implant removed and the husband has removed that he doesn't want her to use family planning again. So far I've not inserted any other family planning on her, she is willing but out of that fear and the rejection from the husband, she says if I get another method, my husband will be angry, so she is still our client, comes with a baby, the baby is now around one year two months old and she is attending care and treatment clinic, she is not ready to get the baby because of the...the other one is still on prophylaxis for antiretroviral, she is also on antiretroviral, but I talked to her about other methods like the IUD and explained that the side effects of IUD most likely are not the same as the implanon, the experience with over-bleeding so she can try, but

meanwhile, she preferred taking the cds (condoms) as she thinks about it.

I: Okay, now let's say a young girl has come to see you, again, this is another scenario. She is alone and she is about fifteen years. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. Now she has never used contraceptives before. Now, what would you want to know about this girl in order to help her? She has just said she is sexually active, she is fifteen, she doesn't want to get pregnant, she is still in school, that is her reason and she has never used contraceptives. So what are some of the things that you would ask or you would want to know about her before you offer help?

R: First thing I would like to know, yeah she is sexually active, how many sexual partners she has, does she know her status, the status of the sexual partners she is having, another thing, if she has any knowledge regarding the family planning, if not, I'll offer the family planning health education and the types of family planning we have then counsel her about STIs and HIV then if she is willing, she can give the consent.

I: Okay, anything else that you will tell her in lines of contraceptives?

R: I think talking about contraceptives, the types, the side effects, the duration of each and the services where she can get them, I think that is all.

I: **Now, what contraceptive method would you advise such a girl?**

R: She is fifteen years, she is in school, I will advise for long term, an implanon or a jadelle.

I: **Why? She is fifteen, she is in school, why long term?**

R: Long term will favour her, first when you put that long term, she'll take that, she is still fifteen, for her to complete her school she'll have something that can push her for long time then that one will help her avoid in and off the hospital which is not comfortable for most adolescents. Then another thing about the long term, it is free currently so there is no reason to fear inserting it unlike when it was being charged maybe you consider she doesn't have enough money.

I: **Okay, have you ever seen such a girl and maybe a scenario you may share?**

R: Yeah, there are so many.

I: **Just one of a recent experience of such a girl.**

R: During April holidays they did come, there was one who came with a colleague who was inserted previously, she

wanted the family planning, around sixteen years old, in form two.

I: So what was your experience, what was her scenario?

R: WITH her it was easy because she already had the knowledge from this other girl, the friend who brought her who was inserted previously. So it was just about counseling on the side effects, on the STIs, the HIV issue the inserted, otherwise she didn't have many issues.

I: Alright, so maybe you could just tell me any other thing else if you have any question because we have ended our interview, so before I could end it all, probably you have a question that you would want to address.

R: Yeah, I have a question, about the ITH program, we offer the free services for those girls who come for the service, as in we give the cards we offer the service they go home. But when they have a side effect and we have to like remove this family planning method, ITH doesn't carter for it, how do we go about it.

I: Alright, any other question?

R: Still on the issue of cards and the girls, we give them the cards, some misplace the cards, they come back for the service again, how do we...do we enroll them again with a new card or how do we go about it.

I: Okay, I am noting them down, yeah so what else?

R: Okay, for the reproductive health issues, when these girls come you enroll them for free family planning methods, can they get other services health related with this card or free of charge?

I: Okay, any other thing?

R: And can the program support the facility to get another service provider or to get the things I was asking like in...support the facility to get maybe a room for these girls, yeah a youth friendly room.

I: Okay, I am glad you shared with me the experiences and like I shared with you, this is recorded and I will share with the research team and then from there probably a solution will be given from the report and after sharing with the partners, a solution will be shared.

R: Okay.

I: So if there is no any other thing that you may want to share with, I think this would be the end of our time, thank you so much.

R: You are welcome.

[End of audio]

Notes

The interviewer dully asked all the questions as stated in the guideline.

File name: ITHR2_SP_HB_HOMA BAY TOWN_URBAN_FHOK_190508

Duration: 01:05:33

I: Hello, this is Doreen ITH round two service provider interview in Homa-bay County, Homa- bay town sub-county at Family Health Options Kenya in Homa-Bay on 8th May 2019.

So we just want to start. Would you please tell me about your work and experience as a service provider in this facility?

R: My name is June Odero, I am the medical center manager of this health facility, I am a nurse by profession, a service provider who has experience in reproductive health. So in this facility, we offer several services and one of them is, just in overall it is provision of sexual reproductive health services. So we also give information, so among the reproductive health services that we offer is family planning, we also offer sexually transmitted infection screening and treatment, we also do cancer screening, we do HIV counselling and testing, we also do antenatal care. Also, we have baby clinic where we do child immunization and we also offer outpatient treatment for minor illnesses, yeah. So basically in short that is what we do and one of the things that we do, our facility we focus majorly on the

marginalized. One of the marginalized group is the young people, yeah so.

I: So what is your role in ITH?

R: My role is, yes, I am the manager of the facility so I supervise service delivery to these young girls and also I am also a service provider.

I: Okay.

R: Yes.

I: So you say you supervise service delivery; would you kindly tell me how you do this?

R: When I am talking about supervising service delivery, we conduct outreaches, and given that I am one service provider and I am, also the center manager I can't leave the facility to go to the field. So when we organize outreaches we work with other service providers from other facilities that we've trained in provision of contraceptive to the same people, they do the counselling then they also provide the communities. So when they do this they do it under my supervision, I have to ensure that they do it with quality and also obeying clients right, right to information, right to privacy, yeah right to access all those.

I: Okay, when you say quality, what does quality mean to you?

R: Quality means a lot, one before you provide the commodity you have to give information about this commodity, like now family planning they are ranges of methods so you have given the information of all the methods their advantages and disadvantages. What to expect when this young person is using a commodity, so if you don't give enough information it means the client will not understand how this thing works. Then another thing is the environment where you are offering the service, is it up to standards that are required. The procedure of providing the method of family planning, do you follow the, we call it a septic technique; if it is implant insertion do you follow the right standard.

I: **Okay, tell me more on the standard, what is the right standard as per your setting? Like tell me a bit about the standards that you have for this type of-**

R: Are you a nurse?

I: **No, I am not.**

R: Yeah because when I talk about standards, it is what I call standard operation procedures that is, it is national, it is a standard that is set by the Ministry of Health or the World Health Organization. So we have procedure that you have to follow for example when you are inserting an implant. What do you require? You need

to use sterile packs to insert the implant. You need consumables like syringes, sterile gloves, so that procedure before you insert the implant you are able to prepare the site of insertion, you are able to clean it with a specific antiseptic so that you don't cause infection through the insertion site. So that is what I mean by, there is a lot.

I: Thank you, I understand the bit of it that you've explained, yeah thank you. So please describe your experience with adolescent SRH services,

R: I have a lot experience with providing services to these adolescents and young people. So it is not only with this project that I started offering these services because you know FHOK focus on youth as one of the marginalized groups. So young people they are special and they have special needs in that they lack information, and most of them get information from their peers. So when they come you need to give them time to explain to you their needs then now you guide them and give them the right information.

I: Okay.

R: Yeah, so there is a lot with young people or adolescents because when you talk about adolescents we know they are people who are having transition between being young, it

is now between being young and adult, so they are in between and there are so many changes that takes place in their body physically, emotionally. So when they go through this it keeps them at risk. Like now when they are in puberty, it puts them highly at risk.

I: At risk of?

R: At risk of having risky sexual behaviors. When we talk, of risky sexual behaviors these are behaviors that are not normal and it can lead them to have unprotected sex, they can be involved with drug abuse because of peer influence. So when they get unintended pregnancy then they end up dropping out of school and like now when you say in Homa-bay, there are so many things that becomes a barrier for them to access information especially on family planning to prevent unintended pregnancy. So it becomes a challenge, so as a service provider when they come I try to give them information. There is several information we don't just specify in family planning alone.

I: Yeah.

R: Yeah, so basically, it is all about information and also they have to make a choice. Making a choice is usually a challenge to them because they have myths and misconceptions on contraceptives, so we try to explain

to them so that we can describe these myths and misconceptions.

I: Okay you talk about myths like what exactly do you mean by this like what kind of, for example what myths do they-

R: Yeah, when you use family planning you will not able to give birth in the future, that is just an example, yes.

I: So what do you tell then about these myths that they have?

R: We don't just tell them that is not correct, you start explaining how each methods work because you know most of them are hormonal. So you tell them that like let me give an example of an implant, implant has a hormone, which is called progesterone; this progesterone is not different from what their body produce. Progesterone is produced through the ovary, now when the ovary produces progesterone it is the progesterone that works on the cervix the environment to prevent pregnancy.

I: That's okay.

R: So it also inhibits ovulation, so when an implant is inserted and it is progesterone it will still work the same way that this progesterone produced by the ovary works. So when you have an implant inserted then the cervical mucus will be thick, ovulation will be

inhibited. So when you explain to them to understand how it works then these myths of infertility they will be able to understand that it will not cause infertility because the hormone just resembles what your body is producing, so explaining to them. So basically, it's about understanding how the method works, yeah.

I: Okay thank you. Please tell me about your training in adolescents' sexual and reproductive health. I know you said a lot and-

R: My training?

I: Yeah.

R: I have been trained by Family health options Kenya organization and I am also a trainer at the same time, so what do you want to know about my training?

I: Just in general like, yeah.

R: I've been trained on offering youth friendly services to the young people because the approach you give to young people is not the same as you can give to an adult. An adult can come to the facility and they know what they want, a young person may come and they don't know what they want and at some point they may come and they are defeated on how to start but they want to be given information, they want a service. So you have to know how to approach them, provide the right environment and

also understand them, understand their concerns and you just don't put them off. Give them time to express themselves.

I: Okay thank you. Would you kindly describe to me your experience with ITH platform?

R: This is for the Triggerise.

I: Yeah for the Triggerise, the ITH or T-safe platform yeah.

R: For our facility we've not had much experience because we started implementing late, we've not handled so many clients because it was started last year in December and part of this year is when we've let me say January and February and part of March is when we've offered services.

I: Okay.

R: Yeah, initially when we started we expected young people to come to the facility after they have been enrolled, they could not come because most young people walking to a health facility becomes tricky, maybe they don't have time, so we started conducting outreaches. So in the outreaches, they are enrolled there and service provision is done there.

I: So at the outreaches?

R: At the outreaches.

I: Now have you tried to use this mobile platform where you use sms or the social media Facebook, WhatsApp.

R: No we've not just basically, so.

I: So you don't have ITH, the mobile system is it in use.

R: The only thing that we do is claiming for services through the mobile phone, that one we do but basically, it's all about the service.

I: Yeah, how effective is it?

R: It is effective but sometimes the app fails to work until we have to call so that it is activated.

I: Who do you call when it fails?

R: We call the field coordinator who works within Homa-Bay.

I: Okay,

R: So sometimes like right now, sometimes when we go for outreaches we go and it fails to work.

I: Okay, so what do you do in such a case?

R: If it happens, we call but if it fails, we just offer services but now don't claim.

I: Okay, what do you claim on the platform?

R: We put the services that we offer; if it is which method of family planning then from there now, they also include the charges, yeah because they pay the facility for

offering the services. So I don't know if that is the platform, you are talking about.

I: Yeah, I am talking about the mobile platform where you interact with the system and you are able to converse like send sms and get responses.

R: Sms we've not, like me I have not sent any sms. But I receive the alerts and even if there is any information that they want to pass maybe if they have paid us, yeah so they send.

I: Okay.

R: If there is any information about mobilizers, they send through that.

I: So why haven't you tried to use the app, this app?

R: The need, I have not gotten any need to send an sms.

I: Maybe it could just be out of curiosity or something.

R: Depending on what I need through the sms.

I: No need according to you?

R: As at now.

I: As at now.

R: Yeah.

I: Okay fine, so how does the project influence the way you provide services to adolescents and you as a provider?

R: How it influences?

I: Yeah the ITH.

R: Maybe through the use of mobilizers they influence access by young people.

I: How?

R: When they mobilize, they give them the cards then give them options of facilities, so once the clients have the card then when they are referred to a facility, it becomes easy to provide the services because they start getting the information to the mobilizers then finally to the facility. And also the payment for service.

I: What about payment?

R: It helps in sustaining like now when we are conducting outreaches we have to pay the service providers; we have to buy the commodities, yeah so it's also, though we've not done much.

I: It's okay, we are just talking about what you've done, that's all we need.

R: Could be that is the reason why even the sms part is not, need for sending us an sms has not aroused.

I: No there is no problem, it's just even if you started using it yesterday that's the experience we are talking about, there is no big deal about not having your state, we are doing this so that we can get the steps and the challenges that you as a service provider has experienced. So there is no big deal whether it's been

in use, not in use, there is no big deal, all we want is information on what has transpired from the time it begun up to this moment, so don't worry about information, I just want things as they have been, there is no big don't worry, okay.

R: Can we stop a bit I just peep and see if I have some clients.

I: That's okay, so what are the most commonly asked questions from the adolescents regarding ITH?

R: So far, I have not experienced questions as by them because when they come here they come for service provision, but about the project, I have not heard questions about the project.

I: Okay probably they could be asking what the project provides or about the services that are in ITH or something.

R: Usually when they come here from the mobilizers, they get the information from the mobilizers. So basically, what we discuss here mostly it is about service delivery of which they can ask about side effects of the family planning methods. Yeah, just on services which now general not specifically for the project.

I: So what changes have you noticed since the introduction of ITH.

R: I can't say much because you know before we were offering services to these young people, so I cannot say there is an impact because so far we've had maybe only three outreaches but before this project we were offering the same. So unless maybe we get time for us to continue offering the services then we will be able to evaluate. Because it has been on and off, so maybe if it becomes just slow but continuously, like right now we are not even going for the outreaches.

I: **Why?**

R: Because the app had a problem last Friday, yeah so.

I: **What happened?**

R: When we called we were told there was a problem with the app, the person handling is supposed to respond, he was not picking the phone, so we just decided to continue offering services because in our organization we don't deny a service whether there is money or not.

I: **Okay, so who is this person that is not picking calls, like I mean-**

R: You know when you call, you know Esther?

I: **What's their rank?**

R: I may not know more details but somebody who is dealing with the IT department, you know when the app-

I: **The IT department of ITH?**

R: Yeah of ITH, Triggerise even.

I: **Okay that's fine.**

R: So you when we have a problem through the app in phone, when I am trying to register a client and it is not going through then I have to call the field coordinator and tell them I have a problem then they also call.

I: **Okay so that chain goes like that.**

R: So the chain goes like that.

I: **Okay, so how has the preferences of adolescents services users under healthcare providers been influenced or changes as a result of the program, okay is there anything else you've not mentioned about that? The preference of adolescents, yeah.**

R: Something that I think has had some impacts is about now the project pays for their services. So they feel free choosing their method of choice, yeah because in the long run there is no cost implication on them, yeah. so that one has also had, because you know young people for them to have money is a challenge to pay for the services. So that has also caused.

I: **So has it changed, has the preference changed as a result of the program?**

R: Preference on methods?

I: **Yeah of the adolescents, choose.**

R: Yeah, it has changed mostly I see them get injection, three months' injection because they believe even if they come for their next injection the project will still be able to pay.

I: **Okay thank you. How does your facility and colleagues support adolescent girls seeking your services?**

R: Ours is very supportive.

I: **Tell me more.**

R: All of our staff who work here, we have project coordinators, we have our accountant, not many staffs but the number that is there, all of us are taken through offering services to young people. Whether it is just information, whether it is just receiving this client. So we have that orientation because that is one of our core value yeah. Our facility is also a youth center, it's one of the youth center left. So it is one of the youth centers in Homa-bay. So with that it is something that all our staff know how to handle youths.

I: **Okay, so matters confidentiality, is there, are they guaranteed of confidentiality when they come here like how do you ensure this?**

R: That is basically on service delivery because most of the confidential issues are handled by the service provider where even the records they are kept in the

facility and service providers who offer the services we only have, now it is me and the HTC counsellor who is also a volunteer, yeah. so for client issues they are not shared with any other person yeah so they are assured of confidentiality.

I: Okay, so just out of curiosity do they have a waiting room away from the main reception or how do you handle it?

R: We don't have a different waiting room because of the space, but they have the youth center there that they can maybe sit, and when they sit at the waiting bay, the facility is not so busy that a young person will wait for a longer period. Maybe if it becomes busy then we may be able to change the set up. But as at now, we are not seeing any challenge.

I: So currently, you are saying as they come they wait at the waiting bay then.

R: They come to the room.

I: Okay, do you provide any educative materials?

R: We have nice materials that we provide but you see they cannot be there all the time. But most of these materials are in the youth center and in the facility; we only have maybe the charts that are on the wall. And sometimes we give the adults the brochures.

I: How has participation in ITH influenced quality of care of SRH services for adolescents in your facility?

R: Because we've not done it much I may not comment. Because issue of quality it has not gone that far because even before we started implemented that we had that in place. So it may not have changed much.

I: Okay, so based on your experience working on SRH issues in the community what would you say are the facilitators and barriers for adolescents to access these services.

R: Barrier is all about information.

I: Tell me more.

R: They lack information and at times, they have wrong information because young people rely on their peers to get information, they trust that. Then there is communication between the parents and the adolescents is limited because even the parents themselves lack knowledge. Then also, when we go to the schools.

I: The parents lack knowledge on.

R: On sexual and reproductive health. Yeah, so parents also lack knowledge so these young people they go to their peers who are within their reach. Now these peers are also young people so they rely on maybe internet to get information, some of the information, some of the information they get may not be applicable to the set

up. Like when they get myths and misconception they will believe in that and that is what they share among themselves without getting to understand how the methods work so that they can dispel the myths and misconception. So when I say they may get wrong information the information can be there in the internet, but how they interpret it. Like when you talk about side affects you will have irregular bleeding, when it is said you will have irregular bleeding it is not a must that you have it. And having irregular bleeding is just normal because it is one of the side effects, yeah so if they just assume you will have irregular bleeding then they may not use the method. But when they come to a service provider I will explain to them why the irregular bleeding. I will explain to them it could be because of hormonal imbalance, maybe you are having an implant, implant releases the hormones bit by bit, now there can be some delays in release so it creates hormonal imbalance and now the uterus will start shedding off requiring...so those changes, so when you explain to them they understand. And even the parents may not have the information that now I am telling you, teachers may also not have the information. Teachers may not even be free to talk about contraceptives, yeah.

I: **Okay, thank you so much. That's about the barriers what are the facilitators?**

R: Facilitators.

I: **Yeah, that would make the adolescents come for SRH services.**

R: Facilitators, because these young people listen to their peers, if these peers like in FHOK we train peer educators, once we train them we give them the right information then they use this to pass to other young people. So if these peers have the right information then they will give this right information to their peers so that it is facilitating, so it is towards the positive, yeah. and also service providers, when these young people come then they get the right information, so if a service provider is trained on provision of youth friendly services then they are able to facilitate this service delivery and they get the right information.

I: **Okay.**

R: Yeah, even the teachers. We also train apart from maybe influence through the, I know Triggerise is not doing that but FHOK we even train teachers on behavior change communication.

I: **Okay, how like tell me more.**

R: So we work with schools in Homa-bay township sub-county. We chose thirteen health facilities, which also have thirteen schools that are attached to these health facilities. These are day schools, mixed day schools. Among these schools.

I: **So you were saying among these schools.**

R: Among these schools, you know the Ministry of education does not accept that we go to schools to teach these people directly on sexual and reproductive health. So we devised a method where in the school we identify the guidance and counselling department. So in the guidance and counselling department we took teachers who are working in those departments for these thirteen schools then we have been having sessions with them. First of all, we identified, we went through situation analysis in Homa-bay and identified that there is a problem of teenage pregnancy, then from there now we were taking them through sessions to help them reduce risky sexual behaviors. So first, we take them through the changes among these young people. Then the risky sexual behaviors, then now how can they also talk to these young people to empower them with knowledge on how to maybe have protected intercourse. Use condoms and also if they have gotten the information and made a choice that they

want to get these contraceptives then they are referred to the health facilities that are near the schools. The same we are also doing with community leaders, all the chiefs in Homa- bay sub county, we are also taking them through the sessions and also religious leaders. So it is a combined effort.

I: Okay thank you. Just to understand you better, kindly help me understand what risky sexual behaviors mean to you.

R: Risky sexual behaviors are kind of behaviors you may say they are abnormal or they are normal but they are done at a wrong time. So like maybe when a girl is lacking information or a boy on maybe the changes that takes place on their body, like let me give you an example like if a boy tells a girl that you are beautiful. That does not mean that now because she is beautiful she needs to have intercourse, so she should appreciate the fact that she is beautiful because she is in adolescent and if a boy asked her to have an intercourse she has a reason why she should not accept. Then if she decides to have intercourse then it needs to be protected, if it is not protected then now it becomes risky. Now they can also be under influence of drugs where they can use drugs then now they get engaged in having unprotected

intercourse maybe after they are drunk. Now if they have unprotected intercourse they can end up having HIV infection, they can end up having sexually transmitted infection then they can also have unintended, when I say unintended or unplanned they were not ready to carry this pregnancy, to take care of this baby then she will end up dropping out of school. So the risky sexual behaviors we talk about unprotected intercourse and there are so many factors that can lead to this unprotected intercourse where we have the influence of drugs, which is due to peer influence.

I: Now I understand, thank you. Okay, so you've talked about somethings but just help me understand if there are more mechanisms that you or your facility could use to support adolescents to overcome some of the barriers that you mentioned. I know you talked about some but is there anything left that you've not mentioned.

R: I think you captured the bit of working with the community, we have the teachers, we are also working with the Ministry of education in Homa-bay, so you know you cannot go to the schools without getting authorization from the Ministry of education. Also we are working with the County health management team, which is supervising these health facilities. The health

facilities that we chose to work with, the thirteen health facilities are usually supervised by the health management team. From the sub-county level and the county level. Something that we've done as an organization we've trained service providers on these facilities on provision of contraceptives. So we've trained them, so on these health facilities young people around that area can be able to access the services. In these health facilities we also identified, because we didn't want to leave out young people living with HIV, so we find there is need to train peer educators on family planning and also community health volunteers so that they can mobilize, give information to young people and refer them to the health facilities. So when they come from the facilities the chief is aware, religious leaders are aware then we also take parents through the session but we can't train all the parents. So we were in the process of after we trained twenty champions, parents champions then these champions are supposed now to be training other parents through the chiefs *Barraza*

I: They act as ambassadors.

R: Yeah, but we lack resources to process all these. You know we rely on donors and sometimes projects come and go. So sometime, we reach at a point and we hold there.

I: Okay when you say you lack resources I am just curious what sort of resources would you be needing to be doing that.

R: You see when we are saying we've trained these champions and they need to train others, they mentor other parents through the chief's *Barraza*. They will need transport, they will also need maybe lunch allowance for them to move because you see like now when you take one location, if you take a champion to move and meet other parents, it will require transport. So those are some of the resources that we need.

I: Okay thank you, are you saying something.

R: So far I think, yeah I wanted to say about these peer educators, we wanted to also not leave out young people living with HIV. So through these thirteen health facilities they have HIV care for young people. So among this group we chose twenty young people living with HIV, we train them on family planning, not to provide commodities but to provide information and to refer their peers to get services, yeah. so that bit was also important because it is influencing service delivery.

I: So they refer their peers to the facility.

R: Yeah, they don't only refer those living with HIV but now they can also-

I: All peers.

R: All people that they can access.

I: Okay thank you, we are moving onward. So in all these what are some of the challenges that you or your facility is dealing with in dealing with the adolescents for The SRH services.

R: Challenges as I said we rely on donors and when we are offering services to young people we offer for free. Like now let me say Triggerise is not there, because like for example when we started we have not done much activities for Triggerise, so if you don't have other donors and we offer free services to these young people, we need resources to sustain. Yeah so this is a challenge because continuity may be a challenge because offering free service is hard to sustain. Then also about something to do with the law, especially contraceptives and these young people it is not clear because a young girl can come for contraceptives, she is fifteen years of age or fourteen, she is sexually active but as a service provider the law prevents me from offering this service because she cannot give consent. So sometimes we just risk, we just risk because if maybe I am sued for introducing a chemical substance to a young person a minor then I don't know who can defend me. So that is

also not clear. So it is one of the barriers, so you find maybe a service provider who may not want to risk may avoid providing the service.

I: Okay, thank you so much.

R: And also, commodity, young people like injection but it becomes out of stock like right now it is not there. But now as FHOK, we have to buy.

I: Okay, you talked about some of the misconceptions adolescents have in using the SRH product and services. I don't know or if you could help me know if there is something else, another misconception that you think there is that we've not talked about.

R: With misconception there are several.

I: Yeah we talked about myths we talked about-

R: Someone may say for example if you have an IUD inserted it can move from where it is maybe to the chest, implant once it is inserted it can also move you see. Then they say if you use a contraceptive, you may deliver a child who is abnormal, yeah. And then also if you are using family planning you are a prostitute, you see all those things.

I: So like when they say that, they perceive those who use contraceptives as prostitute, like just tell me more a little on how you mitigate these challenges.

R: You see that is, majorly that is perception of the clients but for young people, for her to walk up to the facility to get information then it means she has accepted that she is sexually active. But now in a group you can get such perception, when you have a group discussion with these young people then now you tell them somebody can be sexually active but maybe have a faithful partner. They are also human beings; you can have a friend but maybe under the influence you can find yourself at risk. So there is no harm in protecting yourself. Yes, we encourage them to abstain but now if they can't then they need to use protection.

I: **Okay, so what feedback about your facility have you received from the adolescents through the ITH if there is any.**

R: For now, no.

I: **There is no feedback yet, okay. Thank you we are not far from finishing, just a little more patience. So how can you be supported to help you improve the services provision to adolescents in this facility and by whom? I know you've talked about one or two challenges and kindly just help me know how you think you think you can be supported and by whom.**

R: I know that our organization has enough support; something that maybe is out of the organization is having a policy, domesticated adolescent sexual reproductive health policy in the county. Not even the national one.

I: **Please help me know what you mean by that.**

R: You see when I am offering services to these young people, sexual and reproductive health services. I need to have something that is a policy, it's authorizing me and it's also authorizing this young person to access these services you see? So that this young person will know I have a right to for to Family health options Kenya when I want contraceptives, I have a right to access information; I have a right to have the implant on my arm without anybody or even my parent asking me why you see? As a provider if I have the policy it will also help me offer this service without fear that maybe somebody will sue me. You know there was a time when a parent held her daughters hand, brought her, and asked why did you put this on her. And this child has a need, yeah. She has looked and seen that she might get pregnant. So there is no policy, policy will also guide other service providers because is not only FHOK that is offering the services. So it will be for the-

I: **For the service providers.**

R: So who can help? The duty bearers. You know there are MCAs, once they approve then it can go through.

I: **Okay, thank you for sharing your ideas. So do you have any incentives?**

R: Incentives.

I: **Like do you know anything about Tiko Miles or Tiko points.**

R: Yeah I know maybe the mobilizers they refer clients; they earn some Tiko Miles and they go to the shops to get some shopping, and even the clients, the young people. But I don't know much details because we don't deal with mobilizers directly. Ours is to offer the service.

I: **Okay, would you say anything about the reimbursement process for the clinics?**

R: We've been reimbursed once but it took a lot of time until we almost gave up, maybe there were some complications but finally we were reimbursed. So far, it has been done once, so I may not say much until maybe we are paid severally after offering the services.

I: **Okay. So I have different scenarios here that I would like to discuss about some specific situations that you might encounter with clients who come to you for family planning services. Let's say a young woman has come to**

see you, she is alone and appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband, she just had her first child one year ago and would like to have another child so soon, I mean would not like to have another child so soon. She is nineteen years, she is married and she would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Are we together? What would you want to know about this young woman in order to help her as a service provider?

R: The only think I would like to know.

I: **Yeah.**

R: If she wants the contraceptive.

I: **Okay.**

R: And give information on all the methods available then she will make an informed choice. So mine is only to know that if she wants the contraceptive.

I: **Anything else? What would you tell her about contraceptives?**

R: Several things.

I: **Tell me more.**

R: I will explain the methods that are available, the advantages and disadvantages then side effects, how they

work. Then now from there I will give her time to choose and make an informed choice. When I say informed choice is making a choice after getting the right information. So after giving her all the methods, I'll talk about all the methods then now from there she will be able to choose. Then even show her the methods that we have to see them physically because we have a tray that is having all the samples.

I: Okay, so which contraceptive method do you think would be best for this young woman?

R: All of them but it will depend on her blood pressure and on her maybe time that she wants to prevent pregnancy but I will not say which one is best for her.

I: Okay.

R: She will have to make a choice.

I: Why?

R: I am not supposed to dictate to her what she should use, I should not be bias but it is her who will choose.

I: Okay, thank you. Do you see clients like this young woman?

R: Yes.

I: Could you tell me about a client like this who you attended to recently?

R: I attend to so many.

I: Just pick one.

R: Now there is this lady who wants to use a contraceptive, the husband does not want her to use but she does not want to get pregnant. Now she has come and she wanted to have a method. Now I gave information for all the methods then now she wanted to use an implant but said maybe the husband maybe will see it on her arm. Now she preferred to get an injection every three months, but now she didn't want to go with her card. She wanted us to keep for her so that when she comes she gets it from the facility. So I just suggested to her that if we have the card she may not be able to remember the date because the card is supposed to help her remember the date. So we just agreed, I gave her the card but did not write what she was getting. You know sometimes you get, if you write Depo the husband may be curious. So I told her just to go and mark on the calendar, just mark round a date in a calendar so it will also remind her. There is another case where a woman came and you we when we give these cards there is our telephone number written here, so I wrote everything date, age, method of contraceptive then I wrote the return date. Now another man called me asking me that there is a card he has gotten in the purse of the wife, and he really wanted to know because he is

seeing you know our name is Family health. So the term family stuck into his mind then he had to call then he saw Depo and return date. So he was calling me and asking me there is a card he has gotten and he really wanted to know more about it, then I just told him we do so many things and I can't know which service was offered and why that day because we even so cancer screening. Somebody may be sick and we write a date for review, so maybe he can come to the facility so that I explain that but he didn't come. Then finally, the wife came and told me it's the husband who called me. That card disappeared so she decided to be keeping it at neighborhood I have her another card. So such things can happen but what is important is that you don't choose a method for this client given that she wants to use family planning without consent of the husband. So what is important is that they make their informed choice.

I: Thank you. Just one last scenario. Let's say a young girl has come to see you. She is alone and appears to be about fifteen years old she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives, what would you want to know about this girl in order to help her.

R: What I want to know?

I: **Yeah, she is fifteen years, she has never used contraceptives but she is sexually active and does not want to drop out of school.**

R: First, I'll ask about her menstrual history, if she has started seeing her menses to ascertain if she can get pregnant, then now from that I may ask her if the parent know or any other guardian knows. Then I will confirm the information that she has about contraceptives, and then I will give her the right information. When I am giving her the information I will talk even about abstinence, I will talk about other methods of family planning then I will also examine her, confirm if she is not pregnant but that should not be a barrier. I will also give her time to ask questions to confirm that she has understood what we are discussing, then if she decides to have a method then I will provide.

I: **Okay, is there anything else you will tell her about contraceptives?**

R: I will tell her they prevent, yes apart from the side effects, the advantages and the disadvantages I will tell her it prevents only pregnancy but does not affect HIV even STI.

I: Okay, so again which method do you think is best for this girl?

R: All the methods, maybe apart from permanent method.

I: Why?

R: Because she will still make her choice, she has a right to choose what she wants.

I: So do you see clients like this girl?

R: Yes.

I: So would you kindly tell me about one that you recently saw.

R: The one that I recently saw.

I: Just something about it.

R: Now, whom do I have to remember?

I: Just pick randomly, just one recent.

R: For a girl who just came.

I: Yeah, about fifteen years, doesn't want to get pregnant, has never used contraceptive but she is sexually active.

R: There is one that I got who was fourteen years not fifteen.

I: It's okay.

R: Fourteen years and she was sexually active, this one was even brought by the boyfriend, they came together not the parent she was accompanied by the boyfriend and she

wanted a contraceptive. I was impressed because this boyfriend was trying to protect the girlfriend.

I: So how old was the boyfriend.

R: Twenty years. So when they came the boy left her and was sitting at the reception, the waiting bay. Then I talked to the girl but already she had in her mind that she only wanted injection but I gave the options that we have but she opted for the injection. Then I gave her the injection after doing the examination, ensuring she is not pregnant then I gave her. And it is the boyfriend who paid for the service.

I: Okay, how much did he pay?

R: It was a hundred shillings.

I: Okay, thank you so much, we have come to the end of the interview unless you have any questions for me regarding the interview.

R: For now, no.

I: Okay, thank you so much for fixing your tight schedule to allow me take up this interview. It means so much to us as an organization and your feedback is going to be of so much help in the evaluation process. Thank you so much, have a nice day.

R: Thank you too.

I: All right.

[End of audio]

Notes

The interview is audible. All questions asked with good probes

File name: ITHR2_SP_HB_KASIPUL_RURAL_SIMBIRI HEALTH
CENTER_190510_0228

Duration: 00:59:20

I: So this is Agneta Akuku doing IDI with service provider in Homa- bay county, Rachuonyo sub-county, its rural at Simbiri clinic. Today is 9th May 2019.

So as a service provider, can you please tell me about your work and the experience you have had as a service provider in this facility?

R: Challenges, they are many. Some of the challenges we have is the youths, you know a mobilizer is someone who is known in the area.

[Recorder stops 00:01:06]

I: Okay, yes you were telling me about your work and the experience as a service provider.

R: Yeah, you know we are advantaged because of the Dream girls, so at least you get that age bracket within the facility. So the challenge is mobilizing them to come. You know with the age and then with the lack of exposure, you will tell someone to come for the service and they will see it as something that predisposes someone to

having unprotected sex and things like that. And then the mobilizers are people who are known so sometimes they face challenges they think the mobilizer will go and talk about them or something like that. That is mostly the challenge but they usually come for the service.

I: Okay, and just a general, your work as a service provider, what does it entail?

R: It entails counseling then we usually do investigations like taking the blood pressure and then we do a physical exam for the client and then we do the service and then we give a health education about the side effects of the service that we provided.

I: How has it been, something about your experience, doing all that you have said.

R: Sometimes it is challenging when it comes to the side effects. You might tell someone about headaches and spotting then they see it will be a challenge to have the service.

I: Spotting, what is spotting?

R: Spotting.

I: Yeah.

R: Spotting is having the, it's not the menses, the regular periods it is the blood that appears between periods.

I: Okay, probably relating to ITH, this program that you identify with Triggerise, what is your role as a service provider?

R: As a service provider, we do validation for the T-safe and then we provide the services generally.

I: Providing.

R: The services.

I: I was saying you people know this program as Triggerise and you've talked about T-safe, yeah. So I just want you to tell me as a service provider what your role is in this T-safe program.

R: The T-safe, I do the validation, the documentation of all the services provided and then now to provide the service itself to the youths. That is from fifteen to nineteen years.

I: Okay, now when you say validation would you place take me through the process of validation maybe just help me understand what you mean by validation.

R: There are some cards that we usually use; for now we don't have some here at the facilities, they were exhausted. So the CHV or mobilizer enrolls the client then when the client comes to the facility for the service I have to scan that card with my T-safe application to validate, to make that card valid and to make sure, or should I say

to confirm that the client came for the service. So it will reflect on the system of the Triggerise. Of that particular service.

I: You've talked of validation; you've talked of keeping the records. Just something on how you do the records.

R: Record keeping?

I: Yeah.

R: We have the MOH 512, it is the register for the family planning services that we enter all the services done, yeah.

I: And something on your service, just give at least an example or a few things you do in the name of giving as a service.

R: Service.

I: Yeah.

R: I do counselling, that is a service, investigations like taking the blood pressure or doing a pregnancy test, there is some that you just have to do the pregnancy test especially those who are not sure of their menses. And then now should I say implementing the family planning part of it now, yeah.

I: Now when you say implementing clearly what does that really mean when you say implementing family planning.

R: Mostly the client come for the family planning services or should I say the reproductive health services which mostly is the family planning.

I: **Mostly family planning, why do you think its family planning?**

R: Because the whole project is all about preventing the teenage pregnancy. Yeah.

I: **Just probably try and describe your experience now, dealing with adolescent sexual reproductive health, how has your experience been?**

R: It's a little challenging, like a fifteen year old having; family planning but I don't know how to tell you.

I: **Just try and describe.**

R: It's a little challenging because especially or should I use an example. There is a lady who came for a service she was fifteen years old. She came and she had a three year method, it's called an implant then after two months she came back and she said that the grandmother has told her that the implants destroys the ovaries so she wants it to be removed. So I had to counsel her and she refused and said no that her grandmother has refused. So I had to remove it.

I: That is just probably one out of many experiences. So how has it been, just take me through since you began giving sexual reproductive health services? How has the experience been besides the experience that you have given?

R: Generally, it is not hard, after mobilization has been done, mostly they come if they have already made up their mind they want the service, so we only do the counseling and then we give them service, yeah.

I: Okay, so what training have you received on adolescent sexual reproductive health if any?

R: Training? There is a training I attended for the family planning services and also for the, when Triggerise was launching their own project we were called as the service providers to be told on how to go about the service.

I: Just an experience you know I was not there. How was the training, tell me probably what was it that formed part of the training. Like you have said you were taught about family planning, so can you tell me what you learnt perhaps?

R: We learnt how you can counsel a youth and then we were also told on how to do the family planning itself and then the home messages or should I say health talks on the side effects of the family planning.

I: That would be interesting to know, any other training or any other thing. What else would you say about the training that you have received so far?

R: After the training at least, counselling the youths was much easier comparable to the other time before training.

I: Okay and you have been providing services to adolescents in this clinic now what service exactly have you been providing adolescents with in this clinic?

R: Services we've been providing the pregnancy test, we were providing free pregnancy test and also providing family planning and counselling, yeah.

I: Of pregnancy test and family planning and counselling that, you have talked about over time. In your opinion or which ones are the most sort after services by the adolescents in your opinion.

R: After services? They usually come for counselling.

I: As in, you have talked of family planning, you have talked of counselling, you have talked of pregnancy testing, have I forgotten anything. Okay now of the three, which service do they come for mostly? Which one among those three.

R: You know if a client comes for family planning, you must start with counselling and then you go for the service.

I: So in your opinion try and just give us-

R: Mostly?

I: Yeah mostly.

R: It's the family planning, now I don't know how to tell you because you can't do planning without doing counselling, yeah.

I: But in your opinion you think it is family planning of the services you provide family planning is the most sort for. Why do you think it is only family planning or why do you think it is family planning that mostly adolescents come for?

R: If you try and find out it's mostly the age bracket, the fifteen to nineteen years who usually come for delivery in this hospital, mostly. So when they come they go with a method, they leave if they after they have gotten family planning service on this stage.

I: Why is it so?

R: They don't want to get pregnant again.

I: So maybe just take me through at what point do you end up giving the service immediately after delivery. Tell me the story, how is it. How do you get to a point where you convince a girl to get family planning immediately after delivery?

R: It's mostly those who are still going to school, so you just go and tell them. You start first by talking to her about the FP and then you ask is she going back to school or getting married. So you will try to counsel her to go back to school and not get pregnant again. So you will tell her on the services you offer to prevent that pregnancy from happening again. So that is where she will accept if she wants family planning. If she agrees then you will tell her about the services that you offer, the various types of family planning methods that are offered in that facility and she picks one and then you give her after delivery.

I: **Okay, just still on the methods, okay still on family planning of which methods do they often go for.**

R: The implant, the long-term.

I: **Long term.**

R: Yeah.

I: **Why do you think so?**

R: Because for you school you knew sometimes or let me take an example of three-month injection. She can start three-month injection and then the date starts when she is in school. So it is hard to go and tell the teacher that she is on a method she wants permission to go back to hospital for an injection. So it is always hard.

Mostly they take the long term for them to go to school and. Maybe after three years she would have finished form four, something of that sort of thing.

I: Any other reason, apart from the school going ones why do they still go for the long term?

R: Some are saying coming to the facility each and every time is hectic, so at least they go for the long term and then most of the long term don't have severe side effects or some of them don't see any side effects on the long term.

I: Any other thing?

R: And the short term a client may forget to take to pill because taking the pill everyday they may forget. So that is why they go for the long term

I: Have you found instances where a client is telling you like I have forgotten or-

R: There was one who came was it last week or two weeks ago, she came to deliver then she told me it was an issue of missed pill then she got pregnant, because she missed the pill. So she wanted a long term, in fact she wanted the IUD for twelve years.

I: Okay, you talked about some T-safe app, so now I want you to take me through your experience navigating around that app and how it operates as a service provider.

R: So with the app being here is so reserved issues with network disturbs us but we usually validate the cards. So if you open the app there is this place, let me just open it. And where you will check the T-safe card the one that the mobilizer has sent her with to the facility. Then you confirm the picture. There is a picture that the CHV will take of her in the field. So you will check if that picture matches the lady who is coming to the facility. If it matches then you go and register the visit, so at the register visit it is where you will find the list of the methods that are supposed to be, that the client is supposed to have. We have all the family planning methods listed there. So after that you will click, there is a place where you register, now you register the visit then you enter, there is a code on that card. That code will come automatically on the phone and then it will ask you something, there is pin A, pin B, pin C, pin D. So it will ask you either of those four pins and then after you've entered the pin you register deposit, then it will show a tick to show that it is successful or an X to show that it is not successful.

I: **You have talked about a list of methods in that-**

R: Yeah, in the app.

I: Yeah so just, tell me about probably the features inside that app from your side.

R: The features on the app.

I: On the app, what you find in the app. You have said just while you were narrating the girl comes, gets the card, the card has a code right? What are some of the features that I want to know of, of that app.

R: This app has four icons, one is, there is one written check the T-safe card and then there is one where you register one where you register the visit and then this is now mine, the my Tiko Miles, this is for my own use and then this is my settings. So when a client comes you click on the check my T-safe card to confirm if the card is valid, it has not been registered anywhere else. And then you will confirm if the same client is the same client being reflected on the app. Then if you find everything is okay with the card you go ahead and register the visit. So under registering the visit is where you will select the type of service that the client has had, if it is IUD, if it is implant or is it the injectable, the three months injection. So after entering the type of service is when now you will enter the pins, it will ask you a pin, so it can ask you either of the four. So if it asks you pin B you check on the

card that the client has you enter pin B and then you register the visit.

I: Okay, I am still not getting something clearly. You say the type pf service, who makes the choice of the service to be given?

R: It is the client that is why we usually open this app to validate the service has been done.

I: So validation is done after doing the service.

R: Yeah, that is when you will know the type of service that the client wants.

I: Okay. Just pardon me, this girl has come from the field, has the card, she is here she needs a service. Do you give the service first then validate on the app or you validate on the app and then you give the service?

R: You validate after giving the service.

I: After giving the service.

R: Yeah, that is when you will know the type of service that the client wants. Because before you give the service you know she will have come from the field with what the mobilizers have told, her but you will go ahead and repeat. Maybe there are some things she wasn't told, so you still have to counsel her on the type of services you offer in the facility. So that is where she will

choose the service she wants and you will do the service and then you validate.

I: Okay.

R: And then you document.

I: How does that link you up? How does this app link you up with the student or rather the adolescent the mobilizer and you in particular?

R: It is through the card. When a mobilizer enrolls a client there are some Tiko Miles or should I call it the points. Per client they are being paid 170 in terms of points, so if she is enrolled then that client comes for the service, the mobilizer will get a message, congratulations something of that sort, your client has received a service you've received 170 points. This same card is the one that this client will be using in case maybe she wants to go; they are usually being given free pads in the pharmacies but not in the facilities. So, this is the same card that this lady will use to go and get the pads from the pharmacy.

I: Okay, just one more last time, I am still not getting something on validation. This girl is here, she has been told something, she has been enrolled, yeah. Is she coming here with a decision that this is what I want and

so your work is only to get into the app and say this is what she has chosen or this is what I have given?

R: I can't go without telling the client on the, without counselling the client first.

I: **So in your validation, while validating it is not about this is what the client chose but this is what I have given the client.**

R: We usually give what the client has chosen, you can't give a client what she doesn't and then if anything happens she will come and blame you.

I: **Okay, now while doing all this you have talked about the issue of network of this place, just discuss things related to the app itself. I think you have told me, you have taken me through that process. Now while doing all these things in the mobile how has experience been? You have already talked of network any other thing.**

R: Network, sometimes we do not have airtime and most likely or sometimes, a client can come on a weekend and most shops are closed. So getting a place where you can buy airtime and get bundles sometimes is a challenge, yeah.

I: **Any other thing on the platform, on the mobile platform?**

R: Apart from the network there is nothing.

I: **So how can you rate the mobile, how many points can you give it?**

R: Maybe four star.

I: Okay, now in your opinion how has the project influenced the way you provide service to adolescents.

R: Repeat the question.

I: How has this project since it was introduced how has it influenced how you provide the SRH services to the adolescents. Like how has it influenced you as a service provider? You have been giving this service overtime before and after say the T-safe program. Maybe you compare how you were giving service before introduction of T-safe and now after introduction of T-safe.

R: What do I say but at least now the youths can come, someone can come in the evening, there are some who come for counseling in the evening because then there are no people in the compound, people are not many in the hospital so I can come and talk to her. So at least they come, they seek for advice and they can also tell the others to come.

I: So probably just something little on what was happening in regards to your service provision before the T-safe, what was the scenario like?

R: Before to get the get the youths was difficult.

I: Okay apart from getting them.

R: Getting them and then before I don't know why the teenage pregnancy was so high but now it has reduced.

I: **Maybe just tell me how do you think that this program has influenced or has impacted on the reduction of teenage pregnancy?**

R: We usually call them on Sunday because mostly the same population that the Dream girls is targeting. So they usually come here on Sunday they are being counselled, they are given advice, those who want private talks after the should I say the whole session is over they come back and they can be counselled and say what their challenges are, maybe if someone has a problem they say and things like that.

I: **So apart from reduction of teenage pregnancy what other change have you noticed since this program begun.**

R: Change is that there are more youths coming to the facility, even if they don't come for service but at least they come to enquire something.

I: **What else?**

R: I think those ones are the ones.

I: **Okay, all right and while giving a service you have dealt with different age of adolescent but there is some common question that they often ask across. What are some of**

the most questions, the common questions that you get from the adolescents regarding T-safe?

R: The most question that they usually ask is after the service, they usually ask maybe if the family planning that I have given them will affect them in future, maybe difficulty in getting pregnant or should I say fertility issues. And then some also think someone will not note they are using family planning and will talk about them.

I: **What other question in regard to this program.**

R: I don't think so.

I: **There is no other question that you have noticed, just general questions that you've noticed, when they come they have been enrolled, they have either received a service or they are yet to receive a service, they are still being told about how this T-safe works, how this ITH program runs right? So in the process of telling them and narrating how this platform is or about the T-safe there are usually common questions that they want to ask or they want to know about the T-safe, yeah. So those are the questions I would like to know if any.**

R: There is one of them who asked me why would someone help them for free, someone they don't know. That someone comes from nowhere to help them just like that. So they thought it was about illuminati things like that that

their photos were being taken so they were scared and it was a challenge. But there is a challenge that agreed, so that population went and talked to the rest.

I: When they say free help, what are they referring to?

R: They don't pay anything for the services, its free, everything is free.

I: So when they are questioning why they are receiving everything for free they refer to-

R: Everything is free and then their photos are being taken, so they thought it was something weird.

I: So apart from the issue of photo and the free thing, any other common question that you receive.

R: Nothing, there is no question.

I: Okay now and still on the adolescents how have the preferences of adolescents, the ones that are using these services. How has it been influenced by this program, you had started talking about it. So they have been receiving or part of this or preciously there were those who were talking the family planning right but since, my question is since we began ITH and T-safe yeah, how has this program influenced the preference of service the adolescents require.

R: So.

I: Or it's not clear yet?

R: It's not that clear, you can elaborate it.

I: Since ITH began the adolescents had a preference, they preferred some way of service or a particular service but still in line with sexual reproductive health, yeah. So currently after ITH and T-safe was introduced, how has these preferences changed in your opinion as a service provider? Okay maybe you can divide them into two, maybe you tell me previously adolescents used to prefer this and this in terms of service that they want or a particular service they need, but after introduction of T-safe the preference has suddenly changed, so that is the story I want, if now we are communicating.

R: Previously you know there was the challenge of money because they used to pay for family planning services.

I: They used to pay, maybe tell me how they used to pay.

R: It depends on the type of service, like the three month, injection is fifty shillings and then the long term it depends with the long term. So it was a challenge sometimes she has come and she doesn't have money but she has to pay. So that is what made most of them or some of them not to come for the service. But after the T-safe or the Triggerise program, they would come, so they were free. They were coming freely because they

were not paying for anything, they just had to come with the card and get free services.

I: Okay and how does your facility and colleagues support the adolescent girls who are seeking the sexual reproductive health.

R: During the health, talks that we give to the youths on weekends we usually have our staff helping us with the counselling and then sometimes at times the in charge gives us the sanitary towels that we distribute to them.

I: What else do you do or what else has the facility put in place to help the adolescents who are coming to seek such services?

R: The hospital also provide us with the pregnancy test kits that we usually use to test the clients.

I: Anything else that they do? Probably something on waiting hours, something on visiting hours, something on the kind of room that.

R: They are usually open for, for family planning it's done any time they come but not at night.

I: Okay.

R: Yeah, any time they come even if it's past four we usually do the service. Because maybe she went to school and thought to pass by first before going home.

I: Okay, how about, anything on the consultation room.

R: Consultation room is usually private. It's confidential so no one can hear the conversations going on.

I: **How about the waiting room?**

R: Waiting, we have a bench outside.

I: **Anything on IUC materials or maybe materials on SRH services.**

R: The commodities that we use?

I: **Yeah, the materials be it charts be it-**

R: Those we have.

I: **Okay where. Probably you could be having them but they are under the table just tell me.**

R: There are some on the walls then on the table, during counselling it must be put on the table, so like flip charts you counsel her as you show her on the picture.

I: **Okay, and still on your service provision how has this ITH program influenced how you as a service provider ensure that you are giving quality service.**

R: There is usually a procedure we must follow with every client who comes for a service. There are things that you must do. So like doing counselling, taking the investigations then now providing the service itself and now the feedback you must tell her.

I: **So since after introduction of ITH, has anything changed in terms of procedure, anything new?**

R: Yeah everything has changed because usually we have this quality assurance team who usually come, so they usually tell us where we've gone wrong they go through it and then they tell us.

I: **Okay, and based on your experience working with SRH issues in this community what would you say are things that are facilitating adolescents to access sexual reproductive health. Like what makes in your opinion of the service, what makes it easy for them to come for service.**

R: My reception when they come, the way we handle them and they also want their information to be confidential not that you go and announce to people.

I: **When you talk about you handle them, probably say something on how exactly.**

R: You know youths usually don't like someone who is serious or maybe she has come and you ask her why do you want family planning you small girl, they do not like things like that. So I usually just counsel them, you tell them though you had this service it cannot prevent you to get STIs and HIV but it will prevent you from getting pregnant. So you just be careful.

I: **Okay, so you've said you people keep how you receive them with a facilitator, how you keep the information**

confidential but there is something also that keeps them away from receiving this service right? Any barrier what do you think. What are some of the barriers that makes the adolescents not come to receive services?

R: Based on the location of the hospital most clients are from around. So maybe she can come to the hospital and meet someone they know and then she will fear that the person will go and tell on her or expose her to the others. That is what they fear mostly.

I: What else?

R: I think that is and maybe time when they come. They don't like coming during the working hours because there are meant people in the facility so they like coming after 4.00 or on the weekends

I: Okay, you've talked about the barrier of them being afraid of people who are many at the facility during the day and so they need to come over after 4.00 or over the weekend. So how have you as the facility, what sort of mechanisms are you using already or could you use to support adolescents so that they overcome these barriers that we are talking about?

R: That's why I told you our working hours or family planning is usually up to 4.00 but we are open up to

around 6.00 so that they feel free to come. And then on the weekends we also work so that they may come.

I: Anything else that you do?

R: And then where the FP clinic is located it is not easy for anyone to see them, so they just feel free to come over.

I: Okay. And what would you wish or could you use apart from the ones that you people are already doing, what else would you wish to do to help them overcome these barriers.

R: We are talking to them and telling them it's something normal they should not feel shy about it.

I: Just talking to the adolescents alone you think has been helping them to overcome.

R: Yeah if you talk to them, they listen.

I: Okay, now what are some of the misconceptions adolescents have about using SRH services? You started listing about the free things; previously there you talked about illuminati. What other misperception or things that the adolescents themselves have about using the SRH products.

R: Maybe I think on the family planning part, they have that mentality about family planning leading to infertility in future. So that is mostly the challenge.

I: What other misconception or perception do they have, apart from the one of infertility?

R: I don't know that one.

I: Okay still just on the one you have talked about, you were saying that the adolescent often think that once they are on family planning they are likely to be infertile in future. Now using that example how do you mitigate this particular challenge or misperception?

R: Through the counseling, you tell her the side effects of the family planning. And then you tell them if you use this service when you stop, fertility will come back the way it was. It doesn't affect the fertility of anyone.

I: So basically, you've just been talking to them.

R: Yeah, it's counselling mostly.

I: Any other thing that you have been doing targeting to help take away this misperception.

R: With the help of the mobilizers, they all talk to them.

I: Okay, back to our mobile platform. What feedback about your facility have you received from the adolescent through the T-safe platform?

R: Most of them like it especially when they get free sanitary towels that mostly they come for, and also about free family planning services. Previously it was an

issue with money but now it's free. So they just come and get the service without paying.

I: That is quite good feedback, but now we were talking of some mobile platform that you took me through, right? So what feedback have you ever received if any through that mobile platform?

R: Feedback from the adolescent?

I: Yeah, from the adolescent.

R: A message directly from the client?

I: Yeah, if that mobile platform provides that.

R: No.

I: Okay tell me apart from the link card, how do you get links or feedback from the adolescents?

R: We have the feedback forms.

I: How? Feedback forms yes.

R: Which they usually fill after the service, yeah.

I: Anything through the mobile platform?

R: On the feedback part?

I: Yes.

R: No.

I: Okay and how can you be supported? How can you be supported number one and by who to help you improve the service provision to adolescents.

R: The resources, we should not go out of stock with the commodities for the SRH services. And then money, which Triggerise pays.

I: **What about the money?**

R: They pay us for the services that we do for them, yeah.

I: **Okay, anything about the incentives or Tiko points. What ideas would you give?**

R: Tiko points is for the mobilizers only, us we are being given the cash.

I: **So anything that you wish to be done in those lines?**

R: I don't think but it is for this updated app that you have to take a photo of the client, which is a little bit hectic if the clients are many, you have to take a passport photo.

I: **Anything on training that you wish to.**

R: There is none.

I: **Okay fine, now I would like to discuss two scenarios and then probably you will tell me how you will be handling such if any. Let's say a young woman has come to see you and she is alone and she is about nineteen. She appears to be nineteen years, the young woman tells you she is married and lives with her husband and she just had her first child one year ago and would not like to have another child so soon. So she has never used**

contraceptives before because her husband is opposed to her using contraceptives. Now this is a scenario that has been presented to you, what would you like to know about this woman in order to help her?

R: I have to ask her what she wants to do or what has brought her to the facility. Then she will tell me what she wants or what she wants us to talk about. So from there is where I will find about my answers.

I: Okay you know she has told you she is young, she received a baby, she got a one year old and she has never used contraceptives before.

R: And she wants it.

I: She only says that she doesn't want a child so soon and she has never used contraceptives before. So my question is what would you like to know about this woman. For example, what questions would you ask her in order to help her?

R: If she would wish to use a contraceptive and then which type of contraceptive. And if she agrees then I will do the service.

I: Okay, and what exactly would you tell her about contraceptives?

R: I'll tell her the general, the side effects, how it is done, yeah. And how to relieve someone of the side effects.

I: **Okay, anything else on the contraceptives?**

R: No.

I: **Okay, which of the contraceptive methods do you think would be best for this young woman and why?**

R: Long term.

I: **Why long term?**

R: Being that the husband is against it if you give her pills her husband might find them and it becomes an issue, the injection maybe the husband was around and the date has reached and she cannot come to the facility. So that is why I want her to use the long-term.

I: **Okay, do you see clients of this kind?**

R: No. There is one who told me about the grandmother not wanting the type of service. The contraceptives.

I: **Okay, the next scenario. A young girl comes to see you, she is about fifteen years. She tells you she is sexually active and then she would like to prevent pregnancy because she is still in school and she has never used contraceptives before. What would you want to know about this girl in order to help?**

R: If she has not been using contraceptives are they using protection when they are having sexual intercourse with the boyfriend or whoever that is.

I: **What else would you want to know about her?**

R: Then I will find out the type of contraceptive that she wants and then I advise her.

I: **Okay, still on contraceptives what exactly would you tell her?**

R: On the contraceptives?

I: **Yes.**

R: The services that we have, the side effects and how to manage the side effects.

I: **Okay, and which method just again like I asked previously what method would you advice this sort of girl.**

R: Long-term because she is a school going, so I will advise her to use the long-term methods.

I: **Any other reason apart from her going to school therefore you give long term.**

R: A fifteen year old might forget the date for coming back to the clinic, yeah.

I: **And any example or would you please tell me of a client of you've ever had a similar scenario.**

R: There is one, she was fifteen years her mother took her to another clinic to have a three-month injection. So

she came due to the side effects, so she wanted another method, change of a method, which I did when the date had reached for the other method.

I: Okay, there is something that I have just remembered. You said something on registration. If a girl while the mobilizer is registering a girl.

R: Enrolling.

I: Yeah enrolling the girl is enrollment part of directing her to a particular clinic or how does she end up to this facility and to you to give her service?

R: The mobilizer is from our facility so obviously the client will come to this facility, so she will direct the client to this facility then for the Triggerise you know they have one service provider in each facility so the mobilizer must direct that person to me. Because I have the application to register that client.

I: So does it mean one mobilizer is tied to one service provider to one particular facility.

R: Yeah.

I: Okay and what if I got registered somewhere, I really need this service, and I am not registered in this clinic. How do you go about that?

R: As long as it's a clinic that is supported by the Triggerise, she will have the service using that card.

I: Okay, so how are you going to validate that?

R: Validation is not the problem as long as she has the card it will just reflect everything; it will not show that she took it in another place apart from this place.

I: All right, seems we are almost unless you have something else to say, a concern or a question.

R: I am okay.

I: Okay is sort of general.

R: I do not have a question.

I: Thank you so much for your time.

R: Welcome

[End of audio]

Notes

The interview is audible. All questions asked with relevant

File name: ITHR2_SP_HB_MIGORI_RONGO_URBAN_ROYAL
HOSPITAL_190508_1226

Duration: 01:00:34

I: This is Doreen ITH round two-service provider in Migori County Rongo, this is urban at Royal clinic. Starting time is 12.25 on 8th May 2019.

So would you kindly tell me about your work experience as a service provider in this facility?

R: Work experience.

I: Yeah, just tell me about you, your work as a service provider.

R: With regard to ITH or overally?

I: Overall, generally just your work as a service provider in this facility and explain everything.

R: The facility is busy and it has let me gain more experience serving quite a number of people with different reasons because we do family planning, we do cervical cancer screening, ANC services, CWC services, PMTCT. So having doing all those in one cocoon at least I have been experienced enough.

I: Okay, so what is your role in ITH?

R: ITH I am a service provider, having that I am handling family planning so in ITH I've also been doing it broadly.

I: Please tell me more.

R: About it? ITH?

I: Yeah, about your role in ITH as a service provider.

R: Validating the cards, talking to girls, giving them counselling then they choose the method of their own choice and helping them choosing them. Then each method an individual has chosen I give.

I: Okay.

R: Yeah. plus, return date when to come for check- up and maybe we talk about side effects, is suppose somebody might experience side effects and how to go about them.

I: Okay.

R: Yeah.

I: Okay, so you talked about validating cards, please help me understand what this means.

R: When a client has come with a card, the client has been enrolled by the mobilizer and the clients come with a card. the card has some codes then there is some application in my phone which I use to scan the card, then the phone will tell me the person has been

registered then after that I use the application to validate the card, to make the card valid for the service.

I: Okay, how do you do this?

R: You have a card I demonstrate.

I: No, I don't have a card; just take me through the steps of validation if you can.

R: The steps?

I: Yeah.

R: Once the client gets in I introduce myself to the client, I get to know the client. When the client is from the ITH project, the client will obviously tell me she has been sent by somebody and given her the card. I take that card from her then using my phone through the application then I scan the card then the phone will give me the details if the girl then there is a number which comes again, there is a number which is being enquired through that process, the number is in the card. I insert that number then the card is accepted. After that, I give the service, yeah.

I: Thank you, I have a better understanding now, thank you. So would you kindly describe the experience with adolescents in giving SRH services?

R: They are not all that consulted when getting services because some have been told, some have been pushed but those who came willingly are doing it good. The one who have been pushed maybe from a parent, maybe adolescent has given birth at home then the parent decides for her to come for family planning, you know that is not her decision but all the same when she comes we discuss of the importance of doing it even if she has been told. Then after she has agreed, I just give. And then some

shy up, yeah. There is like she wants but people will see her, so they shy up and you see it's also a busy place. So preferably, I just talk to my mobilizers to bring them in the evening hours when at least the workload is reduced. So for those who shy up when they get when the room is not so much busy. But that shying off is a problem to them, yeah.

I: So you say they shy off. So how do you deal with this apart from letting them come in the evening, is there any other way that you deal with it?

R: It is counselling because we don't have a youth friendly corner center in our facility so it is a challenge again because suppose the youth friendly corner is there you can now manage them as per their age. You know when they are age related they are very free other than looking old man lining with them up, but I still counsel them and just reassuring them over when they shy off but all that I'll do to her will remain between I and herself.

I: Okay thank you. Now would you kindly tell me about your training as an adolescent sexual and reproductive health provider?

R: Yeah, I did in college. College I was trained basically but after college I have been in college with Nyarami VCT center, I have been training with Afya Halisi over family planning.

I: Okay what are you trained on, sorry what are you trained on.

R: Family planning services.

I: Okay, like.

R: To include counselling, giving, removing, yeah.

I: Okay.

R: Yeah.

I: Giving and removing what?

R: The family planning commodity, which a client has chosen, you know a client may come telling you it has expired can you remove it, or maybe I want a child so I don't want this. So you must be trained on how to remove it again then insertion be giving it.

I: Okay, thank you. So maybe you've mentioned but what services does the clinic provide to the adolescents apart from what you've mentioned.

R: The clinic I am working.

I: Yeah.

R: In fact, in terms of family planning the ITH clients or overally.

I: Just overally, just give me overally what the clinic provides to adolescents specifically.

R: Only family planning services.

I: Okay, nothing else?

R: Nothing else.

I: So by adolescents again, what are the most sort after services? Is there anything apart from family planning?

R: Maybe come up again.

I: What are the services that the adolescents want more than anything else, like what they mostly come for?

R: Okay in this program of ITH there is some Tiko Miles and this one is being discussed there with mobilizers but perhaps one comes I might have enquired about it; I'll just tell you a bit. We have some Tiko miles once registered the service; the Tiko Miles is worth Kenyan shillings a hundred shillings because it is a hundred miles. So this is what I tell them you can benefit over that but any other benefit that is being given to them or they may get is not there, apart from the Tiko Miles.

I: Okay, I am just talking about the services that they want. What services do these adolescents want mostly from the ITH platform or program?

R: That may be added to the existed one.

I: Yeah, any services. Like these are the adolescents, they are coming to this facility but what brings them in most cases, yeah that's what I am asking.

R: Okay what brings them in most cases is mostly consultation again they come for it. because some of them do not understand how to go about the menses, somebody may not understand maybe when to become pregnant, you see someone is coming and telling you I can't have family planning today because, no I want it today because maybe I am going to meet my boy today.

I: Boy to mean?

R: Boyfriend, the sexual partner.

I: Okay.

R: Yeah, so it's like they are unaware of their reproductive health. So the awareness and do to them as per the concern they have, but again what they might need that has been captured.

I: Okay thank you. Please describe your experience with the ITH or T-safe platform.

R: Clients or?

I: The platform as in like the use of the mobile phone, how you navigate it and stuff.

R: At times there is a problem like when there is no internet it brings barrier to service, yeah because you try to get the things network is not there, it won't work I end up give the client the service they want but to me my documentation and all that it will not go through.

I: Okay.

R: Then at times, you realize the system has problems so you can't do validation. Even today, as we are speaking we are not doing it, maybe the whole of month of April and March because the system is not working. So this issue is now beyond me. Yeah but when network is weak again there is a challenge, you wait you wait, you keep on repeating, you keep on repeating but when network is strong things are just okay.

I: What happens, help me understand like what happens when network fails like who is in charge of all these and who takes care of it when it fails. Would you be in the position to know that?

R: Okay once it fails we have our, I don't know if she is a coordinator, her name is Esther. I used to call Esther because you know you might think that the network is failing or something is wrong maybe the problem is with you. So I have to contact whether other systems are working. Usually she might tell me systems are functioning maybe you have network problem, go to where you think network is strong, something like that or maybe try again, try again.

I: Okay.

R: Yeah, or maybe the system is not working this time we are working on it. So that is the response I do get.

I: Okay, so how has the project influenced the way you provide services to adolescents and you as a provider? How has the, I mean the, I mean the ITH project, how it has influenced the way you provide services to adolescents.

R: I can see there is increment in family planning consumption among the adolescents because once they have

talked to mobilizers there is that creation, demand is created to them so they may come and there is rise in consumption among the adolescents. On the other hand, now the influence now I get at least the workload is high.

I: Work load for you.

R: For me yeah, actually.

I: Okay, thank you. And what are the most common questions you get from adolescents regarding ITH.

R: Yeah the question some ask why must their picture be captured. Yeah their doubt is this picture is safe for us can't you not give it without taking our photo. Yeah so, that is a question that is beyond me to answer.

I: Now what do you tell them, at least you tell them something when they ask you.

R: I tell them it is just to create a verification that you are the right person that has come in front of me, so that is why we take that picture because I look at the picture I look at you again, yeah.

I: Okay, thank you. So what changes have you noticed since the introduction of ITH.

R: Changes in myself or on the adolescents?

I: Either way when we refer to you we refer to you as an individual or as a service provider under in relation to the adolescents, could there be changes that you have experienced since the introduction of ITH with regard to your work as a service provider and the adolescents that visit your facility?

R: Yeah before ITH, the consumption rate was low amongst the adolescents, so the change is ITH has improved the consumption rate.

I: Tell me more.

R: About that?

I: **Yeah.**

R: You see ITH has mobilizers, which create demand because they talk, they interact to girls, they talk to girls then girls become interested in getting the services. Without that, we just maintain the normal flow of our clients which probably the mothers, mostly mothers who come. So in that line you see because demand has been created and they are accepted, they are ready to pick so they come, and that one the consumption rate becomes high. So you realize among the adolescents like in this hospital I manage in ANC antenatal clinic, I manage around thirty girls, thirty adolescent girls per month. That is an average of one per day. But I think when this thing continuous for a given duration it might reduce from thirty to twenty or. So the change is because, okay current data I am not able to tell whether it has been reduced but because the consumption is high the teenage pregnancy will be reduced.

I: **Okay, just to take you back a little. What's the age bracket of these adolescent girls that you serve, you said you serve at least.**

R: Using ITH or overally.

I: **Overally what's the age bracket of the adolescent girls you serve at ANC.**

R: It is below nineteen years.

I: **Up to like.**

R: Okay ten years to nineteen years.

I: **Ten years to nineteen years.**

R: But majority falls at fifteen to nineteen.

I: Okay thank you. Now how have the preference of adolescent service users and health care providers been influenced or changes as a result of the program.

R: Come up again.

I: How have the preference of the adolescent's service users and health care providers been changed as a result of the program.

R: The change is just the increase of the uptake.

I: Like these people do they have preferences and as a result of ITH has that changed? These are the people who use the service right. The adolescent girls and they have their preferences right. So I am just kindly asking if there could be preferences that the adolescent service users and health care service providers if there has been change as result of the program. They have needs right? These needs have been met by the program so do you understand, yeah. Kindly would you tell me if there has been change and how?

R: For the people I have interacted with I can say their need is met and therefore they prefer the program and they love the program, only the point that they were being awarded is where there is a question. Some think that they are being forced because if that point, some think it should be added because like a hundred shillings does nothing to them but now preferably they speak of the program is good.

I: Okay, why do they think the program is good?

R: Because it enables them to get the service, because you see other clinics, they charge so that charges can deter some people to get the service whereas these people instead of them being charged they are being given a token. So the flow is increased.

I: Okay, I get you. So you just said like they are rewarded or they get like a hundred shillings and they think that this is nothing to them.

R: Yeah some same say that taking a motorbike up to the shop where I am going to redeem my points, it's equally a hundred shillings so why go there.

I: So what do you tell them when they say this like how do you handle that?

R: Okay I can tell them that, okay the point is yours and it is not a must you go when you don't feel like. You can have your own safari maybe you are just walking, maybe you have other things to add on top, then you go.

I: Okay.

R: Because when you want, just you start your journey to go to claim a hundred shillings using a hundred shillings you are doing nothing.

I: Okay thank you. How does your facility and colleagues support adolescent girls seeking the SRH services?

R: Some do not support because they think the family planning for the adolescents is like destroying the adolescents, telling them to be more active sexually because now they are covered, they can't get pregnant. So some look like it should not be there. Others who have seen the need do support, so there is that argument.

I: Okay, I appreciate that. So for those who support, how do they do this?

R: Okay the way they are doing it, you know once you are aware the program is somewhere and you know somebody you talk to her. You go and see Mr. so and so for you to get the service, service is offered there. So for those who are aware and those who accept the program can help they support in that line. Yeah again, you know adolescents

can come to hospital and ask where do I get this, for that person positive will help her go to that place, yeah.

I: So do you have special provision for adolescents like you said you don't have a youth corner but is there anything else that works in support of the adolescents.

R: Apart from maintaining confidentiality and their privacy during the service there isn't.

I: Okay, what about working hours would you, you talked about, at the initial stages, we talked about them coming late in the evening. So is this your usual working hours or what happens, tell me more.

R: My usual working hours is up to 5.00 but the normal client flow ends at midday, up to 2.00. So just because of I say they shying off when they are seen in the line I advise them to come at 2.00, 3.00 when the work load is reduced we don't have a lot of people then we can still maintain their privacy the way they want it. But beyond working schedule hours that is like after 5.00 and weekends, they were coming.

I: Okay, so how has participation in ITH influenced quality of care of SRH services for adolescents in your facility?

R: I just want to know how to gauge the quality. What do we use in gauging the quality because what I usually see they are only interested in numbers, if the number is high they say the service is good but I can say the influence now during the period they are using, the ITH is active the number is high? So if it is in terms of numbers I can say the quality has improved.

I: Okay.

R: Yeah.

I: Quality would probably involve a lot of things like confidentiality, timing, information and things like that. What in general would you say about that?

R: The only way to ascertain that your quality is good is if the number is good because they all expect to meet their expectations. If somebody meets a privacy, confidentiality, good service, good counselling, they will maintain coming and influencing others to come. But if these things are not good then you will probably see today I have no clients, they have run away because we don't meet the expectations.

I: Okay.

R: Yeah.

I: Okay, anything else on that?

R: Maybe the time schedule, because I am alone serving almost every area in the department.

I: You are alone means?

R: I am the only registered nurse working there, the rest are just support staffs.

I: Okay.

R: Yeah, so you see even right now you are here the line is waiting for me; everybody has to go through me before they leave. Suppose we were two the waiting hours could have been reduced but again it is a challenge this is a private facility where the owner sees profit verses people working, yeah. So what could have created some improvement again is suppose the staff is added, yeah.

I: Okay, thank you, so based on your experience working on SRH issues in the community what would you say are the facilitators and the barriers for adolescents to access these services.

R: Barriers may be working hours.

I: How? Tell me how.

R: Working hours I talked of I want them to come late in the evening because morning hours the working hours does not favor them. The adolescents some are in schools, some of wait for you know at home the only time they can get to move to hospital maybe weekend or late. Like when youth friendly services may be created to them. So our working hours is strictly between 8.00 to 5.00 which suppose who cannot meet that will not be able to get the service.

I: Okay.

R: But who can meet that again comes before lunch hours as I talked the line will discourage them. The adolescents reach at the door sees the queue is long goes back. Yeah so, that is a barrier. Again, another barrier we have also what do you call it. Do you call the customs or the-?

I: Just say it in whichever language you understand best.

R: Maybe the customs because you see some people sees like giving the adolescents the family planning services is destroying them; they will now be active sexually than being patient or to abstain. It's like they see it is being exposed. Some also say family planning is not, in fact the culture; family planning is not a culture of some denominations like the catholic. So people coming from such areas they say no, this is something which we should not do, so it becomes a barrier. So we have culture, we have working hours again what I can talk about. What I also seen then is the issue of photographs, some say no I don't trust taking my photo because you are going to confirm if you can implement another way

would be better. Because you know a person might think that this picture will be met somewhere again?

I: Okay, all right.

R: So I think that one has also been creating some barrier, somebody tells, even mobilizers complain that the person is ready yes but when you talk of capturing the photo, she is now not comfortable.

I: And what can you say are the facilitators.

R: Facilitators, like in that area I am the facilitator or?

I: I mean what would you say is a driving force behind adolescent girls accessing SRH services, what makes them come for these family planning services most of the time.

R: For those who have understand they don't want to be pregnant when they are still schooling you just find them they come themselves, they are aware, in fact the awareness, the creation of awareness is what makes them to come.

I: Creation of awareness by whom?

R: We have mobilizer doing it but not only mobilizers because family planning we have like now we have Afya Halisi supporting family planning, they also have their mobilizers yes but they are not very much strict in adolescents, they talk to general population, you know general population still contain the adolescent.

I: Yeah sure.

R: So the awareness will be created. So basically is mobilizers but from different organizations.

I: So would you kindly help me understand how they do this, how they create awareness, you've talked about Afya Halisi. Kindly just shed more light on it, how do they do this?

R: Okay it is the work of the mobilizer, they move door to door, talking to parents especially women of reproductive age is their target majorly, and when they are walking they have a lot of things to share with them, ANC, CWC or reproductive health services that is needed and they refer them to my clinic. Because after talking to them they find time and go there, they can organize some in reaches or outreaches yeah. so during an outreach I go, I get they have talked to clients, clients have gathered some where I also put in my input before giving the service. Basically, they just walk around and talk to them and teach them.

I: **Okay.**

R: Yeah, so that is how awareness is being created.

I: **Okay, thank you I now understand better. So you talked barriers and you mentioned them. Would you kindly know some of the mechanisms that you use to deal with these barriers?**

R: In terms of cultural issues as I said it is a challenge but some clients regardless of whatever they have been taught they still insist because they consider themselves as them self not somebody else talking to her. So in terms of culture it is a problem, it is a challenge yet but to those who accept we still deal with them. Like the other time I got two parents came to me telling me to remove the family planning commodity I give to their daughters because they don't want it. So you see the child has come, and gotten the service, back home is being forced to remove it again, yeah. So what I can do is just counselling, talking to them because you cannot force somebody. So the culture is still a challenge but now the barriers talk of time I explained

to you that I prefer them coming after 2.00 when I am a little bit free, that's how I deal with it.

I: Okay I am a little curious on the two incidences that you've talked about that the parents brought back their daughters or their adolescent girls. How did you handle that issue, tell me more about what you did, meet?

R: The parents came when they are annoyed that their daughters were given something they don't want, they don't expect. So I have to talk to them and tell them all about, because the girls met mobilizer in the village then girls came by themselves. Yeah nobody took them to the hospital, so I explained to them it was a choice to these ladies but you feel you have control over them until do whatever you want but you know you know you violate the ladies right, because their right to protect themselves against whatever they wanted to protect. But now you've come in because you are a parent I will not deny I will just remove. Then during removal, I emphasize on the ladies to abstain because now she has no option. I talked of them to choose another method now they say no because there are some other methods which are more private that they may not know, they say no. so you just tell them abstain, complete school first then see.

I: Okay thank you. I know that process was a challenge but I would just wish to know whether there are some more challenges that you as a service provider or as a facility deal with when... I mean some challenges that you face when dealing with these adolescents on SRH issues. Besides what you've said what other challenges that you face besides what you've talked about.

R: Still on that, I can add something.

I: Yeah.

R: The parents came when they were aggressive and you know when a parent is aggressive you can even be beaten. So that's a challenge because when they came they were so aggressive until they go to the administrator, they called the director of the hospital to tell them why like things has happened and you know the administrator plus the director was not on the scene, I am the person who remain. And you see the way somebody presenting you just develop some fear because when you are so much aggressive so still the challenge is, for the parents who behave like that serving your daughters you just give it but you don't know your fate. What might come tomorrow you don't know, you might be beaten so there is some fear, because when girls come in mostly they do not want even their parents to know you see? So when parents know parents will come back to you, when doesn't know you say things are okay, yeah. So there is some fear is ahead of us in doing the services especially to young ladies.

I: **Okay so what feedback about your facility have you received from the adolescents through the ITH platform?**

R: They just appreciate the way I told you initially that most cases in other facilities there are payment being demanded to them to get service but here instead of them paying something they are also rewarded, so let's appreciate that this thing will enable us to get the service. So the feedback is very positive, yeah.

I: **Maybe if you could just help me understand, there is a mobile platform, which you talk about, I don't know if in your facility or if the girls here are allowed to use the mobile phones to ask questions and get feedback and things like that.**

R: Actually, according to the platform those who are at a possession of a mobile phone, they should be having their phones and through their phones, they can give feedback and they can answer some questions. But majority almost 99% does not have a phone. You tell her about the phone and she is using her mother's, brother's something like that, so they don't own theirs. So in that platform of sending feedback answering question in phone we rarely use it.

I: **Okay.**

R: Yeah.

I: **Okay, so how can you be supported and by whom to help improve SRH services provision to adolescents.**

R: How I can be supported?

I: **Yeah as a service provider and whom do you think can be of help to you to help improve the sexual and reproductive health services provision to adolescents.**

R: That question has made me to think something about challenges before that question.

I: **It's allowed.**

R: You know there is some points awarded to the facility upon giving the services, these points act as a motivational factor but to me I don't get them.

I: **You don't get the points.**

R: Yes.

I: **Okay.**

R: The point goes, the points are being rewarded in terms of payment, money goes directly to director's account and then when I went to claim.

I: **Okay, it's okay just talk, just get loud enough. I told you this is a safe space; it's your time just talk.**

R: They asked me are you employed by Royal? Yes, stick to your salary, but now that thing has accumulated around 37,000 shillings and I started doing it thinking that I will get something. Because you know when you are straining you see you strain but when there is something as reward then you have hope in it. Now in the long run he gave me 4,000.

I: **Okay.**

R: Yeah, but you see what I have accumulated today, more than even my one-month salary.

I: **It was you said 37,000.**

R: 37,000. So since then I have not received anything, it was month of November I think.

I: **November.**

R: Yeah. So you see it is a lot of challenge again, you accumulate a lot of money and you are sure you are supposed to get even a little of it but it's not coming. So you asked about the support.

I: **Before we go to the support I have a question on that particular challenge, how did this make you feel, that you'd accumulated that much then you ended up getting 4,000 shillings. How did that that make you feel.**

R: The feeling is demoralized because you think of, in fact we thought like even if we can sub divide it then you know when you are asked are you working for Royal. You know that person is directing you towards your salary. You are told this thing is a new one when I started working here I was not employed to do this, this they just a by the way you see? And then introduction was made, initially I thought the money was mine as service provider but now when things goes I realize the money is

in the director's account which I have no authority over and then he asks me are you employed with Royal?

I: It's the director who asked you that and it's to his account that the money went, okay.

R: So I felt demoralized to an extent that even if today the activity is not active we are not doing it I just feel comfortable because whatever was to give me motivation is not there.

I: Okay.

R: And even you, you saw how the MCH is, my department is busy doing several things you are being told you are being employed to work for us. You see working in people's things sometime becomes difficult.

I: Okay, at this particular time at least you've told me that you are demoralized and it's just okay whether there is girl or not, did it interfere with your relationship with the adolescent girls when giving them the service?

R: Actually giving service since I was trained, giving service I give it even if I have been demoralized but it has not been a barrier for anybody to get service.

I: Okay, thank you. So now let's get back to the question of support and whom you think can support you and how.

R: The support, the support which should be there. The support is just in terms of payment maybe.

I: Payment.

R: Because let me talk of for us to capture the adolescents we need to work extra hours and we need to organize out reaches and in reaches, that one will now allow us to capture them more. When we talk of outreach we need support like transport means, something like lunch maybe, we may have a shade like a tent maybe in a certain area or a given village, that is an outreach. When we

talk of in reach again because when a function is organized we expect more people than usual, so we still need some support, we need lunch, yeah. So that is the support I may ask or I may talk about. Again, the system is using cellphone and cellphones are things that might even destroyed any time. So let's say for example a girl has been sent to come for me then by that particular moment my phone is not functioning, okay I will give the girl the service but the service will not appear. So another support would be if we can access better phones to get the services. Then another support which I may talk about extra working hours and youth corners, youth friendly corners or centers. If suppose they are there they have been established you get to interact with the adolescents in their own environment, so like here we don't have a youth friendly corner. If suppose it is there you get to interact with them, so that is also a support to get that corner, to get that particular place.

I: Okay.

R: Yeah, so who should support it is the project owner, why not?

I: Who comes to your mind when you say project owner because we are in a facility and there is ITH.

R: Somebody sat down and came up with ITH service this is the owner.

I: Okay thank you we are about to finish. Just a scenario, now I would like to discuss about some specific situations you might encounter with your clients who come for family planning service. Now let's say a young woman has come to see you, she is alone and appears to be about nineteen years, the young woman tells you that she is married and lives with her husband, she has just

had her first child who is one year and now would not like to have another child soon. She has never used contraceptives before but because her husband is opposed to her using contraceptives. What would you want to know about this young woman in order to help her?

R: The husband opposes.

I: **Yeah, her use of contraceptives, she is nineteen years old; she has a one-year-old baby and would not like to have another baby soon.**

R: I always have two areas to tackle with such like a client. One if the client can come with the husband so that I give a couple counseling, the husband to understand why it is necessary. If this is still impossible, I try to help the client to choose the very private methods which the husband will not know.

I: **Okay, what would you tell her about contraceptives?**

R: About contraceptives, okay she has never used.

I: **She has never used contraceptives before.**

R: Normally I give counselling to all of them, how they work, the duration suppose you've had one and side effects and now after telling her about all how these things works I give her time to choose the one she will prefer.

I: **Okay, now you talked about the very private methods, what do you mean when you say that?**

R: The method that no one else might know.

I: **like.**

R: Like Depo, injectables, it is only you who injected her and herself knows.

I: **Okay.**

R: Yeah.

I: Okay, so just tell me which contraceptives do you think would be best for this young woman? Like which specific one do you think would be best for this woman that we've just talked about?

R: The Depo Provera.

I: Why?

R: Because it is private, because the husband doesn't want so the husband will not know it then she is still protected having it.

I: Okay thank you. Now do you see clients like this young woman that you've just talked about.

R: Yeah, actually not even young even very old mothers, some say my husband doesn't want to know.

I: Now could you please tell me about a client like this you dealt with recently. One that you recently attended to with such a scenario.

R: The one whom I attended to recently is not of that age bracket we talked about but the client came and shared with me that her husband does not like contraceptives. One will make her being prostitute, two they bring cancer, three the husband himself will be having some infection that the wife is using some contraceptive. But she wanted the contraceptive because the number of children she is having is already many. So no, I first ask whether she would like to me done sterilization, she said yes but is not sure what her husband will say. I tell her no.

I: What is that process kindly, we don't understand.

R: Sterilization is bilateral tubal ligation, because when somebody has said the number of children-

I: Okay I don't understand still, what does that mean?

R: It is a family planning method that act in somebody permanently.

I: **Okay.**

R: Permanently and once done you have no chance of getting pregnant again.

I: **Okay now I know.**

R: Yeah, so the client said the number of children overwhelmed her I bring that option to her. If she is willing, I ask what the husband will say, like this one I interacted with she said she is not sure whether the husband will accept. Now I opposed that because you cannot do it minus your husband knowing, yeah. So you can discuss with him later on, meanwhile I give you family planning method injectables, which he will not know unless you tell him, yeah. That is how we interacted and she accepted to have the injectables.

I: **Okay.**

R: Yeah.

I: **Thank you, now another one here. Let's talk about this young girl who comes to see you again, she is alone and she appears to be like fifteen years of age, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. Yeah, so what would you like to know about this girl in order to help her?**

R: The girl wants contraceptives.

I: **Yeah she is fifteen years.**

R: She is fifteen years old and she is sexually active.

I: **Yeah.**

R: To me what qualifies clients to be, be it a girl or a mother, what qualifies them to have contraceptive is being sexually active, that is one. Another thing is on

the demand, she has come by herself and she wants, so my role is to tell her all the available methods and how they act and the side effects and the best with them. Normally for the adolescents the ones in school I used to talk about term methods like five years and three years so that avoid regular visits to the clinic. Because when somebody is in school, you can give appointments through like three monthly three monthly. Yeah, but I give them after counselling and she allows. Normally they like taking the long methods, such like cases.

I: So like it is you who help them to explore the option then you tell her you prefer the long-term method.

R: I give her advantages of long term; I give her the disadvantages and the advantages of short term and disadvantages. Then I tell her preferably, the decision will be yours yes but this one will not make you come to the clinic regularly so you better pick the long term, I help her in making a decision.

I: Okay, anything else? What do you tell this girl about the contraceptives? The fifteen-year-old girl.

R: After taking the contraceptive.

I: Like what generally do you tell her like say the scenario I have just given you? She is fifteen she's come you said you talk to her about this, so what do you tell her about contraceptives just in general, is there anything else?

R: What I can add to them is contraceptives are safe but suppose she come across any side effect that is not pleasing to herself she come back for consultation and we look way forward on how to help her. Besides that, I also emphasize on STIs, there is still sexually transmitted infections even if she is using

contraceptives. So I have to emphasize over that so they may stick to their one partner not to move all around because is protected in pregnancy but she is not protected in STIs.

I: Okay, so this fifteen-year-old girl we've just had that scenario, so you see clients like that?

R: Okay they are not many.

I: Okay.

R: Many of our clients are from sixteen still not many but from seventeen eighteen nineteen are many.

I: Okay so would you kindly tell me if there is any like a scenario you just, kindly tell me of a scenario if there is of this kind of girl who came to you for this service at least even if they were not fifteen-year-old but their case was of that nature that we just talked about.

R: I can't remember very well but around February, in fact early February I met such a case.

I: What happened?

R: I talked to the girl, I gave the girl services and I told her to come back in case she experienced anything that is undesirable to her, again I told her not to move around with more than one sexual partner.

I: Okay thank you, would you just take me through like this is how she came, this is the problem or the case that she presented before you and this is how you handled it and how old was this girl?

R: Okay the girl came when the girl has interacted with the mobilizer outside, and then the mobilizer talked to her and mentioned to her some contraceptives that are available. So when she came already she was aware that the services are available and she will get. Now I started with her like in a counselling session, to

explore to know. She told me she is still in a school and she wants family planning but her story was funny she only wants when she is on holiday other than holiday she feel like she is in school.

I: Why?

R: In school now, she cannot meet the boyfriend.

I: Okay.

R: But I told her that is risking because you never know she might come out of school and miss the service and meet her boyfriend and get pregnant. So I told just to proceed with long term contraceptives even if she is in school she is protected in long term. Then she accepted and picked the contraceptive, which takes five years, and she appreciated whatever took place. I also tell her to go to the shop she redeems her points. I think that's what I can remember.

I: Okay, I so much appreciate that and we just come to the end of our interview session. Thank you so much for fixing time out of your busy schedule to take this discussion with me. It means so much in the evaluation process of In their Hands program and we really appreciate. So just in case you have any question it's your time about our discussion.

R: Only discussion not outside?

I: Like this was, the main objective and we've just come to the end of the interview so do you have any question first?

R: I have.

I: About the interview session, we just had.

R: Yes.

I: Okay.

R: Now that we are done.

I: Go on.

R: The findings that you are going to accumulate from this interaction and you are taking them somewhere. How will they benefit us back?

I: As I told you in the beginning, we are only evaluators and I believe evaluation is done so that changes can be done in one way or another right? And the feedback that we've gotten from you and as I said it's in four other counties which are talking up this. So the feedback that we have from the various places, from other service providers are going to be used by the implementers. So when we give this data to them it is them who are going to see where there is a gap and they can be able to judge or make a decision of what to do, where and when. As a researcher, our capacity is just to collect the data and submit it to them, the decision with the implementation process and the changes to be made are all left to them.

R: Now you assured me over the confidentiality.

I: Yeah.

R: And you are taking the data to somebody else.

I: No, this is... yeah I am taking this data as I said we are a research team, it's not only about me. I am doing the data collection bit and as I told you, everything that we say is going to remain confidential to the research team not to me as an individual but to the research team. Which means the people we left down there, me here and a few other people are the only people who have access to this data. I did not come up with this tool somebody else did, that still is the research team right. And the person who is going to analyze the data is still the research team. So the data is confidential within the research team and there is no fear of you being

manipulated for what you've said or anything, it is very safe there is no risk just as I told you. So don't worry about it. It is safe and within the research team.

R: Thank you.

I: Are you answered? Okay thank you too, I appreciate your time and thank you, thank you, thank you.

[End of audio]

Notes

The interview is audible. All questions asked with good

File name: ITHR2_SP_HB_NDHIWA_RURAL_190507

Duration: 01:14:14

I: This is Mercy having interview with service provider in Osano Nursing Home in Ndhiwa sub-county, in Ndhiwa constituency rural area and in Kosewe sub - location Homa-Bay County on 7th May 2019 from 11.20 Am.

Thank you very much for taking time in this discussion, please can you tell me about your work and your experience as a service provider at this facility.

R: I am a registered clinical officer who has worked in this facility since last year. I have been providing services in all departments in the facility. The MCH, the outpatient and the inpatient. Yes.

I: So can you kindly outline for me the services you normally give to the community members or the patients who are coming to this facility.

R: The services we give to the community, first since this is facility in the community or in the rural, we mostly see the rural patients or the community. So there are a lot of things we offer that help in the community, first in the MCH we have a program, which is in hand with the community, which we help in serving the young girls in

the community. The program is called the ITH or In Their Hands, is a program, which has assisted us and has assisted community in general in that we are helping the adolescents in, we are helping the adolescents in the choices for family planning or contraceptive. So this is a project, which has assisted much because the young girls can come to the hospital be assisted, be counselled on this project.

I: Thank you very much, so you've stated your work at Ministry of health. Could you please tell me your role and how you see your role In Their Hands project? Now we are down to In Their Hands project.

R: Okay, my role In Their Hands I am a service provider in the facility. My role is to see these young adolescents come to the clinic, first I counsel them on their options then I give them a chance to select what they want, because most of these adolescent doesn't understand the broad aspect of contraceptive. I educate them, I give them a chance to choose what is best for them on their choices, because that is why it is in their hands, it is them to choose what it's for them after the education or the counselling.

I: Thank you. Please describe your experience with adolescent sexual reproductive health services.

R: My experience I've worked with now young because before that we had a program Voucher I have worked much with the adolescents, my experience because adolescents most of them are shy to state their reproductive issues. Most adolescents are shy but because also me I am not their age so I am still in the group, I put myself. So first they need privacy that is one thing adolescents need for you to convince them, next thing confidentiality, you have

to assure them that what they are going to tell you, you can't share with anyone, even the panel. If they have a challenge, are you keeping their secret? So, I've dealt with adolescents most time and I've learnt that for you to convince an adolescent to choose a method of contraceptive it is hard but you be open first to them, you feel, you have to feel that you are part of them then you let them have most conversation come from them. You know adolescents if you talks a lot they will say the doctor is the one who chose.

I: Thank you very much, so you said about the privacy of the adolescents, so how do you make sure that the adolescents have their privacy?

R: Yeah, like in our facility here there is a section for when they come because this is a program we have run for some times. We have selected a room where when they come, I am the only person with them; there is no any other worker in the facility who I allow to be with me. So there is a room segregated for the adolescents that it's only me and them one by one we see them. So we have a selected area which shows privacy of the adolescents.

I: Okay thank you very much. And you've also stated that when you are talking to the adolescent you have to be open, can you kindly explain for me the criteria of openness.

R: Yeah the criteria of openness for adolescents means you know there are some things like in the reproductive health, there are some words which if you can't explain, if you can't define or you can't just state it clearly, the adolescent will not understand. So you have to just be open that these things happen, the adolescents engage in sex, unprotected sex, the adolescents engage in other things which are...if you don't accept that they engage in

sex, that one you are wrong. So first, that is the point of openness. You have to accept that these people they engage in sex. So for you to talk to adolescents, you have to be open and accept the state of that age group, so that is the point I've been...yeah.

I: Yeah thank you very much. Please can you tell me about your training in adolescent sexual reproductive health, do you have any training?

R: Yeah, I have attended training for youth friendly services and I've also attended a training of safe abortion services for young...and I think they are two trainings I have attended.

I: Okay the first one you've said about friendly services. Can you kindly quote for me when and where you got the training.

R: That is a training I attended in Kisumu courtesy of the T-safe, yes. It was in...the period I can't remember it's long -

I: The year.

R: The year 2000 and...last year.

I: 2018. And the safe abortion?

R: Safe abortion also is last year, early last year.

I: With which organization?

R: Marie Stopes.

I: Marie Stopes okay. Thank you very much. So what service does the clinic provide to the adolescent, this clinic? The services they provide to the adolescents.

R: Apart from the contraceptives?

I: Yeah, any service, it doesn't matter so long as it is a service that the Osano Nursing Home provide to the adolescents.

R: We...also there is treatment of the outpatient, we see...like it is a community thing. We still see the youth who are sick, they come to the outpatient and we see them. That is also we offer outpatient services to the youth, yeah. We one time we were offering the safe abortion care but there were some...Marie Stopes were not providing us with the equipment so there was a way the service was closed after that, yeah safe abortion.

I: **Thank you. So what are the most sought after service by the adolescent?**

R: Sorry?

I: **What are the most sought after services by adolescents? The most sought after services by adolescents, let's say when you give adolescent a family planning method, there are some after-services that they sought. So what are the most sought after services by adolescents?**

R: Okay, first you know like in adolescents, actually we don't term it like a family planning, we do term it as a contraceptive because most of them will complain, "We don't have a family," so we do term it as a contraceptive method. So after the contraceptive we give to an adolescent, we do encourage them because it is not a priority because when you look the area, this is an area of HIV is prone or it is on high...so mostly we have to give the adolescents a condom even after leaving, after getting a contraceptive. We do educate them that this is not...if you get this it only prevents you from getting pregnant but not the other STIs and the other...HIV is on higher side, so you educate them and still give them condom. When they engage and have sex, they have to use condom.

I: Okay thank you. So could you please describe your experience with the T-safe platform? Platform here we are talking about the mobile platform. So could you just describe your experience with the mobile platform.

R: When the program was beginning, we had challenges of network but as the time goes it has been good, things have been sorted well. Immediately...when a mobilizer mobilizes the adolescents out there, they come with a form or if it is through card, if that has a phone, comes here then the validation process is easier, it doesn't take long. We immediately...it is a simple after education, after counseling the adolescent has an option, then we immediately start validating with the...so it's a process which of late is very easy. You don't waste time with the adolescent, it's very quick and it's for...yeah.

I: So what can you say about how to...in navigating the platform, it's easy?

R: It's easy.

I: So can you just elaborate how easy it is.

R: Okay, because you know if adolescent comes after mobilization, immediately me as a service provider after counseling, then if adolescent has already chosen a method I immediately send the method to the T-safe platform. Which will give me a call and then I give the adolescent who will verify that, "It is me," or is with the service provider and validation is immediate. After I give her, verification also comes back that the adolescent has validated, that the service has been offered.

I: Thank you. So how has the project influenced the way you provide services to adolescent?

R: Sorry?

I: How has the project influenced the way you provide services to adolescents? The project of in their hands, yeah how has it...?

R: Yeah it has influenced our...because first it has helped us to improve because the facility has improved in some point because we are supported. So this support has helped us improve our facility, to improve even area of weakness, even also it has helped us to achieve more commodities. Because now when adolescent comes, at one time you may...if you didn't have a method and that was the choice for the adolescent, it was hard to send a...so this project has...the experience we have had, it has helped us to gain more. That now when somebody comes or adolescent, we'll not lack a method, we'll surely get the method and this has also improved the community. Because now they have confidence in us that when you go there, what you need you will get.

I: Okay thank you. So how has the project influenced you as the provider? Now not the facility, the improvement, now you as the provider, how has the project influenced you?

R: The project also, me personally I think I have now engaged more in youths. Because for a period of like now a year, dealing with youths has been very good and to me, I have gained experience of dealing with youths. And I think for the last one year I have dealt with youths and I've experienced what youths need, what adolescents need in their lives to gain like to achieve their dreams. And I've also learned the weaknesses of you know also like me I'm not the facility owner but I'm just the service provider who is employed here. So it has also expounded me on how to handle issues of accountability in the platform because I'm the person who is doing it more. So it has helped me

to know more on how accountable you should be on handling issues of the project.

I: Okay thank you. So you said the platform has helped you to know the needs of the adolescents. Could you just please narrow it down to how the needs, the needs you are talking about that the platform has helped you.

R: Okay the needs that I've talked of...because this project when an adolescent comes to you, sits with you down and tells you, "Doctor, I have this challenge, I am in form 2 but I have a boyfriend who we most times, we spend." One time adolescents even tell you that, "This friend of mine would like me even we spend without condom." So these are things which I have now understood the challenges or the needs, what the adolescents need and what they need to be taught. Because first you know, when somebody at their age you know what Christianity or the society teaches that at that age you should be stay to your books, take your education first. But because of now the social issues, you find that that time an adolescent already have a boyfriend who even at one time they do sex. So it has helped me to know the needs of these...what these girls need. And it even opened, one time we went even for an outreach in schools, we do outreaches in schools just for education. To teach them no, first things first, "This one if happens to you, you need to take this step and come to the hospital, get counsel, stick on your studies first. Or if it this way we give you an advice of take a contraceptive, but first things first, stick on your education." So it has opened as much on adolescents.

I: Okay thank you. So when the adolescent are coming for the services, what are the most common question you get from

the adolescent regarding the T-safe or the ITH? Common questions.

R: The common questions adolescents have is the, I can get every...you know they come, "Can I get every service free?" You see. That is the first question they ask. Then you explain to them it is a free...you will be served free, you are not charged. Then they ask you again, is there follow-up? You see, follow-up yeah because when...in this program also we do follow-up for these young girls. So we tell them, "We do follow-up, if you have a challenge you still have the chance to come here and be addressed." So, those are the common questions they ask. Then they will ask you the side effects, but that is if you don't do a proper counselling. But if you do a proper counselling, you have to explain the side effects of all these contraceptive methods.

I: **Okay thank you. So the ITH or the T-safe was introduced in the last years, so what changes have you noticed since the introduction of the ITH or T-safe?**

R: Noted in...?

I: **Yeah what changes have you noticed since the introduction of the ITH? Like it was introduced some years back, so before it was introduced, what changes have you noticed since he introduction? So from the other time it was not there but currently it's there. So what is the changes that you've noticed?**

R: Is it the changes in facility, community or?

I: **Generally in the community, in the facility with the adolescents, with their peers, with their parents, how they take the ITH.**

R: What we have noticed as even the community, you know I said as we started that this was also a center for safe

abortion care, but since this introduction of free contraceptive to the adolescent, even the number reduced. Because that was an impact of this program. It has helped the community and also nowadays, we find that even it has expounded those who have gotten the services, now even give it to their friends. So the community is enlightened more. People just come and walk in says, "Doctor..." even a friend just referred. So there is a lot of change to the community even to us. We have seen change because what we were seeing, you could find young girls coming here even more than six a day for just safe abortion, which it was not good. So for persistency of when the program came, this number has reduced and this is because of the program. It has helped us.

I: Thank you. So how have the preferences of the adolescence service users and healthcare providers been influenced as a result of this program? How has the preferences of adolescent service users and healthcare providers been influenced or changed as a result of this program?

R: Like preferences like?

I: Preferences in Kiswahili is *mapendeleo*.

R: How the preferences for the...

I: How the preferences of the adolescents service users and healthcare providers has been influenced, what they prefer.

R: Okay, actually to me I feel the preferences, they get what they want, so we don't change the preferences of the adolescents. As I said earlier adolescents are one people who they are hard to change, if you convince one you have win that person. At one time even in the community she was educated that, "If you go to the facility you can request for an implant," then when she comes to the

hospital, she finds the implant is not there. You see that will be...it will be hard for her to change. So we have tried to accommodate and stock all the commodities that the contraceptives offer, that...what we offer, that the ITH offer. All the contraceptive methods are there so there is no change of preference. What they want is what we offer them, so we don't change them or being biased that choose this one or this. So it has helped us much to address the adolescents.

I: So how does your facility and colleagues support adolescent girls seeking sexual and reproductive health services? How do you support and your colleagues support adolescent girls seeking sexual and reproductive health services? How do you help them or how do you support them? Like how your facility, how is Osano Dispensary support adolescent girls seeking the sexual reproductive health?

R: Okay at one time I've said first this program has assisted us because they receive everything for free, from the consultation or counselling up to the end and we do follow-up. There is one time the facility was offering even transport for this one. If adolescent comes...because some of them will come from far, so we give even a transport of 50 shillings to go back with. So we have supported, even in the community we have done outreaches. Even we would go to the community and do outreaches, do counselling on basis of if an adolescents accepts, we'll come to the clinic and get the service. So we have supported the adolescents in getting the services because we don't deny any chance.

I: Okay. So and how about your colleagues, you as a provider and your colleagues maybe the mobilizers, how are they

supporting the adolescent girls seeking sexual and reproductive health?

R: All of us like in the clinic here whom we work with, all of us are youth friendly. So we support them by all of us have the information and can educate a young person. That is one thing we do because we have known the project all of us. When the project came we took like facility all had a meeting and we educated them, "Help the young person out there even you educate her that there is a program which s for them, they can get these services." So most of us as a facility almost all of us are doing mobilization just to help a young person out there to access the services.

I: **Thank you. And is there any special provision for these adolescents in relation to the services, seeking of the sexual reproductive health services, is there any some special provision...?**

R: Yeah we had...also at one time we were giving them pads when they come. That is a provision we give them, that when an adolescent comes, we give one pad then...that also it has gone far because now you see that one if it goes to the village, actually it will bring another young person because it's for free. And I've said also at random we give even those who come from far, we give transport.

I: **Transport, thank you. And what measure do your facility and colleagues take to make sexual and reproductive health services accessible? How do you make sure the sexual and reproductive health services are accessible to the adolescent girls, how they can access it?**

R: My colleagues like the facility staffs, I think that one because I've just said, first is to stock the commodity. Because when an adolescent comes and lacks a method it

will be bad. So first, we stock all the commodities for the contraceptive which assists us in that. Also I can say also like my colleagues also do mobilization and they try to make adolescents to understand the contraceptive method. And also they can access it every time they come because they will not come and get somebody is not there who can provide them with services. So all of us are trained, we have trained people and they all know the contraceptive methods. And they all know the ITH and what it entails.

I: Okay thank you. How has participation in ITH influenced quality of care of sexual and reproductive health services in your facility? How has the participation in the ITH influenced quality of care of sexual and reproductive health services for the adolescents in your facility?

R: It has influenced because as I said we are given some payment when we provide services and it has helped us in improvement in quality services because we buy more things in the health sector. We try to improve the infrastructure of the facility and also we try to accommodate, like all our staffs get something so that when the clients come, we'll not lack somebody because of the issue of lack of payment in the facility. So it has helped us to improve on the three sectors.

I: Thank you. So based on your experience working on sexual and reproductive health issues in this community, what will you say are the facilitators and barriers for adolescents to access sexual and reproductive health services? Maybe if we start with what are the facilitators.

R: Facilitators, barriers.

I: Yeah barriers.

R: First as I said you know we are in the community, first barriers, getting to reach them. Because the community is large and for you to reach the community all is a barrier and most of them young ladies will not reach this community because of lack of funds because that provision of transport also is a problem. So that is also has been our challenge in them accessing these services.

Also a challenge which has been there, lack of knowledge also has been a burden because if we don't do much to educate the young people, most of them will not come. An example there was a young lady here a standard 7, who just dropped out of school, had pregnancy, she had no education at all. So this young lady had a problem. SO getting information is a challenge, for her to decide what to do with the...for her to, what choice can she take, what is the...the knowledge was a problem. So that has been a problem in the community we are serving.

Also, you know there are some guardians who don't accept the adolescents to access this information. So I think the guardian or the parents have denied because you know some parents don't accept that these young people do these things. So they have, "No, my daughter will not...I cannot allow my daughter to do something like this." Then at one time, you find the daughter is pregnant. Now the parent no again start to...what has been...and then you'll find now the parent coming with the daughter herself, "Doctor help her, I hard you are offering this project for free. This child of mine got this problem." Now after this young person getting a child is when now the parent can accept imagine. So that has been a challenge.

I: **Okay thank you. So you've stated for me some of the barriers or the challenges that you are facing, so what**

are some of the mechanisms that you or your facility have used or could use to support adolescent to overcome some of the challenges you have mentioned above. For example, we've said that getting to reach the adolescent might be a problem, so how do you deal with that problem?

R: It is still a problem because I can't say that we have reached the adolescent up to that you know, but we are trying.

I: **You are trying.**

R: We are trying. It is still a challenge because distance is hard, we can't do every day outreaches. We do regular outreaches but still they'll need the adolescents to come to the facility. So it's still a challenge but we are trying, if we are supported with a little fund, we do give them transport.

I: **Okay, so you've also stated the lack of funds in relation to the transport and you are just telling me that when you have some cash, you normally give them to cater for their transportation.**

R: Yeah but it's still...yeah.

I: **Thank you. Then you've said also in the relation of lack of knowledge, you said there was adolescent who did not have that much education to know how to do about with their problems, so how did you deal with that adolescent? The one who was...**

R: Actually, first we assigned one mobilizer to do good follow-up for the lady and who was doing regular education on her and was telling her what the program is, the program entails. What the contraceptive is and after it...it was a regular follow-up, this lady we took her and we did a good mentorship for her even in this facility. So it assisted much. In fact, we put her as one of our mentors

in the community. After knowing everything well, now she was to teach other young ladies in the community. So we tried them by getting one person in touch and passing the information.

I: Okay thank you. And you've said there are some scenarios where the parents do not accept their daughters to get the contraceptive, but at the end, you find that the daughters maybe are engaging in sexual intercourse and getting pregnant. So how do you deal with those parents who don't want to accept but at the end when the children are having the problem of maybe pregnancy they run back to you?

R: Yeah, it's a problem that one is a good problem but as long as they come. Now we try to educate also the parents to know, that is how we can help them. Because you know, first thing is the guardian to understand that the daughter at her age is sexually active. She has to, a parent should accept that. Then after accepting that we do tell her, "If you are willing your daughter to continue with her education without any break of pregnancy, accept her, if she has accepted or chosen that mum me I want to take a contraceptive to assist me stay safe until I complete my education." You know that is a lady who has seen future, she knows that I have a boyfriend and at one time we engage in sexual intercourse. So if a daughter informs her something like that I think he should accept the daughter to take the contraceptive. So we have tried to educate the parents to have a talk with their daughters, yeah.

I: Thank you. So what are some of the challenges you and your facility face in dealing with the adolescents sexual reproductive health issues? Now sexual reproductive

health issues, what are some of the challenges you face in dealing with adolescent sexual reproductive health issues?

R: Challenges like.

I: What are some of the challenges you face in dealing with adolescent reproductive health issues?

R: Okay general.

I: Yeah general.

R: First challenge as a facility we may face because there is lack of some support. Like because in some reproductive issues you will need to support the adolescent. But when you don't have good support or you don't have good financial flow, you won't get to get what you need to support them. Because like treatment of these STIs you know if they are not there in the clinic, you are not supported and they are expensive. So at one time, you have to refer the client to go somewhere to receive that treatment. So that has been a challenge.

Also a challenge we have, another challenge as a facility, you know our working hours is a challenge. Because most adolescents maybe will be, if it is over the holidays, most over the holidays when schools are closed or mostly weekends for those who are coming. Then you find weekends maybe we are not working or there is none who is on duty, so it's also a challenge to us. So at that time we have to assign somebody to do that, to also to do a locum or to cover. So it's a challenge also in our area.

I: So in relation to timing, you've said the weekend and you've also said there are some people who are coming to cover up, so is it still a challenge when during the weekends you are not there but at some point you find somebody to come and cover up?

R: You know it is a challenge because now when they...you know young people when they find again a new person, it's a challenge also that is a challenge because staffing in us also at one time if there is no good human resource, most of us even leave, replacement of other people. So that also has been a challenge. When an adolescent comes they find another receptionist who is not the...so it has also been a challenge.

I: **Okay thank you. So what are some of the misconceptions adolescents have about using sexual and reproductive project and services, the misconceptions?**

R: Yeah there are a lot of them. First, the misconception they have that if you use these contraceptive methods when you are young, you won't give birth in your life. When you use...that is one misconception which is much. Another one, they say even when you use them, some they say that she's just growing thin, that is a misconception they have. And also, the two are very common in our area but also they had issues with the issue of I think it is issue of condom. That if you use condom you get cancer or what, so you see those are misconception, which are in the community.

I: **Okay thank you very much. You've said one; they say that you may not get pregnant. Then number two you said that most of them say that if you are using sexual and reproductive health products you grow thin. Then some have misconception in relation to condom that you will get cancer. So what are some of the ways that you mitigate the challenges? For instance you may not get...you will not get pregnant when you use the sexual and reproductive health services. So how are you mitigating that challenge?**

R: First, it's through education done through follow-up. Because most people have used contraceptives and they still become pregnant. So we do regular follow-up even for one client and be an example even if you have a community dialogue, you can show an example to the community. That me having this facility gave me this contraceptive, I have used it for the almost three years, when I removed it I wanted a child and I got pregnant and now I have my son or daughter. So that is how we challenge. That is a good example that we give them when we do a community dialogue, we do outreaches. So we have grown and also through education of the young adolescents know you can educate and convince that this is a misconception, it is not true. There are a lot of people who use the contraceptive and they still are children.

I: **Okay how about when they are saying that if you use the sexual and reproductive health products you become thin, how are you dealing with that misconception?**

R: Actually is a misconception but it is a side effect of some contraceptive but it is not that extent. Because when we do educate or give the side effects of some contraceptive, we will tell you that, "If it goes severe you need to come back to the clinic and be checked or be changed." Because we do follow-up. When you are told that, that is why when you come for contraceptive we do take your weight and you know there is how you need to improve if it goes for over a limit, it is also dangerous. If it goes down with a great limit, also is dangerous. So all those we do educate them, it's not that when you use it, you are going to grow thin.

I: Thank you. And those who have misconception of using condom connection to cancer, how are you dealing with that challenge?

R: It's a challenge which is...it's also a misconception, which is not there, but it's just through education. We tell them, "People have used this for over years, we have...there is no study which has shown this one in..." Also we tell them that government cannot bring something which is very harmful to the communities. So we do tell them if it is hygiene, hygiene can bring cervical cancer or a penile cancer. If the hygiene is not good. It's not that it is the condom that will bring the cancer.

I: So what feedback about your facility have you received from the adolescents through the T-safe platform, what are they saying about the facility and the T-safe platform?

R: Feedback we have gotten because most of them come back with other adolescents. First, there is a token they are given that they can go to the shop which are selected to get something. So we get good feedback because most of them come back with even, brings the neighbor for these services. So it has given us a good feedback and we are reaching out to many people.

I: So one of the feedback you've said it's a good feedback in that when you -

R: It...motivation.

I: When you offer service to an adolescent, she will come back with another adolescent to receive the service. Any other feedback you've got.

R: Also because most of them we are still doing follow-up, because we still do follow-up. Maybe one will come, "Doctor, you gave me this but I have had heavy bleeding,"

so some will still come back with such complaints but we reassure them and give them what is necessary. Also, that is a feedback. Yeah because that is the side effects of...she will say, "For the last one month I have been attending for three times," when you give her contraceptives. So we do reassure them, give them what is necessary for that time and get back to the...

I: Okay so you stated the feedback but it's like most of those feedback re face to face. Like one if adolescent gets a service, she will refer another. Then there is a feedback of when adolescent is given a contraceptive maybe she has the challenge of bleeding she will come back. But is there any feedback you've received from the adolescent through the T-safe, the phone, the mobile platform other than those they come face to face to tell you. Is there any that you've received through the T-safe platform, the mobile?

R: That has called us or?

I: Maybe texted back or called.

R: No that one we don't have.

I: Most of them are face to face they are coming back to the facility.

R: Yeah, yeah.

I: So how has the feedback provided influence the way you deal with adolescent visiting your facility for the sexual and reproductive health services? The services they have told you maybe about the over bleeding so how have...yeah?

R: So we address the feedback they give us and it has still improved. Because when the adolescent comes with other adolescents for these services, we still offer the services for them. And also educate all of them to go still to educate other young ladies outside there. So it

has helped us to expound on the program and to reach other people. Again, on the issue of maybe if they have a negative feedback, we still address their complaints and we reassure them. Because you know like these contraceptives, we do counselling and tell them the side effects and maybe if a complaint, if she goes home and has a complaint, that follow-up we still address it and help her out. So we address the feedbacks.

I: Okay so I think you've stated the ones who are having those services. But now let's take for example this is a new adolescent who is coming for this facility for the first time. So how have the feedback provided influence the way you deal with the adolescents visiting your facility for the sexual and reproductive health services, how has this influenced or changed? For example the adolescent who is bleeding due to a certain family planning methods, so how has that feedback of that girl who is bleeding of a given contraceptive, has influenced the way you will deal with adolescent visiting your facility for sexual and reproductive health?

R: I understand. What I'll say that when an adolescent comes with that feedback that she is over bleeding. After addressing her problem, when another adolescent comes. First we do reassuring that when you take this contraceptive, you may get this challenge but be assured that when it persists, it goes over one, two months when you still have that heavy bleeding, you need to come back to the facility you be assessed. And if it passes for over three months we'll advise you to have a change of this contraceptive. So for the follow-up or the other who comes, we do assess and tell them the side effects well and how they should do when such things occur.

I: Okay thank you. So how can you be supported and by whom to help in you improving sexual and reproductive health provision to the adolescent?

R: How to...?

I: How can you be supported and by whom to help you in improving sexual and reproductive services to the adolescent?

R: You know when you do the training for the adolescent services, when you do and take too long, regular training are important for this, so which I think for the program I think the T-safe and the NSK I think is...a refresher course for this thing is important. So I think that is...

I: Training?

R: Training.

I: And how about ideas regarding initiatives or Tiko Miles points or reimbursement process to the clinics? Is there any support you need in relation to the Tiko Mile points?

R: The idea, what I think should be...because when the program started they had, the amount was somehow high but it reduced. But we still need to support the community because I have told you there are challenges like transport. So to me I think if they can still improve it a bit, it can be better. Then again, there was one thing we stated that like to me I get the services...I do the service and just we requested that when a service provider does a service can he be given points. Because like me reimbursement is for the facility. So like you, you will just wait for, if the owner gets, is when you get something. But we raised that complaint that can service provider who maybe are not owners of the clinic, can they be given points in regard like even 200 per...and then the reimbursement which s for the facility is still there.

But now the service providers who are not owners of the clinic. Because to me I thought, this project was only for owners of the facility who are service providers, but there are some who are not service providers.

I: Okay thank you very much for highlighting that complaint or a thing which should be done for easy provision of the sexual reproductive health services to adolescents. So I have different scenarios about a client who may visit this facility to get the services. So I'm just going to read it out. Now I would like to discuss about some specific situations you might encounter with clients who come to you for family planning services. Let's say a young woman has come to you, she is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with the husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. What would you want to know about this young woman in order to help her?

R: First, you have said she appears to be 19.

I: yeah she is alone and appears to be 19 years old. The young woman tells you that she is married and lives with the husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. What would you want to know about this young woman in order to help her? Can I read once more?

R: I'm trying to...what will you...?

I: I can read once more. Let's say a young woman has come to you, she is alone and appears to be about 19 years old.

The young woman tells you that she is married and lives with the husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. What would you want to know about this young woman in order to help her?

R: First, I'll want to know what is her decision, has she decided she needs a contraceptive or still fears the husband? Then I'll do counseling on her on what she needs to take. First, I'll get to know how do they live and what is...how do they live with the husband and how...because you know if the husband is too harsh maybe check on her. How do they live, how do they engage in maybe their family which her husband maybe is on regular sexual with her, that would be hard on her. But I think what is there is to show education to the young lady, a 19 year old is married with a one-year-old child. So is to provide education on the...counselling.

I: Counselling.

R: Next, how...what I will want to know how they live with the man, what is the challenge why the husband does not need the contraception. What is the problem, what has the husband said about the contraceptive, I'll need to know much why the husband is not for contraceptive.

I: Okay thank you. Sow what would you tell her about contraceptives?

R: Yeah first, I'll tell her the various methods which are there which she can partake. I'll tell her the side effects of each and every one of them. I'll give her the opportunity to choose, which one does she think is right for her. So I'll educate her, I'll counsel her and the various methods I'll tell her how they are, how many

times...how long they take in the body and what side effects do they have.

I: Other than those, do you have anything else you feel you should tell the young woman? The side effects the many...

R: The options.

I: The options, yeah. Any other thing?

R: I'll also...you know it's important to also educate them on the issues of HIV/AIDs, which is very important on that. So I'll have to tell her o the issue of HIV despite her contraceptive. Because if a husband does not need any contraceptive that time, I doubt if even the husband accepts to use a condom. So I have to tell her on that and how risky it is, they need to know about HIV/AIDs also.

I: Okay thank you. So which contraceptive methods do you think would be the best for this young woman and why?

R: If maybe the...as I said early we need to know why the husband is not for contraceptive. So we get the reason it could be better. But if still there is no reason, the best method for her is the injectable.

I: Why?

R: Because maybe if it's difficult the husband cannot realize the wife is on a contraceptive. So that is one which will assist that lady as a start but we need to know the reason why the husband is not for contraceptive. But fit for her is for injectable which the husband cannot realize the wife is on contraceptive.

I: So do you think clients like this young woman in this facility? Or do you see clients like this woman in real life?

R: Yeah.

I: Could you tell me about a client like this who attended...you attended to recently?

R: Like...

I: Now the first question is do you see clients like this -

R: I saw one long time ago, last year.

I: So could you tell me about clients like this who you attended to recently, that was the last time maybe it was last year. So could you tell me what transpired and what happened and how you helped the lady or the young girl?

R: She was young about...she was a young woman of 20s who also had a child and then baby barely one year, also the husband...in fact there is a time they came for HIV testing with the husband, the husband was here, denied contraceptive for this young lady but the young lady wanted contraceptives. So I had to book the young lady to come back later and not with the husband. But I tried even to explain to the husband who even become furious and they left. So he was not really for the lady to have a contraceptive. But I had tried to pass the information to them as couples. So what inspired, I had to book this lady to come back later to the facility. She came back, she had a young child but it's a painful time when you see young people, a young marriage, her husband does not want a contraceptive, yet their income for raising children maybe is very hard. Because you find the young man is just a *bodaboda* rider and at their age 20s, they already even have three children. So this one forced to call this lady back to the facility and to try to pass information to her. I educated her on the family planning methods. I educated her very well on her choices, what she can take when the husband doesn't know. Actually she followed...I gave her injectable Depo by that time when she followed

it for one year. It was nice with her, there were minimal side effects, she was doing regular coming and telling the response very well. And in fact the husband did not even realize and the husband had no problem by then.

I: Okay thank you. So we have the second scenario. Now let's say a young girl has come to you, she is alone and appears to be about 15 years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptive before. What would you want to know about this girl in order to help her?

R: First, young ladies when you see them they take opportunity comes to you, you need to be very curious. First you need to know this young...and she is sexually active. First, you need to know what was her last menstrual period, because they may come to you already pregnant if they are young. Young sexually active. So where to start helping this person, you need to get when lady did she have her period, when last did she engage in sex, does she have unprotected sex or it is protected. So that is where now you start to help this young person. Now again you need to tell her the importance of her education. She needs to have time for her education first before other things and come to the option that despite that she can still take contraceptive. So we do a counselling on her, we give her the option and then she has her choices.

I: So what would you tell her about contraceptives?

R: I'll tell her the methods, various methods, I'll tell her various side effects of every method. I'll also tell her which one is...you know there are those which are safer for the adolescent minds. I'll tell her these ones the long

term contraceptive are good for the adolescents rather than the short terms. Because you are in school most times maybe, you won't get time so it's important you get a long-term method.

I: So you've said about the short term and the long term, could you just please narrow it down to the short terms and the long terms.

R: Okay, so the short-term methods like you know if it's an adolescent who is in regular school, you can't expect after every three months you come for Depo injection. So that is one of the short term methods, also pills, condom now is a general one that you use the time you use it. So these ones maybe we do encourage the young people that despite you have your choice but this one may limit you. Because at one time you are in school, you are somewhere you need to go and take your pills. So it's difficult. So we advise them to take long term, which are implants for three years, five years, and there is IUD, which even takes even five, ten years.

I: So which contraceptive method do you think will be the best for this girl?

R: Method which is safe for this girl, to me I will give her implant for five years.

I: Why?

R: Because she is a school going, a 15 year-old, she doesn't need a child, she wants to stick to her books for even five years, finish high school, and later join college or university. Still do studies after that. So she needs a long-term method, which will take her all that period.

I: Thank you. So you do you see a client like this, have you ever see?

R: Several.

I: Could you tell me about a client like this who you attended to recently?

R: Several, young ladies are there who come to the clinic here. Young ladies who are at school, who are going to school. There are day schools, they come here to receive...they come here for the services, they tell you, "Doctor, I have a boyfriend who we go to the same school, he's in form 3, I'm in form 2." Then you realize, "We do spend, weekend Sunday afternoon, we don't go to school, he wants me to visit him. We engage in sex. Sometimes we engage in unprotected sex. I don't want to get pregnant now because I am still in form 2, I want to finish my schooling and later even join university." So I educate this young person, I tell her that is if you try to do...use protection every time you do sex. Advise the boyfriend that every time use condom. Then I tell her, "You can use various methods which are there," I educate her on the methods and which one is appropriate for her. She gets a choice and I give her.

I: Thank you. So do you have any question?

R: I don't have.

I: You don't have.

R: No.

I: Okay thank you very much for participating in this research. Yeah.

[End of audio]

Notes

The interview is audible. All questions asked with relevant

**File name: ITHR2_SP_HB_RACHUONYO EAST_RURAL_SAOKON
CLINIC_190509_0532**

Duration: 00:59:40

I: This is Mercy having IDI with service provider in Home-Bay County Rachuonyo East sub- County, which is rural, Saokon medical clinic on 9th May 2019.

So I will start, please tell me about your work and your experience as a service provider on this facility. Your work and your experience as a service provider of this facility.

R: My work, I am Judith Chavia; I am a service provider in this facility, yeah.

I: So tell me about the work of being a service provider, what do you do as a service provider?

R: Just providing the services that's what they are.

I: So which are some of those of those services that you put the patients and the clients.

R: Especially for the teenagers' family planning, yeah.

I: Any other work that you do?

R: We are also treating people here.

I: And your experience? Is there any experience as a service provider of this facility, any experience that you've come about in this facility?

R: I am not getting you.

I: Okay you've said about your work as a service provider. You are treating people in this facility and also you are offering services to the adolescents, the contraceptive ones. And do you have any experience in relation to the services that you are giving like the contraceptives and the treatment you are giving to the clients or the patients.

R: Yeah.

I: Can you tell me more about the experience that you've come about. Okay please tell me about your experience as

service provider in this facility. You have told you have two duties, giving contraceptives to the adolescents and treating people. Is there anything that you do any of the experience that you have.

R: Nothing.

I: Which one?

R: Nothing.

I: Nothing, only those two?

R: Yeah.

I: Okay, so there is a program by the name ITH, so what is your role? What is your role or what do you do as what is your role in ITH program?

R: I am a service provider I am the nurse there.

I: So what is your role? What do you do as a service provider in relation to ITH now? The other one was generally what you do in this facility but this one it's your role is, so what is your role and how do you see your role in ITH? You earlier said that you are a service provider in this facility and you are offering services to adolescents. So could you just tell me your role as offering the services to the adolescents? So you've told me earlier that you render services to the adolescents, other than rendering services to the adolescent in the ITH program which role do you have in the facility in relation to ITH?

R: Just to provide the services to the teenagers.

I: So what of services are you rendering?

R: Mostly family planning and counseling them.

I: Okay, and which kind of family planning methods are you rendering to the adolescents?

R: I think we have rendered them the family planning according to how they come. Some come they want the

implant, some they want implant of three years, some want the implant of five tears, so we do according to how they want.

I: Thank you. Please describe your experience with adolescents sexual and reproductive health in relation to, earlier you had stated about the contraceptive so please describe your experience with the adolescents' sexual reproductive health services.

R: According to me, I can say that service has helped the teenagers because if they come for boys we do offer them the condoms so at least help them not to get some STIs.

I: Okay. So you've talked of giving condoms to the boys but what kind of contraceptives are you offering to the girls other than the implant?

R: Apart from the implant?

I: Yeah, are there any other contraceptive that you are offering the adolescents?

R: We are counselling them.

I: So which kind of counselling are you rendering to the adolescents, can you kindly explain this type of counselling you are giving them.

R: I am not getting very clear.

I: Okay you've said you are offering services to the adolescents, when adolescents come to the facility you render-

R: Most of the time, I am getting you. Mostly we teach them how they should live.

I: Yeah, so you've just stated to me that you teach them how they should live, so how are you teaching them how they should live?

R: We teach them because we want them to finish their education, so we teach them how they can use those

contraceptive for them to avoid early pregnancy of them to finish their education.

I: Okay thank you. Do you have any training in relation to adolescent sexual and reproductive health? Any training?

R: No.

I: Other than being a nurse is there any training that you had in relation to adolescent sexual and reproductive health services?

R: No, I have not.

I: Okay thank you. So this clinic, what services does the clinic provide to the adolescents, adolescents between the ages of fifteen and nineteen in ITH. Which services other than you've told me earlier you are offer in counselling and contraceptives, is there any other service that the clinic is offering to the adolescents?

R: Yeah, there are some services we are offering.

I: To the adolescents?

R: To adolescents, sometimes we do distribute always, we do provide always for the girls.

I: What are the most sort after services by the adolescents? Which services do adolescents come for mostly in this clinic? Or what are the most sort after services by the adolescents. Let's say adolescent has come here for contraceptive and you have given the adolescent. So what are the most sort after service, you've rendered the service to the adolescent, you've given the adolescent the contraceptive, what are some of the after services the adolescents sort? After rendering the services.

R: I am not getting it but I will get used to it. I am a visitor.

I: **You are not a visitor; at least you've rendered some services. So what are the services that the adolescents seek most of the time from this clinic?**

R: They are coming for family planning.

I: **Which kind of family planning are they coming for?**

R: For long-term methods.

I: **So which type of long-term method are they coming for?**

R: I think they like implant of five years and implant of five years.

I: **So why do you think they like the two major implant of three years and five years?**

R: I think because some are in primary. So they can forget yeah, so I think this long term is better for them, yeah.

I: **So it's better for them because they can go to school.**

R: They can go to school, yeah.

I: **Okay thank you. So there is a platform like an app in our phones, I hope you have some knowledge about the platform. So please describe your experience with the ITH platform, the mobile platform. Or please tell me your experience as a service provider about the T-safe platform.**

R: I think if they come or I know if they come first we counsel the children or if they are, many we group them together, we do counselling. After that, we take the cards we verify.

I: **Tell me the process of verifying. How do you verify the cards?**

R: I think we have the phones, so you verify through the phones. So the phone will tell you if this is the right girl or this is not the right girl we should offer services to.

I: Okay. So you said the phone will notify you or tell you when this is the right girl or this is not the right girl.

R: Yeah.

I: Is there anything that the phone does that make you understand that this is the right girl and this is not the right girl?

R: There is a picture; yes, there is a picture that you will see.

I: So if you see that picture it will show you that that is the right girl.

R: Yeah if the picture tells you this is the right girl you did, you go on with the procedure but if the girl is not the owner of that card so you report the card, you don't do family planning.

I: So any other information or any other experience you have with the platform in maybe navigating, how you use it. Is there any experience also you have in relation to the platform other than you can get the card and verify through the phone is there any experience that you have or what can you say about the platform in general? Is it easy to use or is it-?

R: It is easy to use.

I: Okay, can you tell me more about it being easy to use.

R: First, what can I say?

I: Just say even in Kiswahili or in Luo we will understand. Just say in any way you can explain.

R: Let me say it can help in knowing the owner of the card, yeah. Because some if they have already given the card with the mobilizers, they do change their cards, so if they come to the facilities so you find another lady is the one having the card.

I: Okay. So you said the card is, you can easily use the card.

R: Yeah.

I: Okay, thank you. So after the introduction of In Their Hands project how has the project influenced the way you provide services to the adolescents. Is there a way in which the coming of the program or the project of ITH has influenced the way that you provide services to the adolescents? Or I can read in Kiswahili if you can understand Kiswahili more. How has this ITH program influenced you as a service provider to the adolescents? How has this ITH program influenced you? How has it influenced or changed you as a service provider.

R: Just read in English.

I: English?

R: Yeah.

I: How has the project influenced the way you provide services to adolescents and you as a service provider? How has the project influenced the way you provide the services to the adolescents and you as a service provider?

R: I can say at first we were not offering family planning to many, but this time I am seeing if teenagers are many.

I: So why do you think that nowadays teenagers are many who want to get the services.

R: But even if you are looking at, if you are looking back we had girls who were dropping out of school but nowadays they are few because of this project, yeah.

I: So when an adolescent hears about the T-safe or the Tiko Mile or the ITH. What are the most common questions you get from the adolescents regarding the T-safe or the ITH?

R: First what they are asking, they are asking if whether cards, if they can use those cards every day or once, but they are asking why they are using cards once and cards expire.

I: **Have you ever answered them why they are using the cards once and the card expires?**

R: I have not.

I: **So is there any other question they ask you about the T-safe other than the card?**

R: About the T-safe, they are still asking me if the T-safe can offer for them free treatment.

I: **But according to my understanding the T-safe or the ITH are rendering the services free to the adolescents, so you are saying that the adolescents are still asking you the questions, so how are you answering the question if they ask you.**

R: They are rendering the service for family planning only. But if the teenager is sick can this card offer them treatment.

I: **Okay, so what changes have you noticed since the introduction of ITH or T-safe. What changes have you noticed?**

R: Changes I have noticed is at least I am seeing if there is low birth rate in the community.

I: **So you've said about birth rate, which kind of birth rate has reduced in the community?**

R: can say the teenagers back if you are looking I think you can find someone in class four, some are class six and pregnant but nowadays you can't get.

I: **Okay. So how have the preferences of adolescents who use T-safe and the service providers changed from this program? How has the preferences of the adolescent**

service users and health care been influenced or change as result of this project. I pardon the question.

R: Yeah.

I: Okay, how has the preferences of adolescents' service users and health care providers been influenced or changed as a result of this program? How has the preference of the adolescents and service providers who use ITH or T-safe program changed as result of this project?

R: I think it helps them to know about the family planning and someone to choose the child she wants to.

I: And you particularly how have the program changed or influenced your preferences in relation to this program? How has the program influenced or changed your preferences as a result of this program?

R: Can I say it has controlled births.

I: Controlled births, how has family planning controlled births?

R: I see it helping young women or-

I: Children who are going to school?

R: Yeah.

I: How it is helping them.

R: Mostly children who are going to school can use family planning for them to make them finish their education. And young women can use them to control births and have children they want not immediately following each other.

I: Okay. Now is there a way that this facility helps children who come seeking for family planning services. How does your facility and colleagues support adolescent girls seeking sexual reproductive health services? What way do they help them?

R: We do offer for them family planning.

I: Any other support after offering the family planning methods, is there any other way that you support them?

R: No.

I: No, you only offer the services.

R: Yeah, it's only the services.

I: You are not even doing follow ups in relation to the family planning?

R: The mobilizers are doing the follow ups.

I: So this facility is only offering the family planning method and it ends there.

R: No even treatment we are doing.

I: So you have said the facility is offering family planning methods as one of the supports they are doing with the girls, so I am just trying to analyze like is there any other service other than you've given them the family planning method, is there anything that you are doing in their support.

R: In the support of the teenagers?

I: Yeah, in the support of the teenagers.

R: No only, we are just counselling them and giving the condoms.

I: The condoms.

R: Yeah.

I: So a special provision for adolescent you can say that you are only offering condoms to the adolescent.

R: Yeah.

I: So let's say what measures do your facility and colleagues take to make sexual reproductive health services accessible to the adolescents. What are the things that this facility does to make sure that these adolescents get the sexual reproductive services they want, for example if a child comes and wants a certain

family planning methods, what does this facility do to ensure that child gets the family planning or contraceptives they want?

R: First when they come you have to talk to them and know them well, then the second you will ask her the type of family planning they want, so the third you will ask her why she has chosen that one, so the fourth you also you will advise the child according to the family planning they have chosen.

I: **Okay. And in this facility is there any other way you can help these adolescents in relation to opening and closing hours. Is there a way you can help these children to get service even after your normal closing or opening hours, is there a way you can help these teenagers to get these services before your opening or closing hours?**

R: Yes, we allow them because mostly we open at 6.30 in the morning for the teenagers who are going to school. So in the evening we do extend up to 4.00 Pm, I think 4.00 Pm even if they are going to school at 6.00 they have left, so on that four hours we just left for them in any case that there is here.

I: **Okay, and if the teenagers come here, how long do they normally wait before getting the services. Is there a way you help them to get those services fast when they come here and not wait?**

R: Yes, because they do walk in a group, so if they came in a group we do the counselling, we group them in one place and we do the counselling. So after that you will start verifying the, before they sign the consent, so after that you verify the cards, after that you do the procedure. After that, they sign the consent then you register them.

I: So how can you say the involvement of ITH has contribute to improving the quality of sexual reproductive health in this facility? How has participation in the ITH influenced the quality of care of sexual reproductive health services for adolescents in your facility? How has participation of ITH influenced quality of care of sexual reproductive health services for adolescents in your facility? Is there a way in which the ITH, you the facility participating in the ITH has influences the quality of the care of sexual reproductive health for adolescents in your facility?

R: Yes, because many of them do come, we teach them or we counsel them how to live, yes and some services we are offering for them.

I: So what are you telling them how to live, you said that you teach them how to live so what are you teaching them, how are you teaching them how to live?

R: Mostly for the boys you teach them how to abstain yeah. And we give them the condoms.

I: So one thing I want to let you know that In Their Hands project is mainly concerned with the adolescents who are girls between the ages of fifteen to nineteen. So you've said that the boys you render condoms, so to the girls.

R: To the girls we do talk to them, even if we have already offered the service for them we still teach them how to live and we still give them the condoms.

I: So you've said you are giving them the condoms and you are teaching them, so how has it influenced, now giving the condoms under ITH how has it influenced the quality of the care, you just say what you have you are free and anything you say there is no wrong answer, all the answers are good. We are taking them the way you say

it's your experience not ours. So can you say how has participation in ITH influenced quality of the care of sexual reproductive care services for the adolescents in your facility?

R: With me I can say at last we were not offering much as such but at this time we are offering because some of the, can I say in Kiswahili?

I: **Just say in Kiswahili or in Luo, you can say in Luo I will understand.**

R: Some of the implants or how can I say it?

I: **Just say the way you can.**

R: Things they come to get and getting but at first they were not getting because they may come in your facility and find if sometime you don't have the implant and the girl is need of that implant, yeah.

I: **So any other way in which it has influenced the quality you have said that nowadays the girls can come and they can get the family planning method that they want, is there any other way that the quality of the service has improved other than the availability of the service? Okay thank you. So base on your experience working on SRH or sexual reproductive issues health issues in this community. What would you say are the facilitators and barriers for adolescents to access sexual, so based on your experience working on health reproductive health issues in this community, what would you say are the facilitators and barriers for adolescents to access sexual reproductive health services. What are the barriers that prevents adolescents from accessing sexual reproductive health services, like you have told me the first on contraceptives, what are the things that can**

prevent adolescents from accessing contraceptives services?

R: I think most of them fear.

I: **Yeah, so tell me about the fear, why do you think they fear?**

R: What can I say?

I: **Just say even in Luo even in English just way. Why do you think they fear?**

R: I think they fear, when they come and get a client before they are received and sometime you might find that that client who came for treatment knows the lady, so you find that it brings some fear.

I: **Okay. You have told me the adolescents may come and get a client who knows them and that can be a problem. Is there anything you have done so that the adolescents who come for these services do not meet people who know them or not be with those people, is there anything you have done so that adolescents who came here don't sit where people can see them?**

R: Yeah, we have done that, they have their room which if they come they go to, their private room.

I: **And is there anything else that can prevent our adolescents from coming for these services.**

R: I see that some are lack of transport. Because the mobilizers have gone there and talked about family planning, so the transport, the fare.

I: **Okay, any other thing that you feel is barriers to-**

R: And some age, because some are interested but because they have not reached that age so they fear coming because even if they come the mobilizers will not be able to give them the cards.

I: Okay, so you say age also make the adolescents not to come for the services if they are young under fourteen years.

R: Yeah and then others are lack of understanding.

I: Okay tell me, lack of understanding, what don't they understand?

R: Mostly you can talk to her or say you are a mobilizers buy rumors that are going around the village that if you use family planning when you are young sometimes you will not give birth. So I can say lack of knowledge or lack of experience.

I: Okay. So you've stated some of the challenges that is barring these adolescents from accessing the sexual reproductive health services, for instance you've said lack of knowledge. So what are some of the mechanism that you and you and your facility have used or can use or could use to support adolescents overcome some of these barriers, for example barriers of lack of knowledge by the adolescents, how are you helping them?

R: Mostly we so talk with the mobilizers to talk with them because with us we are not allowed to talk with them, with us we are allowed to provide the service.

I: So you've also stated about the lack of funds, they don't have funds. So how are you tackling that problem of not having funds?

R: That one we just detect because if the mobilizers have given twenty cards or more than but the teenagers which are coming in the facilities are few, so because the mobilizers some are in Othoro and other places so I just guess or I just guess that the fare or the-

I: The fare might be a challenge.

R: Yeah.

I: But you think you are not sure. So any other challenge that you tackle? How do you tackle the idea of the age where a girl is young but want the services?

R: Idea of the age we can't because if the girl come to the facilities, because the mobilizers do send them to the facilities without the card. So it is our time, we take our time because the mobilizers already talk to them. So we also advise them or we tell them what is needed.

I: Okay. So there are some issues in relation to sexual reproductive health. So what are some of the challenges that you or your facility face in dealing with the adolescent sexual reproductive health issues.

R: Pardon.

I: What are some of the challenges you or this facility face in dealing with the adolescent sexual reproductive health issues.

R: I think.

I: What are the challenges that you are coming about or face in dealing with this?

R: The challenges we are seeing is, how will I say it.

I: Say it even in Kiswahili even in Luo. What you know but can say in Luo just say.

R: A patient might come or the challenges we face, a patient might come you offer the service, after two or three weeks let's say the patient has gotten sick, so the parents are running to us that the family planning you offer is the one who is killing my child, so it's a bit challenge.

I: Any other challenge other than the family planning method that your render to their girl is maybe having some effects. Any other challenge you face in dealing with the adolescents in sexual reproductive health.

R: No.

I: So in this sexual and reproductive health products and services, what are some of misconceptions adolescents, misperceptions adolescent has about using sexual reproductive health products and services? What are the misconception that adolescents have about sexual reproductive health services? As in these young girls, these adolescents there are things they say concerning the family planning methods, the things that they say which are not right; those are the misperception, what they are just thinking.

R: Misperception, some are saying if you use family planning for long, you will not be able to give birth.

I: **Okay, another one, any other challenge.**

R: Some are saying if you get an implant in runs in the body and it can disappear any time, yeah.

I: **Any other one?**

R: Some are saying if you put the down one let's say IUD, if you put that one you might get pregnant and if you get pregnant that thing sticks to the baby.

I: **Okay any other misconception you've had other than the three you've said, one implant will disappear they will not get pregnant and when they are using IUCD, it will stick on the baby. Is there any other misconception these adolescents have concerning sexual reproductive health products and services?**

R: No.

I: **Thank you.**

R: That if you use that family planning that it can lead to operation.

I: **It can lead to operation.**

R: Yeah. And then some are saying if you use it for many years you can deliver many children.

I: **Many?**

R: Yeah.

I: **They also say of you use it for many years you can deliver many children.**

R: Yeah.

I: **Okay so you have told me the misconceptions that the adolescents are saying about sexual reproductive products. So what are some of the ways that you mitigate the challenge? For example, you've told me that some are saying if you use the products and services may make them deliver many children in future, so what are telling them about that misconception, that one that they are saying that is you use for long you will give birth to many children. What do you tell them about their perception?**

R: You must talk to them; you tell them the disadvantage and the advantages.

I: **So for example which disadvantage or advantage are you giving them?**

R: Advantage I am giving them is if you use that-

I: **That. Just say it in a different language.**

R: If you use the family planning, it can make you to reach where you want.

I: **Okay and they say that if you use these family planning products or methods the sexual and reproductive health product and services can lead them to get an operation, so what do you tell them for them not to say that.**

R: According to me, I see that those are things that community members say. So I advise them to stop thinking about that and that something like that cannot happen.

I: Okay. And you also told me that they say if you put for them implant it will disappear in the body, how do you solve such a challenge?

R: Imagine I tell them because in, how do I say it.

I: Just say it the way you can say it.

R: In the flesh or should intra muscular. There is no vein, the one that has been put on the vain is the one that can run, but that has been put through the, yeah.

I: Okay, you told me also that they won't get pregnant or they won't give birth if they use these services. What do you tell them about not giving birth?

R: I tell them no.

I: So after telling them no, what else do you tell them?

R: I just advise them.

I: Okay, so which kind of advises are you giving them in relation to like them telling you they will not give birth. So how are you advising them in relation to they will not give birth?

R: They will not give birth, because 8you must get the point, where that child or where that lady gets that word or get the information. If from her mother that is her mother's.

I: Okay. So initially, I have asked if you were familiar with the phone platform, the phone app. So what feedback about your facility have you received from adolescents through the T-safe platform. Is there feedback about your facility, is there feedback, is there anything that the adolescents are saying about your facility that you've received through the T-safe platform?

R: No.

I: **None that you've received. And is there any feedback you've received from the adolescent concerning the T-safe services?**

R: Yeah.

I: **Which kind of feedback have you received?**

R: I think, not I think. Yeah they do appreciate.

I: **So which kind of appreciation are they giving you?**

R: For us for giving them free services.

I: **Any other feedback you've received so far. Okay thank you. How can you be supported by whom to help you improve sexual health reproductive health services provision to the adolescents, how can you be supported? What way do you think you can be supported to improve on how you give adolescents sexual reproductive health services? How can you be helped and who can help you to improve how you offer sexual and reproductive health services?**

R: Mostly I can say if there is a training. And then the provider also I think because the mobilizers are getting their money though the phone, but we as the service providers it seems as if we are doing nothing you seem as if you are just getting your salary. We are not getting anything. So at least they give us that morale, they should give us something small.

I: **Any other support you feel you can be given.**

R: Support.

I: **Other than training, you said training you said the mobilizers are the only people who are getting the Tiko Miles points and you intend to be given commodity also. Any other support?**

R: And also, they should give us enough commodities.

I: **Commodities' in what way?**

R: Commodities like providing us condoms or implants.

I: Okay. Now I have two scenarios here where a girl can come to this clinic, how would you help that girl? So now, I would like to discuss about some specific situations you might encounter with clients who came to you for family planning methods. Let's say a young woman has come to you, she is alone and appear to be about nineteen years, the woman tells you that she is married and lives with her husband, she just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. What would you want to know about this young in order to help her?

R: In order to help her.

I: **Yeah.**

R: First, you will not the husband so you can't do if the husband doesn't like, how will you do that thing?

I: **So if you want the husband what will you tell the husband but the husband is opposed to her using contraceptive?**

R: Yeah, you will call them together and sit with them. You counsel them first. Yeah, so if you have counselled them I think you will get the answer from the husband because the mother has already.

I: **Has already.**

R: Accept.

I: **Accepted.**

R: Yeah.

I: **So any other thing that you need to know about this young woman before you help her, any other thing other than calling the husband and counselling them.**

R: The age.

I: **The age.**

R: Yeah.

I: **The age is stated here; let me read it again once more then. Let's say a young woman has come to you-**

R: I have gotten you, but some can lie to you. So if you call the husband you will know the real age.

I: **Any other thing you would like to know about the young woman before you help her, other than knowing the real age, other than she telling you she is nineteen years old.**

R: You know the name, the residence and the.

I: **So what would you tell her about contraceptives?**

R: What I would tell the mother about contraceptives?

I: **The nineteen-year-old young woman, what will you tell her about contraceptives?**

R: we will inform her the disadvantage and the advantage, because if already someone has already come from her home, coming to get family planning is mean that she knows the important are the-

I: **But this a situation we are told she has never used contraceptives before because her husband is opposed to using it. So what will you tell her about contraceptives?**

R: So first-

I: **You've said you are going to tell her about the disadvantages.**

R: So first, you will counsel the mother then you will explain for her every type of family planning. So you will let the mother to choose.

I: **Thank you very much. So you've stated for me you will tell the mother the type of the family planning. The disadvantages and the disadvantages to help her understand and choose the one she wants. So can you tell**

me some of the family planning the disadvantages and the disadvantages and maybe the effects?

R: With us if she is coming to family planning, the disadvantages, let's say the disadvantages we do talk. We talk about the advantages.

I: **Now tell me the disadvantages, maybe one contraceptive and the advantage, the other contraceptive.**

R: Now especially in implant insertion some if you put it comes, per month you can have your monthly periods even twice. So you will explain to them, or you will over bleed, yeah.

I: **So which contraceptive method do you think will be the best for this woman?**

R: I will prefer implant for five years or for three years according to the child. First you will know the age of the child, if the child-

I: **The child, she had her first child one year ago.**

R: One year ago, I think for the best spacing you will give her implant of five years.

I: **Implant of five years. You have said you will look at the age of the child then give her implant of three years, so why do you think three years is what she needs?**

R: Three years, I think that is enough space because if a child reaches four years I think they have started school.

I: **So why would you not prefer any other services, any other contraceptives other than implant.**

R: I think that it will depend because let me say according to the condition that the mother is in because the husband does not want. So sometimes she will not get time to come to the clinic to for example get an injection, she will not always manage to come.

I: Okay, and for contraceptives there are long contraceptives and short contraceptives.

R: Yeah.

I: Could you just tell me a little bit about short-term contraceptives and long-term contraceptives.

R: Long-term are like implants but short term is like Depo and pills, mostly pills.

I: So what can make you give adolescents short term like the pill?

R: Adolescents will not prefer to be given pills because maybe she goes to school every day. Maybe she is in class eight or form 4. She will not have the time to remember and take the pill.

I: Okay. Do you see clients like this woman?

R: Clients like that woman we have not met.

I: Okay. And scenario number two. Now let's say a young girl has come to you, she is alone and appear to be about fifteen years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school, she has never used contraceptives before. What would you want to know about this girl in order to help her?

R: I know the parents first.

I: Okay, why do you want to know the parents first?

R: Because she seems young, so I must confirm the age from the mother because maybe you can do the procedure but the mother can report you. So when she reports you she will say you did it on her daughter who is thirteen years. Because the child has come and lied to you that she is fifteen years, you went and did it knowing she is fifteen years. But after that, after the procedure is when you will know that the child is thirteen years.

I: Any other thing that you would like to know about this girl other than the real age?

R: The resident where she is coming from.

I: Okay, so what would you tell her about contraceptives?

R: I think we will tell her or we will talk to her, you will explain, I even see there is needness to explain for that is you have not known the age of that lady.

I: So let's say that here we are told the girl is fifteen years and let's say that the girl is fifteen years and it's true that the girl is fifteen years. So what would you tell her about contraceptives?

R: You will just inform her of the importance of that contraceptive.

I: The importance, one of the importance of contraceptive?

R: The contraceptive I think will help her to finish her education or to avoid the unwanted pregnancy.

I: Okay thank you.so which contraceptive method do you think would be best for this girl?

R: For that girl you will give an implant of five years.

I: Five years, why?

R: That age.

I: The age, what is the age?

R: So with fifteen years I think is somehow class seven or class eight, so I think if you give her that implant of five years will sustain her until she completes form 4.

I: Okay. Do you see clients like this? Have you ever seen a client like this?

R: I have never come across.

I: You've never?

R: Yes.

I: Okay. So-

R: But I have come across one but her mother brought her.

I: **So what transpired with tat fifteen-year-old with those characteristics who was brought by her mother, what happened?**

R: We just do.

I: **Can you tell me a little bit about that girl who was brought by her mother.**

R: What was her name, I think.

I: **The name is not, just what happened, what service did you offer?**

R: We gave her Jadelle.

I: **Why did you give her Jadelle?**

R: We gave her Jadelle we saw she was young. Her mother said she was turning fifteen but was still fourteen years.

I: **Okay, so you cannot tell me a little bit about her like why she came with her mother.**

R: She first came alone then I sent her away to go and bring her mother, after coming with her mother I asked her and she told us her exact age. We found out she was fourteen, she told me she was fifteen but her mother said she was fourteen. So the mother agreed for us to do it and we saw it was better for us to do it because her mother had agreed.

I: **Do have any question, any other input, any other question.**

R: Just a question like for example if a child comes alone are we allowed to do the procedure. Because maybe I made a mistake by telling her to bring her mother, because maybe it is a secret and she doesn't want her mother to know.

I: **Okay, I cannot answer you right now but everything you've said has been captured here. So if there is anything**

that can be said because I am just an external evaluator but in case there is anything be said you will be told by the implementers of the project. Any other question you may have.

R: None.

I: Okay thank you.

[End of audio]

Notes

The interview is audible. All questions asked with good probes.

File name: ITHR2_SP_HB_RANGWE_RURAL_190508_0517

Duration: 01:25:47

I: This is Mercy, having IDI with service provider Homa-Bay County. Rangwe sub-County is Rural, Manyatta SDA dispensary on 8th May 2019 from 17:13 hours.

Okay than you very much for taking part in this discussion, we are going to discuss. So please tell me about your work and your experience as a service provider of this facility.

R: I am working here as a service provider, offering family planning both for adolescents and the general population and apart from that I'm doing curatives, also some adolescents are having maybe sexual transmitted infections and they also need counselling apart from the family planning. So I do both, all of them.

I: Okay thank you, so you've said much about work so kindly tell me about your experience as a service provider. What have you experienced as a service provider?

R: As a service provider in family planning I am seeing that most girls they come for the services and most of them are hiding, they are not coming when their aware. But some of them we have also the mothers who do bring their daughters,

and we give them the services. We don't deny the services to these girls even. Some they come even thirteen years but you don't deny them the services, you have to do proper counselling first. Because even a thirteen years sometimes is being brought by the mother that they want family planning to be done to their daughter but the challenge is sometimes such young girls they are brought but they are not aware of what they are being brought to do. The mother says I am seeing she is becoming sexually active but if you ask the girl they tell you "no, I don't want family planning now, maybe I will need it in future but not right now". So we are trying to encourage mothers to share with their daughters first before they come to the clinic and we just don't turn them away like that, we have to talk to the mothers and counsel them so that they can understand the benefits and the disadvantages. So we have to take them through counselling, both the mother and the child.

I: Okay thank you.

R: And if the child accepts that okay, I also need it then we just go ahead and do what is necessary.

I: Okay thank you. So earlier, you told there are adolescents, the girl adolescents who are hiding from their mothers not to know that they are having the family planning methods. So what are you doing about the girls who are hiding? Who doesn't want their parents to know?

R: The girls who are hiding you find mostly they are being brought by their colleagues, so we give them the services we don't turn them away we give them the services. Then the counselling has to be done properly and that one is confidentiality to that child. We don't pass this message

to the parent, so it is themselves to share with the parent not us. So that confidentiality we don't break it.

I: Okay thank you. So you've also stated that you are offering family planning methods, could you kindly tell me the family planning methods that you are offering at this facility?

R: At this facility, we have the injectable, which is Depo Provera, we have the implants that is Jadelle and right now we have NXT and then we have the IUCDs, we have oral contraceptives. Those are the ones we have.

I: Okay thank you. So what is your role in the ITH program? We have the program of In Their Hands project so this is what is your main role.

R: In Their Hands.

I: Yeah, program. In Their Hands, the Tiko Miles.

R: The Tiko Miles.

I: Yeah, the Tiko Miles, what is your role in the Tiko Miles program?

R: It's the same program with this Triggerise.

I: Yeah, it's the same.

R: Yeah, my role is to give services.

I: Which services are you offering?

R: The family planning services, that is mostly in Triggerise program.

I: And you've stated for me the kind of family planning methods that you are doing.

R: Yes.

I: Please describe your experience with the adolescent's sexual reproductive services. Please describe your experience with adolescent's sexual reproductive health services.

R: What I can say about the adolescent's reproductive program or services is that the adolescents they start looking for family planning services as early as thirteen years. I have never seen, the one of twelve years I only saw one, no two that came for the services and she was brought by another girl. So at very young age like that, we try to counsel them so that they can understand what has brought them but mostly the ones who have been coming they are sexually active. They know what they are doing and they can tell you that "for me to be safe, I want to go for further studies but for me to be safe I want to have family planning method to cover me". Then we counsel them, these methods will only cover you to prevent pregnancy but they will not prevent other things like HIV/AIDs, sexually transmitted infections. So we counsel them in that, we just don't give services without talking about other problems.

I: **Okay, so twice you've mentioned to me about you doing counselling. What kind of counselling are you doing and what does it entail in that counseling you are giving the adolescent girls?**

R: In the adolescent girls the counselling we do, we do counselling on the methods then we do the counselling, the benefits and the side effects, both of it. That is the advantages and the disadvantages, we tell them both, we just don't dish out the family planning methods. And then we have also to counsel them how they can take care of themselves not to contract sexual transmitted infections that one also entails. And then after counselling because they always come with a method they want so you have to take them through some other family planning methods, not only sticking to that particular one they want and then

after you have gone through all and then themselves they are now to choose what they want.

I: Thank you. So can you tell me a little about the family planning methods, the disadvantage and the advantage and in which scenario do you give a particular type of family planning methods.

R: Yeah we have, let me start with Depo injectables. Depo we are not giving very young girls.

I: Why are you not giving very young girls?

R: Depo it is because of the, let me say the hormonal imbalances because like for example a thirteen years old, they started menses just recently and their periods are not yet regulated or their hormones let me say so. And then this one will interfere with the regulation of the hormones, yeah. so we don't give to young girls. But we have some side effects like, we can call it minor because like Depo we have missed periods, we have spotting but during the counselling session when they have chosen maybe they want injectables then you will have to go through even the side effects and what to do in case they notice any side effect. Yeah so, alert them so that they are aware of the side effects. And then with implant with an experience I have, implants like when we had the Implanon you could see the last year for it to be removed some were becoming pregnant with it, that was an experience. But the side effect it also has things like spotting, prolonged bleeding, that is there in Depo, that is there in Implants, they are all there. So pills orals the side effects are minor like nausea and then, and nausea and in case somebody is not using it regularly it will cause do we call it intermittent or bleeding in between. Any time they stop that bleeding will come and anytime they miss, they can

become pregnant; that one is there we tell them. And with things like Depo there is another problem again with libido, that one is also there but with young girls, that libido is just okay with them because it will help them to slow down.

I: Okay thank you. So tell me about your training in adolescent sexual reproductive health, your training, the training you've had in relation to adolescent's sexual reproductive health.

R: I once went for a training that was, it was like a seminar, it was for one week.

I: Where?

R: It was in Homa-Bay.

I: Can you recall the year?

R: The year was it's now about five years ago.

I: Okay thank you. Any other training apart from that seminar in Homa-Bay?

R: For the sexual reproductive health?

I: Yeah. Adolescent sexual reproductive health services.

R: I think the last one I had was that one. The last one but previously I had gone also for other seminars like that.

I: Okay and about any other training which can lead, which you were taught about the adolescent's sexual reproductive health other than that?

R: Adolescents alone or generalized?

I: General adolescents and sexual reproductive health.

R: That one I went last year.

I: Tell me about it.

R: It was general about sexual reproductive health. It was last year when I went for it and then how to deal with adolescents because adolescents it is better if we can have the, how do, you call it, where they can come plays

things like that but we don't have that one. and with adolescents sometimes, they like coming odd hours because like those ones who are hiding they like coming odd hours. So we were being trained that we need to create for them time to attend them when they come, or if they come we give them appointment you can attend them even odd hours, even past time. Yeah we don't just stick to our normal hours of work, because the normal hours of work is from eight to five but there are others who will come after five, maybe around seven around six so there you have to also attend them.

I: So currently in this Manyatta SDA dispensary are you creating time for those adolescents, the ones are hiding and want to come past 5.00 Pm are you creating time for them to have the services?

R: That is just what I have just said, we create for them time.

I: Okay thank you. So what service does the clinic provide to adolescents, what services does the clinic provide to the adolescents, and you earlier told me about the family planning methods? Is there any other services that the adolescents get from this clinic?

R: Not really, apart from treatment no.

I: Treatment, so there is treatment there is family planning methods, any other service.

R: No.

I: Okay thank you. So there is a platform by the name T-safe platform, it's a mobile platform. So please describe your experience with the ITH or T-safe platform. The mobile one.

R: The mobile?

I: The mobile, there is a platform in the mobile where the adolescents can maybe ask about the services they want to get through that platform, it's kind of a platform where they can discuss the services they want and the platform can direct them where they can get that services. Now please describe your experience with the platform, are you familiar with the platform first?

R: No.

I: You are not familiar with the platform.

R: No that one I am not familiar with it.

I: So please describe your experience with the ITH platform, you are not familiar with it. Okay thank you. So In Their Hands project the ITH project, how has the project influenced the way you provide services to adolescents as a service provider?

R: In Their Hands is it the one they go to the shop and-

I: Yeah the Tiko Mile one.

R: The Tiko Mile one.

I: Yeah, that is what I am talking about.

R: Yeah, that one I cannot talk much because we have not started that one. We started this program late; it was February late and then March and then April we just did few. So we identified with a shop but the program has not gone through.

I: So when you are offering the services in late Feb and some part of March. So how has the project influenced the way you provide services? You offered some services between late Feb and some part of March. So In Their Hands project it came up maybe last year but you got it very late at the end of Feb. so is there a way the project has influenced the way you provide services to the adolescents?

R: The problem is they have never got anything.

I: They've not got services. But the service is-

R: No the services are given but what they are supposed to get from the shops they have not got.

I: Okay thank you. So other than not getting the services, other than not getting the Tiko Mile points and what they are expecting the Tiko Mile points is there a way the project has influenced the way you provide services to the adolescents? the service you are offering to the adolescents for example are the family planning methods, is there a way the project, this In Their Hands project has influenced the way you offer services to the adolescents?

R: Yeah it has, it has influenced yes.

I: Tell me about it.

R: Yeah it has influenced because we are seeing as we continue providing the services the facility benefits and the adolescents are supposed to benefit though they have not started but I know it will reach a time when they will start, so that one is encouraging, the providers.

I: So you've said that the clinic benefits and the adolescents also benefit but the adolescents are not able to benefit right now of the Tiko Mile shop but the clinic has benefits. So could you just kindly tell me the ways the clinic has benefits.

R: The clinic has benefited though we have not been paid but I know we are going to be paid. So if you give a service to the youth then according to the method you have given then there is certain amount to be given to the facility. I am calling the facility because the provider works for the facility. So in that one the facility gets some benefits, yes.

I: Okay thank you. So what are the most common questions you get from adolescents regarding the T-safe?

R: The most common question, first they will ask you about the, when we started and we told them there was something they were going to receive and then they were not receiving. That one was bringing a question mark, does it mean maybe we just want to use them for us to benefit and themselves they don't benefit. So we had to talk to them and tell them that it is in the process they will also benefit.

I: Other than that question of the Tiko miles is there any other question that you get from adolescents regarding the T-safe.

R: Yes, the side effects of the methods because when they come they say we are hearing about the rumors so they want clarification from us, so that one we do. I started saying it before that we do that one very well. So their questions are about the methods, yes.

I: Thank you. So you said that the program reached you very late, in late February and some part of March, you were able to offer some services to adolescents. So what changes have you noticed since the introduction of T-safe. Since the facility was able to offer services from late Feb and some part of March. What changes have you noticed since the introduction of T-safe?

R: The changes that I've realized I saw when the girls were coming, they were coming many in numbers but there was a challenge a bit.

I: What was the challenge?

R: The challenge was when they started experiencing the side effects. So some of them were coming "can you remove for me this thing, this thing which was put on me because I

am seeing this and this and this". then we try to talk to them and then we give something to prevent the side effects because we told them in case let me say for example the are bleeding or they are spotting, in case their bleeding becomes much just report back then we will give you something to help you to reduce it. Then you have to explain to them for the first few months maybe one two months before that thing becomes, your body becomes used to the method then you can get changes. So most are them are coming, even though you talked to them when they came they still come back that I am seeing this and this and this then you just see away to help them so that they can continue without removing it.

I: Okay thank you. So how are the preferences of adolescent service users and health care providers been influenced or changed as a result of this program? How have the preferences of adolescent service users has been changes as a result of this program?

R: The?

I: The preferences. The presences, how has it changed, is there any way or any other way in which the adolescents are now looking or they are getting the services that the program has changed them. So how have the preferences of the adolescent's service users been changed?

R: I'm seeing their attitude is changed, the ones who are not too young, most of them they will just come freely even if they are brought by their colleagues they will just come and tell you now we have brought our colleague for family planning can you help her? So most of them are coming freely though few of them are hiding but it has changed. You see previously the schoolgirls they were not allowed to practice family planning. They were even being

denied by their parents, but nowadays you find the parents bringing them and some of them they just come freely. So I think program has changed their attitude, they are influenced.

I: Okay thank you. So how does your facility support adolescents seeking sexual reproductive health services. How does this facility support the adolescents seeking sexual reproductive health services?

R: We support them according to their needs.

I: Which are those needs and how do you support them?

R: For example, the adolescents some of them are having maybe things like sexually transmitted infections so you have to be friendly with them so that they can open up. And then you help them in giving them treatment because sometimes they don't come back they are seeking for treatment. So if you don't become friendly with them then they will not tell you, so that one I think is helping them and then even the family planning some of them will come and they will just sit there. So you just call them, you go with them somewhere then you try to sweet talk them and then they will tell you what they want and then you give them the service.

I: So you just said that they come and they just sit outside then wait then they will get here and you will offer the service, it means there is no any place particularly set aside for the adolescents to sit.

R: No.

I: They are just sitting with other people.

R: Other people.

I: So and then earlier on, you told me about if you want to offer services to the adolescent, those who fear or you

have to be open to them. How are you being open to the adolescent to enable them give the services?

R: The ones who want the services?

I: **Yeah.**

R: Like those ones who are coming and sitting there without, because the person sitting outside there who is trying to register clients outside they will tell them. "I am not sick, I just to see somebody." so the provider inside not the one inside, the provider inside will just call them in to talk with them and then they say what wrong.

I: **Okay than you, so please allow me to just take you back, you said if you want to offers services to the adolescent you have to be open with them, so how do you be open with them so that they are able to accept the services that you are providing?**

R: For example, like my age. You know age is a barrier at times, like my age and your age, sometimes they can see you as a mother but if you become friendly and open with them, you know how to talk with them, they will just come and they say I want sister so and so because you don't challenge them. Instead of challenging them you welcome, accommodate what they are talking about and then from that will help you to lead them to the right direction.

I: **Okay thank you. So is there way you particularly as a service provider and your colleague are supporting the adolescents other than being supportive and friendly?**

R: I think we only support them on services only.

I: **Okay thank you and is there any special provision for adolescents, is there anything special that you offer to these adolescents who are seeking the sexual reproductive health services?**

R: Any provision.

I: Any special provision?

R: There was a provision having the youth friendly center.

I: Okay tell me about it.

R: But we have not been able to do it, yes because it is god if you have a youth friendly center because there they will come, when they come there will be some games they can share freely by themselves but we dint have that program, we are not yet there.

I: Okay thank you. So how has participation In Their Hands influenced care of sexual reproductive health services in your facility? How has the participation in ITH influenced quality of care of sexual reproductive influenced quality of care of sexual reproductive health services for adolescents in your facility?

R: Yeah it has influenced, yes.

I: Tell me about it.

R: Because it has made us to learn more about the youth and how to deal with them.

I: Any other thing that you've realized or has influenced other than knowing how to deal with them?

R: I think mostly is that.

I: So how do you deal with the adolescents? You've said it has influenced you in how to deal with the adolescents, so how are you dealing with the adolescents?

R: First of all, I said for you to deal with the adolescents you have to be friendly with them, you don't criticize them. Like a thirteen-year-old is coming and then you are telling that girl "as young as you are you want to have family planning, why? You mean you are playing sex". No, you don't do that one. you receive them as per their understanding. So for that one you must calm down to their

level but let me say you have to remain as a leader to direct the youth.

I: Okay thank you. So based on your experience working on sexual reproductive health issues in this community, what would you say are the facilitators and barriers for adolescents to access sexual reproductive services? What would you say are the facilitators and barriers for adolescents to access sexual reproductive health services?

R: The barriers?

I: Yeah.

R: The barriers let me say, number one barrier is that some parents like the parents they don't want to hear about a child practicing family planning. They say that one you are spoiling that child. And they know very little, they never know that their girls are sexually active and so the first barrier is the parent making them not to access the services. That is why some of them are hiding, and then the second on they need a method and that particular time that method is not there but they come when they are fixed in their minds, I only want this, if this one is not there then let me go back and wait. But in the process, they will become pregnant.

I: Any other challenge or any other barrier that the adolescent face or make them not access sexual reproductive health services.

R: Another barrier is that like the ones who do not want to come when people are seeing them, sometimes like these ones went to school maybe they only have time during weekends for example Saturday, we are not working on Saturday. So that one is also a barrier because most of the time they are in school and they want to come when

nobody is seeing them, so when they come on Saturday we are not working.

I: Okay thank you. You've stated for me the barrier that the adolescents face that is making them not to access sexual reproductive health services. So what are some of the mechanisms that you and your facility have used or could use to support adolescents to overcome the challenges or barriers you have mentioned before? For instance, you've said there are some adolescents who fear and they don't want other people to see them coming maybe during the day. And some of them are going to school then coming very late very late after the facility is closed but they want to come during the weekend but apparently the weekend of Saturday the clinic is not working. So how are you dealing with those girls who are not getting the services due to the clinic being closed when they are free?

R: For example, what I have realized, my experience, they will get time to talk to you. Like me, they are used to me. So they will come earlier to talk with you then you tell them just come I will come and serve you even if the facility is not working, so they will come.

I: Thank you, then you've also stated that most of the parents more so the fathers do not want their girls or the adolescents to get the services, so how are you dealing with the parents or the fathers who do not want their adolescents to have the services.

R: You see we talked about confidentiality and with fathers, majority of them they do not want their daughters to practice family planning.

I: So could you just at least help me understand, why do you think that they don't want the adolescents to get the services?

R: They are saying if the girls are doing family planning that one they are being exposed to sexual activities, so they will just do it freely because they know they are protected. And then they call them they are behaving like prostitutes. They don't understand that these girls they are not like prostitutes. I think they don't understand them better and you know girls most of them are not very free with their fathers; they can talk with their fathers about family planning but not their fathers. So even if you give health talks in maybe the church, maybe in Barraza but from my experience fathers are not taking it serious they just say you are spoiling our children but the mothers just come with them when the father is not knowing.

I: **So is there a way that you can deal with fathers who do not want these services? Is there a way you come up to deal with-?**

R: Yeah, like we have community dialogue days, like today we had a community dialogue day. So this time we discuss with the Minister of health, community health volunteers and the community at large. So the agenda we put in front of them is teenage pregnancies because the teenage pregnancies are there. So in this one we tell them in teenage pregnancies for us to prevent this we have to talk with our children freely and the most active thing is to abstain from sex but through my experience I was conducting some of the youth programs previously and somebody could just tell you "me I cannot do without sex". So I ask their parents during the dialogue day, if your child says I cannot do without sex, what do you do to this child? Do you leave this child just to go and dip herself in the pit and die or you rescue this child? So that is why we are giving them family planning to protect them.

I: Okay, thank you. So you've also stated that there are some situations where adolescent girl could come to the facility to get the services but apparently, you don't have those services at the particular time. The family planning services. Now you've said that maybe the adolescent can come to the facility but the services are not there, the family planning methods are not there. So how are you normally help those adolescents who maybe want the service but is not available.

R: Yeah, for example one may come that what I want is only the injection, the injectable bit the injectable is not there. So you counsel this girl if they could have another method instead of that one but sometimes they tell you no, I don't want any other method. So you could even talk about the condoms, while they are still waiting for that method to come. So you tell them we have male condom, we have female condom. And then in that way they will accept to maybe take the condoms as a temporal method.

I: Okay thank you. There are some issues that are related to sexual reproductive health, so could you just tell me what are some of the challenges you or your facility face in dealing with the adolescent's sexual reproductive health issues.

R: Yeah, I cannot say that we don't have a challenge, we have challenges yes, because with youths we need to have a separate place for them where they can be free, but we don't have that one. As you have just seen our facility is too squeezed, you find one room many things are being done in that room. So that challenge is there and then programs that can bring them together where they can discuss freely by themselves, those programs we have not implemented them. And then we need to have trainings on

how to deal with the youth. We need to have trainings. So this one will help us also to encounter some of the challenges, yes.

I: Thank you. So when you are giving the adolescents the sexual reproductive health products and services what are some of the misperception adolescents have about the sexual reproductive health product and services. The misperceptions.

R: Yeah, like there are some who say that if you use family planning you will not give birth by the time you will be ready to give birth, that one is there.

I: Another one?

R: Another one like the IUCD they say if it is inserted then it might disappear and then you will find it maybe in your brain, your legs like that one.

I: Another one?

R: Another one that family planning things that are used, all of them that are used are not good with those ones who have not given birth, that one I have just said that it prevents them from getting pregnant by the time when they will be ready for that. I think the problem is on IUCD and even the implants that are being inserted, they say that one if it is inserted then it will disappear and it can make you bleed up to death.

I: Okay, thank you very much for stating the misconception that the adolescents have. So having stated the challenges, one of the challenges that they say they will not give birth. The other one they say that the IUCD will disappear and go to the head and maybe to the feet, then you've also said about the implant or the ones which are inserted in the arms that they may disappear and sometimes they bleed. And you've also said the girls have the

misconception that if you are having the family planning methods you will not be able to give birth in the near future. So what are some of the ways that you mitigate the challenges, for example the challenge of implant will disappear, how do you deal with that challenge or what do you tell them to help them not to have that misperception.

R: Yeah, for example, the implant you tell them the implant is being inserted just inserted just under the skin and you will keep on; even you can even touch it and feel it. It cannot run from there maybe go to your chest maybe somewhere, it will be there. So when it reaches a time of removing it then it is okay it will just be removed. And it is not a must that it has to stay for all those years that it is indicated but it can be removed any time you feel like to be removed, it can be removed. So it cannot move from your arms maybe to your chest maybe to go somewhere else, it is there in your arms.

I: **Thank you. And how do you do or how do you deal with the challenge of the adolescents in that if you have the family planning methods you will bleed.**

R: The bleeding, that is what I said earlier, that one of the side effects is bleeding, especially for Depo and implants or spotting, all of them they call bleeding. So you tell them, that is the counseling that is done before you give them the method, that you may see changes in your periods. One of the changes will be spotting and another one maybe extensive MP periods that one will be there. But if it is, excess then you have to seek the medical advice, you just come back here and we will help you.

I: **Thank you. And you said that those who say that if you use the family planning method you will not give birth and also others say that if you use that family planning you will**

not get pregnant, so how are you dealing with that challenge of adolescents saying they will not get pregnant and they will not give birth?

R: That one you must just talk with them and this time I can say it is education now, not only the counselling but education because you have to make them know what is in this family planning methods like hormones. So this one comes like education now, the methods are made up hormones, the hormones they are made up with is like those hormones in your body, except there are some that is made up of one hormone another one two hormones and in our body we have two hormones. So by the time you will stop this it can take some time depending on the period you have used it depending on the method you are using. There some that fertility comes immediately and there are some that will delay a bit but it cannot stop you from giving birth, the fertility will just come back.

I: Okay, and those who say that IUCD will disappear?

R: Yeah that one, by the time you are doing for them the counseling we have a chart it is the other side, where you have the thing for the uterus. So with that one you will show them where the IUCD is being inserted and where it is going to stay, and this one you will tell them as you see this one there is no way this IUCD can pass and go out the uterus and then it travels anywhere else. It will just stay in the uterus there. So that is just the clarity, but you show them with what they are seeing because most of them are not understanding what the uterus is, the cervix is like those ones. So you see we have; do you call it the toy or what for the uterus.

I: The model.

R: The model.

I: Thank you. So earlier on you told me you are not very familiar with the platform, so in just general because you are no very familiar with the platform, what feedback about your facility have you received from adolescent through the T-safe platform but here its asking about the T-safe platform which you are not very much familiar, okay. If you are not familiar with the platform, it means you have not received any feedback.

R: From platform no.

I: But from the adolescents?

R: From the adolescents yes, we have the suggestion box outside there.

I: Tell me about it.

R: Suggestion box is when there is something they have they want the facility to do, maybe they are fearing to come in person like this, so you can find they write something and put in the suggestion box then when we open it we will sit together and discuss what we have talked about.

I: So how has the feedback provided influenced the way you deal with the adolescents visiting your facility for sexual reproductive health services. The feedback that you've read and discussed among yourself in this facility, how has it influenced the way you deal with adolescents visiting your facility?

R: Yeah, the influence is there yes. Because suppose maybe an adolescent came one time then she was attended with somebody, she was not satisfied and then she has put that thing in the suggestion box. Then we have to sit together and say, because they have to explain why they were not satisfied, so we have to sit down and see our role, are we doing the right role as the providers. So if they are

not happy with what we did then we have to change, yeah we have to change so that we can work with them together.

I: Okay thank you. So how can you be supported and by whom to help you improve sexual reproductive health services provision to these adolescents.

R: Yeah the first support is the training.

I: Tell me more about the training.

R: We need to be trained on adolescent reproductive health and how to deal with the adolescents. And then let me say in long-term we need to have a youth friendly centers where they can meet, they share, they play they do most of the things they want but the first thing is training.

I: Training, okay. So you've said about the Tiko Miles and the shops, so do you have any idea regarding the Tiko Mile shops or the reimbursement process to the clinic.

R: Yeah.

I: Tell me more about it.

R: I know I had said before that I know that each method has the amount to be given to the facility, and then the points for the clients they also have a point to earn for the service. That's why they are being directed to the shop and then they go there and then the shopkeeper will give them what they are supposed to get worth amount their points that was indicated and then this shopkeeper will be paid later.

I: Okay. So what can you say about the shops themselves, what can you say about the shops. Is there anything that you can say about the Tiko Mile shops?

R: The Tiko Mile shops though we have not practiced it, but I know the shop we have to identify two shops and these two shops they must sign an agreement with the program. And then after they have signed with the program they must

have bank account, the till and things like that for them to succeed in the program.

I: Okay thank you. So we are going to discuss about a scenario, which could have happened to you, or you could have come about in this facility. So I am just going to read for you maybe a scenario, which occurred, and how you could go about it. So let's say a young woman has come to you, she is alone and appears to be about nineteen years old. The young woman tells you that she is married and lives with her husband; she just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now what would you want to know about this young girl in order to help her?

R: She delivered one year ago, so that means she might not be safe. Unless she comes when she is her periods, if she is not in her period then the pregnancy test is done, so those ones can determine because she has a husband. The sex we know is there, so that one can help us know that she is not pregnant. But this matter of the husband not allowing her to practice, once she has come to us she wants the service and we have ruled out the pregnancy then we have to give other services. Not saying that the husband will quarrel what, no. she has come for the services we give the services.

I: So what will you tell her about contraceptives?

R: Because this is the first time, she has never used the contraceptives you will take through all the contraceptive methods because if that is the first time then she will come and tell you that I have never used the contraceptives and so I don't know which one is good. So you'll take her

through all the methods and then you will allow her now to make the decision that is what you will do.

I: Okay thank you. So which contraceptive method do you think will be the best for this woman and why?

R: The nineteen years old?

I: Yeah.

R: I think this one and she has given birth, the best I can say are two.

I: Which ones?

R: The IUCD or let me say in general the long terms.

I: Tell me more about the long terms in general.

R: Yeah the long terms in general will help her to prevent pregnancy for a long time, for a long period. And like maybe IUCD, that one will take years and because they say the husband will know if you come for injection every day but short-term maybe time she will not get because the husband will not allow her to come back. So the benefit is that once the long term is inserted you don't have to worry again about maybe I will become pregnant maybe I will do what because it is inserted so that is one of the major benefits. And time limit, you don't go to the facility every now and again. Once it is inserted, it is there.

I: Thank you. So under what circumstances do you normally refer the long term?

R: The long term?

I: The long-term services, which circumstance will tell you under which circumstance will, you offer the long term to clients or adolescents.

R: Will I offer or will I not offer?

I: Like you've said for this adolescent the nineteen-year-old you are going to give the long term. So under which

any other circumstance will make you as a service provider to offer long term services other than that you will not come to the facility most of the time, is there any other circumstances that might make you.

R: There are some diseases that needs a mother not to become pregnant every now, and the pregnancy will worsen the situation, that is some conditions. And then again, there is, the conditions and some are going away.

I: **Okay you just remember and the say.**

R: I will remember.

I: **Okay, then what can you say about their feeling or your feeling offering long term to the adolescents. Your feeling or their feelings, them being offered the long term and your feeling offering the long-term services?**

R: Yeah, to the adolescents?

I: **Yeah, the adolescents.**

R: I think it is the best with them because most of them are still going to school, so they need something to protect them for a long time and time saving. Most of them they are in school, they don't have time to run every time to the facility, some are in boarding schools. Now once they have gone they will not have time to come back. And then so I feel that is the best method with them.

I: **Okay, thank you. So do you see a client like this woman? Have you ever seen a client like this young woman, the nineteen-year-old is married, having one kid one and a half years ago, she wants, she has never used contraceptive and the husband is also opposed to her using that contraceptive? Have you ever come across any scenario or any other girl like that?**

R: Yes.

I: **Okay could you tell me about the client like this who you recently attended to by that time.**

R: How I handled the case?

I: **Yeah, how you handled the case.**

R: Okay, there was a case that came like that and then we gave family planning. The husband was not aware and then the husband realized later that she was on family planning then she was asked, "Where did you go for this family planning services?" "I went to Manyatta". So they came with the husband, the husband said I want you to remove, the client was in implant. "I want you to remove this, we only have one child. Now why does she want to have family planning?" The husband was really annoyed, quarreled and then what he said again, he said, "women when they are doing family planning they become prostitutes, they become prostitutes, they are no longer faithful to their husbands. So I just listened to the way he was talking then I asked him do you think when someone is not doing family planning that person cannot be unfaithful to the husband? That on is a character from somebody, unfaithfulness is a character that person had developed before. Family planning cannot make her to become unfaithful to you. And what I know is that when the mother is practicing family planning methods will help her give her time to care for that baby and give her time to care for you, and give her time to care for things in the house and in the home. Instead of giving birth to this child is one year, the other one is two years the other one I like this. This mother will not even have good health. So I talked with him until he cooled down then I told him do you know that if you are always suspicious with your wife that that one will make her to become unfaithful, then you

are directing her or reminding her to become unfaithful. So what we have done is to help your family, and another thing is that all clients coming here for the services our responsibility is to serve them, not to turn them away. But if you knew you did not want her to come then you should have prevented her from coming to the facility. So we talked until he just went home when he could talk freely now.

I: So it means at the end you did not remove the implant.

R: We did not remove the implant.

I: Thank you very much for handling that situation. So we have another scenario, now let's say a young girl has come to you, she is alone and appears to be about fifteen years old, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. She is alone and appear to be about fifteen years old; she tells you she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you want to know about this girl in order to help her?

R: Okay this girl is fifteen years old, I've known she is going to school, she is sexually active.

I: Yes.

R: That means maybe she has started attending her periods. She has said the reason why she wants family planning.

I: Yeah.

R: So from there what I will do with her is just to take her counselling session and then like this young one I will have to help her choose the method that she can use, not all the methods. That is what I will do to her.

I: So other than what you will do to her, what would you want to know about this girl.

R: This girl because she has come alone I would like to know whether the parents are aware of her coming, because it might reach a time when she may need support from the parents maybe the mother and what have you. That one I would like to know but most of the things are specified there. Because I would like to know whether she has started attending her periods, I have known she is going to school, I have known she has never used the contraceptives and I have known she is sexually active. I think most of the things from her I have known and now I will just, through the counselling I will know her understanding on family planning.

I: So what would you tell her about contraceptives?

R: The contraceptives I will tell her the contraceptives are good, their work majorly is to prevent pregnancy but I will tell her there are some other things that will come because pregnancy comes during sexual intercourse but with that sexual intercourse can bring another thing that is sexual transmitted infections. So I will tell her that even though you are using family planning you have to be somebody who respects herself, not just moving, jumping every place that now you are protected. Because the protection is for your own benefit. And I will take her through the family planning methods and help her to choose the method that is best for her.

I: Okay, so which contraceptive method do you think will be the best for this girl?

R: The fifteen-year-old?

I: Yeah the fifteen-year-old, she has told you that she is sexually active and would like to prevent pregnancy

because she is in school, she has never used contraceptive before.

R: I think the best method for her is the implants.

I: **Why?**

R: The implants is better with her because first it is long term and secondly because she is going to use it for a long time sometimes fifteen years maybe she is now in form one until she finishes form four then after that maybe college. The fertility even after that is immediate than using the Depos.

I: **Thank you. So from the start of this discussion we've discussed about the contraceptives and you've told me about the long term are there some short-term methods. The contraceptives short term Methods.**

R: Yes.

I: **So could you just please tell me about the short-term methods.**

R: We have the oral contraceptives that is short term, we have the injectables that is the Depo, we have the condoms that is short term, yes.

I: **Okay thank you. So could you kindly just tell me the reason why you a service provider could offer the short-term services to the adolescent?**

R: To adolescent?

I: **Yeah the short terms.**

R: Yeah, like could offer or could not offer?

I: **Could offer. Let's say an adolescent comes you to you now and she wants to get the pills, so under which circumstances are you going to give the adolescents the pills or which reason can make you give the adolescents.**

Which reason will make you offer or give the adolescent a pill as a short-term method of family planning?

R: I can give them number one for treatment, that is majorly and short term, not even the pills only. Like we talked about the condoms. You can give them the short form while they are still waiting for the long term that one you can do. You can give them for treatment like those with irregular periods you can give them to correct their periods.

I: **So you've said about their periods, a period sound like it's a circumstance that is making you offer this services like, so or what circumstances other than a girl having her period and you feel the girl should need the short term to correct the hormonal problem, is there any circumstances that make you give the services?**

R: There are some conditions that may prevent you from or that make you or prevent you. There are some conditions that can prevent you from giving them or offering them the short term.

I: **Which conditions are there?**

R: We have talked about the periods; we have some conditions like heart diseases, that one will prevent you from giving pills like oral contraceptives. And we have some with severe varicose veins that one we cannot give oral contraceptives, and I think some now are disappearing.

I: **Sorry for them disappearing. So do you see clients like this girl in this facility?**

R: The young ones?

I: **The fifteen-year-old who is sexually active, doesn't want to be pregnant and is still in school, has never used a contraceptive.**

R: They come, not even one.

I: Could you tell me about a client like this who attended to recently?

R: There is one that was here last week and then this girl came. This one was brought by a colleague another girl, and in fact, they were sisters. So she came, her sister came and said, they are orphans, so they said you know I've brought my sister and even me I have come, they were sisters one following the other one, so the fifteen year was the younger one. So I have brought her so that we can have family planning. Then I said why is it that you are the one who is suggesting for her to have family planning? Even her she wants. So I had to talk with this young one separately where the sister is not there. Then she said "sister you know like us we are orphans and our father is really struggling, he has no proper job. Now if I become pregnant what is my father going to say. So I still want to go to school so that in future I can be somebody" so she said "it is not my sister forcing me but myself I want to have the family planning method" so for that one I offered her an implant NXT, yes.

I: Okay. Thank you.

R: Because that one when we came she was in her periods even, so that one there was no pregnancy test to be done, so after talking with her took her through the counselling of all methods then I ended up with her implant.

I: So other than having implant and she is still in school is there anything, okay is there anything that contributed to you giving the implant other than she's still in school and it's a long term?

R: The first thing she is sexually active, that is number one, so that one made me to assist the girl.

I: So thank you very much, do have a question.

R: The question I have is, the problem I'll say all the experience I've had this long-term methods, this problem of bleeding is very common and at times we are being told to use things like brufen or at times oral contraceptives but at times it is no very good. That is another major challenge, because you know once someone has gone through that experience of that bleeding then the next person next to her then will not accept to access the same method. Because they will say, I saw so and so bleed until that thing was to be removed. So that is a major challenge. And then I told you like the implant for three years, pregnancy. The last year when it is to be removed, it needs to be removed a bit earlier, because if you wait until that last year then you find somebody is pregnant. I have seen bout four.

I: **Okay thank you for those inputs and concern and question and I can assure that I am just here as external evaluation but its recorded I hope that the problem will be tackled which can make the adolescent not to fear to come and then their friends or their peers has the same challenge.**

R: Okay thank you very much.

I: **Thank you also.**

[End of audio]

Notes

The interview is audible. All questions asked with good probes.

**File name: ITHR2_SP_KAK_LURAMBI_P.URBAN_ESHISIRU
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Duration: 00:56:41

I: This is mercy, having IDI with service provider in Kakamega county, Lurambi sub county which is peri-urban

at Eshisiru medical clinic on fourteen may twenty nineteen. So please tell me about your work and you experience as a service provider in this facility.

R: I am the hospital admin and as ITH program was enrolled, I've been serving the girls in getting the reproductive health services and my experience to them has been that most of the girls have gotten the services and they have really appreciated because it was for free of charge and they were really grateful about it.

I: **Okay, so you've said that the adolescents are able to get the services because they are free; so which kind of services are you offering to the adolescents?**

R: The family planning long term methods which is the jadelle, implant, IUD. The short term which is oral contraceptives, the depo provera, the emergency pills and basically the STI syndromic screening and counseling.

I: **Okay, so you said about the long term and the short term together, I think; so which situation can make you as a service provider to give an adolescent a short term method and which circumstances or which reasons can make you as a service provider to give the adolescent a short term method, a short term then a long term; so what circumstances can make you choose for adolescents or decide to give adolescent this type of service?**

R: So you can find like, maybe in a scenario you can find an adolescent is a young mother, she has just given birth and she decides that maybe when she gave birth she started with the short term like depo provera then maybe it was now the second visit she is coming for the injection itself, so you find that she is comfortable because she had been offered the first injection so she

is still comfortable to continue with the short term. And maybe you can find like you find an adolescent and she is like basically all the medical records she has given you and you find that she is fit for a long term method, so you decide that...and the girl is ready for a long term because maybe she is schooling and when she is schooling she doesn't have that time of coming back after three months to get the short term method. So you find like maybe she is still in school and she prefers that when she gets the long term method it will be easier for her to be settled in school rather than every time coming back for the short term method.

I: Okay, thank you. And also you've stated something on, when you've seen the medical record of the adolescent it can make you give a service, maybe a long term or a short term, so which kind of medical record can make you decide?

R: There are some family planning methods like the implants, you know when you have history of diabetes, history of varicose veins, and history of...you cannot be given those implants.

I: Okay, thank you, so I think generally we've discussed your role, what is your role in the ITH that you've explained you normally give them the services and also the contraceptive which we have at least discussed to some length. So please describe your experience with the adolescent sexual and reproductive health services.

R: My experience with the adolescents, it has been a very good one because at first getting these girls was a bit hard because the girls were, when you were thinking like these sepsis were being offered by charging, we used to charge, now when you approach the girl, if you tell her

come for a service, she tells you she doesn't have any funds for the service, but now being that this is a business, you cannot be offering that for free, now that the ITH program chipped in, I found it that there are so many girls out here that were really needing these services but since pocket-wise they were not able, they were maybe being denied the services because of cash, finance. So my experience has been that they really came out for the services.

I: Thank you. And is there any experience that you have in sexual and reproductive health services when the ITH part is not included?

R: Come again.

I: Like for instance you were telling me that at first the adolescents were not able to come for the services because of maybe pocket-wise but currently they are coming for the services because its free under the ITH; but is there a scenario where, or do you have any experience with the adolescent sexually and reproductive health services other than the ITH program bringing the services?

R: Before the ITH, we had another program that was called voucher; it also covered the services that ITH was covering. So it was an opportunity that when the voucher program came to an end, the ITH program picked up and this one really helped the girls so that they could continue doing whatever we were offering them.

I: Okay, thanks. So please tell me your training in adolescent sexual and reproductive health services; your training in ASRH.

R: My training on adolescent and reproductive health, I was basically offered that training with the Triggerise

group in conjunction with Marie Stopes and we were basically training about everything that these girls need including the youth friendly services, having them get the services at their own time, when they want it, when they need it; so as we came on the ground to practice it, that is what specifically we have been offering because you find like a girl comes in, she wants to get the service and its seven, you are leaving maybe the job, so you'll just have to stay around, offer the service before she...because you cannot dictate to her that come back tomorrow morning because am now leaving, because that is the time she had gotten the time to come.

I: So have you ever gotten another training other than the Marie Stopes training?

R: Not really.

I: So when was it?

R: It was in July twenty eighteen.

I: And the place where it took place?

R: Kisumu.

I: Thank you. So earlier we were discussing about the sexual and reproductive health services, quickly kindly tell me some of the sexual and reproductive health services that may be offered in this facility or you have idea about them.

R: That we offer?

I: Yeah, or maybe you have overview on them.

R: Generally it's just about the reproductive health education then the family planning part of it then the youth friendly organization or talks where we can engage youths in a conversation like a forum, wanting to know their feedback and how they get the services. So from there we always get those youths to come in.

I: So you've stated about some of the services that maybe the organization are giving or you have overview them like family planning methods, I think we have discussed at a broad the family planning then you've told me about the youth friendly services when the adolescents can come together; so could you just kindly tell me about the health education in relation to sexual and reproductive health services?

R: Now about the health education, is where, you know, maybe we would organize for an event, ITH event for the adolescent group, now that event maybe it's an outreach and you go somewhere maybe far away from the hospital, now you will get a group of...because we do the mobilization and whatever, so you get the group of the adolescent gathered in a place, so before you start offering the services you have to give them a health talk; health talk meaning that you give them generally, not specifically about the family planning but generally about their health, health-wise, things to do with their body, everything because these are young girls and they don't know sometimes how their body can react, so that's what we offered generally about the health talk.

I: Thank you, so what services does the clinic provide to adolescents other than the family planning methods, is there any other services that the clinic provide to the adolescents?

R: Yes, an adolescent can come for STI screening, pregnancy test, guiding and counseling of general health education or generally health and some other services like...the outpatient services, inpatient services; not exactly the family planning.

I: Okay, thank you. So what are most sought after services by adolescents?

R: Sometimes the STI screening, the family planning itself on the part of the girls and even the part of the boys you find like we have the dispensers for the condoms and therefore you find like maybe these young boys are coming STIs and we also have the outpatient services for the youths where they can come for HIV testing and whatever.

I: Okay thank you. So please describe your experience with the ITH or T-safe platform. The platform here maybe we mean the mobile platform; so please describe your experience with the ITH platform.

R: The ITH platform, from my own perspective, when it started it had some on, two three problems, you find that maybe it's not working, you want to give a service you find that there is system error but when the time goes by, you find that they changed..they rectified the system and it started working properly, so from that time I've never experienced some challenges with the platform and all that we were required of the platform of taking the client details and comparing the picture which the client had been taken from outside, so that platform was easier in my side.

I: Okay so you've said that maybe when you wanted to use the platform there are places where you were supposed to indicate the details of the clients, so which kind of details were required in the platform?

R: So this client was coming with a unique number, maybe that message, maybe when she had a phone, she sends a message to whatever the system brings her the code and all that so sometimes when you are in the system you need to enter the code of the client.

I: Okay, so how has the project influenced the way you provide services to the adolescents?

R: It has really changed especially for the staffs because they really engage themselves in dealing with the youths and they really got that rapport of handling the youth because now they got experiences of when a youth comes, maybe she is furious, maybe she wants her services to be offered fast because she cannot come and sit there waiting for the line to end so that...so when you see the youth you know exactly what she wants and you offer her, she goes.

I: So you've said that maybe adolescent can come and she is furious and maybe they want to make a line so they cannot sit there waiting for the line to go, does it mean that the facility currently does not offer a specific place or waiting bay where the adolescents are supposed to be waiting for the service?

R: We have a youth friendly room where the adolescent could come and sit for a short while waiting for maybe the service provider is somehow busy because maybe they came...that adolescent can come when the service provider is still busy, so we have a youth friendly zone where the youth can come and sit as they wait for the service provider to come so that they get the services. But as long as they sit there...because their time is limited, we cannot make them sit there for a long time.

I: Okay, so what are the most common questions you get from the adolescents regarding the T-safe or the ITH?

R: Regarding the T-safe or ITH, sometimes a youth could ask you; how will this benefit us?

I: The importance?

R: Yeah, the importance of the T-safe or the importance of the service itself maybe she has been offered and what are the...she will ask you, what can I get from it. So you have to explain to her maybe she will get a reimbursement of like the points or whatever so she will just at least be convinced the morale of getting the services.

I: **Okay, so you've said that maybe they ask you the importance of the services, so as a service provider what are you normally telling them the importance of the T-safe or the ITH program?**

R: As a service provider I always do tell them that the T-safe program or ITH program came in to help you girls, to help you adolescents so that you don't pay anything, you are given this service for free, the program is there to help you get these services free of charge. So you are not required to pay anything else. Then I always tell them that the services that you are offering, maybe the method that we are giving you, if it's an adolescent girl, the methods that we are giving you, it will help you to know your future, where you want to be in five years' time, I can give you a jadelle for five years, where you want to be in three years' time, I can give you an implant of three years, so it gives you a spacing area...a spacing space for these early pregnancies, it can help you. Then I think that is...then I also give them the importance of the points themselves, you can go to the shop and redeem them for the services they have been given.

I: **Okay, thank you. So what changes have you noticed since the introduction of the ITH?**

R: Since the introduction of ITH I've noticed a few changes, change number one was as a service provider, the slashing

of the reimbursement for the services providers because the services we were offering they slashed the payments of them, then another challenge was we find that the girls now maybe in the community you have exhausted all the girls so you find that this month maybe if you have not gone for an outreach you will not get numbers.

I: Okay, thank you. So I think you mainly majored in the challenges that you've encountered since the introduction of the ITH where maybe currently the adolescents are exhausted in the community so you have to go to the outreach to get the adolescents and is there anything that maybe before the introduction of the ITH was rampant or there were some things that were happening to the adolescent or the community at large but due to the introduction of T-safe or the ITH you've at least seen some changes or you've noticed a change since the introduction of the ITH in that perspective?

R: In the community, especially in this community, there were so many cases of early pregnancies.

I: And currently?

R: Yeah, but currently since the ITH service...program came in, you find that no early pregnancies, they are limited because most of the girls have known this thing, they know they can access these services for free for they come themselves to protect themselves against hose.

I: Is there any change that you've noticed other than the decreased rate of pregnancy, is there any changed that you've noticed?

R: No.

I: Okay, so how have the preferences of the adolescent service users and healthcare providers been influenced or changed as a result of this program? So maybe we can

do into two; so how have the preference of the adolescent service users been influenced or changed as a result of this program?

R: Preferences are...these adolescents maybe at their first stages they would prefer that these points they were getting they were so little points, you find that you cannot even go...because for you to redeem them, maybe now you have been given a long term method for three years, you have already redeemed that thing, you have to stay for three good years so that you can get another...other points, so the preferences were, at least on the topic of the points, at least they could be adding them something that they could prefer maybe to help them, especially the girls. Now, maybe what they could prefer most of the time is at least these monthly pads, offering them mp...the sanitary pads so that at least on a monthly basis you have the implant on you and you are under the ITH program you can just come in every month and get pads and whatever. So as the service provider maybe we could just ask that if we can get these, from the program if we can get the sanitary towels to offer the girls it could work because the girls here, you give them an implant they go there they start bleeding they don't have the pads themselves, they have to buy the pads, sort of challenges.

I: Okay, thank you. So how does the facility and colleagues support adolescents seeking sexual and reproductive health services? How do you support them the facility or you or your colleagues who are working in this facility?

R: I think, they support them by just giving the youth friendly services and any other services they want at their disposal.

I: So is there any special provision for adolescent in this facility, are you providing them with any special provisions, is there anything special that you are giving the adolescent?

R: No.

I: Okay, thank you. So earlier on you told me that maybe the adolescent can come here at around 7pm when you are supposed to be closing but as a service provider you normally give them the time and offer yourself and give them the services, so it means there are some cases where you can moderate or you are flexible in opening and closing of the services as one of the support mechanisms of this facility. So what measures do your facility and colleagues take to make SRH services accessible to the adolescents?

R: As a facility we operate twenty-four hours so these youths are free to come any time they feel like, but now the challenge comes in where the ITH program they appoint maybe one or two persons who can access the platform so you find that maybe its nine she has come in maybe the one who is operating the platform is not around so you find that she will be offered the services, yes, but she will be requested to come tomorrow for the service to be reflected on the platform. But for the services they can get them twenty-four hours.

I: So is there any other way in which you support these adolescents, maybe for those who are maybe coming from far and they want to get the services?

R: Yes, one way is that maybe we have a large number of adolescents in an area maybe far away from the hospital, we can plan for an outreach we go there, we give them the service from their point or maybe we can offer

transport to them so that they can be carried from their point to the facility if we are not planning for an outreach of their place.

I: Okay, thank you. So how has participation in the ITH influenced quality of care of sexual and reproductive health services for adolescents in your facility?

R: For the care of adolescents it has really helped because these adolescents have really taught most of the staff so many characters of the youth that they were not familiar with, so it has really helped the facility at large to come into terms with these youths.

I: So you've said that the adolescent have been able to teach maybe the service providers in this facility in how they can related with the adolescents, so can you kindly tell me maybe the way adolescents can behave that at least they can teach the service provider to know how she or he can relate with the adolescents?

R: A youth can come and tell you that I have come for an injection, then you ask her what injection; she will say, no I just registered myself, you know she is not that composed to explain everything to you, so as long as your mind hits that its T-safe or ITH, you just start the process at all, so you don't need to ask her so many questions that who referred you, why do you want it and such...you know if you start asking her why do you want it at this tender age, she will have some question marks so you will just start the counseling process and whatever then you offer her the service because she doesn't have time to wait for you she will lose morale and leave.

I: So based on your experience working on sexual and reproductive health issues in this community, what would you say are that facilitators and the barriers for

adolescent not to access sexual and reproductive health services?

R: Barriers, I think most of them are their peers.

I: **So what are their peers doing?**

R: Their peers, you find like she has a friend maybe who one time was offered that service but it didn't work for her, they do say that; "*rafiki yangu alisema ilimkataa*" [my friend said it was not compatible with her] you see you find like she also doesn't want it then. She says that my friend was bleeding a lot so I don't want it because I will bleed. That is one scenario. Another scenario is these myths and misconceptions, you find maybe in the community they say that if you use a method before you conceive you will never conceive so they have that thing in their head that this thing is bad, so I think those are some of the barriers that maybe..

I: **Okay. So what are some of the mechanism that your facility have used or could use to support adolescent to overcome some of the barriers? For instance in a case where an adolescent is coming to you that my friend or my peer was given such and such a contraceptive and it didn't work for her, so how do you deal with such adolescent who has..**

R: You know, you have to sit that adolescent down, you explain to her straight that this service it all depends with each person's body reaction because if it reacted to your sister or to your friend, it cannot even react to you and as long as you put this thing, because this things are hormonal you have to explain to her that for the first months maybe you will experience these challenges, if its bleeding or whatever, it will change your cycle, so if she has that thing in her head, she'll

not bother about, she'll give in, she'll say that no, let me give in and try that.

I: Okay, so how about you give me those who are bringing the myths and misconception that if you give them the contraceptive they will not give birth, how do you deal with it?

R: That's the critical part of it because when the girl has that myth that this thing, that it will affect me, convincing her is so much trouble but you know as a service provider, you really know that this thing cannot do whatever she is saying. As it goes, it's just myth and misconception, so you have to prove to her or to clarify to her that whatever they say in the community that it will block your fallopian tube, it is not into it so that she will be satisfied from the horse's mouth because whoever told her in the community, maybe they just had a problem somewhere of maybe reproductive health, so you have to convince her that those are just myths.

I: Okay, so what are some of the challenges you or this facility face in dealing with adolescence sexual and reproductive health issues?

R: The challenges we face as a facility is that getting these girls, the mobilizer can go out get them, a girl be convinced that she needs the method, maybe because this girls does not have to seek consent from the parent because she is at a age where she can sign a consent, so you find that the moment she goes back home and the parent sees that she has the rod inserted, it will create a problem a problem to the facility so the parent will come to the facility and quarrel why, I want the implant to be removed; but you calm down and cool the parent and

tell her what the girl wanted, it was out of her consciousness, she signed the consent because she wanted it since she cannot go ahead to explain to you as a parent that she has a boyfriend or she is sexually active, you see; so you have to convince this mother, this parent so that she can understand what her daughter wants. But in case the parent insist that she doesn't want, we always give a room for the girl, if the girl says that she want it removed because the parent has pressured her, we shall just remove. Then another challenge maybe we face about the...the facility faces about it is also about the program itself.

I: Okay, tell me more about the program.

R: The program itself is...you find that you as a facility, you try you plan for an event, that work is tedious, it is really tedious and if you have never performed that thing, you cannot know whether its tedious or not.

I: Okay, so how is it tedious?

R: So you find like you are the facility, you have planned for an event maybe the ITH event, you have done your thing outside maybe the outreach, you have gotten these girls, you have convinced them, they have taken the services, when you come back to the facility you know that the program itself it will reimburse you, then you come in to be...in a picture that the reimbursement cannot be made, so as the facilities we lose our morale when the...yes of course we are helping the community and the girls, yes, but at least we have created our time and we have created our whatever to go outside to offer the services but in really terms with what the contract agreed you find that the reimbursement is not there.

I: Okay, thank you. So what are some of the misconceptions adolescents have about using sexual and reproductive health services and products?

R: I think I have talked about it, the myths...

I: The myths that they will not give birth...

R: Yes.

I: Any other one that they have said so far?

R: That I will lose weight or I will gain weight...they say that, I don't want to gain weight, I want to be a model so if you give me an injection, I will gain a lot of weight. Or that the bleeding even makes lose appetite, am just losing weight, something like that. So you find that it limits them and they lose the morale on having the methods.

I: Okay so what are some of the ways that you mitigate the challenge for the one that is telling; I don't want to gain weight, I want to be a model; how do you solve that?

R: You really have to tell this girl that these things are hormonal except the coil, the IUD. So you have to tell this girl that being that this thing is hormonal, they make changes into your body and when you have that into your mind, it will not haunt you a lot because they...then for one who says that I've lost my appetite, I am really bleeding, since you were putting this thing to this girl, you told her that maybe it will change your cycle. So you need to convince her, tell her that, just persevere, it will just catch up with your hormones, you see. Then just tell her to be perfect with her eating, that she just eats well maybe the body will just come out.

I: Okay, so what feedback about your facility have you received from the adolescents through the T-safe platform?

R: Our services are youth friendly and they are perfect.

I: **Pardon?**

R: Our services are youth friendly and we offer excellent services.

I: **Okay, thank you. So youth friendly, what are they saying about youth friendly?**

R: The staffs themselves.

I: **So what's up with the staffs?**

R: When you meet a staff...when you go into a facility and meet a staff, most of the staffs are youth of their age because you find that if she finds...and that's the reason as to why in the youth zone, the service provider who are dealing with youths they are also youths, so that you find that if a youth comes, she won't get an older mama, maybe a nurse who is mama, she will fear telling her that I have come for this...because she is an age of her mother so she will fear telling her that I have come for family planning and yet she is still in school or she is sixteen years. So the mother will ask her one two three, so if she gets a fellow youth as a service provider, she'll feel free, they'll talk the language they know themselves like the *sheng* language.

I: **Okay thank you. So how can you be supported and by whom to help you improve sexual and reproductive health services provision to the adolescents?**

R: I think the support that we really need is...first the support we get more is from the mobilizers and these mobilizers also need support, not only support from the facility itself but also from the program itself because when a mobilize does her work then at the end of the day there is no remuneration, she loses psyche. She will tell you, we don't...are we working for the church, you

see; because she also needs to be given something at least. So the only support maybe we shall need is the support from the organization chipping in maybe things like the outreaches, we can be getting one staff from the organization itself who links up with the mobilizers at least if they realize they are on the ground with one of the staff from the organization they will have that morale of working. Then remunerating them at least it will be a bigger thing to the mobilizers and from the facility end, I think what we just need is a good cooperation with the T-safe whatever, the program, yeah the program itself because we are linking with them to offer these services without us and without them, us the facility we shall not manage because it will need these girls to pay and if these girls are not supposed to pay then the program is safe, they can reimburse us at least something small for the service that we have offered. Then also the commodities, they try so much to link us with these suppliers of the commodities so that...like we as the private facilities, getting these commodities from the government facilities, sometimes you go there you find that they are not there or they want the reporting tool or they want, I don't know what...they want a lot of things but we as the private facilities, if the organization can link on how we can get the commodities to serve the girls, it can be good. But that's not a bigger hindrance for the commodities but it's just also a by the way.

I: Okay so is there anything you can talk about trainings?

R: Trainings they also need to...these trainings they also need to offer them on a regular basis because ever since they offered this ITH whatever...on adolescent, maybe one

staff from the facility went and that staff maybe left the facility and you find like maybe now they need to train another staff, you see. As long as they always say that the owner of the facility can go for the training because she or he will be there but you find that maybe the training was done when the owner of the facility is not there so they send a staff or whatever. So at least they be offering these trainings on a regular basis so that they catch up.

1. **I: Okay thank you very much, so we are going to a scenario like maybe an adolescent comes to you and she told you about herself so what can you do as a service provider; so am just going to read it out; let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Can I read it once more or we continue?**

R: Continue.

- I: Okay, what would you want to know about this young girl in order to help her?**

R: One thing I need to know about this girl is, for how long does she want to space this spacing the child because she doesn't want to have another child at the moment, maybe in which duration of time. I can give her these options because she has never gotten with any family planning service, I give her...I go ahead to give her this option of using pills and from those services since the husband has refused that she shouldn't use the

contraceptives completely, then I will advise her because you find a scenario that when you give the lady in that scenario a method, she will come with the husband on your neck, this is my wife and am the husband and the child is mine and I want to have more children; so he is furious, even though the mother, that girl signed the consent, yes, but the husband is furious so that is a maternal crisis, you see, so you'll go ahead and remove maybe if you had given her an implant, so in that scenario I'll give her all the ways of dealing with these unplanned pregnancies and then I'll tell her if your husband is not for an option of the implants and the IUDs and whatever, then make your husband use a condom, there are so many ways of protecting pregnancies, preventing pregnancies, so use a condom; maybe she doesn't want these oral contraceptive pills.

I: Okay, thank you, so I think you've discussed some of the...what would you tell her about the contraceptives, so generally what would you tell her about the contraceptives having known that she has never used contraceptive before?

R: In fact I will sit her down and try to bring her to the picture of all the contraceptives that are in place, if maybe, assuming she did come with the husband, if she came with the husband I'll sit both of them down.

I: She is alone...

R: She is alone, yeah, I'll sit her down and talk about all these contraceptives, give her all the advantages and some part of the disadvantages of some of the services, the methods, and from there I'll give her time to go and talk to the husband and choose from whatever I've given

her, they can maybe understand themselves at home and come back tomorrow for the service.

I: Okay, thank you. So which contraceptive method do you think will be the best for this young girl?

R: For this young girl, according to maybe the period she wants to space, because maybe she could have explained to me that she wants a spacing period of...so the best contraceptive I'll give to this girl is an implant for the start for three years.

I: Why?

R: Reason being, this is still an adolescent girl who is nineteen years, she has no much experience about motherhood and all that so this being the first child she has been given...she has gotten, she needs to realign herself with being a mother and starting all over again to getting another pregnancy, it will need some time, so giving her the short term method, she will still forget to come for it, she'll still forget to come for the next injection or next pill or whatever, so the best method I would offer her is the implant or maybe for three years.

I: Okay, so do you see clients like this woman?

R: Yes.

I: So could you tell me about the client like this who you attended to recently.

R: Sorry?

I: Do you see clients of this...have you ever seen a client of this...in this facility?

R: Yes.

I: So tell me more about the client and what transpired and how did you do it.

R: As I said earlier, I've ever seen such a client, at first she came and said the husband doesn't want but I managed to convince her and told her, this and this can help you out, so the following day...she went back at home, the following day she came with the husband herself, so I sat them down, both of them and from the discussion that we had, all the guiding and counseling that I offered, everything about the methods, the husband came into terms with it and I managed to offer the service.

I: **So which one did you offer?**

R: A three years implant.

I: **Okay, thank you, so we are going to scenario number two; now let's say a young girl has come to you, she is alone and appear to be about fifteen years old, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptive before. What would you want to know about this girl in order to help her?**

R: In order to help her, at first I'll need to know, this girl, does she stay with her parents, does she stay alone, what are her peers, as she has said she has a partner, she is sexually active, I'll need to know who is the partner maybe and how active she is. Maybe she is just active like just a onetime sexual intercourse or she is ...so I'll need to advise her on the sexually active part, I'll need to advise her on the methods that she can use, I'll need also to advise her on the reactions of maybe a parent coming to terms to know maybe she has been given the service, so as for me, as a girl like fifteen years and she is still in school, the best service I can give her is the implant.

I: **Implant.**

R: Yes, because this girl doesn't have time to take the pills daily, for that I know, it is for sure; because she can tell me, *sister* [nurse] I will just swallow them, but for sure what I know, she will not, she will forget to take the pills. And another thing for the depo, the three months injection, she will forget to come back for the next injection and I will not want to interfere with her studies; maybe she has gone for studies and she doesn't have even time for...when she comes back in the evening, she is at home, she have to do homework, she is at home and she has to do home chores, she is at school she want to...you know, she will not be able to come back for the injection. So the only service I'll give her it's an implant.

I: **So a fifteen year old, sexually active, would want to prevent pregnancy and has never used contraceptive before, so what would you tell her about the contraceptives? The implants, so what would you tell her about the implanon that now you have decided you want to give her the implant?**

R: First thing I'll tell her that this implanon is only to prevent you from getting pregnant, it does not prevent you from sexually transmitted diseases, it does not prevent you from other things like HIV, so this partner that you are sexually active with, you need to know, to understand him health-wise, if you...if he is one person or you know him very well, kindly just come with him so that you can be given health education together so that I can be rest assured that when I give you this implant am only preventing you from getting pregnant but other illness are there like HIV so you have to be very keen about these other things.

I: Any other thing you will talk about contraceptives other than those ones, is there anything else that you will tell her about contraceptives?

R: The other thing I'll tell her about the contraceptives is that as much as these contraceptives will help you to prevent you from getting pregnant, as soon as you decide that you want to get pregnant, you can just come, we remove you and immediately you will get pregnant, that time you will be ready for the pregnancy.

I: Okay, thank you. So do you see clients like this?

R: Yes.

I: Could you tell me about a client like this that you attended to recently? Tell me about a fifteen year old, the same scenario and what you did or what transpired.

R: I think it's not a bigger thing, it's all about what I've said because I've said from experience, she came she told me she has a boyfriend, she sees her boyfriend like every weekend and she doesn't want to get pregnant, she is still schooling, and am like are you really serious, she told me yes am serious and I've really come for this. And I told her yes, we have options and I'll give you these options and am ready to help you as long as you tell me that this boyfriend of yours he is the only boyfriend you have and you know him health-wise, I'll give you the service. So I managed to give her the service and I told her, if you find time, come with your boyfriend, I'll do a guiding and counseling to both of you but for the part of the boyfriend, she refused to come with him but I managed to give her the service.

I: Okay, so do you have any question or input?

R: Not really.

I: Okay, so thank you very much for participating in this research.

R: Thank you so much too and am very appreciative.

[End of audio]

Notes

No probes on the facilitators of access to SRH services among the adolescents

File name: ITHR2_SP_KAK_LURAMBI_P.URBAN_SILOAM MEDICAL CLINIC_190514_2257

Duration: 00:47:38

I: This is Mercy having IDI with service provider in Kakamega county, Lurambi Sub County which is periurban at Kakamega Grace Medical Center which was formally Siloam medical clinic, on 15th may 2019, thank you. So, please tell me about your work and experience as a service provider of this facility.

R: My work pertaining the ITH?

I: Yeah.

R: I am the service provider in this facility since last year November and it has been success, we have not been having challenges so far.

I: Okay, so it's like you've told me your role in the ITH.

R: I am the service provider.

I: Service provider under ITH, but could you just tell me your work and experience as a service provider of this facility, not the ITH part but now the facility.

R: Okay, in this facility am a clinical officer.

I: Okay, so as a clinical officer, what are you doing?

R: Treating patients, health education, family planning, also we do minor surgeries.

I: Okay, thank you. So earlier on you stated you are a service provider under the ITH, like what is your role...in the ITH you have said that you are service provider, so which kind of services are you rendering as a service provider?

R: Yeah, under ITH?

I: Yeah.

R: The family planning, first we give the education to the client and the method they use here mostly is the injection then we have pills, we have condoms, then we have the IUCD, ten years, also we have the jadelle for five years then the implant for three years, implanon.

I: Thank you, so you've stated for me some family planning methods and they are combined in that is there some which are long term and some which are short term?

R: Yeah, I have the long term, the IUCD, jadelle and implant.

I: Are the long term.

R: The long term, then the short term we have the three-month injection and the monthly pills.

I: So you say that you are a service provider and you are rendering your services to maybe family planning methods in relation to the injections, pills, condoms, the jadelle; so if you narrow it down to the long term, which situation can make you as a service provider to give an adolescent a long term method?

R: Yeah, some of these girls, first, the girl has the right to choose the method she wants, if she chooses the long term, we educate her, we tell her the risks and the benefits, but most of the girls here they like the long term because they don't like being seen in the facility every now and then for the family planning.

I: So mainly in this facility most of the adolescents recommend long term because they don't want to be seen coming to the facility often?

R: Yeah.

I: Is there any case that can make an adolescent to come for that long term other than the timing of coming to the facility frequently?

R: Pardon?

I: You've said an adolescent can come for the long term services and most of the time they come for the long term service because it minimizes their walking or coming to the facility, is there any other reason that can make the adolescent to come for the long term other than...

R: Yeah, if you compare the long term and the short term methods, the long term methods have minimal side effects compared to short term.

I: And so like a service provider...let's say that an adolescent has come to you, she is not familiar with the family planning methods, so, which circumstances can make you give an adolescent a long term method?

R: Yeah, after taking her through the family planning education, you can tell her the...although you could...you can tell her the benefits of the long term then if she will be comfortable with the benefits; the good thing with the long term methods, if she wants to get a baby, they can easily reverse it by removing the IUCD, if she has removed it then she can get the child unlike the injection you can't reverse, once you have given her you will not reverse. So if she agrees, you give her the long term.

I: Okay, and is there any medical relation that can make you not to give a long term or a short term?

R: Yeah.

I: Okay, tell me about it.

R: Pressure, the blood pressure, yah, if you have blood pressure you cannot give...but some of them they have the varicose links you cannot give the injection which may increase the risk of the embolism.

I: Okay, thank you, so kindly could you just give me some of the advantages of the short term methods and maybe a disadvantage of the short form, the disadvantages of the long term and advantages of the long term.

R: The disadvantage of the short term, it is easier for the client to get depo, which has an injection and they take on, just like two minutes. And the disadvantage of the injection, it may prolong, even if she wants to get a child, she may not get in time; and also some of them may have the bleeding disorders, the hormonal imbalance, and on the long term method, the advantage of it, first of all it's the long term, the client will not come every now and then and that of twelve years, the client will stay with it for twelve years before coming for. Then another advantage is, if she wants to get a child in near future, you can only remove and the fertility returns mostly instantly. The only disadvantage, especially to the clients, most of them may add some weight, most of them may reduce the weight and then some of them may have some bleeding disorders because of hormonal imbalance.

I: So you say most of them can lose weight, most of them can gain weight, so what normally causes the adolescent

when using some of these long term methods to lose weight?

R: The side effects of the method, we can relate it with the side effect of the method although its rare.

I: Thank you, so please describe your experience with the adolescent sexual and reproductive health services.

R: Yeah my experience, this clients, they wish to have them but the stigma around the community, the stigma is the issue, most of them are told that if you get that method, you may end up becoming barren, so that's the stigma around the community, but after going through education...health education, they cope with it and they agree and they are very cooperative, the other issue that they don't like being identified like you can't take the phone number, they feel not comfortable, so...but they are cooperative.

I: So you've stated that the stigma, the adolescent one of the issues that they experience that you've come about in relation to the sexual and reproductive health services, it's that the adolescents are having stigma then related to the stigma, they are being told that they are going to be barren but you are finding it rendering health education to them to enable them have a wider knowledge of what the services are all about; so which kind of health talks are you normally giving to the adolescents?

R: Yeah you tell them that this method will cause no harm to you, in fact it's of benefit, you'll not get a child when you are not prepared, then the issue of barrenness is not related with family planning.

I: Okay, thank you, so again you've said that most of the adolescent don't want you to have their contacts, so in

a case where adolescent doesn't want you to have their contacts but you are supposed to have maybe her number where you can maybe do follow-ups, how do you do with such a person?

R: You just tell her to be free with you in case she has the side effects or whatsoever tell her to feel free to come back. You can't compel her...force her to give you the phone number because next time she'll not be free to come.

I: **Okay, so, and again you said that when they don't want to get the phone numbers you are supposed to free with them, so which kind of freedom are you building with them so that they can open up?**

R: Yeah, if they don't feel like giving you their phone number, you can give them yours so that in case they have a problem they call back.

I: **Okay, thank you. So tell me about your training in adolescents' sexual and reproductive health. Do you have any training in relation to adolescent sexual and reproductive health?**

R: Yes, just in college, I've not had the training in post graduate.

I: **Okay, thank you. So in college which training did you have?**

R: Clinical medical surgery.

I: **Clinical medical...**

R: Clinical medicine and surgery.

I: **It also deals with the adolescent and this health services?**

R: Yeah family planning, yeah.

I: Okay, so could you just narrow it down, the clinical and surgery, the particular area in which it lines with the adolescents.

R: In college we have a subject called reproductive health where if you narrow it down we have the family planning.

I: Okay, thank you. So what services does the clinic provide to adolescent other than the family planning methods that's you've discussed at length, is there any other services that the clinic provides to the adolescents?

R: Yeah.

I: Which one?

R: HIV testing and counseling.

I: Any other one?

R: Just that one.

I: Now they are two, the family planning methods and the HIV testing and counseling.

R: Yeah.

I: So in HIV testing and counseling how do you do it?

R: We have the service provider for it but its voluntary and it's free.

I: So in the counseling part, what do you normally major on counseling part of the HIV?

R: Yeah, first of all you should get the consent from them then you prepare the...you have the pre-testing counseling, during the test then post testing counseling in case she turns positive or negative, you advise her accordingly.

I: Okay, thank you. So what are the most sought services by the adolescent?

R: Most?

I: Sought services by the adolescents.

R: Family planning?

I: **Any in this facility, what are the most sought services by adolescent?**

R: Family planning and HIV testing.

I: **So why do you think that they normally come for the family planning methods?**

R: Yeah in that way most of them are sexually active, some of them are in college, university and so they are afraid of getting pregnant during the stay of their studies.

I: **Okay, so please describe your experience with the ITH platform, the mobile platform, your experience about the ITH platform.**

R: My experience it is good, it has helped the clients, if you compare before it came and now, currently we are having large numbers who come for family planning unlike before the Triggerise.

I: **Okay, you earlier said that it was good, so how good is it?**

R: It is helping girls prevent early pregnancy.

I: **Okay, so you've also said that currently there are large numbers of the adolescent coming, so is there anything that is in the ITH platform that is making the adolescents currently to be large number coming other than the other time when they were not coming to the facility?**

R: I think, though am not sure but I am told when they come they usually come with some card, am told after they have received the service there is something they get there, I don't know...am not sure what they are getting.

I: **You are not sure about what they get.**

R: Yeah.

I: So is there anything that you would like me to know about the platform in general how the platform is running and is done?

R: The platform is good it supports us, after I give the services to the girls; they usually reimburse us back although we don't charge the girls but they reimburse us back after we have given the services.

I: Okay, so is there anything or is there any way that the platform is helping you to get the adolescents at the facility level?

R: Yeah it is helping.

I: Tell me how it has helped you.

R: We have the mobilizers who move around, they educate the girls then they give them those cards then they come for the service which is free unlike if it was not because of the platform, they would be paying for the service.

I: Okay, so when they come for the service, what is the procedure in relation to the platform, is there any way that the cards are related to the platform?

R: The cards?

I: Yeah.

R: Yeah you verify the cards.

I: Okay, how do you verify the card?

R: We have the procedure, the app in the phone, you check the card if they are with the card, you have the photo then you compare, and for you to know you also take the photo again and if it passes through then you give the service.

I: Okay, thank you. So as a service provider in this facility, how has the project influenced the way you as the service provider...how has the project influenced the way you provide services to the adolescent and how as a

service provider. I read it again; how has the project influenced the way you provide services to the adolescents?

R: It has increased the numbers; they are just the numbers.

I: They are just numbers so that is...and is there any way that the project has influenced you as a service provider in providing the services?

R: No, no.

I: Okay, thank you. So what are the most common questions you get from adolescents regarding the T-safe?

R: Yeah the most common question is about the barrenness, also the false information they get from the community.

I: So you've said earlier in relation to the barrenness, you only give them enough...

R: Health education, yeah.

I: Is there any other question that you get in relation to the T-safe?

R: In the T-safe no.

I: Only the issue of the barrenness.

R: Mmm.

I: Okay, so what changes have you noticed since the introduction of the T-safe, one of them, the changes that you said that at least now there are some numbers coming during holiday, is there any other changes that you've noticed other than the numbers?

R: No.

I: Thank you, so how has the preference of the adolescent service users and healthcare providers been influenced or changed as a result of this program? Are there any preferences or anything that the girls wanted in...maybe at first but currently the program has changed their preference?

R: No, there is nothing.

I: So even their...the healthcare providers there is no change as a result of this program?

R: Mmh.

I: So, how does your facility and colleagues support adolescents receive sexual and reproductive health services?

R: They support in health education.

I: Any other?

R: Then they are friendly to them so that they do not fear.

I: Okay, friendly to them. So what measures do your facility and colleagues take to make sexual and reproductive health services accessible to the adolescents? How do you make sure that the adolescents can access the services?

R: The commodities will be available all through so that when they come, they shouldn't miss.

I: Okay, and is there any special provision for the adolescents, is there anything?

R: No.

I: And how do you normally regulate your opening and closing times to enable the adolescents to get the services?

R: We operate twenty-four hours.

I: So anytime they come...

R: They can get the service.

I: So if the adolescents are coming for the services, is there any special provision or waiting time for the adolescents or they have to line up together with others?

R: No when they come, in fact they don't line up, we take them through because of the issue of the stigma, we don't wish to keep them waiting for so long, so they get the services most instantly when they come.

I: Okay, so and in relation to the privacy and confidentiality, how are you dealing with that?

R: Yeah the issue of privacy and confidentiality is a...we assure them with the privacy and they will not hear rumors maybe out there that they have been taking family planning, so the issue of the confidentiality, we try.

I: So how has participation in the ITH influenced quality of care of sexual and reproductive health services for adolescents in this facility? Is there a way in which participation in the ITH has influenced the quality of care of sexual and reproductive health services?

R: Yes, it has influenced, it is the numbers, before the ITH came we rarely got the adolescents, especially the age of fifteen to nineteen.

I: So other than the number is there a way in which the participation has influenced the care, the quality?

R: No.

I: It's only the numbers.

R: Mmh.

I: So the numbers, why do you think that the number has increased?

R: The free services.

I: Any other thing that has made the numbers to increase?

R: You know, these girls used to fear, like most of them thought that it is wrong for them to have the family planning so they didn't wish to come to the facility but because of the mobilizers, when the mobilizers go for them, they feel free and comfortable.

I: Okay, so based on your experience working on sexual and reproductive health issues in this community, what would you say are the facilitators and barriers for adolescents to access sexual and reproductive health

services? Is there a barrier that is making the adolescents not to come to the facility to get the sexual and reproductive health services?

R: Currently I don't see any barrier because of the mobilizers.

I: **So currently you don't have any barrier maybe what the parents are saying, maybe what the community are saying?**

R: We have the stigma thing; we have the barrenness, that's one.

I: **So maybe the barrenness is one of the barrier that is making the adolescent not to come for the services, is there any other barriers?**

R: I don't think there is any.

I: **Okay, so what are some of the mechanism that your facility have used or could use to support adolescent to overcome some of the barriers like you told me earlier on about the barrenness and you deal with the barrenness in relation to the health talks.**

R: Health talks yeah, we educate them.

I: **So could you just kindly maybe tell me how you educate them that is making them now to know that barrenness is not related to the family planning methods?**

R: Yeah you emphasize on it and you tell them that barrenness...the family planning does not cause any barrenness unless maybe just something but family planning does not cause the barrenness.

I: **Okay, so what are some of the challenges you or this facility face in dealing with the adolescent sexual and reproductive health issues?**

R: Some of them come with informed mind that the issue...the issue of the barrenness so some of them accept to receive

the services and some of them decline for sometime but after thinking about it again and again, they receive.

I: So you said that most of them come with an informed mind, informed mind that they are going to be barren or?

R: Yeah, they are going to be barren.

I: Okay, only that that they come with that informed mind?

R: Mmmm.

I: Okay, so what are some of the misconceptions adolescents have about using sexual and reproductive health products and services?

R: Just barrenness.

I: Only barrenness?

R: Yes, there is nothing more.

I: They don't say anything in relation to the IUCD and the implants?

R: Yeah, some of them fear the side effects of the methods and maybe some of them think it is painful to give them jadelle or IUCD.

I: Any other misconception that they have other than being barren and...

R: Some of them also say that if they get IUCD, it may get lost inside them.

I: Any other misconception they are having?

R: And some of them they are afraid that even after giving the method they may end up being pregnant again with the method.

I: So any other misconception you've heard other than the ones that you've stated?

R: And also some girls think that if they are given the family planning method, they might think that it will also protect them from the STDs which is not true.

I: Okay, thank you, is there anything that you would like to add about the misconceptions that the adolescents are having?

R: Yeah, the only thing the mobilizers may help us, maybe to teach the parents and the community about the family planning issue to prevent the early pregnancies.

I: Thank you, so you've stated some of the challenges, so what are some of the ways that you mitigate the challenges? For instance, where adolescent is telling you that if you give her or if she uses the IUCD it will disappear or it will get lost, so how are you dealing with that challenge?

R: You educate them, just education and you reassure them.

I: So in majorly the IUCD, what do you normally educate them that is making them to understand that the IUCD will not get lost?

R: You tell them that it is within the uterus and we can easily locate it when you want to remove it, it has never lost.

I: So how do you mitigate the challenge of them telling you that the implant like the jadelle is painful, so how are you dealing with that challenge when adolescent is telling you that the jadelle is painful and in which form are they saying that its painful?

R: Yeah maybe the misconception from the other people, the adolescents but you...you reassure them, though there is some mild pain we use the anesthesia which will reduce the pain, they'll not feel pain, you reassure them it's not painful.

I: And so...and you've also said that most of the adolescents are saying that even if you are using some of these family planning methods you can still be pregnant, so

how are you dealing to that adolescent where she is telling you that even if I have a contraceptive or the family planning method, I'll still get pregnant, how are you mitigating that challenge?

R: Yeah, it is true, you may get pregnant when you are using the method but the percentage is very low then we reassure them about the method though it is in some cases although rare, some may get pregnant when they have the method.

I: **Okay, so you said that the adolescents are saying that you can get pregnant and you've said that there are some methods that can make the adolescent to be pregnant.**

R: May...

I: **May get pregnant, so which family planning methods, may get the adolescents to be pregnant?**

R: When they are using it...

I: **Which one family planning...?**

R: The pills and some of them the IUCD.

I: **So what do you think as a service provider can make an adolescent to have...to get pregnant when using the coil or the IUCD?**

R: The coil, maybe if not placed appropriately, it may cause and also if you are not good, as in good timing, because the coil you are supposed to put after she has just completed her periods maybe it's for the timing that may make her get pregnant.

I: **And in relation to pill, what can make an adolescent to get pregnant using a pill?**

R: You know some of them, the shortcoming again, a girl may come for a family planning when she is already pregnant but she doesn't know then you give her the method and yet she is already pregnant and you will not know.

I: Okay, so is there anything special you are doing to the adolescents before you give them the family planning methods?

R: It is good if the girl, if she is not sure of their dates, you can do the pregnancy test to be sure but now the issue is that its costly then they may have to part with some coins to test.

I: Okay, so let's say that an adolescent has come to you and she doesn't have the money to pay for the pregnancy test but she is supposed to be getting...she doesn't have the money, that's number one, number two, she doesn't know the dates and as a service provider you are supposed to give a kind of a family planning method, so how do you go about it that now...

R: You tell her to come after she has seen her periods.

I: Okay, so what feedback about your facility have you received from adolescent through the T-safe platform?

R: Some of the girls have the side effects after getting the method though not that bad.

I: So you've said that you get the feedback of the adolescent having side effects, so which kind of side effect have you received so far about the adolescents?

R: The bleeding.

I: Any other side effects?

R: The infections for those using the IUCD, the STIs. Some of them gain weight as I said earlier.

I: Thank you, so in bleeding, how are you dealing with the adolescents that are the side effects?

R: The bleeding is not that bad, you just reassure them that after some time it will go.

I: Okay, so how are you assuring them that it will go, is there anything that will happen that will make...

R: No that's the body, you know that's a foreign thing in the body, she might have some hormonal imbalance after giving them the method so after some time they are able to get over the hormonal imbalance then it goes...

I: **And into relation that the adolescents are telling you, maybe they are going to have some UTIs or they have UTIs, so how are you dealing with them and what can be the cause of having UTI?**

R: You know some of the side effects the girls experience or any other person who has been using the IUCD may have the UTIs because this is a foreign body you have placed in the uterus, but with time it clears, just a near side effect.

I: **So you've got some of the feedback from the adolescent through the platform that maybe they are the side effects of the contraceptives, so is there a way in which the feedback that you've got so far about the side effects of the contraceptive...is there a way that the feedback you've got has provided...how has the feedback provided influenced the way you deal with the adolescent visiting your facility for sexual and reproductive health services? Now the adolescent has come to you or the adolescent are saying in the platform that they are having side effects, so is there a way that you having that feedback has influenced the way you deal with the adolescent visiting the facility for sexual and reproductive health services?**

R: Yeah now you have to emphasize on the health education, you prepare them psychologically that this may happen so that when it happens to her she may remember that the provider told me so she will not be worried so much.

I: **Okay, thank you. So how can you be supported and by whom to help you improve sexual and reproductive health services provision to the adolescents?**

R: Yeah, if we can get a donor who can support to do more outreaches to reach the clients from the periphery they can benefit, we can get more girls.

I: **Is there any support that you would love or you would want to get to improve the services other than the outreaches?**

R: If we can also get the finance so that we can purchase the commodities in advance in case the girls come the commodities are available so that they can receive the service.

I: **Any other way in which you feel that you can be supported to improve**

R: Also the education of the community to reduce the stigma that the girls may become barren...

I: **So you should be able to help the community members get more education about these methods.**

R: Yeah.

I: **Any other thing in relation to the training?**

R: Yeah the trainings also is good.

I: **So what can you say about the training?**

R: If we can get more trainings maybe for the new methods.

I: **Okay, and should I quote anywhere you would like to get the training or you are just open?**

R: Just open.

I: **Okay, the next thing we are going to do, we are going to have a scenario, am going to read for you a scenario maybe a scenario that maybe has happened to you as a service provider; so now I would like to discuss about some specific situation that you might encounter with**

clients who came to you for family planning services; now let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now, what would you want to know about this young woman in order to help her?

R: Yeah, first thing you need to know why the husband is opposing the family planning method.

I: **Any other thing?**

R: The method of delivery of the previous child if it's through the caesarean section or normal delivery and also the source of income.

I: **Thank you, so what would you tell her about contraceptives?**

R: I will take her through all the methods we have been providing in family planning education so that she can freely choose the method she wants to use.

I: **So in education you are going to discuss mainly?**

R: In education we will discuss the side effects and the...the benefits and the shortcomings of the methods.

I: **Okay, so which contraceptive method do you think would be the best for this woman?**

R: Now that the husband doesn't want her to use the method, I will prefer the long term method like the IUCD.

I: **Thank you, so why would you recommend long term IUCD?**

R: Because she has the issues with the husband and if she put the jadelle or implant the husband may easily

recognize that, so if you put the IUCD in the uterus the husband will not really know.

I: Any other thing that would make you give an IUCD other than the husband is not able to feel it, is there anything else?

R: Yeah, in case if she wants a child, the good thing with the IUCD is none hormonal so the side effects will be minimal, so in case she wants a child also we can just easily remove it and also get the child.

I: So do you see clients like this young woman? Have you ever seen a client of this...?

R: Several.

I: Several, so could you tell me about a client like this who you attended to recently?

R: Could you?

I: Could you please tell me about a client like this who you attended to recently? So I have asked you, do you see a client like this and you said yes, now tell me what happened and how the situation was.

R: I'll take her through the whole process about the family planning, why she wants to get family planning and the husband doesn't want and then at the long time we agreed on the IUCD then I gave her.

I: Okay, so you've said that the husband was against her, so did she tell you the reason why the husband was against the family planning?

R: The husband she...she claimed that the husband doesn't want her to have family planning so that they can have several children so that she will not go back with them.

I: So after giving the family planning methods, what transpired, is there anything that transpired after you...

R: Nothing has transpired so far.

I: Thank you, any other thing that you would say about a client you recently attended to similar to the one in the scenario, earlier you said I've seen so many, so is there any other one that you would say this one...

R: The scenarios were almost the same, the issue with the husbands claim they want many children but the ladies fear this man just wants to use me, and also the girls, if they give birth to many children, they will age first.

I: So you've never had a chance to talk with the husbands who doesn't want them to have the contraceptives?

R: No, I've not; in fact, even the ladies do not want you to talk to the husband.

I: Okay, so am going to read for you scenario number two, now, let's say a young girl has come to you, she is a lone and appears to be about 15 years old. She tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptive before. What would you want to know about her in order to help her?

R: First of all, I would like to know, does she have multiple partners.

I: Any other thing?

R: If yes or no, how often does she have the intercourse and again is she aware of the risks apart from the pregnancy, other risks that she is exposing herself to.

I: Any other thing that you would like to know about this girl?

R: That's all.

I: Thank you, so what would you tell her about contraceptives?

R: You'll take her through all methods then advise her that the family planning thing will not prevent her from the STDs or HIV whatever.

I: **So, anything that you would tell her about the contraceptive other than the general contraceptive methods and that it would not prevent her from STIs and HIV, is there anything that you would like to tell her about?**

R: You advise her to use the dual protection besides using the family planning she can also use the condom to protect her from the STDs.

I: **Okay, so which contraceptive method do you think would be the best for this girl?**

R: I will prefer the long term method.

I: **Which long term method?**

R: Like jadelle.

I: **Now why jadelle?**

R: So that she can...jadelle will take her for five years, now that she is at fifteen, you give jadelle and she will have to take another one at twenty years maybe and that ratio she will have to make a decision with her behavior.

I: **So is there any other thing that would make you to give the jadelle other than now you are going to give the jadelle for five years then to twenty then maybe another five years, twenty-five at least to minimize the way she carries out herself; is there any other thing that will make you give jadelle, any circumstances or reason?**

R: Maybe after the examination, you check the pressure, the weight, that one will tell you the method to use.

I: **Okay, thank you. So do you see clients like these?**

R: I've not.

I: Okay thank you very much for participating in this research, so do you have any question or any input?

R: Now, no.

I: So thank you very much for taking part in this discussion.

R: Welcome.

[End of audio]

Notes

The interviewer asked all the questions as stated in the guideline.

File name: ITHR2_SP_KAK_LURAMBI_TOWN_FHOK_190513_2338

Duration: 00:51:35

I: Hello, this is Agneta, doing IDI with a service provider in Kakamega county, Lurambi sub county at family health options Kenya, Kakamega, thirteenth of May 2019. To begin with, please tell me about your work and experience as a service provider in this facility.

R: In relation to ITH or my general work?

I: Let's begin from a general experience of your work in this facility.

R: So far I've not experienced any challenges in providing my services, in providing SRH services, I've not experienced any challenge, the working condition is good, colleagues...the working relations with my colleagues is good also.

I: That is quite well, just something exactly of what your work entails, what you do, perhaps how you will be doing it.

R: Okay my work, I am here as a nursing officer so I give family planning services, immunization services, antenatal services, those are prenatal services, I also give curative, that is giving injection maybe when the

doctors prescribe certain drugs, you give the injection; that is part of nursing care, giving injection, taking vitals, triaging the client to see who comes first and who comes the last.

I: Alright, and how has experience been doing all these things that you have talked about in this facility?

R: Okay, I love my work as a nurse so I do my work with pleasure, I like my work generally, I don't see anything hard in providing my nursing care for my clients.

I: So just maybe using an example, how exactly has it been, yes you have said you are enjoying and you love what you are doing, so, probably how has it been besides you liking it, how has it been in terms of good and experience...okay you have just said that you love your work and the service you have been giving, so what I just wanted to hear is probably how exactly your experience has been in you loving your work and how you have been doing it.

R: Okay, one thing, if you try to stick within the...you see as nurses we have our code of ethic, if you stick to that code, if you...I think if you try to do the right thing, maybe the client comes, you respect the right of the client, your work comes smoothly, you just work smoothly. By you being aware of the rights of the client, your rights, the code of conduct you are supposed to work within, you find everything going smoothly.

I: Right, now on ITH, this program you people know as Triggerise, what is your role exactly as a service provider?

R: My role as a service provider is to give the information, to do guiding and counseling and from that guiding and counseling the client is able to make her own choice;

she is able to choose the kind of service he or she is going to receive. My role in that ITH is just giving services and...okay, counseling and giving the services.

I: Yes, now maybe you just tell me, you began by saying you give information, maybe in a nutshell, what sort of information exactly do you give your clients as a service provider?

R: In relation to ITH?

I: Yes.

R: Okay, these ITH, mostly we were giving the contraceptive so when an adolescent girl comes in, if she has come in for a contraceptive, first of all I'll make sure that I've gone through all the contraceptives, all the methods, I give information for each and every method and then their effects, their mode of action and their maybe contraindication and maybe adverse effects, then from there that girl will be able to decide which method is good for me and which one will I take home, as in which one will I utilize. Then after the girl has chosen the method, it is now my duty to give the method.

I: Right, now you have worked with adolescents in sexual reproductive health, maybe share with me the experience, how has the experience been over the time you have been working with adolescents in relation to offering service of sexual reproductive health.

R: Okay, for some adolescents, okay you know the policy of...the law and the policies of our country, Kenya, so for some adolescents when they come for the method, maybe the adolescent never shared with the parent, okay there is one adolescent that I removed the implant, she came for the service, I talked to her, she agreed to take the method and then I gave the method, I gave the implant,

she was sixteen years old. So that lady went home, later on she came, she told me that my mama is telling me to remove the thing, I had to remove the implant, that's the only experience I experienced with the ITH but those other ones they were just good. But the mama did not say I'll take you to the police, I think she didn't want to have issues with us.

I: Okay, so when you say the rest have been good, maybe that good, give it some flesh so that we understand how good.

R: Okay, so you see when these girls are mobilized, some seek permission from their parents and the parents just agree, so such girls they come, she decides that I'll take pills home, I give and she takes them without any resistance from the parents, maybe the community, you are spoiling our kids.

I: Right, now on adolescents' sexual reproductive health, tell me about the sort of training that you have or that you have received.

R: Specifically, for adolescents?

I: Yeah, adolescents' sexual reproductive health, if you've had any training.

R: You see we are taken for training, you see we are FHOK and we are youth friendly so everything lies within that youth bracket, youth friendliness. So when I go for training for comprehensive abortion care, it is still under that youth friendliness, when I go for maybe refresher family planning it is still under this. Okay, our setup is just friendly, it accommodates those adolescents and recently I went for the GTA, Gender Transformative Approach, so it also captures the adolescents.

I: So those are the basically few or many trainings that you have attended and are targeting adolescent's sexual reproductive health?

R: Mmh.

I: Yeah, so back to the service that you have been giving, now in general, what kind of services does this clinic provide to the adolescents?

R: Contraceptives, the comprehensive abortion care, we call it CAC.

I: CAC?

R: Just shorten it at CAC.

I: Yes, what is it?

R: You see on some of the services that we give as FHOK we have that place of pregnancy management crisis so it lies there.

I: Okay, which other service, contraceptives, abortion care...

R: Maybe STI screening and treatment; that's the services that I give but the side of HIV...

I: Okay, now, of the list that you've given me, which services do the adolescents often or seek for often?

R: In our today setup or previously? You see during that period we were with the Triggerise they used to flow in for the contraceptives but ever since they stopped that Triggerise, the flow reduced.

I: So during, when Triggerise was active...

R: The flow was a bit high.

I: For which service?

R: The contraceptive.

I: Maybe in your opinion, why do you think the intake for the service of contraceptives were most high?

R: I think one thing, they were being motivated, you see when a person is motivated they tend to influence the other group, they just go and tell the peers, you see when you go for a contraceptive you are given some points...and again we had those youths linked to them, to the community to do the mobilization. So that was...that linkage made us service more clients of the adolescent, but ever since they stopped it, the flow reduced because some of those students or some of those pupils when they come now, I'll charge the service because now it is not under the Triggerise, I'll have to charge the service, it is under the clinic.

I: **Okay...**

R: And under Triggerise they were being given for free, that's why they were able to access the services freely.

I: **Now, at Triggerise there is some mobile platform, tell me how your experience has been using that platform.**

R: The one for the message or the one for scanning clients?

I: **The mobile, all of it, the one for scanning or the one for message, it is part of Triggerise and it is a mobile platform, so maybe you tell me how it has been.**

R: When I used to use...now am not using it but during that period that I was serving Triggerise clients, sometimes I had network issues with the scanning of cards but with the message, it was just good.

I: **When you say good...**

R: At least a client comes in, you insert a certain code, she comes in with a code so you kind of register the client with phone and then the code comes, you give the client the code after talking to the client about the methods then you give the code. After giving the code, the client enters that code that you've given her into

her phone so there were some points that she used to GTA, the mobilize, then from that...I have forgotten...but there was a way we used to do it. The client comes we talk to her about the methods then you select maybe if it is contraceptive, the pills, there is a certain code that comes then you give her, she enters into her phone then I think it made work easier.

I: Okay, so as a service provider and since Triggerise came into the picture, how has this Triggerise program influenced the way you provide services to adolescents?

R: I cannot say it has influenced me a lot because during the interview, when you go for an interview for a certain facility, it means that you are ready to work within their regulations and their terms and one of the FHOK terms is being friendly. So though the Triggerise came in with adolescents, at first I had some fears that maybe I would be contravening the law but with time I realized, when you know all about policies and what you are supposed to do, you are in safe hands. Maybe if you the adolescents have to ask for permission from the parents, you can still talk to the parents to consent.

I: Okay and what were the most common questions that adolescents asked you during service provision?

R: Okay most of the adolescents were not open, most of them were shy. Maybe if she came for contraceptive, some of them...most of them are shy, they are not that open and some of them are also influenced.

I: So on regarding Triggerise, when they hear about Triggerise, probably when you have begun giving them information about Triggerise, what questions do they ask...most common questions they ask about the Triggerise program?

R: What they ask most?

I: **Yes, or common questions...**

R: Under this program...okay, the way youths...when the mobilizers approach adolescents, they tell them about the Triggerise and what they deal with, the contraceptives, the HIV and free pregnancy testing, so when they come to me, I don't get a lot of questions, I only get questions such as; won't these pills make me infertile in future? Or won't I gain or lose weight? Just such like.

I: **Okay, and what changes have you noticed since Triggerise came into the picture?**

R: Triggerise helped us to step up the number of adolescents receiving contraceptives but still there are school pregnancies. Though it helped people get that...okay, I don't have that tangible figure to show how many have gotten pregnant while in school but there are quite some girls out there.

I: **Okay apart from that change in terms of numbers, what other changes have you noticed?**

R: I cannot talk about the community because am not in touch totally with the community to see what they speak about the Triggerise.

I: **Okay and how have the preference of adolescence service users and healthcare providers, how has it been changed as a result of this program?**

R: I think nowadays you can find more service providers freely giving those contraceptives to the adolescents; if you compare it to previously when a service provider would tell you, go and study first, these things are meant for the adults; now that there is Triggerise and

other youth friendliness programs, most service providers have been changed and are now youth friendly.

I: Now, okay back to this facility and probably your colleagues, how do they support adolescent girls who are seeking these services?

R: If a client wants the service and they don't know where to begin or where the facility is, they will obviously direct the girl and when she comes here, I will talk to her, and she will get to choose what she wants.

I: How about anything in such as changing the opening and closing hours of the facility?

R: Okay, our opening hours I think they are... we do it even on the weekends, so I think we are just friendly.

I: How about their waiting room or the consultation room?

R: Yeah, we have a center here where youths come and like...we have a youth friendly corner.

I: Any sort of special provisions?

R: Like which ones?

I: Like somebody is an adolescent, is seeking a service, you are saying if there is somebody on the line and they don't know, is there anything special that you give to the adolescents who are already at the facility?

R: Right now we don't have anything special, I think the Triggerise was giving them some token but we as a facility we don't have anything special, we only have this youth friendly corner where we have Wi-Fi, we have computer and the internet.

I: Okay, and how has participating in this program as a facility, the program by Triggerise, how has it influenced the quality of care that you give?

R: I don't get that.

I: My question is, since FHOK Kakamega came together with Triggerise to provide the services, how has it influenced the quality of service you give to the adolescents?

R: I don't think it has improved anything but already the services we are giving are of quality, so I don't know whether it has improved the quality, maybe an observer can tell about the care am giving if the Triggerise has changed it or has influenced it; but I think my services are just of quality before even Triggerise.

I: Now with your experience that you have shared with me dealing with sexual reproductive health issues, what would you say are facilitators for adolescents to access sexual reproductive health services?

R: I think they need to do more empowerment to the community because when the community becomes, you see the school, those teachers still have attitudes, and their parents still have attitudes, so there is still a lot of empowerment to be done at the community level. We as service providers I think we are coming out of that attitude of you are still young or you are still a student, you have never given birth so you should not get any contraceptive...but the community is now the problem, a lot should be done at the community level, empowering.

I: Yes, any other barrier if any, you've talked about teachers and the attitudes, community...

R: The churches, they need to be empowered so that they can come out of this attitude of the contraceptives, maybe the youths receiving the SRH services.

I: You talked of...you said there is this mentality that one could be infertile, what other attitudes or perceptions do they have?

R: You see some of those youths, maybe for those who are not open, they think if the community maybe realizes that they are using FP, they can call them maybe promiscuous, that's why some refrain and hide.

I: Any other challenge?

R: I think the parents are the community are the problem because I think service providers have been empowered, the problem now comes with the community and the government.

I: So for example, what does community do to make adolescents shy off?

R: Obviously the parents don't allow them, even the youths who go to talk about such; they don't want them to talk about contraceptives, abortion and such. They have that attitude; I don't know how to say it but there is still some problem at the community level.

I: Now there is problem but against all these odds, there are some adolescents that have been coming; could you in your opinion, what has...against all these negative attitudes, what have influenced them to come?

R: There are some of their fellow youths who go to schools to talk to them about sexual education; those dance groups, d for l; those empowers other youths to know their reproductive health rights then they come for the services without any fear. And also there are some few parents who understand, they are the ones who release their daughters to come for the contraceptives.

I: Okay, now you've talked of the barriers, you've talked of some things that are making the adolescents not to

come for these services; now as a facility, what have you done about it or what are you planning to do about it so that these services can reach adolescents?

R: We are planning to do the empowerment to the community like for the case of GTA, I can go and educate the community about the stigma and norms so that they can come out of those norms and release their girls or boys to access the services.

I: GTA?

R: Gender transformative approach.

I: What else have you been doing?

R: Okay, we have this program, share, it is empowering special groups at the village, community level to be able to advocate for themselves and I think that one with time it will affect the number of people that are accessing the services positively.

I: Okay what else have you been doing or what else are you planning to do?

R: Okay, when maybe a parent comes with a kid, we can give that one on one health education then this parent will be able to influence another parent and this other parent will be able to take this program or these services positively.

I: Okay, and you've talked about several challenges, something on the misperception, you talked about girls thinking they could be sterile...

R: They ask; will I really be able to conceive in the future or not; obviously I give the right information but still you have to be asked certain questions.

I: Any other misperception? and what feedback about your facility have you received from adolescents through the T-safe, the Triggerise mobile platform?

R: I haven't received any feedback as a service provider, maybe feedback was provided somewhere else but as a service provider, I haven't received any feedback. Or if they communicated with the young people then maybe they did not give a feedback to me on the kind of services they received.

I: **Maybe, probably you could begin by you tell me if there is a feedback mechanism that you or the facility has put in place for the adolescent.**

R: We have a facility telephone number, we have a suggestion box, if the youth is not pleased, he or she is just free to write anything and put in that suggestion box or call the number or can tell anybody, nowadays no one hides you, they just tell you, you haven't treated me well, and you can then change; they don't hide or shy off, nowadays a person just tells you openly. Maybe I came and took long to be served or I came and I haven't been pleased, the person will just tell you openly.

I: **Okay and how can you, this is now a general question; how can you be supported or and by who in particular to improve the sexual reproductive service provision to adolescents?**

R: Maybe refresher trainings.

I: **What else do you think can be done and by who in particular?**

R: The ITH, obviously when they are running a program, they are the ones that are supposed to support us, you see, we gave the services for three months, from October up to December, up to now we have never been paid for our services, we don't sell the contraceptives but at least because of facility, there is that small fee we charge for our service. So the ITH was to like to pay for young

people who are receiving the service, we were not asking for anything from them, they just come, they receive a service, they go. The ITH did not support us for the services we gave, maybe that's a problem I experienced.

I: Now what else or what do you suggest should be done in terms of reimbursement process to the clinic or to your clinic for example?

R: Okay, we signed contracts they even took our contacts, they took...we gave them everything, I don't know the problem they had, I don't know where the problem is, there is some networking problem somewhere because we used to follow up then somebody tells you, it is so and so who is handling that, oh it's so and so handling that. You see am not supposed to act like I want my debt paid, so I don't know who to ask.

I: So with that experience, what would you suggest to be done to make that process easier and that you as a service provider or as a clinic is also satisfied?

R: As a facility we have signed the contract, we just need to stick to our agreement, not say after one month that the contract was lost, that's not good; or call so and so, or so and so has done this, no, they need to have, maybe a nice channel, not to be told to do this and this, you are left hanging. Okay, I don't say they are indebted to us as such but we had some agreement then they just need to stick to the agreement.

I: Okay and regarding the incentives, the points, what would you say, what do you have to say about them?

R: You see the points were given to the mobilizers and the clients, not the service provider; what I can say is that the issue of giving points is just like motivation, I have no problem with that.

I: I have two scenarios that I would wish to share with you and I would love to see how you would handle such a situation or a case in point, so allow me read to you the scenario; let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now, as a service provider, what would you want to know about this young woman in order to help her?

R: First of all, from your scenario I can say that the woman doesn't know her reproductive health rights that's why she is of the opinion that she need to seek permission from the husband, the husband has to agree for her to come for the contraceptive. So I'll ensure that that lady gets fully informed about her sexual and reproductive health rights.

I: After giving you all this information; what will you first ask her before you even go ahead telling her about the rights or the relative information that she need to know, what would you wish to know about her?

R: The client has come for contraceptives; I'll need to get the history, the past medical history, the past gynecological history, the obstetric history, maybe her last menstrual period.

I: Okay, and on contraceptives, what exactly would you tell her as a service provider?

R: The exact thing...I'll talk about each and every method, how they work. Okay, we have different methods we have the short term, we have the long term, the hormonal and

the non-hormonal, so I'll talk about all those then from that she'll be able to choose which method suites her.

I: What else will you tell her if there is anything else to tell her?

R: About the contraceptives?

I: Yes. If there is anything else to add on top of the information.

R: Should I explain...okay I am just trying to generalize, so explain method by method or what do you want?

I: Just general, what information in general would you say you'll say...you've said you'll talk about the various methods, how it is done or how it is given to the girl, so am just asking if there is any other thing that you would tell this girl before she decides.

R: Obviously she has to consent before she receives the service.

I: Okay, now, in your opinion, what do you think is the best contraceptive method for this woman?

R: I don't have the best contraceptive for that lady, the method that she will choose is the one that I will give, I can't say this one is the best, take this one, no; I will just talk about pills, how it works and its effects; I will talk about implants, jadelle and NXT and demonstrate to her how it is inserted and its effects; I will again talk about injectables, then the coil; then from there I'll allow her to choose, if she will opt for injection, I will give her, if its implant, or coil, I will give her, I cannot tell her that this one is the best.

I: And if any, have you seen or have you met a young woman of this kind?

R: Yeah, there are ones who just come and say I want depo, they come with fixed mind. There are certain ladies in such a scenario and come with a certain fixed mind, you give them an injection so that the husband won't know I am using family planning.

I: **alright, our second scenario says; let's say a young girl has come to see you. She is alone and appears to be about 15 years old. She tells you that she is sexually active, and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. Now, what would you want to know about this girl in order to help her?**

R: First of all, I will want to know if the girl is free or has shared with the parents...okay, it shouldn't be that way, by her coming to the facility, it shows she is responsible and can make her own decision but with our setup, I will want to know; has she shared with the parent or the guardian about the activeness if she wants fp. But again, her coming to the facility shows she is responsible so on the other hand I need just to give the service.

I: **So before you give the service, maybe there are questions you would like to ask her as you normally do; so what would you want to ask this girl that will describe her before you help her?**

R: Whether she has used any contraceptives, how many partners does she have if any, I will even screen for the STI, I will have to attend to her wholesomely. I will have the probing questions then she will also be able to open up so that I can make my decision and she also be able to make her decision.

I: Now, you've talked of probing questions, maybe you give me an example of the sort of probing questions you would ask this girl.

R: Maybe she says she is sexually active, why does she say so, how many boyfriends maybe, how many sexual...how do I put it...if I get to know how many partners I will be able to advise her about protection and educate her on STIS, the risks of having many partners and also how to protect herself.

I: So what will you tell her on contraceptives?

R: I will give her information about the contraceptive, they are good, they prevent pregnancies, I will tell her how they prevent ovulation and so on.

I: Now, my interesting question again, which contraceptive method do you think would be best for such a girl?

R: Again the girl just needs, from my counseling, the counseling will be able to guide her to be able to choose the method; they do say that pills is good for the adolescents who haven't conceived but the girl can decide to use the implant, I cannot restrict her, the girl can decide to go for the depo, I can't restrict her.

I: You have said that there is a perception about the use of pills, why is there such a perception?

R: You know most girls who don't have information just take the pills, those who haven't come to the facility yet. But when a client comes here, I will educate her on all methods so that she can choose which method she likes.

I: This is just a thought question; what method would you suggest or do you think would be best for this girl?

R: I think all the methods are just good unless I am missing some information from my knowledge, but I think all the methods are okay.

I: **Maybe using an example, have you ever seen a girl who is in a similar situation or a scenario which is close to this one that I've read to you?**

R: Yeah, I have encountered them.

I: **Maybe an example please.**

R: There was one who came, she was a primary pupil...I don't want to share the problem she had but she had some issues in line with the STIs and she opened up and said she is sexually active and wanted a method.

I: **Maybe how did you end up helping this girl?**

R: Okay with the setup that we have, I just wanted to have some permission from the parents because I don't want to be arrested, because the government doesn't want a girl below eighteen years, so to be on the safer side, I wanted her to come with a written permission or that she come with the parent. But for the service, I can just give to the fifteen-year-old or for the fourteen-year-old but the problem comes in with the parents, guardians and the government; I don't want to be arrested.

I: **Okay, before I say thank you for your time, maybe there is a concern or a question you would like to ask me before we wrap up.**

R: I would like to say that ITH program is good but they should come up with policies that protect the service providers, they shouldn't say that no, we have certain policy for the children...when these people open the constitution, you are left out to dry.

I: **Any other concern?**

R: I only have that for now.

I: Okay, thank you very much for your time and for agreeing to participate in this. Thank you.

R: Okay.

[End of audio]

Notes

No probes on availability of IEC materials in the facility for the adolescents' use

File name: ITHR2_SP_KAK_LURAMBI_TOWN_MSK_190513_1525

Duration: 00:51:26

I: Hi, this is Doreen, ITH round 2, service provider interview in Kakamega, Lurambi Sub County, this is urban, the facility is Marie Stopes Kenya, on 13th May 2019, starting time is 3:25 pm. So, would you kindly tell me about your work and experience as a service provider in this facility?

R: I provide general health services, counseling services, FP services and we also serve ITH clients.

I: Okay, that's a general, so what is your role in ITH?

R: Counseling the adolescent girls who come for the services and providing the services after verifying that they have registered with the platform to receive the services.

I: Please say more.

R: Doreen what do you want me to say?

I: Like you say you provide counseling, you offer services, please take me through the stages of how you do this.

R: When a client comes in, she is registered at the reception, she says she has been referred by a mobilizer, she's been registered in the ITH platform maybe through the card or the phone, once you get the client you verify the card or the phone number then you ask the client for the service she'll need, if it's the FP services, you

take the client through all the FP services available, from the injectables, the pills, the IUCD, the implants, you tell them the advantages and the disadvantages, then you validate the service then provide the service and give a return date if need be.

I: Okay, thank you; now, would you kindly describe to me your experience with the adolescents and SRH services.

R: Adolescents, when you are providing the services or what do you mean?

I: Yeah.

R: Adolescents, they are a sensitive lot so you need to tackle them in a sensitive...when providing for them the services, some fear, okay some are sexually active but they fear what other people will say especially the parents and in the community, they would rather hide and get the services, after counseling some are willing to get the service but some are still not willing, maybe because of the fears that they have maybe most want the long term but they would prefer to go with the pills because of the secret nature of the pills. The implants they say their parents might see them on their arms. But now when you are dealing with them you have to be careful with them because they are sensitive, these are young girls...

I: Okay, when you say careful, what do you mean; help me understand.

R: Okay, you have to be sensitive to them when you are counseling them, you give them the right information so that they can make a right choice.

I: Okay, so you just mentioned that they prefer long term, right, why do you say that? So what makes them prefer this as a contraceptive method?

R: Long term is a good method because you don't need something to remember each and every day like the pills, the pills once you forget you'll likely conceive. The injection you should be coming back for them every three months and sometimes there are other adolescents who are in school so coming back for the injection is tricky for them and the effects for the long term they are reversible unlike the short term methods.

I: **Okay, so you help them to choose the long term methods?**

R: Not you decide for them, you counsel them, tell them the benefits and let them choose, you don't coerce them.

I: **Okay so with the case at hand, is it like you counsel them, right, after the counseling, is there like...you mentioned pills are a bit sensitive, parents could really know them coming in and out of the hospital right?**

R: Yeah.

I: **So for those who probably do not want to choose, would you say that you encourage them to go for the long term methods or?**

R: If the person doesn't want to choose?

I: **Yeah, or something.**

R: If they don't want to take a pick, you don't coerce, you just tell them to go, if they are ready, they'll come back.

I: **Okay, thank you; kindly tell me about your training in adolescent sexual reproductive health.**

R: I was trained in...is it early February on SRH; we were taken through the training on adolescents and how to provide the services for them. Basically what do you want to know?

I: **Just walk me through the details, like what are the components of the training...you just mentioned it was in**

early Feb, and if there are any other trainings that relate to adolescents sexual and reproductive health. You can keep talking about what you just began, about the early Feb kind of training, so what are the components of the training if you could help me know and if there is any other.

R: Unless I refer for you, I wouldn't remember everything that was...like everything that was in that.

I: Yeah, just give me what you remember, there is no right or wrong answer, it's not an interrogation, this is just a discussion and you just can't have everything at your fingertips, so it's okay whatever you recall.

R: Counseling process, provision of the services.

I: Like say a little more, what about provision of services?

R: What you need from when the clients come in, how you handle then client from then to the counseling them to providing the services then their take home message.

I: So for instance like a take home message, what was it like, like just say something? Say something about these clients if you can.

R: Your question is so ambiguous.

I: Okay, what I would just wish to know is like, this was the training it was on adolescents sexual and reproductive health, this is how the process like when a client come, this is how you should handle them, ABCD; after the service this is what you tell the client, ABCD. Like something of that sort just if you can.

R: Pass.

I: Okay, so kindly help me know the kind of services that the clinic under ITH provides to the adolescents apart from what you've mentioned.

R: Counseling, pregnancy testing, providing of FP services.

I: Okay thank you; and within these services, what are the most sought, like which ones do the adolescents prefer more?

R: FP services, especially the pills.

I: Okay, so kindly would you please explain to me or help me know your experience with the ITH platform.

R: My experience with ITH platform?

I: Yeah, like navigating the platform or using the mobile system if you ever do that, please let m know.

R: Okay, initially when the ITH came in we were taken through validating clients because we don't register, validating clients who are already into the platform, the clients when they come they either have the card that has the code so when she gets in, after you've talked with the client and they have decided on a service that they'll use, you use the code on the card to validate the service. If it's a phone number there are codes that you send for each service, if its injection, if its ING, if its implant, im3, if implants for the three years one or if it's for the five year one, im5 then you send to the code 22699 then after you get a verification code, the client also gets that, they send so that you can offer the service.

I: Okay, thank you, so how easy is it to use this service; would you describe it as something that is user friendly or?

R: Its easy to use the service.

I: Okay, so how has the project influenced the way you provide services to adolescents and you as a service provider? I mean the ITH project, how has it influenced the way you provide services to adolescents and you as a service provider?

R: Can I get back that question later?

I: **Okay, or can I break it?**

R: Mmh.

I: **Yeah, I just would like to know if the ITH project has influenced your service delivery to the adolescent girls in any way.**

R: Yeah it has influenced because when you are providing these girls with these services, the girls you are helping them to protect them against unwanted pregnancies which is something that is so common these days, when you take them through why they need to be protected, they need to pick up the services for themselves, you impart knowledge to them and some are, their reception for the message is usually okay because they know that there are risks that they are exposed to. Apart from that you also teach them about HIV AIDS and STIs but as long as you are preventing them against the pregnancies, they need to also be careful with HIV AIDS and STIs and use other methods like condoms. So it has helped me provide services for these adolescents because the ITH program is like free for the adolescents so they are likely to receive the services at no charge because most of them maybe they don't have the money to pay for these services once they come to the clinic, yes.

I: **Thank you, so you said they can access the services at low charges, right?**

R: At no charges.

I: **Okay, thank you, what are the most commonly asked questions by adolescents about ITH?**

R: About ITH...about the program or about the services?

I: About the program or about the services, like the services are within the program so it could be about the services or about the program, like the ITH body.

R: Okay they ask why the ITH doesn't cater for STIs; after you check, maybe someone comes with a complaint, you are treating but now you cannot give them the medication, you just...initially there was an option of testing for STIs but along the way it was removed so that time when you are testing for the STIs maybe you are treating, now you can't give the medication because it comes at a cost and the platform doesn't take care of that. Then also in removals of the implant, the ITH doesn't cater for that, sometimes these adolescents, after sometime maybe it has expired or they want to change to a method or they have side effects they want to remove it then you tell them I want to give you money for the service, they feel shortchanged because when you provided the service for free, they think that you should also be...the removal should also be free. Then...that's all ...

I: Its okay, you are free to bring them up at any point.

R: Okay, let's go on.

I: So would you be knowing why this is not done freely when the insertion is free, are you in a position to know why the removal is charged?

R: Because in the platform, in the whatever, the outline of the services provided for ITH, there is no services for the removal, there is no part that you can validate a service for removal, it's just for the insertion. So if I can't validate the service for the removal that means I cannot be reimbursed.

I: Okay, and what are some of the changes you have noticed since the introduction of ITH in this facility?

R: The changes?

I: **Mmh.**

R: I mentioned a few when we started there was counseling, we were being reimbursed and along the way it was cut off so a client can come in, you counsel but now you'll not get the...you'll not be reimbursed because there is no way you'll validated that I've counseled this client so that just goes like that. Because all the clients who come in is not a must that they take a service, there is someone who will walk in, just get the counseling, go and think about it then come back or not come back. Then there is the, then charges for the services, initially they were okay but now they reduced the charges drastically like the long term method was around one thousand or twelve hundred then they reduced to five hundred, then the STIs screening and HIV testing was initially there then it was removed along the way.

I: **Okay, so are there any positive changes since the introduction of ITH in your facility?**

R: Yeah, we get to serve more clients, we get to serve adolescent clients within the region by providing them with free services and this has an impact on us income-wise and the number of adolescents that are served at the facility.

I: **Okay, how have the preference of the adolescent service provider users and healthcare providers been influenced or changed as a result of this program?**

R: Break it down.

I: **Okay, I just would like to know if the preferences of adolescent service users have been changed or influenced as a result of this program; like initially probably you could have had the SRH services but not under ITH, now**

that ITH was introduced, how now have the preferences of adolescent girls, that is the service users, been changed as a result?

R: Changed?

I: Or influenced as a result of this program, something that is now different now that the program is there which was happening a certain way when the program was not there.

R: The adolescents mostly can now come in for the services, okay, those ones who already registered in the platform and those who are not registered we can link them up with a mobilizer if they are willing to take a service so that they can be registered, then service provision and provision of the services, those ones who want the services or who are eligible for the service are provided for the service, yeah.

I: Its fine, could there be any changes that have occurred to you guys as the service providers since the ITH was introduced?

R: Okay, yah, we now have to go sometimes out to go serve the clients out in the field or somewhere near them because not all the clients that you'll get outside will be able to reach this place, so you have to go out into the field to get the clients and provide the services so that you can be able to reach a larger number of adolescents.

I: Okay, so how far can you go?

R: How far?

I: I mean how far do you go to reach out to these adolescent girls as far as service provision is concerned?

R: We go up to Vihiga County.

I: Okay, so would you help me know if there is anything that your facility does and colleagues to support the girl seeking SRH apart from what you mentioned?

R: Good customer care service from the receptionist, how you receive those girls, confidentiality so that whatever that she is...you discuss with your client it remains with you and ensuring that there is a following for these clients to see how they are going on and making them aware that in case they have any problem they can always come back and they'll be sorted.

I: Okay, please help me know, do you have a different waiting bay for the adolescent girls or a consultation room differently just for them as matters confidentiality are concerned?

R: Yes, there is a different...when we are usually two, there is one room here that is for the adolescents so that when they come they don't have to queue on the line, after the card is opened they are directed to that room so that they can be served then they leave without having to wait for long on the queue.

I: Okay, do you have any IEC materials like...that you give them for their consumption?

R: Yeah we have.

I: Okay, like which ones, am just curios.

R: There is...sometimes they are usually delivered everything and there are some Shujaz magazines and there are some other magazine that is usually available for them to read.

I: Okay, thank you; now how has participation in ITH influenced quality of care of SRH services for adolescents in your facility?

R: We provide quality of care for all the services that we have. I don't think it has brought much difference because what we've been doing is we ensure that whatever service that we provide, there is quality of care.

I: **Okay, please walk me through this part of quality, like what is quality to you?**

R: Infection prevention, we ensure that we provide the services under a safe environment for all, for yourself and the client, then you ensure that these clients you provide services in a safe environment which is also ensure confidentiality for these clients, then provide information that is necessary to her, don't hold back all whatever information that is needed to these clients so that when they are making a choice, they make an informed choice.

I: **Okay, thank you; now based on your experience working on SRH issues in this community, what would you say are the facilitators of adolescent girls seeking to access SRH services? What makes these adolescent girls seek these SRH services most?**

R: Peer influence, far of getting pregnant, free services, those ones.

I: **Anything else if any?**

R: Those are enough for now.

I: **Okay, fine, and what would you say are the barriers for them to access these services?**

R: The barriers?

I: **Yeah.**

R: Lets say distance of coming, maybe you get a client who is maybe registered out in the field so you are telling her, come to Kakamega for the service, someone might fail to come because of the transportation cost, then

parents can also be a barrier, some teens maybe they don't...they are sexually active but they are fearing what the parents will say if they notice that they are using these services, then peer influence, sometimes it's hard to convince girls who are in a group to take a method because they are thinking, what will my friends say, but now it is easier when the girl is alone, you are likely to convince this girl to take a method.

I: Okay, thank you, now you've just mentioned some of the things like fear of parents' distance among others, so what are some of the mechanism that you or, I say your facility use or could use to support adolescents to overcome these challenges that you just mentioned?

R: Community dialogues are arranged where parents are called to the meeting and people from the area, they are told the importance of these services to the adolescents, in that forum, questions are raised and you answer these questions and then you tell them why these girls need to be protected, you allay their fears that these methods will not cause infertility in the future, rather it will actually protect them against unwanted pregnancies which can lead to unsafe abortions because if they get pregnant and they are not ready for it, they can easily be made to seek other measures then the distance we try and take these services out into the community so that they are nearer to the clients, so we carryout outreaches to be able to target these girls at the grassroots level to be able to provide the services nearer to them.

I: Okay, thank you, so what are some of the challenges, apart from what you just said, you mentioned like

misconceptions, what are some of the challenges that you have in dealing with adolescent in SRH issues if any?

R: I will come back later to that.

I: Okay, so you talked about...you mentioned something on misconception, so would you kindly help me know some of the misconceptions adolescents have about using SRH services.

R: They think they'll not get pregnant again after they've used this, they say I was told by my mother not to use this because it will prevent me from getting a child in the future hence barrenness, okay; then they'll make me gain weight, then they'll make me...people will think that am lose that I sleep with different men, then these services are usually should be for the older generation and not for us but now those ones; after they go out maybe they see someone, maybe their colleague or their peer has a child then some will definitely accept to get the method, but before then they usually say that they are not good for them.

I: So when they say all these things that you've mentioned, how do you react or how do you help them, how do you mitigate these challenges?

R: Okay, this is done from proper counseling, when you initially start talking to these clients, you tell them that if they come for these services, then these services are safe that's why we encourage them to get these services because if they were not safe we would not be providing them so openly, then we tell them that once you get the service and maybe they time that you want to get pregnant, it will not prevent you from getting pregnant. Then you also ensure that you tell her that these services they are more at risk of getting pregnant

and exposing themselves to unsafe abortions because most of them once you talk to them they'll tell you their fear of getting pregnant and once they get pregnant they fear what the parents will do to them, so this will all prevent them from getting this...so when you talk to them you tell them that this one will prevent them from getting pregnant and will protect them while they are in school so that they can get an education first before they decide to get the children which they'll still get even after stopping using these methods.

I: Okay, thank you. What feedback about your facility have you received from adolescents through the ITH platform if any?

R: Okay the feedback we get from the questionnaires that we give them to find, most of them are happy with the services but some get disappointed when you don't provide like the whole maybe treatment, maybe they've come with something else and you tell them ITH is for only specific reproductive health services which are also narrowed down, so they would wish that the ITH services were broader in category so that they can benefit more.

I: Okay, when you say broader, what aspects would they, according to the feedback you get, would they prefer to be included in the program?

R: They would prefer that general health treatment, general conditions would be treated then HIV AIDS testing and STI treatment, they would benefit from those treatments because there are some who will come, initially when we had the services, you test them and you see that they can benefit from the treatment but once you tell them that now you have to pay, some are really not impressed;

then it should have included the option of the removals of the implants because once you insert something free of charge, now people will expect that then services should also be free for the removals. But now in this platform it's not because there is no service that you need to validate for the removal.

I: Okay, so still on the feedback, how has it influenced the way you deal with adolescents in your facility for SRH services?

R: These adolescents when they come you tell them what services are eligible from the beginning so that you don't cross paths; so you tell them you've come for this and this and these are the services that are provided or that your card or the code that will be validated, you provide. The rest, maybe you need something else, yes its provided but it will be at a fee, so if someone knows that, firstly, most will understand.

I: Alright so the feedback that you get from the questionnaires that you are talking about, has it influenced in any way your service delivery as a health facility as far as ITH is concerned?

R: Yeah there are some who come...when you don't have the money, you still remove for them those implants for free, there are some who will still, because medication we cannot provide but we'll give them a prescription and at least follow them up to make sure that they get the treatment.

I: Thank you, so we've talked about challenges and maybe if you could just tell me how you think you can be supported to help improve the SRH services provision for adolescents in your facility and by whom; how you can be

supported to improve these services as a facility and by whom to the adolescent girls.

R: For now, I would like to pass.

I: Please say something, of course it's not cast on stone that you have to answer but kindly if you could just say something.

R: I choose to pass.

I: Its fine; so just one more thing that I would like us to do; I would like to read...to take you through a scenario, it's a discussion about some specific situation you might encounter with the clients who come to your facility for family planning services; let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now, what would you want to know about this young woman in order to help her? She appears to be around 19, she had her first baby one year ago, she has never used contraceptives because her husband is opposed to her using contraceptives, so what would you want to know about her to help her?

R: First I would like to know, for the ITH services, for the lady to benefit if she is nineteen years, she needs to be registered in the platform then I will need to know if she is already registered in the ITH platform by validating somehow the phone that she has come with or the code then you will ask her of maybe to ascertain the age, you will ask her when she was born so that you know if she is nineteen because the ITH is for the nineteen

years and below, fifteen to nineteen years; then you also...okay, you'll probably take her through the methods of FP and help her choose a method that is...help her make an informed choice of the methods that you have.

I: Okay, so what would you tell her about contraceptives?

R: What would I tell her about contraceptives?

I: Yeah.

R: Doreen that's ambiguous...what would I tell her about contraceptives?

I: Yeah, anything that comes to your mind.

R: Definitely contraceptives will prevent you against pregnancy but it cannot prevent you against STIs and if she doesn't want to get pregnant or get another baby she needs to be on a contraceptive, then these contraceptives, you'll explain each in detail, maybe you start from the coil, you tell her what is, how its inserted, its effects, the side effects and advantages then you'll go to the implants, you'll tell her where it is inserted and probably maybe, since this lady, maybe the husband doesn't want her to know, if she puts anything on the arm he might know and it might bring issues with them, you also tell her about the injections and the pills. Now you help her make an informed choice, tell her if she really wants this method she could better choose something that is secret so that the husband might not know so that it brings issues to her.

I: Now just on that same point, which contraceptive method do you think would be best for this young woman and why?

R: All of them would be good for her but given the current situation that her husband would maybe probably know, I would advise her to go for the coil or the three-month injection but probably the coil because it's a long term

method and anytime she'll remove, fertility would return fast and will not affect; because at times when using injection, fertility might delay, so that one will also bring more issues when the hubby still wants a baby.

I: Okay, nice, we have another young girl, just one more girl to go, this is going to take less than ten minutes, it's just one girl to go, this girl is alone and appears to be about 15 years old. She tells you that she is sexually active, and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you want to know about her in order to help her?

R: You take the history, you take the biodata then you take the LMP history, last menses, if she is not sure, you do a pregnancy test to confirm that she is not pregnant then you take her through the services that she's come for; also ensuring that you emphasize on the need of her, now she says she is sexually active, tell her that whatever method that she chooses will only prevent her against pregnancy and help her...impart the knowledge that she needs to use a dual protection, maybe condoms if she having a sexual relationship then after you take her through all these methods...you take her through all the methods and help her choose a method that she would agree to or she is comfortable to and then you provide the service.

I: Okay, again I ask, allow me, which method do you think would be best for this young girl and why?

R: I will not...okay, maybe...am I the one to choose for the girl, no.

I: Just what you think...

R: The girl is the who should choose the method for herself after you've advised but you can also advise on the long term methods because the effects are reversible and the coil and the implants, the effects are reversible and whenever she wants to remove them she can always come back and remove them, then wherever she wants to get pregnant, the chances of getting pregnant are higher unlike the injection that causes secondary infertility.

I: **Okay, so is there anything else you would tell her about contraceptives?**

R: I would tell her to always remember to use condoms and to check on the dates that she's been given to come back maybe for checkups and for the removals.

I: **Okay, thank you, now do you see clients like this girl in your facility?**

R: Like the fifteen-year-old or the nineteen-year-old?

I: **Either I just want if possible, if you could give me a scenario in which you saw a girl of a similar situation as the nineteen-year-old and on the other scenario a girl you recently saw of a situation of the fifteen-year-old if you can the two scenarios.**

R: The nineteen-year-old ones they are common, those young lady girls, maybe they are married to someone who is older and since they are so naïve they can't make their own decisions, sometimes they want to get these services but their husbands forbid them.

I: **Okay, now pick just on a recent, the most recent scenario of the nineteen-year-old that you can recall, just pick on one if you can.**

R: Okay, there was one who came where we were out in the field, she had a young baby but now with the young baby, she had...the young baby was around some few months, around

six or seven; now she had been mobilized, she had come for a service but now she was fearing what the husband will say because he had warned her to use any...so for this girl, she really wanted to take a method but she was fearing what the husband would do...she wanted to take something long term but she couldn't take it because when you take the implant...she refused the coil...she wanted something long term like three years, two years which is maybe an implant, so she opted to take the injection because now the injection, no one would know that she'd been given an injection but the implant she would know that there is something on the arm because she say "he does check my body to see if I have anything on the arm" so it made us give her the injection for the three months but we gave her a TCA so that she can be going to the nearest facility to get the method after every three months.

I: Thank you; now there is this fifteen-year-old who is sexually active and would want to prevent pregnant and is still in school, a scenario like that you said you come across them, would you kindly help me know of a recent.

R: She comes in, okay, she is sexually active...fifteen year old comes in, she is sexually active, she wants a contraceptive method so that she can prevent pregnancy, she doesn't want to get pregnant while she is still in school, now this one she had also been using p2 to prevent the pregnancy but now she sees that she risks getting pregnant because she has heard that p2s are not good which I reaffirmed to her that yes they are not good, they should be used only two times per year, now like this one you can easily guide her through the

process because this one is someone who sees the need for the fps, so for this one you take her through the methods and since she wants something that she doesn't want to come back to the hospital or keep remembering everything, she will probably choose the IUD or the implant which you give after explaining to her and give her the take home message for the checkups and in case if anything she should come back; and since she is sexually active she will also try to use condoms to prevent STIs and HIV AIDS.

I: Okay, so which method did you give this girl?

R: This fifteen-year-old?

I: Yeah.

R: Implant, five years.

I: Okay, thank you; now you asked me to come back to some question later, can I now?

R: Yes.

I: Thank you; what are some of the challenges you or your facility face in dealing with adolescents' SRH issues?

R: I think I answered.

I: Please say something more. You mentioned to a given point but while on another question, I just wanted to know so that we could help exhaust it...

R: Probably being able to provide all the services as the adolescence ones, maybe an adolescent comes in, she's been told this facility provides services to the adolescents but now when she comes in maybe she is sick and wants the service she cannot be provided, then...yeah, basically the treatment for the services and maybe the services that cannot be reimbursed on the platform yet when they are being told, they are told that these services are free so whenever you need any service just

I: Okay, thank you very much, I tried the much I could to get us through this, so if you have any questions, you are welcome; I have just come to end of my interview with you.

I: Okay, thank you so much, your input is going to be of much value to us in the evaluation process, I appreciate your time.

I: Thank you.

No probes on how the interviewees follow-ups for the adolescent family planning clients.

I: Hello, this is Agneta, ITH round 2, doing IDI with a service provider in Kakamega County, Malava Sub County, it's a rural and the clinic is Kakunga. So to begin with, tell me about your work and experience as a service provider in this clinic.

R: I started this clinic in nineteen eighty-nine, so I've been working as a business medical officer at Kakunga medical clinic since nineteen eighty-nine up to now and the experience I've had is almost thirty years now. I've been giving one, general services which include giving

treatment on different diagnosis or different patients and clients. Most of the patients here are of malaria, pneumonia, inflammatory diseases, and renal diseases but mostly when I get a difficult case I usually refer them to Malava sub county general hospital to be seen by a doctor. Now in the year two thousand and four, we were enrolled in a group called Marie Stopes, so they trained us on family planning program and how to give the services and different methods about family planning, how to counsel patients and give services, the one like we give pills...I give pills, I give NXT, that is implant...implanon for three years, I give jadelle and implanon again which take five years; I give IUD that is intrauterine device which takes ten to twelve years, I counsel clients for tubal ligation, those who are willing to do tubal ligation and I refer them to the correct area to be done tubal ligation because this clinic does not give the service on tubal ligation. I treat sexual transmitted infections like [inaudible 00:04:25], I treat [inaudible 00:04:27] inflammatory diseases then in male I treat urinary tract infection and usually we counsel, mostly on male we counsel on using condoms most of the time, during their time of sex with other partners, so that is protecting them from getting STIs and from getting HIV which is the scorch now. During counseling I counsel my clients again to know the diseases that they should protect themselves from them.

I: That is well said and in the ITH program with Triggerise, what is your role and how do you see your role in ITH?

R: It was which year...was it...I think it was the year two thousand and seventy is when they started training us on

ITH, we were told it is In Their Hands, so these young ones, the age is fourteen to nineteen, that is the age we were given and we were to take care of both male and female, so my real role in these girls and boys is to counsel them especially on how to protect themselves not to get pregnant before they finish their education from form one up to form four and continue up to university. Then, we protect them by counseling them on methods to protect them from getting STIs like gonorrhea Chlamydia, syphilis. So again we protect them from getting HIV by teaching them how to use the condoms. Now, I come to family planning, family planning I have always taught about the methods we have in the program of family planning like pills, we have two types of pills, we have the usual pills of daily for twenty-one days and we have the emergency pill which is...which takes seventy-two hours. After the sex then the client can take the two pills to protect her not getting a pregnancy. Another method is using a condom, we have a female condom, we have a male condom, we usually teach how to use by doing practical to them, we show them how to use and the time they should take with them like this female you should take, after they remove they should throw and make sure that they are clean. We come to implanon, implanon I teach them how we use the implanon especially the three year method, after inserting she should come back for review to see how she is getting on with, sometimes they have complications, there are some clients who respond to those family planning methods differently, you can get somebody is having bleeding for some months, so with such cases should be checked and controlled the bleeding, if there is infection you would treat the

infection and the client continues with the method. The same to jadelle which is under implanon, the same to IUD which is again a method which takes a long time, ten years, you ask the client to be coming to the clinic for checkup and when she is at home, especially when she goes for a bath if it is an IUD, she should check the thread whether it is in position or not. In case of any complication in IUD like backache and not getting periods, infection, she feels there is a smell in her panty, you treat such, then she should come back and tell you the problem she has and she should be treated for such.

I: That is well exhaustive, now, you have been dealing with adolescents' sexual reproductive health, so kindly or briefly describe your experience in dealing with adolescent sexual reproductive health, how has it been, what has the experience been dealing with the adolescents on this issue?

R: It is very difficult to for them to be transparent, especially when they have an infection, they don't really shoot out that I have a problem, I have abdominal pains, I have backache, I am draining pus, it's not easy so you are going to go deeply and ask questions that how do you feel, do you have any pain during passing urine, do you have any pain when you are at school like going for games you feel that you are tired or you have backache, such questions you ask; but if you don't ask, they are not free to say. Another thing like sometimes you have inserted a method, they cannot be transparent to the parents; most of them hide from parents so they come at a late hour, most of the students come at around, after classes or when they are in holidays, they come

very late so that the parents don't notice their move for a method, but they are willing to be helped so that they finish up the education when they are not having any complications like pregnancies or infections; most of the time the experience I've had is that they must hide from parents. But there are some parents who are free, they bring them, when they bring those clients and with the parents, you really feel free because you can counsel, if the mother is willing to listen, she will listen and until the client will give you a method to put for her. Another thing is that sometimes you can get a girl who has just come on her own desire and maybe you have put a jadelle and she goes home, there are some parents who are very sensitive, they will look at...you know they look, the mothers are very funny they look at the hands of the children to know what is happening with the body of their child; so they will get that they have that. Some bring back the client, some quarrels, some tell you that you remove. So if you feel, if you can ask her to relax and think well that am helping the daughter to go through the education, then she will either choose another method other than what you have put like jadelle then she will tell you, you can remove that jadelle and maybe just put her on pills, so those are sometimes, it's like a challenge in those young girls.

I: In your opinion, why do they prefer pills to jadelle for example?

R: A hard question but...they feel the jadelle will spoil the reproductive organs; that is a feeling, it's not true. So because they never went to school and learned about these organs, they just feel it will break the...most of

the time they say it will break the eggs before my daughter gets married.

I: Okay, what else have been their thoughts on these issues such that when they come with the girl they tell you to remove this particular method and go for pills?

R: It's just a feeling, it is like refusing but they don't want to show that they are hurting you, so they break and say no, then you can just put her maybe on...they feel the pills are lighter than the jadelle because jadelle will take five years and they feel these feels these pills will take maybe one month you know.

I: Okay, now, tell me if you have had any training on adolescent sexual reproductive health.

R: I have had it.

I: Tell me more, you started telling me that Marie Stopes gave you some training that is what am interested to know, the sort of training that you've ever received on adolescent sexual reproductive health.

R: Before we started we were trained and we were asked to have tactics to approach these young ones so that they accept the method, unless otherwise there is a complication, we have got to talk to them softly, just try to use a language that they will understand. Most of the time is the language because you know with them they have their own language, they call some names that even we mothers, we cannot know. So it's just a language that you should borrow and use to them so that they accept the methods.

I: Maybe you tell me more, what was the training all about?

R: The training was especially on reproductive system, the organs and the health, the protection and the health as a whole.

I: Now, back to this clinic, which services do you provide to adolescents now?

R: Right now, adolescents we are giving all the methods, we don't choose, it's the client who is to choose the method.

I: Which method are you talking about in this case?

R: The family planning methods, the ones that I had named at first.

I: Yes, so am asking, to the adolescents, which services? Does it mean adolescents are only given family planning method services in this clinic?

R: They are not only the adolescents, all clients are given services for family planning in this clinic, the adults, the adolescents sometime they come for urine testing, they test, yeah. They want to know whether they are pregnant or not and if they are pregnant, you are able to help then you help whatever she wants.

I: What other service again can you or does this clinic provide to the adolescents? You've talked about family planning, you've talked about pregnancy tests, maybe is there any other service that this clinic offers to adolescents?

R: Yes, I offer SAC.

I: What?

R: SAC.

I: Tell me more, what is SAC?

R: Sac, but you don't have to say, it's confidential that one. Sac they are...here people are very healthy, you can get even a father or a mother bring a girl of thirteen years, twelve years, is already pregnant, because they eat well, they start periods very early, so you'll test urine, you get that she is pregnant and maybe she is in

standard six or seven, the parent will ask you to help her so that she continues with education, after sac then you give a method which can take the period, a better period like five years or three years. When she comes back, if the mother is willing, you remove and re-insert, you do it, that's what I do.

I: Okay, any other service apart from the three you've said?

R: On adolescents?

I: Yes.

R: Mostly those ones.

I: Okay, now, what are the most sought after services by adolescents?

R: Most of them will come with, oh, I feel am bleeding a lot but you tell them, after three months, it will settle, it settles on the third month. When you start a method, first month the bleeding is heavy, second month it comes down then the third one it comes normal unless if there is an infection, if there is an infection, well and good, she should point it out so that you can treat and she continues with the method.

I: Okay now am asking you, you have just shared that adolescents receive SAC services, contraceptives and STIs, the one for testing pregnancies; now of these services that you've talked about, which ones do adolescents often seek?

R: Mostly when they come, they would like to test their urine.

I: For pregnancy?

R: For pregnancy, because they suspect themselves.

I: Why do you think it is for pregnancy that they often come seeking for?

R: I don't think that they come, they come practically, so when they come, you should respond on what they want; you'll test the urine, if it is negative, you'll tell her it's negative but you can counsel her, if she feels she can get a method, then if she accepts, you give the method. Because there is a reason why she has tested her urine, maybe she has a friend that disturbs her all the time for love, isn't it, but she feels I should be in class and finish my education or my parents have paid money for the education, I should not shame my parents; that is why she gets a method and she continues with her education and her love with that man because she has protected herself.

I: **Okay, well said, now please try and describe your experience using the mobile platform; how has it been using the mobile platform for ITH program?**

R: The phone?

I: **Yes, the phone, how has it been, while you are using the phone?**

R: Most of the students are not having phones, maybe you will just get one maybe from a rich home or she has borrowed the mother's. So a phone is not very much reliable here, they don't have them.

I: **That is for the adolescents, they don't have them. But now you as a service provider register in this ITH, you use a mobile for certain things, so that is what I want you to explain to me how it has been, probably what you do, if there have been any challenges.**

R: There has been no much challenge because this one is good, it confirms exactly what kind of method you have given to a client and it is transparent and it keeps it confidential.

I: Okay, so now, what do you think about the mobile platform, is it something that can be improved, is it something that is so good so far, what do you think?

R: There is nothing to be improved there because already they have given you a number where you should report. We have a particular number we are using so it is direct.

I: Okay, now, this project began last year but you have been giving services in this clinic since Marie Stopes...

R: Yes, it found when we had already implemented to what we are doing, the family planning methods.

I: Now, in your opinion, how has this project influenced the way you provide services to adolescents?

R: This one is good because it keeps the data correctly, you cannot miss it, if you miss, you'll go back and check on your phone, such and such a date I had...how many patients did I have and which methods did I give.

I: Maybe could you please tell me more, how has it changed the quality of service you provide, I know you have been providing services to the adolescents, how has the introduction of this program changed you as a service provider?

R: Yeah, it has changed, one, it has improved the name of the clinic, two, there is a good flow of these young people who used to hide themselves and do wrong things, now they are doing the correct thing through the healthcare; other than...let me give you an example, like on my sac, do you know how many people die because of sac that they have used dirty methods, that is, they die of infections, they die of hemorrhage, you see that, some even don't know the time they take their pills, but when they come to us we ask questions deeply, when was your monthly period. Most of them forget you know...you

just know the young people around this; they are too forgetful, they say it is such and such but when you put her on the court and check and do examination, you get what you want exactly. You go back and ask her then she will remember, when did you have your boyfriend, then from there she will remember and give you the correct dates.

I: Okay, now you have shared that it has made adolescents to be coming openly and therefore they have been getting sac services so well. Now, to you as a service provider, how has it changed you?

R: One is the income, we work for money, you work to get money to improve your clinic, so it has made me to at least to have improved my financial income...it makes me to improve somewhere else that I have not done.

I: So what else...what other benefit have you got since you joined ITH?

R: They are giving us some cash which makes us feel better, you know you feel better that I should work hard on this because you will get something that will give you a heart to work hard.

I: Now, while you were talking to adolescents and trying to tell them about ITH, what questions do they ask mostly?

R: They don't ask a lot of questions though; they ask; will I conceive when I use the method, will I get a baby? So you explain, you tell them that yes you will get a baby, yeah. Because this is just a hormone which is new, once it is removed, you will finish one week, in case you want a child or in case you are married then you'll get a child. Some will ask you; is this thing going to make me sterile? Is it going to block my fallopian tube so that I don't get any child in future? Because most of

them think...most of the parents think that if a child gets a method earlier then you have blocked her not to be fertile for delivery.

I: Any other question?

R: Now like in case there is bleeding they will ask you, can this thing cause cancer, especially the intrauterine, can it cause cancer? I have got to tell her that no, it cannot cause cancer, there is bacteria for cancer but not the device, the device does not carry cancer, it only protects you from getting a pregnancy, it makes your cervix to be thick so that the sperm does not go through to fertilize the ovule, so you have got to explain their shallowly because they don't know most of the times already.

I: Okay, now you started telling me that since introduction of ITH the girls have been coming in for, for example sac, what other changes have you noticed since introduction of ITH?

R: They are informed, they have been informed about the methods, they are aware of what's happening on their bodies especially when they have a method in. they have a knowledge on family planning program now which means they have knowledge in their life up to future, when they get married, they know what to do. When they are alone, they know what to do, how to protect themselves, you see that.

I: Any other changes?

R: They are aware of what to use to protect them again from the diseases that are available in their sexual reproductive system.

I: Now in your opinion, how have you known that the girls are now informed about the methods?

R: Some come to report; sister you have helped me, I finished my form four I am now in campus, yes, some come. Some I see them, I only see them when they are moving, I see them, that child was like that but not she is fair, the health.

I: Is there any change you have noticed again?

R: In them?

I: In them, in the community, in this clinic?

R: In the clinic there is no problem but you know people cannot be the same, in the community, here we have some churches that have refused completely family planning, so what the children do, they hide; let me give you an example, there is a church that has a cross, a red cross they sew on their dresses, after it is sewn on the child's dress, she will put on a sweater to cover the cross before she gets in; so it has changed...it has changed her to think that let me cover myself and go for a method which means she is hiding or she is trying to protect other people not to know that; it is confidential for her to have it.

I: Now, how have the preferences of adolescent service users been changed as a result of this program?

R: You see now supposing a girl got pregnant like thirteen, fourteen, in early stages, isn't it?

I: Yeah.

R: That's not now or there, at least they can get married when they are matured, when they know exactly what is in their life. So that one has changed the way of living until they get married.

I: And now, in this facility, you and your colleagues that you work with around, how do you support girls who are seeking sexual reproductive services? How do you support

them such that your support will make them come and seek for these services?

R: Like me sometimes when I am in the church I use the church, some few minutes to talk to the parents, I teach them and show them some pictures in the family planning books according to the method and tell them the goodness of those methods, and tell them to send their children to this clinic or any other health facility, any other government health facility to be helped to so that they reach their goals in their life, their health.

I: **Yes, now, so, what other measures do you as a service provider or as this facility take to make sure the services are available for the girls?**

R: Like the methods we use and the commodities we are supplied by the Marie Stopes, so Marie Stopes makes it constant that the clinic should have correct commodities for the reproductive health.

I: **What other measures do you have?**

R: Measures here is IP.

I: **My question is; what measures have you put in place as a facility to attract more adolescents for the services?**

R: Like I have brought shujaz magazines here, so I move with them during my outreach, like when I go to Ntingongo I call them, I give some to CHWs to use on their counseling. Sometimes we use posters when we are going to outing for an outreach, put posters before they come, we have some photos that shows the family planning methods, so they read and get some little knowledge before you read them.

I: **How about your opening and closing hours, how is it; is it favoring adolescents or...tell me something about your working hours.**

R: We open at 8am, I close at 7:30, 7:30 is the best hour, they have already come.

I: **Okay, how about the consultation room, how is it, is it favoring adolescents and if it is favoring them, what has been done for that room such that it ends up favoring the adolescents?**

R: We have so many displays with the methods of family planning, we have some displays of...there are photos of the shujaz, they look at them, those girls expose to them and they feel we are just the same as those girls.

I: **Okay, and what does the consultation room look like?**

R: It has got to be...confidentiality should be maintained.

I: **Okay, and what happens as they wait?**

R: In case they are waiting, I do give them magazines to read as they wait.

I: **They wait for how long approximately or usually how is it done?**

R: Maybe when we are out like an outreach is when they can make a line, but here they don't make a line, they drop one by one.

I: **Okay, and in the quality of service delivery, how has participating in ITH improved your quality of service? I mean, you have been providing service, and quality service for that matter, so my question is; since you joined ITH program, how has it improved or influenced the kind of quality service that you give to adolescents?**

R: It has improved because when I use most of my instruments, it makes me to work hard and to be active so that those commodities are sterilized, they are ready for the next client, so unless you make them clean and sterilized, if you become lazy, then they will get when you are not ready. So they keep me thinking a lot to see

that, let me make these things ready for the coming clients, so they make me active anyway.

I: What else has it done?

R: According to their way of coming, they make me feel that I should prepare some areas for the ITH, so I think they give me a push to be ready for them.

I: Okay, now, based on having worked in this community and especially working on sexual reproductive health; what can you say has made it easy for adolescents to come for the family planning services for example?

R: It's not cheap, you have got to use your own knowledge to bring them to your line so that they accept the method. The area is still low in education, so we are trying to implement, put in them so that they can learn and know how to use the methods.

I: Now, you were talking about something about there are some churches who are against family planning, now tell me, what are some other challenges or barriers within the community or perceptions have you been getting, or the ones you know that are making adolescents not to come for these services?

R: At first I said about parents who don't have this knowledge of family planning for many years in their lives, so they feel the children should be the same the way they are, but they have not known that the life changes, there is a very big change in adolescent lives, especially these years in Kenya, there is a very big change, so it's not easy.

I: So there is that for parents, there is that for churches.

R: Yes.

I: Any other thing?

R: Another thing, they feel they should have a lot of children and it is true, here they make a lot of children, you get a woman having nine children, when you check the age, she is very young and she has already made nine children and now she is coming for jadelle or she will tell you, give me a depo of three months. She doesn't want prolonged jadelle like IUD, me I feel IUD is the best. So when I tell them about IUD, she says, no that's a long time.

I: Why do you think IUD is the best for them?

R: IUD is just the best.

I: For them, why would you suggest that you would better use IUD?

R: It is very much effective, it takes a long time, you cannot forget anything on it and as soon as you remove it then you get pregnant.

I: Now, on issues of parents, issues of the church that you have just told me about, what are you doing or what have you been doing to support adolescents to overcome things like that?

R: Sometimes when we have like a baraza in the area, its good you ask a chance you teach, because sometimes we get medics from the government facilities like the sub county, Malava so you are going to get the day they have and you accompany them and teach the community, give them a knowledge so that there us transparency on family planning methods and even a healthy living type of life.

I: What else are you planning to do or which other method is possible for you to use to help solve these challenges?

R: I don't have power...you know it is good when...if government was willing I could write some books to enlighten the community.

I: **Okay, and tell me now about misperceptions the adolescents have about using sexual reproductive health products, you talked about them not getting pregnant in future, what other wrong information do adolescents have about sexual reproductive health?**

R: You know most of them are not...they are not...they don't know what HIV or other diseases or what it will do on their bodies, like let me say there are some STIs, if you are not well treated then it will block the fallopian tubes and you will never get a baby, especially gonorrhea, once it's not treated, then the fallopian tube blocks, there is no way that you will be pregnant. And that one does not mean that it is a family planning method which has made you not to deliver, maybe it was just your own problem through sexual.

I: **Now, you have said that some of these adolescents think that when you use family planning, in future they will not be able to get children, now, when adolescent present that to you or asks that question, how do you usually address this problem?**

R: I usually tell them that it doesn't do like that, it cannot make you not to get a child; you'll just get a child as soon as you want it. Once you remove it then the reproductive organ will tell you that I don't have anything hindering the child to be had.

I: **Okay, now, would you please tell me; how do you get feedback from the adolescents about the facility?**

R: The time you give them a card, you write on a return date, so when she returns, you ask her questions

according to complains, you listen, what complain is she going to raise.

I: Now, on this, generally on this facility, on this clinic, how do you receive feedback, maybe how they were attended to, whether it's good or bad, how do you get such feedback from adolescents?

R: We have a book here, when adolescent comes, after all the services, you give her to write what she has seen, whether it was good or bad, and that is one of the return reports that uplifts your heart to work on them; if they say no, no, no, then you start asking them, why no, no, tell me why so that I can improve. If you are harsh, you calm down, relax and talk to adolescent nicely so that they bring a friend or they bring more friends, and if that method has helped one, don't you think you will get seven? Yes, from the same, same school or from the same, same are. Like if sac goes through well with no complication, you know what the complication is in SAC, right?

I: Mmm.

R: The worst is what, death, they won't come, but if you are really going through nicely, they come. Those are the reports.

I: Now how would you be supported and probably you suggest by who to help you improve the service provision to the adolescents?

R: You see good is good that gave a light in Triggerise to think about fourteen to nineteen, but we even get children of thirteen up to nineteen, you see; so when the Triggerise started enlightening us and since now we are giving out the education to the community, to schools, yeah, sometimes we go to schools, sometimes we

talk in churches, sometimes when they have seminars, you talk through there, so they are enlightened through those groups and I think it helps them.

I: Now, what ideas would you give regarding the reimbursement process for the clinics?

R: That one is yours...that one is yours, you people who covers us through the system, we cannot refuse what you have been given, we simply say thank you because you don't know where it is coming from.

I: But you can suggest, you can give an idea on what else can be done.

R: It depends on how one is feeling, like me I have no problem.

I: Anything on training?

R: If you have something good on the system and you feel we should be sat down and we go through that, it's okay, you call us, we shall come.

I: How about anything on Tiko miles, the Tiko points?

R: That one is confidential in the office because if maybe...if I look at what we started with, is not what we have right now. So that's why I am saying that's your work at the office so that you come, whether low, whether small, whether good, whether bad, it is the one you give us, we are okay.

I: Yeah but it would be good to share your experience and maybe suggest a way forward.

R: You see like me, from last year I have not had anything until recently is when...on Tuesday is when -said no, let's go to your account and see whether they have put something, so how do I know that there is somebody who should give me and yet I don't work in the officer?

I: Maybe your opinion, what else can be done to help the current situation?

R: You see I've said about knowledge...being given knowledge on some areas where we are not doing well, when you gather this message and news is when you'll know that we are not good here, we are not good here then you weigh so that you can support us in an area that is low.

I: Yeah, so it's good to get a suggestion from you saying this is where we need support, this and this need to be done...

R: You know like my area here we get so many clients from very far, if I tell you about communication, my daughter, what are you going to do for me, will you give me a car that I can use to mobilize children, mostly when they close, they are very free; but how do you get them?

I: So those are the things I want you to share with me.

R: Communication, communication is very, very important. Like me am here and I get patients, you don't know the area even if I name it you wouldn't know, very, very far, Ingavira, Tingongo, those are areas next to Malava now; how have you ever been to Malava? You will reach Malava and go further ahead, you will go to Webuye and you will see Malava before you reach Webuye. So most of the clients come from interior areas, and at first I told you these people are alive because of the two factories, there is money floating, so many children are misled from the lowest age. I've told you most of them have been putting methods, they leave a child in the house, they go to school, when she comes on the clinic, I've always asked her to come with that child I look at her or I look at the child and see what kind of health is the child plus the mother.

I: Okay, now, I have two scenarios I want to read to you and then you tell me how as a service provider you would handle such a situation; let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Now, as a service provider, what will you ask this young woman or what will you want to know about this girl before you help her?

R: She has had one child, she has a husband and she does not want another child and the husband does not want her to go for a method.

I: Yes.

R: It is difficult; first of all, we should know, how do they stay, their life, how they stay and after that, during counseling, you should use this Marie Stopes thing for family planning, flipcharts, one by one teaching her all the methods. After teaching her all the methods through the flipchart, then she will start thinking of what she can use without the husband knowing. If she can get something good that the husband will not feel, then it's good to help her to get that method, but should be a secret in her heart, when she finishes the period of that method, if she comes back, still remove what she has and replace with the same, same thing of what she wants, because already she has seen all the methods and the time it takes in the body, she knows, she will tell you at least what she can use.

I: Okay, now, in your opinion, which method would you suggest or would you think is best for this woman?

R: These women, me what I could give her is an IUD because that one, like a layman cannot know that there is a threat around the cervix because there is a vaginal excretion always and that vaginal excretion will always cover the thread and it becomes smooth so he cannot notice it.

I: Have you ever had similar client?

R: Very many in Kabras, they hide from their husbands.

I: Please give me an example perhaps.

R: Me I married you to deliver, not to be a barren woman because when you go on such maybe he thinks she will get a complication. So what was your question?

I: Give me an example if you've ever had such a client or a client with such a scenario.

R: I had a client who had such but its long back but she had had a big number of children but she looked young, so those days we used to have Marie Stopes group which used to come for tubal ligation in a next facility, a government facility next to me, so what I did, I just carried this client and went to doctor and told him that, help this patient. So she was done TL, her husband didn't know that she was done TL.

I: Okay, now our next scenario; a young girl now she appears about fifteen years old, she tells you she is sexually active and she would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you ask this girl or what would you want to know about this girl in order to help her?

R: She is fifteen?

I: Yes, fifteen, she says she is sexually active and she would like to prevent pregnancy because she is still in school and she has never used contraceptives or family planning before. What would you like to know about this girl before you help her?

R: Mostly I would like to know whether she knows how she gets her periods; how does she get her periods. If its normal, then you ask her, still you'll use the chart to show her the methods and ask her to choose any method she thinks is good for her.

I: On contraceptives, what would you tell her?

R: You go one by one; you teach her according to the contraceptives. One, she should know that they are always free, they are effective, they protect her from a pregnancy but not from the STI infections, so she can still use the two, protect STI when she is still having the method of family planning.

I: Now, what exactly will you tell her about contraceptives? You've said all the methods, now on the methods, what will you tell her?

R: I've said about effectiveness and as soon as she wants a child when it is removed, she will get a child and it does not bring any complication, it does not give anything back to the uterus, you tell her such; it does not cause anything like cancer the way they feel.

I: While teaching this girl using the charts that you are showing me, what kind of information are you giving this girl from the charts?

R: From the chart you tell her that you will get a child when you want...by the time you want another child, you will get when you are on contraceptive, when it is removed, then you will get another child. She should not

get a lot of children; you should get a child when wanted.

I: Okay, what method do you think would be best for such a girl?

R: This one?

I: Mmm.

R: Is she at school?

I: She said she is still in school.

R: Okay, she will choose, let her choose. Because you can choose for her a XT and yet she wanted more years, she is thinking of far, she is thinking maybe...if she is bright, she will tell you...I even had one recently from Machombe, Machombe is far, next to Lubao, they were to have a market but they didn't have because of being repaired, it is far but they do come here; she decided to have a method because she would like to go to campus and b, get a good education so that she can earn her own money, you see people have different thinking. So if you get such and she tells you to give her a long method family planning, you give...you give of twelve, it is safe, that is...I know you'll say sister why do you stick on IUD...it is a long term and it is effective, two, it has no complications; if you really use it, my sister used it, she has a child in university, another one is doing form four, another one is in standard two; you see it is a good gap, she rests, maybe with...she rests and she works hard to see that they get proper healthcare.

I: Okay, have you ever found a client or do you often see girls of this kind?

R: Yes, I've told you yes.

I: Tell me a story at least.

R: I've told you yes, I have compared to you the one that came from machombe who wanted to be on the campus, so I was to give her a long term method, I have had it.

I: **Okay, thank you so much and before maybe I could go, is there any question or concern that you would want to share with me?**

R: On Triggerise?

I: **Yes, on Triggerise, on ITH.**

R: We have stayed for long, are you going to renew our knowledge a little bit, we are old? Take us to class so that we can learn; you know it uplifts, where you were forgetting, you will brush it and come up.

I: **What else?**

R: Just that one.

I: **Thank you very much for your time and for everything you have told me.**

R: You know age can make you forget, the best think you might talk of, you forget, maybe a different thought comes to you mind and the question has gone off.

I: **Just say it am still...**

R: No, am okay, am just telling that old age is bad, you forget.

I: **Okay, thank you so much.**

R: Even you thank you so much, you have brushed my knowledge on family planning and the age.

[End of audio]

Notes

All questions are asked as stated in the guideline with good probes.

File name: ITHR2_SP_KAK_SHINYALU_RURAL_MURANDA CLINIC_190514_1310

Duration: 01:14:30

I: Hi, this is Doreen, ITH round 2, service provider interview, the service provider is 70 years in Kakamega county, Shinyalu sub county, Muranda medical clinic; on 14th of May 2019, starting time is 13:10. Thank you, kindly tell me your role as a service provider in this facility.

R: My role in ITH started and was going on well, girls were coming, especially during school holidays and I think it helps girls because you find one has two children and yet is only nineteen years, so when this program was introduced, I felt it would help them a lot. The program continued well but at some point the administration started to question what we were giving the children.

I: What you were giving the children to mean?

R: That we were providing family planning to children. I then called the chief or assistant chief and talked to them and I told them that this is to help our children because when they get pregnant, some try to procure an abortion. So I have felt that this should help them so that they may not die. It then continued well but at some point, I don't know what happened, or you were changing because girls would come here and go back; whenever they came we would tell them that the commodities are not there and at long last the girls started going to school late and I started providing for them the service, as long as I registered them in the book.

I: Okay, so let me take you back a little bit; you said that the administration complained.

R: It first complained.

I: And when by saying administration complained, who exactly do you mean?

R: People went to assistant chief and told them that we don't want the girls to conceive but it was corrected and the assistant chief was also able to tell them the truth. You know there are a lot of people who complained at the *baraza* but at least he understood that it was meant to help the adolescents.

I: **Okay, thank you, now could you tell me what your usual role as a provider in this facility is?**

R: I provide curative services and deliveries but because my place is small, if a mother comes when she is almost in second stage.

I: **What second stage?**

R: Second stage in labour, when you are almost delivering; if you are not assisted then, you can give birth down there because the uterus is open. If they come at that stage, I do the deliveries, even out there they can tell us, a mother was going to the hospital and...you go and help, not at home, just out there. I provide that and curative services as well.

I: **Kindly tell me what curative means.**

R: Curative means treating a disease so that the patient can recover, such as malaria and pneumonia.

I: **Thank you; so apart from what you have told me, what is your role in ITH?**

R: My role is to ensure I provide the services; I insert these...

I: **What do you insert...when you do this, I don't understand, just tell me in words.**

R: Sorry I thought you are just from the health department.

I: **Just tell me, I don't know anything so when you are talking to me, try and explain them to me.**

R: That is inserting implants; there is a three-year implant and there is jadelle which is a five-year plan and then there is coil, IUD which is a ten-year plan, I have them. They do say there is one for five years but I haven't received it. We try to discourage client against injections more so to the adolescents between fifteen, sixteen, and seventeen.

I: **Why?**

R: They said they have an effect on them so you counsel them thoroughly against them..

I: **Who said it has an effect?**

R: They used to get it, though right now depo is not in the market.

I: **Who said it has an effect on them?**

R: When we depo was out of stock, I asked MoH, you know we also partner with them, they said, no they are removing it from the market, they say that if you use it for long like if an adolescent starts using it at eighteen years, it will have an effect on them, he didn't tell me what.

I: **What kind of effect do you think it could be?**

R: Dr. Songa is the one who said it.

I: **Okay.**

R: But I haven't done a follow-up and I don't get them, whenever you go for them, they are not in stock. So we told the in-charge of Marie Stopes, because he didn't know why they were not stocking it for us; he said he would bring them to us but he hasn't yet.

I: **Okay, kindly tell me about role on the adolescents' sexual reproductive services in this facility.**

R: I like youths, there is a group of youths who do seek advises, sometimes they come with girlfriends and I do tell them that when a girl does...she9 comes that she wants

family planning but things like venereal diseases and HIV are not prevented by family planning methods. So I do introduce them to condoms, they come and take. If a girl comes says I have a boyfriend and I want you to help me, I give her...they don't accept female condoms but boys do take them although we have given them out and only a few are left now; Marie Stopes told us that they would bring us more though they keep forgetting, they told us they would bring them for us last month but they didn't bring them but I had received a few from Shinyalu.

I: Okay, so do you always advise them to take the condoms after serving them or do you always first tell them to take the condoms before you provide the service?

R: When they come they just tell you that I have a friend and I want us to engage in sex and most were saying that they don't want to get pregnant but I would tell them, yes, condom prevent pregnancies and other diseases; so they come and we sit down, we used to talk to them and discuss with this person; they would tell me how they are doing and I advise them on condoms and other...they try to stick to one partner and not move from one partner to another and while using the condom, they should be careful that it doesn't bursts, if it bursts, there is no second chance.

I: And do you demonstrate to them how the condom is used or do they just take them?

R: I mostly just ask them, do you know how to use it, and they tell me, yes we do. I don't know whether they teach each other. Youths are mischievous, like yesterday they had some games and some three girls and three boys were found naked in the house; luckily they had condoms. Youths are mischievous.

I: Okay, kindly tell me about your training on adolescent sexual reproductive health services.

R: I have to check that one on the file.

I: Just tell me about the one you can remember.

R: I can remember the course we went to which was about the use of condom in Kitale; they trained us on how to teach these adolescents but most do tell me that they know how to use it. We also teach them about sexually transmitted diseases.

I: When did you go to the training in Kitale?

R: Last year.

I: Please tell me what else you were taught at the training apart from teaching adolescents how to use a condom.

R: They also taught us about emergency pills and safe abortion but I told them that I cannot do the safe abortion because of my age and they told me that whenever I get such a client I should refer them to Marie Stopes in town. Because I told them that to do it...I know how to do it but I don't want to do it.

I: Why don't you want to do it?

R: My religion doesn't allow that I do an abortion. That will not go well with me, but I do give them advise that if you have to do it I do call them and the girl goes there. Usually the girl does go with the boy so am happy when they come and tell me that they are alright. Like there was one who came here, though I didn't refer her to Marie Stopes because they had some issues, I referred her to a doctor in Shinyalu, there is a room for that.

I: What was the problem with Marie Stopes...

R: ...at MoH, so it is safe there then it is allowed.

I: Okay, thank you. Please describe to me your experience with the ITH mobile platform.

R: Mobile is good but...it is good though you will not find any clients who fear it...

I: **What do they fear?**

R: You ask them and they say, we don't want others to see us. But I had told them you can come from five and at six you will get me alone or with an assistant. They come and when they are seen by their friends who know...I had an assistant here whom they didn't want.

I: **Why?**

R: They were saying that she was telling everyone what we have done at the clinic but I knew how to...since she was my fellow and we retired together, I got a position for her and took another person in; so they now do come but if you want them to come in large numbers...if you serve them together with the adults then they won't like it...they come and you talk to them...

I: **Who are the adults?**

R: The mothers.

I: **Of what ages?**

R: Like the one you got here is thirty-seven years, if you send a nineteen or fifteen-year-old there, she won't like it. But they are free when they are alone.

I: **Okay, so there is the use of mobile phone on the ITH platform, tell me a bit about it.**

R: The use of mobile phone, the community health volunteers do talk to them...this one is very good at mobilizing them even at church; so she counsels them and she takes their photos then she gives the client a card to come with. When she comes with the card...and if I cannot see properly, she comes to my phone, I counsel the girl or woman, I talk to her, she tells me I have been given by

this then I tell her it's okay then I take my phone so that I can take her another photo.

I: So how is the use of mobile phone to register the adolescent girls, is the phone easy to navigate?

R: It is not easy to navigate, like the one this girl uses had an issue.

I: How?

R: It doesn't take photos. We told Marie Stopes about it and they said they would come to fix it, they didn't come. Then the in charge of ITH came here and told us that there are issues with the phones and they are going to a meeting in Nairobi so that they can fix it; but then I haven't seen him, the ones I have seen today is a different person who has replaced him. And this one has told me that the phones would work, I don't know whether he said from today evening or tomorrow, I am not sure.

I: Okay, so how has the ITH program influenced how you provide services to the adolescents?

R: It has made me meet many adolescents, we meet, they...mama Amu, granny; when they come here you will hear them say they want the granny.

I: So you are called mama Amu?

R: Yes, and some call me granny. So we meet with them...

I: Where do you meet?

R: ...If they have an STI, I tell them to come and they get treatment early then I also advise them, especially when the condoms were out of stock, I advise them. I also get a chance to test them for HIV; I have got around four and referred them to the clinic.

I: Why did you refer them?

R: I told them that if I am alone and in this age, I have a lot of work, there are always many patients and the drugs need you to be there. But there is Ebuchu here, I just call the doctor there, mine is to call him, take them and leave or he tells me to let them go and he reimburses them for the transport, so they are happy.

I: **Okay, thank you. And what are the most common questions you get from adolescents about the t-safe program?**

R: They do tell me that whatever is free can sometimes be risky, I tell them it is not free and that they are just being helped; if you are helped then you will continue with your education...in fact I am happy because there is a girl who got pregnant in form one, now...though by then we had not started the ITH program, but she has continued with her education, I just used the one for Marie Stopes, she is currently a second year in the university.

I: **What did you give her from Marie Stopes?**

R: I inserted for her a five-year implant, she is now a second year in university, I am happy, when I see them am happy because she had given up hope.

I: **What else do they ask about t-safe apart from that...**

R: They ask, when we remove them will be conceive easily, I tell them you will get.

I: **Okay, and apart from what you have said, what other changes have you seen since the introduction of t-safe project?**

R: The change...I have seen adolescents go to school without worries because they know they are safe. And then women...no, that's not for ITH.

I: **Just say it, you had started saying it.**

R: Women get to space their children. You know before that they would have to pay for me to attend to them, so when

they heard that it is free, they come and I attend to them and they space their children well.

I: Okay, thank you. And how has the preference of adolescents changed since the introduction of the ITH project? How have the preferences of the adolescents and the service providers like you changed due to ITH?

R: For adolescents, I see that...like condoms i9 used to give for free and I would get transport and go. So I feel that when I attend to the ITH clients...yes they say that it is free but with me I gain something which helps me improve. So I feel promoted and they are also promoted because you don't have to pay money but they come to ask you if it is really safe after using for long.

I: What do you tell them?

R: I tell them that this one is just meant to last for five years, that is come jabelle; so you will not conceive for the five years but after that you will conceive though with depo there are always some delays.

I: What delay?

R: To return to fertility when you use depo.

I: Tell me more.

R: If you use it for long and stop, bleeding will be a lot for some time but I don't always want to tell them that. I think that's what they noticed and said that it has side effects, I don't know. But I have received complaints of those who have used depo for long, not for long...

I: Oh, you mean depo, the injection?

R: Yes. And I even saw that they have removed it from the mobile platform and said they would bring a different one but I haven't done a follow-up.

I: Okay, and how does this facility and your colleagues support adolescent girls who seek sexual and reproductive health services?

R: I have two retired nurses, and there is one who is good at antenatal clinic and do check if there is any adolescent with a pregnancy, she follows them up and knows their places and immediately they deliver, they join ITH. So they benefit, immediately they join.

I: Okay, and have you changed your opening hours to support adolescents access the sexual and reproductive health services?

R: I do open from eight but right now I can even open at nine because the road is bad, they are constructing the road and the path we have been made to use...I live in Kakamega, I tried living around here but I realized I couldn't and if I employed a watchman here but the stole when the watchman was here so I stopped employing him. So I only fail to open in time when the rains are a lot and I don't have a means to reach here.

I: Okay, and do the adolescents have a separate waiting room from the others?

R: I was using back there and you see, these adolescents are funny because they only come around when they see me. They don't want to come here, and I have placed condoms there so that when he comes here, he can pick some and leave with them.

I: Okay, what about reading materials such as IEC materials, do you have any?

R: We have them.

I: Which ones?

R: We have some for family planning, I do want them to be on the table so that they can read and then there is

also shujaz magazine they like, and everyone wants to take them.

I: Okay, and how has your participation in ITH has improved the sexual and reproductive health services for adolescents in this facility?

R: What was it?

I: My question is, how has your participation in the ITH program helped improve adolescents' sexual and reproductive health services in this facility?

R: I can say that it has helped me do early diagnosis because I had a girl, nineteen with two children, she came in complaining of bad smell, so I did...she said no, even this can cause me some problems, just give me the IUD for ten years. So you have to check at the cervix, I looked at it then I took pap smear and referred her there. It was early stage of cancer of the cervix, so I helped that youth on that, I was happy with that. You diagnose early, only that there was one I have never known where she went to; I confirmed one but I don't know where the other one went to. Because she was on depo and she complained of too much bleeding and she said it smelled and sometimes it was bleeding, so we treated for STI, she never improved, so we sent her for further checkup. So it has helped them on that.

I: Okay, and is there any other way you can say that ITH has helped improved the sexual and reproductive health service for the adolescents?

R: Yes, it has helped because the methods and advice like the ones from shujaz have helped a great deal.

I: How?

R: They read the story in there, isn't it for youths?

I: Yes.

R: They read it and then they come and ask me, does this happen so, if we plan ourselves, and not conceive too soon, can we succeed? I tell them you can succeed.

I: **Okay.**

R: They read shujaz, they are good.

I: **Okay, based on your experience on the sexual and reproductive health services in the community, what would you say are the facilitators or barriers to access sexual and reproductive health services?**

R: The thing is to give them advice and to diagnose them early. The advice I give them is to not be promiscuous and to fail to use condoms because they have sex and if they fail to use the condoms you cannot know what your status is.

I: **Okay, so...**

R: Like I had some issues with some youths here, most youths comes from there and there is an old man who knows that he is sick.

I: **What disease?**

R: HIV.

I: **Okay.**

R: Now he wants these youths.

I: **How does he want them?**

R: He wants to have sex with them, isn't that going to cause these adolescents problems...so what I did to help the youths is, I went to the chief and told him and the chief knows the man. They found schoolgirls who he had bought candy for, and those are youths. He is inside there and girls are still being checked, imagine some were fourteen years old. So I feel that I help my youths when I tell them such like things.

I: Okay and what do you think mostly influences these youths to come for the sexual and reproductive health services?

R: You know that for the youths, sometimes they may want something but due to poverty they cannot get it so they indulge at an early age.

I: Tell me more, like what do they indulge in and what do they want.

R: A girl may need some money and she doesn't have it so someone will tell her, do this so that I can give you this if you come and sleep in my house. Adolescents do go. I have witnessed a lot here but by good luck or bad luck for me, if I notice such, I report you because...but if they are both youths, you cannot do anything.

I: Why can't you do anything?

R: So you just inform...I do call the parents if I know the mother. Like the ones who were found yesterday, it is bad but you know nowadays when you are told something you ask, what is my mother telling me, the girl derails but we don't want you to derail early.

I: Okay, and what are the barriers that prevent adolescents for accessing the sexual and reproductive health services?

R: Some do feel that...there is a boy who told me that he isn't conformable using a condom, so I asked her, are you allergic to a rubber, no, that I cannot feel good when having sex, I told her that was wrong; then there was also a girl who told me that she doesn't want a boy to use a condom on her; now you even wonder.

I: Why don't they want?

R: That they don't feel good, I don't know what goodness they don't feel.

I: Okay, and apart from condom is there any of the sexual and reproductive health services...what do they say about them?

R: If there is no condom...yes, there is a male and female condom but females don't want the condom, I have the female condoms and they are almost expiring. So we only give out the male condoms, so when the girls say they don't want condoms...

I: Why don't they want?

R: She wants to feel good so you just try and tell her the dangers.

I: Okay, and as a service provider in this facility, what are some of the mechanisms you use to support the adolescents deal with the challenges you have mentioned? For example, when they say they don't want condom and other challenges you have said.

R: They usually need counseling from time to time. So we...I had one counselor, he is in Masinde Muliro, whenever I get more of such cases, I do call him to help me, he is a senior counselor.

I: Okay, thank you. And apart from what you have said; what other challenges do you face in providing sexual and reproductive health services to the adolescents?

R: You know adolescents, one will tell you that she will come but she won't come and yet you have put her on method and you want...like now when it was depo, you keep the dates, they don't come. That is a challenge when one fails to come and yet I gave you a return date.

I: Okay, so what are you doing to mitigate that challenge?

R: That's why I told you that I do call the counselor from Masinde Muliro on Saturday, twice a week.

I: Thank you, apart from what you have mentioned, what else or what other perception do the adolescents have about sexual and reproductive health? What are the perceptions and misconceptions the community has about sexual and reproductive health?

R: Most accept, just a few can...you know even if you have a child, there is one who listens and another who don't but the perception is not bad.

I: Okay, and what feedback has this facility received about ITH program from the adolescents and how has it influenced how you provide services to the adolescents who come for sexual and reproductive health services?

R: The feedback I get from the adolescents is that most of them agree to have the testing, when the girl is on a method, you check if the cervix work, you use pap smear; that has helped others focus for the future.

I: Focus for the future?

R: They feel that if I do this, it's better and if I don't do it, I will have problems in the future.

I: What else?

R: They are just around but they are not easy to talk to.

I: So my question is; how have their feedbacks influenced how you provide sexual and reproductive health services to adolescents in this facility?

R: Their feedback or my feedback?

I: Okay, initially I asked what feedback you have received about ITH, right?

R: Yes.

I: Yes, that was my first question; my second question is, how have these feedbacks influenced how you provide sexual and reproductive health services to the adolescents?

R: The feedback I have received like the ones where we prevent early pregnancies...abortions was also a problem but since the introduction of ITH, it has saved a little bit, it saved us, it also saved the lives of those children; because right now, we have a funeral of a seventeen-year-old who had an abortion and in my opinion had she come for that service, she wouldn't have died. So my opinion is that it prevents the adolescents from early deaths and pregnancies. But if God plans something, what can you do? And even youths, some youths came here and even said, we told so and so, had she come...they have also seen the risks of doing that...yes if you give an implant to a youth, the following day you will get four.

I: **Okay, thank you. How can you be supported and by whom to help you improve sexual and reproductive health services to the adolescents?**

R: You know I and my patients need manpower; when I am alone, sometimes I get to concentrate, I don't have enough time to do something and I have to ask some people to help me out and I have to pay them.

I: **Mostly on the sexual and reproductive health, and specifically on the adolescents, how can you be supported and by whom?**

R: The support...if I can employ someone and I be supported in paying her, it will help me a great deal.

I: **Okay, who do you think can support you to pay that person?**

R: The one who can support me...like the ITH, if they can help me by paying one of us.

I: **Okay, what is that person going to be doing?**

R: Because when am alone and schools are closed and it's a malaria season, I have to get help with someone who can insert implants because it's not something you can delegate to someone who is not specialized.

I: **Okay, and what about the incentives, such as the TIKO points and clinic reimbursements.**

R: I don't understand you.

I: **I am asking whether support can be in terms of TIKO points or reimbursements.**

R: TIKO points...

I: **You must not talk about them, if you don't have an answer, it's okay but you can think about it as we proceed with the discussion, you will give me an answer later.**

R: Or are TIKO points...how can one who comes to help me get the TIKO points?

I: **Okay, TIKO points are the wards, not somebody, they are the rewards you get for serving adolescents, they are given to mobilizers and such; but if you don't have anything to say about it, it's okay.**

R: Okay.

I: **So I have...I would like us to talk a bit about different scenarios for the clients who come for sexual and reproductive health services in this facility; let's say a young woman has come to see you. She is alone and appears to be about 19 years old. The young woman tells you that she is married and lives with her husband. She just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. Have you understood?**

R: I have understood.

I: Okay, the question is; what would you want to know about this young woman in order to help her?

R: This young woman is married and...

I: She is nineteen with a one-year-old baby and she wouldn't want to get another child soon, besides that, her husband is opposed to her using contraceptives, what would you want to know about her in order to help her?

R: First of all, I will want to know...since she is having the first born, she cannot know whether she can get pregnant soon; you know there are people who take time to get another child and there are some who get another child soon after but for her, I will ask her if the husband is at home, she will tell me that she is at home or in Nairobi but he does come. So I will test her to find out which method she wanted, you know this one...the husbands do know about it.

I: Which one is that?

R: Implants, they just hold the arm. I will ask her whether...they also know about IUD and that's why most women like depo injection but now this husband is at home and he doesn't want any contraceptive. I will ask her whether she can take condoms to the husband or whether she can come with the husband when she'll be bringing the child to the clinic, if he is this young men, we will take time and talk to them and I will also get to know why he opposes it then I will know how to help her.

I: So what will you tell her about contraceptives?

R: I will tell her that you should only get children when you want, not by chance. If this young woman is just healthy and has no problem, I will talk to her to tell me what method she wants, she will tell me and if the

husband is not at home, then you will just use the implant, not all of them know about it, but it's a challenge; the woman wants, the husband opposes it and they do know that we insert implants here because a nineteen-year-old is mature to make her own decision; the under eighteens are the ones who do have a lot of problems.

I: So what contraceptive method would you recommend for her and why?

R: I think even though they don't want it, she should have used IUD or implant.

I: Why those ones?

R: Those are long term methods, IUD will be too long for a woman with one child, implant for three years would be better so that the child can grow, after three years you can give birth to another.

I: Okay, and there are these other short term methods like injectables or pills, why not those ones?

R: Yeah, there are pills but most people will tell you that they forget. There are pills but they forget but for the depo, they used to come for it but you just have to teach it about it afresh because one only starts using it when the husband comes. That one you can't be a hundred percent sure she is safe.

I: Okay, and do you get girls with such a scenario?

R: I have had two.

I: Okay, tell me more...

R: But the two were saying that the husband opposes but he doesn't provide anything.

I: What doesn't he provide?

R: To support her family. One insisted that I should give her a method and that she would know what to do.

I: **So tell me about what happened on one of the two scenarios.**

R: For that one, since I gave her three-year method, she has never come back and removal date isn't yet there.

I: **Now did you both decide that she use the three-year method or how was it?**

R: We discussed with her, she personally told me that I would like this but my husband doesn't want it and if I take pills, I will forget. I felt that most people do forget especially the students.

I: **Okay...**

R: But then, a challenge is, there is a school where a teacher used to check if pupils have the method and they came and told me, you know if you are old enough, you cannot fear anything, I went to talk to the principal, this is the life...I carried the thing.

I: **What did you carry?**

R: There was a picture of the under nineteen, I went with it. These people want to help the girls, if the parents have accepted, why is the teacher refusing?

I: **Okay, so how did you end that issue?**

R: It stopped, whenever the cards came we find a way of delivering them, they don't miss them. We were around but the cards were not available but they have come today.

I: **Okay, thank you, I have another scenario I want us to talk about, now say a young girl has come to see you. She is alone and appears to be about 15 years old. She tells you that she is sexually active, and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you**

want to know about this fifteen-year-old in order to help her?

R: First I will talk to her and tell her, yes, you want to use family planning method, but there are diseases which won't be prevented by the family planning method unless even if you use...I used to provide depo but it is out of stock. So I will talk to the girl but the advantage of this community is that whenever the parents see that their children are of that age, they bring the girls and we agree and advise the girl on the use of condom as well so that they can continue with their education.

I: Okay, what can you tell this fifteen-year-old about contraceptives?

R: You know we have already talked to her and told her...what do we always start with...I first ask her if she can use pills; they do use it and I will only provide one packet for a start.

I: Why would you recommend pills for her?

R: I am saying that I only give one packet, you know the policy is that you should provide for three months but I want to know if she will be swallowing them so I will give her one; a fifteen-year-old is still young. So if she tells me that I swallowed them, I didn't forget, I will give her another packet, then she will come again on the date I give her. Then I will advise her on condom and also tell her to try and concentrate on education for her future life, but you know once they have started. Its only one, I have one...

I: Please tell me how her situation was...

R: She finished three packets and would come monthly, you know the policy is that we should give for the three months once, but I realized she was doing alright, she

was okay, only that her mother came and told me that we would try in august she would talk to her so that we could give her a three-year implant. So we are waiting for her, she is called Marylyn...

I: So it's the mother who wants...

R: The mother is the one who said so, she talked to her daily on taking the pills so in august we are waiting for her so she can have the implant though she went with the pills to school.

I: Okay, and what is your opinion about the decision of her mother?

R: You know she was with her daughter and the girl said...she asked me whether it is painful and I told her we will give you an injection and there is always some pain, she said, won't I feel the pain always, I said no, and I won't have to come daily, I said no, then I will come in august. She joined form one in Mukumu.

I: Okay thank you.

R: And I have another who is sixteen years old, I gave her...her grandmother said that she was kind of promiscuous; and the child is HIV positive and boys are on to her, tried talking to her and she told me to give her three-year implant and also give her the condoms.

I: Did her grandmother tell you that or the girl personally?

R: The girl said; whether the mother told her to come and say that, I don't know, but she told me. Her father and mother had passed and she was the youngest and she is infected; she is just healthy and she does come whenever she run out of condoms. So that's the other tough case I had.

I: How was it tough?

R: It was tough because the grandmother was the first to raise the issue and I told her that the girl will have to accept and the grandmother said that she had really struggled raising her since she was young, she didn't have drugs and now she is kind of loose; then I explained that you know she will infect others, then she told me that lets give her a three years implant...no, the girl is the one who said, give me the three years method so that I won't have to use transport, I told her that even if I give you the three year method, I still want you to be coming for condoms, and if I get them, I will be giving you around fifty so that you can have them at home because she cannot manage to get fare daily and if she doesn't have them there, she spreads the virus. So you get such cases and it hurts you because she has many age mates and we don't always have one boyfriend.

I: **Okay, thank you, I have come to the end of my questions, I don't know whether you have any question regarding the discussion we've had.**

R: I am happy and my question is; the support that I can ask for is commodities, if I get commodities then you will have helped be a lot, things like gloves...because if I used what ITH gives me to buy gloves and syringes, you find that I have very little to even give my assistant. And also if possible, they shouldn't be late...like there was a time there was a community health worker who was given a phone but the coordinator took the phone, this gentleman was not happy, even if you tell him to do this...I heard that they called him here in the morning and that's why I was asking his colleague. If someone takes something away from you...and he took it away and left because he didn't take it away and stay around.

I: Okay, why was it taken away?

R: He said that he was bringing few clients but I didn't see that, I wasn't happy about that and he wasn't happy either but now he is not here, he has gone and am sure he didn't leave the phone. That's the situation, what can we do...though if we get these, I am happy, now that you have come, I am happy, I now know that you know about us...

I: Thank you we appreciate...maybe just to let you know, we are only doing a research through you inputs and others like you in the other counties and facilities will help in the evaluation process and will help inform those who can do something about it. For us, we are only doing a research and thank you very much for your time and input.

R: Thank you.

[End of audio]

Notes

The interviewer failed to ask about the perception of the religious leaders on the use of contraceptive methods by adolescents.

MOBILISERS TRANSCRIPTS

File name: _ITH_R2_NAI_PAN_URBAN_002_MOB_001_6519

Duration: 00:34:23

I: Okay, this is Florence Olum, code zero two, IDI interview with a mobilize 001 in Marie Stopes facility in Pangani, urban of ITH round two on sixth May twenty nineteen at thirteen forty-four. Welcome Mwangi, we are going to start our interview right now.

R: Yeah.

I: Yes, please tell me briefly about yourself and what you do.

R: Okay my names are Ezekiel Mwangi currently am delivering some voluntary activities at United Nations working in a form of research institution with the name Equistat.

I: Okay, and in Marie Stopes?

R: In Marie Stopes, the type of activity that I do, I am a community health mobilizer. Currently I was working as a teens ambassador under future firm, of which I graduated, currently I am a community health mobilize working with Marie Stopes Kenya.

I: Now, can you tell me about your roles in the ITH project or T-safe users.

R: Okay my role under T-safe is basically to mobilize young girls from the ages of thirteen to nineteen to come and get quality services at Marie Stopes Kenya.

I: So you've talked about the age of thirteen to?

R: To nineteen.

I: To eighteen.

R: Nineteen.

I: Nineteen?

R: Yeah, thirteen to nineteen.

I: Yeah, I was just writing that for a follow up.

R: It's okay.

I: So tell me more about the mobilization.

R: Okay mobilization basically it's always focused on girls who are the ages from thirteen to eighteen not basically sexually active but they understand what sex is basically to them. Yeah, we mobilize them, we usually bring them to a facility to come and get the services.

I: Okay, how were you selected or recruited to be a mobilizer under the ITH?

R: I was selected using the...at the community level I was selected through my community because I am also friendly to each and every individual that I come around with. So am...let's say am just a peer to any...am just a mentor.

I: **So if you say that you were selected by the community, make me understand how it really went through.**

R: Okay it went this way; in the community that I live, so...okay, most of the people here they are Muslims and most of the youths and my age...most of them have been influenced by drugs, so I personally I don't take any drugs so most of them they regard me as a mentor. When it comes to any sort of activity that is going to benefit them, I am usually being called upon to in maybe like the ambassador to represent them, yeah.

I: **Okay, so through this, who really called you to be the ambassador under ITH?**

R: Yeah.

I: **Now, who really called you?**

R: Okay, the one who called me to be an ambassador in the ITH I can say it's my community health, we call them Champ, yeah, the champ.

I: **Okay. You talked about enrolling these girls; maybe can I understand how do you go about it?**

R: Okay its usually very simple, okay, I usually do it this way; we've got an application in play store that is called TIKO.

I: **TIKO.**

R: Yeah, you download that application under TIKO then usually we usually have some cards that we are usually being given, those cards we use them, we work with our phones. So we just have to take a photo. Yeah, first of all we enumerate the girl in the process, yeah; we talk

to the girl, we take a photo, a passport photo through our phones then we enroll her directly. And then there is this code that it is usually in those cards, we just have to scan then the girl gets enumerated to the process.

I: What does that card involve?

R: Okay, that card it involves...that card helps the girl to come and get services at Marie Stopes; when she comes, she issues the card to this service provider then there is some scanning, there are some codes that are usually in those cards, so scanning happens then the girl gets the services which are basically free.

I: Okay, so they have some of the codes that are being used inside that one?

R: Yeah, yeah.

I: So who actually gives out these cards?

R: Okay, we, okay...currently we have those TIKO guys, they usually come and give them to our CMEs, then the CMEs give them now to the champ then the champ give them now to us.

I: And under this work that you are doing...explain to me how you are being rewarded.

R: Okay, it's usually very simple, currently...initially you were enrolling one girl then you were...when she comes and gets the services, you were being awarded a hundred and seventy points, then...

I: You are awarded seventy points?

R: A hundred and seventy, initially. A hundred and seventy points then those cards if you go to a TIKO shop and then you redeem, you get a commodity that is equivalent to those points, yeah.

I: So you as a mobilizer, you get the points and then you go to TIKO shops and then you get the...

R: The commodities that is equivalent to the points.

I: So where are these shops?

R: So currently we had one that was basically here in Pangani, it was Lango supermarket then it got shutdown, we don't know what happened, then we were using Kangemi which Kangemi is very far from here; that is Kangemi friends which is very far from here; we just had to take a matatu from here to Kangemi.

I: So you are saying that the Pangani shop stopped?

R: Yeah, yeah, we really don't know what happened.

I: And you are saying that you really don't know what happened.

R: Yeah, yeah.

I: No any information you have about what happened?

R: We heard they had some commotion with one of our leaders so we never followed up.

I: So there was a commotion?

R: Yeah, there was some commotion, a misunderstanding, yeah.

I: Sort of?

R: Yeah, sort of misunderstanding between the manager and the person who...okay, a focal point person, yeah.

I: So maybe just for some personal understanding, like if you are being given like one hundred and seventy points and then you go to the shop to take commodities that are equivalent, so maybe, which like commodities would you get?

R: Okay it happened this way, when you get a hundred and seventy points, you don't go and redeem at particular time, you just have to make them more, yeah, maybe you

provide five thousand...like I personally like December I had five thousand points, five thousand and eighty-five points...

I: That's the equivalent of mobilizing how many girls?

R: They are many; but in a day I can mobilize, let's see, in a day I can mobilize ten, in a day, on the same day...if I mobilize ten, that's equivalent to seventy hundred, yeah.

I: Okay, then what is your opinion about the rewards?

R: The rewards, it's okay, it helps us, let's say, like most of us we work to be paid on end month, so when you get those points you can go redeem some points and get some commodities that will be able to sustain you through that month.

I: Okay, we were talking about how you mobilize these girls; maybe you can just briefly make me understand how you go through this process one by one.

R: Okay I'll take you through; okay it usually happens this way; first of all, you approach a girl, you tell her your name, if she doesn't know you; if she knows you, you just have to tell her okay, am this person, am working with Marie Stopes Kenya and under Marie Stopes Kenya we offer these particular services, we've got the long term and the short term services. Then you enlighten her about the services then, aside from these we also have got this platform that we call TIKO, it's a community friendly and it usually benefits the youth. It will benefit me and it will also benefit you in terms of help. So when you enroll into this TIKO, you will go get the services freely and on top of that I will be added more points. And then there are these particular instances whereby you go and find that a girl has got no

phone, you just have to use your phone and send the SMS to two-two-six nine-nine, then...

I: So you are trying to tell me that there is use of phones whereby they use your phone to...the ones that don't have phones use your phone?

R: The ones that usually don't have their phones we use our phones to take the pictures and give them cards, but those who have phones, you just have to send a message; you send AFYA to two-two-six-nine-nine, then the validation code that...the validation code will be sent to you and then you tell her to send that validation code through her phone to two-two-six-nine-nine. And when she gets the message, she comes here, she shows out the message then she gets the services.

I: Okay, so you are the first person that links them in everything...

R: Yeah, we are just acting as a link.

I: And then you said that if you meet a girl, where do you actually meet them?

R: Okay, here we meet them everywhere, we've got joints, we've got libraries, movie libraries, we've got online joints, we've got cafes, around here we've got cafes and also around here we've got even a slum that is around here...

I: Slum?

R: Yeah, it's not very far from here; Mlango kubwa, so there you just have to mingle with everyone.

I: So if you talk about you have joints, maybe you can explain to me so that I understand what this means... [interruption 00:11:12] I wanted you to explain to me what joints mean.

R: Okay, joints mean, chips running joints whereby we've got some...let's say, where these kids go and take on chips, kebabs, samosas and such, yeah.

I: **And then you talked about talking to them and coming there; you told me that TIKO...that you tell them that TIKO is friendly, maybe you can make me also understand that...**

R: TIKO is really community friendly because the person...there are focal persons that we have that works under TIKO first of all...I can say it's just friendly basically TIKO itself is very friendly.

I: **Okay, then how do you ensure that the girls visit the clinic after talking to them?**

R: Okay we ensure it by doing this way, when we talk to a girl, okay, she herself she need the service, she will definitely come. Then when the validation message will be...she will show the service provider the message then the message will be sent back to you...oaky, this particular client has gotten this particular message, yeah.

I: **Do you realize that maybe you've mobilized some and they did not turn out to the clinic?**

R: Yeah, sorry.

I: **Is there any particular time that you've tried to follow up and realized that some did not go to the clinic yet you had talked to them?**

R: Yeah, there are also such cases; let's say there was this particular activity that we had gone at USIU, so here...

I: **USIU?**

R: USIU, United States International University, USIU, so I came to understand that the time that we went there,

there were new freshers so maybe through the learning process, that's the time that their friends came in between but at later stage they came they got the services, they got the message.

I: Okay, and are there any challenges when mobilizing the girls that you can share with me?

R: No, there are no challenges, I am good with it.

I: Okay, and what can you say that...can you tell me your experience with the ITH or T-safe platform.

R: My experience with ITH, generally its good, it's cool, I just love the ITH thing, yeah.

I: So would you say that it is easier to access the service?

R: Yeah it's very much easy and its friendly because we've got these smartcards, I wish I had one...we've got these smartcards that they use. It seems that I issued all of them out...

I: So this is the one that they use?

R: Yeah, this is the card they use which is branded very nicely if you check and then these are the codes, the barcodes and then this is the code...

I: Oh these are the codes...which is specifically the code?

R: This one...

I: I can see the pin...oh, this is the code..

R: Yeah.

I: Okay, so this is for who?

R: This one I've not issued it out, it's the one that remained.

I: Okay, you talked about maybe people not having phones, do you think that can be a challenge in access to these services?

R: No it cannot be a challenge, those that do not have phones we usually give them cards.

I: And then what can you say like okay, you've told me about you tell them that T-safe is very friendly, what are other key messages maybe that you use?

R: Okay the key messages that we use under Marie Stopes, if you visit Marie Stopes you will go and get the doctors there are very friendly. First of all, they will take you through the normal procedures, okay under this hospital, we do this and this, so they welcome you, you won't feel that you are kind of being abandoned.

I: Just in your point saying that doctors are much friendly, what do you exactly mean in your point of view as you view them?

R: Okay what we usually tell them, the doctors that we have here they don't judge, yeah, when you go there they just have to talk to you as if you are their daughter. Even the boys, the men usually come here, they come and get condoms, yeah.

I: Can you say that there are or what are other instructions do you enroll or receive about how to use different T-safe features?

R: Sorry?

I: What instructions do enrollees receive about how to use different T-safe features? We talked about...okay, when you are enrolling them we talked about card, we talked about SMS; are there other features that they use?

R: No, just phones and SMS.

I: Just phone and...tell me more about SMS.

R: The SMS we just have...okay, you yourself, the mobilizer himself should take his phone, send the word AFYA to two-two-six-nine-nine then a code is usually sent through his or her phone then usually it asks the client to send that validation code, the message through a phone

to two-two-six-nine-nine; when she receives a message, the message will be indicated to you; your client has agreed to take this service.

I: And are there any other time that they still use sms maybe after you've enrolled them, between their engagements with the service providers, are there other engagements through phones, through SMS?

R: Maybe we may say like a follow up from the hospital and the clinic itself; then you yourself also you can also do follow-ups on her to check on how she is coping up.

I: So do you do follow ups?

R: Yeah I usually do follow ups.

I: Tell me how you go about it.

R: Okay I usually do this, I usually have got her phone number, I usually call her, okay hello, how is you, have you...how are you copping up. And then when she usually come to visit the hospital, I usually pay a visit here frequently to check her.

I: Okay, so you talked about call, do you also use SMS sometimes?

R: Yeah, I usually send SMS, yeah.

I: Most of the time or?

R: At times.

I: Okay, there is this issue of maybe also communicating on WhatsApp; is it something that you guys are using here?

R: Okay, we usually do that, we've got a certain platform that we use under feature firm because we are many, each and every youth is usually allocated his or her hospital in regards with his or her locality. Like I myself I usually stay around here so this is my focal point clinic.

I: Okay, but here you guys don't use WhatsApp?

R: We use WhatsApp, in our group we use WhatsApp, we discuss amongst mobilizers.

I: **So what do you discuss mostly?**

R: Okay, we discuss on the developments from Marie Stopes; how TIKO is taking us...but we don't discuss about clients there. A client is always private and confidential.

I: **Okay, what are the most usual questions adolescents ask you when hearing about T-safe?**

R: They usually ask about condoms.

I: **What do they ask about the condoms?**

R: How to use condoms, how do we get these condoms, the types of condoms we have...yeah. And then the ladies...the men ask about condoms, the female ask about the pills basically.

I: **Okay, so how do you assist adolescents to access services after they enroll?**

R: Okay, we assist them this way, okay when she feels that she can be able to access Marie Stopes Kenya clinic, we usually tag her along and come with her to the facility to come and get the services.

I: **So apart from using the SMS also they are times that you come with them face to face?**

R: Yeah.

I: **Why do you think they want...is it them who want to come with you or it is you who want to come with them?**

R: Most them...okay, most of the like ladies, I talk on behalf of ladies, ladies like to hang out with men and men like to hang out with ladies..

I: **That is true.**

R: So ladies like to confide in men so she will definitely teach you...she will definitely tell you, okay, maybe you can just tag me along and take me there.

I: **Okay. And you also talked about being so much friendly with the people around; is that one also playing a role?**

R: Yeah.

I: **Okay. We talked about some of the girls enrolling and then not taking the service, we talked about that?**

R: Yeah.

I: **Maybe what are their reasons?**

R: Most of them are basically schooling, some of them fear their parents but it's because it's always a must, it's always mandatory maybe to a young girl who maybe has not reached the age of eighteen to nineteen, maybe that fear.

I: **And if you talk about some are schooling...**

R: Some are schooling...

I: **What does that one mean?**

R: Okay maybe in the college, maybe at this particular time you tell her okay come and get the services and she tells you, okay, I've got a class to catch up or I've got an exam to take, yeah.

I: **So it is because of some other issues.**

R: Yeah, some other issues, yeah.

I: **Okay. Maybe there is something else apart from schooling and the fear from the parents?**

R: Schooling, fear from parents, some of them maybe they've not come in terms with the boyfriend, boyfriend consent is a must.

I: **And what do you see as the biggest motivating factor for girls signing up to T-safe?**

R: What's the biggest?

I: **The most, I mean, motivating factor.**

R: The most in girls?

I: **Yes.**

R: Girls love these cards.

I: They love the cards?

R: Girls love these cards; I don't know why.

I: Just by seeing the cards?

R: By just seeing the cards, eeh, I want this one.

I: Okay, something else?

R: Okay, I maybe talk to them, yeah, also motivates them. Okay like, like this is a place, you don't have...okay, you go there with a lot of English, they will run away, so you just have to talk in that local language that they understand; you just have to use the slang language.

I: And then we also talked about these TIKO points that you get, do also girls get these TIKO points?

R: Yeah, they also do get, yeah. When she comes to get the services, she gets some also.

I: Do you know how much points do they get?

R: Okay, what we were told that they usually get, is it fifty...fifty or a hundred, I can't really remember, maybe they can tell me but most of them they usually don't tell, they usually tell, okay we are under TIKO, they are doing things under TIKO.

I: Can you say that it is also a motivating factor?

R: Yeah it's also a motivating factor.

I: And then we also talked about these people being nice, do you think that one can also be a motivating factor?

R: Yeah, it's a motivating factor.

I: Is there any other thing apart from the information you give them, the TIKO points...

R: The doctor being friendly, service providers being friendly. Like most girls even call me as far as from Rongai they want to come here to get services from here.

I: Why do they want to come here?

R: The service providers they are excellent; they are youth friendly.

I: **Okay, and then what is the community attitude?**

R: Attitude, let's say here, here basically its surrounded by majority are Muslims, so Muslims and family planning thing, so you just have to enlighten them more.

I: **So do you also engage in talking to the parents?**

R: The community, yeah.

I: **So like you told me that you talk to the girls, do you just talk to the girls alone or you also talk to the parents?**

R: Okay, usually I have got these dialogue days, community dialogue days where we put people, barely old as old as our mothers working as community health volunteers in our communities. So during those meetings they usually call you to come and talk also to the parents about the youths that we have in our societies.

I: **So whenever you speak out in those forums, what are always the responses?**

R: The response is always positive but some of them tend to decline but it's always positive because it also...it always benefits the parents.

I: **So you are saying that the community attitude, some are positive some are...**

R: Some are negative.

I: **How do you deal with the negative attitudes?**

R: Negative attitudes you just give them time to adapt to the situations.

I: **And you talked about...there is something that came up when we were talking about the manager here maybe had a problem with the TIKO...**

R: Not the manager...let's say, he is like our leader.

I: **The T-safe leader...**

R: Not the T-safe leader; feature firm leader.

I: **Oh the feature firm leader. So what can you say about their attitude?**

R: Okay she was kind of harsh and boring too...okay, in the start, we were used to be many, I wasn't inside, most of them they had to go.

I: **How many were you if you are saying you were many?**

R: We really were fifteen in number, yeah, some of them had to drop...

I: **That's the mobilizers?**

R: Yeah, like her, like let's say like our...she came and she got the services but we later enrolled her to be part of our team, yeah, but she got the services and so we pushed her, we talked to her, she got the services and she came to realize, okay this thing, if it can also help me, it can also help another person, yeah.

I: **So now that you've talked about the lady who was in the shop, the T-safe shop, so you've talked about her attitude...his attitude, he was a man?**

R: No, she was, okay, not the T-safe...the t-shop owner was also our focal point person that is our leader.

I: **So that's what am saying, now you had to be moved to Embakasi?**

R: We had to be moved to Kangemi.

I: **To Kangemi, the shop in Kangemi.**

R: Yeah which is very far.

I: **So can you also talk about the attitude of that person, the Kangemi...**

R: Ah, very friendly, very, very good, very friendly, I can't even be able to describe the lady because when we go to shop there, because all of us we are always

blinded; first when she sees you are from Marie Stopes, she stops everything, she comes and attends to you first.

I: And also the fact that you are working with T-safe and also these are girls but you, you are a male, maybe these are female and you are a male, have you found anything like stigma or any kind...?

R: No, no, the ladies love men; when a man comes and she opens up about sexuality and discuss issues regarding sexuality, the ladies tend to listen more, okay, where did you learn that from, ehe; they tend to learn a lot.

I: Then in your work within this community have you ever come across...can you say that you've ever come across someone with a negative attitude towards ITH and how did you deal with it?

R: No, no, generally I've never. They love ITH.

I: Now can you tell me about the adolescents' view regarding the platform in general?

R: Sorry.

I: The adolescents' views regarding the platform just in general.

R: In general, the adolescents regards to the T-safe, they like it, they say it's good because it also helps them because majority of them are schooling, so when she comes she gets points, she will be able to roll down the expenses that she'll be able to use when maybe she wants to go back to school, she'll be able to use her points and shop on her own and cut off the budget cost that maybe his or her mother might have ended up spending on her budget cost to school. And also them they like it.

I: Okay, and what are the beliefs or perceptions and concerns...maybe the beliefs, perceptions or concerns hindering adolescents from enrolling in T-safe?

R: Let's say here, religion...

I: **I know we've talked about some.**

R: Religion basically hinders them...yeah... just religion.

I: **Just religion.**

R: Yeah, just religion.

I: **You also talked about the activities like they are in school...**

R: Yeah, most of them they are still at school.

I: **You also talked about something else that was...**

R: Boyfriends.

I: **Boyfriends consenting...stroke parents too.**

R: Yeah.

I: **We are about to finish but still I have one more question for you...**

R: Yeah.

I: **Now that we have this religion barrier, we have these activities like school and we have the issue of boyfriend consenting or a parent consenting; how do you deal with these barriers?**

R: Okay, usually I do this way, we've got chief barazas that we usually have around here that are usually conducted each and every month. So the chief tends to talk to the parents more because he is the law enforcer, so we need to...okay, we've got community health volunteers and community health providers that are around here. When he or she comes to talk to you, it's as more as it is helping the community, it also helps you individually. So you will just be able to give them your years and then expand more on what they are telling you. Maybe at one particular time it will be able to be of help to you.

I: How often do they hold the baraza, the chief holds the baraza?

R: Each and every month.

I: And then for the issues like school going girls, how do you deal with that?

R: Okay we usually have...okay, like here we've got a liberty hall where we've got, teens usually come and meet, so we've got this particular, specific days we've got events, we hold up events here in Pangani let's say it's a cultural show so that's usually the best time to talk to the youths, yeah, while basically at school, yeah.

I: Okay, and then we've talked about boys consenting or parents consenting, how do you deal with that?

R: Boyfriends, like I am a man, I usually tell them, okay, if my girlfriend, if I will let my girlfriend to be involved in that, who are you; maybe yourself you are working, you don't have that money maybe to take her to the hospital, maybe you've not planned your future, you have to plan for your future and also plan the future for your girlfriends, that is the policy. And to the parents, it's usually very simple, your girl is schooling, you don't know if she is at school, the activity that she does, make her to be prepared while it is very early so that at later age you don't have [inaudible 00:33:18]

I: So for you to talk to these parents or boyfriends, how do you get these information is when now you can go to them and talk to them?

R: Okay most of them I usually meet them here on the road; okay your young man this particular time you were telling me about this, okay, come and tell me more; they call me to their houses, we go. If it is boys, we've got some

joints here, we've got a *mirra* base here, a *shisha* base here, a movie shop, okay; these particular girlfriends call me, okay, my boyfriend usually hangs out at that particular place, let's go there and just talk to him.

I: Okay, and I think that makes it the end of my questions; I don't know whether I have something sensitive to raise...do you have any question for me or anything that you feel we need to add?

R: No, no, am good.

I: You are good. Okay thank you so much, we've have taken the shortest time possible and you've given me a lot of information, am very, very grateful, thank you.

[End of audio]

Notes

The interviewer probed all the questions as per the guideline.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_EMB_EAST_URBAN_001_MOB_001_6519

I: Ok so we can start at 12:26. This is Lydia, record 001 doing and IDI ITH_R2_NAI_EMB_EAST_URBAN_001_MOB_001_6519 in Mwatate Health facility on the 6th May 2019 starting at 12.26. You will have to move closer to the audio and also speak louder so your voice can be captured.

R: Ok

I: Please tell me briefly about yourself and the work you are doing as a mobilizer for T-safe.

R: Regarding the work I am doing?

I: yes

R: I mobilize girls

I: Mhh

R: And I also advise them about family planning and when she accepts that is when you refer her to the hospital.

I: Ok

R: If she refuses then you leave her alone. You only refer those who are willing.

I: The one who has accepted?

R: Yes, and we also look at the age, it has to be between fifteen and nineteen years.

I: Ok

R: yes

I: And the process of mobilization, how do you go about it?

R: For her to be referred to the hospital?

I: Yes

R: You meet a lady and greet her, introduce yourself and then ask her if she would like to use family planning and when she accepts, that is when you ask her age, she will tell you and you also ask her if she has a phone because we were registering through the phone because we didn't have the cards. Once she agrees then you enroll her and refer to the hospital where she can choose the method she wants.

I: Ok

R: Yes

I: When you meet, do you talk publicly or privately?

R: you have to do it privately otherwise she will not talk to you at all.

I: Can you tell me what your responsibilities in T-safe are?

R: Responsibilities?

I: Yes, the work or roles you have in T-safe? We have talked about mobilizing, what else do you do?

R: I only mobilize.

I: And how were you selected as a mobilizer, were you employed?

R: We were selected as CHVs and then in every area they were choosing two CHVs and that is how I was chosen to be of the mobilizers.

I: Who was choosing them?

R: Cha

I: Who is Cha or is it an abbreviation?

R: He is our leader and that is what we call him.

I: Your leader where?

R: In Dandora where I live.

I: You live in Dandora?

R: Yes.

I: Ok and you said he is called Cha? That is fine. When you enroll the girls into the T-safe programme are you rewarded in any way and how?

R: Rewarded as in the hospital or where?

I: you said you were chosen by Cha as a CHV. Right now, who is your employer, the hospital or who?

R: Our employer?

I: yes, as a mobilizer.

R: We are not employed as such.

I: Mhh

R: But the benefit you get is that when you talk to one girl you get Sh100 in form of points. You get 100 points and she get free services and also a small reward besides the points.

I: you said that you get points?

R: yes

I: The points are worth Sh100?

R: That is per girl.

I: Therefore, today if you get two girls you get Sh200 or 200 points.

R: Yes

I: Do you get them instantly on that day or it takes time before you redeem them?

R: These come in form of points and once this girl has agreed to be enrolled and the moment, she gets a service at the hospital the points enter you phone immediately.

I: There are points which you receive on your phone?

R: yes

I: And if you enroll a girl and she doesn't get a service you don't get points?

R: No.

I: And when she is counseled and doesn't get a service?

R: you still don't get any points at all.

I: so, points come to you only when she agrees to take a method?

R: Yes

I: Right and what are your views on those points or rewards you get when you enroll a girl? What is your opinion?

R: On those points?

I: yes

R: They are ok except where you have to go and redeem them is far.

I: That is far?

R: Yes.

I: Are there specific places you go to?

R: yes, there are specific places you don't just go anywhere.

I: Which is the nearest point you can redeem from?

R: I have to go to Githurai or Kangemi.

I: Kangemi...?

R: Kangemi Friends Market

I: The one on Ngong Road?

R: Yes, because I have to go and shop.

I: Ok what other positive or negative views do you have regarding the appreciation you get when you enroll these girls?

R: There is no problem except the distance because you have to go far to redeem them.

I: You have talked of a brief process on how you enroll your girls, how you talk and agree. Except for the girl you will meet on the streets, then you call her aside and talk to her and if she agrees well and good. Is there any other method you use to mobilize these girls?

R: yes

I: how?

R: At times I go to schools and ask the principle if she can give me a chance to talk to the girls those who are aged between 15-19 years old. If she accepts then they are assembled in one place, she gives me space with them and I ask them if they are interested in those services and if they agree, of course they cannot go there in uniform. For the one who will agree, she will tell me the day we can meet without uniform, with her phone, after which I will enroll her and then direct her to a facility or she sends a word to the chemist and then she is directed to the nearest hospital or facility.

I: Ok so after you have been given a chance to talk to them, from your experience, what is their reception like? Do the girls embrace the idea or there are some who seem fearful?

R: You see when you call one girl, she will be fearful but when they are many, and each one is talking, they come out and enroll. But a single one will not be that open to you.

I: so, the fear comes in when it is one on one?

R: yes, but when in a group they open up and you can talk to them.

I: Ok and when you enroll these girls, what do you usually do to make sure that the girls have reached the clinic and they have talked to the service provider to get further information?

R: What I do to encourage her to go to the facility?

I: Yes

R: You see when you meet a girl you have to talk to her gently and convincingly. When you see that she is convinced and agrees is interested, obviously she will go to the facility.

I: Ok.

R: Yes

I: do you face any challenges when enrolling these girls?

R: during enrollment?

I: During enrolment, the process of mobilizing, before they agree that you can now enroll them, do you face any challenges?

R: there are challenges because at times you might get a girl, talk to her and she agrees. Then when you meet her mother, who will call her and ask her where she is going, the mother might refuse her to go saying that her daughter is too young for those services. But here you can see the girl is very much interested.

I: Mhh

R: She has agreed that she wants the service but the parents are not willing. So, parents are sometimes a hinderance.

I: So, when you meet such a challenge how are you able to cope with? A girl is willing to get this service but the parent feels that the daughter is too young to get the service.

R: I will go and talk to the parent, give her the advantages and disadvantages of the whole thing and then let her then decide whether to release her daughter to go and get the service. If she refuses, you leave it alone and move on.

I: Ok and have you even had an incident where the girl was willing and you had to talk to the parent who refused but the girl went ahead and went to the facility to get the service without the knowledge of the parent?

R: I have never met such a case, but a friend of mine met such a challenge. There is a girl who came, she is has a family actually

I: The girl has a family?

R: Yes, but the mother refused. You know some churches do not allow these things they will tell you their church doesn't agree to their using of family planning methods. So, the girl went ahead and had an implant on the hand.

I: Mhh

R: After the girl had been given that service the mother came the next day. We were in the field conducting an outreach on that day.

I: Mhh

R: The parent came and asked us why we let the girl get the implant. We told her the girl is the one wanted because she felt she already had two children and she didn't want another

child that soon. But the mother insisted the church does not allow that.

I: Mhh

R: The doctor tried to talk to her (the parent) and she completely refused and the doctor had to remove the implant.

I: The implant had to be removed from the girl?

R: yes

I: Which religion is that?

R: I don't know which church that was, but the parent insisted their church does not allow that.

I: It is not a church you know?

R: No

I: So, the mother's argument was that the church does not allow, and not that the girl is still too young for that?

R: No, her argument was the religion

I: Ok that is fine. We are doing well. So, you have told me that you use the phone to enroll these girls?

R: Yes

I: Can you tell me more about this T-safe platform, what do you think of it? is it easy to use it or it is complicated?

R: It is a good and easy to use platform. Personally, would prefer the cards instead of the phone.

I: Why?

R: Because you find that girls aged between 15-19 years old don't have phones and the girls has to ask the parent for a phone.

I: Mhh

R: When she is called and the parent receives the calls, she will say she has no idea and the girl will miss the opportunity. Even the girl will not own to having taken the phone and used it for registration.

I: any other views of that platform apart from your preferences of the card to the phone because most girls of that age don't have phones of their own?

R: The platform is good but during the day the phone usually hangs, you give the girl and code and she is not able to access the services because the message has not reached the other side. Even if she goes to the facility, she will not get the service. The message has to come from the phone to the other side.

I: Have you ever experienced any other difference when using the platform apart from what you have just mentioned? It can be either positive or negative.

R: No.

I: Fine. And what are the most important factors that you usually tell the girls when you want to enroll them on the T-safe platform? What are the most important messages that this girl must get before registering on the T-safe platform?

R: Maybe let us say I have gotten girl between 15-17 years and she is still in school, I will talk to her and then explain to her about the disadvantages of early pregnancies, if she

gets pregnant while in school she will spend another two years looking after the baby and she may not be able to continue with schooling. If you manage to convince her she will go for the service. We have those who are eighteen years and already married, maybe she can decide for herself.

I: Ok so you tell them about disadvantages of early pregnancies isn't it?

R: Yes

I: What other key information to you usually give them about T-safe when you are enrolling?

R: Silence

I: Ok let me rephrase it. what information do you feel is important that you need to tell them when you are enrolling them?

R: When I am enrolling them?

I: Yes

R: To me what I feel is very important is about the early pregnancy.

I: Ok. Mhh.... fine, so when you are enrolling these girls, what instructions do they get when using the T-safe platform? It is an Application on the phone?

R: yes

I: What instructions do they get when they are being enrolled?

R: the instructions I give them?

I: Yes

R: If she has a phone, I use my phone to send her a code to her and then she opens the application with that code, there are questions she needs to answer, like age, if you are twenty and above years of age, you are not allowed. For example, if she is twenty the system will not allow her to proceed. If she is between fifteen and nineteen, the application will accept. She will be asked her age, date of birth then..... I cannot remember the question...it will ask for gender because the services are for girls only. After answering the questions, she will be asked which chemist she wants to go to. If she is interested in chemists, she sends the word chemist and she get information on chemists. If she is interested in a nearby the question will be her location, for example if she says she lives in Dandora, she will type in that word and all the chemists in Dandora will appear.

I: So, the word Chemist is for chemists which provide T-safe services?

R: yes

I: What are the questions these girls ask you related to T-safe programme?

R: If you meet a girl, she first asks you why they are not giving this service to girls aged twenty years

I: Mhh

R: That is the first question she will ask.

I: What answer do you give them?

R: I tell them that anyone above twenty years is someone already mature and can make decisions for themselves unlike you. We

want to talk to you so that you know the disadvantages and advantages of getting early pregnancies

I: Ok any other questions these girls ask you?

R: Another one will tell you that she has to ask the mother first. You will have to give her that opportunity to do that because if you offer the service to the girl without the mother's knowledge, that will bring issues.

I: Mhh

R: yes

I: Great. Any other questions that you are asked when enrolling the girls apart from what you have just told me?

R: You can also get a girl who will want to know why you have to use the phone in enrolling. There are those who think you are after their phone; you might snatch the phone from them.

I: That you will snatch it from them?

R: yes, because you have asked them to remove their phone so that you can give them a code to use for enrolment and then use it to show the doctor so that you can receive your service.

I: Mhh

R: Then you tell her that you need to give her the code to go with to the doctor so that you can be served. The code is a confirmation that you have been enrolled by a mobiliser.

I: So, when you assure them about the code, do they usually...

R: When you give them the code, they type it in and then the family planning services will appear. That will be a confirmation to her to what you had told her earlier on.

I: Right. I had a question on that but it is like I have forgotten it; I will ask later. How do you usually assist the girls after enrolling them to be able to get the services?

R: After enrolment?

I: yes

R: Mostly we work near health facilities or when we are conducting an outreach, we usually have doctors. That way I am able to assure her that she will get those services since I will send her directly to the doctor. I will not tell her to go later but will refer her to the doctor there and then.

I: And have you ever enrolled those who are far from a facility?

R: No.

I: so, I wanted to ask you that there are those who are not ready for you to touch their phone,

R: yes

I: is there a case where a girl felt that this service being registered through the phone is not straight and she literally turned down the T-safe services based on the reason that she is not ready to do things on phone?

R: Yes

I: There are girls who have refused the service because of that?

R: Yes

I: Ok, fine. So ahh what can hinder a girl from accessing reproductive health services after enrolling her?

R: Maybe she went to the doctor and maybe after their discussion, because I am not allowed to tell her what to take, she is the one to choose a service at the facility

I: Mhh

R: Maybe the service she wants is not available, that means she will come out without any.

I: Ok what else?

R: Maybe if she has high blood pressure, she must be medically examined first.

I: Ok, what else? I want you to exhaust all the possible reasons that would make a girl you have enrolled not be able to get the services? She is not able to access the services.

R: I think those are the only ones.

I: Those ones only?

R: Yes

I: Mhh and what do you think would motivate girls to join the T-safe program?

R: motivation for them to join T-safe?

I: Yes

R: if you explain well a girl, then she is able to access that service, she will go away happy and that is motivation for her to come back for the same or a different service.

I: Mhh

R: Like even pills, she will come back for the pills after completing the one she has. Others come to ask me where they can get them from again.

I: What else can make them motivated towards continuing with the T-safe services?

R: I think if she gets the services, she was interested in.

I: And do you think getting those points is also a motivating factor for them to join T-safe?

R: getting the points will also motivate her but you see you only get this once during enrolment. For example, you got an implant for three years, you are enrolled only once. That cannot be a big motivating factor as such because that is a one-time thing.

I: And how about services they get from the facilities, do you think that can also be a motivating factor for them to join T-safe programme?

R: yes

I: Ok and do you think curiosity is also a motivating factor to join T-safe so that they can also experience what they friends are experiencing?

R: Yes, that can also be a motivating factor because the girls you enroll, after accessing the service they go sharing their experience with their friends. This girl will come looking for you and enquiring for more information on how they can also be enrolled in the program.

I: Mhh

R: It is a contributing factor.

I: and have you encountered such cases or have you met many girls who have been motivated to join through curiosity or.....

R: yes

I: Or they have heard from their friends?

R: It is very common.

I: Why do you think others wait to hear from their peers?

R: You see there are others that when they see someone else has benefitted, they get encouraged but on their own, they kind of have some fear. They wait until their friend have opened then they get the courage to come.

I: Ok that is fine. You said that you are in charge of Tasia, Dandora and where else?

R: Up to Kariobangi.

I: Kariobangi. When enrolling these girls, you have encountered various different hindrances like parents who don't want their daughters to be enrolled in the T-safe program, religion and also age

R: yes

I: Tell me, what is the perception of the community where you come from or where you have been working about T-safe platform?

R: they have what?

I: what is their attitude towards the T-safe platform, is it something they have embraced or you feel others have not? I want you to tell me both the positive and negative side.

R: There are communities which are embracing that and feel you are directing their children on the right path because you don't want their children to get early pregnancies.

I: Mhh

R: But there are those who don't like it at all, they feel you are spoiling their children.

I: Spoiling them in what way?

R: There are people who say that when a young girl uses family planning methods, she will never give birth in life or again. I have heard some say that and therefore they don't like it.

I: That is for you people who are mobilizing and T-safe as a whole?

R: yes

I: For the chemists or shops which interact with regarding T-safe, what is their attitude or view about this programme?

R: The parents?

I: The community as a whole? Community in this case means parents, pastors, bishops and everyone else.

R: They don't have any issues with the shops.

I: Their attitude towards these chemists or shops is good?

R: Yes, except for one incident of that parent who didn't want her daughter get a family planning service on religious grounds, she is the only one we heard her telling others that those methods are devil worship stuff. She was trying to convince them that how do you get points and then go to the shop to redeem goods unless it is devil worship? There was quite a rumor about which spread very fast all over

I: So how did you solve that challenge?

R: We called those people whom we heard talking and as a group we talked to them and convinced them that that was not the truth. These are issues to do with family planning and we work with Marie Stopes. We asked them if they knew about Marie Stopes and what they do and they said yes. Of course, some were convinced while others were not.

I: Ok since then, when you go to the same area, what is the reception like? Are you welcomed there?

R: They even bring their children to us in person.

I: Ok so they have changed their attitude towards that?

R: yes

I: So, there are those who have completely changes and are now embracing the program by bringing their daughters?

R: Yes

I: Ok and for the mobilizers, what attitude does the community have on you as mobilizers?

R: There are some who are very good and will tell you I came with my sister from home and when the project resurfaces please let me know that you can enroll my her.

I: Mhh

R: So, you go and talk to the sister and then if the doctors are there you refer her.

I: Mhh

R: But there is this other parent the moment they see you the only thing they think of is that you are going to spoil their children (chuckles) and she doesn't want you to pass in that area, so you are even forced to change the route.

I: You have to pass elsewhere?

R: yes, if you are on foot.

I: Ok and have you encountered any stigmatization as a mobilizer during this period?

R: No, I have not heard of any.

I: Ok and when you meet such a challenge, where people make you even change our route, what method do you use to sort out that kind of problem, especially when people have that bad attitude towards you?

R: In most cases we talk the chairman of the area, we tell him what is on the ground and he is the one who solves the matter on our behalf.

I: Mhh

R: For T-safe it is the doctors who come and they have no idea or know nothing about the people in that area. They also fear going into those areas since it is not a territory, they are familiar with.

I: Mhh

R: So, you have to talk to the chairman of the area.

I: What do you think the chairman does so that these people's attitude you can change?

R: They tell them that this is not a bad idea and the good thing is that some of those chairmen are CHVs.

I: Mhh

R: Yes

I: All of them are women?

R: No. We have both male and female.

I: what are the challenges you have encountered during your work? You have mentioned some of them like there girl might refuse thinking that you want to snatch her phone when you want to give her the code. What are the others that you have encountered in your work as a mobilizer or when you want to

mobilize these girls into one place and talk to them about T-safe?

R: There are times you will call them and they are willing to come but you find that there is one of the whose mother has told her that the program is bad or she heard from other people and so she goes convincing the other girls not to come for the service. They others will not come in such situation.

I: So, what do you normally, do in such a case?

R: I go out and look for that girl and talk to her and advice that this is a good thing we are introducing to them. if she accepts then you can be sure the others will come but if she refuses, it means that the rest will not come. So, you take another step and go and talk to the parents because there is no way the girl will come for a service without consulting the mother. You talk to the girl and the parent too. Then you give them their privacy so that the girl can talk to the parent first.

I: So, for every girl you have enrolled a parent has been involved?

R: no, only for those stubborn cases where you find the girl insisting that she has to talk to the parent and also the girls who are below eighteen the parents have to be included in this process.

I: Ok

R: And for those above eighteen can make their decisions without necessarily involving parents.

I: Ok apart from those you have mentioned, can you think of others?

R: Long silence. Maybe we may have an outreach.....in our church when we have an outreach, we usually look for a venue, that us, we look for a place, prepare it and then call the doctors to come there. You then mobilize the girls and direct them that place to meet the doctors. You find that, for example we got a group called ODM and they would come in such a meeting and disrupt it completely and the girls run away.

I: What was the reason behind that?

R: They just wanted a bribe and then leave you to continue with your services

I: Why were they interested in a bribe? Was the ground theirs or what happened?

R: There was nothing much but in that particular area we discovered that they always disrupt functions so that they can be given some money.

I: Ok and when you encounter such a problem what do you do?

R: we tried talking to them but they refused so we had to call the chairman of the village who talked to them and they settled down, and they were not given any bribe at all. So, any time we came to the area they never disrupted us again.

I: So, the girls came and you continued with the outreach?

R: yes

I: So, when you conduct your outreaches what do you usually do, apart from talking to the girls, what do they do?

R: The doctors?

I: yes

R: I will mobilize the girls first before the doctor come and find them ready waiting. And before the doctors have to talk to the girls first so that they also find out if it was voluntary or they were forced to come to the venue.

I: Mhh

R: If they have accepted then they are talked to one on one and then offered the services they require or choose.

I: Where do the doctors come from?

R: We have doctors from Pangani, Eastleigh.....

I: Which organization?

R: The one we were carrying out an outreach for was Marie Stopes

I: Ok. And you said that the doctors talk to the girls even after you have talked to them?

R: Yes, because there are those who might come and they don't know what they have come to do maybe because they accompanied their friends there.

I: So, what services are they given by the doctors from Marie stopes come?

R: it will depend on what the girl wants, she may want pills, she will get that. If she wants implant, you will give her that and you cannot force her to take what she doesn't want.

I: So, in another way you are saying when you carry out these outreaches it is another space to get the opportunity to give these girls family planning services?

R: Yeah

I: Without the girls having to go to the facility?

R: yes

I: Ok and when you compare the girls who were able to access family planning services at the facility and those who got services when you did the outreach, which one has more numbers?

R: the outreach has more numbers than the hospital.

I: Why do you think that is that case?

R: I think so because you know at times we look for where we can get many girls and that is where we take the outreach. And as for the hospital, maybe you will get one girl or two per day. But if it is an outreach, you find...we look for an area where there are many girls, that is where we take the outreach and so it is easy to get many of them there.

I: Mhh

R: Unlike when you refer them to a hospital.

I: And how are you able to determine this area has more girls than the other?

R: It is according to the CHVs in that area, they are the ones who give out that information.

I: What are the views of the adolescents on the ITH platform?

R: There are those who embrace it and they will go for the service but we have those who don't and definitely they will not go the facility for the services.

I: Mhh

R: Yeah

I: And can you tell me in your view, what makes them embrace the services?

R: There is a girl between 15-17, 18 years who have boyfriends. Of course, when they get the service, they will not get pregnant.

I: And those who don't want to join, those who are not interested, what is their reason?

R: You will not even be able to approach her because she already knows you are from T-safe or family planning.

I: What does she....

R: she will just put you off the moment you start talking about family planning. I am so and so and I want to talk to you about T-safe, then she tells you no, she is not ready to talk. I don't want anything to do with family planning and then she leaves.

I: And if you try to ask her why she is not interested in what you are telling her....

R: She will tell you she is not interested. Another one will tell you her mother said she should not involve herself in family planning matters.

I: What concerns or reasons would make girl not be able to access family planning services

R: Girls would like to get those services but there is that fear of parents because for example if you put an implant for her, the parent might see and she wonders what she will tell her parent. And even if it is an injection, ok most of them prefer the injection

I: Mhh

R: Because they know that no one will know about it. the pills are ok but now her concern is where will she keep them without being noticed by the parent.

I: Mhh it will be seen

R: Yes

I: Apart from the fear of being seeing by the parents, what else is a hinderance or concern girls might have when they want to join the T-safe programme? What is the main concern here besides fear of parents?

R: Maybe the girl, this is my perception because I don't know and I am not a girl either, (both chuckle) I think she might feel that if she uses family planning, she might never get pregnant in future because there is one who asked us, will I ever give birth again? We told her to talk to the doctor first before she chooses a method. She talked to the doctor first and then came back and we enrolled her.

I: So, in the long run she accepted and got a service?

R: Yes

I: And apart from family planning what other services do they get?

R: They have to be educated first before being offered a service. You cannot just go there and be given a service directly. You have to go through a process of counseling.

I: There maybe others who went through counseling but never took a service.

R: They didn't?

I: Yes, they were educated on the advantages and disadvantages of the different family planning methods but in the end, they didn't get any service. Do we have such kinds of people?

R: There are girls like that. They might go there and counseled and, in the end, she says she doesn't want any of those methods available.

I: There is none that she wants to take.

R: yes

I: What do you think would be their concern that hinders them from getting any service? Let us say you have talked to a girl but she doesn't want to reach the facility to get some counseling services, what would hinder her from getting access to both the counseling and even the family planning services on her own?

R: When she is alone?

I: You are not a service provider?

R: no

I: Therefore, you cannot give her detailed information. You have talked to her out there but you can feel she is having some concerns that might hinder her from reaching the facility just to be educated even if she won't pick a method? What are the concerns that would hinder her from reaching the facility to get some counselling only?

R: Maybe she might sit down and think that even if she went for the service, she might still get sick it will not prevent that though in most cases their fear is early pregnancy. That is their main concern.

I: Ok so apart from that, how do manage to cope or sort out these challenges the girls are facing for example the fear of parents and the like?

R: For those who fear their parents I usually go with them to the parents and we talk. If the parents agree then we go together.

I: Mhh

R: If the parent refuses then I will not go with her.

I: And of those who fear that they will get pregnant in future?

R: I talk to them my part and tell them that you will not pregnant for the period you are using them and I give them an example of myself, I have been using them and when I want to get pregnant, I have stopped and had my children and then gone back to using them.

I: Mhh

R: She will go to the doctor and ask. I usually tell them that when the reach there that is the first question, they should ask the doctor before anything. If she is satisfied, she will get a method and if she is not satisfied, she is free to go and not have any method.

I: And the who doesn't even want to reach the facility to be counseled because she fears even though the family planning methods can prevent early pregnancy but it will not prevent contraction of disease. What do you tell such person?

R: For the one who is afraid?

I: Yes

R: I will just try and convince her by telling her my story.

Diseases are there and the best I can advise her is to take the condoms.

I: Mhh

R: They will prevent her from getting those diseases if she must have sex.

I: What else?

R: I think that is what I would tell her.

I: And do you see....in your view, you have done this work for a period of time. Are there many girls who listen to you when you tell them that they need to be talked to first to confirm what you have told them or to them it is something they just take lightly and ignore?

R: At first, they used to see as if it is a joke but with time when they saw others getting those services, they believed it was true and they came out to get those services. There are many girls who are receiving those services.

I: Ok that is fine, I think we are now through with our discussion. Those are the questions I had and I am grateful for your time. I don't know if you have any question for me?

R: A question for you?

I: yes, if I am able to answer I will answer you and if it is not possible, I will still refer you to whoever has an answer to that.

R: My question is; you asked me about this girl who is afraid that she will get diseases and she really need these family planning services.

I: Mhh

R: What is one supposed to do, what can I tell her because on my part I tell her that she needs to take condoms.

I: if I was a mobilizer?

R: Yes

I: I would also do the same thing because it is like this girl enlightened and she is aware of many things. She is sharp because apart from thinking about getting early pregnancy she is also looking at other risks like getting diseases. To condoms is one of the family planning method. I would advise her to concentrate on condoms or go to the doctor to get more information though using a condom is the only way out where you prevent pregnancy and also prevent diseases.

R: What if she tells you that the partner will not agree to use a condom?

I: That will be a bit difficult because that is her choice, isn't it?

R: Mhh

I: She might be telling you that but she is not a trustworthy person. So, the choice is her to decide what she want to use and if she will continue with that relationship or not. At the end of the day you cannot know whether this person is protecting themselves or not. Our point here is that she doesn't want to use family planning because it doesn't prevent getting HIV Aids and other diseases. Already she has someone who doesn't want to use condoms so she is at risk of getting pregnant and also getting diseases. You are trying to help her on one side but on the other side she is the is the

only one who can decide for herself. So, it is up to decide whether to continue and use that or leave the partner or still continue the relationship the way it is now. Alternatively, you can tell her to tell her partner they go to the VCT for testing if they can be faithful.

R: Ok thank you.

I: Thank you too.

End

AFRICAN POPULATION, HEALTH AND RESREACH CENTER

ITH ROUND TWO

ITH_R2_NAI_KAJ_NORTH_URB_003_MOB_004_10519 (2)

I: So, we are very grateful for taking your time to come and participate in this study. I have also explained to you about the study and why we are using the recorder. Isn't it?

R: Yes

I: And you are agreeing that we can continue?

R: Yes

I: Ok thank you very much. So, this is Wilkister RA code 0003 doing ITH_R2_NAI_KAJ_NORTH_URB_003_MOB_004_10519 (2) interview in Nairobi County, Kajiado North sub County at the Marie Stopes facility in Rongai, this date of 10th May 2019 starting at 12.10 p.m. we can now go on?

R: Yes

I: And we have agreed that we will discuss mostly in Kiswahili isn't it?

R: Yes

I: But if there is anything you would like to express in English you are free to do so. If I ask you a question that is not understandable to you and you want me to repeat it in English, I will gladly do so.

R: Ok

I: To start off please tell me briefly about yourself and what you do.

R: I am Lillian Njeri, CMA, Marie Stopes in Rongai.

I: CMA is what?

R: Community Mobilizing Agent.

I: Community Mobilizing Agent.

R: Yes. What we do is to mobilize clients and refer them to the facility. At times we also carry out outreaches.

I: Mhh

R: We go with a team called FPO Kajiado.

I: It is called what?

R: Family Planning Outreach Kajiado.

I: Mhh

R: It is also from Marie Stopes and that is the team that goes around the whole of Kajiado North offering free services to mothers and any other person, even the adolescents as long as they want a service

I: Mhh

R: For free.

I: So, it is voluntary work?

R: Yes

I: so, you are part of that group?

R: Yes

I: Ok and what services do you provide to the community?

R: We have different services we offer in the community like counseling, before a method because you cannot provide a method to a mother or a girl before counseling. You must do counseling first and also inform them the methods available.

I: Mhh

R: We different services ranging from three to five years, and the IUD.

I: Ok thank, I can see you are doing a good job. Tell me your roles in this project called In Their Hands (ITH) some people call it T-safe; I don't know what you call it here.

R: People call it Tiko.

I: Ohh Tiko?

R: Yeah, the moment you mention Tiko they know it is that programme.

I: Ohh so when we discuss I should talk of Tiko.

R: I know it is Trigerlize but when you say Tiko they understand it better.

I: Ok that is fine.

R: Mhh

I: Ok now tell me about your roles in this ITH project or Tiko?

R: My role is to go to the village and talk to the adolescents,
se call them CIF, the underage

I: You call them what?

R: CIF

I: C-I-F?

R: C-I-F-F

I: CIFF? What does that mean?

R: Children Investment Foundation Fund

I: Ohh Children Investment Foundation Fund?

R: Yes, that is the one that started here as Future FAB

I: As? Future FAB.

R: Mhh there was one under Future FAB and it also provided Tiko
services and that is why many people know it as CIFF.

I: Mhh Future FAB is also a project?

R: Yes, it was there before you people came in. Before Tiko came
in to being, there was Future FAB.

I: Mhh...ok therefore your role in this programme is being a
mobiliser?

R: Yes

I: Ok

R: Mobilize people then connect the doctor/clinic with the
girls. You are like the go between because you have to show
the girl where to go.

I: Mhh

R: Yes

I: So that the girl can come?

R: Yes

I: Ahh...you are the connector here?

R: You are the link here in the middle.

I: Link?

R: Yes

I: So, when you get a girl how do you link them?

R: You create a rapporteur first because you need to be strong hearted. You cannot do it if you are a weakling at heart.

I: Meaning?

R: You cannot go and harass a girl and tell her to come for a service at the health facility.

I: Mhh

R: You see like in Rongai it is a slum area and you find a that even a twelve-year-old girl has a given birth.

I: Mhh

R: So, you see you get very many girls, a girl of twelve has a baby and so you have to create good relationship with that girl first.

I: Mhh

R: YOU explain to her what she can do, the services available, connect her to come to the facility for a service.

I: Ok and how were you selected or recruited as a mobilizer?

R: Marie Stopes....I was told by a friend that Marie Stopes usually take community health volunteer and that is how I

came in, as a volunteer. Volunteering services. We were trained and taught how to talk to adolescents.

I: Talking to whom?

R: You cannot just approach a girl and start talking to her without information. There are certain things you need to be aware of like you cannot go mentioning family planning to them.

I: Mhh

R: They will tell you they are not elderly women. Family planning is for big mothers (mature women) and so you must the terms you can use on these underage girls.

I: Mostly what do you tell them because you are telling me that when you approach them you cannot just start mentioning family planning?

R: yes

I: so, what do you tell them?

R: We talk about contraceptives

I: Contraceptives?

R: Yes, and she will now be curious which one you are talking about. Then you mention the Pill, IUD and then the choice is hers because you cannot force to take a method.

I: Mhh

R: Yes

I: Ok and you just mentioned that you were first a CHV?

R: Yes

I: And then later on Marie Stopes looked at your work before involving you in mobilizing?

R: Yes

I: Fine and can you tell me how you are rewarded for enrolling adolescents?

R: We used to be rewarded but I think the project has reached and end. When you enroll a girl, you are reward one hundred and seventy (170) points. When you enroll a girl, when she comes for a service, she will also get some points. At that point you will also get 170 points.

I: You get 170 what?

R: You get 170 Tiko miles

I: Oh, so that was the reward you were getting?

R: Yes.

I: Mhh and is there any other type of reward you were getting besides the points?

R: The other rewards we were getting were not for this project.

I: Those Tikos?

R: It is only the Tikos that we were getting for this project.

I: OK. Tell me more about how you mobilize adolescents, how and where do you meet them and then ensure they reach the facility to get the services?

R: First you have to meet and create a rapporteur. You greet her, introduce yourself and tell her what you do.

I: Mhh

R: If she is ready to listen then you explain. There are others the moment you mention that you want to tell them something they tell you they don't have the time. You will meet her another time and not now. So, you have to ask her if she is willing to talk to you. If she agrees then you tell her about the services available, where the clinic is and if she agrees then you register her through the phone.

I: Mhh

R: You then refer her to the clinic where she will come and get a service.

I: Mhh

R: Yes

I: You mentioned that when you meet you create a rapporteur; how do you go about it?

R: You must create a good relationship here first before you start harassing her. Like for me, I know them very well and that cannot be an excuse for me to harass them to go to the facility.

I: Mhh

R: No. Your approach must be very professional about it so that you are now friends. You also have to listen to her like now there are girls who come to the house to ask me if Tiko is back again. If your approach was not good, they will not come to look for you or move nearer you.

I: Mhh

R: But you create a good relationship and also follow up.

I: Follow up?

R: Yes. You make sure that this girl got the pills, and when they are finished you remind her because we are with them in the village; they are not people we are going to look for.

I: Mhh

R: You remind her, did you go last month? Make sure you go this month. Because once you register her once that is final, she will now just be coming for the service.

I: Ok

R: Yes

I: In this period of mobilizing, how do you meet them and where?

R: Personally, I have group which consists of young mothers. And in that group, you explain yourself. Because we live in a slum there are so many challenges. You get a thirteen-year-old girl has one or two children. So, you tell these mothers what you do and what Marie Stopes is all about. It provides free services to girls and once you explain yourself to them, they even bring the girls to you. They call the girls for you.

I: In other words, these fellow mothers are the ones who help you to mobilize these girls?

R: Yes, they do it a lot.

I: Ok and that is when you meet as a group?

R: Yes.

I: Ahh

R: that is a central place. The other place you meet them is on the road because this is a slum so they walk everywhere. Most of these girls are in the village and we know them. There are

also some girls who are very sensitive and they would not like their mothers to know what they do behind the scenes. So, you have to be very confidential. I do move about the slum and I am likely to find her doing things that her mother cannot condone. When I meet her with the boys, I tell her to look for me and pass. She will look for me and then I explain to her how she needs to take care of herself and prevent pregnancy. Already I have met her with a boyfriend and so I tell her please be careful. I now take that opportunity to introduce to her Tiko. They do come and they also bring me other girls.

I: Ohh

R: when you bring two, they bring their friends also.

I: and you mentioned that you find them behaving badly and you ask them to come and look for you.

R: Yes.

I: What exactly do they do?

R: You meet them smoking bhang or cigarettes, for others you may not catch them red-handed but the group she is with tells you that there is more to it than meets the eye. There are others you have to warn them not to do those things. After a month she comes to you, Lilian I am pregnant what can I do? So, in respect to our village, which is a slum, and a slum has a lot of negligence. You get a mother is a drunkard, the father also, so you find that she doesn't bother about her children. So, the girls also decide and go out to look for money. So, most of them are not even in school. This program was very good and I am actually sending you to send word so that we can have it back.

I: Mhh

R: At least it was helping the girls very much. Most girls are misused whereby they have sex in exchange of maybe Sh50 only. You don't have pads, and so the fifty bob is spent on that.

I: Mhh

R: But during the Tiko points, they would redeem those points and buy pads for themselves.

I: Tell me how you ensure that the girl has reached the clinic.

R: I make follow ups.

I: Mhh

R: Yes, I do make follow ups because these are people I know very well and I have to make sure that I make a follow up and they have reached the clinic and given a service.

I: Mhh

R: And if I am not there, I will know about it through the consent form.

I: Mhh

R: When I come, I ask if the girls came and even them those Tiko points will enter your phone wherever you are as long as the girl has received a service. If you sent three girls and they get a service it is obvious that you will get Tiko points for the three girls, you will see them on the text message you will receive.

I: Ahh

R: Yes

I: You also said that you can also make a follow up to find out if they did reach the facility and their return dates, how do you do that?

R: Yes, I do that. They live in the slum and we meet often with each other.

I: Ok

R: And when we meet each other I will also just ask for the sake of asking did you reach the facility and did you get any service.

I: now you have mentioned two things here; you can confirm that through Tiko points when they are loaded on your phone and secondly by asking her if she went or not.

R: Yes

I: Is there any other way that you use to ensure the they have indeed received a service?

R: You will ask for the consent form. Since I know most of them I will just the service provider was Violent here and he will tell me yes since the name is already on the consent form too. We also have other girls who don't like those Tiko miles, they are only interested in the service.

I: Mhh

R: Like when go to these institutes most of them just want a service and not interested in the Tiko Miles.

I: Ok therefore there are different levels from the point you meet a girl, talk to her. Secondly what do you do?

R: She has to accept before you refer to the facility.

I: The go to the facility?

R: Yes

I: Can you tell me any challenges you face in every step you take when enrolling these girls from the point when you meet until they reach the facility.

R: You meet some of these girls and they refuse to even stop and listen to what you want to say. Another group of girls is that one who you talk to and they agree to the service but they never turn up at all

I: Ok

R: Another challenge is the age limit. You get a girl age 14 years and already she has a baby and the programme does not take anyone under age, it is between fifteen and nineteen. Nothing underage.

I: Mhh

R: Yes

I: Therefore, that is a challenge for you. A girl wants a service but she is still underage.

R: she has not reached the age the project has set.

I: Ok

R: you get another one has no phone to be able to enroll her

I: Ok and when she has no phone what do you usually do?

R: Before the girls used to ask their mothers but later on, we did face some problems with the parents. The cards were even worse because their network was just too low. Most of them were not even going through. In some cases, like me, I don't have a smartphone. I have this "kamulika mwizi". A smartphone

is expensive and that Application needed an advance kind of phone and not just any phone.

I: Mhh

R: That was also a challenge we found on the ground. Either she has no phone and now here there is a card and you as a mobilizer don't have a smartphone to be used with the card.

I: Mhh

R: And so, we leave them alone. You lose them like that.

I: The mobilizer has not smartphone, and the girl also has not smartphone.

R: No, for the girl all she needed was the card and a line and she could use any phone or even ask her mother for a phone. So, she hides when coming to register and that in itself is a challenge because the girl is hiding from her mother and here, she has to use her mother's phone. There was a time we used to buy lines for them.

R: Where does she put that line, in whose phone?

R: You even ask someone else for a phone so that she can register or she uses yours. You can see that this girl really needs that service but she has no way out. She has no phone and she doesn't want to ask from the mother.

I: Mhh

R: You end up buying a line for her so that she can register and earn points and also get a service.

I: Ok so for example this girl aged 14 years, the project does not accept her. How were you able to cope with such a challenge?

R: You just had to leave her out because even if you enroll her the doctor will not give her service because the programme has an age limit. With Further FAB used to accept girls aged ten years but with the Tiko it was now different. Future FAB used to enroll the girls and counsel them without necessarily giving a method. You know we do create awareness?

I: Yes

R: At least the girl, when she will want to come when she is of age, she will already be aware of what she wants or what method she wants to use to prevent a pregnancy. Now when Tiko or T-Safe came with the age of fifteen to nineteen years, it kind of got rid off the most vulnerable age. Between 12 and 15 years is where the problem is.

I: Twelve to fifteen?

R: Yes, at least the 15 - 19 years are people who can organize themselves but below fourteen, that is disaster waiting to happen. That younger age really suffers a lot. And most of them give birth when they are still kids because they are easily lied to and they end up being pregnant.

I: So, this the age that needs that program even more.

R: yes, because when it was the age of ten to nineteen most of the girls were coming here for counseling and the next round, she will bring herself.

I: Mhh

R: But when it phased out, they were disadvantaged.

I: Ok there is something we mentioned about this phone Application which is used to enroll the girls. Tell me your views or experience with this T-safe platform.

R: You meet a girl and if she agrees to talk to you then you start explain to her the services that are on offer. If she is willing to take a service, and remember not all services are rewarded with points.

I: Mhh and that program with the mobile was good/bad, what was your experience when using it to enroll the girls?

R: That one was good apart when they refuse that a girl must have a phone. Girls of that age rarely own phones and you know that. That one was a challenge because she either has to borrow a phone or bought a line. After putting the line, she registers and maybe she has to remove the line since the phone is not hers. Now when they call and she is not available they start asking you why the number is not active.

I: But what about you as a mobilizer what was your experience using the T-safe platform with a mobile phone?

R: That was fine with me.

I: It was fine. Ok that is fine. What are the key messages that you share with the adolescents about the T-safe platforms when you enroll them? what do you tell them?

R: Tell them how?

I: What are the key messages you share with the girls when you are enrolling them on the T-safe Platform?

R: We just tell them how it operates and there are those who have phones. There are questions to answer when she logs into the T-safe platform. Then it advises her to mobilize more girls to the platform and she earns more points on that.

I: Ok

R: Yes, after enrolling her, she is able to enroll others using her phone.

I: So, you tell them that?

R: Yes, because she will ask for way forward when she is asked a question she does not understand. You tell her that the platform is asking you to enroll five other girls or your age and earn more points.

I: Ok therefore when they use that programme you also educate them on how to use it?

R: yes, you explain to her.

I: What else were you telling them about the T-safe platform.

R: You also educate them on how to redeem those points because not all of them were aware.

I: Mhh

R: After she gets the service, she will still come back to you and that is why I told you that getting them is not hard. It is easy because she will come back to ask how to redeem those points from the shop. So, you either explain to her or educate her on the same.

I: Therefore, you inform them that they will earn more points which they can redeem.

R: Yes

I: What else?

R: After those points, they can decide what they want to redeem in terms of goods it could be body oil, soap and such like things. Those are the things I was encouraging them to buy because they are needy cases. For some I used to tell them to

buy their mothers at least some flour since she is the one who brought the girl. Just to appreciate what she had done for the girl.

I: Ok any other key messages you were sharing with them?

R: We were telling them they need to enroll since it is a free program. There is no way you will come and look for me that you are pregnant and yet there is a free programme here. So, you educate them and, in their mind, they know that if I have a boyfriend, I need to prevent myself from getting early pregnancy and continuing with my education. There is no way you will get pregnant and drop out of school when you could have prevented it in the first place.

I: Mhh

R: It was helpful to them.

I: What about the message they get after enrolment?

R: There is a message that comes to your phone after enrolling. She will be asked how old she is, sex and then she gets points for answering those questions. Now when she reaches the doctor, after being given a service, she gets another point from the doctor. And so, the points increase

I: so, the moment she logs in, she gets a message?

R: yes

I: She is instructed what to do?

R: She is instructed what to do by entering into the system her age, gender and the year she was born. Like for example is she was to put she was born in 1999 the platform rejects her she cannot go further than that.

I: Mhh

R: it was a system that was really automatic, you could not lie about your age.

I: Ok that is fine. I don't know if there are any other instructions you give them on how to use the system/platform.

R: Instructions?

I: Anything else you explained to them about the programme.

R: you explain to them to send their messages to 22699.

I: Ok

R: After you have given them a code, they answer those questions and send them to 22966.

I: Ohh so you have to instruct where to send their messages?

R: yes, and it is free of charge.

I: 22699?

R: yes

I: And you also tell them it is free of charges?

R: Yes

I: Tell me, when you are mobilizing these girls, what are the most usual questions these adolescents ask you about Tiko or T-safe program?

R: First they want to know if it is free or not. Once you tell them what they want to know, and what the program is all about, some will tell you they are not women. I cannot use those things. Another one will tell you now that you are giving us those things, for example, I will go and get the 3-year plan, and this particular program does not agree to

remove it, that becomes a challenge to the girl now. There is one who came before I came, while you were still watching that screen, she told me that she had a five-year plan and she is bleeding heavily. The program has already stopped and there was no clause about removing the implant. It means she has to come and pay for her to be removed that method. It becomes a burden to the child.

I: She came today?

R: Yes

I: She belongs to Tiko?

R: yes, she got the service when the programme was still active.

I: You are the one who enrolled her?

R: Yes, she is mine.

I: Therefore, she did not see the doctor?

R: No, when she got to me, she told me that she was looking for me.

I: Ohh

R: She was given the service and now she is bleeding heavily. So, I had to tell her to go and look for Sh1,500 so that it can be removed. This is a big challenge to the girl also.

I: Mhh

R: yes

I: You said it was the five-year plan method?

R: Yes

I: The one put on the hand?

R: Yes

I: Ok if they want it removed, they have to pay for it.

R: Yes

I: And it was done for free?

R: yes, it was a free service.

I: So, you have just told me that the question here is they want to know if it is a free service.

R: Yes

I: Any other questions they ask about T-safe?

R: They also want to know if they want to remove if it will also be free.

I: Mhh

R: You find that it is not free and you have to tell them that.

I: Ok

R: She will also ask you, why are you offering free services, are your products out of date that is why you are offering them for free? They really do ask questions. Some even say we are from Illuminati because free things are from the devil.

I: Mhh

R: Yes

I: Ok, so you are from Illuminati?

R: Yes, because these days there are no free things.

I: Mhh....ok

R: So, you have to give them attention and explain to them in detail.

I: Ok. Other questions they ask are which one again that we have forgotten? We have talked about free services, why are they free products, Illuminati and what else do they ask when you talk to them about T-safe?

R: They also want to know the duration of the program. They also want to know where you are located since you are not in all locations.

I: Ok...ahh and now do you assist adolescents to access services after enrolling them? after enrolling them, how do you assist them to access services from the facilities?

R: After explaining to her, you tell her to go and get a service. You direct them where the clinic else.

I: Ok you direct them. what else?

R: After they get the service you also show them where the shops are located because not all shops are Tiko shops.

I: You direct them where the shops are, the facility and also the chemists.

R: You will meet another girl who just wants Emergency Pill so you direct them to the chemists.

I: And when you get challenges like you are Illuminati, how do you sort out with that?

R: I tell them that there is nothing for free. It is just a reward for your time, so you have come all the way from your house to this place.....free things get you in the house but this one you have to come out and follow up. It is not free because you have used your time, going there and sitting, listening and then you have been given a service. So, there is nothing for free.

I: Ok

R: Yes

I: What would you say would hinder some of the girls you have enrolled from getting a service? What hinders them?

R: For some it is the religion

I: Religion.

R: Some religions do not allow. Others it is the parents; there are some children who cannot leave the house without their parent's permission.

I: Ok

R: She wants but because her mother may not agree, and they are living together, you find that it is not that easy.

I: So, parents are who; mothers, fathers?

R: Both. There are mothers who say you are teaching their children bad behavior. We have been reported to the chief a number of times because of this project.

I: They say you are teaching them bad behavior

R: Yes.

I: And what do they mean by that?

R: When a child knows that she can be able to prevent herself from getting pregnant she will now engage in sex even more. She will not fear to engage in sex at all at any time she feels like.

I: Ok engage in sex?

R: Yes, because she already knows that she can prevent it.

I: Ok

R: and to them it is better for the girl to stay like that without that information.

I: Ok

R: But we tell them....they report us to the chief but when we later meet them, you explain to her and she then understands. We tell them that it is not necessarily that the girl has to get a service, she also needs that information.

I: Mhh

R: Mhh....we tell them it is good for the girl to have information, which she can use later on and not necessarily now. there is no need to waste your money in secondary school and the girl gets pregnant, she will definitely drop out of school and that is a loss to you as a parent. It would have been better if the girl had been protected. I tell some parents they take their children to the quacks who will perform an abortion in the wrong way and the child will die.

I: Yes

R: Instead of death, it is better even if the child got that family planning methods and prevented death and the aftermath.

I: Mhh and they do understand.

R: They come and you explain to them and then give them an example.

I: Ok

R: It is a slum and so they know these things.

I: Mhh

R: They see the truth in it and they let you continue with your job.

I: You have mentioned that you have been reported to the chief a number of times.

R: yes

I: Who is this that goes to report you to the chief and what are the charges or accusation?

R: They usually say that Lilian has a programme, I am the owner of this programme.

I: You are the proprietor of this programme?

R: Yes, and she teaches our children bad behavior and we want that programme removed from Kajiado. At that they wanted it removed completely and a delegation had to go and see Saitoti, North center here which is Kajiado North sub county.

I: And he is the one being called Saitoti?

R: Yes, that is where they went to report. They told him there is a programme called Triggerilize which is administering family planning methods i.e. the injection. I tell them when you meet child.....in fact I challenge and tell them to look at me and put it on record, how my girls aged 15 - 18 years have children and they have not completed schooling? I challenge them and tell them let us now talk the truth of the matter. Both parents and children are drunkards and so how do you want these children to have a future in this state of affairs? I ask the chief, how many cases have you been brought of girls dying in the house because their parents were helping them abort a pregnancy? They have been taken to quacks or some even use crocheting needles to insert in the

vagina so that she can abort. Some of them have their uterus damaged completely because they were using crude methods and equipment to abort.

I: Oh no!

R: If this child knew how to protect herself, would there have been such a case? I ask a parent if this child had programme like this one, she wouldn't have gotten pregnant and died.

I: Mhh

R: So, I usually talk to the chief and in the end, we end up being in agreement.

I: Mhh

R: But still there are still some, for example last week, we have gone with the doctor PNU and had gone to some office, a political office. so were going to get a place where we can carry out these services because some fear coming to Marie Stopes.

I: Why?

R: Because of the name of the facility. People usually say that if you see someone entering Marie Stopes to go and have an abortion.

I: Ohh

R: So, there is that misconception and that is why we always agree with the doctor we carry out an outreach so that we can reach them instead of them coming here because they fear to be seen coming here.

I: Mhh

R: That way they come in large numbers.

I: The doctor from this facility?

R: yes, we go with him out there and he gives the services out there.

I: Ok

R: so last week I went and four elders in the village came to arrest me. I told them it is ok but I have to know what I am going or what I am being accused of. I invited them to sit there and see what we do and they did sit there quietly watching and listening to what I was doing. In the end they were convinced and told me that the rumor that has been going around was just but a lie. I told them to stop being lied to and believing. So those are some of the challenges we are facing or encountering in the field⁹.

I: (both chuckle) and you talked of religion can you please tell me more on that? Tell me of religion as a hindrance.

R: Religion found me... Especially the Akorino sect, they don't believe in family planning services at all.

I: Mhh

R: For those who accept they come in secret and it becomes secret between the girl and I and the third person here in this scenario is the doctor... Nobody else is supposed to know because the religion can rebuke her.

I: ok is there any other....

R: The other religion that does not embrace that is the Catholic Religion they do not embrace it and do not allow us in their compounds to talk about family planning. They tell us no; the Bible tells us that we should procreate and fill the earth.

I: Chuckles

R: That is what they always tell us. So, before you even tell them that you need to give birth to children you can be able to look after, you have to pull at each other first before they agree to give you a hearing.

I: Those are the challenges. Let us talk about what motivates these girls to join T-safe programme?

R: The free services.

I: Free services.

R: Free services and Tiko Miles which to her is a plus because she has gotten free service and also gotten rewarded for the free service she has accepted to take on.

I: Mhh

R: They always make statements like; you are given free services and escorted with a packet of milk.

I: Mhh

R: Yes, they are really happy with that.

I: Anything else?

R: The other organizations used to give pens, pencils and the like but Tiko this time doesn't have that. We used to have books, pens, wrist bands and such like things for them. so those who were under Future FAB keep asking why TIKO is not providing those things. A girl would come and get things.

I: But not under the Tiko programme.

R: No.

I: On the other hand, we can look.....basing on what you have mentioned before, girls or parents feel this programme is

beneficial to the girls. Do you think this could also have motivated these girls to receive these services?

R: Yes

I: Apart from the rewards, how do the children feel about those rewards?

R: They feel good because they are benefitting.

I: Mhh

R: To her, they always say shit happens and they will not allow shit to happens now that she knows she can prevent pregnancy. Because before they would run for the Emergency Pill but now, there are free services.

I: Is there any other that we have not mentioned?

R: No, we have already mentioned that Tiko miles.

I: Ok and what is the community's attitude towards the Tiko shops, pharmacies and even the clinic?

R: The community doesn't really have enough information about the project. I have seen some who really love the programme because they know that their children will come back with a packet of milk. But they are not so sure about the project. As I mentioned before they say that we are illuminati.

I: Mhh

R: They are suspicious of the programme because it funds shops, hospitals, children....so they have those questions. But this is due to lack of information. They don't have adequate information and what they really need is dissemination of information about the project. You cannot just go and

mobilize the parents and start informing them more about the project.

I: Mhh they are suspicious about the project?

R: They feel it is Illuminati

I: Even when they look at our shops, they feel it is Illuminati; they have question marks?

R: Yes, ahh a Tiko shop? There is guy called Martin, he usually tells me that I am in Illuminati and he refused to have his shop enrolled in Tiko. There is also another one who has the same notion and he just handled the Tiko miles for a week and then called the project office to tell them that he will no longer be a part of the project through Tiko miles.

I: Mhh what was he assigned?

R: To supply Tiko goods to the clients. He told us the office that someone had told him that we are illuminati so he refused to have his shop be used for Tiko miles.

I: ok so he told them he needs to be removed from the system?

R: Yes

I: And he joined already?

R: Yes,

I: he joined and was given Tiko stuff?

R: He did it for one month and later refused

I: And was he removed from the list of Tiko miles shops?

R: Yes, because when you go there, he would tell you that he no longer supplies those goods.

I: After enrolling the girls, they come to the clinic. What is the community's attitude towards the facilities that are offering these services to the adolescents? That clinic that is offering Tiko services, how is it looked at by the community?

R: Most of them don't like them at all.

I: Mhh

R: They say the clinic.....you know most of them have a bad attitude toward the Blue House, that is how they call Marie Stopes.

I: Blue House?

R: Yes

I: Why?

R: I tried asking someone and she just laughed it off. She never told me the reason but usually they say that most women who come to Marie Stopes come to perform abortions.

I: Ohh

R: So, you find that, since we also want numbers, we have to do an outreach because we are allowed to do it.

I: Ok and you also mentioned that on a number of occasions you have been reported to the police.

R: Yes

I: And even the MCA?

R: MOH

I: MOH also?

R: Yes

I: And there was someone else who said that you are teaching young girls' bad manners? And then you also mentioned that some people feel it is not real authentic things.

R: They ask my husband what kind of work his wife does? The kind of work she is doing is not good at all. It is not licensed at all. So, he asks what does she do? She helps the girls do abortion. So, he tells them he has never seen me do it and she is not even a doctor for that matter. My husband is aware of what I do since I had already briefed him of the same. He comes home amused at hear about what their ideas are about the programme.

I: So, all those bad things you have heard them?

R: Yes

I: They have even been here to arrest you?

R: Yes

I: and at one point it was the village elder and his assistant who came to arrest you?

R: Yes

I: Ok and are there people who still have that negative attitude towards you?

R: Yes, there are people who don't want to see me at all. In fact, there are certain areas I cannot go to because those people don't want to see me at all.

I: Like where?

R: Just in this community, there are places I cannot go to and if I have to pass, there I don't look back at all.

I: What will happen once they know it is you?

R: There nothing but I just don't like because they start talking behind you back when you are passing how you are not a good woman. That woman is not good

I: In such circumstances where their attitude is negative towards you, how do you go about it to counter this type of challenge, especially from the community?

R: I usually educate them in a meeting for example in our group, since we usually go to different places, I take that opportunity to talk to them. The ones I talk to also share the information with their friends. In the end you find some of them coming to apologize to you even though they hated you very much before. I didn't know what this project is all about. In fact, the problem with most of them is that they hear this information from other people.

I: Mhh

R: She has no idea what it is all about and instead decides to trust information from her friend.

I: Mhh

R: So, I do understand them because most of them are illiterate and the environment they live in.

I: The environment. You know women usually make a lot of friends and maybe you can tell me of a friend, even just one, who heard about the kind of work you are doing and ended up cutting off the friendship?

R: Yes

I: Really?

R: I have one, who was very close to me. My first friend.

I: You have mentioned many challenges you have been facing and even lost a close friend for that matter because they believe you are showing their children bad behavior. That I am an illuminati member.

R: Any other challenges you have encountered?

I: The other challenge are the cards

R: When you are in the field sometimes there is not network with those cards for almost five hours. And when that happens and you are doing an activity, it becomes challenging because the girl has to get a service first at the clinic so that you can give her the code for the service she is interested in. for example the code for Pills is not the same as the one for implant. So, she has to enter the facility, the doctor injects her, gives her a code before not she is entered into Tiko. So, the method has been administered but there is no network to finalize process. Therefore, we go to a loss

I: So, the network is usually slow?

R: Very slow and at times there is no network completely.

I: Ok

R: And again, when they stopped the use of the phone, the cards were also not many so you find that you have clients but there are not cards for registration.

I: What other challenges do you encounter?

R: Age, age limit, there are older mothers, even aged 30 years who come and lie that they are nineteen years old. The body size is small so you would know at from physical appearance.

I: So, they lie?

R: Yes, because the size of her body is small and she knows you will not ask for an identity card, she lies and gets a method. Now when the phone call comes, she will not know who is calling. When she is asked if she received services she will say yes. And what is your age? She forgets and says she is thirty so you lose since she has already received and you cannot reverse it.

I: Mhh

R: So, you get your phone locked for example mine was suspended long time ago. In fact, I had some Tiko miles inside.

I: Ok now this problem of network, less cards registration cards and clients lying about their age, how are you able to sort out those problems?

R: It reached a point where we had to ask about the cards and also the network issues, because we used to call them and unfortunately, they also at times didn't have an alternative for that network issue. And they told us that they will look into it. as for the age group, we now had to employ another strategy of asking how old the first born is. So, there is no way she will tell you the baby was born in 2005 and yet she as the mother is just nineteen, so it will be a big problem for her.

I: Mhh

R: So that is how we were discovering their ages and not enroll them as long as they didn't feel in the category they wanted.

I: What about perceptions of these adolescents towards the T-safe project?

R: Right now, I feel like hiding because they keep asking what happened to T-safe project, will it come back? What happened to the Tiko miles? My Pills are finished, where will I get others? I am due for another injection where do I go?

I: And how about the T-safe platform, what are the adolescent's view on the use of the phone in this programme?

R: Some were very happy with that because they were able to answer many questions and get many points.

I: Mhh

R: The points usually increase as you answer the questions. Some are very happy with the programme

I: Because they get more points?

R: Yes

I: And again, when they ask questions, they get answers?

R: Yes, and so they used to like it very much.

I: I don't know what else you have noticed makes them happy with that programme?

R: Even the reward

I: What is it they like about the phones or don't like?

R: They say that the messages from T-safe are just too many on the phone.

I: Mhh

R: Yes

I: Ok, some are happy while others are not?

R: No.

I: There is a question I had asked earlier on and I just want to ask again in case there is something you might have forgotten. What are the concerns that hinder adolescents from enrolling in T-safe receiving contraception and other services?

R: Some of them worry how other people will perceive of them when they are seen using those services.

I: Mhh

R: Or even the doctor or even me. They feel I will wonder why they are after those services yet that is the case. They think other people or even me will think they are ill mannered and they forget I see them every other day. I am there to help them but they are scared. I tell them that if you know that you are scared of me, then there is no need to come. I would rather refer you to someone else so that you can get help because I know there are girls who fear me. If you are scared, get your friend(s) and go so that you can get the services.

I: Ok and is there any beliefs these girls have that would hinder them from receiving ITH services?

R: The belief is that if start using that method and you have never given birth in your life, then you will never give birth at in your life. There are those who tell that especially these learned ones will tell you that they were told family planning methods are not good.

I: Mhh

R: Some even tell you that they have heard that it makes someone watery and others become cold (sex related issues) they come up with so many ideologies

I: So, what is watery or cold?

R: if you take the pill, you will not enjoy sex at all

I: You have no desire to towards man romantically.

R: Yes

I: Ok that coldness is there?

R: Yes, that sexual urge is not there that is what they refer to as being cold.

I: Mhh

R: And also, when you use those pills you discharge a lot during sexual intercourse making it not interesting to the other party.

I: During sex?

R: Some even say you discharge a lot all the time and not necessarily during sex.

I: All the time?

R: Yes

I: Ohh.... ok is there any other belief or perception that you might know off? Something you have heard that girls talk about?

R: They believe that after using those methods you will never give birth again.

I: As a person who is informed on how these methods and how they work, how do you solve such misconceptions and beliefs from the girls?

R: usually I explain them and we also have some booklets called Diva, Marie Stopes has those small booklets called

Diva and also Connector. So, you give out those booklets so that she can read and get to know more information. It has all the details they would need.

I: Ok

R: You find that she comes back and tells you now we know the truth.

I: Ok any other way you try to counter these challenges?

R: I also send them to the doctor who is professional in that area to talk to them so that she can ask all those details. I tell them that in Marie Stopes we don't treat malaria but deal with family planning issues. So, go and ask all the questions you would like to know about sexual reproductive health and the services offered. As about those discharges you are talking about since he is professionally trained in that area. He will tell you the truth and stop listening to someone who has not idea of what they are talking about, they have not information and they just heard from other people. And they usually go.

I: Mhh

R: They go and find out the truth.

I: Anything else you would like to say before we close?

R: I would like to know about your plans because sincerely I am under stress with these girls and the community.

I: Mhh

R: I think Kware is Kajiado North is the largest slum and still the girls are....there is a place I have just passed and.... I don't know or maybe another programme will come up I really don't know. What we have right now the one we have

called LUCK or LAC???? With your project the girls used to go and take Pills to use but we now have LUCK

I: What is LUCK? Which organization is that?

R: There is an Organization calling itself SAFE. And they only provide long term methods. It is L-A-R-C-K

I: L-A-R-C-K they are called LARCK?

R: Yes

I: And they only give long term methods?

R: Yes, and as for long term methods for young girl, most of them don't like it. As for the Pills they were for it and used to come and pick them.

I: Therefore, you have actually asked me a question which I was going to do anyway.

R: Yes

I: I was just going to ask you if you have any questions for me and you have asked me what our future plans are.

R: Yes

I: Mhh

R: It is good to know how we can help these girls and last week I sent Rose a message, Rose from Trigelize. I have been called to a school, Losios Secondary. The teacher sent for me.

I: Mhh

R: The girls, 30% of the girls drop out school because of unwanted pregnancies and it is because they don't have information. Again, this project didn't reach their end.

I: Mhh

R: I had asked Rose about it so that even it is not in Rongai but at least let them take that project in Maasai land.

I: That school is not in Rongai?

R: No, it is in Kiserian.

I: Ok, Kiserian?

R: Yes

I: And it is called what?

R: Losios Secondary school. They called for me and they really want that programme but I had to tell them that the programme is no longer there. It had stopped. I sent a message to Rose but she has not replied. When they called, I told them I am still waiting to hear from you.

I: Mhh

R: Yes, because they told me that they want the girls to be given counseling services, health talk and if there are services let them be given.

I: Ok that question is noted. As APHRC we have just come to learn and also get more information from you as you have just explained. Personally, I have no idea whether has phased out completely or it is still going on. We do understand that there is a break as they reorganize themselves but I am sure the project will come back. However, Rose and Trigerize, they might be in a better position answer that than us. If you can reach her...

R: I have her contacts with me.

I: It would be better to find out from her what is going on and people are still interested in it.

R: I wrote her a message and she has not replied it. I wanted to know because they had talked of the girls coming by themselves but that might not be easy for the girls. The girls might not come especially when they don't have enough information. It is very hard. What brings her here? What does she know to be able to come to the facility? She needs that information out there so that she cannot bring herself to the facility.

I: Ok

R: Yes

I: And you have not explained to her that?

R: We met but it was in a public place where we could not share anything. But I will continue disturbing her through phone because I am concerned about this slum.

I: Ok is there any other question for me?

R: Yes, do you have a programme that deals with drugs for adolescents especially boys?

I: We don't deal with boys right now but I will note it down because it means that in as much as we assist girls we also need to look into the issue of boys.

R: Yes

I: That is fine.

R: Before then with SAFE there used to be counseling for boys, they go hand in hand with the girls. They used to be mixed because it is the boy who is also impregnating that girl

and so they are taught how to take care of themselves without necessarily having to use a family planning method. They can also use a condom. You can use the Pill and then not get pregnant but get a disease. So, I used to hear the doctor counseling both girls and boys so that the boys are also told to help the girl organize herself.

I: Ok

R: It used to be a bit better.

I: I am very grateful for your time; whatever we have discussed I am sure it will go a long way helping somebody.

R: Fine

I: And I am also grateful for agreeing to come to talk to us when we called you.

R: Ok

I: Can we now stop this?

R: Yes

I: Thank you.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTER

ITH ROUND TWO

ITH_R2_NAI_LAN_URB_003_MOB_003_9519

I: This is Wilkister Ombidi doing an IDI with mobilizer ITH_R2_NAI_LAN_URB_003_MOB_003_9519 at Marie Stopes in Langata Sub County on 9th May 2019 starting at 11.40 a.m. Thank you so much for accepting to talk to us.

R: Yeah...

I: You have told me that we can speak English, Kiswahili you are comfortable with all those?

R: Yes.

I: I can ask you question in English and you answer in Swahili...

R: Ok.

I: So, you can use any language you are comfortable with.

R: Fine.

I: To begin, please tell me briefly about yourself and what you do.

R: My name is Caroline Mokaya, I am community health volunteer, I am working/ volunteering at Marie Stopes Kibera, I do mobilization for both Marie Stopes Kibera and Kenyatta market. I am assigned to these two facilities.

I; Ok

R: So, if you don't get me here you get me at Marie Stopes Kibera.

I: Anything else you do in your community? Mmmh...

R: There are so many things we do;

I: Mmmh...

R: Ok, we normally sensitize people on things about health, and about hygiene also.

I: mhh

R: Other than.....

I: However, you have told me that you are a community mobilizer;

I: Yes.

R: Who do you mobilize?

R: I mobilize the whole community depending on the service they are being given at that time that is available, because I am also under a government unit that is called community strategy.

I: Mmmh...

R: In community strategy, I mobilize the whole community to the nearby communities, government facilities for health....matters pertaining to health both men, women and children.

I: Please explain to me your roles and responsibilities especially on ITH or T-safe.

R: My duties are to talk to girls and to convince them and to teach them methods of family planning in order to avoid unwanted pregnancies. Then I (refer) send them to Marie Stopes to receive ITH services including family planning methods.

I: How were you selected to start mobilizing do the work of girls with Marie Stopes?

R: I did not begin working with Marie Stopes this recently...on ITH

I: Mmmh...

R: I started working with Marie Stopes in 2012, and we were doing very many things. ITH just came recently and we were mobilizing girls for SAC, we were mobilizing for family planning...

I: Who are SAC?

R: Safe abortion care.

I: Ohh. Ok.

R: Safe abortion and family planning. So, we were mobilizing for cervical cancer Therefore I have worked with Marie Stopes for years... this is my 7th year.

I: Mmmh.

R: So whichever program that comes on board I am usually called upon we just go on.

I: Mmmh...

R: And again, in college, I did community development health and social work.

I: Mmmh.

R: And so, I am very conversant with community work. Health and development and social work.

I: So, I am talking to a social worker?

R: Yes.

I: And a community development person. I am lucky. But how were you selected to be a mobilizer?

R: There is a day, before I came to Marie Stopes; I was working in MSF Belgium, doctors without borders NSSF building. I was a youth peer educator by then I was very youngin my twenties and I was teaching youths under 20 years about health and peer influence. We were referring clients to Marie Stopes and sometimes I would accompany them. Sometimes we also sent clients to Marie Stopes, like those of rape victims, maybe pregnancy we also referred to Marie Stopes.

So, from there they brought me on board to do for them mobilization.

I: Ok, explain to me how you are rewarded for referring adolescents.

R: We get points both client and the mobilizer. When you refer a client even for long term or short-term method, you should earn 170 points, and the client will get 110 points.

I: Mmmh...

R: So that means that the more you refer, the more points you get.

I: So, mobilize gets 170 and the client...

R: 110.

I: Ok. That is how you are rewarded.

R: Yes, from those points you get to redeem. That is 170 shillings.

I: Ohh that is 170 shillings.

R: So, if you have like 10 clients you have 1700 points which equivalent to 1700 shillings.

I: Ok.

R: And it was not monetary, it was like a shopping voucher, you go the shop. There is a shop that they are partnering with, so you go there to get goods worth that much.

I: Ok. Any other motivation or reward?

R: they used to tell us that if you get 10 clients, you sign M-PESA form which you are paid 500 shillings through M-PESA and it comes from Marie Stopes offices.

I: That was monetary?

R: Yes, but you are given after sometime. You are not given the same day. So, once you reach a target of 10, you fill in the form. Every mobilizer has a target of 10, so if you are below 10 in a day, you don't get the M-PESA form. You sign the M-PESA form then they will send you 500 shillings through M-PESA.

I: Ok, for the 10 clients within the target.

R: Yes. But unfortunately, if you exceed the 10 clients you still receive 500 for the 10 clients (both laugh).

I: Ok.

R: But we said if I can get 10 and you give me 500, what if, because me, sometimes I used to get even 40 clients so I was like I get 40 clients why don't I get 2000 shillings. But even if you get 100 clients you will still get 500 shillings. But that 500 is better than nothing.

I: And what is your opinion about these rewards?

R: You know the rewards

I: (Cutting response from respondent) how do you feel about these rewards?

R: You it is now two months since they went.

I: They went to where?

R: two months since T-safe got finished.

I: Ok. Two months we were talking about this year...

R: It ended in March.

I: Oooh, it ended in March?

R: Mmmh...

I: Any information you were given...?

R: Like last year, we went to training at Meridian hotel where we were given orientation and we were trained on it. And so early this year in March we were called in Meridian hotel and we were told it is ending. Maybe we wait for the second phase; I don't know whether it is going to be third phase. They told us that we just called you to tell you that the program is ending. Actually, it ended abruptly. The initial information we had was the program was going to run for three years.

I: Mmmh...

R: It left some of us in shock because we are used to shopping, we are used to getting food without cash, you just go to the shop and get what you want. It shocked us, there are some CHVs who dropped there are some mobilizers who dropped.

I: Some CHVS were dropped?

R: Yes, most of them were dropped.

I: Ohh. So, when was this?

R: In March.

I: When did you start getting involved in ITH program?

R: I started getting involved in last year January.

I: Last year. So that was January 2018, you were told that the program would for

R: Three years.

I: Then come March this 2019, you were told that it has ended.

R: We were not given concrete reasons for ending it.

I: I am sorry for that. But you told me those days were good because you were buying what you wanted like food, and the fact that it ended... you see you are looking at me like you are not happy about the ending.

R: I have told you that even some people left, because the other program was telling us to wait and there was very poor mode of payment and the motivation level was very low. And so, some people just decided instead of wasting time and getting stressed, you would rather do something else.

I: Mmmh. During this meeting that you went in March, the information you got was that the program ended. Is that so?

R: Yeah, we were told that the program ended we were told to wait for the next phase but in that phase the clients will be enrolling themselves. But we used to enroll them by giving them a card or giving them a service for those who had the service. And so, they told that we will not be enrolling them but they will be enrolling themselves.

I: Ok, so that is what you were told.

R: Yes. So, when a client enrolls herself, you don't get a point, it is like you are put aside.

I: You are put aside?

R: Yes. But one thing they forget is that it is us who are persuading these clients to come. Even if they are in self program, I don't think they will get any client because it is us who are on the ground. There is no client who will just walk in and get the service.

I: Mmmh...

R: The same applies to other health sectors, you find a woman who is pregnant, and she will not even go for antenatal care. Once you tell her the information that antenatal is important and refers her that is when she will go.

I: Mmmh...

R: Most clients prefer going to the facility when they are referred by the CHVs.

I: Mmmh...

R: For the second phase, I don't think it is going to work well because the enrollment will not be done by mobilizers.

I: So, what would you want me to tell them?

R: If they can return that program where mobilize is enrolling them.

I: Ok.

R: And you these clients are very difficult because our target is 15 to 19 years. They are mostly girls. Most of them are very shy. They will not enroll themselves without the mobilizers.

I: Mmmh...

R: Majority do not have phones.

I: That is a challenge.

R: The mobilizer will register them, give them codes and tell them go with that code.

I: That is the tough challenge.

R: Yes.

I: You don't see it succeeding?

R: It is dead on arrival.

I: It is dead on arrival?

R: Yes. Most girls don't have phones that are for sure, and so they need someone to guide them to the facility.

I: Ok. Please tell me about the process of mobilizing adolescents to the ITH program; the process, how you begin...

R: We are talking to 15 to 19 years old. For the 15 years you have to know where they are and the places, they go...

I: Mmmh...

R: You cannot go to school, because in school, they are in classes.

I: Mmmh...

R: Sometimes you have to do home visits, go where they have tournament, meet them on the roads...

I: Mmmh...

R: You just go to them, tell them about family planning, you teach them the importance of family planning. Have you started doing sex? If you have started then family planning is good because you cannot do family planning if you have not started doing sex. Not everyone is practicing sex.

I: Mmmh...

R: If you have started it, then it is not abnormal. If you have started it there are ways you can do it to prevent yourself from getting pregnant. And those who have boyfriends it is not a must that you do sex. We also teach them about prevention because as much as you are doing it and protected

from pregnancy, if you do it without condom, you v=can get infections.

I: Mmmh...

R: We just direct them and tell them different types of STIs. We also teach them about safe abortion.

I: Mmmh...

R: You see in Marie Stopes they are doing safe abortion, so we tell them if for example you get by accident unwanted pregnancy, you don't go to any quack out there to do abortion. We tell them to go to Marie Stopes for counseling and check up.

I: Ok. You have said that these girls you can meet them o0n the roads, sometimes you go to sports venue

R: Sports venue.

I: Where else do you interact with them?

R: In churches, not during the service but after the services you go to them, even in the evenings from school some go to church. You tell the preacher that you want to talk to them on reproductive health.

I: Mmmh...

R: You don't tell the preach you want to talk to them about abortion, because some say that you are influencing these girls into having sex, and so you tell the preacher that you want to talk to them about reproductive health. Even the teachers that is what we tell them.

I: Mmmh...

R: And the teacher will ask what you want to tell them.

I: Mmmh...

R: You just say that you want to tell them about abstinence, body hygiene etc. We get them even during their school clubs meeting, after the club meetings, I talk to them.

I: For those one that you mobilize, how do you ensure that the adolescent mobilized has arrived in the facility?

I: You for T-safe, once a client has reached a facility, you get feedback on your phone telling you that a client has reached a facility and the services provided. That is the first indicator that a client has reached the facility.

I: Ok.

R: Sometimes we accompany them to the clinics and we also do follow ups.

I: Mmmh.

R: Others will even call you and tell you "sister, I have gone where you sent me and I have received the service" There are those who are 50, 50, they are not decided yet, and so I escort them.

I: Ok, you escort them?

R: Yes. When you are talking to somebody, you get to know whether you can give to this person but not to this other person. But once she has disclosed, she is having sex, you are like are you sure you to the clinic, and she answers yes. If you feel like your instincts are telling that this girl is not saying the truth, we normally sacrifice our time and escort them.

I: Mmmh...

R: And make sure that they receive the services.

I: You also told me that the ones you enroll you do that on phone?

R: Yes.

I: Please take me briefly through that.

R: We had an app, it is called Tiko. So, the Tiko app is the one that applies to those who do not have phones, you want to issue them with cards.

I: Ok.

R: On the Tiko app, there is a camera, so you snap their faces; it will indicate that you have not given a service to somebody older or a male.

I: Ok.

R: then there is a slot for age and gender then the code number that is indicated in the card. Then you activate, once you have activated card is when you give it and she goes to the clinic with the card for the service, there is that code you indicated on the app. Once she receives a service is when you will get a message that your client has received the service.

I: Ok.

R: And the ones enrolling with the phone, she comes with the phone; I send the word Afya to 22699, then they will get me a code. Once the code is done, I send it with the girl's code to 22699. Then I give the girl the code to send with her phone, she also gets a code, showing them, they should come for the service.

I: Ok. Please tell me any challenges that you have experienced during the time of mobilization, until you register and link to the facility. Tell me about challenges.

R: Ok, the challenges. Like you see we are talking to 15 to 19 years, some are young, some have bodies that make them look like she is in her thirties or twenties. We give these girls pads; one packet for every girl but a woman will come and confuse you.

I: Mmmh...

R: Some women come and tell you that they are 19 and you don't know when they were born, you are not her mother, so someone will tell that she is 19 and you enroll her. Later you realize that this lady was not 19 years but was 20 years.

I: So, age.

R: Yes.

I: Any other challenge?

R: Another challenge is branding.

I: Branding...?

R: Yes. We don't have...

I: Please explain.

R: Branding is like the mentors, something to wear.

I: For the mobilizer?

R: Yes, we don't have. You know when you are in the village and you are not branded, we have con people and so nobody will come to you nobody will listen to you. You cannot call people like, let that lady come to me briefly I talk to her and you don't have anything that identifies you with Marie Stopes...

I: Mmmh...

R: You don't have anything that identifies you with ITH, it is very hard and it is also hard for you to be recognized by the community.

I: Ok, I am getting you. So, there is...

R: Another challenge is motivation factor. You see in as much as we are given points, these points you cannot pay fees or rent with them. You cannot tell your landlord that I have 3000 points here let me share some with you. As much as we are given these points, what else can you do with them? You need to dress your hair as you go to the community you need to be clean; you need to dress. So as much as there is motivation, it is not enough. Those are the challenges.

I: is not enough. Ok.

R: Yes.

I: Ok, a big point.

R: In fact, if they could consider giving us the cash instead of the points that would be good.

I: Ok.

R: You if I have 1500 shillings in my phone, I can pay fees with 1000, this 500 I can take to Chama (table banking/merry go round), 200... you see plan with it. But you know the funniest part,

I: Mmmh...

R: The shops that they used to liaise with only have foodstuff, they do not have anything else. So, you cannot do anything with it. I was there yesterday I bought flour, I have bought

everything with it, now I have everything in the house, now what else? They could have considered giving us money.

I: Ok.

R: For 170 points, you just get 170 shillings in your MPesa

I: Ok. I would like to take you to the platform;

R: Mmmh...

I: The ITH platform. What is your experience with that platform; the telephone, the enrolling and all that, receiving feedback and that?

R: Ok, my experience, I really appreciate that because in Kenya we are digital. The way the used to work, the way everything was happening, you enroll a client and you get feedback.

I: Mmmh...

R: I really embraced; I really liked the method. The way things were happening; you enroll a client on phone, you get a feedback. I really embraced it, I really liked it.

I: Mmmh. What makes you like it?

R: In the past we used to fill a lot of forms, you have enrolled 30 girls, you have to fill the forms but now this is just a phone and the code.

I: Mmmh.

R: And the code.

I: Mmmh... You know if you were my age you would have lots of problems but you are a dot com. But in terms of manipulating it, managing it have you had any problems?

R: No, you don't manipulate it. It is a system that is managed....

I: But I mean operating it.

R: You can't manipulate it because that app is there.

I: Ohh, OK.

R: It is there. It asks for the age and you click it there, the gender you click there, they ask for the face, I can't snap anybody else...

I: You can't snap...

R: Something like I have talked to my mother, snap her face, then talk to my sister, take her photo, and another sister, and then tell them to go for the service. You know, once you have taken a photo of somebody, you cannot manipulate it and send somebody else. The client cannot share card with somebody else because when they go to clinic, it is their faces that is being seen.

I: OK. So, you have the accuracy and the fact that the data you put in there will be there?

R: Yes.

I: Very nice. In terms of how easy or difficult it is to operate?

R: No, for me it was ok, as long as you have a Smartphone, I was very much OK with it. I didn't have a problem with it except the normal problems we have with phones like network. Sometimes you request for a code and it takes like one hour before it cokes and you have 30 clients to enter their details but that is just due to network delay.

I: OK

R: But that is beyond our control. There is a guy with ITH, when we have a problem, I just call Martin and tell him about the problem and he will respond and solve the issue immediately.

I: OK

R: Sometimes, you have sent clients and your points are not coming, you just call him and he rectifies the problem and your points will just come.

I: After the hitch.

R: Yeah, when the network is rectified the points will just come.

I: Ahh...very nice. So, what are the key messages you tell adolescents when you enroll them?

R: The key messages, I have told you we have abstinence, we also tell them about being faithful if you have sexual partner, be faithful to one partner.

I: Mmmh.

R: In as much you have family planning you can still contract STI.

I: Mmmh...

R: Then another thing we tell them to use family planning to prevent unwanted pregnancies. Those are the key messages.

I: OK

R: The fourth one we tell them to make sure they go for their clinics whenever they have appointment. If you are taking pills, after 21 days or 30 days, you must keep appointments.

I: OK.

R: You also adhere to your pills. Like you see those who are taking pills; some take one day and to take other days. But they should take pills for all the days. And they should adhere to Tue correct use of the method.

I: OK.

R: Because like the pills you are not supposed to skip, you should take them daily and consistently.

I: OK. And T-safe platform, what key messages do you tell them about the network?

R: For the network, they ask us how long the program will run. And like we were told in the training that the program will go for three years and so I tell the girl that this card you have it for three years but sometime back I told Tue girls that you go to clinic with this card for three months, but that did not happen. The program ended abruptly. It just ended and ended everywhere.

I: Mmmh.

R: So, when a client comes for services with the card, they told us the T- safe services are not there. They cannot just provide the services to anybody because they have to account for the drugs.

I: Tell me whether you were able to take them through the process of enrolment.

R: We used to tell them and show them because you can't just be talking to me and saying something and taking my photo without me knowing.

I: Mmmh.

R: Maybe you are registering me for devil worshiping. Even some mothers used to complain about taking photos of their daughters and where we take those photos. So, we have to explain to the parents and to the girls, and I have to explain to the community and tell them we are just registering online, this is your face, this is your code and this is your card. Nobody else can use this card in any clinic. We are targeting 15-19 years old, if you are above 19 years then you cannot get the service. Every hospital has got registration and this is your registration for you to be our member. You will be getting the services for free but you have to have this card.

I: OK.

R: So, we used to take them through the whole process, even before you snap them you have to explain. And even show to her, the photo and she confirms if that is really her face. You even confirm the code ID as they appear in the card and let her know that you are sending the details to clinic.

I: Ok.

R: Yeah. And so, she is aware of every process and that you are sending her details. But we have those who resist snapping; when it reaches that level, she will refuse that her photo should not be taken.

R: T-safe was meant to be safe. It draws from the word safe. So, the adolescents were to be safe from unwanted pregnancies and STIs.

R: I used to issue them with Shujaa magazine. There are those who understand through magazine, those who understand through

spoken words, there those who understand through pictures and reading magazines, such like things.

I: OK.

R: So, I referred them to Shujaa magazine.

I: OK.

R: There are also those I talk to.

I: Any key questions they ask you about T-safe? You have told me...

R: T-safe was about family planning, they used to ask me, how can I... I haven't conceived and you want me to use family planning. You want me to be sterile (interviewer laughs), you want me to make me infertile, will this make me infertile.

I: Mmmh...

R: I would tell them it is to help you. We want you to get your babies when the right time comes.

I: Mmmh...

R: We want you to get your babies by choice not chance. Chance is whereby you get a child you have not planned. You go to visit your boyfriend and so one thing leads to another and before you know it, you get pregnant. At that time, you don't know where to begin from and what to do. So, we want you to get children by choice not by chance.

I: OK. There is something you have already talked about but maybe I will take you back a bit.

R: Yes.

I: You have said that once you register adolescent, you accompany them...

R: I send them to go and do follow up....

I: Do follow up.

R: On phone or on one on one...

I: Yes, or on one on one. How else do you assist your adolescents once you enroll them?

R: You can do home visits. We also give cards. There are those who say "for me I will go". And you ask her, are you sure you will go? She answers that I will go.

I: OK.

R: You know there is feedback we get through the phone that a client has received the service. And so, upon getting the confirmation messages for two people you would know that indeed two have gone but they were three so you will go to their houses to check who went. You just ask the adolescent, " did you go?" And she would tell you that I didn't go because my mother refused or I changed my mind afterward.

I: OK.

R: So, we get to know what happened.

I: OK

R: And we also take their phone numbers so we could call them.

I: You have just said something that has reminded about another.

R: OK.

I: Why would those adolescents you have enrolled fail to take services?

R: They don't take because of the negative information on the ground. There are those who say that you cannot take family planning services if you are still young.

I: OK.

R: There are those who want long term method, they will be told "go and be cut" and if adolescent imagines being cut, then she would fear going for the service. You imagine you are going to be cut roughly and so there is change of mind that I wanted method for three years but to be cut, I don't want. So, it is like that.

I: Their friends tell them that you will be cut.

R: Yes, you will be cut. Metals will be inserted in your arm. So, they refuse to go.

I: So, there is misconception.

R: There is misconception, fear, ignorance. Somebody just says I don't need.

I: Mmmh...

R: Some are just ignorant. Like last week we mobilizing for long term but not Tiko. There is a lady I met. She is the age of this girl you just talked to.

I: That little one I talked to?

R: Yes. She told me that my boyfriend and I have a plan. I asked her what method are you using? Condom? She said no. We are using withdrawal. (Interviewer laughs). I told her my friend withdrawal will fail. Because if semen comes, there are also sperms. Again, the boy may trick you that he has withdrawn, but he has ejaculated some inside there. So, use a method or use a condom.

I: OK. So, when you tell them do you see them like they see sense?

R: I persuaded her and she told me let me think about it. Others say I have to discuss with my parent. Then I am like...

I: Do you see like they see sense....

R: Some say I am going to discuss it with my boyfriend. Others say they have to discuss with their mothers. And I ask he do you tell your mother that you have gone to a boyfriend? And she says no, I just hide. I lie that I have gone to visit a friend and I sleep over. Or I went for overnight prayers. Some things you don't have to tell your parent or somebody else. Like the long-term method, nobody will know of it. When you have injection, nobody will know. When you have pills, nobody will check in your box. If you have gone out no parent or a parent should check your personal items.

I: Mmmh...

R: Take pills daily, and when you go to your boyfriend, you don't have to consult your boyfriend.

I: Mmmh...

R: When you go to a boyfriend and ask him, does it add up?

I: Eehee....(laughs)

R: She agrees that we are just being used up.

I: And she accepts?

R: Yes, she accepts. But majority agrees. It depends on how you approach them. Like last year some girls gave birth during KCPE? Do you remember some did KCSE when they were pregnant? Then they see the sense. I tell them that you are in form two

and you have a boyfriend in form three, once he impregnates you, he will continue with his education but for you, you will stop. After seven years he will be a professor but what about you? Who will you be? You will be a nobody. At that time, he will be a professor and you are a nobody, he will tell you that you are not of my class. So, let us plan our lives. Use family planning methods. Just have sex and have fun. Enjoy your life but protect yourself.

I: Mmmh...

R: So, you will be regretting. It is like funeral after fun.

I: To mean?

R: Funeral after fun is regret after sex.

I: Oooh...

R: Sex was fun but later you are regretting. He should complete his education you also complete yours. Because you are not even sure he will marry you.

I: Mmmh...

R: When he finishes and becomes a teacher or doctor, you will also be what you have achieved.

I: Anything else that prevents them from getting the services?

R: their partners...

I: Their partners...

R: Some partners refuse that they don't go for contraceptives. There is a lady who is married, she asked her husband whether to take family planning method but the husband refused. He said that those methods make a woman to be cold in bed, you cannot go for them.

I: Refusal by the husbands.

R: There are those who are denied by their husbands and there are those who listen to myths and misconceptions. Some say that some methods make a woman to bleed a lot.

I: Mmmh...

R: Some say that a certain woman was on method and she was bleeding a lot, or she grew very thin.

I: Why?

R: You know there are myths and misconceptions, maybe they hear from their peers that when you take my photo then you are going to sacrifice m on Sunday.

I: Oooh...

R: so, there are those who refuse and if they refuse, it is purely voluntary.

I: Mmmh...

R: If you agree fine, if you don't, we leave you. There is now way you will send the details without the snap. So, I have the card but no photo and so it becomes difficult to enroll that.

I: I can see you are taking them through.

R: We still had instruction that if somebody does not want to go through all the registration process like does not want her photo to be taken, we advice such a person to go to clinic with 100 shillings and she will be served on that cost.

I: Any other instruction that you were given about the use of T-safe platform?

R: You know for them; they were not given any instruction on the phone's T-safe platform because they don't need it. It is us who had the instruction because we are the ones using the phones. Once you are given the code and the message, they will just use the message to access the service.

I: They were not using their phones?

R: No, it was just sms.

I: So, what are the most common questions adolescents ask you when they hear of T-safe platform?

R: Like for me I have been on the ground for long, I know how to talk to them, it is like I am plying with their minds (interviewer laughs). Most of parents who have adolescents, you just tell them that the T-safe is just making the adolescents safe; safe from what? Safe from STIs, safe from unwanted pregnancies.

I: Mmmh...

R: Number two I used to issue them with this Shujaa magazine. There is this Shujaa magazine that T-safe is involved

I: What do you see as the biggest motivation for girls to sign up for T-safe? What is it that motivates them?

R: What motivates them to join T-safe, after a girl has got information that I am enrolling them, she decides that she wants to per sue her dreams, her dreams in terms of education...

I: Should not be a young mother.

I: Mmmh...

R: Yeah. Again, it is free, not everybody can afford these services.

I: Aahaa, it is free.

R: Yes.

I: You also talk about Tiko points. I don't know whether this has motivated some girls?

R: That has motivated them. There is a time we had an outreach in the slums and another time in non-slum. Actually, these groups are very different groups.

I: Mmmh.

R: There was a time we had a pop-up clinic in Kenyatta and a clinic in University of Nairobi.

I: Mmmh. What clinic?

R: They were just their own clinics but we took a room having had a talk with them and serve our clients there.

I: You call it pop up?

R: It is pop up or an outreach.

I: Aahaa OK. It is the same as outreach?

R: Yes. You tell them at the University of Nairobi here you will get 110 points and she say, no I am not interested in all those, the only thing I want is method. You tell them if you get this service you will get points for shopping worth of goods. They say we don't want those points. And you know when we go for outreaches, we go with doctors on the ground so that they get services there on the spot. So, through outreach is very easy. Because there is no way she will

default or fail to take the service. She will walk while eating her biscuits and very much relaxed.

I: So, she looks like she has achieved?

R: She has all she needs. When you look at her, she has bought chewing gum for 20 shillings, 2 lollipop, biscuits, and Afya soft drink.

I: Mmmh...

R: But in the slum, that is why I am telling you; university does not need those points. In fact, they don't even have time to go for shopping on those points. They only need the service.

I: Mmmh...

R: In the estate if adolescents gets 110 points, she comes back to eat biscuits, salads. But she has not bought anything useful. She only buys lollipop, chewing gum.

I: Mmmh.

R: But in the slum that is why I am telling you there are different categories. University does not need those points. They don't need them at all. In the estate they are useless.

I: Mmmh.

R: They slept hungry or did not have breakfast. That shop has got those snacks they can buy but she does shopping with those 110 points. There is one I saw who did house shopping with 110 points, I didn't believe it. In fact, I had to shop for her with my 170 points which I had.

I: Mmmh...

R: She bought flour, sugar, very many items in small quantities. So, you imagine, it is a family of five people. So, I told the shop owner to add her more items.

I: So mindful of you.

R: You see sometimes you have three packets of flour and somebody else does not have. They buy weighed flour of 1 kilogram.

I: Yeah.

R: Sometimes you see these clients, sometimes you do household visits and you find people are just gloomy and you want to talk to them, they are hungry and you want to tell them about T-safe, it cannot just happen. Even if we are to talk about health matters but you just cannot do it.

I: Ok.

R: You find in a house the man of the house is sick and has not gone to work for the past three days.

I: Mmmh...

R: And we have this sheet tat we should be filling in with answers like did you have breakfast, nothing, lunch nothing. So, you feel it like human being.

I: So, you are saying that T-safe is more needed in the slums?

R: Yes.

I: Where people are more needy?

R: Yes. But it was really helping.

I: Any other...

R: Another thing also; these points you have got for the initial visit, but they usually ask me if I come for appointment, will I get more points?

I: Aahaa, they ask you?

R: Yes, and I don't know whether they get more points again.

I: So, when they come for return there are no points?

R: There are no points.

I: Is that what you experience or they are telling you?

R: They are telling me that I went there and I got the service but there are no points.

I: Ok.

R: So, the points were just once, so that you get into the system.

I: Ok.

R: And when they have twice or third time without points, they will not go again.

I: So, tell me, did it happen to all the adolescents you enrolled or it was just on some few?

R: Others do not mind, once they have got the service, they are fine, as long as they go there and get the service.

I: Were these points missing for every girl you mobilized or it was just for the repeat visit?

R: It is just for first visit.

I: Ok. As we continue with motivation...

R: Mmmh...

I: Can you please tell me if there were adolescents who were attracted because they saw their peers joining T-safe?

R: There are others who were attracted even without us talking to them. Like we are the doctors on the ground and so when they saw us enroll others they just came. They had heard from their peers and friends.

I: They just came in?

R: Yes. When they came, we could on ask what method do you want, she answers I want injection.

I: How about curiosity? Like those who say I just want to see how it works?

R: There is nothing like curiosity because there is nothing to see. When you come there you are either getting a method or not.

I: Ok.

R: If you are not sexually active and you don't have a boyfriend, so if you are not doing sex, you don't need the method.

I: Nothing.

R: You can be having a boyfriend but you are not sexually active, so you do not get the points and you do not get the pads. So, you are not eligible.

I: You have told me that these girls use the Tiko points to shop.

R: Mmmh...

I: I would like to know, what is the commodity attitude at the shop? What do people say?

R: In the shops or services?

I: The shops where they go to buy. Not just the community, even the shops where they go to buy?

R: the community does not have problem with shops. They just say that we are spoiling the children.

I: Any problems they have with pharmacies, pharmaceuticals, chemists...

R: The pharmacy they have a problem.

I: Mmmh...

R: There was time went to the pharmacy. I am telling you it did not work. I am telling you there is no motivation for the pharmacy, there is no motivation for the mobilizer and there is no motivation to the client. I can't cheat you.

I: Eehee.

R: Even there are pharmacies I used to go to in Kawangware, Dagoretti, Kibera; there are no clients because there are no points.

I: And does the community feel about these pharmacies that offer T-safe services?

R: There is no T-safe in pharmacies.

I: Oooh, ok. And the community's feeling about this?

R: They say that we are spoiling children.

I: Mmmh

R: They say that we are introducing children to early sex. I went to a certain girl and some women were saying that I have

gone to get the girl to do sex so that I can get my points for shopping.

I: Mmmh.

R: So, there are those who say we spoiling children.

I: Those clinics?

R: Yes. Marie Stopes is spoiling children.

I: So, they see you as those spoiling the children by introducing them to early sex?

R: They say that we are encouraging the girls to just do sex as much as they can because we have family planning method.

I: I am getting you. And community's attitudes towards mobilizers like you?

R: With me, I don't think I have a problem. I have been on this ground for more than 14 years. So, whenever the community sees me, they that is a mother. Whenever the community does not see me, they feel like regret. There was a time I used to work with Care Kenya.

I: Eehee...

R: We used to provide support to the community on nutrition to schools and the community. We could enroll children and families that are overburdened by the number of children. So, every month, we enrolled them and we were giving them food, pay for school fees, buy uniforms among other things. When I was in MSF when we began project on defaulter tracing and community health, we could bring food people eat. Some were overloaded with sickness among many other challenges of life.

I: Ok.

R: So, we gave drugs, food and so some people could confess that were it not for 'mum' the (mobilizer responding) I could not have been like this. And for sure I am not bragging.

I: You are not bragging.

R: And my area has been Kibera; the 13 places in Kibera. Until they only believe information if I have it.

I: For you it has been that good.

R: I am comfortable working with them. Even there was a period I was working with them for NHIF. I could tell them, enroll this person for NHIF, I knew those who had not been enrolled and so I could tell them to enroll. There was a time when I was enrolling with organization called Cooper Kenya.

I: Mmmh...

R: The funeral one, like Umash. I could tell them take this one... So, for me whenever they see me, they assume I am their mother.

I: Great. Now I have been in several community activities as mobilizer. For you it has been that wonderful.

R: Several, very many.

I: What have you heard the community say about the other ITH mobilizers?

R: There are places you will go and get chased away. You will be told to leave that place you are spoiling children.

I: Mmmh...

R: Like there was time they came to Kawangware and they were chased away.

I: The mobilizers were chased away?

R: All the mobilizers were chased away.

I: What was the community saying?

R: that you have come to teach our children bad behaviors of family planning. So, they were chased away. So, the activity never took place.

I: Ok, so they have experienced...

R: But if they organize through me the activity will go on.

I: Ok.

R: Because we also prepare the ground. We tell them the importance, we are coming on this day, and we prepare them before.

I: Ok. So, for the ones that are not know like you, they are sent away.

R: Yes. People say that they are spoiling their children.

R: Yes.

I: Such like stories...

R: Yes, and also in the places like Kawangware, if you are walking there is insecurity. People get raped, there is robbery and theft. Violence in the slums.

I: So how do you deal with negative attitude in relation to ITH?

R: You explain why you have gone there.

I: You explain yourself?

R: Yes. There is a friend of mine, he has a CBO. We used to work with him when I was in Care Kenya. So that day I went to him and he had boys and some adolescent girls. He told me that Carro I really respect you but family planning for my girls

no. Tell me if you have brought for them family planning, or you have come to give health talk. But here in my place no. But in his school, there are boys who are already parents. He told me that with all due respect, no family planning in my institution.

I: Which institution is this?

R: It was there before it was closed.

I: Mmmh...

R: It was Ushirika Children Center.

I: Oooh it was a children center.

R: It was children center but he has youth clubs.

I: And so, the owner said no.

R: I knew he is Kitavi and the owner. So, I said for Kitavi we have worked for long in Care Kenya. But he told me that with all due respect these are my children. Tell them anything, tell them anything but do not mention the word family planning.

I: But otherwise you have told me that some mobilizers have had problems?

R: Yes.

I: if you look at the community; we have fathers, mothers, teachers, religious leaders...

R: Mmmh...

I: So, who have been having problems with mobilizers in terms of community mobilization for ITH?

R: The community in general.

I: Ok. What do mothers say?

R: You are spoiling our children. You take most of your time telling our children about bad practices.

I: Ok.

R: The religious leaders would say teach the children about the bible. So, the whole community...

I: Ok. Looks like something else I wanted to ask you is partly answered.

R: Mmmh...

I: The challenge you face when you mobilize adolescents to T-safe.

R: Only that; denial and rejection by the community.

I: What does denial mean?

R: Denying what you tell them and the community rejection.

I: Ok. Those are the dangers.

R: Yes. And another thing is there is no money. Kenya you know is all money. Paying for electricity bill, food etc all requires money. So, there is no motivation. Mostly what we have in the community is rejection and denial.

I: Mmmh...(laughs).

R: Like there is somebody who went to mobilize a Muslim. The Muslim said that their religion does not allow for swallowing and injection...

I: What about injection?

R: To be injected with family planning method.

I: What about swallowing?

R: To swallow drugs like those pills. The Muslims do not come even for family planning.

I: They don't come.

R: Even LVCT they don't go.

I: For the T-safe, what are the adolescents' view regarding this platform?

R: They are happy about it. I give them as many Shujaa magazines as possible. So, you hear girls say that Malkia is pregnant, Ohh, has impregnated many girls.

I: Mmmh...

R: They are really happy about it.

I: What have they been able to speak about it that makes you think they are happy?

R: They say at least they will be able to complete school; they are not embarrassed with their parents and the community.

I: Eehee...

R: You see even getting is not something that they enjoy or happy about.

I: There is something that I asked you about adolescents that hinder them from getting services. You gave me some points but I want to ask you so that in case you forget something you can add.

R: The thing that is hindering them is religion.

I: Religion.

R: Religion beliefs.

I: Beliefs about...

R: Just like the Muslim say she cannot be injected and the others say it will make them infertile. fears.

I: Ok, fears.

R: Myths and misconception.

I: Mmmh...

R: When you don't have right information, you cannot make right decision. So, there are those who hold onto myths until somebody reaches the right information then they can make the right decision.

I: Mmmh...

R: So, they will not come for the services.

R: And again, you are saying the fear of being cut.

I: Ok. What else do they fear?

R: Others fear to be seen in the clinic. And others have it in mind that when you are seen coming from Marie Stopes, and then definitely you have gone to abort.

I: Ok. There is that level of...

R: Stigma.

I: Stigma. You have the right word.

R: They try to avoid being seen in Marie Stopes

I: Ok. Any other concern?

R: Peer pressure.

I: Please talk about that.

R: A friend tells you, why are you going for that? And that is what also leads to be told that you are going to be cut. There is also wrong information.

I: Wrong information.

R: Ok.

I: Very great challenges. How do you deal with all these?

R: You just talk to them; sometimes somebody tells you just stick to abstain. Having tried many methods and they do not work out for you and so we just advice that you abstain and avoid sex until marriage. That sex was meant for married people. Just avoid it until you get married. You will do it until you get tired of it (interviewer laughs).

I: So, you counsel them, you advice them, you tell them about church. How else do you deal with that?

I: So, you counsel them, you advise them. What else do you do?

R: In slums we are very much exposed. You go there to buy something like sukuma wiki (kales) and you meet a boy. He starts to touch your breast and before you know it you are pregnant. Sometimes you meet somebody and you tell him that you slept hungry and you ask for chips and soda. Then they buy for you and at the end of the day you find that you gave in after the soda and you are pregnant.

I: Mmmh

R: We also advise them to put more efforts in their studies.

I: You had also told me about partners refusing.

R: Mmmh...

I: I don't know how you tell them to deal with partners?

R: We tell them the most important thing is we talk to them. We just tell them the importance of spacing children. We just counsel even with partners.

I: Counsel, counsel, counsel. You counsel including those partners. You have really finished me.

R: Let us close the chapter if I have finished you.

I: You have finished me because I am very thankful. The information you have given us is very useful. I hope someone will benefit from this.

R: You know, let me talk on behalf of mobilizers.

I: OK.

R: They cannot do this work well without mobilizers.

I: Mmmh

R: Mobilizers are the ones talking to clients, they are the ones creating awareness, and they are the people sending information out there to the general public. So, you can't do without mobilizers. So many organizations have tried but failed.

I: Mmmh...

R: Once you have overruled mobilizers or CHVs, you are not going anywhere. We are the people who talk to the citizens; we are the people who persuade them. We are the people who enroll them and refer them. There is no day a client will go to hospital on her own volition.

I: (laughs) very key.

R: Those are my key messages. As long there is program or not, they should consider working with CHVs or mobilizers.

I: Mmmh.

R: And they should also consider motivating them as much as they are working on voluntary basis, but they are mothers they have children to take care of they have bills to pay. Some are single mothers and they have children to take care of.

I: Mmmh

R: At least they should be motivated. Like me I am in government strategy, the government said we were going to get something but we never got.

I: OK.

R: Like now you see the clients are going to enroll themselves. Who will they even enroll?

I: Mmmh

R: Do they even know how to enroll?

I: A very strong message you are passing.

R: They should not be very selfish.

I: I have asked you very many questions...

R: You see even the doctors are not in the ground. It is us the CHVs and mobilizers who are on the ground.

I: You are the ground doctors?

R: Yes.

I: OK. You are doing very good work. I am happy to see how you have gone out of your way. No wonder it fits into your profession.

R: Yeah.

I: I have asked you very many questions. May I take this opportunity to give you permission to ask any question that you want. Or any concern?

I: Though you had briefed in the beginning but I want just to know how are we going as mobilizers about this program?

I: Very nice question. As I had told you we are at the point of evaluation. You are teaching me; you have taught me a lot of things. So, we are going to put all these points together and see what has come out.

R: Mmmh.

I: From there we can know what is coming out. So, if I tell you that they are going to do this and that, I will be cheating you.

R: So, it is survey?

I: To see the gaps?

R: Yes, we are looking at the survey; we are looking at the gaps.

I: Yes, you see you have done a good work but there could be gaps. So, once we put this information together whatever this data will tell, the way forward will come from there. For now, o cannot talk of any solution. If I do, I will be lying.

R: You asked for a question and I asked you a question and you have responded.

I: Very nice.

R: And you can also talk on behalf of your NGO.

I: True...

R: You are just like a gadget that has been sent to go and listen to the voices of those others...

I: And you bring here...

R: Like we are always sent on the ground to bring information.

I: Yes. You have done a great job. Thank you. Next time we have similar exercise and ask you to come, you will do the same?

R: I will.

I: Thank you so much.

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE

ITH ROUND TWO

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I: Ok this is Lydia doing and interview with a mobilizer in Melihelp Community Health Clinic on the 9th of May 2019 a record 001 and starting from 11.40 a.m. Ok, fine, tell me about yourself and what you do.

R: Personally?

I: Yes

R: I am a community volunteer.

I: Continue, tell me more about that.

R: We work in the community at many times I am attached to Lunga Lunga Health Centre and also we partner with hospitals like this one because it is in our community.

I: Ok what else do you do apart from being a community volunteer? What other work do you that you would classify as what you do?

R: I am a hustler because I can do any job.

I: Ok as a community volunteer,

R: Mhh

I: Or you said you partner with other hospitals?

R: Yes

I: What other work do you do as a community volunteer?

R: Most cases we look for cases in the community and also report cases in the community related to health issues and even refer.

I: When you say cases...

R: Like bedridden cases which we refer to hospitals and get information about health issues in this community.

I: Ok

R: Yes

I: When you say bedridden, is there any other category of cases of sick people that you look for in the community?

R: Yes, we have cases like the pregnant others who don't attend antenatal clinic, those children how have not been immunized at all or partially. We do all a lot of work.

I: That lot of work is what I want to hear about. Tell me about all of them.

R: Those are the most important ones.

I: When you get a pregnant mother who is not attending clinic what do you tell her?

R: You tell her the importance of attending clinic and you also refer her.

I: Do you have people who can assist them? You talked of people who are bedridden.

R: Mhh

I: When you get that they are very sick and bedridden and you cannot be able to move them from where they are; what do you usually do?

R: You make a follow up as to why they are in the house in that state though these days those cases have decreased because people are now enlightened and they know that they are supposed to take care of their health. You find that there are those who are already on treatment from home. Those who have not followed up their treatment you encourage them to do so.

I: Mhh.

R: Yes.

I: Ok and with adolescent, do you do anything related to adolescents?

R: Yes, we do educate our adolescents how to take care of themselves, and there are those you teach how to use things like condoms. It depends on what category of girls you are dealing with.

I: Tell me the different categories of girls.

R: Like when we had the T-safe project, our target was girls aged between 15-19 years old by that time.

I: Yes.

R: You find that girls of that age, you can see this girl is already sexually active. So you give her some knowledge of family planning or how she can abstain so that you can continue with school because that is school going age.

I: Mhh.

R: We usually have discussions with them like when they are having their menses, how they are supposed to handle themselves. AT one time we also had a partner who was supplying with Always.

I: The pads?

R: Yes.

I: Were they Always only or there were other different brands too?

R: It was Always.

I: They were the Always brand only? There are people who refer to pads as Always.

R: It was the Always brand.

I: What was the name of the partner who was providing the pads to the girls?

R: There was a time when we had Child Fund providing the pads to the girls.

I: Right. You have talked of one category of girls; that is fifteen to nineteen. Is there any other category of adolescent girls that you are assisting in one way or the other besides educating and providing pads to them?

R: We have other categories but more emphasis is on the adolescents.

I: Ok and can you tell me your responsibilities with T-safe project? What do you in T-safe?

R: My job was to mobilize these girls together and educate them on T-safe and also talk about the advantages and so forth and once I refer, the service provider also has his/her responsibilities towards the girl.

I: Ok.

R: Mhh.

I: I want you to tell me what you were telling them about when you talk of the advantages of T-safe project.

R: There was information you were to share with them but in most cases you would find that they already had the information with them. A girl will tell you that she has a boyfriend; she is sexually active and would also like to continue schooling.

I: Mhh.

R: You mobilize these girls in a group and tell them about family planning methods. Again you also inform that you serve such and such category of girls and the parents also need to be informed about it. Some agree to that while others refuse and the reason is that they have been using family planning methods and their parents are not aware.

I: Mhh.

R: So you just educate them on family planning methods at that point.

I: And for those who refuse, what is their reason?

R: They will tell you their mother will not allow it, they are still young or she will not give birth if she uses the family planning methods.

I: When you meet such a girl, probably she may want to use a method but she is afraid that the parent will not allow her, how do you assist them?

R: I refer them here, because in Viwandani this is the only place T-safe is. And also the service provider will now take it from there wanting to know why she wants to use the family planning methods or if she has been using the methods, for how long. Again the service provider will want to know whether it has been harmful to her and it has not been harmful to her, and has been using the method, then she has the right to continue using it.

I: Ok.

R: Yes.

I: Have you ever encountered with a girl who tells you that she is in school, sexually active and doesn't want to get an unwanted pregnancy. Knowing my mother well, she will not agree to it if I talk to her about family planning.

R: Mhh.

I: How do you assist that kind of girl?

R: The moment she tells you that she is using...

I: No, she hasn't started using the family planning methods.

R: She hasn't started using?

I: She would like to use but she is afraid of her parent.

R: Ok we did have a challenge at the beginning because you might also want to approach that parent without the girl. First you have to ask her if she is willing to talk to you first, and then enquire if she is aware her child is sexually active.

I: Mhh.

R: With time some parents to understand but then you find that it is the girl who is afraid.

I: Ok.

R: Yes.

I: Can you tell me how you were selected as a mobilizer?

R: The community knows us very well and they always see us helping them and that is who I was selected as a mobilizer.

I: Were you a mobilizer before you become a community volunteer or you were just a community volunteer?

R: I was also mobilizing other activities even without T-safe

I: Mhh.

R: Like medical camps, we were mobilizers.

I: Ok before you become a mobilizer, were you first a community volunteer?

R: Yes.

I: Ok so through that, that is how you were selected or what method was used to select you? You know there are so many women out there, isn't it?

R: Yes.

I: I just want to know the criteria they used to make you a mobilizer? What made them feel that you can do the job?

R: It was through community volunteering, that is how we were able to qualify as community mobilizers.

I: Fine, can you tell me how you are rewarded after enrolling a girl in the T-safe project?

R: With T-safe?

I: Yes.

R: When you were mobilizing a girl, there were points that you could earn.

I: Ok.

R: We have targets.

I: Ok.

R: Mhh if you get a girl you know how much you will get.

I: In terms of money?

R: No, points.

I: How many points per girl?

R: Is it one hundred and seventy (170) points I think.

I: For one girl?

R: Yes.

I: And you also mentioned of a target, the target was per day, per week or how was it?

R: Ok it was not really that restricted but you knew that if I get two girls this is the amount I will get.

I: That is 170×2 ?

R: Yes.

I: So it was not like that in a day you should have gotten this number of girls?

R: No.

I: That is fine. And were you earning these points when a girl gets the service or how were you earning them?

R: When you enroll her and she gets that service; that is when you earn the points.

I: And what are your views about those points? Would you say they are less....what are your views on that?

R: Those points are few and we would appreciate if they were increased.

I: Ok and do you think it as a good idea that when you enroll a girl you earn some points or it wasn't worth it at all?

R: I didn't really like the idea so much because we have had some challenges related to that.

I: Mhh.

R: It is much better if the points were redeemable in terms of cash so that you can know what to do with them. But now in this case we were told that you can do the shopping with them but in this hospital they didn't help us redeem those points for shopping.

I: So you were told the points are for shopping. Where were you to do the shopping from?

R: There were specific shops selected for that.

I: In your view, the points were not good, why?

R: For example I have had the points with me, and they are not helpful to me. We had been requested that by 30th everyone must have submitted their points in that shop so that when the shopkeeper gets the money then you can go and redeem those points there in terms of goods.

I: Mhh.

R: And now it was up to you to negotiate with the owner to give you either money or goods. But most of them were for goods not money.

I: What exactly was your problem; was it the manner in which the points were being redeemed whereby you have to do the shopping or you would prefer money to the shopping?

R: Personally, where can I go with those points? I will just shop outside here.

I: Ok. I understand you. Please tell me the process you use when you want to enroll a girl. When you come out of here you know that you want to enroll this number of girls if possible. You want to help the girls in the community. What process do you use from the word go; you have gone out there, met a girl and so on...

R: For one, as a community mobilizer or CHV, most times I know those households with girls.

I: Yes.

R: Again when I am here I can observe a girl and know what to tell her because again, this information is given based on ages.

I: Yes.

R: You cannot go and tell an eight year girl that you want to enroll her in T-safe.

I: Mhh.

R: On those visits we make in the community, during those talks, that is when you are able to identify the age group that you want to talk to regarding SRH services. You will hear them also asking if they can get those services.

I: So where do you get them; do you visit the homesteads or you mobilize them somewhere?

R: I go to their houses first and inform them that we shall meet on a certain date. You can even bring them to the hospital and talk to them from here.

I: All of them at ago?

R: You can give them a talk when they are together and then from there, you will notice those who are willing to get the service. They may fear each other and in most cases they will come after you and another one will look for you the next day and so on because you give them your contacts. Another one will tell you that they want the service there and then.

I: Mhh.

R: Yes but they have information because you have already given them.

I: So you teach them in a group?

R: Yes.

I: Ok and if you meet them at the hospital, maybe they came just for the information only and no service. What do you usually teach them so that they are motivated to come and see the service provider?

R: You see not all of them will come. One will tell you she fears her mother, another one will tell you has been told it is bad, another

one says she will not give birth if she practices family planning, another one says that they were taught in school that it is bad to use family planning methods and so out of all those you will still get those who are interested. Out of twenty you might get ten or fifteen asking you about time when the services are available, where can I get you and she doesn't want the other person to know her secret. So when she comes I take her to the service provider to take over from there.

I: Do you think there are any changes that can be taken to improve the whole process?

R: You just need to bring the services to the ground and it doesn't have necessarily have to be at the facility. We need them within the community; I think that can also work.

I: Fine and how do you enroll the girls, by phone or how?

R: On phone.

I: Tell me about that platform or the application when you want to enroll a girl. Was it easy or difficult? Tell me your experience.

R: It was easy until when we found out that there are some girls with no phones and they were not to use the cards.

I: Mhh.

R: That is where the big challenge was because at some point we didn't have the cards with us.

I: Mhh.

R: And then there is always a message once a girl has been enrolled, she has to borrow her boyfriend's or friend's phone and so it becomes tricky for her to get her message. It is a challenge. When the message comes maybe she has already returned the phone to the owner and now she has just has a line. Most of them do have the lines but no phones.

I: Mhh.

R: Yes.

I: As a person and mobilizer, have you ever encountered a problem or it is easy to use the platform?

R: It easy to use.

I: you did not encounter any challenge when using it?

R: Immediately you refer, the message comes back.

I: Does it take long to get the feedback?

R: Before it used to take long but with time it has now improved. Immediately you send the information you get the code there and then.

I: Mhh.

R: Yes.

I: Now what key messages do you usually pass to the girls about T-safe?

R: We do tell them that their health is their priority and it is not a must that you have to practice family planning to enable you complete school.

I: Mhh

R: If you really have to, then you can use family planning methods because our girls these days, most of them, even during the class, they will even teach you. I set them free and tell this is a learning forum. You ask her what she knows about family planning and a child will tell you things that you didn't know as an adult.

I: What information do you give them during enrolment about T-safe?

R: During enrolment, you are asked the date of birth, and during this time we are both filling the form with the girl. It also gives you a code which refers you to the service provider. That way you information will also go through.

I: Mhh

R: Now for the girl there is a message which also comes back after getting a service. The girls also get questions on the platform so that they can give feedback on their experience of the platform. Are you satisfied with the services provided? Which services were you provided with?

I: Mhh

R: That is the information we share. That platform is educative to the girl.

I: Tell me about it?

R: The girl is advised to come back if she encounters any issues and a contact number if also provided in case she wants to call.

I: Ok and these girls when they are enrolling what are the instructions they are given?

R: The service provider or whom?

I: No, when they are on the T-safe platform, what instructions do they get in terms of using the platform or the different programs they can apply?

R: That usually goes to the girl direct. A girl will come and tell you that when she left the facility, she got a message asking her if she was satisfied with the services provided, which health facility it was and also they can if you are experiencing any problem.

I: Experiencing what kind of problem?

R: Problem with the method you are using, the one you chose.

I: Oh that is for the girls who are using family planning method?

R: Yes

I: And if they tell you they are experiencing problems, what does the platform advise them to do?

R: They are advised to visit the facility where they received the service from.

I: What type of questions do the girls usually ask when they hear of T-safe

R: What they ask us?

I: Especially when you are teaching them about T-safe and all that?

R: Mhh there was a time we have girls from form two and when you get one, she brings two others. So these girls were talking of...a girl tells you that she wants a long term methods and she has not decided on which one she wants.

I: Mhh.

R: Others tell you they want the permanent method (TL) and you tell her that at this age, you cannot use such a method. There are methods that are good for that age group. When they come here the service provider takes his or her time to explain to them about all the methods available before providing the one chose. Others will tell you they are satisfied while others don't want any of the methods you are offering.

I: Ok.

R: Yes.

I: You have just mentioned that they are those who came asking for permanent method, the TL?

R: Yes.

I: When they were coming were they aware that it is a permanent method or what was on their mind? Did they have enough information?

R: They didn't have information at all.

I: Mhh what were they thinking?

R: It is later on that one of them said that shouldn't mind having a baby in her thirties; that is when I realized that they didn't have any information at all. I told her that it is a permanent method and even at thirty she will never give birth at all. You will remain like that without a child all your life.

I: So you explained to them..

R: I educated them about the T-safe services and one of them opted for a 5-year plan method and the other one took a 3-year plan method.

I: Ok and how do you assist the girls' access the services after enrolling them?

R: Help them in what way?

I: Just to ensure that they get the services provided?

R: These girls do not easily come to the facility when you refer them. They prefer when you escort them to the facility.

I: Mhh.

R: So when I am within, I suggest a day they can come and I also inform the service provider that the girls are coming.

I: Ok.

R: Yes.

I: What would hinder girls who have enrolled in the T-safe programme not come for the services?

R: Fear and lack of confidence in what they want to do. Those are some of the reasons.

I: What other reasons are there?

R: Fear and there are those who feel that when they reach here, they might find someone who knows them. They insist that you must be there before they come. Some are willing to wait until when you

are free to come to the facility so that they can also come and find you there.

I: Ok.

R: Yes.

I: So, apart from those who fear to come alone or maybe they are afraid of just taking family planning methods, what else would hinder the girls from coming for family planning services?

R: Some of them are school girls and they don't have the time. Another one went to school and her return date reaches when she is still at school.

I: Mhh

R: She doesn't care

I: How?

R: For example if you are on Depo, you are supposed to come back after three months for another round and if this finds here at school she will definitely miss the injection.

I: Mhh...ahh what usually motivates the girls in joining T-safe?

R: They are educated, they are of the same age group, and that gives them the morale to come and look for T-safe services. They ask each other questions which also uplift their morale.

I: What else?

R: There are times I wished there was a platform where the girls can be coming for the sanitary towels...just motivating them.

I: That is for the future?

R: Yes

I: But for now?

R: There was a time when we being trained by the T-safe, I even mentioned that, you find that some of the girls do not have pads.

And so if they could have that, it would be a very good idea to motivate them.

I: Ok and for those who joined or those with a morale of wanting to join, what do you think really motivated them to join T-safe apart from what they learnt from you?

R: There are those who see their friends with babies and have dropped out of school and so if T-safe can enable them continue with their schooling, without dropping out of school because of early or unwanted pregnancy, that really motivates them. You see one coming to tell you that her friend is pregnant so let me use this so that I cannot get pregnant and continue with school.

I: Ok

R: Yes

I: Do they get any points and could that another motivating factor?

R: Yes, it does but these ones from this facility did not benefit at all because there is no shop here.

I: There is not Tiko miles shop around?

R: No, we don't have

I: Where is the nearest?

R: Kayole and another one I was shown is at Mwatate where we surrendered our points waiting to redeem but to date nothing has happened.

I: Do you think others join because curiosity about the T-safe programme?

R: Some follow their friends here and so they just join so that they can try and see if they can also benefit?

I: Ok that is fine. and in the community, how does the community perceive of the T-safe shops?

R: In our community, as I mentioned before, we don't have any.

I: You don't have?

R: No.

I: And do you have pharmacies that you can go and redeem those points to get stuff or services?

R: No.

I: And clinics?

R: This is only clinic in Viwandani.

I: And how does the community in general perceive of this clinic which is providing T-safe services?

R: They are very comfortable with it.

I: Ok

R: There are some who have been wishing that those services could in every facility.

I: Ok that is fine. And how does the community perceive of the mobilizers from the T-safe project?

R: Originally they wanted to know why it was only for young girls and not all the women. Finally we explained to them that the project is specifically for girls aged 15-19 years old. We have those whose view was that if it is family planning services, it should be offered to all the community.

I: Ok and as a mobilizer, have you ever felt that people in the community don't have a negative perception of you because of your T-safe work in the community?

R: Not really because we have been involved in very many other projects in the community and they know whereby any time they see you they will ask you if there is any activity going on.

I: And have ever gone through stigmatization as a mobilizer because of T-safe work in the community?

R: No.

I: Ok that is fine. you mentioned that there are a few who had issues with this T-safe project, how were you able to solve/deal those kinds of issues as a mobilizer?

R: In Viwandani, here where we are, we have a partner, Hope Worldwide; it started recruiting young girls sometime back, maybe three to four years back aged between nine and thirteen years of age.

I: Mhh

R: These girls were many. And that information they are getting at Hope Worldwide is the same one that we are giving except for the services. So you get that you are giving girls information that they already have.

I: Mhh

R: When we are through with the parents we could now call the parents and have a talk with them. You find that they will not refuse to come because there, at Hope Worldwide, most of the girls are being paid for school fees.

I: Mhh

R: They are those who get pads and a cheque on the opening day.

I: Mhh

R: And so most parents were able to understand more about this T-safe project.

I: What are the challenges you face when you want to enroll these girls in T-safe programme?

R: Like now the main challenge we have is that most of them are in school. Again we have some bases or points where we get our girls who should be enrolled but because it is the rainy season and inaccessible, it becomes hard to get those girls. The girls love

those areas because they can drink the local beer from there, smoke bhang and cigarettes from there.

I: Mhh

R: So you find that it is not easy to get that age group on this end. If you can be able to get onw, she will take you to the others.

I: Ok

R: Yes

I: So accessing them is not easy to you?

R: No

I: As a mobilizer what other challenge do you face when trying to mobilize these girls?

R: Not much really except when you want them they are not available, you make an appointment with them and they don't come.

I: What about the parents, any friction you have encountered from them during mobilization or even the community as a whole?

R: First it was the community.

I: Mhh

R: The question was, why young girls? But when the young girl comes from Hope Worldwide, and explains to the parents what they have learnt, the parents started.....and you know with Hope Worldwide, theirs was to provide information. But they didn't have the services. So when they come to our side we provide the services.

I: Ok

R: Mhh

I: Now, when you met this challenge with the parents, how were you able to deal with it?

R: I educated them on the importance of this T-safe project and ask them since their children are sexually active, what they think of

that since it is their responsibility to take care of their children until they complete schooling. Or as a parent it is up to you to decide what you really want for your child.

I: Ok

R: Mhh

I: That is fine. When you get friction from the parents you give them information on the advantage of the T-safe platform?

R: Yes.

I: And what about girls who are aware of T-safe services, you have taught them and they are chosen a method or some have not decided whether to take the service or not, what are their views on this T-safe project?

R: It is just that they believe if you use family planning methods you will not give birth, your parents might know about it....they give each other wrong advises and information.

I: And for those you have taught and are on the T-safe platform, what are their views about it?

R: They really appreciate it. Even when it stopped for a while, either around February or March, they come asking if they could get assistance like the one you gave to their friend. Another one will tell you they heard from their friend and they have come for the service but right now there are not T-safe services being provided at currently. I think they have informed you?

I: I have not yet talked to them or the nurses.

R: Ok

I: And we have those whom you have talked to, and though they have not enrolled on the T-safe programme, you can see they are appreciative, excited and would like to join or some of them are like, ahh...they have mixed feelings?

R: You cannot miss those with mixed feelings.

I: Mhh

R: And those who have already used, when you want to talk to them they tell you that already they have that information.

I: Mhh

R: And I want the service that so and so has, and so there is a way these girls also help you mobilize their friends. At times it is not difficult at all. You can have two and they come back with two more and so you have four or more girls.

I: What are the challenges or fears that could hinder the girls from enrolling with T-safe?

R: It is just the fear

I: What else?

R: Time

I: How would you solve the challenge related to time?

R: Though our clinic is 24/7, you get a girl coming from school late in the evening and she wants a service. Others want you to take them to the facility and you are not available.

I: So how are you able to address that challenge?

R: I encourage the girl to come so that she can be able to get a service even without me around.

I: Ok

R: Mhh

I: Right, we are now through with our discussion, I don't know if you have something you would like to add which you had forgotten, maybe an advise that would help improve the T-safe programme.

R: I don't think I have any more views.

I: You don't want to add anything?

R: No, that is enough.

I: Thank you so much for taking your time to talk to me.

R: Mhh

I: thank you.

File name: ITH_R2_NAI_MAT_URB_003_MOB_001_7519

Duration: 01:11:53

I: Thank you so much for accepting to participate in this discussion. This is Wilkister Ombidi, RA code 003 doing ITH interview round two mobilize IDI 001. Interviewed in Nairobi County, Mathare Sub County, Mundika health facility, dated seventh May twenty nineteen starting at 12:30 pm this day of seventh May twenty nineteen. So thank you very much for accepting to participate in our discussion and for allowing me to use this tape recorder. I would like to give you the chance, we have two languages, Kiswahili and English, so you will tell me the one you want us to use.

R: Use Kiswahili.

I: Okay, so if I ask something that you don't understand in Kiswahili and you want me to repeat in English, I can also do so.

R: Yeah.

I: Okay, and even when you cannot give an answer in Kiswahili, you are also allowed to answer in English. But we will mostly use Kiswahili.

R: Yes.

I: So to begin, briefly tell me about your role...sorry...to begin, please tell me briefly about yourself and what you do.

R: Okay, so thank you very much for inviting me to this discussion. My job is mostly to...I am one of the TIKO pro.

I: **TIKO pro?**

R: TIKO pro mobilize in Mundika nursing home, so my role is to mobilize the girls aged nineteen years and below; those who have given birth, I provide them with family planning, we educate them on the life skills; and then those who are sexually active, we advise them and provide them with protective commodities such as condom and p2.

I: **Okay, anything else you would like to tell me about your job?**

R: So that's my main role, just mobilizing, counseling and providing the girls with the services we are allowed to offer them.

I: **What do you counsel them about?**

R: We mostly counsel them about...for those who have given birth, we counsel them on family planning, we provide them free family planning; we also provide some with free HIV kits, we also counsel them on that; there are some who don't want HIV self test kit, they only want p2 because they know their status, so we also provide them with that; those who wants condoms, we also provide them. But they have to go to the facility to get them.

I: **Oh, I almost asked do you provide them as mobilizers?**

R: We...

I: **Or do you link them with a health facility?**

R: We link them with health facility.

I: **Okay, let's continue, you have said that you link them with health facility where they get the services you have mentioned.**

R: Yes.

I: Okay; now tell me about your role in the ITH program, you have told me that you call it T-safe.

R: Yes.

I: Your role in the T-safe program.

R: To make sure the girls gets to the facility for the services. We mobilize throughout the community and tell them about the services so that they can come and get them from the hospital for free.

I: So do you go door to door or do you go to a certain community area and call them?

R: So when we started we had to go door to door but later after they were enlightened, we would set a place and make them come because in the platform, when we register a girl via the phone, a message will be sent to you asking you to mobilize five other friends, so you know you cannot mobilize in every household, so its upon the girls to mobilize other girls and its upon me to set up a place they can find me at.

I: Okay, anything else you would like to tell me about your role in the ITH program?

R: So what we always do is that when a girl comes for the services, we register them through the phone, yeah, we have phones, and then there are cards which we use when the girl doesn't have a phone, we have T-safe cards we give them. You take her photo, ask her so she will come with the card to the service provider and then she will be given a code by the service provider and receive the service.

I: Okay, and how were you selected or recruited as a mobilizer?

R: T-safe mobilizer?

I: Yes.

R: Our job is voluntary, so you may be doing some community health work in the facility and that's when we do get opportunity since we know the community, so that's how I got the opportunity because I used to work in a facility and T-safe program came around and I joined them.

I: **So you were a volunteer in a particular facility?**

R: Yes.

I: **In this community or somewhere else?**

R: Somewhere else.

I: **In this area?**

R: no, that was in Dandora.

I: **So when T-safe came there you were doing that voluntary work?**

R: Yes, it was just a voluntary work.

I: **So are they the ones who recruited you?**

R: Yeah.

I: **Okay, now please explain to me how you are rewarded when you mobilize girls into the ITH program.**

R: To a TIKO, this work is still just like a voluntary work; if you register one girl through the phone, there are points which we call miles.

I: **Miles?**

R: Yeah, we call them miles, previously when you registered one girl you would earn one seventy miles, but now it's a hundred miles of which we don't know the reason, you see. Now it's upon me to work hard so as to get at least ten girls per day, it normally helps me.

I: **Is miles same as TIKO miles or they are different?**

R: Its TIKO miles.

I: **So you are saying that's the reward?**

R: Yes, when we started it was one seventy but now it's a hundred.

I: **So that's the little reward you get?**

R: Yes.

I: **Any other way you are rewarded?**

R: So unless I tell you what we normally do with the TIKO miles.

I: **Yes, please.**

R: We have shops registered under TIKO, we have cosmetics, beauty shops, we have butcheries, we have wholesales, so when we get the points, we go to the shops and redeem them there in exchange for commodities, that's the reward we get.

I: **So one can even redeem them for some meat?**

R: Yes, some people can redeem it for meat worth two hundred.

I: **Okay, and what's your opinion about the rewards?**

R: My opinion about TIKO miles is that it helps us as mobilizers because at first we were doing voluntary work of which we were not paid, currently even if you earn five hundred, you thank God because it helps you somewhere.

I: **You said previously it was one seventy and now...**

R: Now it's a hundred.

I: **And I've also heard you say that you don't know the reason why they have reduced.**

R: Yeah.

I: **So when did it reduce to a hundred points?**

R: It didn't start long ago; it only came into effect recently.

I: **How recent?**

R: As in between March and April.

I: Okay.

R: And the girls also do get TIKO miles, their points were also reduced, they used to get one ten, currently they only get fifty.

I: So girls used to get one ten but now they get fifty?

R: Yeah.

I: Did it also reduce when yours was reduced?

R: Yeah.

I: Okay, now please tell me about the process of mobilizing adolescents to the ITH program.

R: Mobilizing a girl is not easy because at first you have to introduce yourself, you request for her time; you have to play with her psychology to draw her attention before you can tell her whom you are. Now, for example you can find a girl in the community, many girls use the illegal drugs and if you tell her about family planning, you will be abused like never before in return. But we don't give up because we want to help her so that she cannot give up anyhow.

I: You said you will hear some abuse that you will be abused like never before?

R: You will even wonder what to tell her next.

I: What are the examples of these abuses?

R: Abuses...you know you can meet her walking with her boyfriend, she already has a small baby and she is carrying the baby and yet she is within the age bracket of the girls we are mobilizing. We will approach her and greet them then ask the boy to excuse us, I want to talk to the lady. So when you try introducing yourself to the lady and tell her that am so and so and I do this and that, she will tell you she isn't in for family planning. Why, how old is the baby, she will tell you the baby is

nine months old; why haven't you enrolled for family planning, she will ask you; do you feed me, go away, do you feed my child...such things along the road. You will tell her; I am only here to help you...lets exchange ideas. So you have to lie to win the trust of this lady. On the other hand, even the boy will abuse you...

I: What will the boy say for example?

R: You are spoiling her girlfriend and she won't have the appetite for sex, you see.

I: He says that the girl will lose the appetite for sex and that you are spoiling her?

R: Yes, that I am spoiling her. So you have to find a way of talking to them and coming to agree with them, even if the boy will have to come to the facility, let him just come in so long as he knows what the girl is given, we don't have an issue with that.

I: After meeting the girl, say like that girl, what step do you go to next?

R: After introducing yourself...after you know she has a baby, you tell her about the services we offer in our facility then she decides, if she wants family planning, well and good, if she wants condom, it's okay as well and if she wants to know her status, it's okay. But she is the one to choose the she wants, you then ask her about her age, when she was born, how old she is; she will tell you and you then ask her whether she has a phone because we do register them using the phones. She will tell you she has, then if you have a phone, I will give you a code to key into the phone and you will be asked two questions; you will read them and if you don't understand any of them, you will ask me for directions. So we direct them on what to do and after she tells me

her date of birth, I tell her to key in her year of birth as an answer to the question she is asked. So she will be told welcome to T-safe, so then you we are not allowed to bring them to the facility, we refer them here in Mundika then. Some do refuse to come but sometimes you have to accompany them to that place and show them. You see, you will communicate with the service provider and tell her my client has just entered there, because there are some who are not patient enough, that's how we do it.

I: You have actually answered a question I wanted to ask you about where you get these girls and you've told me that you can meet some on the street and talk to them. So how else do you get these girls?

R: So after registering the girl and her getting the service, she will be told to bring some five other girls. I will then give her my number so that in case she has a girl to bring, she will contact me and tell me that Grace, I have a friend who wants the services but I cannot tell me more, kindly come and tell her more about it. So that's how they mobilize themselves.

I: They mobilize themselves?

R: Yes. And then the TIKO miles also, when they leave here they go to the shops for some items, you know that motivates them.

I: Okay, so the girls help in the mobilization...they mobilize themselves?

R: Yes, they mobilize themselves though they don't explain to them what we do well enough.

I: They have to involve you so as to tell them more.

R: Yes.

I: Okay, and you've told me that there are some girls whom even when you send them to go to the facility such as here in Mundika they refuse and unless you show them the place.

R: You show them the place or they just leave.

I: Oh, she walks like she is coming here but goes to her own ways?

R: Yes.

I: Okay, so one of the ways of making sure she comes is to accompany her?

R: You accompany her and make sure she comes and then you tell her that after the service, come I show you the shop; to make sure that she receives the service. So she will look for you...because you cannot tell her everything including showing her the shop. You know the doctor has to serve her for her to get the points. So when she sees the points...I would tell her, you will see some one hundred and ten TIKO miles after you get the service so look for me out here so I can show you where the shop is. So that's how I normally make sure that they receive the service.

I: So that's one method, is there another way...you have told me the two ways; one is to accompany her to the clinic and the second one is by...

R: You accompany her but we don't come to the hospital together, we show her from a distance because there are some who know where Mundika is; so if you tell her to go to Mundika she will tell you that she knows of Lions.

I: Okay so is there any other means you use to make sure they receive the service?

R: Maybe if I give them my contact and do a continuous follow up; even when she is still on her way, I will

ask, have you reached there...have you seen the hospital, it's at such a location, have you seen it; give me the Maasai there so I can talk to him...that is to confirm she has truly reached the facility.

I: Okay, so you have told me that when she enters the clinic you wait for her outside...

R: No I go mobilizing others. So I give her my number, when she leaves the facility she beeps me and I show her the shop.

I: So you meet⁹ again.

R: Yes, I have to show her the shop so that she can mobilize others for me.

I: So you have told me about the process, from the time you mobilize a girl until she receives the service. So I would like you to tell me about the challenges you have faced in every process of mobilizing the girls for the services. You previously told me that you could be insulted by her or the boyfriend when you mobilize her for the first time. So tell me more about these challenges that you face when mobilizing girls.

R: The first challenge is that you will ask a girl if she has⁹ a phone, she will tell you she has; where is it, in the house. You will give her time to go for the phone and she will come back with the phone. I won't know whose phone it is. When she tells you this is my phone, you won't know whose it is exactly so you will just register her and then she will come for the service and yet apparently she borrowed that phone from someone. You may find that she borrowed it from a man or an old woman. So our office always does follow-ups, when the phone is called, the girl won't be available, she didn't tell the woman that she went for family planning or I registered

for such and such a thing using this phone. So when the woman is called, she will just say her age and the office will think that you registered an older woman instead of an adolescent. That's the first challenge.

I: When the woman is asked about her age, she will say...

R: Yes, she will just say her age because the girl didn't tell her anything, she just used the phone. Or she may even take the boyfriend's phone and tell her, I will back straight away, we will not know that the phone belongs to the boyfriend because it's just a phone, so we just register her. When follow-up is done, they may think that we are registering anybody, so that's the challenge. The second challenge is about the HIV self test kit; the girls do say that they cannot test themselves and yet they are a couple, how can she test herself and yet she doesn't know the status of the boyfriend; why can't we call them as a couple and give them the test kits so that they can both know their status. So the boys also ask, why are you giving the girls...we are neglected in the community because the girls are the ones given HIV test kits and yet we are not given and yet everyone should know their status in a relationship. That's another challenge we have.

I: I don't know whether there is another challenge you haven't mentioned but you think is a challenge when mobilizing the girls until they come to the hospital for the service?

R: Another challenge is that we don't have aprons and TIKO t-shirts; so introducing yourself when you are just in civilian is not easy; she will think you are a con-woman especially when you ask, do you have a phone...you don't have anything to show that you work with them. She

will say you want to con her; you know we have con-women in Nairobi, so we would like to be given aprons or branded t-shirts so that we can be recognized in the community.

I: So that you can easily be identified.

R: Yes, easy identification. Because if I go wearing this dress and say hi; so you will talk to her and then at last ask her, do you have a phone...eh!

I: She will think you want to con her?

R: Exactly.

I: Okay, what about the challenge when a girl comes with a phone that maybe belongs to the boyfriend or to the mother; how do you solve this challenge?

R: You know when the office calls, you will be surprised to realize that your line has been blocked and you are not given a reason, later on you will hear them saying that you registered a man or you registered an older woman; so you are asking yourself, what can we do...because when you ask a girl, do you have a phone, she will tell you yes, and then she brings the phone; will you ask for an ID; you cannot do that because there are some young ones who use their parent's IDs to register the sim cards.

I: Okay so has that challenge been solved yet?

R: They had brought T-safe cards but sometimes you find that the cards are less and you have a client. So you can always ask the girl, if you know the phone isn't yours, tell me so that you can go and talk to the owner of the phone and tell her that you have used the phone and in case she gets a call, just explain yourself.

I: Okay, and how about the challenge of boys also wanting to have the HIV self test kits; how do you solve this challenge?

R: We told our leader about the challenge because boys are really disgruntled, but what can we do since the program only provides them⁹ to the girls; we are waiting for the donors to make a decision on whether the boys can also be included in the program, you see. So sometimes you just ask the boys, you just hold it, you will get yours soon, lets first finish with the ladies before we roll out for the boys. So you can tell a boy, if you want to know more, the city council hospitals are free, you can go there as a couple.

I: Okay, thank you. Please tell me your experience as a mobilizer of the T-safe mobile platform.

R: The mobile platform?

I: Yes.

R: My experience isn't that good or that bad.

I: Your experience...

R: Because if you register...sometimes it hangs, it can even hang for one hour, that is the downside but at least I see that even when the office does the follow-up, they do find that we provide services to genuine clients because it will show every detail of the girl. So it also helps us because it shows we are serving genuine clients.

I: Okay, so the first experience is that the phone sometimes hangs?

R: The network is problematic but we do call the office and told to wait for some time.

I: Any other challenge in the use of this platform?

R: The challenge is just the girl may use someone's phone because she doesn't have a phone. You see, most girls in the community here don't have phones and they want service, what will you do; and you know the moment she says that she has a phone, she will just bring it.

I: **So have you encountered any challenges during registration process?**

R: I haven't had any.

I: **Apart from the network hanging, what other challenge; say like whether the information is easy to understand and such like.**

R: The information is not difficult to understand; previously they were writing it in English but nowadays they use Kiswahili. They realized that the girls weren't answering them well so they changed to Kiswahili. But before the girl gets to that point, we always tell them what to expect because there are some illiterate and don't know anything.

I: **Okay, so you are saying that the previous information was always in English and some couldn't understand it?**

R: Yes.

I: **But now it was changed to Kiswahili and most girls now understand them.**

R: If you read it to her in Kiswahili you will realize she understands it more.

I: **But you are also saying that there are some who are no literate enough and you have to explain to them and help them in the registration process.**

R: Yes.

I: **Okay, so what key messages do you share with the girls about the T-safe platform when mobilizing them or enrolling them?**

R: I mostly do tell them about the free family planning, HIV and free counseling because you may find one who doesn't want those other services but she has a problem that she cannot even tell her mother; as a mobilizer, she will open up to you. So I tell them, I mustn't give you the medical services alone, in case you have any mental problem, just look for me, we will talk and make conclusion. If it will be beyond my ability to solve, I will refer her somewhere to someone who will counsel her better.

I: **Any other key message you tell them?**

R: The other important message is how to care for your baby after giving birth and if she is still of school going age, she should go back to school because giving birth isn't the end of everything.

I: **And what information do the girls get when they are enrolled in the T-safe program?**

R: When they are enrolled they will first be...we have self registrations, there are those who got information through shujaaz before they even met us, so there are those who had a self registration, so you may get a girl in the field telling you that I heard about T-safe but I don't know how to get to the hospital. You will bring her here; but for those who don't know, I will give her a code that I will get from the office so that she can register. When they come here they are told...for example when one has injection, they come back after three months, so after three months you are allowed to come back for another.

I: **After three months she comes back.**

R: She comes back for another.

I: **Injection?**

R: Injection; likewise, to pills. For those with long term methods, they mustn't come for family planning but they can come for other services if they want for free.

I: **Very nice. Still on that, I will read it to you in English so we can see if you have anything to add; what instructions do these girls receive about how to use different T-safe features?**

R: The instructions they get...you know girls currently know more than we even know. You may want to explain something to her and yet she had read it somewhere and is just looking for the service. So when you try explaining to a girl she will tell you, I read it somewhere maybe in the social media but I wanted someone to tell me more. So you can always tell them that but we mostly tell them that in case of anything, they are allowed to come to the facility even when I am not there, the service provider⁴ can help her.

I: **And are there any instructions they get when being enrolled in the T-safe platform?**

R: Instructions are just like the age, for sex, the gender and age and then if she wants family planning, the service provider will counsel her on them and make her choose the method they want.

I: **How do they know where to receive the services?**

R: We do tell them where to go for the services when we mobilize them.

I: **Okay, so tell me, what are the most common questions the adolescent girls ask you when hearing about T-safe?**

R: They can ask you...girls are always mostly surprised. You know there are those who have never heard of it, they will ask, is this thing really genuine; I cannot go to a private hospital for family planning services, I would

rather go to a government hospital because private hospital commodities are always expired, you see. Another will say T-safe is an illuminati thing; we do get such like things in the field.

I: So one of the questions they ask is whether the services are genuine?

R: Yes.

I: And then they also ask whether T-safe is real or an illuminati thing?

R: Yes.

I: Any other questions they ask?

R: One may also ask; I have never used a family planning method and I would like to know which method suits me. You will then tell her that the service provider will tell you everything about that. So she will ask you, where will I get you since you are the one who enrolled me? So you will give her your number. After sometime...maybe she will come to the hospital and get the three years implant and then she starts bleeding, she will look for me again; hello, I am so and so, can you remember enrolling me for the method, yes; now I am bleeding. So whenever they go for removal of the methods they do want it to be done for free because they got it free of charge. So sometimes you find that, you can actually meet a girl and she tells you that the method I took doesn't work well for me, what can I do. So you know, since this is a private hospital, they charge for the removal and such, so the girl loses morale and says I wish I knew I couldn't have taken the method, why do you insert it for free but want to charge me for removal.

I: Okay, they get the service for free but when you want it to be removed, they charge?

R: Yes, five hundred shillings.

I: **So they regret...five hundred shillings?**

R: Yes.

I: **Okay, and what questions do they ask about the contraceptives?**

R: They just ask questions like, what will I do if the method doesn't react well with my body; what will I do if I bleed; what will I do if I miss my periods.

I: **Okay, and how do you help the girls access the services after enrolling them? You earlier told me that you sometimes accompany them and show them the hospital. Please tell me if there is any other way you help them access the services after enrolling them.**

R: There are some girls you can enroll them but they may be too busy to come for the services the very day but they know where Mundika is at. So when they get time...the advantage of this job is that if you enroll someone, it doesn't expire, it's just in the phone system and when she will finally come for the method, the doctor will just ask her; have you been enrolled, she will say yes. They will then talk about the method she wants and then give her a code, it will just be successful. Even you at home you will just receive your points but with most girls in this community, you have to accompany them or if you don't, you will soon see her pregnant.

I: **If they slip, they get pregnant.**

R: A little mess, so we do make them close.

I: **You hold them tight.**

R: Yes, so after showing her the hospital, you will tell her that I will wait for you out here, you just go for the service.

I: Okay, I would also like to know if there are girls who were enrolled but never went for the service.

R: Yes, there are. While at the field, I do meet some people who are enrolled but didn't go for the service but now you don't know who enrolled them so you will just direct them to come for the service.

I: So what can you say can prevent the girls you enroll into the ITH or T-safe platform from getting the sexual and reproductive health services? why might some of those girls enrolled by the mobilizers not access those services?

R: You may find a girl who is enrolled but wasn't told where the hospital is, how will she know. There are some who just get enrolled in the field but they don't know the location of the hospital. So there are also some girls who enroll themselves through shujaaz and they don't know where the hospital is, so when you meet her in the field she will tell you, I had heard about this program but I don't know where to get the service; you will then direct her.

I: Who are shujaaz?

R: Shujaaz is a magazine that has TIKO advertisement, so they do advertise how to enroll into T-safe; so most of the girls do read it...you know it's always in the middle of the newspaper so they read it.

I: Okay, so not knowing the location of the hospital is one of the challenges...what is the other challenge?

R: You may find a girl who was enrolled in maybe Homabay, she left Homabay before she got the method and you just find her in the field; she will tell you, I was enrolled in Homabay but I wasn't shown the hospital before I came

back here. So if you bring her to the facility here, she will just get the method.

I: She won't be enrolled again; she will use the same number?

R: No, she will use the same number.

I: So that's the second challenge; lack of knowledge on the location of the hospital and moving from an area before she gets the method after enrolling.

R: Yes.

I: So tell me whether there are any other challenges preventing girls who have been enrolled from getting services.

R: If you don't follow up on a girl, she cannot come. You have to follow up. Even when she gets a method you have to ask her, how is the method working for you; that's when she will...or else she will not come.

I: So you have to follow them up?

R: Yes.

I: Okay, so what do you think mostly motivates the girls to join T-safe?

R: If you compare T-safe with the government hospitals, when a girl comes to us and gets one ten TIKO miles, she has a young child; we will take her to the shop and take five pampers, she will be happy; she can get milk and applying oil for the baby, definitely she will be very happy. So the TIKO miles...

I: Anything else?

R: We just talk to them because some are just ignorant, they don't know about these things so you have to talk to them and they open up and tell us even some things we didn't expect.

I: So how do you talk to them?

R: As I have told you, you introduce yourself and smile with them as you gauge their psychology. You even buy bananas for her baby and such like things.

I: **Okay, are there some girls who are just eager to join the program and not influenced by TIKO miles or talked to?**

R: There are, mostly the ones who haven't given birth yet, they always just want to join because then they feel they are on the safer side.

I: **In your opinion what do you think motivates them to join?**

R: When they hear about self test HIV kits, they like it. They also like p2, you know p2?

I: **Yes.**

R: They like that. When they hear about free pregnancy tests, they like that, you see. You know girls also like private things, so she feels that if she tells me, I will not tell anyone else or her mother. So a girl will tell you, I don't have a child but I have a boyfriend and yesterday we did this and this, what can I do. I tell her we have...just go and get tested if you are pregnant. She will ask, is it free, yes; take me there. You see, that's how you get a client. So another will also come and tell you, I messed on such a day but I got tested for free; she will be asked who did that to you, Grace directed me...

I: **So you are talking about the confidentiality and privacy...as in you are trusted by the girl that you wouldn't tell anyone else about her issues?**

R: Exactly.

I: **And is that true?**

R: She cannot hear about it anywhere else.

I: Okay tell me, are there girls who join ITH because they see their peers joining as well?

R: Yes, there are some join but not most of them. There are some who join because their peers join and when they come, we do ask them who influenced them to come; she says I was brought here by a friend; what did she tell you we do here...that's when you will get to know if she was motivated by the points. There are some who only come because of the points but we get to know from the questions we ask them.

I: You first mentioned TIKO miles as a motivation factor to me; do you think girls would still come for the service in the absence of the TIKO miles?

R: Obviously they cannot come because it is free at the city council hospitals.

I: So TIKO miles is the main motivation?

R: The main one...plus the shop is just nearby.

I: Now I would like us to talk a bit about the TIKO miles or T-safe shops. What is the attitude of the community towards the T-safe shops?

R: You know generally in the community, you will always hear people complain that this is not a legal program, this program spoils our girls; such like things. Initially they were complaining about this program and were saying that it was an illuminati because the service was free and TIKO miles were also provided; they said that but we didn't mind and they later ended up joining us because they would see us in the field every day. And there are those mobilizers from other facilities, you may mobilize girls to come here in Mundika and they stop them on the road and ask them, what did those women tell you; they told us about this and that, we are going

for the service now; they will then tell them, don't go there, go to Lions, stop using those illuminati things, you will kill your babies. You know the girl gets confused and she comes and tells you, I have been told that this service will kill my baby; who told you; I met some two women who told us to go to Lions and now we fear.

I: So they fear?

R: Yes, now you will have to take your time to talk to the girl again for her to accept.

I: Okay, and what do they say about the T-safe clinics and pharmacies?

R: You know girls don't like pills but they were saying that if they would be told that whenever they are sick they can always go to the pharmacy for drugs, it will really help them.

I: And what does the community say about these pharmacies where the T-safe girls go for services?

R: The community don't have a problem with that because they don't know what the girls go for there; they just see the girls go to the pharmacy and talk to the pharmacist because it's just a local pharmacy in the community.

I: What about the clinics offering T-safe programs like this one; what's the attitude of the community towards those clinics?

R: They say that Mundika has taken away all the family planning services from the other hospitals, such like things.

I: Who says that?

R: The community members. They say Mundika is the most efficient clinic for the family planning services and that we have neglected Lions, such like.

I: **Okay.**

R: They ask why most people go to Mundika and yet there are also other clinics.

I: **Anything else they say about the T-safe clinics?**

R: They don't talk much about that because they don't know what exactly happens here, we only deal with girls.

I: **You don't deal with the community mostly?**

R: We mostly deal with the adolescent girls.

I: **Okay, and what is the community attitude about the ITH mobilizers...what does it say about you people?**

R: You know they have to be jealous. When you mobilize many girls, jealousy creeps in, why do girls respond fast to these mobilizers and not the others, you see. So jealousy creeps in, just such like things.

I: **Where does the jealousy come from?**

R: Jealousy comes in when no one goes for family planning services in the other hospitals while here in Mundika, you may find twenty girls waiting in line. Tell me even if you had a clinic and see people have long queue here, you will ask yourself why they come here.

I: **So the nearby clinics are the jealous ones?**

R: Yes; there is a day we were stopped by some CHVs when we were leaving the clinic in the evening and they told us that we are very jealous of you people; you have taken away all our family planning clients.

I: **Were those the CHVs for the other clinic?**

R: Yes, they just waited for us there, three women; they told us, we are jealous and we have decided to open up

today and tell us how we have taken up all the clients and girls are not going to their clinic.

I: And have they talked about it?

R: We have told them that we go to every part of the community, we don't mind, that's where we get the girls, so if you don't go to the community; plus, it also depends on how you talk to the girl.

I: Okay, and when they feel jealous about you and even stop you at the road and insult you; how do you feel about that? Have you ever felt some stigma like people don't want you or something of the sort?

R: I like it that way because then I know I am doing some good work. You know for one to stop you, they have seen that you are good at what you do and I like that. If you stop me and ask me about that, it won't be my last time to talk to you; even when we meet next I will ask you, how are you...we are at work now. So you can tell someone that we don't earn a lot from our work but we just volunteer; they do think that we are paid a lot of money, they don't know it's just a voluntary work. So we don't always hold any grudges with them. Whoever stopped you today will bring you her daughter the following day. If she sees you just working on, she will obviously bring you a client.

I: So are women the jealous ones or all genders?

R: The women; men rarely have any problem, mostly just the women.

I: But you said they think you are paid for it.

R: They know...it's not that they think, they know that we are on payroll.

I: That's what riles them?

R: Exactly.

I: And you also told me that some of the community members don't trust what you do; so how do you feel about that as mobilizers?

R: When they don't trust us?

I: Yes.

R: There are some who don't trust us but we just continue working, if you don't want to trust us, it's okay, we will just keep working; we won't ask you why you don't trust us but by the time you will realize its legal, it will be too late for you.

I: So I think you just cannot control the feeling of the community and so far it's been negative for some of them especially the women; tell me how you deal with these negative reactions from community; how do you deal with them?

R: Just avoid those kinds of women.

I: Oh, you avoid them?

R: I do avoid them and only talk to the adolescents because I am not paid to mobilize the women, I mobilize the adolescent girls. So you know you just hear them but let them pass as you continue with your work.

I: How else do you deal with these negative attitudes?

R: Sometimes, if you don't want to avoid, there could be someone who will want to know what you are doing in the community so you will have to tell her it's this and this, we are from such an organization; if she will be able to understand the better.

I: So you approach her?

R: Yes, I just approach her, yes. You know, for example down here, you cannot just go there anyhow because there are members there so you have to tell them we are here for one two three reasons.

I: You also told me that when some hear about ITH, ITH means in their hands which you also know as T-safe; they say its devil worship and such like things; so what do you do to deal with such perceptions?

R: You just tell them that these services are also offered in the other hospitals but you have to pay for them, here is a case where your girl receives the service for free. So how is devil worship involved; if you want to get three months' injection and go to a city council hospital, you will get the service for free and it's the same drug.

I: Okay, I can see we are moving on well and almost wrapping up but the conversation is good' anyway I will just finish up the questions even though I would like us to keep talking; so you have told me about the challenges you face when enrolling the girls into the T-safe program; you told me about the insults, some saying you are devil worshippers, you also told me about jealousy; is there any other challenge we haven't mentioned that you face when enrolling the girls?

R: You may find a mentally challenged girl with a baby, that is a special case, you know; she doesn't have a phone and maybe you also don't have a card and her mother has brought her or whoever lives with her or the neighbor; she will tell you the girl was raped and gave birth and we don't want her to get pregnant again, what do we do; you will just take the case and imagine that if she was your daughter you wouldn't want her to keep giving birth. So you talk to the woman, you know sometimes we risk; you tell the woman, to save the girl, you will have to register her a line...maybe the mother doesn't even have the money to register a line; you know

the situation in this community; so she doesn't have money to buy a line, you will have to give out the money for the line so as to help the girl because you will assume it like it's your own daughter. So the line will always be off air because she doesn't have a handset for it. So when she is called and found to be off air...what will you do?

I: And whose phone will the line be used in?

R: So long we have...we will take the mother's handset and insert that line there so that we can register the girl and provide her with the method. So when they call and find the girl off air that will also be challenge. There are some mentally deprived girls and they have young children, what will you do.

I: I am happy at how you help them.

R: We help them a lot, so we would just request that they should give us more cards that will help us.

I: Can a card replace the phone?

R: If you don't have a phone, we do take photos and register you using the card, it's just like an ID.

I: So when you register girls, do you take their photos?

R: If you register a girl using the phone, you don't give her a card, you only give her a card if she doesn't have a phone.

I: And what is the feeling of the ones whose pictures are taken?

R: Those whose pictures are taken, you know the disadvantage of the card is that it doesn't have a reminder; you know phones do have reminders, in case you want a service, you can always be reminded but that doesn't happen with the card unless I personally follow up and remind you. If you don't have a phone and we use

a card, it's not easy to follow you up because we cannot communicate without a phone.

I: So you would like the cards to be increased to help such cases?

R: Yes.

I: Okay, do you have any other challenge you would like to add?

R: About what we face when mobilizing?

I: Yes.

R: You know if you work with...though we volunteer in the community and you just realize that the points have been reduced from one seventy to a hundred without being given a reason; you know you can ask yourself, is it because I don't work hard...even when salaries are reduced reasons are always given.

I: To mean there is...

R: We weren't given any reason.

I: You weren't given a reason on the reduction of TIKO miles?

R: Yes. And then maybe you talk to a girl, if she hears its fifty points, she tells you, go away, recently it was one ten, you are now taking some of our points, you see.

I: Girls say that you take their points?

R: Yes, we are taking their points.

I: How do you see that affect them?

R: On the girls?

I: Yes.

R: When you register a girl and tell her to tell a colleague to go for a service and get fifty TIKO miles, they refuse; they say that's a waste of time.

I: Okay.

R: Yes, a girl can tell you that milk is now sold at sixty shillings, pads are sold at fifty-five and you want to give me fifty, what will I buy with that and I have a child back at home.

I: **So it's not easy for a girl who reasons like that to enroll into the program?**

R: Yes, sometimes they nowadays refuse.

I: **Because of the reduction of the TIKO miles?**

R: You know it just moved from one ten to fifty points.

I: **Okay, but tell me, what are the adolescents views regarding the platform?**

R: They are happy about the T-safe because when a girl comes and receives the service and is also given two pads; that's how many girls before she buys pads again?

I: **Two months.**

R: That's two packets of pads and two months without buying pads, she will be happy. And then the other good thing is that girls would have some private things they are willing to share with us and not the parents, she will tell you something you have never heard of; she will tell you that I have something to share with you alone; I will tell her its late but can we meet tomorrow; she will say no, I want us to meet now; she will tell you...for example one told me that I have something troubling me and I would like to talk to you about it, I asked her, what is the problem; she told me that just finish up first. She later came back and told me about it; by the way she had some problems in her private part and she just opened up.

I: **She opened up and said.**

R: Yes, she told me that it had been itching her for a long time but she had never told the mother. So you know,

after I know that, I know someone who refers them I talked to her and told her that there is this girl we should refer somewhere so I referred her to the hospital for medication. So she was asking why the pharmacies are not giving those medications as well; they were asking such questions.

I: Okay.

R: Yes, instead of being referred why can't they be treated in the nearest hospital or pharmacies.

I: Okay, you had told me about the barriers or challenges that prevent girls from accessing the service; you said that some don't trust the service, some don't have phones, others are mentally deprived; you have told me a lot of things but I would like to know, in your opinion; what other beliefs or concerns would prevent girls from enrolling into T-safe and receive contraceptives?

R: Their husbands, there are some married already; so the husbands believe these things spoil girls, you know. And the community is also not that receptive because they do wait after we mobilize them, they stop them from getting the services.

I: So what do the husbands believe that spoil their ladies?

R: The services we provide such as family planning methods.

I: How does it spoil them?

R: They just told me, so I don't know whether I am allowed to tell you this.

I: Just say it, as I told you; our conversation is confidential.

R: Okay, they said that the men lose the appetite for women; the woman is too stale.

I: How stale?

R: As in she doesn't get excited for the sex, you know. Some also have periods throughout and their husbands don't like that. Some also miss their periods; some have the periods daily...

I: **They compare it to the rain?**

R: Yes, that's the kind of things they say. They also say that when a girl uses family planning...these are things we learn in the community; that a man can easily get a sexually transmitted infection, so they don't prefer them.

I: **They say that when a girl uses the family planning method they easily get infections?**

R: Men say so.

I: **Or is it the men getting the infections?**

R: The men are the ones getting the infection.

I: **So what family planning method do they mostly say that can make a man get an infection?**

R: They say that withdrawal method can prevent an infection.

I: **That a withdrawal method can prevent them from getting an infection...what about the other methods?**

R: They said so; but we mostly don't care so much about that because we say it's just lack of knowledge. So you try and talk to the man first and tell him that in case of anything you can call me; because the work of a doctor is to counsel and to advise a client on the perfect method to use; we don't just give the methods. So we go and talk to the doctor, if she is not convinced, she comes to us. So some do come back later and say you really helped me and such, you know.

I: **Okay.**

R: Yeah, some do come back and say thank you very much, you really helped me a lot and I didn't know about the methods.

I: **So that happens when you know someone's husband after you are referred to her by the girl or how do you get to interact with the man?**

R: You meet a girl and tell her about the method, she tells you, I have to talk to my husband first so that's when you get the challenge that the husband doesn't prefer the methods and such. So when you have the two of them together you will hear the husband say I don't want my wife to have the methods. I will just tell him to talk to the doctor then he will ask the doctor questions and educate them until they get to know; or you tell them, go and think about it as a family and then you can come and tell me your decision tomorrow, yeah; because you cannot force anyone. The man will just see other girls being given the service and then ultimately tell the wife; you should also go for the service like your age mates.

I: **The husbands tell them at last?**

R: Yes; you should also go because so and so had his wife go and they are okay. So they later on come and say he accepted.

I: **Okay, and how do you solve the negative attitude of the community towards the girls receiving services?**

R: Normally community doesn't like the service but you will only answer whoever asks you a question because you cannot just tell everyone in the community that we provide these services to the girls. So there are some women who will come and tell you; I have heard this and this about these services, why did you bring such a

service to us. You will then be open and tell her it's this and this and that it's not what you think. They mostly like family planning, if you want family planning we can give it to you but you can also get it at the city council hospital and we get all our commodities from the government. We also tell her that the government knows we are working here. So that's how we win them over.

I: Okay thank you very much; I don't think we will stop if I continue; I think you have answered all my questions and I really appreciate you for accepting our request and coming so soon for the discussion. Whatever you have said are very important to us and it will help improve these services. I have asked you a lot of question and now I would like to give you the chance to ask me any question you may have regarding our discussion.

R: Okay, thank you very much for taking your time, Wilkister; my question to you as a mobilizer is, how can you help us be like others because back home, my mother is a CHV but their standards are not the same as ours here in Nairobi; you will find that my mother is on payroll back home, she earns eight thousand per month, for you to get something here, it's only by sheer luck. So we were asking if you could upgrade us at least to another level, because this work is not easy.

I: It isn't easy.

R: Yes, volunteering is also good because it helps the community but when you volunteer, you have to know that you have other dependents back home. And then if anything is going to be changed, for example when the points are reduced, we should be told why the points are reduced. We are human beings and will understand. And then being

suspended after registering a girl like I told you, we should be called and told that you have been suspended because your line has this and this problem; you shouldn't just be suspended without your knowledge.

I: So you feel that communication has been poor?

R: It has been poor. You know, even for a nursery pupil, you have to tell her this is not right, you know. You shouldn't just stop her abruptly or she will just wonder. So you should be told the points were reduced because of one two three, we are human and will understand. And also this work cannot continue without the mobilizers because even in the duration that we haven't been working, girls have been saying they cannot go for the service if we don't mobilize them. One even called me and told me, Grace, my appointment date for another injection is here, what can I do; I told her to go to Mundika, she said she isn't going. What can you do to her?

I: If you don't come together, she won't go?

R: No, I just have to talk to her so that she can know that the program is still running, or else she thinks that the project ended and am just lying to her. I tell her that if you don't want to go there, you can go to a city council hospital. When she goes to a city council hospital, she maybe doesn't get the service. She will then get pregnant; and who will she blame...she will say that Grace you gave me a method that doesn't work; if you knew it wouldn't work, why did you advise me to take the method, so those are the things we face.

I: So you are trying to tell us to pull up our socks?

R: Yes, pull up your socks...

I: Mobilizers be upgraded?

R: Even the girls, their points cannot just move from one ten to fifty, reason...they weren't given any reason, you see. You know at least if they told us, we would find something to tell the girls when they asked us. So when a girl currently says that you have taken sixty points from us and added them to yours; what will you tell her...so such like things.

I: **Did you say that your mother who is a mobilizer back home earns eight thousand back in rural?**

R: Yes.

I: **Which organization?**

R: The county government pays them eight thousand.

I: **Governor?**

R: Yes, Rasanga, eight thousand...and everything..

I: **Where is that?**

R: Siaya. And they have smartphones, everything is done on the phone. If you see how they work, you admire.

I: **I have understood you very well, as APHRC, I told you that we are doing an evaluation but all the requests you have made will be taken to the organization that facilitates your mobilization, I really appreciate you for your time.**

R: You are welcome.

I: **Thank you very much.**

[End of audio]

Notes

The interviewer asked all the questions as per the guideline.

File name: ITH_R2_NAI_RUA_URB_002_MOB_003_9519

Duration: 00:25:11

I: **This is Florence taking interview, ITH round two NAI RUA URBAN 002 MOB 003 9519. Now Mercy, tell me briefly about yourself and what you do.**

R: M name is Mercy Atole, I am a mobilizer with T-safe.

I: **Okay, that's the only thing you do or there are other things that you do too?**

R: I am also a peer educator at Base Planning Center.

I: **Okay, tell me about your role in the ITH project and with T-safe specifically.**

R: WITH T-safe am a mobilizer.

I: **And in the whole project as ITH...you only do mobilization...**

R: Yeah

I: **Or there is something else?**

R: No, only mobilization.

I: **How were you selected or recruited to be a mobilizer?**

R: The t-safe who recruits the mobilizers in our area met us at a youth center and the ones who volunteered to be mobilizers were recruited after being taken through training.

I: **So it was voluntary and then you were being taken to a training?**

R: Yeah.

I: **Or...okay, you said after being taken to the training, so does it mean that you went as majority or then you were selected or you just...**

R: We were not selected, after going through the training, you volunteer if you want to be a mobilizer then you are recruited.

I: **Okay, and then can you tell me a little bit on how you were rewarded for enrolling adolescents.**

R: We were usually given TIKO miles, after a girl visits a clinic, you get TIKO miles in your phone.

I: **Tell me more about that.**

R: When you get the TIKO miles e are able to redeem foodstuffs, clothes, beauty products.

I: **So TIKO miles you get points and then these points you...**

R: We redeem them.

I: **Where do you redeem?**

R: In shops, supermarkets, beauty shops, salons.

I: **All the supermarkets or?**

R: No, selected ones.

I: **Okay, what is your opinion about the rewards?**

R: It's a good motivation because you are able to get something extra.

I: **If you say you are able to get something extra, what do you really mean with that?**

R: Because it's a part-time job, when am from my workplace I look for girls and am able to get something from it other than from my salary, am able to get something from the miles.

I: **Now, can you tell me about the process of mobilizing the adolescents in the ITH program.**

R: We usually, like me, I usually identify the sexually active girls, I talk to them and when they agree to get the family planning services, I register them and they go to the facility and get the service.

I: **So how do you get to know that they are sexually active?**

R: Those are girls living around us so it is easy to identify them by...when you see them with boys you just know, these ones are sexually active. And you are living in the same area so it's easy to identify them.

I: **So you've said you do mobilize them and register them, tell me how you register them?**

R: We get a USSD code from our phones and then we give the girls, when they enter them in their phones they are asked some questions, when they answer you refer them to the clinic. And some girls don't have phones so we

usually give them a T-safe card; you take their photo and register them.

I: Where do they take their photos?

R: When am registering them.

I: Okay, so how do you do that?

R: Using a T-safe application...TIKO pro application.

I: Okay, so that is application that has been installed in your phone or?

R: You download it.

I: Okay, and where do you meet these girls?

R: In the streets, in our neighborhood.

I: And then how do you ensure that they visit the clinics, the ones that you've identified?

R: That one is a bit tricky because when you register them you are not supposed to take them to the clinic, so the ones who feel the need that they need the services are the ones who usually go.

I: Have you ever realized that maybe there are some that you sent there and they did not go?

R: Yes.

I: Okay, so do you have a client right now that you sent and did not go that I can talk to?

R: Yes but right now she is at school.

I: She is at school so it is not easy to get one?

R: Yeah.

I: Okay, and then what are the challenges at different points of the process?

R: The challenge with the parents, when you talk to the girl they think that you are a con, some parents they are not embracing family planning to the small girls, to the adolescents and some girls the myths and

misconceptions of family planning, they don't want to hear about the contraceptives.

I: If you talk about myths and misconceptions, what do you really mean?

R: some of them say that they'll get fat, they will bleed a lot; some of them they say they will not give birth when the time comes.

I: Is that specific to some methods or all...maybe you can tell me a little bit.

R: WITH contraceptives, it depends with your hormones, one can react with me this way another one cannot react, it depends.

I: Okay, now what is your experience with the ITH or T-safe platform?

R: Its been a wonderful journey because am able to help other girls.

I: Sorry...we had blackout. Before we had the blackout you were telling that your experience with ITH or T-safe platform has been a wonderful journey, maybe you can proceed now.

R: Because we are able to help other girls and teenage pregnancy has really reduced in our area.

I: You can proceed now.

R: Teenage pregnancy has really reduced.

I: So you are saying the teenage pregnancies have reduced, is that the only change you've seen?

R: And even the girls are now empowered, they are able to make decisions concerning their reproductive health.

I: So if you say they are able to make decisions, what do you really mean?

R: Now they can choose to have family planning because maybe the boyfriend doesn't want to use a condom now they can make the decisions for themselves.

I: **Okay, and can you say that also...what is your experience especially with the service providers?**

R: For me I don't relate with the service providers because I don't come to the facility.

I: **But do you get any feedback from the girls that you send?**

R: Yeah, the girls they say that they are friendly.

I: **Okay, and whenever you are sending them to the facility, do you always tell them where to go or what happens?**

R: I usually give them the options and then they choose where they want to go, where they feel comfortable.

I: **Like in your options which clinics do you always tell them?**

R: Like in my area there is Pro-act, Milele and Help us.

I: **Okay, so according to your own observation, maybe which clinic do you think they always prefer most?**

R: Most of them they prefer Milele.

I: **Is there any difficulty in your work that you've experienced?**

R: Yes.

I: **Tell me more about that.**

R: Some of the girls they are hard to convince...to convince on using contraceptives and some of the parents when they discover that you've enrolled their girls they say that you are engaging their girls to being sexually active.

I: **Okay, and maybe is there any other experience that I've not asked?**

R: No.

I: **And what of using the mobile system, ITH mobile system, has it...how the experience is...**

R: Though sometimes its tiresome because the system is slow and you have the girl who wants the service there and now they have to wait.

I: **If you say the service is slow, what do you really mean with that?**

R: The system is slow when you send the...when you request for the USSD code it takes a long time to bring back the code.

I: **Okay, when you say long time, like how many hours?**

R: sometimes thirty minutes and the girl is not that patient to sit there with you and wait for the code.

I: **Okay, and what are the messages that you share with the adolescents about the T-safe platform when you enroll them?**

R: For me I usually tell them on the benefits of having contraceptives and I usually give them examples with the girls around us who got pregnant, left school.

I: **Okay. So by giving the examples, how do you do it, because I don't know you said you meet them by the streets...**

R: We usually recruit girls around the area so most of the girls know one another so when you tell one, that a certain girl got pregnant, would you also like to get pregnancy; she will relate and she will not want to drop out of school.

I: **And what instructions do the enrollees receive about how to use different T-safe features when you are enrolling them?**

R: When we enroll them the question that I usually ask is their gender and the year of birth. So the rest is the...I

think the facility is the one who give them the different types of contraceptives, the side effects.

I: But at the time of maybe registering them, are there any instructions?

R: No, we don't give them instructions, I usually just tell them when you go to the facility you will be given choices and then you'll decide on what you should use.

I: Okay, and what are the most usual questions they do ask?

R: They usually ask about the myths and misconceptions; will I get fat, will I not get pregnant.

I: Okay, how do you go about it now?

R: For me I usually tell them it depends with your hormones about getting fat, bleeding, but the doctor will advise you more on that.

I: Do you think those myths maybe makes them feel like...

R: Yeah, some of them they don't go for the contraceptives because of the myths.

I: Okay, and how do you assist the adolescents to access services after they enroll?

R: After they enroll?

I: Mmh.

R: After I refer them I usually follow up with them because if a girl goes to the clinic I will know with my phone because I'll get a message. So I usually follow up and push them to go and...to the facility.

I: So after you've got...so you mean when you don't get the message you go back to the girl?

R: Yeah, because most of them they are around me.

I: How do you go about that because you had talked to her earlier and she has not gone; how do you now again start the conversation?

R: I usually ask them why didn't you go, do you want to get pregnant...you try and convince them and give them the disadvantages of getting pregnant at a teenage age.

I: **So what are some of the reasons why the girls that you've enrolled don't go to the clinic?**

R: Fear of stigmatization and fear of the side effects and most of them even fear their parents, they think their parents will know that they are taking contraceptives.

I: **And for stigmatization, where does the stigma come from?**

R: They think if their friends know that they are taking contraceptives, they'll know that they usually have sex.

I: **And how do you now deal with these issues especially if they come out?**

R: For me I've never met a case like that one.

I: **Okay, and what do you see as the biggest motivating factor for the girls signing up to the T-safe?**

R: Most of them they are motivated with the TIKO miles.

I: **Is there something else?**

R: Mmh.

I: **What of accessing information; do you think that one can be a motivating factor?**

R: Yes.

I: **Tell me more about that.**

R: Because most of them they now know the difference between the myths and facts and they are able to know that I can use this one and I wouldn't get side effects, if I get side effects I can change to another method.

I: **Okay, and then do you think also the service that they receive maybe can also be a motivating factor?**

R: Yes, because they are getting it for free.

I: **Apart from being free, is there something else that might motivate them in getting the services? So mercy, what**

are the key messages that you share with adolescents about the T-safe platform when you enroll them? You talked about telling them that they can go to the facility, they can choose, they should consider not being pregnant; tell me more about that...those messages that you share with them.

R: I usually then give them the disadvantage of getting pregnant at a young age because they are the ones who will leave school and the boy will continue with schooling.

I: **And anything else that you tell them?**

R: I usually give them examples of other girls who have dropped out of school because of early pregnancy.

I: **Now, what are the most usually questions adolescents ask you when hearing about the T-safe?**

R: The most question they ask is about the myths and misconceptions, some of them say that they'll get fat, some of them say that they'll not give birth when the time comes; some of them fear that their mothers will know that they are taking contraceptives.

I: **We talked about this, I can remember. And how do you help them to access these services after they enroll...we've gone through this?**

R: Yes.

I: **I think there is confusion because of that interference of the noise.**

R: Yeah.

I: **Let me see. Okay, what do you see as the biggest motivating factors...we also talked about that...**

R: We talked about that.

I: **Yeah; the community attitudes.**

R: The community are not embracing the T-safe project because most of the elderly women they think that the girl should engage more in sex when they are taking contraceptives.

I: **So if you say they will engage more on sex when taking the contraceptives, what does that really mean?**

R: You know the elderly women think that contraceptives are only for married women so they discourage their girls from taking the contraceptives.

I: **Okay, and you as a person, have you ever experienced any stigma?**

R: While taking contraceptives?

I: **When enrolling the girls.**

R: No.

I: **And what of rejection?**

R: The girls rejecting to get...

I: **You being rejected to recruit them or maybe the parents...**

R: No.

I: **And any distrust?**

R: No.

I: **And how do you deal with negative attitudes in the community in relation to ITH and your work as a mobilizer?**

R: I've never experienced a negative attitude from the community.

I: **Okay, and what are the challenges you face while mobilizing the adolescents for the T-safe? We talked about this, you told me about the parents don't want to use...id there something else to add?**

R: Some of the girls they ask for identification in the ITH, they are not given the same document to show that

you are from T-safe or anything, so it is...we use the word of mouth to convince them.

I: So in that case have you ever met a challenge?

R: Yes some of them they ask you for work ID and because we don't have, they don't want to be recruited.

I: So we can say that is a rejection because you don't have ID?

R: Yeah.

I: Maybe also you've gotten distrust because of that?

R: Yes.

I: So tell me more about that.

R: When you don't have something to identify yourself with the organization, it is hard even for maybe a parent approaches you and ask about T-safe, they are...most of them are literate, so they ask you; show me a document from the organization or something. Because we don't have, they brush you off and they say that you won't register their kid or even the girl refuses to get registered.

I: Can you share with me a typical experience that you've undergone?

R: There is a girl I recruited, she introduced me to another girl and that girls, she was nineteen, the mother is the one who wanted her to get the services, now when I went to recruit her, I explained everything and when the mother asked for identification I didn't have, she didn't accept me to register the girl.

I: Okay, and what are the adolescents views regarding the platform?

R: The adolescents are embracing it in a good way because in this area, most of the girls were getting pregnant at an early age and now the ones who are using T-safe are

able to give the other girls the experience that they have.

I: So if you say they give the other girls the experience, what do you really mean?

R: Because they usually say that they can't abstain so while getting the contraceptive, they can have sex and be sure that they can't get pregnant.

I: So do you mean they share the information back with the other girls that are not using?

R: Yes.

I: And how often do you think that happens?

R: I think they usually share it because when they are coming for me to register them they usually come in groups of five, ten.

I: Okay, and what are some of the perceptions and concerns that hinder adolescents from enrolling into T-safe for receiving contraceptives and other services? The perceptions or the concerns that hinders them from enrolling into the T-safe program...

R: I think it's only the fear of the parents and the myths and misconceptions of contraceptives.

I: Okay, so if you say the fear of the myths, what do you really mean?

R: They fear getting hurt, the bleeding, the parents knowing that they are taking contraceptives.

I: You talked about beliefs, what types of beliefs do they have?

R: They usually say that when you take contraceptives you'll get fat and when you tell them it depends with your hormones, they think you are lying to them.

I: Do you think there is also something to do with cultural beliefs?

R: No.

I: **How are you trying to address these challenges that you've mentioned?**

R: We usually talk to them, like for me we usually have a youth center so we usually call adolescent girls and we educate them on contraceptives.

I: **So you call all the adolescent girls?**

R: No, the ones that have approached me, I...we usually call them there, tell them about the facts about contraceptives so that they are able to differentiate between the facts and the misconceptions.

I: **Do you talk with them individually or?**

R: They usually prefer talking in groups...in a group.

I: **In a group like of how many?**

R: Five, ten.

I: **And then what actually do you tell them in that meeting?**

R: Most I usually tell them the different types of contraceptives and the facts that contraceptives depends on the hormones and now they ask their questions; now, we usually...am not the only one who talks, they usually ask questions.

I: **Okay, so, mercy I've come to the end of my conversation with you and I would like if you have any question for me...**

R: For now I don't have any question.

I: **And then, as we were talking about the T-safe, you talked about the points...do you know where the girls do redeem the TIKO miles?**

R: In our area we usually have different shops so I usually tell them, all of them so where you prefer but most of them they usually buy foodstuffs.

I: **They usually buy foodstuffs?**

R: Yes.

I: **So these shops are known, each and every one?**

R: Not in all of them but when they are registered they can get it from the phones, they write name shop to two, two, sex, nine, nine and the area where they are the shops...

I: **Okay, thank you so much, I don't know whether you have something to add or as we were discussing maybe there is something I left out and you feel that we should change.**

R: No.

I: **Okay, thank you so much, there was a lot of noise but at least we've tried.**

R: Yeah.

I: **Thanks.**

[End of audio]

Notes

The interviewer failed to probe on how much TIKO miles the respondent got rewarded for mobilizing clients.

File name: ITH_R2_NAI_RUA_URB_002_MOB_004_9519

Duration: 00:48:08

I: **This is Florence Akinyi, taking an interview, ITH round two NAI RUA URBAN 002 MOB 004 9519. So Purity, briefly tell me about yourself and what you do.**

R: I am a mobilizer, I mobilize girls between the age of fifteen to nineteen years under the T-safe or in their hands program which enables the girls to be aware about their sexual reproductive health so I do go to the ground to meet girls and I sometimes meet girls who are already exposed to the sexual activities or not. But when we feel that a girl is still primitive about the information, we don't give it to them because we say that a girl should learn about certain things at the

right time. So we mostly target exposed girls, if you get a girl who is willing to open up...because we did realize that they rarely open up to their parents when they have boyfriends, so they go as far as indulging into these sexual activities without knowing the consequences. So when an adolescent girl opens up for you and tells you I have a boyfriend and I do this and this, you advise her and ask her whether she is aware about the family planning because personally as Purity, my daughter is not ten, eleven years, I got her within that age, yes, seventeen, sixteen, eighteen years and it is because we didn't have platforms such as T-safe of which my job has been driven by what I went through,. So if there was a mobilizer then, she would advise me and I wouldn't have dropped out of school due to early pregnancy because I could have used family planning to prevent me from being a mother at that age.

I: So when you say your daughter is currently eleven years, how old were you when you conceived?

R: Because now I am twenty seven years, I think I was eighteen or seventeen years then.

I: Have you said you are twenty eight or twenty seven years old?

R: I was born in ninety-two, I gave birth to my first child in two thousand and nine which means I conceived in two thousand and eight and gave birth in June of two thousand and nine. So in short I was seventeen years when I conceived.

I: So how many children do you currently have?

R: I have two children.

I: How old is the other one?

R: The other one is five years old; I got her after I was married. When I conceived I feared my parents so I ran away from the house and got married at that age. So I took some time and due to lack of maturity...I went through a lot in that marriage and by the way it never lasted because right now am a single mother and had I not given birth to a child which made me to get into an earlier marriage since that was the only option I had in order to avoid the embarrassments from my fellow students and punishment from the parents, I took the burden to the owner but he wasn't also ready so he just accepted me grudgingly. So the marriage was never a good one.

I: **So do you mean that the moment you conceived you had to get married?**

R: Yes, because I didn't have any option.

I: **And did you get the other child while in the same marriage?**

R: Yes, I was still married but we had a lot of issues though the marriage never lasted.

I: **When you say you had a lot of issues, what do you mean?**

R: It was a forced marriage so it wasn't a pleasing one.

I: **So you have said that your last born is five years old and got married immediately you conceived the for the first pregnancy; so how did you manage to raise the other child until she was five years...**

R: I had about two miscarriages due to violence; the guy I was married to was very violent. So I didn't have any family planning method, I was young. He was very violent and he didn't...you know, he is way older than me and he took that advantage that I was vulnerable, I was just a teenager so no one could give me any information about family planning, it was him and him alone, you would

only do what he wanted; you didn't have the authority to make independent decisions. He took advantage of my young age so he would even beat me up till I miscarry and even my parents didn't know because I wasn't allowed to tell them. So since I still feared as a teenager, I kept up with that kind of life and what made us separate was he attempted to rape my eldest daughter.

I: So when you say he was way older than you, how much older was he?

R: He was born in nineteen eighty that means he was ten years older than me.

I: Okay, thank you. And how were you selected as a mobilizer?

R: When I got to the Triggerise and in their hands program, I had a friend... I was selling in the market so one of my customers who used to be my friend, I once saw her registering girls in the market, so when I asked her, she told me that it was a project that was aimed at introducing girls into the family planning platform so I was interested. So she told me that if you are interested, you can attend the training...there is always a monthly training; so she told me that you can come and attend the training, if you will like it, it's okay. So that's when I came and was registered.

I: Okay, and how are you rewarded as a mobilizer?

R: After registering an adolescent girl and she accepts the to receive the service, because you cannot force them; you will tell her where to get the services, when she gets the service from the service provider, you get some points in return to show that one of your clients have received services, so there are points we get rewarded

and you can redeem them from authorized shops in exchange for some shopping.

I: So how many points have you got?

R: I have got around five thousand or six thousand. But sometimes you can register a girl and when they go to the clinic they don't get the services or you can even get three clients in a day and they get the services, you don't redeem immediately, you let them accumulate instead. There is a time I even went for a mattress worth five thousand nine hundred because I let them accumulate.

I: So how many points do you earn if you register one girl?

R: Right now, it depends with the service the girl wants but before, you would be rewarded one seventy TIKO miles if you registered a girl but now, if you send a girl to the service provider and she takes pills, you don't benefit anything, but if she takes an injection or any of the long term methods, you earn one hundred TIKO miles.

I: And then what is your opinion about the rewards?

R: My opinion is that, since I like this job, and when I get appreciated with the points which enable me to do some shopping, it means I get to cater for some of my needs, I feel like am not doing this job for free, I am appreciated somewhere, but now that they have been reduced, you find that I am not very much motivated to go to the grassroots and mobilize girls because I know that after all even if this girl goes, I don't benefit anything. So you find that I only register or mobilize a girl when they come by themselves, I don't do it myself because I know it's for free. Because you know with these young girls, we realized they mostly use the pills

because it's the easiest, in case...there are some who don't get any side effects when they use them so they use it because they can always stop at anytime and most of them are school girls and they only indulge themselves in sexual relationships when the schools are closed; so you find that she only wants to use the pills when the schools are closed, so she cannot go for the long terms because they are good for the married people who know that having sex is...it's something you have frequently; but for a school girl, maybe it's over the weekends, during the holidays and its rare. So they do prefer the pills because she knows she can stop at any time and when she gets any side effects, she can stop using it without having to see the doctor. But for the long term, you would find that a girl would be given an implant initially then she starts bleeding nonstop, when she goes back to the doctor she has to...getting the service is a free but when she gets a side effect and goes back to the doctor, she has to pay for it; those are school children, where do they get the money from and yet maybe when she was going for the pills or the implant, the parents did not know because you know parents somehow don't like it. A parent has the insecurity of saying my child is not that mature yet, they don't want to...they are living in denial, they don't want to accept that girls indulge in sex. So you find that since she went for the implant without the parents' knowledge and she starts bleeding or having some dizziness, where will she get the money if the doctor asks for it...because Triggerise only provides the services for free but you have to cater for any other thing. So they decide to

take pills, if I feel any dizziness, I can stop using it then.

I: And now...

R: If a girl takes the pills, the mobilizer doesn't benefit anything. So you find that I won't be motivated to mobilize these girls because I know that most of the ladies I mobilize do use the pills.

I: And how much do the ones who go back for the removal of the methods pay?

R: Removal ranges between six hundred...depending on the hospitals because they are services mostly provided in private hospitals; so you find that the charges vary depending on the provider but it's from six hundred onwards and imagine that's a school girl and she cannot tell the parent; you find that as a mobilizer, since obviously the parent will realize...and that's why initially there were these cases of...there was a mobilizer who was really harassed by a parent; the girl had accepted to use the services and was given an implant, the mother was very mad and started asking, what are you doing...you are making girls indulge in these things, you see. You know she was shouting so the mobilizer was embarrassed.

I: Which hospital was that?

R: It was here but it was closed, it was called Githurai medical, just around here.

I: It was called Githurai medical?

R: It was called Githurai medical, during that time we were taking the girls there. So you find that as a mobilizer when you ask a girl what method she would want and she tells you she wants a long term, you give her the precautions considering that fact that if she goes for

the services without the parent's knowledge and she gets the side effects, then the parents have to know because when it comes to a point the girl cannot bear it alone she will have to share with the parent because the parent will be the one to cover the cost. So you find that as a mobilizer, you are held accountable, so you have to give her the precautions so that she can change her mind. Although in some rare cases you find some girls accepting to use the long term methods. So most of them go for these pills, they really like the pills.

I: **Okay, can we talk about the process of your mobilization then?**

R: My process?

I: **Yes.**

R: If I find a girl, I greet her and introduce myself and tell her am so and so, am a mobilize, I do this and this, you tell her about yourself and ask her what she thinks because at your stage...you also tell her that by the way as for me, I got pregnant at this age, would you also like to drop out of school due to early pregnancy, she will say no; I will tell her there is a choice but I didn't have anyone to tell me but now, you have me as an ambassador who will tell you to follow this route and keep having fun as you also focus on your dreams. When you tell her that, she will have an interest and then you tell her that if you get the services at the clinics, the service providers are very friendly unlike in government hospitals where those service providers are unfriendly. So a girl will want to go to a place where her situation will be understood. You tell her that even after receiving the services, there is a reward because you earn some points; they have been earning some one

hundred and ten TIKO miles. So you find that after the service she can go to the supermarket and redeem the points for the pads for the black forest or anything else she wants. So you find that she is motivated, other than getting the service, she is...if you register two girls, they will go to school and share the information and just find that the other girls are looking for you. That it even makes our jobs easier...when a girl gets rewarded and goes to the clinic for the service and she is talked to politely, she will feel that there is someone somewhere who understands me, she talks to other girls who will come to you, you register them and refer them to the clinic.

I: Now that you...

R: So...

I: So?

R: It's just that.

I: Now that you've registered the girls, you have the age brackets, how do you identify these ladies?

R: First you ask her age...you know if you ask for her age after giving her the details...after she tells you...you don't initially tell her what age bracket you are looking for because by the looks, you can guess. But you ask her, when were you born, if she tells you an age beyond the required one, you tell her no; because for instance in twenty nineteen if you ask a girl and she tells you that I was born in two thousand definitely you will know that she is nineteen years, so you find that she is in the category of girls who receive the service. If one tells you for example that she was born in nineteen ninety-two, you will know she doesn't deserve or she say she was born in nineteen ninety-eight, you will know she

is beyond the age bracket because Triggerise only provide services to girls between fifteen and nineteen years because they are vulnerable. You know when one has twenty or twenty one years, they have completed form four, some have jobs and they can pay for the services but we are targeting those in school but are exposed. So we are trying to make them finish their education so that they can achieve their dreams in future without being interfered with through early pregnancies. In most cases, we do try to avoid the early pregnancies.

I: You said that you meet them in the streets then you start talking with them, is there any other place that you meet them again?

R: Yeah, there are resource centers where there are libraries, you will find youths there. Like there is an area where youths do go to skate, you will find the teenagers there. Someone you meet them while going to the market and she is dressed in a funny way, you understand. Because the girls do have the same characteristics, I approach her and tell her I am so and so, I tell her...you know initially some do think you are a con woman, she will listen to you and you have to convince her because some do refuse but some do accept. But since my job is to mobilize them, I will only mobilize whoever accepts because it's a personal choice.

I: And how do you ensure that they go to the clinic?

R: After you talk to the girl and she accepts to be registered, it means she wants to have the services, in our registration process, I am not allowed to accompany a girl to the clinic but you tell her, when you are within Githurai, you send a text to a number from Triggered, you are then given options of all the clinics

around. So a girl may be registered within Githurai and maybe she only came here to do some shopping from Thika, when she goes to Thika, since I registered her Triggerise still has hospitals there, she can send the word clinic or chemist to two-two-six nine-nine; that is the Triggerise number she will be asked where she is, if she says she is in Thika, she will be given the options of clinics within Thika then she will choose for one if she seriously wanted the service. But if one doesn't have a card, because we do register using cards or phones. If one has a card, you tell her...if I meet her here, I will tell her to take this route to Milele hospital, you just give her direction or you accompany her and before you get to the clinic, you point it to her and she then proceeds to the clinic alone.

I: And do you face any challenges when doing this job?

R: There are a lot of challenges.

I: When enrolling them.

R: Challenges are for instance you find that the girl doesn't tell you the exact age, so you find that sometimes they are over age because you know it's very easy to notice an underage but sometimes there are overage girls but in appearance they look young. So you find that when she registers and they receive a service...because so long as she is in the system, Triggerise will know and will call to follow up on her. So you know they will ask, when were you born, if she lied on her to me, she won't remember, so you find that if you registered an overage girl, you will be held responsible as an mobilize; you may be removed from the system due to an unintentional problem. So you find that so long as she says I was born in nineteen ninety-nine,

it means Purity registered an over age and went against the terms and conditions put by Triggerise. Another challenge is, the girl approaches you without the clue of the parent. Maybe she bought a line but she doesn't have a phone; she will steal her mother's phone and go for the service, so there are these questions and reminders that are always sent by Triggerise, so when a parent gets them and the girl is canned or punished, she will definitely say the person who referred her. So you find that we are harassed by parents out here. Another challenge is that sometimes a girl may go to the clinic and they don't come to terms with the doctor. When she comes back, she feels that you gave her wrong information because she has been asked several questions because you know the doctor has to be sure on whether the girl is exposed, so she will be asked some personal questions so that they can know whether she is exposed. There are those girls who go for these services, not because they need them but because they just want the points. So if the doctor asks her and maybe she was introduced by a fellow girl who received the service and points, she just wants to benefit on the points. So when she is asked the questions, she won't be able to answer and the doctor won't provide her with the service, when she comes back, she will feel that she is not treated the same as others. Another challenge is when the girls get side effects and she didn't tell anyone she was going for the service except you and the doctor, so when she goes to the clinic you find that she is required to pay some money and it's a bit challenging.

I: So as a mobilizer, what is your opinion about the ITH platform or T-safe platform?

R: The experience?

I: **Yes.**

R: When I get a girl I register her through a mobile phone if she wants it so. So you send the word afya to two-two-six-nine-nine; you will get a unique code then you give her the code to send back to two-two-six-nine-nine; after sending the code, she will receive two questions, one for the gender, female or male, obviously we deal with girls so she will reply with female. The second question asks her year of birth, then she replies thereafter she will receive a confirmation message to show that she has been enrolled in the T-safe platform and can visit a facility for the service. If its registration via the card for those who don't have the phones; we do have some cards, I didn't carry any because I didn't know you would ask about them. I scan the card and then it also involves taking a photo of the girl, after keying in her date of birth and gender. I will then receive a confirmation showing me that the card has been registered, you give it to the girl and she goes to provider with it, so the card will show that she is registered and she will get her points and the service. She can go to the supermarket with the card and give it to the shopkeeper in the T-safe shop; they scan it to redeem the points so that she can buy whatever she wants.

I: **Okay, we talked about some of the, maybe the restrictions you tell the girls when enrolling them.**

R: The restrictions from Triggerise?

I: **Yeah.**

R: The restrictions are that I cannot register a girl who is below fifteen years and I cannot register a girl beyond nineteen years old. Another thing is, I am not

allowed to accompany a client to the clinic and if the girl doesn't know the clinic, I should not take her to the clinic; I would rather show it to her from a distance. Another thing is, I should not coerce a girl because there are mobilizers who only want to get the points so you will get that she will coerce the girl into going for the service but when she will be asked questions by the doctor you find that the information you gave her was not for her benefit, it was only meant to benefit you as a mobilizer because you know that when she receives the services in the clinic even if it's the pills, you will get the points, so you find that you are giving the wrong information. Because even if we get the points, it's not a real payment, it's just to motivate them so that they can come back another day. But it's not a way that one should use and say I should trick them so that I can earn these free points. Another restriction is...I think those are the only ones unless I have forgotten.

I: And when enrolling the girls, do you give them any instructions?

R: Yes, first of all on the restrictions, I should not mobilize girls at school and also I shouldn't mobilize a girl in school uniform because if we had the permission to mobilize girls at school, I would just go to a school in Githurai and talk to the teacher so that I can register the girls; but it's about out here, even if she is a school girl, you have to talk to her outside the school and if she accepts, it's okay. What's the next question?

I: I was asking whether you do give them any instructions when enrolling them.

R: The instructions we give them are, let's just say we make sure they are sexually exposed but when she is not sexually exposed, you encourage her to abstain until she achieves her dreams.

I: **Like the instructions you give them when enrolling them on how they can use different T-safe features.**

R: If she doesn't know how to redeem the points, you tell her, if she uses the phone, you will tell her that you will send the word pay bills to two-two-six-nine-nine, you send the word pay bills, space, the amount of TIKO miles you want to redeem whether fifty or one hundred, you send pay bills, space, one hundred, to two-two-six nine-nine. You will then receive a code and you will give it to the retailer and that will confirm that you have redeemed the points. On hospital, she will just go and talk to the service provider. When she gets to the reception she will just say that I have come for T-safe services and she will be referred to a doctor who will provide the service to her. But as for me, I will just give her the condition about the age and the information about the redemption of points because I am only supposed to register them.

I: **So you have said that you also provide them with information on how to use the mobile platform...**

R: Yes.

I: **So what are the most usual questions the girls ask you when they hear about T-safe?**

R: The most questions they ask is because they had the myths on family planning are; they will ask you, isn't family planning for the married people only and not for those who haven't given birth because we heard that if you use family planning method before you give birth you may

never give birth. So you find that since a lady thinks that myth is true, you have to give her information about family planning and tell her no, people still get pregnant even when they have family planning methods. So you tell her about that because as mobilizers, we are always given training on family planning. We are trained about the methods, so if a girl asks you those kind of questions, because she may fear asking the doctor, you will convince her to know that those are just myths and that I can protect myself from early pregnancies. Another question is that, if I fail to take my pills for a day or I am late to take my pills...you just tell her that if you skip today then you have to take two the following day or you swallow them when you remember and again at your usual swallowing time. If she has side effects she will say I have bled a lot, what do I do; you will then tell her that you have to seek medical attention.

I: And what are the myths exactly?

R: The myths are the ones am telling you that a girl has information that only those who have given birth should have family planning and in case they start using family planning before they give birth they might end up never giving birth in future,. So they fear and say that I don't want to use family planning because I've never given birth but you know they are at risk, I think that's the problem. So we do give them the knowledge to stop them from believing the myths.

I: And what do you think can hinder girls from enrolling into the ITH project?

R: Insecurity from their parents especially mothers who don't accept that their daughters are exposed. Because

when a girl has sex with a boy, the parents won't know, she will just pretend because the parent knows, I am paying school fees for my daughter and am waiting for her to complete school so that they can indulge in such. But a girl cannot tell a mother that am having sex; so you find that because the mothers are not open with their daughters the girl cannot approach the parent and tell her that because she knows what to expect after telling the parent, the parent won't be friendly to her and will condemn her, you see.

I: Anything else apart from insecurity of the parents?

R: Another thing is...how can I say it...maybe I will remember later.

I: Okay, and what is the attitude of community towards the girls who receive T-safe?

R: The girls who...

I: Towards T-safe itself.

R: The attitude of T-safe...

I: The attitude of community towards the T-safe.

R: Okay, I don't know whether they have involved the chief and the...as a whole but what I know is that the more we go to the ground in the community, that gives them the confidence that this thing is really working and it is accepted. So you find that in Githurai, number of girls enrolling for T-safe gives them the confidence but they cannot just...let's say for example, there is that incident that happened in Eastleigh, the residents stormed a clinic and harassed the doctor and the entire hospital staff because it provided family planning services to the young girls; they believe that school girls shouldn't be given family planning services. So you find that their security is...it's like a volunteer

service we are providing but it hasn't been embraced by the community as a whole. So you find that somehow we are not very safe, if at all, the government should provide us with protection so that even if a parent harassment as a mobilizer, I will have been endorsed even by the government to provide the service so that if the girl wants the service and the parent doesn't the service provider and the mobilizer will feel protected. Because the parents may find them with the pills and ask the daughter to take her where she was given the pills, the doctor will be the one having a problem. So you find that Triggerise is still unable to protect the hospital and the mobilizer, it's like we are doing it within risks so we still have challenges on that. Another one is on payments, now that they have reduced our payment, we don't feel motivated because sometimes I wouldn't go to my usual job and go for training and meet a few girls, if I send them to the clinic I know by the end of the day, when one goes for the service I will get this amount, though I don't do it for them payment but I also want to feel appreciated with whatever am doing. If she goes to the clinic and takes the pills, I don't get paid, the other as well, you see I don't even get motivated to carry my phone at all times because I know that even if I get it, it's just a by the way thing but it's not really in my mind. So I don't work as hard to mobilize the girls.

I: And what is the view of the community towards the T-safe shops where they redeem the points?

R: I cannot say that most community members know about it, because girls do have their secrets, I would mobilize a girl and send her to the hospital for service and the

points, she will go to the retailer, so it's only between you, the service provider and the retailer who will know that this lady is on the T-safe platform. So you find that mostly even if someone was at the shop and she is redeeming the points, she will not know what is going on. You know, they don't go around telling everyone that I am in this T-safe program because I still feel that if one knows that you are using family planning they will know that you are sexually exposed, so they don't want to be known.

I: But have you personally experienced any stigma?

R: Yeah.

I: Tell me about that.

R: Let's say the neighbours we live with; you mobilized a girl and she brought another group of girls to be registered because a girl cannot go to the clinic and get the service before they are registered, so when they come, you know they will be talking or the other women will ask, what are these girls doing at so and so house; so when they come to know about it you find that they start talking and saying, these are people spoiling our girls, I don't want to see my girls with so and so daughters. So you find that there is...

I: You have experienced that...

R: Yes.

I: Where exactly?

R: In my neighbor. Even when the girls come to your house, they say, they have gone to mama Ester so that they can be taken for family planning services. You know they don't always utter friendly words so you find that you are judged wrongly, so that's why we mostly don't always want to mobilize within our neighborhoods, you can even

decide to go to Kahawa West because no one knows me there, I will tell the girl to go to the hospital and when I come back to Githurai, nobody will know.

I: So you are trying to say that to deal with such situation, you do mobilize away from your neighborhood?

R: Yes, I go away from my neighborhood but if a girl approaches you, you just do it not because you want to please the other people but because of these benefits.

I: So in general how do you deal with such challenges?

R: I just accept because you cannot exchange words with someone because they condemn you because I know that by the end of the day, even if she condemns me, you have saved some life or saved some girl from dropping out of school, there are dreams you have kept alive. So you don't do it to please anyone, you do it for the sake of the lady you don't want to find herself in the situation like yours whereby they will get unexpected pregnancies.

I: What can you say is the view of the girls about T-safe?

R: The girls are okay, they don't reject it but now that...they used to like T-safe a lot, they call it TIKO because when you mention TIKO they know there are points and going to private clinics for services for free, you know most services are always paid in private hospitals, and they know it is friendly. But now that there are no payments when they take pills, they are a little heartbroken because you find that a girl may come from 45 to Githurai, because you know most girls of that age are in secondary schools. So a girl would come here from Githurai, they will then go and visit another girl in Kahawa West, they can go to a clinic in Kahawa West and do redeem their points there; but now that the points are not there, they will wait or go to a public hospital

for the pills for free, maybe they will be given for the three months and then they will say it's just the same as going to the private hospital because you don't earn any points either way; so you find that we get a bit challenged in that.

I: And now in general, what do you think are the beliefs or perceptions that hinder the girls from enrolling into the T-safe?

R: They have been motivated by the points and the friendliness of the service providers; there are no points anymore and they don't want to risk going to the facility; that now am going to 45 because I my mother is known in these hospitals, so she can trek knowing that if anything bad happens, I can come with my parents and tell her that I have this problem; I will get something I didn't have because I am going to get this service from a service provider. But now she says she doesn't need to trek that long because she won't earn anything, so you find that since that change, the turnout has been very low.

I: So how do you address such challenges?

R: That is the problem because we would like Triggerise to create a platform for us, mobilizers so that we can give our opinions, apart from you coming to interview me, I am sure; you know when we text or...we mostly use text messages to register or to enroll the girls, if they would give us another number or the same number but we get a way we can forward our complaints, so that we can talk to Triggerise directly and tell them the challenges we face and we get feedback, at least they will improve the platform services.

I: Okay, I think we have come to the end of the interview, I don't know whether you have a question for me.

R: A question regarding TIKO?

I: Yes, T-safe or anything regarding in their hands?

R: My question or comment is that, I have been happily doing this job and I have always regarded it as job and as something to empower the girls of that age, but since I cannot just sacrifice to mobilize the girls because by the end of the day Triggerise will be happy to see lots of girls in the platform, if they get to appreciate us like they used to appreciate us with the points, we feel encouraged and we are motivated to continue working, so they should consider the TIKO miles and even though they have reduced them, if they can accept to pay us some money, we will still be okay because we spend our time and volunteer and not everyone will accept to abandon her job and volunteer. So we would like to do this job like a real job.

I: Any other question?

R: I don't have any other question.

I: Okay, and maybe there is a point you feel we left out and you wanted to share.

R: I don't think so...I have forgotten it again.

I: Okay, thank you for your time and the information have given us is very important and we will try to deliver the report at the office so that maybe your concerns or challenges maybe looked into. But I don't want to assure you of anything because us we are just doing research and by doing research we share this information with as I told you so it is them who will get to understand and see how to better the services better.

R: Let me remember the question although it doesn't regard Triggerise because am sure so long as you come from the government...we do see these condom advertisements in the TV, to help the Triggerise to promote the information about T-safe, the government should not be so stringent on allowing girls be introduced into the family planning; if at all they can give the Triggerise permission, the way we do see condom advertisements in the TV, this T-safe project should also be advertised just like when a person starts a school, she can advertise because that will help us create the awareness.

I: Okay, I have understood that concern, thank you.

[End of audio]

Notes

The interviewer probed all the questions as stated in the guideline.

File name: ITH_R2_NAI_STA_URB_002_MOB_002_7519

Duration: 00:41:09

I: This is Florence Olum taking an interview of ITH round two in MSK Eastleigh, Kamukunji, Nairobi with a mobilize 002 on date seventh May twenty nineteen at 18:37. Yes Michelle, we are going to start our interview and as I assured you of the confidentiality, any information that you are going to give us, we are not going to discuss it with anyone. Can you tell me briefly about yourself and what you do?

R: Am Effie Michelle, just from Mathare, I do mentorship of girls and with that I talk to girls about life skills, gender and financial status and am also a mobilize whereby I mobilize girls on T-safe and I also talk to them about life skills.

I: You've talked about gender and...?

R: Gender, life skill and financial stability.

I: **So about the financial stabilities, can you tell me more about what you do?**

R: In financial stability, that's for the small girls that I mentor, I only try to bring up about savings and with that we had a connection with post bank whereby the small girls opened...everyone opened an account so with that we teach them how to save in that in future the money that they've saved they can help their parents to pay school fees and how they get the money, we try to tell them that when they are going to school, any small amount that the parents have given to the child, as small as five, small that the amount will be, how the child can save and take to the bank account so that in future it may help her.

I: **And about life skills what do you talk about?**

R: Life skills we talk about person's lifetime in that we do tell them how the community is and in that community you have to tell a child that in the community you have to be like they are same with boys so the boys should not undermine them in any way or the other and they also should know how to relate with the parents, whether it's with the male or the female parents. And any bad thing in the community be it rape, any bad thing, you have to tell a child the fact, don't call a spoon a small spade; you have to be open with them.

I: **Okay, thank you for that information. And now can you tell me about your roles in the ITH project or you call it T-safe?**

R: Yes. I mobilize girls and I talk to them about the importance of family planning whereby I have to tell them the truth that there are side effects and I don't force anyone to take any type of family planning, you have to

choose; I be open with them and tell them anything for someone to choose the best one and I also talk to them about like when a girl is fourteen years and above or maybe ten years and above they have to accept that they are sexually active so you have to tell a girl that by the age he or she is sexually active, and if the girl has a boyfriend, she just have to use the family planning so that she can prevent pregnancy, yes, you should just be open with her and tell her everything. We also don't force them to use any type of family planning and with the T-safe, the TIKO miles they get also help them because by that, there are TIKO miles shops and cosmetics so if one wants to buy some hair oil or sometimes you find that a girl doesn't have pads in the community so they use the TIKO miles to buy the pads which will help her. And we also give the girls pads so maybe if she runs out of the pads then she buys. At the shop there are foodstuffs and such so it helps her.

I: Thank you so much, you have also mentioned some other things I wanted us to talk about; I will however take you back a little, you have said that you do tell them about the importance of using pills or contraceptives and you have also said that you openly tell them about the side effects, could you tell me exactly what you tell them as side effects?

R: The side effects are; sometimes you may find someone with family planning method telling you that they have loss of weight and even they may fail to get their periods; some do gain weight and some cannot just use the family planning because it reacts badly with their body. So one should know...like the first time you use it, you should be monitoring yourself slow by slow so that you understand

yourself and know that you may lose weight so that it doesn't surprise you. So when one gets a method and gains some weight it will not surprise her because you already told her there are side effects; however, some are just normal while some may miss their periods on the first month and have it on the second month so they should not question themselves.

I: Okay, so how were you selected or recruited as a mobilizer?

R: How?

I: How were you selected as a mobilizer in the T-safe program?

R: At first I was also just a beneficiary before I was past that age, I then became a diva connector after that I become a mobilizer.

I: Okay, so when did you enroll?

R: This year.

I: Okay, like...you have said that you were a beneficiary.

R: Yes.

I: So when did you first benefit?

R: Last year but one.

I: You first became a beneficiary last year but one?

R: Yes, because I was in a boarding school.

I: Tell me your reasons why you joined.

R: Why I joined?

I: Mmh.

R: Like...

I: Or how did you become a beneficiary?

R: At first I became a beneficiary like at first I was also mobilized then I went and we received some education. We were girls so everyone opened up and said the truth, I had a boyfriend so when I heard that if you have a boyfriend...and I didn't want to get an early pregnancy.

I: **Okay, so can you explain to me how you are rewarded for enrolling adolescents?**

R: How I was rewarded?

I: **Mmh.**

R: I don't understand. How?

I: **Do you get any benefits if you enroll a lady?**

R: From T-safe?

I: **Yes.**

R: Yes.

I: **Tell me more about that.**

R: When you enroll a girl through the phone...to enroll a girl through the phone you send the word AFYA to triple two six ninety-nine.

I: **AFYA to?**

R: Not triple two...two-two-six-nine-nine.

I: **Six-nine-nine?**

R: Yes, I think that's the number.

I: **It's okay.**

R: Then you will receive a code, you give the girl the code, take her photo then she goes for the service and she earns some points; you also earn some points.

I: **Okay.**

R: And about mobilization, maybe if you mobilize, like sometimes they come to different areas, so when they come to the areas after mobilizing, you will be giving some money. So you will also get points which you can use to shop and you will also get at least some tip.

I: **So how much is the tip?**

R: Five hundred.

I: **Per day or?**

R: Per day.

I: Okay, and then you have also told me that the girls also get some points...

R: The girls are given pads and points.

I: Okay pads they are given; it is not that they use the TIKO coins to buy the pads?

R: Pads, when they come and get registered, they are given pads then they receive services. Also the points, you know there are some...they do get one pad each, maybe you have run out of the pads and you do use three pads, you can also go and shop for pads with the TIKO points.

I: Okay, and what is your opinion about the rewards?

R: On to me, on my side, I think it is good because at least when you get the points, they are always...they also motivate you and even when they give you the five hundred, they motivate you at least you know you haven't worked in vain, it's like a thank you from them because you have helped a girl somewhere.

I: Okay, you told me that you do mobilize girls, take their photos and register them; so how do you mobilize them, how do you get them and then start talking to them?

R: Like you know you cannot...let's say you have gone to an area like here in Eastleigh, you don't know everyone; the approach you will make on someone will make her accept, so approach is the key to everything. Also how you will talk to her, you should know that this is a society, you know psychology, if you see a person, you will know not everyone...like this is a ghetto, not everyone has a high education standard so you won't maybe approach them in English and yet she is not conversant, she wants you to speak in *sheng* or Kiswahili, so you approach her and...you will just look at her and approach her but you shouldn't also judge a book by its cover.

I: Okay, and where do you actually meet them so that you talk to them about these?

R: Where do I meet them?

I: Mmh.

R: Like you set a hall and you go mobilizing them so when you talk to her you tell her we will meet in a certain hall after you set a safe place; so you tell them we will be meeting in such a place, when they come...where you are sure it's safe, no one out there can hear the information you give them and no information will be said outside unless one of them tell a friend and also, after the meeting a girl with a problem will come and tell you, I am this and this way; or there could be someone who cannot say they want this type of family planning in front of everyone else so she will remain behind to tell you; so you should also keep things private. If one tells you that I want to use depo but I don't want my friends to know, you should find a way of handling her.

I: Okay, now that you've talked about, you look for a safe place; how do you get the safe place?

R: Safe place can be a church, school, maybe a community hall. And when you go to a safe place, you must go talk to the people there, you may be asked to pay some little money.

I: How do you get that money to pay the hall?

R: If...we may go as a team then we pay and if you know the girls you are going to talk to or maybe there is a problem or something you have heard; you will just have to pay the money from your pocket.

I: And how do you feel by using your money to support other girls?

R: You feel good because you shall have helped someone and with that, God also blesses you.

I: Okay, and how do you ensure that these adolescents visit the clinic after establishing that contact with them?

R: After establishing the contact, like if you are close with them and you meet them, she can tell you, it's been three months since I took the depo so I have to go back to the hospital or you will ask her, which method were you using. So it depends on how close you are to her that will make you ask her and she will also open up to you and tell you voluntarily.

I: Okay. So that's how you ensure they go to the hospital?

R: Yes.

I: And what if you just talk to someone out there and tell her to go like you told me; you talk to her and send them to the facility or you go with them?

R: You accompany her to this place and let her receive the services.

I: Okay, and then how will you tell that okay, she has received the services, is there any feedback to you from the hospital or...?

R: From the hospital?

I: Mmh.

R: Yeah, there is feedback, you will be told today you brought like twenty girls.

I: Okay. And are there any challenges that you undergo as you do this?

R: Yes.

I: Mmh.

R: Like in the community, not all parents wants their daughters to get family planning, not every parents accepts or opens up to say that her girl will have sex, some believe that their daughters are good mannered so when they hear that their daughters wants to have family

planning, she will be against you and when one person is against you in the community, the rumour will spread and they will feel that you are spoiling girls in the community. So if you want to mobilize, you look at the age. You can mobilize an eighteen or nineteen-year-old, that is old enough. For the younger ones, even for you to bring her over, you will first approach her and some will tell you that you have to talk to my mother or others will just tell you, let's go. So you will first have to talk to the girl because maybe she doesn't want her mother to know that she is using a method.

I: Can you share with me an experience you had when you talked to a parent or a girl...when you mobilized a girl...

R: It is not easy for a parent to agree so the most important thing is your approach towards the parent.

I: Which approach do you use?

R: How you start talking to the parent and your explanation will make the parents accept or refuse and if she refuses you don't force.

I: And do you think...for the ones you have approached, are they always positive or what happens?

R: some are positive, some are negative and if the parent is negative, you don't have to force.

I: Okay, and you have a platform at the T-safe, isn't it?

R: Yes.

I: And can you tell me your experience in that?

R: My experience in?

I: In T-safe platform.

R: That's tricky.

I: Like communication like you are using the phone, you told me you take a picture via the phone and then you register,

I don't know if there is a communication that you use...a system of communication that you use.

R: With the girl?

I: Yes, with the girls or in T-safe in general.

R: Communication in what way?

I: Okay, let me put it this way, like do you have a way that you talk to these girls like maybe you send her to the facility and you get a feedback on how she was received or something of the sort?

R: How she is received is up to the girl...let's say if you send a girl, when she is welcomed harshly she will come and tell you or if you try mobilizing her next time, she will tell you no, I was treated harshly.

I: And do you think it is easy for them to join T-safe?

R: Yes, it is easy to join.

I: Okay, and on communication, do you communicate in any way using the phones?

R: With the girls?

I: Apart from taking their photos with your phone, is there anything else?

R: Any communication, maybe if you form a group.

I: And do you have any group?

R: Yeah we had a group.

I: Of?

R: We had a group of girls in Mathare, down there.

I: So what method were you using to communicate?

R: It was a WhatsApp group.

I: So what are some of the issues that you were discussing?

R: One would just open up and say what her problems were, it wasn't only about family planning but we were helping one another in the group; one would tell you she has a problem at home so me as a mentor, I had some little achievement

on that because I would also go and mentor her so she can tell me what her problem is because maybe that was a psychological problem. So you would go and talk to her...or one would say that her friend had a problem, we would then exchange ideas.

I: And in that group everybody had a phone?

R: Some didn't have a phone but all those who were in the group had phones so those who didn't have phones weren't in the group but whenever we met, we would always talk about whatever we discussed in the group.

I: So apart from the WhatsApp group you also had some meetings?

R: Yes.

I: Is there any other experience you have had...with the facility, is there any communication you have through phone or the girls has the communication with the service providers in any way?

R: During consultations a girl would come here to consult; maybe she wasn't satisfied by your explanation or she didn't understand.

I: So she comes to consult?

R: Yes.

I: Okay, and you told me that you would register the girls through your phone, could be there was also a way that they were using their phone maybe in other activities within the facility?

R: If you register them through the phone when you use the T-safe card, yes, we would also register them through their lines.

I: Okay, how were you doing that?

R: You would register her using her phone.

I: How do you go about that...registering her with her phone as in?

R: You first send a message to that two-two-six-nine-nine, you would then receive a code and when she receives service, she earns points after she has consulted the doctor meaning the number will first be entered into the system.

I: What instructions do the girls that you enroll receive about how to use different T-safe features?

R: T-safe features...

I: Mmh, as in what instructions on the T-safe features do the girls receive whenever you enroll them? So like the one you told me whereby you register her and she has a phone; such like things.

R: So how...

I: So during registration, she will use the phone, that is one of the platforms, so is there criteria whereby you tell her this has to go this way and this other one this way?

R: I don't understand you well.

I: You didn't give them any instructions?

R: Instruction?

I: Yes, through the T-safe.

R: No.

I: Okay, let me put it this way, like you've told me that these girls get some points.

R: Yes.

I: After getting these points what do they do with the points?

R: You buy anything that you want but let's say, the supermarket was far because it is in Kangemi so not many people could access it, like in Huruma, we have the Mulika hospital where you could go and use them or opposite Mulika

there is a cosmetic shop where you could also buy cosmetic stuffs and also just next to that there is a shop where you could buy milk or bread.

I: Okay, and then you also told me that you were giving them some instructions mostly about how to prevent themselves from getting early pregnancies; so were there any instructions where they were told you need to follow this, you need to do this and those like issues?

R: We need to do this like...at first things like maintenance?

I: Yes.

R: Yes.

I: So tell me more about it.

R: First you tell the girl on the maintenance about abstinence, one doesn't have to use family planning, you can also abstain from sex and you can also use a condom, so you tell her what she can use to prevent pregnancy before you talk about family planning and tell her all types of family planning methods and you explain each one of them.

I: And what is the most common question girls do ask when you talk to them?

R: Most of them do ask about the side effects; one can also just open up to you when she is pregnant whether she should have an abortion or what she should do.

I: And how do you always react to those questions?

R: You have to give the best answer in all fronts.

I: Okay, and then?

R: One can tell you that she is pregnant and maybe she cannot keep the baby because she is an orphan and has no job, so she will just have to have an abortion. So you will advise her not to have an abortion and if she insists on having an abortion, you will have to tell her to look for the

best way to have the abortion and that after that she use family planning.

I: So what is the best way to have an abortion?

R: She goes to the doctor at the hospital like with me I normally suggest for them the best hospital.

I: Like which one?

R: Marie Stopes.

I: Marie Stopes is the best hospital...and do you think it is allowed for them?

R: Abortion, no.

I: Not allowed but now with the decision of the teenager...

R: The decision of the teenage, you can advise her in all ways but she may insist on having the abortion. Maybe she may tell you that she wants to have an abortion using the juice or omo or such like so you will know that she is risking her life and so you just advise her to go to the hospital and maybe the doctor will talk her out of having an abortion later.

I: Okay, and among the girls that you've been mobilizing, how many have encountered such like problem?

R: With me its two.

I: Two?

R: Yeah.

I: And were they helped?

R: Yes.

I: Okay, through Marie Stopes?

R: Yes.

I: Okay, and how do you assist the adolescents to access services after they enroll?

R: Help them like?

I: After they enroll.

R: After they enroll...when you enroll a girl you will accompany her to the hospital if you have to so that she can access the services or sometimes the doctors do come to the communities so if you are in Mathare you enroll the girls and take them to the specific safe place where the doctors have an outreach.

I: **Okay, and what do you think can hinder the girls you enroll from accessing the services?**

R: What reasons?

I: **What could hinder the girls you enroll from accessing the services sometimes?**

R: Maybe if the doctor they found did not treat them well; also peer pressure may hinder them from coming back or even the side effects they get.

I: **Okay, so you have said that peer pressure can contribute.**

R: Yes.

I: **How?**

R: Peer pressure like you may have your colleagues who don't use it so they will ask you why are you using it...they will tell you that when you have sex you should tell the boy to practice the withdrawal method.

I: **And when you say it is because of how she was treated, what do you mean by that?**

R: Like a nurse, let's say you have come to the nurse and you tell her you want to have depo, depo is an injection and maybe you fear injections, so maybe you will tremble and tell her to be gently and she may answer you harshly, you will not like it.

I: **Okay, have you seen that happen to any that you enrolled?**

R: Maybe a few.

I: **So they've encountered that, a few like how many numbers that you are sure of?**

R: Around five.

I: **Was it because they were not handled in the best way or?**

R: One of them told me that...like when we were mobilizing, it seems she didn't understand but she didn't say what part she hadn't understood so when she went she was asked which type of family planning she wanted and she said she wanted an implant for three years but she didn't know it's an implant. So when she realized it was an implant and she changed her mind, the nurse insisted on giving her that method.

I: **So after that what happened?**

R: It led to some problems.

I: **How so?**

R: with the parents.

I: **So what happened actually...just tell me what happened.**

R: The parent came and insisted that the girl remove the implant and when it is put it cannot be removed immediately.

I: **So after how long was it removed?**

R: It was on a Friday and it was removed on Monday.

I: **So what can you say you see as the motivating factors for girls to sign up to the T-safe?**

R: I think when you give them the pads, TIKO miles they get too at least they feel it helps them like mostly in Mathare what I see is that girls do like it; most of them do go to the cosmetic shop. So that motivates them and when you mobilize them they cannot refuse, at least it's just like you are bringing up the girl child.

I: **Okay, and do you think accessing information also motivates them to sign up?**

R: The information you give them also contributes because then one will know...everyone knows that early pregnancy is

bad so there are some who would prefer knowledge to money so knowledge is the first thing.

I: Okay, and do you think some do come just because they are following their friends?

R: Yeah, some can come just from following their friends but when she comes, maybe the knowledge you will give her will change her mind and then stand for herself because taking a family planning method is one's decision.

I: And do you think also there is something to do with peer pressure in this?

R: Peer pressure?

I: Yes, like another girl forcing another girl, let's do this thing?

R: Yes.

I: And what can you say is the attitude of the community towards the girls aged between fifteen to nineteen who receive the sexual reproductive health services under T-safe?

R: It is good simply because in the community these days, fifteen to seventeen years' girls; nineteen to seventeen, most of them do get pregnant and a young girl caring for a young child, that's a shame to the community; maybe the girl is an orphan and the man tricked her that I will give you money after this. So if you tell her that type of family planning, maybe she also doesn't have the money so she has to engage in sex with the man at least that will prevent her from getting pregnant. And also when you tell her that, she will not have any problems in her life and you'll have helped her by giving her the information.

I: And what is the attitude of the community towards T-safe itself?

R: T-safe itself, what I have personally experienced is the attitude is good.

I: **Okay, what of the shops where the girls go to collect the commodities?**

R: They are treated well.

I: **And do you think the community...how does the community view those shops?**

R: They view them well, they are happy about them, most of the parents I know of are happy because when a girl gets the TIKO miles they can even buy cooking oil or milk that they use in the house.

I: **And what of the clinics; the attitude of the community towards the clinics offering these services.**

R: That depends with the parents; those who know it is better for their daughters to get family planning for them to be safe, they do appreciate the clinics because they help them a lot. And for those who don't want to be open with their girls, they do feel that the clinics expose their girls to things that they should not be told.

I: **And as a mobilizer, how do they view you?**

R: In my area where I mobilize girls, most of the parents are happy because they know that the information the girls receive is good, that's when the girl gets to learn things...your parent will not tell you everything or that your father can rape you but with that as a mobilizer, if you talk to girls about life skills you should tell them the truth and make them feel free so most parents are always happy because they feel you help them.

I: **And can you say that you have ever had any stigma in doing your work?**

R: Stigmatization?

I: **Mmh.**

R: I haven't experienced that; I only experience in one family.

I: **Not even in your own family but even from the community.**

R: Only one parent.

I: **What happened?**

R: Like she didn't want her daughter to get the services but I never forced the girl so when I was talking to the girls, her daughter came but she didn't want her to be exposed to know the truth, she feels her daughter is good mannered.

I: **So what happened...how did you solve the issue?**

R: I just talked to the girl, because she was just sixteen years old so she understood; I told her that since her mother didn't want...if the parents doesn't want it and the girl insists to come, I guess maybe the relationship will be bad so I talked to the girl and told her that if she has a personal problem she should come to me in person without her mother's presence and I will help her; but for open meetings where her mother knows, she should avoid so as to maintain her relationship with the mother.

I: **Okay, and is there any rejection you've received somewhere apart from that?**

R: No.

I: **Okay, when you were mobilizing these adolescent girls, are there some other challenges that you faced?**

R: Mobilizing them?

I: **Yes, the girls.**

R: Some do refuse and others do ask you what benefits they will get when they take the methods.

I: **And then how do you deal with that now?**

R: You just have to explain, if she accepts it's okay; if she asks you about the benefits you tell her about T-safe and the TIKO miles then she will make a decision, if she

accepts, you take her to the clinic, if she refuses, well and good but you have to...at least in your explanation you should be audible for the girl to understand you well.

I: So what do you personally feel about the attitudes of the girls in this platform?

R: The girls I know of are always happy about it because they are helped; they do feel that they learn a lot and also get a lot of benefits.

I: So benefits are like the ones you told me about?

R: Yes.

I: Okay, and what beliefs or perceptions or concerns that can hinder adolescents from enrolling into T-safe?

R: There are beliefs ...there are some in the community who say that if you use family planning before you give birth, you will never give birth. And some are also told that when you use family planning you either loose or gain weight, such like things.

I: So how do you deal with that as a person...as a mobilizer?

R: When one tells you such a thing, you will just tell her that yes you can gain weight or lose weight or you can just be okay; so you should just monitor yourself at first then you can make a decision.

I: Okay, so thank you so much, we have come to the end of the interview but if you have a question for me, you can ask me; and maybe there is something I left out during the discussion and you think or you need to share with me especially on this issue of ITH or T-safe, is there anything you want to share?

R: Nothing, I only want to ask you why you have come to collect data.

I: I told you that we are collecting the data so that we can improve the sexual and reproductive health services

especially the ones you provide; you do realize we have asked about the challenges you also face as a mobilizer or even those challenges that girls face so that we can know what can be done to make them continue receiving the services. So this information as I told you, we will give it to the policymakers so that they can see what to be corrected and what else should be done. If something was being done this way and it's not working well, so what method can be used instead. Those are some of the things that we are asking you about. So even the implementation will mostly be done depending on the information you have given us. But still as I told you that the information we have collected from you will not be shared with anybody else, okay.

R: Okay.

I: Do you have any other question?

R: I don't have a question.

I: So thank you so much for coming, you've given us your time, I know you were busy somewhere but it's okay.

R: Yes, thank you.

[End of audio]

Notes

The interviewer didn't seem to probe further for more beliefs, perceptions or concerns that can hinder adolescents from enrolling into T-safe.

File name: ITH_R2_NAI_WES_URB_003_MOB_002_8519

Duration: 01:09:08

I: Thank you so much for accepting to participate didn't this study, as I have explained to you it is an evaluation about the In Their Hands program or what some of us call T-safe program, for the girls aged fifteen to nineteen years who have been accessing services here. So it is just about

capacity building it is nothing about finding faults. So your responses are going to be of utmost value to us. If there are gaps or if girls have been getting good services, is it helping anyone? So for this particular interview, now this is Wycliffe Ombidi, RA code 003 doing ITH round two, service provider interview, provider number 002 in Nairobi County, Westlands sub-county at Marie Stopes Kangemi. This date 8th of May 2019 starting at 9.25 AM.

So thank you so much and to begin, please tell me about your work and experience as a service provider at this facility.

R: Thank you. I have been here for the last three years and I am a nurse by profession and currently working as a center manager at this facility. However, being a center manager does not exclude me from delivering services and we have delivered services to adolescents all through the time and until we had this wonderful program called ITH, In Their Hands where the girls have the power in their hands to get reproductive health services at the facility of choice at the chemist of choice. And using a very easy mode whereby initially they had to enroll through the phone and get a code, which they came with at the facility but currently we are having, cards that they are using, whereby they come to the facility. Just like the way we use an ATM card to get money, that is how they are using that card to access facilities. The health care services at the facilities.

I: Okay, so you are the over all in charge you say.

R: Yes.

I: And you also offer services?

R: Yes.

I: Thank you so much, in fact, the manner in which you received me I didn't know you are still the overall. Very kind of you.

R: You are welcome.

I: And we really appreciate. So in terms of administration here, please just highlight me what you do.

R: Majorly I manage staff, I manage the resources in terms of material and time and money and we also do reporting's which part of our bank and we also need to the Ministry of Health and also our internal reporting's.

I: Okay wonderful. Kindly tell me what is your role or how do you see your role in the ITH project?

R: My role is to ensure first and foremost we understand the aim of the project. Then being there, we understand that the aim of the project is to make SRH services accessible and affordable to the girls, that is age fifteen to nineteen, by this the girls who are not able to pay for the service can get the service free without money. They can also be able to access the services at a point, which is convenient for them. And this is also going to turn into their reproductive and developmental goals in terms of if the girl is able to access the services at an affordable fee or at an affordable site. Then this girl will be able to stay in school and be able to develop herself and attain her goals. The other thing is for me to be able to ensure that when we understand the goal and aim of this project but all the facilities and all the equipment needed that 8is in terms of the provider, in terms of the commodity are available. Because you can access the services but the products that they need are not available. So this also has to come in place and also our aim is to ensure that the girl get a service that is of quality. If a girl comes in here, we give a quality service a girl may bring another girl here, so we need that continuity. And by obtaining that then we need to give quality services to our girls

And also, to make it overhaul we also interact with other community stakeholders to be able to direct the girls here for them to be able to get the services that they direly need, yes.

I: Okay, wow. You are doing so much we really appreciate. And what exactly do you mean offering quality services. If you could just explain to me a little.

R: Offering quality services entails counselling, proper counselling. We do an overview counselling and one on one counseling and our products have to be within the jurisdiction of the government and the Marie Stopes jurisdiction that is something that is not expired, something that is not going to endanger the life of this girl if she uses it. And also in terms of quality, the interpersonal relationship that you relate with the girl that is what is going to give the girl confidence for her to disclose more.

I: Okay, so ideally are these the specific roles that you do as a care for ITH girls.

R: Yes.

I: Very nice. Please describe your experience with adolescent sexual reproductive health services, just briefly.

R: My experience with adolescents is vast; I have worked with adolescents for the last I think ten years.

I: Ten years.

R: Yes, until I came to Marie Stopes where I am even in the team that is implementing adolescent. And adolescents make a big chunk of our population and they are the future population, and they are the future leaders in Kenya, so if you take care of these adolescents then we will be able to take care of the future generation. And adolescents are a very unique age group and they need to be understood because they have unique needs, and when you understand those unique needs then you are able

to penetrate in their world and you are able to give them quality services. And you are able to meet the needs that they might be having, by you penetrating into their world.

I: Thank you so much. Okay, very nice. So how do you find your experience with adolescents?

R: One-thing adolescents could, just like I have said they believe in their own world.

I: In their own world, what do you mean by this?

R: They have their own unique needs.

I: Okay.

R: They have their own unique needs and for you to penetrate into that life that they live in you need to stoop very low and to stoop into their class. So that you are able to meet with them and when you meet with them then you will be able to understand the general needs that they may be having and the specific needs that they may be having. From there you will walk with them.

I: And kindly tell me about your training in adolescents' sexual reproductive health services.

R: Yes, we did training and the training entails you understanding the adolescents, you going to the level of adolescent and you providing quality services for the adolescent to keep coming to your facility and the adolescents to keep bringing more adolescents to get the services.

I: Thank you. How long was this training?

R: It took a week.

I: A week, and who offered it?

R: Marie Stopes.

I: Okay, you have already explained to me that this facility offers various category of services. The one that I'm able to catch up with quickly is counselling and then provision of

sexual reproductive health services. But kindly if you could just break them down a little, you provide counselling.

R: We provide counselling, we provide family planning, we provide STI screening and yeah that's it.

I: Counselling, FP and STI-

R: STI screening that is lab, STI screening and the treatment.

I: And the treatment, I don't know whether I have forgotten anything else that you provide but if you remember it.

R: We also do a slot of screenings like breast screening.

I: Breast cancer?

R: Breast cancer screening, but not necessarily cancer, its breast abnormalities. If you have breast abnormality then you will identify cancer, there is also screening on STI whereby you screen the valve, the vagina, yeah in case somebody has those symptoms.

I: And out of work, you are doing to help the young people we really appreciate. Please describe your experience with the T-safe platform. That platform that you use to register them, to enroll the adolescents into the T-safe services.

R: T-safe is a wonderful program and it is because it is an E-program. What I mean by E-program is online.

I: Okay.

R: And just like I said before that, we are trying to get to the level of these adolescents. They are millennials and they are using computers, they are using phones and they want something that they can identify with. Because T-safe program the girl is able to register online with the phone, with the card. When they register, they can come to the facility. And it is a very easy program because they register they come we put the, we key in the code, after the code we give the service, after the service we validate the service and the girl is able to get a reward. They are called Tiko Miles, they get a

reward, and that reward is a motivator, works as a motivator. Because she can be able to identify that with getting a service. What that reward means is the girl has taken up a step to come and get a health service, that girl had an option to stay at home and watch TV, go to another party, go to another place. But because she chose to come and get the service that is why they get the Tiko Miles. It is not an incentive to lure them to get the service it is just a reward.

I: It is just a reward.

R: Yes, it is just a reward for the positive behavior they have taken up.

I: You normally meet them when they come, but how do they arrive here?

R: By the time, they are arriving here they have met a mobilizer, a mobilizer is in the field and the mobilizer tells these girls about the program. Because if there were no these mobilizers, or if there were no the well-told stories in the magazines then this girl would have never have gotten that insight that there is such a program. But you see we have to work with the community, which is around us to get these girls get aware of this program. So this girl comes here and arrives here, get the service, a very easy procedure and leaves.

I: A very easy procedure, in fact you are-

R: There is no queuing, there is no money that I need, money to come and get the service. Everything has already been taken care of. Your work is just to come, take that initiative, a positive behavior, get the service and move on with your life.

I: Wow, you've made them so easily accessing the services, which is very great. And any issues that they get in that platform? The telephone registration.

R: The issue is maybe when the network is down. At times, the phone will die and default.

I: What do you mean?

R: The girl can come here and the phone will refuse to work, yeah. Those are some of the things.

I: Otherwise, you have already told me it is a wonderful platform and it is so easy to operate, thank you so much. So when you find that the girl's network or the girl's phone is faulty what action do you take please?

R: We now tell them to get another phone, they can swap their sim cards and check the message that they get. But I dint know whether you are aware that currently they are using cards. When you have the card you do not have a problem with the phone, there is a transmtion from the phone to the card. So the card is like an ATM card, it already has a number. So that number is imprinted into our computer and immediately the girl can get a service. However, because this is a digital era there are so many handicaps and so many gaps that arises and so various changes come in time at different intervals and that also could leave, even if the providers have been told that there is this change, the changes are so many. You understand because it is a program that is coming on but the changes also are very frequent. And we understand because this is a program that has its own shortcomings, and it's a computer just like the way you could have a computer. A computer any one can manipulate it, so you have to give gaps, you have to create blocks for somebody not to be able to manipulate. And that is why we moved it from the messaging to the card. And right now I hear its self-enrolment, the girl comes here when they have already enrolled themselves.

I: Okay, thank you so much. Now moving on, please tell me how has the project influenced the way you provide services to adolescents and you as a provider.

R: It has given me a positive attitude because I have come to realize that the girls really need these services. It is only that the service was not accessible and it wasn't affordable but these girls are in dire need of these services. And it has also given me another view to view this component of population as just any other population, but in a special way because these are people that needs to be drawn to us. They may not be having the capacity to draw themselves to us but they need to be drawn to us so that they attain the services. And that is why there is mobilization, there is sensitization for them to be aware that these services are available and they are at an affordable rate.

I: So if I get you well doctor you are trying to say that this project has enabled you to embrace more the adolescents to attract them to yourself so that they are able to access services. I don't know if there is anything else, any other influence that we have not mentioned.

R: This project has also made me understand that adolescents have very many needs, and very many problems but they shy away because there is no one to share them. You find a girl has come, she is HIV positive, she did not know but you tested and turned positive. So we have to the EKGs, yes. And also, this girl has other problems like the vaginal ulcers; we have breast engorgement that are enlarged because they did not have somebody to talk to. You become their friend.

I: Oh, you become their friend, great. So what are the most common questions that you get from adolescents regarding ITH or what we call T-safe.

R: The common?

I: Questions that you get from the adolescents regarding the T-safe?

R: The T-safe project is the most unfortunate bit is that it does not offer treatment, so the treatment the girls they go somewhere else. But there is a pharmacy whereby we can get some drugs, but you see if those things were made a one stop whereby the girl comes, gets the service, get tested and get treatment, that would be easy. But if you test and you find there is a problem then you send her away she may go there or may not go there.

I: **So is that to say that under this program you can test but there is just the extent that you can trace, because I can remember you already explained to me that part of the services you offer here is that you test and you treat them.**

R: We treat them if they are able to pay for the treatment.

I: **If they are able to pay?**

R: Yeah.

I: **Okay, so it is not that-**

R: It is not a free package.

I: **Oh, it is not a free package. It is not. So tell me what are you able to provide to the adolescents for free.**

R: What we are able to provide is counselling, family planning commodities.

I: **Okay.**

R: Family planning commodities and counselling.

I: **Okay, so the rest that you say breast examination, STI, those ones they have to pay?**

R: Yes, those ones they have to pay.

I: **So what are the common questions that they ask you about this platform?**

R: It's the side effects.

I: **The side effects.**

R: The side effects already we have told them but they are more worried about the side effects, so you have to lay that as I

had told you that those side effect are there and they can always come back for treatment but those are also some of the things that they fear. They are also having a lot of myths and misconceptions about contraceptives. So those ones you have to remove those myths and misconceptions and giving them the right information about contraceptives.

I: Okay.

R: Yes.

I: But about the ITH program, they don't have a lot of concern?

R: They have, they don't a problem with the ITH program because I know that has already been explained to them before they even arrive to the facility.

I: Thank you so much. What changes have you noticed since the introduction of the T-safe?

R: Like I told you we initially had messaging but now it's the card, now it's the self-enrollment.

I: Okay, any other challenges? It could be changes in terms of how many adolescents now come here.

R: Yeah, that number has reduced because initially we had a bigger number but now they are keeping reducing, they are reducing as days go by. And the worst thing is they used to have an idea of what they are coming to get, so they don't want intrusive procedures.

I: What do you mean intrusive procedures?

R: Intrusive procedures like the implants and the IUD, they want something that they can just get and go.

I: Okay.

R: Like the pills. The pills and the injections.

I: Okay, but we are saying that initially they used to be many now they have reduced.

R: Yes, they have reduced in numbers.

I: Is it since the introduction of the T-safe that they began reducing?

R: It is since the introduction of this self-enrolment. I think probably they are not aware of how they are supposed to enroll themselves.

I: Okay, so-

R: When there was a mobilizer, they used to come but now since the introduction of self-enrolment.

I: Sorry so since the introduction of the self-enrolment.

R: They have reduced.

I: They have reduced.

R: Yeah.

I: Okay. Just help me to understand this; previously they were being enrolled by the mobilizers.

R: Yes.

I: But now there are changes, you are saying that they are now enrolling themselves in their own phone and you are saying it has reduced, the number of the adolescents you see here has reduced, okay. I don't know whether there are other changes that you have noticed that we have forgotten but because it not question by question, if you remember anything else you just bring in. so how has the preference of adolescent service users been influenced or changed as a result of this program? Their preference? How has it been changed or influenced as a result of the T-safe program.

R: How the?

I: How have the presences of adolescent service users, the preferences of these girls that you receive here been influenced or changed as a result of this program?

R: I think because they used to come in large numbers they could influence one another. By the time you ae doing the service they already have, and like I was telling you before they

already have a preformed concept of what they want. "You took an injection, I'll also go take the injection, you took the pills, I'll also pick the pills".

I: Okay.

R: So even after counselling they still to something that is noninvasive.

I: Okay, so-

R: That is not long term.

I: So when they come for service and they find themselves in a group, that group sitting together now influences their choices.

R: Yes.

I: So you say that they ask what are you going to receive.

R: Yeah.

I: So if the other say it is injection this girl also says injection.

R: Yeah.

I: So their preferences have been influenced by other peers who are accessing services, great. Anything else or any other area you see has influenced or changed their preferences.

R: Also in terms of maybe, probably for the few who have taken up the implant they thought that the implant to be inserted is very painful but they realize it is not painful. And with the experience, they have given that experience to other people.

I: Okay.

R: Yeah. So for those few who are taking that implant they have taken it on that basis, that they thought it was painful and it was not painful.

I: Okay. And kindly also tell me how have the preferences of the health care providers been influenced or changed as a result of the program.

R: Normally for me I do not have a preference for any one, I do counselling and I leave the client to do an informed choice. So I do not have a preference for the adolescent, I do not say that this is good for you. According to the training I have gone through, I am supposed to give the counselling and let the client do an informed choice.

I: **Okay.**

R: Yeah. And that is to everyone not only the adolescents, it is to everyone, the only thing that you can do is you can guide depending on the health condition of the person.

I: **Great, kindly tell me how your facility and colleagues supports adolescent girls seeking sexual reproductive health services here.**

R: Like we said we have embraced the customer care and this is to everyone, it is not only to the adolescents it is to everyone but to the adolescents there is an emphasis because it really matters on how you approach them and how you attend to them. It will determine whether they will take up the service or they will leave. And also enhancing that the facility is well kept, is in order so that adolescents when they come for the service they can get the service in a clean place, in a safe place, and that all the commodities are available to ensure that after doing the counseling these commodities that they may be needing are available in stock, yes.

I: **Okay. Any special provision for adolescents only?**

R: Special provision?

I: **Yeah.**

R: The special provision is that we give them pads.

I: **Okay.**

R: Yes, we give them cards after they take up service.

I: **Nice, so do you charge them?**

R: No.

I: **You don't. So that is part of the free services that this facility offers. Oh wonderful service. Any change in opening and closing hours to impress them more or to get into their world, the world that you talked about.**

R: The world that we talked about we open as usual and we did not realize, there was a time we used to change our timing but we did not realize any change. The other thing is that we go out to meet them, so we do outreaches and we meet them at where they stay.

I: **Okay.**

R: Because you know this is an age group that cannot come at night, it may not also come very early in the morning because they will be asked by the mothers. So we go to them at the time, at the optimal time maybe after they finish washing dishes. At that time 11.00 to 3.00 when they are free.

I: **Oh when they are done with their individual chore. Okay great. What then we are trying to say is that for the time you are opening and closing your facility that has not changed, but you've been able to meet them on outreaches. Okay how does the outreach program peer work?**

R: The outreach we usually go to site, the site is normally mobilized, I mean the people are normally mobilized and pick up a site that is neutral for everyone especially for the adolescent and they will feel safe coming to that site and we offer services there. Quality is maintained, there is no compromise on quality, there is no compromise on customer care, and there is no compromise on product. Everything is as per the clinic.

I: **Nice, now that site that they feel safe in in the community, what are some of the samples of those kind of places.**

R: Like a resource center.

I: Oh, a resource center.

R: We go to a resource center where the girls go or the adolescents go to so that, a playground, we can pitch a tent.

I: Any thing you've done in terms of privacy and confidentiality when they are here, when they come here as part of the support?

R: Privacy and confidentiality is maintained throughout. Like when we are registering, they are only one, one at a time. When all their biodata information is picked, when the card is with the doctor privacy is maintained. That card will not be seen by any other person. So in terms of documentation it is confidential, in terms of service delivery the client enters one at a time and the door is closed in all the rooms, the counseling room and in the procedure room.

I: Okay.

R: Yeah.

I: What is the waiting room like?

R: The waiting room is just the general room, unfortunately we don't have any space to change or to do it for themselves, that is a good idea to have adolescent corner but according to our facility they use the same waiting room every one else in the waiting room.

I: I don't know whether you have herd any feedback from them what they feel siting with everyone else in the same place.

R: Okay, we get feedback but we have not been able to change that. Initially we used to have very big large numbers of adolescents. So what we did, we had rented a room a t a nearby facility, a health facility, a resource center that is just.

I: Okay.

R: And that is where they used to meet, so when we finish up with the other five bunch would come, yeah. That is just like a sitting of our facility but we are not able to do an

adolescent corner or an adolescent reception. That is the ideal but because of the scarcity of space that is not possible. But that what we used to do for when there are large numbers.

I: Is this still working now?

R: It is not working because we are not having those very many large numbers.

I: And if I take you back you have explained to me if I got you right that what has changed that has made them not to come in large numbers is the fact that they are doing self-enrolment.

R: Yes, self-enrolment.

I: And initially when they used to come in big numbers, they were coming but you guys were the ones enrolling them?

R: Not us, they were being enrolled by the mobilizers.

I: By the mobilizers but now, the program has changed that they have to self-enroll.

R: To enroll themselves, yeah.

I: Okay. For the consultation room you've told me it is very private, that each adolescent comes in one by one, do you offer them any IUC material?

R: Yes, there is IUC material at the reception; they can continue reading the material before they come to the consultation room. And even in the consultation room there is IUC materials, there are demos, there are real life commodities where they can feel and touch whatever they are picking.

I: Okay, you have told me so much about what you do as a facility to support these adolescents but allow me to just ask this question again. How has participation in the ITH influenced the quality of sexual reproductive health services for adolescents in this facility? How has participation, your participation as a facility in the ITH program influenced the

quality of care of sexual reproductive health services for the adolescents who come here?

R: The ITH platform in terms of quality they have been doing, apart from what I've told you, quality in terms of customer care, quality in terms of service delivery and quality in terms of data validation that has been consistent because that we have been doing. We have been very very keen to ensure that everything we do in terms of services and data validation is done.

I: **And based on your experience working on sexual reproductive health issues in this community what would you say are the facilitators and barriers for adolescents to access sexual reproductive health. If we begin for example with facilitators, those factors that attract them into accessing sexual reproductive health. What are we able to say about facilitators?**

R: Is like proper mobilization that is enhanced by the community health workers, the mobilizers, their parents, peer to peer counseling an enabling facility like for example a facility that is near is accessible, has commodities and has good quality services, appreciates them and accommodates them. Those are some of the things that would enhance that. And also I don't know whether I would say it's a culture of today's nature but sometimes you have to expect something back, like what I am telling you, we give them a packet of pads just to keep them motivated because we have done something that somebody else has not done so we appreciate them. That keeps them coming or they send other people. Do not forget the influence of other things like media, media I talk in terms of Facebook where they get information, IUC materials, and well-told stories like in the Shujaaz whereby all that information is written.

I: Oh, you are saying well-told stories.

R: Yeah.

I: Okay. If you remember any other facilitative factor, you will tell me. But let's get to the barriers, the barriers that make adolescents not access services. we are talking about this facility you are working from, so based on your experience working in sexual reproductive health issues in this community what would you say are the barriers for adolescents to access sexual reproductive services, the barriers.

R: First and foremost are the myths and misconceptions that an adolescent should not take up a contraceptive service, so that we need to make the community aware that we are also in the reproductive age and the reproductive system or their reproductively must and has to be taken care of. Those are the myths and misconceptions. The other thing are unfriendly providers, people who do not accommodate them, people who have their own barriers. If I have my own barrier will not be able to offer that service to an adolescent, I will tell you go and first grow up, so that is a barrier, you are already creating a barrier within yourself so you cannot give the service to the adolescent who comes to you. The other thing are unavailable commodities or untimely supplies. When you do not have that supply, however much the adolescent will come you will not be able to provide the services. The other thing is improper information. They come already with formed minds that even if you do counselling, however much you do counselling their mind is set on one. If it is injection, if it is pills the mind is set on that. So we may not be able to change their mind.

I: Just briefly, what are some of the myths and misconceptions that the community has.

R: The myths and misconception is that the adolescent should not have a contraceptive.

I: **Should not.**

R: Yes, they shouldn't take up contraceptives.

I: **What do they say contraceptives-**

R: Because she will because she will become infertile, because she will become infertile or because she will start interacting in sexual activities and so become promiscuous, yes. And they are still in school so they should finish first with their school and start engaging in contraceptives.

I: **Okay. And you have also talked about provider bias. Kindly highlight about it.**

R: Provider bias is when I myself I look at you as my child, you see?

I: **Yes.**

R: I will say that you are my child I cannot give you contraceptives, you are spoiling yourself, you will go and start having sex. And she came herself and she knew she needed it, why am I bringing my own thinking's?

I: **I get, I get.**

R: And so I will deny her and I will judge her. And when I judge her, she will block me. So she will not tell me anything else.

I: **Okay great. Kindly you have explained lots and lots of barriers. Please tell me what you have been able to do about some of these barriers to just ensure that adolescents still continue to access services.**

R: First and foremost, we have done counselling, one on one counselling and we have done counseling also to the parents and the general population, this has been through IUC materials through church, through gatherings wherever they gather we tell them that we need to face this as a need for the adolescent, that they need these services. And if we do

not allow them to get the service then they will get it elsewhere. So it is good for everyone to change their mind. And with that, we have been able to see even their parents bringing them, aunties bringing them, community leaders bringing them. And they have embraced us. I told you we were working with community stakeholders, so we have already understood that there is a need and there is a gap that need to be bridged.

I: Okay I remember you also told me that some of these adolescents come with a preformed mind.

R: Yes, so when they come with that preformed mind you do counseling.

I: You counsel them.

R: You counsel even if the first day they will pick up something that probably they had already set in their mind. But you see after you do counselling on all the services then they will be able to pick up from all the services you have counselled them and then they will make up an informed choice, not what they came with a preformed concept, they will now make an informed choice.

I: Okay. You have already also reached out to aunties, parents. At what level did you find them and how are they now?

R: Okay, now there is something called the community strategy, community strategy is whereby you meet the community in their space and in their place and then you inform them of the intention that you have. When they already understand the intention that you have and accept it they will change their mind and embrace whatever you are bringing into place.

I: So this community strategy is it about your facility, is it about someone else?

R: Community strategy is something that is national.

I: National okay. What are some of the challenges you or your facility face in dealing with adolescent's sexual reproductive health issues?

R: What are some of the?

I: The challenges that you or your facility face in dealing with adolescent's sexual reproductive health issues, the challenges that you have.

R: The challenges mostly is treatment.

I: Treatment.

R: Yeah.

I: How about treatment?

R: Like I told you before we may be able to do the screening or even probably not be able to do the screening but you see this is somebody who needs a screening and maybe probably that screening needs money and you refer that person to a place where they can get it, so you have referred that person. They may come or may never come back, yeah. the other thing is that the adolescents are very adventurers, so today they will come and take this service, next month they will come and take another service, the other month they will come take another service just experiment themselves. So they will pick this service from this facility, the next they pick another service from another facility. By the time you are getting them, they have used all of them.

I: Okay, any other challenge we are forgetting.

R: The challenge also is of time. They are not patient enough, they may not be able to be patient especially when there is a young kid, and they may not be able to be patient to wait for their turn to arrive. So we identify that, if somebody is becoming impatient we just let you in.

I: Any misconceptions the adolescents themselves have about sexual reproductive health services.

R: Yes, they have. And they also believe in not getting contraceptives because they are still adolescent and that is why they will not take a long-term method because they believe that when they take a long-term method they may not be fertile in future.

I: Briefly kindly tell me how you have been addressing these challenges, for example, there is the challenge of the payment.

R: The challenge of the payment is beyond us, so they will just have to pay or they get the service from another Tiko provider who will be able to do the service.

I: Okay. The challenge of adventure, like they are taking services here there.

R: Now that is depending on the counselling that has been done, so if you do the counselling that one will not happen but if they may land here when they have already adventured everywhere.

I: Their being impatient.

R: Their being impatient I told you we look at them, then we evaluate from the reception are they becoming impatient we slip them in.

I: Tell me, what feedback about your facility have you received from adolescents through the T-safe platform?

R: The feedback they give is that our services are of good quality, that we are friendly, and that there are long queues.

I: That there are long queues, okay. Otherwise, you offer quality services, you are very friendly but the problem is the long queues. Okay, any other feedback you have received.

R: It's just that one of treatment that we are notable to give them comprehensive services.

I: That you've not been able to give them what services.

R: Comprehensive.

I: Comprehensive, okay. Comprehensive services?

R: Comprehensive means like the treatment, we are leaning out the treatment, we do not give them the treatment.

I: Okay. Kindly tell me how has the feedback you receive influenced the way you deal with adolescents visiting your facility.

R: We have tried to change, the things that we are able to change we have tried to address them and change them.

I: What else for example has changed that you can remember? One of the things you have told me is that when you see them getting impatient you pick that adolescent and provide the service, okay. So any other way that this has, the way you deal with adolescents. What we are asking is about the feedback how has the feedback provided influence the way you deal with adolescents visiting the facility

R: Yeah, like now the quality services we take care of that, the long queues that something that probably we may not be able to deal with so they bear with us. If they are becoming impatient, we change.

I: Now you've told me so much about how you work, how they appreciate, we are increasingly going to the end of our talk but allow me to ask this. Now how can you be supported and by whom to help you improve sexual reproductive health service provision to adolescents.

R: Now I would, like my desire is that these services be accessible, accessibility of adolescent reproductive health services. Accessibility in terms of reaching out to them, if they are not able to come to us we can go to them, like we are doing with the outreaches. The other thing is availability of commodities. Availability of commodities and the other thing is improvement of interpersonal relationship in this

facility because it can change, so we need trainings, refresher trainings.

I: Okay, you need refresher trainings, who should do these things?

R: It's supposed to be done every year.

I: By who?

R: By Marie Stopes.

I: Oh, Marie Stopes, so Marie Stopes should improve on their refresher training.

R: Yes.

I: How about the availability of commodities, who do you think should top up this one?

R: Availability of commodity is we usually get them from the government but the government at times does not give us enough, so that is MOH.

I: MOH.

R: Yes, because we also report to them so they should also give us according to our consumption. If this is what we are consuming they should give us according to our consumption. And then the other thing is improving on a one-stop shop. Something that when the adolescent can come they can discuss, get the service, get tested, get the treatment, yes.

I: Okay, who should do this?

R: I think this is about the program, it should offer the free comprehensive services.

I: Okay, you are talking about the T-safe program that it should enable the adolescents to have a one-stop shop.

R: Yeah.

I: And I don't know whether this is related to the first point that you mentioned about accessibility of services.

R: Yes, accessibility of services, if they have come here and probably that person is an FP and needs testing's, STI

screening, STI screening I may not be able to do it here under that project, needs treatment of the STI screening, that one I may not be able to do it from here. So if that is done under one place that will be great.

I: Anything that should be done on the incentives, what you call the Tiko points.

R: The Tiko points also should be distributed evenly, it should be distributed to the service provider who have given the service, it should be distributed to the mobilizer, it should be distributed to the girl because they have all participated.

I: Tell me whether this is happening at the moment.

R: It is not happening. Initially it used to happen but now it is not happening. Initially it's only going to the mobilizer and the girl. I do not know why it happened.

I: It was not coming to the provider.

R: It is not coming to the provider.

I: Previously and now or?

R: Now. Previously it used to.

I: So now, if I get you right you are trying to say that the Tiko Miles used to come to the provider, the mobilizer, the girl but now the mobilizer does not get it.

R: Mobilizer gets.

I: It is the provider who does not get. How long ago has this?

R: For a long time now.

I: Like how many months.

R: Like six months.

I: Six months the provider does not get, any reasoning that you've been able to get.

R: I do not understand; we were not told the reason.

I: Okay. Training you have already talked about it now-

R: And even not the provider only, you know if the provider gets they should share with the team in the facility because you

are working as a team to enhance that project work, that gives you motivation to keep on seeing these very many girls.

I: Okay, so the facility also gets nothing, I am getting you. Now to conclude I have some two very short to you that I want to read to you and then you tell me how this works. Now I would like to discuss about some specific situations that you might encounter with adolescents who come to you for family planning services. let us say a young woman has come to see you, she is alone and appears to be about nineteen years old, the young woman tells you that she is married and lives with her husband, she just had her first child one year ago and would not like to have another child so soon. She has never used contraceptives before because her husband is opposed to her using contraceptives. That is the scenario, is it clear or I can repeat. It's clear. Thank you so much. So what would you want to know about this young woman in order to help her, she is nineteen years old, she is married, she has one child whom she got the past one year, she has never used contraceptives. The husband does not want her to use and she doesn't want to get another child so soon. So what would you want to know about this young woman to enable you to help her?

R: So her she wants a contraceptive.

I: Yeah.

R: So the thing I would like to know is when were her last menses.

I: last menses, so you want information on last menses okay.

R: When were her last menses so that I will know whether she is pregnant or not pregnant? And why is the husband opposed to her having a contraceptive? Is it because she has a health problem or is it because... and does she have any health problem, hers she needs also to tell me if she has any health

problems. And the other thing is and she has already said she doesn't want to have child and when does she intend to have another child.

I: When she intends?

R: Yes. So that I'll know, does she want a long-term method or does she want a short-term method. And the other thing is, has she ever used anything before and if she has she will tell me what she has been using.

I: Anything you mean.

R: Like a condom, and then using emergency contraceptives.

I: Okay, what would you tell her about contraceptives?

R: I will generally tell her about all the contraceptives that we have and I will tell her the different kind of contraceptives, the hormonal contraceptives and the non-hormonal contraceptives. So that she chooses, does she want the hormonal ones or does she want the non-hormonal ones. And does she want long term or short term, depending on her reproductive needs.

I: Okay, anything else you may tell her about contraceptives.

R: I will tell her also about the side effects and what to expect when she gets the contraceptives. And about that the contraceptives, probably some contraceptives will not protect against STI and HIV and some may protect.

I: Okay. For this particular girl or young woman which contraceptive method do you think, this is just about your opinion. Which contraceptive method do you think would be best for this woman?

R: I would not think because I have not done an examination on her. So I will not know how long she wants to be protected from another pregnancy. So let me reserve my thinking and say I would say that after I interview her. When does she want to

get another pregnancy so that I know is it long term or short term? And then she will choose.

I: Now tell me do you see client like this this young woman. Very many, lets speak on a particular client, you handle most of them, could you tell me about a client like this who has attended or whom you have attended to recently. Sorry we can go on, of course, your services must move, on we cannot stop anything, thank you. So we were talking about this young girl and I was just asking you, could you tell me about a client like this who you attended to recently, and you are saying they are very many but let is pick on a particular one.

R: This particular one came and told me that the husband does not want her to use a contraceptive but she does not want to get pregnant and she already knew what she wanted, she wanted the implant.

I: The implant, that's what she said.

R: She said that's what she wanted and after my examination, after taking the vital signs they were normal, after telling her all the side effects and what to expect about the contraceptive she was still ready for it, yeah.

I: She was still ready for it, so that is how that one went, okay great. Now there is other scenario, this is now a different one; I call it scenario number two. Now let us say a young girl has come to see you, she is alone and appears to be about fifteen years old, she tells you that she is sexually active and would like to prevent pregnancy because she is still in school. She has never used contraceptives before. What would you like to know about this young girl in order to help her?

R: Okay. First and foremost, just like I told you, I would like to know her last menstrual cycle to elicit whether she is

pregnant. I would also like to know whether she has any allergies, she is on any medication or any chronic illnesses; I would also want to understand her sexual behavior, is she moving with different men or is she with one partner. I would also want to know her reproductive timelines, does she want to give birth in two years, one year or two months so that I may be able to guide my concept. And then I will tell her about all the contraceptive methods that we have and depend on her contraceptive need she will chose from those contraceptives that she will be most likely to take. I would also like to know whether she is somebody who likes injections or somebody who likes taking pills, can she keep time, is she able to set an alarm, will it interfere with her schooling, yeah.

I: Okay, what will you tell her about the contraceptives?

R: I will tell her of all the methods, how they work, how they affect her on the body. And if she is able to bear with those effects during the time of school

I: Great, now again back to your thinking, for this little girl who is in school, which contraceptive method do you think, this is about your thinking, would be best for her.

R: I will not think about the best for her. It is according to her, her sexuality. It's like what I said, is she sexually active, does she have different partners, can she be able to keep time? Because if I say that I will chose for her pills probably it's a person who cannot be able to keep time, if I say it's an injection probably its somebody who do not like injections.

I: True.

R: If I say an implant probably, it's somebody who do not want something inserted in her. So that will be my thinking but

let it come from herself and decide. After hearing everything let her decide for herself.

I: Great, do you see clients like this little girl here?

R: Yeah, I see them.

I: Could you tell me about one particular client in this category who you attended to recently.

R: yes, there was one who came, she was in form two, she was seventeen years old, and she was sexually active. And her decision was that she would want an injection. Why she decided she wanted an injection was because an injection nobody will ever see. Once she has been injected nobody, her parents will not know, her brother will never know, her teacher will never know but as long as the injection has gone in place. However, by the time this girl came here she was already pregnant.

I: Oh, she was pregnant.

R: Yes. So there was nothing we could do, then she was already six months pregnant. So she could not get the service.

I: But the one who is the age of about fifteen, have you seen any?

R: Fifteen we have seen but they came with the intentions of getting pills. She told me she would want pills, I asked her about the timings, what she will be doing about the timings and she told me she would take it at bedtime.

I: She will take it at bedtime.

R: Yeah, and she will hide it from her parent.

I: So, is that the method she chose?

R: That is the method she chose.

I: And you gave her.

R: Yeah we gave her the pills.

I: Much as I would like to continue, I cannot because you have answered all my questions. I want to thank you so much for taking your time to participate in this study; it has been

great talking to you. I have enjoyed the session all through and I want to thank you so much. Information you have given us is very important for the purposes of this evaluation and I am sure someone will benefit because we talked to you. I have asked you so many questions kindly let me give you this opportunity if you have any question for me about this discussion.

R: Thank you very much for giving me this opportunity to ask a question; unfortunately, I do not have any questions.

I: Any concerns?

R: No concerns, yeah.

I: Tell me whether, I also need feedback if any of our questions is annoying or has not gone well with you.

R: I do not think there is any annoying question, these are just questions that will help in planning and I understand.

I: Okay. Thank you so much.

R: You are welcome.

I: Okay so in the absence of any question and being I have already appreciated you we can stop. Thank you so much.

R: Thank you, you are welcome.

[End of audio]

Notes

The interview is audible. All questions asked with relevant

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAK_EAST_URB__002_MOB_001_14519

- I: So this is Florence taking an IDI with a mobilizer
ITH_R2_NAK_NAK_EAST_URB__002_MOB_001_14519. Mogusi welcome to this interview. As we are going to talk I assure of the confidentiality so don't fear anything to communicate to me. Can you tell me briefly about yourself and what you do?
- R: I am (unintelligible, very low tone) Christian, married with two children. I went through nursery, primary, secondary and of course I went for a nursing course after which I practiced in some health facilities and later on I developed interest in the community so much then I joined Marie Stopes as a volunteer and I was trained with the government, the Community Strategy and that is how I found myself working in Marie Stopes here.
- I: Ok and can you tell me your role in the ITH programme?
- R: Well my role in the ITH programme is basically ensuring that I link the teenagers from the community to receive our services that are being offered by Marie Stopes especially in the rural areas, the low rural areas in Nakuru and its environs. And we go for mobilization; we give health talks through teen talks,
- I: Mhh
- R: We give health parent talks, then we have teen talks then later on we plan. Before we give these health talks, we always ensure that we have good coordination between the county and the facility and the community so that it can make us reach the community members and the teenagers so well.
- I: Mhh
- R: So after that coordination, we also make arrangements with the PHOs and the CHWs and they are also in a position plus the CHVs that are in a position to indentify the areas the area that really need our services. So those are the areas that we really dwell on where we give our teen talks and health talks then later on we plan for activities, the ITH activities.

I: Ok

R: Yeah

I: So if you talk about the teen's health talks, maybe you can elaborate a little bit on that, what talk do you really give?

R: Well you know if you want these girls to really know the essence of them having these services, some of them want these services but they have those myths and misconceptions.

I: Mhh

R: So they need the services but they don't come for them so you go looking for them. You go, if you don't follow the right...you don't at least educate them on the importance of those services, the importance of having their..taking care of themselves so that they can achieve their dreams.

I: Mhh

R: Because most of them if you walk in the community, you tend get the school dropouts because of early pregnancies.

I: Mhh

R: Some of them we also tend to get school drop outs because of STIs after conception and then even unsafe abortions. Then they get very terrible infections afterwards so we offer these teen talks, we really come open and it is a round table talk with the teens plus their CHVs come from the community and who really understands the teenagers so they...at least they are ok they are comfortable because they can see the CHVs, they can see the PHO and then me, as an agent and I am also with them there.

I: Mhh

R: Then we talk about reproductive health and then we tell them how Marie Stopes help them to receive the services and how can, Marie Stopes can also give them the counselling.

I: Mhh

R: It is not necessarily when they come there they must get the services. But we give them the knowledge then we give them the assurance that in case they will need those services, we have them. And in case they want to even those services when we don't bring them down there we have also our clinic around whereby they can always walk in any time and they receive the services.

I: Yeah

R: Then we also leave our contact numbers they are free to call us even through the CHVs even the PHOs and they are always free to contact us.

I: Mhh

R: Yeah

I: If you say they are always free to call you, do they normally do that if you leave your numbers?

R: Yeah.

I: Ok. You talked about having these sessions, these forums.

R: Yeah

I: Whereby you organise the community talks.

R: yeah

I: So you talked of doing it separately for the teens and you do it separately for the parents of...

R: Well when this project was initiated, we realised some hiccups.

I: Mhh

R: Where we could move to the community for these talks but later on you realise that the parents....the parents are not involved.

I: Mhh

R: It is a bit difficult to access the teenagers, even the young parents, even the young mothers.

I: Mhh

R: They are still under the care of maybe the mother in laws even the parents.

I: Mhh

R: So we...the Marie Stopes thought it wise that it was well, first of all we always organise for parent health talks.

I: Mhh

R: Whereby we let the parents speak for themselves. We ask them the challenges that they really get in the community from their teenagers and they open up and tell us it is cumbersome, early pregnancies, unsafe abortions, early marriages whereby the teenagers dreams are shut completely because they don't even get married those who can even support them. And the marriage, it never lasts.

I: Mhh

R: And then after entering that marriage it is like every year they are giving birth and this is a minor and they are always getting married to old men.

I: Mhh

R: So she is there to be controlled and she has to give birth every year and the child forgets that there is anything else apart from giving birth.

I: Mhh

R: Then the parents also tell us we will really appreciate, bring us the services, like me I have one who has given birth; like me I have one who has dropped out of school in class six; like me I am the one who is parenting my grandchildren; another one tells you

she is the one breastfeeding the baby since the mother is due the next month and I don't even know where to begin from.

I: Mhh

R: So we will really appreciate if you bring us those services. In fact some they literally ask us the date, when are you coming to our area. They come holding their daughters hands. You get a nineteen year old had two kids

I: Mhh

R: and the possibility that she has done unsafe abortion is very high.

I: Mhh

R: So when the parents give us a good ahead then now you go back to the teenagers. So even if the teenagers goes back with a strapping here, there is no question.

I: so for these parents do you bring them in groups or you go to them one by one?

R: We always hold, well we have a one on one mobilization but for the health talks we always have a group of at least 25 members.

I: How do you get them because some women tend to be very busy, some parents tend to be very busy. How do you manage?

R: Well we have the community CHVs, we have the PHOs, we have the CHWs, we have the chiefs and during these forums we engage everybody so these people they understand this community better.

I: Mhh

R: So they will give us the best time that we will get these people.

I: Ok.

R: Yeah

I: You talked of you being an agent.

R: Yeah

I: I don't know whether you are an agent and there are mobilizers under you or how does it work? I need to understand.

R: Well, I still remain to be a volunteer in the community.

I: Yes

R: I was a CHV and I don't regret being a CHV. So through my work that is when I was given that responsibility to at least work together with the CHVs to ensure that our services really reach the community.

I: Mhh

R: So I also join them in the mobilization and in case of anything they always consult me for clarification and in case of any linkage I am always there.

I: So under this ITH, why directly enrolling the girls or there were those who were enrolling these girls under you?

R: Well during the ITH activities, we used to have the CHVs that were trained for T-safe that were enrolling the girls under out supervision.

I: Mhh

R: Yeah but in cases where by...you know sometimes these CHVs are so slippery.

I: Mhh

R: Sometimes they weigh, you know this is not....they are not earning.

I: Mhh

R: So they earn on that day that they have an activity. So sometimes you can get a client and the CHV is far so what you do is to take the number and ensure that you follow up the client to be

enrolled. But if it is a case you are sensing that you are going to lose this client, you will enrol that client.

I: Mhh

R: Yeah

I: So I just want to get this clear, because I want to understand how you as a person who was enrolling these girls.

R: Mhh

I: So were you enrolling them?

R: Not always, I was involved in the ensuring that mobilization is done, the CHVs do their work during the activity day. Some had already enrolled, some enrol on the D-day.

I: It is ok. I just wanted to seek this verification because personally I am supposed to speak to someone who was directly enrolling these girls. So may I get this clarification, just continue.

R: Well because I engage in mobilisation, I also engage in enrolling the teenagers

I: Ok

R: Because they have that confidence in me.

I: Ok and now how were you selected or recruited to be a mobilizer?

R: Under Marie Stopes (unintelligible)

I: Under Marie Stopes (unintelligible, low tone)

R: Yeah

I: That is how the ITH...

R: I remember I told you initially that I was a CHV then that is how I came to be elected to come and work with Marie Stopes through the Ministry of Health. So I am mobiliser for Marie Stopes

I: Ok

R: Yes

I: But now we are talking about the ITH, are you a mobilizer for ITH?

R: Yes, I am because we underwent through a training and then we were given all the criteria for enrolling the teens then we were given even the cards and then we were set to go and do the word.

I: Then can you tell me how you were rewarded?

R: Thank you, we were being rewarded through the points that we earn after bringing in a client.

I: The points that you earn, how do you earn these points if you could expand a little bit? (Very noisy background with cars passing by)

R: We were earning 150 points for one enrolled teenager and have received the services. So immediately after the teenager have received the services you will always receive a message in your phone. Then after that we were also director to shops, T-safe Shops where we could go and redeem those points in terms of products and we really gained. Actually, when we heard that T-safe was coming down we were like kitchenware, now, what will happen?

I: ok so you are saying the points were really beneficial?

R: Yes, personally me, if they would have continue....

I: Ok something else that maybe you can talk about the rewards?

R: The teams that were going with cards they were also exposed to the shops and they were also earning 110 points per card.

I: Mhh

R: Yeah

I: And where were the shops?

R: The one we really used to go to was located in Free Area a shop called Eshakwa.

I: Mhh

R: We used to have one in Kaptembwa but it collapsed.

I: Mhh

R: Yeah.

I: Now tell me about the processing of mobilising the adolescents in the ITH, the process.

R: Come again.

I: Tell me about the process of mobilising the adolescents in the ITH program.

R: Process...

I: For mobilising the ITH adolescents.

R: Mhh to ensure that they get the services, it needs proper planning and the planning must begin from the facility, administration, MOH and community. You don't involve those ones you will never succeed.

I: Mhh

R: Yeah

I: So how do you involve these people from the facility, MOH and the rest for you to mobilise?

R: For me to mobilize, every month we set a work plan.

I: Mhh

R: This work plan we share it with the relevant persons that will help us achieve our targets. We have to share this work plan with MOH persons

I: Mhh

R: We have to share this work plant with the chief, we have to share this work plan with CHVs who are on the ground.

I: Mhh

R: After that again we will now decide; how are we going to mobilize, do we...we always start with one on one.

I: Mhh

R: After one on one then we move to health talks. We begin with adult health talks then we move teen health talks then after then we have also engaged the centre manager, he knows our workplan and he is aware that there is mobilization for a certain activity on this date.

I: Mhh

R: So we always plan it per week. If you are going to have an activity on Saturday we are now working on it throughout the whole week.

I: Mhh

R: That time we have engaged the administration, the chief if aware, the MOH is aware

I: Mhh

R: The CHVs area aware that are allocated in that area.

I: Mhh

R: So we do the one on one and after doing the one on one, then we have the health talks for the adults and we ensure that MOH member is there, the administrator is there, the CHVs are there and I am personally there and then we give them what we have and where we are going to have the activity.

I: Mhh

R: Then after that we can skip two days then we have the teen talk. Now we have talked to the mothers, now we are having another team

talk for the teens. We also engage the relevant authorities like the PHO, the administration, the CHVs and the community members.

I: Mhh

R: Then we also give them the data and the site and then now we plan for the site.

I: Mhh

R: So that day we always get....we cannot say that it used to be bad activities. We used to communicate but it needs early preparation, good mobilisation and coordination then we organise for the activity.

I: With all those organisations, if you were told to quote the maximum number that you got during that time how many were, they?

R: Well, when this project begun,

I: Mhh

R: It never sunk well to the community. We used to get hiccups somehow but the more we could educate them and the more we could also work with our relevant partners, and remember there are also other organisations that also have to deal with teenagers,

I: Mhh

R: We had to engage such like persons so that when they have their forums we chip in and give your health talk to that age group.

I: Mhh

R: It sunk well to the community and now when it was also introduced that it was not restricted to long term methods,

I: Mhh

R: Like they could even access pills, Depos and the rest,

I: Mhh

R: AT least the turn-up increased.

I: Mhh

R: There was a time we hit at forty (40) kids

I: In a day?

R: Yeah

I: On a day?

R: Yeah and another thing that Marie Stopes really did well for us towards the month of February and March, they really increased our turn and they were issuing free sanitary pads to the teens and so as much as we are taking care of their reproductive side, things to do with family planning, they were also parting with sanitary pads. That was so exciting to our teens.

I: Mhh

R: Yeah

I: Ok and how do you ensure....ok just something I wanted to confirm (noisy background with vehicles passing nearby) there other partners that are also offering the same services to the teens within this county?

R: you know even the MOH offers the services?

I: Ok

R: MOH have also introduced that because there was a time we had an incident.

I: Mhh

R: About an activity that was organised in Nakuru East and unfortunately when that incident was brought to the health facility I was there.

I: Mhh

R: In that health facility. They were like you guys are bringing here children and offer them family planning. I was there with the PHO,

I was there with the matron and then they brought the Family planning register book. I also wanted to defend myself because if you are pushed to a corner you also have to stand firm. I just stood firm and asked them, in your family planning register book, do you have a session for nineteen years and below?

I: Mhh

R: Then they told yes, this is exactly what we were doing. We were not luring girls, this girl came for the service. Now the mother was blaming us what did you do this?

I: Mhh

R: But when we talked to the girl, the girl was sexually active and actually the girl could have sex every weekend.

I: Mhh

R: So they were like removed this thing, it is bad but when we counselled the girl she refused to remove. She said her mother was wasting her time because she already had a boyfriend. So I defended myself with; anyone of a reproductive age, she is free to practice family planning. And ever the matron backed me up that it is true, it is only that this girl, what was annoying the mother was, she did with the consent of her mother.

I: Mhh

R: But in real sense this girl is sexually active and she is doing this and even when we went further the girl was open to me and told me that she had once done an unsafe abortion without the mother's knowledge and you know this one now I could not tell the mother.

I: Mhh

R: so the girl defended me as I defended myself, so...

I: Ok and so how do you ensure...

R: The MOH does this, the FHOK, I understand they do that, Tunza does the same.

I: Ok

R: Yeah, so we have competition. Actually, in Nakuru,

I: Mhh

R: Nakuru has a very stiff competition when it comes to reproductive health services.

I: Mhh

R: Because we have so many private facilities.

I: Mhh

R: Then the MOH now are going for outreach services, they are also targeting the teens because it is on the rise. Places like London, places like Kaptembwa, places like Rondo, there are high rises of school dropouts.

I: Mhh

R: So it was like a....it was like a raised alarm

I: MOH

R: So, the MOH is also out targeting for teens. Tunza targeting for teens. FHOK targeting for the teens.

I: Ok and how do you ensure that the girl that you have mobilised attends the clinics?

R: Attends our services, gets our services?

I: Mhh

R: Gets our services, well we usually do the follow up through the CHVs. Actually, I will be cheating you if I tell you that I can do all the follow-up alone, so we network.

I: Mhh

R: In your region you make sure that the people you visited and you enrolled you make sure they turn up through follow-up and we also have household visits. We have our household where we visit. So if you mobilize your person, you make sure that you follow up. Through phone calls if you can manage or through door to door follow-ups; you know tomorrow we have this activity? You know that Marie Stopes activity is tomorrow? Please make sure that you turn up.

I: Mhh

R: Yeah and if she doesn't turn up you also follow why maybe she was held up somewhere. Then you follow up and ensure that next time we have an activity she come and if she is not able to wait, then you make sure that she reached the facility to get the service.

I: Mhh

R: That is if she is not able to wait for another outreach.

I: So you shared with me an experience with you had as a challenge.

R: Yeah

I: With an adolescent girl with her mother.

R: Yes

I: Do you meet such like a challenge most of the time?

R: Well in Nakuru they are decreasing but before it was like...but because they also see the essence,

I: Mhh

R: it is not that rampant only if you follow the right procedure but Florence if you don't follow the protocol.

I: Mhh

R: You are in shit. That you just come and start providing family planning services in Nakuru.....there are some areas which are still so much....

I: Mhh

R: Like in Nakuru East, it is not easy for you to carry out that activity that much.

I: Mhh

R: You will get rejection but we very good areas like Nakuru West, no problem and we are really doing well in Nakuru West.

I: Mhh

R: Sometimes you are forced to go interior beyond Nakuru to the outskirts of Molo then you are good to go.

I: Mhh

R: Reach Kaptembwa which is in Nakuru West, very nice. Reach London, very nice.

I: Ok

R: But you know where there is rejection people also run away and so you just follow up with our administration, we follow up with our MOH and they also see the essence. At least this year the RH Coordinator that was there, we have one last year, we had one at Tabuga PCEA church

I: Mhh

R: Whereby the MOH came, the RH came and the other members within the reproductive team found us there carrying out our activities. We interacted well and they were ok and told you guys you organise for such activities you are welcome.

I: Mhh

R: It used to be tough in Nakuru East, Nakuru North and I think the one that was Tabuga was Nakuru North. Right now they are ok.

I: Mhh so it was just tough with the parents?

R: Even with the MOH.

I: Mhh

R: Even the MOH in Nakuru East it is not that easy. But now they are ok. Just follow the protocol, let them know everything and you are good to go.

I: Mhh maybe there is any other challenge with other people apart from the two you have mentioned?

R: I have mentioned challenge with parents,

I: Mhh

R: I have mentioned challenges with MOH

I: yes

R: I also have a challenge, even the teenagers, in as much as they turn up, most of them they tend to be reluctant when you mention family planning to them so you really need to be close to them.

I: Yes

R: you have to be friendly to them and let this thing come out clearly that you need this thing my sister.

I: Mhh

R: This thing is not for me it is for you and it is for your own benefit. You are a very clever girl, you are in form two. You have a baby, you are sexually active, you are exposed to getting unwanted pregnancy. Not even that one only, even STIs and HIV/Aids. We actually sometimes even we give them goal (unintelligible) protection. We give them that and also provide CDs (condoms) for them.

I: Mhh

R: You bring out, that is this thing helps you and it will not encourage you to get it. This is for your benefit because I have already passed through that so it is for you. I want you to be somewhere some day.

I: Mhh

R: you have to bring change to your community and if you....you know there are some people that you can see that she is sexually active that she cannot settle down and she is very bright. Or maybe she entered into an early marriage and yet she is so sharp.

I: Mhh

R: Like right now I am working with an NGO that deals....**Love& Hope**, they deal with...they nurture these young ladies who have been rogues, they are hard to handle, they don't want to go to school, they drink and smoke and they even take drugs. They cannot be responsible people in the community at all. So they nurture them and bring them back to life. So any time this guy has meetings with them, the teens, I also go there for talks.

I: Mhh

R: So that is where we get clients because most of them are taken to colleges and you are told well, you cannot chill, I love sex, I cannot chill. You don't want another child soon so at least you get time to take care of this young one. And then you are even taken for a tertiary course.

I: Mhh

R: The are taken for tertiary course so we tell them take care you don't get another baby this time.

I: Ok

R: Yeah.

I: And what is your experience with the ITH platform?

R: Ask again, how?

I: You had space with ITH platform, I think there was a platform that you guys were using to enrol

R: yes

I: to provide services

R: yes

I: If you can share that....

R: Ok this platform were trained by a lady called Lucy, it was a bit simple but as time went, things changes, at times it is two photos, after a short while, don't enrol, another one it was changed, we were only receiving messages. But initially it was well. The problem that we could get was that there is no network when you are enrolling or in the middle of an activity, no network, you try to enrol it doesn't go through, so it really delays sometimes

I: Mhh

R: yeah

I: And you said it could delay, when it delays what could you do at that time?

R: You know sometimes it is a bit tricky Florence when it delays and teenagers are never patient, you have to know that.

I: Mhh

R: Another one will not wait for you and if the network refuses completely you just leave the services because you definitely will not get it.

I: Mhh

R: you make sure that the client has gotten the services but for you as a mobiliser, you will not be able to register the client on the system at all.

I: Ok

R: yeah and so she becomes like any other client who was not registered on that platform. She will not be part of T-safe but will appear on the services offered platform.

I: Mhh

R: And you don't let a girl go because you will not get points and the cards is not going through.

I: Mhh

R: Yeah

I: and during that time those cases were more?

R: Well, personally the cases were there for a while but after sometime they got finished. I also have a colleague who is also a mobiliser, she could go for activities like....her...like two hours the system is completely blocked until the service provider. You know there were other channels that these services use to be channelled through.

I: Mhh

R: Amour channel and they could also try and try but way. You have to withhold quietly there because there is no other alternative but with time, it would start working.

I: It would stop like for how long?

R: For example there was time they were down here at Shabab,

I: Mhh

R: Can I consult?

I: No. Just give us what you know.

R: it used to take like two hours

I: Ok

R: We could even call Lucy at times.

I: Ok

R: and then the bundles, the flow, sometimes the CHVs didn't have the bundles, even personally there were times I didn't have bundles and you know that App is not for free.

I: Mhh

R: That one was also.....if they were just to send us something small to use.....so that we can enrol. Sometimes you call a CHV and she tells you she has no bundles and now you are forced to do the donkey work.

I: Ok

R: Yeah. You know if we were many it would be easier but when you are alone and maybe you have twenty teens waiting,

I: Mhh

R: I am assuring you that you will lose some five because I am assuring you that they won't be patient. The system sometimes hangs, you don't have bundles and there is no network. You are running all over looking for network...what is all this that you are taking us here and there but you just have to plead with them to be patient.

I: Mhh.

R: But some will never be patient.

I: You also talked of another issue sometimes you were being told two photograms and all that.

R: the first time we were only instructed to take one photograph, you can remember that.

I: Yes.

R: The second time we were told....what I meant was it went...when we were trained we entered in to that system well and started of well. After sometimes they changed and asked to be taking two photographs and we also had to adjust.

I: Mhh.

R: As for me I lost so many clients actually. There was a time they told us that from this date to this date things will change. You know I had now enrolled.

I: Mhh

R: Now to validate the system refused to do that. I lost about twenty teens that could not be enrolled with this new system because I had enrolled them in the old system. So the D Day of activity, actually the day of activity was the day for this change, I lost over twenty teens, yeah. I lost these teens and if I had not enrolled by card the twenty, they would not have gone through so they got the service but as for me I couldn't get the points at all.

I: Mhh

R: that is about 150 x 20 is about....that is like a sack of rice (chuckles)

I: I think we have talked about a few...you have given a few information about what you discuss with the teens. Like you have just said whenever you meet a teen you make sure that they it is not optional because they need it.

R: yeah

I: Yeah so I don't if there is something you might need to add on that, what you really communicate to them.

R: you know we do counselling,

I: Mhh

R: We do counselling and also make sure that they get the services. These are the three components that you really need to get from these teens.

I: Ok

R: yeah

I: And what are the instructions the enrolees receive on how to use the different T-safe futures? Are there instructions?

R: yeah where it is indicated that you cannot even tamper. It is shows you how to move from step to step. When the net work is good, it doesn't take time.

I: Ok and can you discuss with me those instructions that they use; the enrolees?

R: Silence

I: The people that you enrol,

R: Mhh

I: Yes, the process.

R: Ohh

I: The instructions that they follow.

R: When I want to take a picture?

I: when you are enrolling them?

R: When I am enrolling a teen?

I: yes

R: Ok that means I have counselled this teen, now she is ready to get the services.

I: Yes

R: She has to sit in an appropriate position

I: Mhh

R: I also have to be near her and she should remove any cap if she is wearing one on the head, and she must be nineteen years and below. And I also tell her that this process for it to be complete this

is the procedure and I just don't start taking a picture without informing her.

I: Mhh

R: I also assure her that the picture is for our system. After that it will disappear and there is no way I am taking your picture because some of them will ask you ehh, these days people are taking others to Al Shabab or that is where you are taking us. So you have to explain the reason why you are taking that picture and the procedure and then you continue with your procedure.

I: Ok thank you for that, and what are the questions these teens ask about the T-safe programme?

R: T-safe when you are enrolling or when you....When you are enrolling them, when you are now taking the photograph, you are asked, which programme is this that you are taking our photographs, where are taking this photograph? So if you are not open, actually some will behave like they want to walk out if you don't counsel them.

I: Mhh

R: But once you counsel them then you are good to go. I don't know if I have answered your question.

I: Yes, it is ok (both chuckle). Like when enrolling

R: Mhh

I: Because now you had already given the information and now they come to you, apart from those questions about the picture, are there some more questions?

R: Yes, a couple of questions must be there.

I: Mhh

R: Will I see my periods? Will this thing stick? Will it stop me from getting pregnant and so forth. Actually when you put her....of course we usually have client consent forms,

I: Mhh

R: They have so many questions as you attend to as you fill those forms.

I: Mhh

R: Like; will I be ok with this thing? And thing things, will it help me....like when will this program start? I didn't understand very well on that day when you were teaching and they have such like questions. They have personal questions they want to ask you before they get that service and so you have your part to play and if you find someone is so inquisitive, then you talk to the service provider to give more counselling before she goes for the method.

I: Mhh

R: She might have the method today and the next day she comes to have it removed. The reasons being she has been told of myths out there. So you really make sure that she understands the method she is being given, how it works, what to expect and how she can cope.

I: Ok

R: yes

I: And why do you think some of the enrolled, like why do you think some of the girls that you have enrolled might not go to get those services?

R: Why I think some of the enrolled girls don't turn up for the services?

I: Yes

R: Some have not made up their mind yet, maybe they came through influence

I: Mhh

R: When she goes back she has not yet made her decision yet.

I: Mhh

R: For some they don't have the time. Some like, like I met another case,

I: Mhh

R: She had been given Depo and when she heard that Marie Stopes were giving health talks, she came and we talked then she said she wanted to reverse to the five year old method. But when she came and explained to me on personal ground, I told her that she cannot be given that method yet because already the Depo was still in her body because she had just received it two weeks back. We explained to her that the Depo is written mono meaning it can only be ministered alone without any other at the same time. So that is another case I met where one wanted to get a different family planning method that is different from what she currently has.

I: Mhh

R: But I had enrolled her. When I was doing the enrolment she was not open to me but after enrolling, when it came time for getting the service, she was nowhere to be seen and yet she appeared like she really needed help. I followed her through the phone and got that information.

I: Ok and then we have talked about some few things but still I need to here more from your like what are some of the biggest motivating factors for these adolescents to sign up to the T-safe platform?

R: My side or the teens?

I: The teens, reason....like what motivates them? Or what really makes them join the programme?

R: So that they can get the services?

I: Yes

R: Mostly with Marie Stopes?

I: yes

R: You see Marie Stopes is very famous

I: I want us to talk about ITH

R: ITH?

I: Let us talk about ITH first before we look at Marie Stopes, the reason why the teens do come, the main motivating factor for them to join this.

R: You know the moment.....you know these girls that we meet, they are from low class families.

I: Mhh

R: When a girl hears that, well she is in that age bracket and needs that service,

I: Mhh

R: And again in the end she is going to benefit, that is a motivating factor to them.

I: Mhh

R: Because Sh110 is not little money and in fact it encourages them to go and look for their friends who they feel is in dire need of those services so that they can also enrol in the programme and gain from the Sh110 also.

I: Ok

R: again these.....you said I should not talk about Marie Stopes?

I: Just continue even with Marie Stopes, there is no problem with that.

R: they also give the sanitary pads to the girls and for you to give a teenager pad and save Sh50, that would be enough for vegetables.

I: Ok

R: They are also motivated through that.

I: Mhh

R: It doesn't make them come but it makes them more happier; because she has Sh110 and also sanitary pads, you are a rich one.

I: Yes

R: She is a boss. w

I: And then what can you say that maybe is a barrier for the adolescent girl to seek these, to come to sign up to T-safe?

R: At times?

I: Yes

R: Barrier?

I: Yes

R: Like one who really wants that services but does not turn up for the service?

I: Yes

R: Maybe if she didn't get full information obviously, she will not turn up.

I: Ok

R: Lack of full information and then counselling.

I: Mhh

R: and then also myths and misconceptions if not demystified, cannot also hinder from coming. Remember this is and she needs to understand it well. Most people know that family planning is for older people and so when you tell her to come, well doing she doing sex and it is even unsafe, and she is prone to unwanted pregnancy but still she feels am I now an older woman to start practicing family planning?

I: Mhh

R: But if you now come up and explain, that it is not for older women but for anyone who is sexually active and prone to get unwanted pregnancy.

I: Mhh

R: Yeah.

I: Ok and we talked about the community (unintelligible) if I remember.

R: Yeah.

I: You as a person, have you ever experienced stigma?

R: Hehehe! Yes. This are the people who are spoiling our young girls by introducing family planning services to them. Not everyone will welcome you.

I: Mhh

R: You will get rejection until you go back to tell the PHO and ask how you can go back to this community?

I: Mhh

R: yes it is not easy and there other religions don't allow such type of programs and obviously when you go near that kind of church or community you will not be allowed. A place is dominated with Catholics and you are there to come and mobilize them,

I: Mhh

R: At the church, you will not succeed but in the community you will succeed. That is fine.

I: So you have you experienced this one on one?

R: Rejection?

I: Yes

R: Not even one, twice, thrice

I: And what do you do about it?

R: I don't get annoyed because you will still go back to that community. You talk carelessly...you know their information travels like a bushfire, so you just calm down because also we don't walk alone. We walk with someone from that region. So sometimes if you get rejection like when you go for one on one, they can close the door on you with your T-shirt or even with this ITH kit, I own my future.

I: Mhh

R: You get rejection and told you are the one spoiling the girls' schooling in the region.

I: Mhh

R: You even get rejection from MOH and they tell you Marie Stopes you should.....yeah.

I: Mhh

R: But not always. Once in a while and you take it positively and you don't run away. You give them time and it will sink and they call you back. When they see one getting pregnant at class six, they will call you back.

I: Mhh.

R: That is when you will be called for counselling. When they call you for counselling then then there is need for the others to know about it.

I: Mhh.

R: With that you have now entered the community but rejection is there. With teenagers it is there and if you are not carefully, they will carry branches to disown you.

I: Mhh.

R: If you don't do this you cannot go.

I: When you say do this what do you mean?

R: I mean following the protocol.

I: Ok.

R: Have you come from MOH? Has MOH told you to report to the PHO and has the PHO called for you the people who belong to that regions? Is the chief aware? If they see chief in the meeting, they have the PHO in the meeting, and then their people, and the message is coming from them only because you have to give them time to talk then you are good to go.

I: what are the views of the adolescents about the platform?

R: Come again?

I: their views about the platform, the ITH and the way it works?

R: Sometimes they say it is time wasting, especially when the system has hanged and there you are with one client still trying hard and looking for network, they are like now what is all these?

I: Mhh.

R: and they go with time, this is time for us to fetch water, time to pick the kids, but not always, therefore when the system delays.....but if it is working, they are happy.

I: Ok. Maybe some of their views again?

R: They love it. The love T-safe.

I: Ok and what do you mean?

R: I mean they...

I: If you say they love it, what do you mean?

R: If I say they love it, I mean, for those we have counselled and understand what these T-safe services brings to them and how it saves them from what would he hindered their bright future they

really welcome the services of the T-safe especially to the teenagers.

I: Mhh.

R: Yes.

I: and you also told me that some are reluctant sometimes,

R: Because of influence.

I: Ok.

R: She wants but she is not fully decided but if you talk to her nicely in the end she will tell you....she can come to the site, you enrol her and then she leaves.

I: Mhh.

R: Then later on she calls.

I: And now what are some of the beliefs that maybe hinders them from enrolling in the T-safe? Are there some of the beliefs, we talked about some of the misconceptions?

R: If you talk about the T-safe you talk about the services that are offered to teenagers through the T-safe project.

I: Mhh.

R: They said FP (Family Planning) makes one loose interest in sex.

I: Mhh

R: If you use long term methods you will never have a baby again.

I: Mhh

R: Some say you even get cancer.

I: Mhh.

R: Some say that like IUD they will tell you that you will give birth with the baby holding the IUD.

I: Ok.

R: Some say that even despite the pill, you can still conceive,

I: Mhh.

R: You see such like stuff but if you demystify it well.....

I: Ok.

R: Yes.

I: You talked about the Catholic Church people who are also against it. How do you deal with them if it comes to this issue now?

R: Let me tell you Florence

I: Mhh.

R: Sometimes if you want to deal with these Catholics,

I: Mhh

R: Do not deal with them as a team because when they are a team they really nurture their belief and none of them wants to break the law before the other.

I: Mhh

R: But now if you meet the individual one on one and you explain what you want to do, and the essence and what is happening around our community, someone will tell you, please arrange but don't report me to the Father.

I: Mhh

R: You have heard up to there?

I: Mhh

R: But don't report me to the Father. This thing is there and the belief if there as long as we are many. But when you go back to an individual we suffer differently.

I: Mhh

R: So personally I have even given health talks to teens/youths but not on a Sunday.

I: Mhh

R: Now on their forum for youths, I was invited and even one of the Sisters was amidst us and pointed out a few teens for me to talk to them on the side because their behaviour was not good.

I: Mhh

R: So despite their beliefs they know what we do is not....it is just that they don't want to do it publicly because their religion does not allow it. But they do it under the carpet and they support it. They even support us under the carpet as long as you don't expose them.

I: Mhh.

R: Yes.

I: Ok.

R: Don't expose them and they even tell you and direct you where there is a meeting. Speak to them just a little because we are defeated with these children. And you don't mention anything to do with family planning instead you counsel them. If you start by telling them about family planning for three years, five year, you will be chased away.

I: Ehh.

R: You start with sex education, the challenges, then...like here we have a place called Ndurugo where children are aborted and thrown, we also have TBAs (traditional birth attendants) who conduct unsafe abortions down there.

I: Mhh

R: You start with such like stories, which is really true because babies are thrown down there and whose children are doing that? They are our children who are throwing babies down there.

I: Mhh

R: So how can we save this? The forum is theirs and they are the ones who are leading it.

I: Mhh

R: Yes.

I: Thank you for all that information we have come to the end of our interview and actually you have given me more and more information that I couldn't believe and I will ask if you have any question for me, if you have any question for me or if there is any other thing that whenever we were talking you wanted to discuss, you didn't get that opportunity to discuss. So this is the time that you discuss that.

R: Now that the T-safe project has come to a standstill, do you have any plans to bring it back? Because when you get one to ten people it is ok, it really used to motivate us especially when we visit that shop, and you can pick anything you want.

I: I know that is one question that you have asked

R: Mhh

I: But personally I don't have an answer for you. Ahh I believe I told you us we are doing a survey and the fact that we are doing a survey we really don't.....I really don't know whether it will be back or not but I believe very soon maybe, I don't want to say very soon, but you will the information through the service provider who will give you the information about that. Because if they are to come back automatically they have to talk to you guys and you will get to know. I don't know if there is any other question again?

R: Maybe afterwards.

I: Anything to add on or about ITH?

R: On T-safe as an interviewer,

I: Mhh

R: As much as we offer these services to the teens, are there times whereby you can also, like when we have hiccups we can always meet you to share our challenges because after training us we get some hiccups in the field, apart from making calls to you, can we be able to meet you people? At least the T-safe people to share the challenges....share challenges on teens, our own challenges as mobilizers

I: So like you are saying that whenever you have been trained and you have been sent to the field, you have never been meeting the T-safe people to talk to?

R: You know there are times you call and it doesn't go through.

I: Ok

R: Other times you call, and we have another big challenge,

I: Mhh

R: Most of the areas where we are offering T-safe services never functions.

I: Mhh

R: That one is a very big challenge and I had forgotten to mention it. I used to cover to the entire Nakuru all the way to Olenguruone. I used to go up to Molo.

I: Mhh

R: Mobilizers will mobilize but there are not shops to redeem those points.

I: Mhh

R: Some of them travel all the way from Olenguruone to come to Free Area to come and redeem

I: Mhh

R: Is it really.....that one also demoralises them.

I: Mhh

R: And then you know those sides it is highly densely populated with teenagers. They really turn up but now the CHV will not be motivated to continue mobilizing because she remains there and imagine from Olenguroune up to this place is about Sh600.

I: Mhh

R: And then go back with another Sh600 at the expense of getting this food only.

I: Mhh

R: In case they at some point they come again let them put some measures in place whereby there are services being taken, there be Tiko shops, T-safe shops.

I: Mhh

R: Yeah let things be put in place because we get a lot of challenges.

I: Mhh that is well taken, any other?

R: No.

I: Thank you so much.

End

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAK_EAST_URB_003_MOB_001_14519

I: So thank you so much for accepting to participate in this study.

R: It is my pleasure.

I: I have already explained to you what we are doing, we are doing and external evaluation

R: Ok

I: To find out how the (unintelligent) has gone.

R: Yeah

I: And your information is going to be of most important to us in trying to improve the SRH services to the adolescents.

R: Yeah

I: Or young girls. Ehh this is Wilkister Ombidi, Research Assistant number 003 doing ITH round two, mobilizer interview, mobilizer number 001 interview in Nakuru County, the sub county is....Nakuru East sub county, this date of 14th May 2019 at FHOK facility in Nakuru starting at 13.50 p.m.. So I want to thank you Adili for your participation. Now to begin, kindly, we have accepted that we can use English.

R: Yeah, no problem

I: No problem?

R: yeah

I: No problem, but this does not mean that when Kiswahili comes, you don't use it.

R: Ok.

I: Where something is not coming very clear in English, we continue in Kiswahili.

R: Yes

I: Thank you so much. So to begin tell me briefly about yourself and what you do?

R: My name is Sam...Oh....

I: Ok, no, just say it

R: My name is Samuel and I am a youth mobilizer.

I: You are a youth mobilizer.

R: Yes so what I do we go to schools and reach young people and we also do in-school and out-school sessions on reproductive health.

I: Yes

R: And also around the community whereby we tell them about contraceptives and some information on reproductive health, and also we have fun with them in some activities that will make them more attentive, that will make our session more receptive and also enable them to ask questions and get feedback from there so that we can improve ourselves also.

I: Mhh

R: Yeah

I: So what are all these sessions about?

R: Mostly they are about health, basically health, and life skills and most importantly we try to focus on reproductive health.

I: Mhh

R: Because that is the major problem grabbing Nakuru.

I: Ok

R: Yeah

I: Anything else you would like to tell us about yourself?

R: Ehh I also watch a lot of football.

I: Ohh you watch a lot of football.

R: Yeah and also like interacting with young people.

I: Interacting with young people?

R: Yes

I: Ok

R: So that I can be able to understand their...where they are coming from because I will also be able to learn from them so that I can improve myself.

I: Ok

R: Yeah

I: Great and please tell me your role in the ITH project and with T-safe and especially, you have told me, a nice name about that you call it what?

R: Dance for life.

I: Dance for life?

R: Yes

I: How did this name come through?

R: This name came up when we were trying to get young people to be more attracted to the programme.

I: Yes

R: So instead of just being short and formal to them, we used a (unintelligible) session, it was a full week session.

I: A full week?

R: Yes so that we can tell them about reproductive health,

I: Mhh

R: At the same tell them they can receive the services at our hospital here now through the cards, the Tiko cards.

I: the Tiko cards.

R: Yeah

I: Mhh

R: So we introduced the Tiko cards during the session that we were having with them.

I: Ok

R: Yes

I: Ahh so the youth that you interact with, tell me are they men, I mean are they boys and girls, are they girls only, are they boys only?

R: Youth were the age from fifteen to nineteen.

I: Mhh

R: And they were mixed boys and girls.

I: Boys and girls?

R: Yeah

I: Ahh so your role in the Dance for Life

R: Yeah.

I: Or what we call T-safe...

R: My role was to carry out the session, Dance for Life sessions.

I: Mhh.

R: So we used to do sessions and one session would go like one hour.

I: Mhh.

R: And the one, one hour so the sessions were mostly about experiential line whereby you have the young people and also at the same time you are informing them about their reproductive health.

I: Mhh.

R: And how they can protect their rights and also the importance of reproductive health.

I: Ok.

R: Yeah.

I: So that is about interaction with the young people.

R: Yes.

I: But for the T-safe which is just for girls who are fifteen to nineteen what would you say was your role?

R: My role was to basically introduce them to....inform them about the Tiko,

I: Mhh.

R: How they can use the cards, we had some cards that were available. So we were telling them about the cards.

I: You tell them about the cards?

R: Yeah and how it works, if they approve us we register them

I: Mhh.

R: We take their photograph using our phones. We have an application, a smart phone application, and so you write the age of the person

I: Mhh.

R: and we also take their photo and we also give them a card.

I: Ok.

R: The card had a code which you write on the application and then you press enter and so the person is in the system.

I: Mhh.

R: And gets to go and drop the card, so that whenever he wants, he can access services at a hospital but now only the hospital but we were telling them you can access the services from Family Health Care and some other local clinics that were listed for the Tiko platform.

I: Ok.

R: Yeah.

I: Great, a very great job.

R: Yeah.

I: Mhh ok so tell me how were you selected or recruited as a mobilizer?

R: There was an interview.

I: There was an interview?

R: Yes.

I: Please tell me about it.

R: The interview was carried out about a month before the project.

I: Yes.

R: So we asked how we can carry out the sessions so I was lucky to be selected as one of them.

I: Mhh.

R: And after the interview we went for training.

I: And who were these who were interviewing you?

R: We were interviewed by...one of them was a youth coordinator

I: From which organization?

R: Family Care

I: Ahh ok that is fine. So when we are talking of Family Care we are still talking of FHOK?

R: Yeah, FHOK.

I: Ok, great. Explain to how you are rewarded for enrolling adolescents?

R: The reward?

I: Yes

R: The reward from the system, there were points. You used to earn points so if you register an adolescent in to the system you get points in your application.

I: Mhh

R: so for one person it was a hundred points.

I: Ohh so one person is a hundred points?

R: Yeah

I: Ok

R: And the points were converted to money, with the points you could go to a shop that accepted Tiko points and buy something with it from the shop.

I: Mhh

R: Yeah

I: Ok

R: The shop outside here was accepting the points.

I: On there is a shop outside here?

R: Yes, you could go there and get a soda or a snack with the points.

I: So what did you use to buy with your points?

R: I used to buy a soda after enrolling the kids.

I: Mhh

R: Yeah

I: Ok

R: Yes, yes

I: So how was your level of enrolment?

R: The level was very good; I was actually the second best performer in Nakuru.

I: In Nakuru?

R: Yes

I: Second best performer?

R: Yes.

I: Ok

R: Yeah

I: Like and estimate how many would you enroll in a week for example or a month, I don't know what time period you would like to give.

R: We had targets.

I: You had targets?

R: Yes

I: Please talk about it.

R: So basically in a week we used to enroll like a hundred people

I: Hundred people?

R: Yes

I: Young girls?

R: Yes. You know sometimes they are going for in school sessions and sometimes you could get....but mostly we were two.

I: You were two?

R: Yes, if you manage to get fifty and the other fifty.

I: Two mobilizers?

R: Yes and so we share thebecause everybody has the application in his phone so we had to share the people we were talking to and the session we took.

I: Ok

R: Yeah

I: two mobilizers....were you both men or there is a lady?

R: One was a lady and a man.

I: Ok ahh and what is your opinion about the rewards, the rewards from Tiko, the one we are talking about?

R: The rewards were very nice but now we were wondering, the young people were also very interested.

I: Oh they were interested in the rewards.

R: Yes they were wondering how they could get the rewards which were not very easy at all because they were not allowed....they could not access the rewards I was only for the person who was enrolling.

I: Ahh so you were...if I get you right you are trying to say that the young people that you were enrolling they were interested in the Tiko points but they were not getting?

R: Yes

I: But you had also told me that you enrolling them through your phone?

R: Yes

I: Ok and not their phones?

R: Not their phones.

I: Is that how it went throughout?

R: Yeah mostly but if young person had a phone, we could enroll the person with his or her phone but majority of them had no phones.

I: So for those who had phones did they get the reward?

R: Some of them got the rewards of five points.

I: Five points, five Tiko points?

R: Five Tiko points if you register.

I: Ok, yeah

R: Yes

I: Ok that is fine. So otherwise you are saying the rewards were very nice.

R: Yeah they were very nice.

I: the sodas?

R: Yeah, soda and you know most people had a lot of points and so you just go outside there and you use points, you can exchange them for cash, they were like Bonga Points.

I: Oh you could also convert them to money?

R: Yes

I: Hard cash?

R: Yeah

I: I get it. Please tell me the process of mobilizing adolescents to the ITH programme. The process, how was it started, step two and so on. How was it?

R: The process we used was we were to go to a school most of the time when the schools are on.

I: Mhh

R: Like when the students are still going to other classes. So we talk to the school principle or head teacher

I: Mhh

R: The if she/he accepts our offer

I: Yes

R: we start our sessions.

I: Mhh

R: so we introduce ourselves in the classrooms and we have a lot of activities that would make the students more comfortable with us.

I: Mhh

R: So we had some dances of introducing names, then after some time we used to go to the encounters. So the Tiko cards and the Tiko offers, they were like one encounter. So we had like fifteen encounters. So when we reach encounter four that is when we talk about the Tiko and how they can access the services.

I: The other encounters were not Tiko related?

R: No, no, they were just (crosstalk) products....

I:oh they were just new programmes

R: Yes

I: Ok, ok so Tiko was now encounter four?

R: Encounter four.

I: Yes. Now I am getting you. Ok let us say you have gotten a willing client to join the ITH programme, what was the process like?

R: Of registering?

I: Yes

R: Ok we used to do the session, we explain to them how it works, the different platforms and how you can register the person then after

we finish the session now, we save some time, let us say the last thirty minutes before we can leave.

I: Mhh

R: We start the registration now, we ask them to make a line so we give them a card and register the person.

I: Mhh

R: Yes

I: Ok nice. So you are saying that one of the ways that you are using to get to the adolescent was through the schools

R: Though and schools and mostly through the young people because like after the schools are closed,

I: Mhh

R: Most of the people...it was not easy but some of us had to go to the churches.

I: Oh churches also.

R: Yeah. So you talk to the leaders of the church and they allow us to have a session. Then after the session then we can register them. Also we talked to the young people. Some of them were involved in some community activities like acting and theatre, so we talk to the leaders of the organizations and then we can register the students.

I: Ok

R: yeah

I: Anywhere else where you used to get your youths?

R: Ahh here at the youth centre.

I: Here at the youth centre, please tell me about it.

R: So here basically, young people come here and they get to have fun with other young people and interact

I: Mhh

R: AT the same time they get to learn about their health rights, and so as they gather here, we used to have sessions with them also.

I: Mhh

R: And register them on the platform.

I: Ok

R: Yeah.

I: So when you meet an adolescent for instance here who has come to have fun through the youth centre,

R: Yeah

I: How were you talking to her about the Tiko, what were you telling her about Tiko?

R: I basically tell her that she can access quality health services and also at the same time the card will be used as system whereby the person who is offering the health services is able to know what is going on, will have a record on her using the card and also at the same time, she can...I get rewarded and if she gets the services, that means after the...as she goes for the service I can maybe also get a soda or something.

I: Ok

R: Yeah

I: And were they happy that you were the one going to get a soda?

R: No, I was telling them that I can share with them the soda (both chuckle) after they access the service.

I: Ohh great.

R: Yeah

I: Tell me, how do you ensure that the adolescents you have mobilized reach the ITH clinic after establishing contact with them? How do you ensure they reach there?

R: Some of them, the ones that were here, I used to take them by myself,

I: Mhh

R: I tell them that here in the hospital the facilitators are very friendly; the medical practitioners are very friendly.

I: Mhh

R: So because they thought it was convenient because they are already here,

I: Mhh

R: They used to accept to go.

I: Ok the ones that were here would just go.

R: Yes but in the street or the village I told them they don't have to come to town because of transportation and everything and so we were advising them to go to Amua Clinics.

I: Ok.

R: They also accept the Tiko for the young people.

I: Ok but how would you even ensure that this person has gone to Amua clinic?

R: That one was not very easy but I felt that they would...the way they reacted with the cards, I felt like they were going to go to the clinics because sometimes the cards were not even enough.

I: Mhh

R: Because they really wanted the cards because that one was like a surety that they will go there.

I: Ok

R: Yeah

I: You have also said that there were some that used to accompany you to the clinic?

R: Yes

I: Ok but I was just wondering with someone you did not accompany to the clinic how would you be sure that this person I enrolled has gone to the clinic and received services.

R: Sometimes it is not easy to know but I used to receive messages. Now if someone accesses the clinic you get a message on the phone that you have gotten some points because one of your clients accessed a service.

I: Ok

R: Yeah.

I: Please let me know if there were any challenges....the challenges that you could have encountered at each of those points that you were enrolling.

R: Challenges?

I: Challenges at the different points of the process of enrolling.

R: Challenges were quite a lot.

I: They were quite a lot.

R: The first challenge was we used to take photos of the adolescents and that was not easy.

I: Mhh

R: You know people don't like other people taking photos for themselves.

I: Mhh

R: So we have people, when you give them a card, they accept the card but in the process of registering, there is section where you have to take a photo of that person.

I: Yeah

R: Now that is where the problem was.

I: Mhh

R: So you find that the person will refuse the card because of the photo, because he is scared of what I am going to do with the photo.

I: Oh so some would even refuse the card?

R: Yes because of the photo.

I: What did they think you were taking those photos for?

R: There were just scared because people cannot be trusted these days and they didn't know whether it was from somewhere else. Here I am, I want to speak to them and then take a photo immediately and so they were a bit uncomfortable.

I: whether it was someone from someone else would do what?

R: Because they don't know me from somewhere else, it was their first encounter with me and so she cannot trust me taking a photograph of the person without knowledge of...we don't know each other.

I: Ok you don't know each other?

R: Yes, and so but after explaining, most of the time I used to explain to them about the photo, they even used to ask me they want to see my gallery if the photo is still in the gallery of the photos, yeah

I: Mhh (chuckles)

R: So I show them the photo went to the details and I don't have a copy of the photo.

I: Mhh

R: Yeah

I: And how did they feel about that?

R: they were a bit....they were unsure, and some of them refused to take the cards and some of them accepted to take the cards.

I: Mhh

R: But after a lot of convincing.

I: After a lot of convincing, anything you heard them say about those photos like what you were going to do with the photos.

R: Some of them were talking of illuminati,

I: Illuminati

R: Yeah and they were scared. Sometimes we didn't have the T-shirts.

I: Mhh

R: So I am in my normal clothing and I am talking about a health service. So that was a challenge for me because if I had a card, badge or something, the person could know that I am coming from a health organization or something so that he can be able to trust me, which would have been much better.

I: Mhh

R: Because I was just a civilian to them.

I: You were just a civilian?

R: You don't have any uniform or something or a badge you can show the person, I am from this organization and I would like to take a photo for you to get the card.

I: Mhh

R: Yeah

I: So you found that a challenge?

R: Yes

I: You looked so much of a stranger?

R: yes

I: Sorry for that.

R: Ok

I: so what is your experience with the T-safe platform?

R: My experience?

I: Yes, the mobile platform that you were using to enroll?

R: It was very nice, for me I didn't have any problem with the platform

I: Mhh

R: But most of my friends, they had a lot of problems with the platform.. They said they registered with a number and now they wanted to change the number.

I: Change the number?

R: Yes and so they cannot register another person because you know if you have the number that you registered with, it is in the system in Nairobi and so you cannot just feed in any other number and it accepts. So until the person in Nairobi changes you number to a new number, it takes a lot of time.

I: Oh so the number you give them would be changed to a new number in Nairobi?

R: Yeah and it took a lot of time. So you find that you took sessions, you have people who took cards but your application is not working so you end up being told that you are not doing a job, you see now that becomes a problem.

I: who says you are not doing a job?

R: You know because they are not seeing your numbers,

I: Ok

R: So when you are being told you are not performing, you are lagging behind...that now is a problem.

I: Ok

R: Yes. Another challenge was sometimes the system was a bit slow.

I: Mhh

R: But mostly it was fine.

I: So when it was slow, please tell me that experience.

R: When it is slow you waste a lot of time, the people are too many and you would like to register them all but now you find that sometimes it is getting late, they need to go home,

I: Mhh

R: and you end up not registering all of them in the system.

I: Ok

R: Yes

I: So when the system goes down it was a real issue.

R: Yes

I: Some of them would go home without being registered.

R: Yeah

I: Ok any problem you had with interacting with that system or let us say operating it or navigating it?

R: No, most of it was very direct, the operating...the tools were very easy to understand and I didn't have a problem with it though some of the functions were not working.

I: some of the?

R: Some of the functions were not working.

I: The functions?

R: Yes

I: So what does that meant to mean?

R: We had a process called My Wallet

I: My wallet,

R: Sometimes it could not reflect your actual balance. Sometime it is reflected. They were like three or four that were not functioning.

I: Three or four not functioning.

R: Yes, I cannot remember the names but they were there.

I: But you can particularly remember "My Wallet"

R: Yes sometimes it was showing the balance sometimes it was not.

I: Which balances?

R: The Tiko

I: Ohh the Tiko balances?

R: Yes

I: You want to get a soda but Tiko is not showing how much you have?

R: Yes

I: Ok

R: Yes

I: Any other challenge we have forgotten?

R: Ahh no other challenge.

I: No challenge, ok what are the key messages that you share with the adolescents about the T-safe platform when you enroll them?

R: The key messages?

I: That you share with them about the T-safe platform when you enroll them?

R: The first message was it must be a health....a sexual health reproductive matter, so if she has a headache, you cannot use the card.

I: (Chuckles)

R: Because it is not a reproduction health matter.

I: Mhh

R: The second she must carry the card with her all the time every time she wants to access the services.

I: Ok

R: The other thing it helps the doctor have a record of the activities at the clinic

I: Mhh

R: And they were very happy about that.

I: Ok any other key messages that you shared with the adolescents about the T-safe Platform?

R: Ahh....not really.

I: What for example did you tell them they will gain by enrolling on that platform?

R: I used to tell them you can get...they can access health rights and services. Sometimes I would tell them some of the services are free.

I: Mhh

R: Like consultation

I: What services were you talking about?

R: I used to tell them that they can access condoms, consultation, family planning options if they needed a service like that one.

I: Sorry

R: I used to tell them they can get family planning services and also HIV screening, cervical cancer screening also.

I: Mhh

R: Yeah

I: And you have just told me that some of them would even enroll on their own phones and what instructions do those enrollees receive about how to use different T-safe features?

R: It was interactive instructions and I just tell them to send....I used to use my phone.

I: Mhh, ok

R: So I send a code...I cannot remember that process

I: Mhh

R: There were two methods, the one for the smart phone and the one for the Kabambe

I: Kabambe?

R: Yes

I: Oh so they got them?

R: Yes so now that one we were using 22699

I: 22699?

R: Yes

I: What is that?

R: That is now when we are registering people.

I: Ahh

R: So the person if she has a phone gets a message on their phone and then you start the process by following the guideline provided and immediately he/she completes that process, they get five points.

I: Mhh

R: Now you can get a code and it can access the services at the health facility.

I: Ok

R: Yes

I: Ahh any other instructions that there were for the enrollees?

R: I had to be there with them because if I give him the card, and I have not registered him the card will not be effective.

I: Oh it will not be effective.

R: So I have to be there with the person as I enroll them.

I: Mhh and what are the most usual questions; adolescents ask you when they hear about T-safe?

R: T-safe?

I: Yes

R: Some of them ask if they can get money, if they can get paid,

I: If they can get paid.

R: Others were asking...mostly they were asking if they can use it as an ID

I: As a what?

R: And ID if they have to carry it around most of the time.

I: Mhh

R: So I would tell them that they have to carry it around every time for us to know....to let the doctor know the record of the client

who is going for the services so I told them if they could carry the card every time.

I: Ok

R: Yeah others were concerned that.....they were just concerned about the photo part, the like the idea but now they didn't like the idea of taking photos.

I: Mhh

R: Yeah

I: Mhh

R: Yes

I: Ok they didn't like the idea of you taking the photos?

R: No.

I: So what were the questions they were asking about the photos?

R: They were asking if it is a must they must be taken photos, cant we work without taking eh photos?

I: Ok any other usual questions that they were asking?

R: Mhh

I: Although...

R: Sometimes we used to prioritize the girls more than the boys

I: Ok

R: Mhh so the boys were concerned that we were segregating them

I: Ahh

R: We don't like but the cards were limited and now we were looking at it like, you know the girls require more services....more attention than the boys.

I: Mhh

R: And we gave the cards more to the girls than the boys.

I: Ok

R: Yeah

I: Just try to help me understand this, does it mean that the boys were being enrolled and given the cards?

R: Yes

I: Oh they were?

R: Yes

I: And they would also get Tiko?

R: Yeah, if they register on their phones they got the five points.

I: OK

R: Yes

I: So for you, you were registering girls, fifteen to nineteen years

R: And also the boys from the same age.

I: The boys of the same age?

R: Yes

I: Ok so how was the number of boys enrolled compared to the girls?

R: The girls were more than the boys.

I: Mhh

R: Yeah

I: Ok so otherwise you are saying when you concentrated more on the girls, the boys complained that why are you on the girls more than us?

R: Yeah

I: Ok, great

R: Because they thought it was a really good platform and so they really wanted the cards.

I: Ok

R: Yeah

I: So ahh....So again I want to take you back a little,

R: Ok

I: I don't know if you remember exactly or thereabout when the ITH programme begun?

R: I do.

I: You do, when was that?

R: Around June last year.

I: Oh, June last year, so this enrolment for boys and girls, was it something that was already ongoing before the ITH or it begun both enrolments begun at the same time?

R: Enrolment begun at the same time.

I: So for you, you were told to enroll both boys and girls.

R: Yes both boys and girls.

I: Fifteen to nineteen years?

R: Fifteen to nineteen years

I: ok, I am getting you.

R: Yeah

I: Ok and these questions that you have said the youths were asking, tell me if it was only the girls asking or boys asking, what was it like?

R: The questions or the cards?

I: These common questions?

R: Like photos?

I: Like we will get paid?

R: Mostly they were girls

I: Mostly they were girls.

R: Yeah and they also wanted free services

I: The girls wanted free services?

R: Yes like they were asking if they get paid for the services they access, so we were telling that like the HIV testing was free,

I: Ok

R: Consultation was free,

I: Mhh

R: Then they have to pay something small for the services.

I: Ok

R: That was a bit discouraging for them.

I: What was discouraging?

R: When they heard that they had to pay for some of the services.

I: Ahh when they were told they would have to pay for some of the services?

R: Yeah

I: Now which are some of these services that they were paying for?

R: Like cervical cancer screening.

I: Ok

R: And also if you wanted to get other methods of family planning like the IUD, they had to pay something.

I: they had to pay something?

R: Yes.

I: I don't know whether we would be going too far to ask what they were paying.

R: No, I don't know.

I: You wouldn't know?

R: No.

I: That is fine. And when you mobilize boys, what services were you mobilizing them for?

R: For HIV testing, consultation, and they were also getting condoms.

I: Mhh that is fine. And how do you assist adolescents to access after they are enrolled?

R: First if they want to come I was telling them about FHOK, I told them about the set up, and how it was a nice place they can come and interact with new people

I: Mhh

R: And also have a bit of fun

I: This place is a bit noisy because of the road, I don't know what we can do better but I think else we can do is to speak louder.

R: Yeah, true.

I: Because now we may not have several options.

R: Yes, so I was telling them Family Health is a nice place for them

I: Mhh

R: Because they go to meet other young people because we have a lot young people here. So I was advising they should come here and as they access the services, they get to.....they also get time to be part of the centre.

I: Mhh

R: That one was a bit of a plus for them.

I: Ok

R: They were interested in the centre so they promised to come for the services.

I: Ok

R: Yeah.

I: Yeah, great. Any other way you were assisting adolescents to access services after they enrolled?

R: They were given directions here. They did not know about here the hospital where it was located.

I: Ok so you give them direction?

R: Yes, you give them directions and also tell them about the Tiko platform which was also telling us any nearby clinic was available.

I: Mhh.

R: Let us say you are in Langa Langa, if you could ask the Tiko Platform, about the clinics that are around the area, and they could list them for you and so you tell the young people where they can access the services from.

I: I don't know if there is something else we have forgotten?

R: Ahh no.

I: Ok and why might some of those girls enrolled by mobilizers not access services?

R: I think it is because of....they were scared a bit by the parents.

I: They are scared of their parents

R: Yeah.

I: How is that?

R: Most of them require consent from their parents to receive the services.

I: The consent of parents?

R: Yes.

I: Ok, mhh so some people you enrolled were not going for services because of the fear of parents?

R: Yes.

I: What else?

R: Because they did not know about the other clinics, they wanted to come here but they were complaining they need transport to reach the health facility here so that so I thought that was a bit of a challenge.

I: Ok. Transport to the facility...

R: Mhh and they also wanted to benefit from coming to the service,

I: Mhh.

R: That is the youngest, sort of compensation of...or a reward, or a gift.

I: Oh it is like if I go for the services will be given something?

R: Yeah what will I get back?

I: What exactly, what kind of reward were they talking about that they wanted to get?

R: Maybe a soda, a snack

I: (Chuckles)

R: They were very particular about that.

I: Ok, anything else you would say would prevent the girls enrolled by mobilizers from accessing services?

R: Ahh I don't think so.

I: Ok what do you see as the biggest motivating factor for signing up to the T-safe?

R: The big?

I: Motivating factor, the factor that is motivating them to sign into the T-safe?

R: The young people?

I: Girls.

R: The young girls are motivated because most of us were young like them,

I: Mhh.

R: So they felt they were comfortable with us because we they are getting things (unintelligible) day by day and we are telling them that it is right for them to go for the services, they should not keep quiet about their health rights.

I: Ok.

R: They were really comfortable with us and engaged us...they used to ask a lot of questions.

I: Ok.

R: Yeah.

I: The fact that they were being mobilized by young people like them...

R: It was good for their (crosstalk)

I: It motivated them?

R: Yes.

I: Ok else motivated them into signing up into the T-safe platform?

R: The cards. They wanted the cards.

I: The cards?

R: Yes.

I: Anything else?

R: The fact that if they registered with their own phone, they got some points.

I: Ohh the Tiko points?

R: Yes

I: Ahh is there anything else you have forgotten?

R: No.

I: Tell me, the fact that they would access information could have been a motivating factor?

R: I don't remember any of them asking about the information.

I: The fact that if you get into the Tiko platform you might interact with them, get information

R: That is true.

I: Did you get this a motivating platform or not?

R: for me or for them?

I: NO, for them.

R: You know most of them, they did not have phones.

I: Ohh.

R: they didn't have phones so accessing the information was not really possible for them but we used to give them hard life information and manual. So we used to leave the manuals with the teacher, so that they can get...they can go through at the their own free time and we also used to have some charts where they give us information on what they are going to...on problems that they are facing and they didn't want to share when the whole class was hearing.

I: Ok.

R: So we go through the questions when we are talking to them

I: Ok.

R: And address the questions and their problems.

I: Ok and maybe looking at it differently, slightly differently,

R: Yes.

I: Did you find that when they get into the T-safe programme they would get information so do you think that would have been a motivating factor?

R: Yeah very

I: Ok.

R: Yeah because you know most people like to have privacy.

I: Sorry.

R: Most young people in the clinic require privacy when giving them information.

I: Ahh prive...

R: Privacy.

I: Ohh privacy.

R: So if they could access the information on their phones it could be very nice

I: Ahh very nice.

R: Yes.

I: Ahh curiosity let us look at this one; some people could have been motivated just because they were curious. Let us see what the platform is all about.

R: Yeah very true. They used to get the cards and some of them were not in the class we were talking about for ITH but they also wanted to get the cards.

I: They wanted to get the cards?

R: Yes

I: Mhh

R: Because, most young people here in Nakuru if you give them something that is for free they like it a lot.

I: Ok

R: Yeah

I: Any peer influence like my friends have gotten there let me also

R:Yeah a lot.

I: A lot of it?

R: Yes because the whole class is taking nobody would want to be left out.

I: Oh no one wants to be left out?

R: Yes

I: Ok, great, what is the community's attitude towards the T-Safe or ITH shops? You told me that there are shops here that

R: That sells the goods

I: That people can go for points...

R: Yeah

I: And then you translate those points in to something at particular shops. So the community around here, what is their attitude towards these shops?

R: The shopkeepers were saying that the idea was good but now they are complaining the money was sometimes the money was being delayed.

I: The money was being delayed?

R: Yes

I: How?

R: No, you used to give him the points and then he calculates the amount of points you require to give him so that he can get a product from the shopkeeper. So the shopkeeper remains with the points

I: Mhh

R: Then the shopkeeper will not wait for the points to be converted into money.

I: Ok

R: So that process was a bit slow for the shopkeeper.

I: Ok

R: Yeah

I: Money took some time to come?

R: Yes

I: Ok so that is the shopkeeper as a member of the community.

R: Yes.

I: So what else....what other attitudes of the community there is for the T-shops, what were the other people saying about the T-Shops for pharmacies or even the clinics?

R: Ahh there were no, some of the people were complaining that the shops, they really don't know where they are.

I: Ohh...ok

R: Like they have to look for them manually, so they were not sure where to find the shops exactly.

I: Mhh

R: yeah

I: Anything you heard the community around here saying about those shops?

R: Because they were not very many, so most people didn't know about them.

I: Oh they didn't know about them.

R: Yes

I: Ok any attitude, community attitude about the clinics where the adolescents would go for the T-safe services

R: The community?

I: Yeah, what was the community around saying about it?

R: Some of the women I used to talk to and tell them about the services that their daughters could access.

I: Mhh

R: They accepted the cervical cancer screening, breast cancer screening but they did not like the idea of their young children accessing something like condoms or family planning options.

I: Mhh.

R: But they accepted the other health services.

I: Ok.

R: Yeah, apart from the one related to sex, they didn't like it.

I: they didn't like it?

R: No

I: What were they saying about it?

R: They were saying their children are still too young, they need to focus on their education.

I: Ahh

R: Yes

I: Now that this clinic where we are, the FHOK,

R: Yes

I: Is one of those clinics that is serving the youths in terms of sexual reproductive health services.

R: Yes

I: What were some of the things that you could have heard the community saying about this clinic?

R: The community, theyhere in town when I used to register most of the young women here,

I: Mhh

R: Most of them knew the clinic and even some were saying they are members here.

I: Mhh

R: And they liked the idea about the cards.

I: Ok anything negative they were saying about the clinic?

R: They just wanted more free services

I: Free services

R: And offers.

I: Ahhaa

R: Yeah

I: And what is the community attitude towards ITH mobilizers? You who were mobilizing young girls for example aged fifteen to nineteen, what have you seen as the community attitude towards you?

R: The teachers really liked us.

I: The teachers liked you.

R: Yeah they were telling us to continue, we are doing a good job

I: Ok

R: Sometimes we used to carry with us some condoms and some parents were a bit negative but when we talked to them about the whole package and the services they could access, they were more receptive.

I: Ok some parents were sometimes having mistrust, they were negative?

R: Because the idea of sex and the young children...they didn't like it at all.

I: They didn't like it.

R: Yeah but when you talk about things like screening, HIV testing, they have no problem with that.

I: Mhh

R: Yes

I: But anything to do with sex they did not want.

R: They did not like.

I: Ok and you shake your head nicely like one of those parents who didn't like? (Both chuckling)

R: Not really

I: Anyway that is just by the way. Ok any negative attitude towards the mobilizer?

R: From the community?

I: Yes

R: Ahh...from the parents no.

I: Parent, no.

R: The teachers were really encouraging so I don't think there were issues with that.

I: Any experiences of stigma, when people see you they are like this is the guy who is convincing our children to go and get SRH services?

R: In Nakuru people are friendly and they like ideas about young people.

I: Mhh

R: Getting to know and interact with young people.

I: Ok

R: So they really liked the idea and negative experiences...for myself I did not have any negative experience.

I: You didn't have any?

R: No

I: Any feelings of rejection like people now don't like you for what you?

R: Sometimes we did not get the schools we wanted,

I: Ahh

R: So because some of the teachers, that is not their major concern, so that was a discouragement.

I: Mhh

R: Yes

I: So they would not give you that opportunity?

R: No.

I: Ok any feelings of distrust, people do not trust what you do?

R: Ahh sometimes yes, because we did not have any shirts,

I: Ehh

R: Or cards or IDs

I: You didn't have any shirts that would introduce you

R: We didn't have cards with us and a photo.

I: Ahh...

R: That was a problem for us.

I: Mhh

R: Yes

I: You also told me that the girls did not trust you when you were taking their photos?

R: yes

I: Ok. Now these negative attitudes that you have just sited, how do you deal with them? How were you able to deal with these negative attitudes in the community in relation to the ITH in your work as a mobilizer?

R: We used to talk with the coordinator and he used to encourage us and motivate us

I: Mhh

R: Also we had a WhattsApp group where we all used to share our challenges by ourselves and find solutions by ourselves.

I: Mhh

R: We also had some motivating activities where could meet and have some team building

I: Have what?

R: Team building here at the health center and feel re-energized to continue with our work.

I: Mhh

R: Yes

I: Ok that now that music is coming from where?

R: The youth centre

I: The youth center?

R: Yes.

I: What do we do about it because it is interfering with the quality of this tape.

R: Ahh

I: Is there anything we can do?

R: Not really because this is the only room where...because up there, there is a room there but now they are taking Salsa.

I: Ehh...

R: Yes

I: Interesting. Thank you so much at least they have reduced that volume a little. Today is their day of activities?

R: Mostly they are used from two to four in the afternoon every day.

I: Everyday two to four is the time for the youth to enjoy themselves?

R: Yes.

I: Even though, we are nearly getting to the end.

R: yeah

I: So we will not keep them a lot of time. So I think we can go on.

R: Ok

I: so we were just talking about what you have been doing about those negative attitudes that you experience from the community.

R: Ok

I: Yeah and we have talked about talking to the coordinator to inform them....the coordinator of where?

R: The centre here.

I: Oh the youth center here?

R: Yes

I: Ok so what would the coordinator do when you tell them about the negative attitude of the community?

R: He used to advise us on how to carry one, how to react to different people, different methods of getting people to be more interactive, getting youth interested in the topics and keeping them more or engage them on how to keep the conversation going.

I: How?

R: How to keep the conversation going.

I: The conversation going? Ahh so it was just on how you should relay to their people?

R: How you should react or relay to the young people and how to deal with negative feedback from the young people.

I: And how about the community negative attitude like those parents you were saying, they were like they don't want young girls to receive services?

R: We were told that if someone says no, you respect their response and move on to the other people. And you should not insist too much.

I: You don't insist too much and you have talked about ahh having a WhattsAPP group and what else?

R: Team building activities.

I: I don't know if there is anything else we have forgotten?

R: Not really.

I: Mhh

R: We were always a team of two people and we were told we should always make sure at the end of the day we talk about the session

I: Ok

R: and how to improve.

I: Ok thank you so much. So what are challenges you face when mobilizing adolescents for T-safe

R: The challenges?

I: Some of them you had mentioned

R: yea

I: Like the slowing of the programme, that sometimes it is so slow that some adolescents would leave.

R: yes

I: Ok let us pick from there and mention others.

R: Ok

I: Other challenges

R: That I have faced?

I: Yes

R: Some of the challenges are timing

I: Timing?

R: Yeah because sometimes the schools gave us a very short time.

I: Mhh

R: Like thirty minutes or so and it was very difficult to tell them the whole theme

I: Mhh

R: Because you are carrying out a comprehensive session.

I: Mhh

R: Whereby the Tiko cards are part of it and so you could not just start telling them about the cards without coming from somewhere else.

I: Ok

R: At least a background.

I: Ok

R: On reproductive health and so the time was not enough.

I: the time was not enough. Ok any other challenge?

R: Challenge, ahh....

I: the challenges that you faced

R: the organizations.....the transport money.

I: Transport?

R: Yes from the organization was really coming slow.

I: What do you mean?

R: We used to have some stipends.

I: Mhh

R: It was called honoraria.

I: Ok

R: So the honoraria was not coming on time and some of us used to squeeze their budgets so that they can go.....because used to go very far places.

I: Mhh

R: Like Menengai Hill, a school on top of the mountains.

I: Mhh it is called Menengai Hill?

R: Yes and you cannot go there on foot and now the people from Tiko they were delaying the transport fee, money.

I: Mhh, ok ahh, great. I don't know if there is another challenge that you may wish to talk about?

R: Ahh challenge.... Not really.

I: Now about the system being really slow, when you are enrolling, please tell me what measures did you use to take?

R: When the system is slow?

I: Yes

R: we used to write the young people's names down and take photos of them and then we write the card numbers down. So when I go at home at night when the system is ok, I just feed the numbers into the system.

I: Ok

R: Yeah

I: About the limited time being given at school how were you going about that?

R: We used to ask from the school more time, something that would have taken a single day it used to take like a week so that they can fully understand what they are talking about.

I: What does that mean?

R: You know before we get encounter four, there are other encounters and each encounter will take like....and we used to be given only thirty minutes, something that we would have done on Monday we do it on Friday.

I: which are these other encounters?

R: It was a PDF, I could show you through the encounters. It is just like a book

I: Ohh it is a book?

R: Yeah so we were trained using that book.

I: And what are these programmes you are calling encounters for example?

R: For example we are told like how the young people can introduce their names. That is an activity on its own.

I: That is an encounter?

R: Yes, so we would talk on how young people would reflect on their lives

I: Mhh

R: On how they can deal with some problems and situations in their lives

I: Mhh

R: That is another encounter. And the different....we also had some skits and plays about the normal things that go on in the community.

I: Mhh

R: That is another encounter and there were like fifteen encounters.

I: Fifteen encounters.

R: Yes

I: Ok

R: And now the Tiko was one of the encounters.

I: Ok, ok and each one of these encounters had to be done in steps from one to another?

R: yes

I: Ok I am getting you. So that means, if I understand you well you are trying to say is that what should have taken one day was now going to take like a whole week because you do this encounter you go you will come back to do another one....

R: Now the young people's attention is lost.

I: Mhh

R: Because there is no progressive way they can do everything.

I: Ok

R: So that is a challenge.

I: And the issue of transport anything you did with it, like solving it?

R: Sometimes you just has to wait and improvise and also the material, I forgot about the materials.

I: Ohh the materials.

R: we needed the materials like the flipcharts, sticky notes and it was really difficult because there were no...we had to improvise.

I: And who were supposed to provide these materials?

R: The people from Trigarise, they were not doing it in time.

I: Oh they were not doing it in time?

R: No

I: so sometimes you had to improvise

R: And even recycle some of them.

I: Mhh

R: Yeah

I: You guys are great, because you can think out of the box.

R: Because we thought we were doing something good to the young people so we just had to move on.

I: Tell me what are the adolescence views regarding the T-safe Platform?

R: T-safe platform?

I: Yes

R: I think the way you packaged the platform using the extra (unintelligible) they were really excited about it.

I: Mhh

R: Because not only did they get to learn but they also got cards that could enable them protect their health.

I: Ok

R: And they told us that people cared about their health and supported their wellbeing.

I: They felt that people cared about their health and supported their well being?

R: Yes

I: Ok, great. Anything else, they were, any other feelings or views about the platform?

R: Ahh they session that we had in school the people really responded well but outside it was difficult because sometimes you had to talk to young people who were like in a social place

I: In social places?

R: Like on a football pitch, not in a (unintelligible) and so you had like ten minutes to talk to a person and tell them about the Tiko platform and the use of the platform, so the person could really get the trust they need from you.

I: So the time for building of the trust was short?

R: Yes

I: The time was so short?

R: Yes, the household part but for the school it was ok because you did all the session.

I: Just get me to understand this better, does it mean that you were given a specific duration which you must talk so ten minutes...who put this duration?

R: For example, if you meet somebody in the streets and you want to register the person,

I: Yeah

R: Now a person cannot give you an hour to talk to them about the.....

I: yeah

R: you know.

I: Ok ahh....

R: So before they can trust you it will be difficult. Some of them used to trust us, but some of them did not trust us.

I: Oh street was one of the venues where you used to meet your clientele?

R: Yes, sometimes the schools were closed and it was difficult to get the persons so you talk to people randomly, tell them about their health rights.

I: Mhh

R: and then you enroll them in the system.

I: Ok

R: And register them.

I: Fine and what beliefs or perceptions and concerns hindered the adolescents from enrolling with the in T-safe or receiving contraception and other services?

R: Sorry?

I: what beliefs, perceptions and concerns hindered adolescents from enrolling in T-safe and also in receiving contraception and other services; myths, beliefs and perceptions?

R: Most of the young people they had some small information on some contraception. So we were really surprised by that.

I: Mhh

R: Ahh because they didn't know that some of them had effects like the emergency pills.

I: So what do they believe about contraception?

R: They believe they are good but some of them tried to say that they really don't get more information about them.

I: Mhh

R: So they were like if we could talk to them more about contraceptives it would be nice so that they can have a large variety where they can select whatever they want.

I: Mhh

R: They only like condoms and family planning pills.

I: Ok

R: Yes

I: So what perception do they have or concerns that adolescents have regarding the contraceptives?

R: Privacy.

I: Let us talk about privacy.

R: They thought maybe if they could get the services they could do it on their own.

I: Mhh

R: It would be easier for them instead of going to hospital

I: Instead of going to the hospital?

R: Yes

I: Ok so they are like...

R: They fear like if they come to the clinic, you have to convince them that it will remain in the walls of the clinic

I: Mhh

R: yes

I: And what makes them really fear being seeing at the hospital?

R: Mostly in Nakuru, girls aged eighteen do not like being seen that they are sexually active so they hide most times.

I: Mhh

R: They don't want to be seen

I: So they feel that if they are know that they are sexually active people will have a bad perception about them?

R: Yes. Their parents can also be a hindrance since they are still in school. And so they decide to keep silent about it

I: Ok and other belief they have about contraception; that contraception does this and this?

R: They know that about the condom but they are not aware of the other methods.

I: Oh they don't have information about them?

R: No.

I: Any fear you have had them talk about the fear about any contraceptives?

R: Not really, I cannot remember all of them.

I: Ok

R: we talked with them and they were very keen. They were asking about books, for they wanted to know more since they didn't have information.

I: Mhh

R: they just know about condoms and the emergency pills only.

I: Mhh

R: Yeah

I: Any concerns about contraceptives?

R: Being barren

I: Being barren.

R: yes. The other reasons are since they don't know much they just fear being seen as using the contraceptives.

I: So you are saying many of them don't have information about contraceptives.

R: No

I: there are those who have information but there is that fear that they can be barren when they use them?

R: It is what they hear out there.

I: Ok any type of contraceptive that they were talking it that it can make them barren?

R: Emergency Pill.

I: Emergency Pill?

R: Those are the ones they have heard that can make one to become barren.

I: Oh they can make one become barren.

R: Yes

I: Ok fine, was finish, I would like to ask this question,

R: Yes

I: How are you trying to address these challenges if any like privacy, you have mentioned girls fear, they don't want to be seen in the hospital, some people are fearing that ...like the emergency pills can make them infertile...they will not get any children in future...so tell me how you have been trying to deal with this.

R: Here in Nakuru most of the time, ehh...we go to schools. Like right now we have two schools; there is one in the neighborhood Nakuru Day

I: Nakuru Day

R: Yes and another one Mwaregi Secondary

I: Ok

R: And we talk to them about the different types of contraceptives

I: Mhh

R: And the advantages and disadvantage of each of them.

I: Ahh...you tell them?

R: Yes and they get to choose what they want and they want which one is of their advantage and can perform well with their bodies.

I: Mhh

R: When they come here at Family Care, most of the consultants here are young people like them and so they are a bit comfortable with them.

I: Mhh

R: Yes

I: Being handled by young people like them?

R: Yes

I: As health care providers?

R: Yes

I: How many young people are, here, that are providing services to the youth?

R: The ones employed by the organization are like two

I: two young people?

R: Yes

I: Health care providers?

R: Yes

I: So the youth feel a bit comfortable with theme

R: Yes

I: Oh great. And about this thing making me be sterile, I cannot give birth, how has this been handled?

R: WE have some books here.

I: Mhh

R: when we visit those schools we leave them there for them.

I: the book.

R: So they get to know if it is the truth and we also try to break those misconceptions they have about the contraceptives by having some plays and acts.

I: Ahh....

R: That address the same situation.

I: Ok

R: yeah

I: Plays and acts, drama?

R: And mimes

I: And mimes?

R: yes

I: Ahh very nice. Thank you so much for all these

R: yes

I: I have come to the end of the questions and it has been so interesting, I felt like going on but now I don't have additional questions to ask you.

R: I have enjoyed myself.

I: Ahh you have enjoyed yourself too?

R: Yes

I: Very great. I am very sure that this information that you have provided is going to go a long way to help someone.

R: yeah

I: And it is going a long way to help us to improve the SRH services for the youth. I have asked you so many questions, may I give you this opportunity

R: Ok

I: If you have any questions to ask me?

R: Can I get the report once it is done?

I: Can you get the report once it is done? What will happen is that this data is going to be put together and it will be made into a report. There might also be some publications

R: Ok

I: SO I want to believe that the report might be in the public domain however it is an important question that I need to put down.

R: Ok

I: thank you. Any other question?

R: What are you using the data for?

I: We...as I explained during the consenting process, this data will be put together

R: Ok

I: And we are going to try and establish the gaps.

R: Ok

I: The problems, those barriers that have I have been asking you about so that we can see ways of improving the SRH services for the youth.

R: Ok

I: yeah

R: Good

I: So however about the report I cannot say that you cannot get at as an individual. I am saying that there might be some publications which will be in the public domain and so if I give you a promise that I will come and hand you a report like this I will be lying.

R: Ok

I: any other question?

R: No, I am fine.

I: you are fine?

R: yes

I: So we can stop?

R: Yes

I: Thank you so much.

R: Welcome

I: Ok

AFRICAN POPULATION HEALTH AND RESEARCH CENTRE

ITH PROJECT ROUND TWO

ITH_R2_NAK_NAK_NORTH_PERI_URB_003_MOB_002_16519

190514_1013

WILKISTER OMBITI

RA 003

ITH R2

MOBILIZER NUMBER 002

NAKURU COUNTY

NAKURU NORTH SUB-COUNTY

MULTIPURPOSE HOSPITAL

Date: 15052019

Time: 0950 HOURS

I: Now I would like us to begin. Thank you for accepting to take part in the study. I have explained to you that we would like to look for ways to improve sexual reproductive health services especially for adolescents aged 15-19 years.

I: Now we can begin. To start please explain to me in brief about you and the work you do.

R: I am Esther Njeri, I am saved and Jesus is lord. I am a mother of 3 children, 1 husband, 3 grandchildren, 3 children are boys. Mostly I do mobilization within Nakuru area in most clinics, I am the mobilizer, community health worker and in this area am the best in mobilization.

I: Ooh congratulations

R: Thank you. In Nakuru area I am the best. I do a lot of work for clinics especially those of Marie Stopes and others when they are in need of clients. Then in community volunteer we deal with chiefs mostly within our area. When we want to visit schools or youth groups we visit the chief's office first.

I: Thank you. Now you have mentioned that you deal with chiefs, please explain to me further for better understanding.

R: There are times chiefs organize barazas, normally we are called and given a chance to explain to the community if there is an activity that is ongoing and it involves volunteers, again we visit schools to create awareness where an activity is ongoing.

I: Thank you. Please explain to me what your role is in ITH.

R: My role in ITH is to educate girls between 15-19 yrs concerning their health, how to take care of themselves especially on sexual reproductive health more so the sexually active girls.

I: What do you tell them?

R: On meeting them first I greet them. Then I introduce myself as Esther and let them know I work. For an organization called Trigoalze, and then let them know I work with girls like them.

I: So your work in ITH or what you call Trigoalze is to mobilize those girls?

R: Yes. To mobilize and educate them on how to prevent early pregnancy, if they are involved with men you get to find out during the conversation. You must have a good approach, request her to allow you for a few minutes to talk to her, if she accepts then you go ahead and now explain to her the importance of contraceptive use. She must be willing to talk to you, don't force them. At times they are shy, try to convince them since some say no while they mean yes. You can also use the youth language they are used to for Better rapport until you are able to convince them to participate.

I: You mentioned something about convincing them to take part, kindly expound further.

R: Yes it is being able to convince her beyond any doubt that the ITH study is meant to help them. It is all about issues of sex or sexually active girls who have boyfriends. The study is sensitive so they need to feel safe.

I: Thank you. Now how were you chosen or employed as a mobilizer?

R: I was chosen as a mobilizer in our area or Multipurpose clinic by a doctor called Mrs. Njagi who noticed the potential I had, because in church I am well known, in the village. I am a chosen leader; in schools I have held different roles especially the

larger Lanet North so she noticed my potential. Again my husband and I are preachers too and at times we are called to do counselling when there is need.

I: Mhh...

R: So in the process she saw it fit to have me as part of them in the clinic.

I: Ok.

R: Normally in the village chief/leaders also ask who is fit to be elected as community health worker.

I: Yes.

R: Again when they consulted the clinic my name came up as of good character and that's how I was employed.

I: Great. You also mentioned that before one is chosen they look at your character, normally what do they look for?

R: Character in terms of how you carry yourself in the community, your faithfulness and commitment to your work is also key in consideration.

I: Ok, then expound further how you are rewarded when you enroll girls or when you mobilize them for the ITH study?

R: In this segment...

I: Eehe...

R: I would like to know if I can also speak of challenges or include everything.

I: Here we don't have ABCD questions and answer options, just respond if they come up we will discuss them since we will also go to challenges later.

R: I will begin with challenges. Recently in March 2019, we had issues, when enrolling girls 15-19 years.

I: What were the issues?

R: They were to receive 50 shillings and mobilizers to get sh.100. And before this they were paying us well.

I: Mhh...

R: The mobilizers would receive 170 when you were able to enroll adolescent and they are attended to by the doctor/health provider. It was good.

I: It was good.

R: I brought a lot of things through this; whether you were at work or away, your points would just come through the phone.

I: Ok.

R: Now then we had the motivation and so you would look for 3-4 clients a day and if they were seen by the service provider/doctor you were good to go.

I: Ok, good to go.

R: Later on they reduced the amount now to 100 and to 50 for the girls. Before that reduction, the girls were also motivated by the 100 so they would mobilize their friends to come for the services.

I: Mhh...

R: That has been the biggest challenge.

I: Ok.

R: Secondly we are thinking...

I: Eehe...

R: Instead of redeeming points from the shop as foodstuffs or utensils we are requesting to be given this as cash not redeem goods so that I am able to buy airtime or use it as fare or any other thing I may want.

I: Ok.

R: Yes.

I: So you are saying points were reduced...

R: Yes.

I: Then bundles

R: Mhh...

I: And transport cost is an issue too.

R: Yes and these are big issues

I: How do you mobilize these girls?

R: We meet them along the road, can also go to homes but mostly we don't do home visits. We also visit schools/colleges for health talks and sex education or for counselling sessions so from such interactions and the questions they ask we get to meet them. Normally we leave our contacts since we are not allowed to enroll them in while they are in schools or while still in school uniforms. So they have to look for you outside the school setting. Or outside school hours, then you can advise them further.

I: The mobilized girls how do you ensure they reach ITH clinic?

R: At times it is difficult. You will meet them mobilize them, enroll them since you are not allowed accompany them to the clinic you leave them your phone and tell them that once they see the doctor they call/buzz you only then can you get to know they reached the clinic.

I: So one way of knowing she reached the clinic is through them calling you?

R: Second, when points come through my phone I know they have been to the clinic, I may not know who among them but from the number I enrolled am able to tell how many depending on how much I have

earned for that day, like there is a day I earned 1009 points for one day.

I: You also mentioned one is not allowed to do mobilization at the clinic if you're a clinic worker?

R: If am a clinic worker, I am based here so clients can't be coming here and I enroll them. Those who were here we removed from ITH. They retained the field mobilizers, that is why I work in several clinics; Marie Stopes, Glory and many more.

I: Kindly explain to me challenges you come across during mobilization process from beginning to

Them receiving services

R: In this journey you talk a lot, walk a lot and it takes time while trying to convince them to be enrolled so they can go receive this services. Some already have children at very early age 15 years so you really need to convince them go receive family planning services to prevent another pregnancy.

I: What of challenges during enrollment period, which ones have you come across?

R: The girls want to know what photos taken are for. Simply make it clear that it is of no harm but that's the only proof that they were in contact with the mobilizer before they meet the doctor at the clinic for services.

I: Okay. I don't know if there are any other challenges you have come across during mobilization?

R: In the process we also meet women who will not allow you talk freely to there girls about contraceptives, they have some doubts and would like to know really if this is helping the girls or encouraging more of bad habits in them.

I: Ooh, like what?

R: Like engaging more in sex, so they tend to ask questions like if you're the one encouraging this by giving them free contraceptives to avoid pregnancies, so you make it clear that this is meant to help them by educating them on matters of health and contraceptive use.

I: So this is the time you are trying to engage the girls the mother sees you and comes over to listen?

R: Yes, she wants to know much more.

I: Please give me your experience as a mobilizer when operating the mobile phone enrolling the girls.

R: During ITH training, we were trained on use especially for my case knowing gender, age and taking photos. I don't have any problem. Only experienced some problems with photos recently in March where we had to do it twice and not once like before. Another problem is phone needs data to operate, but with the points you cant redeem them for airtime or cash to use for purchase of airtime. Again the place where we redeem points is very far.

I: You have mentioned that redemption points are very far, how far?

R: Like now where I redeem is Kiamorogi, you need fare to get there or walk for one and a half hours to get there yet you cant redeem in cash to help you with transport cost.

I: Okay. As we continue, normally what do you tell the girls is of importance about the study T-safe When enrolling them?

R: I tell them that of most importance is when they use contraceptives they are able to complete School and achieve their goals. Again it is safe than using the Emergency pills they are used to.

I: What other things do you tell them about this mobile phone?

R: That am only using it to store their information, its private and confidential just between them and the doctor.

I: So did you say during enrollment your together she even have access to what you're doing with the phone?

R: No, she does not have access to the phone just face to face interaction.

I: So during enrollment what do you tell her the phone is for?

R: I tell her it is for taking photos and capturing information which is stored in the card, the photo that the doctor will use to identify her when they get to the clinic.

I: So mostly what do the girls ask when they hear of T-Safe?

R: So because they know its about family planning they always ask if after use they are still able to conceive in future. You explain that it is safe and only meant to prevent early pregnancy. You also talk of methods like pills and if they have any side effects.

I: So they ask of pills and their side effects and if they are able to conceive in future?

R: Others ask if there are hidden charges that they will pay.

I: You spoke of people eating hot foods, what are these hot foods?

R: Foods that interfere with hormones, body having too much heat so their time to engage in sex comes very early.

I: What are these hot foods?

R: Groundnuts and Coffee.

I: What can you say prevent enrolled girls from accessing this reproductive health services?

R: First is when you meet them a lot of rumors and beliefs about contraceptives, like pills pile up in the womb, coil disappears

in the uterus so we encourage them to go see a doctor for better understanding.

I: Anything else that prevent them since you realize you enrolled them and they never went for the services?

R: Some lack time like students, others fear of being seen at the clinic, others just ignore.

I: And those you say fear being seen at the clinic, what do they fear?

R: Some it is because of their age very young and sexually active so they have to be on contraceptive, but we remind them of confidentiality.

I: Okay. As we continue what do you see as their greatest motivation to join T-safe?

R: Its when they see other girls take the services then they are encouraged to try.

I: So it is those who have received the services that encourage others to do the same?

R: Yes. But mobilizer too plays a big role.

I: So what do you tell them to convince them?

R: That is for their own good especially those sexually active, to avoid unwanted pregnancies.

I: Other things that motivate them to come for the services?

R: One it is free, second they will be rewarded.

I: You mentioned that others come because of friends who received services before, are there those who come out of curiosity or just wanting to know what really happens there?

R: For me I have not come across any, but they may be there.

I: Is there further explanation about these FP methods that could be another motivation?

R: Could be since when we enroll them they are able to see a doctor and while there they are free to ask any question for better knowledge.

I: Now I would like to ask about this faithful shopkeeper (Ishakua) does the community have any attitudes towards this shops that work with T-safe.

R: In the community I have not heard of anything so far.

I: Heard of anything in pharmacies where T-safe clients go?

R: No, I have not heard of anything negative so far.

I: Now tell me about these clinics where T-safe services are offered like where we are now, how does community perceive them? What are they saying?

R: I have not heard of anything bad, only when we began there were speculations that probably we offered abortion services which was handled but for now even the parents have faith in us that we are helping their girls

I: I remember you mentioning that there are some mothers who have a bad attitude when they meet you talk to their girls, is this attitude extended to the community?

R: I spoke of a particular person, but for the young girls you will have to approach the parents for consent unlike those with IDs where there are clear guidelines on how to handle them.

I: So the child has changed how?

R: In terms of character. Maybe they are going through certain body changes and the parent may assume it's because of the contraceptives which is not the case.

I: So you stated that people are happy with the program because they have noticed change in character?

R: Yes, because in the past there were a lot of school drop outs because of pregnancies, that has reduced.

I: So there is change in terms of numbers of pregnancies?

R: Yes, there is.

I: How does the community perceive you as mobilizers? How do they treat you?

R: Majority are happy, say we are doing a great job for the community. But as it is not everyone will appreciate your work. Most of them are happy.

I: So when do you say there is change, from what to what condition?

R: From the bad character they had to good.

I: Like what?

R: Like there is a case I handled of a girl who had so many boyfriends and was almost dropping out of school, after counseling there was change she even completed school.

I: So you are saying for them sex is a must?

R: Yes, they say they must engage in it.

I: So you have said most appreciate your work, for the few who don't, what do they say about you?

R: Normally it is just about rumors and not having the right information so when you meet them, and you feel they are targeting you, explain well what you do for them to avoid rumors.

I: Any signs of stigma towards you?

R: Have not encountered any so far.

I: Any resistance from friends/fellow women who feel you are spoiling there children?

R: In my area they are very friendly, they really appreciate my work.

I: And those who still don't believe in you?

R: Most of them in my community are happy, they even ask me to come and talk to their children.

I: And the rumors, how do you deal with them?

R: If you come across them just give an explanation about what they doubt.

I: If I take you back, for those who say you teach FP, what effect do they see in FP?

R: Just the usual maybe they will not be able to have children in future, explain to them that FP has many benefits, it is meant to help in planning families.

I: When we began our interview, we talked of challenges, maybe there are some we forgot, just want us to go through them again. What challenges do you face as a mobilizer during mobilization of these girls?

R: On my side or girls?

I: Both; you and the girls.

R: Me when they are rewarding us, instead of points lets receive part of it as money. It will help us with transport. And also purchase data to enroll the girls.

I: So with the points you would like to receive part of it as money?

R: Yes they should consider.

I: So you don't receive any money?

R: No and remember we need data and transport.

I: You mentioned that during enrollment some will refuse others are enrolled but they don't come.....come for the services, those who refuse what reason do they give you?

R: To some it is just attitude and ignorance. Women are more difficult to handle compared to men.

I: So you are saying men are not so difficult to deal with compared to men?

R: Yes, but mostly its just attitude and ignorance mostly when you approach them they tend to ignore but men will take there time to listen.

I: So who are these men?

R: They can be parents to the girls or young boys too who at times we counsel.

I: So these challenges how do you overcome them? Like ignorance?

R: You have to be of a strong will to survive.

I: You also talked of transport challenges when going to places of long distance like schools.

R: Even if not schools, even my area of coverage is large I need transport.

I: You also mentioned girls who don't have time.

R: I remember mentioning, mostly, are students but you still have to try to convince them to come.

Some just refuse and they have lack of time as an excuse.

I: What opinion do girls have towards T-safe program?

R: For those who have come for the services they appreciate since its free no charges, for college students who mostly engage in sex they can also access free condoms.

I: The college going are there those with phones who can enroll themselves?

R: Realized not many since most of the phones don't belong to them. So at times there is lack of confidentiality when sending them messages others can access.

I: For those with phones how do they get there points?

R: From the cards which contain there information, immediately they are attended to by the doctor they earn the reward.

I: Please explain to me the girl's point of concern that prevents them from taking the services?

R: Fear

I: Even if we repeat there is no worry, which kind of fear?

R: Being seen at the clinic, influence from friends.

I: Any beliefs?

R: Will I be able to conceive in future?

I: Any other belief that prevents them?

R: Concerns with the photos, you still need to re-assure them of what it is for...

I: What is it for?

R: What the doctor will use to identify them when they get to the clinic that they were actually in contact with the mobilizer.

I: Apart from this are there other ways of convincing them?

R: Not really. It's just talking to them and re -assure them of confidentiality.

I: For those who fear being seen at the clinic?

R: You can direct them to other clinics outside their areas of residence where they can receive the services.

I: Thank you for you time. I have asked you so many questions and you responded well. Thank you. Do you also have any questions towards the research?

R: With the conversation we have had how do you see our work?

I: It is good you are doing amazing job, I may not be able to say much for now.

R: When you go please talk of our transport challenges too.

I: Okay thank you.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NAK_WES_URB_001_MOB_001_14519

I: This is Lydiah doing an interview with a mobilizer in Nakuru County, Nakuru West Sub County in Glory Reproductive Health Clinic starting at 12.05 on the 14th May 2019. Fine. Now mum, tell me about your work or the work you do or about what you do.

R: The work I am doing currently is CHV here in Nakuru, and especially now I am dealing with youths on ITH and we educate them on how to take care of their future and how to also take care of their reproductive health.

I: Ok

R: Ehh

I: And what can you tell me about yourself?

R: I am Esther Ndirangu and I live in and I also said again, I am married with three children.

I: Ok

R: I have a husband and one grandchild.

I: And the work you do; you said you mobilize?

R: I am a mobilizer in different clinics.

I: Ok and can you tell me your responsibilities in this ITH programme or T-safe?

R: My responsibilities in this programme is to educate the youths, and particularly those aged 15-19 years of age.

I: Mhh

R: Yes

I: ok and can you tell the process of mobilizing and how you go about it?

R: The process of mobilizing, you have to wake up early and if you decide to work in Lanet I will leave home and come to work here and since I work in many clinics, if I decide I will come this side of town, which is Nakuru West, I prepare myself and come here. I start with the villages or plots and mostly on the roads. You meet the girls from the environs and there are some areas where you will meet more of these girls.

I: Mhh

R: So you educate them about life. First you greet her and ask her name, and you also tell her your name. Then I ask her if she can allow me to talk to her for two minutes or three. So I have to ask her the permission.

I: Mhh

R: So, I tell her, I am Ester and I am a community worker and I would like us to talk about your reproductive health and your life in general.

I: Ok

R: From that point if she permits me to talk to her, I will then explain to her by starting with greetings. How are you. When she responds, I tell her what I do and then ask her name.

I: Mhh

R: I will tell her that I would like us to talk about herself and then I ask her if she has a boyfriend.

I: Mhh

R: She tells me yes and then I inform her that we have a project that is helping girls who have boyfriends and under those circumstances we tell them, there are drugs that girls take and they damage their bodies.

I: Mhh

R: WE talk to them about the E-Pill which they commonly call Morning Glory.

I: Mhh

R: after asking her and she is willing to talk, then she will tell you that she uses that pill and we advice her that she should stop using the E-Pill and use our methods of contraceptive

I: Ok

R: Because we don't tell them about family planning because there is nothing she is planning for apart from prevention of early pregnancy.

I: Mhh

R: therefore we teach them about contraceptives and mention the methods we have like the coil, which is also called IUCD and it is inserted to any client who is willing to take that method.

I: Mhh

R: And in regard to the size of the vagina, it will fit because it is wide enough because the doctor only needs six and half inches up to seven inches. If she is that size then she can be inserted with that.

I: Mhh

R: But most girls don't like that and they prefer the implant for three years while others prefer Depo. Those who prefer Depo, especially the young girls we advice them for the three years while others opt for five years so that they can be able to have completed college or schooling.

I: Mhh

R: for others, we have been permitted to educate them on pills.

I: Ok

R: Others prefer the pill for twenty one days

I: Ok

R: Yes

I: That is fine. After talking to the girl and informing her all that, how do you confirm that she has visited the clinic and received service?

R: Ohh most times we educate them and they tell us where they live because there are some girls who don't have phones. So

most times we give them our contacts because maybe if she is there she might have the mother's contact and so when you give her your phone number she will call you and tell you that she went to the doctor and received the service. In the ITH programme you are not allowed to accompany the client to the clinic. you are supposed to take her photo, enroll her and direct her to the clinic she should go to.

I: And what challenges have you met when mobilizing these girls?

R: Ahh the challenges you meet are like you go stopping a girl and maybe you have greeted her and introduced yourself and ask her if she can allow you to talk to her for a few minutes and you the girl tells you that she has not time to spare for you.

I: Mhh

R: Yes

I: What other challenges have you encountered during mobilization?

R: Mhh...the other challenge you meet when you are going for mobilization, now as a mobilizer when you are moving from one point to the other, you need to have transport depending on your destination. Other times you don't have fare and you are needed somewhere because at times when you give these girls your number, they share it with other girls and also inform them that there is some assistance for girls. So, with that kind of information you find that you don't have transport to reach those girls. For example the T-safe project, we were not getting cash money but we are given points.

I: Mhh

R: And with these points you go to a particular shop and redeem edibles like sugar, tea leaves and so on.

I: Ok

R: so you find that you have worked but you are paid in terms of sugar and tea leaves.

I: Mhh

R: And in that position, you don't have anything back at home, so you don't have the fare and even the data bundles to be able to do that job.

I: Fine and can you tell me or how were you selected as a mobilizer?

R: I was selected as a mobilizer, one, I mentioned before that I am a CHW and work in many different clinics. And for me to be selected, she usually happens when a mobilization in a certain areas needs to be done, we are called upon to come and do the mobilization. So they were working also looking also on how active you are in your work.

I: Ok

R: yes

I: that is how you were selected?

R: Yes

I: And how are you taken care of when you enroll these girls?

R: In what area?

I: As a mobilizer,

R: Mhh

I: How are you paid or appreciated when you do the mobilization or mobilize girls for the T-safe project?

R: Ok as a T-safe mobilizer, when it comes to payment or appreciation is good because we are stuff.

I: What things?

R: When we redeem a girl and the girl has gone for a service from a service provider, later on when the doctor has enrolled that girl, or when she is given a service, wherever I will be, whether in Lanet, town or even Nyeri, a message will enter into phone telling me that I have been awarded some points.

I: Ok

R: Before we used to get 170 points.

I: Ok

R: Yes

I: And now?

R: For now, things changed and now we were getting 100 points. And our request here was that instead of getting the 100 points, we be given money instead.

I: Ok

R: So that we can also benefit and get money instead so that we can also be able to buy bundles. We need to move from place to place looking for the ITH.

I: That is fine. And when you are using the T-safe platform, what do you think of it? Is it easy or hard, can you tell me your experience with it?

R: Ok with T-safe there are two types of platforms. We have the one using the phone and a code and then the card. When using a card, you go and talk to an adolescent aged between 15 and 19 years, and if she agrees to take the service, you take the photograph, you go to Tiko-pro, then you will be asked to indicate the age of the girl.....first it will be gender first, then age, and then ID number of the client. On the card if you put the ID number of the client, then you are instructed to activate the card.

I: Mhh

R: After activating the card, the photograph you took using the phone will now be indicated on the card and disappears. The screen clears and you get another message saying your card has been activated.

I: And during this process when you are performing or taking all these steps, did you find it easy or you had some challenges you faced?

R: After adolescents have agreed to enter into the system, it will not be difficult because you will just tell her to take the photograph and you will not take much of her time.

I: Mhh

R: For that one who has agreed it is very easy but the one who has not been convinced yet, you educate her more and then release her to go and think about it before making a decision.

I: Ok

R: when you tell her to go and decide she will do that and then come back because most of them, and especially if you meet

when they are two to three of them together, they don't readily agree.

I: Mhh

R: They are usually very hesitant in their decision making about which contraceptive to take.

I: Ok

R: Yeah

I: and when you use that platform register her, do you find it easy or difficult?

R: At the time of registration, and especially early on, the system used to take adolescents without any problem. But later on, it used to be difficult whereby you take the photographs, load your data bundles but at the end of it the picture is not picked by the system and it takes a long time to pick up. It can take even five minutes and so many of your data. For a youth who has a phone, if they request for a code, it does appear very fast. The code works faster.

I: What important information about T-safe do you usually tell the girls about when you are enrolling them?

R: When I am enrolling them on T-safe platform, if it is a girl and in school, if she agrees to take the contraceptive and use it instead of the E-Pills, this will be beneficial to her to complete her schooling and also be able to plan for her future and also until she gets a man to marry her.

I: Anything else?

R: I also tell them it is beneficial in the sense that instead of doing an abortion she is better off preventing a pregnancy by using a contraceptive. This will shape her future.

I: Ok is there any other that you share with the girls when you are enrolling them?

R: Messages

I: Any information that you feel is important to the girl when you want to enroll her?

R: Ehh the most important one is that you explain to her the in everything you do there are advantages and disadvantages.

I: Mhh

R: Therefore, we tell them that you might choose a method to use for example if you decide on an implant method,

I: Mhh

R: There are advantages and disadvantages. For example, you might choose one and then develop a constant headache. You light feel dizzy and such like disadvantage.

I: Ok and for the girls who enroll in T-safe what information do you give them about using T-safe programme?

R: For us mobilizers?

I: yes

R: On our end when we have enrolled the girl and taken her photo, we direct her to a service provider. When she reaches there, we tell them they will be educated further with the service provider.

I: Mhh

R: Ours is to mobilize, educate them and then director them to a service provider.

I: What kind of questions do most adolescents ask about T-safe?

R: Most ask if they will be pregnant again, will I ever get children, I hear that if I get this service I will bleed and you encourage her and tell her that if she ever sees any side effects, she can always go back to the service provider where she got the service from.

I: Ok and how do you assist girls to get the services after enrolment?

R: After enrolling them I usually assist them by directing them to the clinic they should go to after enrolling her. I also inform her that there are different types of clinic and the choice of where you want to go is yours. You will get the service. Remember many girls will not want to go to the clinic near them for fear of being recognized. Another one will leave this area and go all the way to Lanet to get a service there. Another one will come all the way from Lanet to town. Therefore, yours is to direct her.

I: Mhh

R: You tell her where you are working and if she would like to see the service provider there. She asks you again of any other clinic that is good and also provides the same services and you direct her

I: Mhh

R: You also give them the chance to make their own informed choice about the contraceptives.

I: Ok

R: So, after directing her to a clinic because we are not allowed to accompany our clients or youths to the service

provider. We have not been given that directive. Yours is to give direction or recommendations.

I: Mhh

R: And once she goes there that is that, unless you leave her with your number where she can give you feedback on what transpired in the clinic.

I: Ok

R: Yea

I: that is fine and do you think...what do you think would hinder the adolescents that you have enrolled to get T-safe services? She had enrolled but yet to get services. What do you think would hinder them?

R: Issues that would hinder them?

I: Yes

R: I really don't know that much because for some girls....is it after she has reached the service provider or not?

I: She may have reached the service provider, counseled but she has not received any method at all. Or you have mobilized and enrolled her but she didn't come to the clinic, what would make her do that?

R: There are times you can meet her and enroll her,

I: Mhh

R: and she might not reach the service provide maybe because of rumors.

I: ok

R: She might go and meet a friend and share the information or even tell her parent that she met someone who was referring her to a service provider to get a family planning method, the parent will discourage her from going to get the contraceptives and tells her she is not supposed to get that kind of service.

I: What else? What else can hinder these young girls from receiving T-safe services after you have enrolled them as a mobiliser?

R: Others fear and don't want their parents to know about their enrolment,

I: Ok

R: Mostly most of the girls fear their parents, others think that later on they might get into problems with their bodies in future.

I: What type of problem would that be?

R: Most of them argue that they might use contraceptive and start bleeding, Using the same method for a long time will stop you from having babies.

I: Ok

R: And I advise her that this method is much better than taking the E-Pill ever time or doing an abortion.

I: Ok, great, is there any other issue that can hinder the girls from receiving a method?

R: Most of them will ask is it really true? Are you sure when we reach that clinic, we will receive that service for free?

I: They don't believe it?

R: There are those who don't believe it at all.

I: Ohh and when they ask you such a question what do you answer them?

R: I usually tell them that in health with the government of Kenya included, the adolescents have the permission to go to any clinic and get assistance there. This will help them be able to complete school and plan their future in case they are sexually active.

I: Ok

R: If they are sexually active.

I: Ok thank you. What motivates the girls to join the T-safe project?

R: With girls, most of them get references from their friends who have already received a service or method and they are happy with it. So, she will go bragging to her friends about the services and thus the other will want to get the same service like her friend and then she will come to the clinic.

I: Mhh

R: Most of the girls who come for these services are sexually active. There are those whose sexual drive is very high brought about by the food we eat. Some live in single rooms with their parents and so they come to learn about sexual activities early. The more they see the more the interest and this drives them more to go and look for a man to have sex with.

I: Mhh

R: So, when you try to explain to an adolescent who is in this condition she will not listen to your advice.

I: Ok

R: there are cases whereby even some parents will call you to come and collect their girls so that they, can get T-safe services.

I: Ok and do you think others just join because they have heard that there are Tiko points that someone gets after receiving the services? Do you think that is an influence?

R: Mhh there are some who are really scared though not many of them in this case, they don't like the photos and fears. They want to know what you are going to do with their photos. Where are you taking and this makes most of them refuse to get the services.

I: Mhh

R: And especially in today's state affairs, people don't want to take that kind of risk by being taken a photograph and not sure where it is being taken to.

I: Ok and do you think others join because they feel this is a place, they can get information they cannot get anywhere else?

R: Some long for that information because during enrollment in the field we explain to the them and tell them that once you reach the service providers you make sure that you ask as many questions as you like regarding your sexuality and how to behave. Therefore, there are those who yearn for that information since they cannot go asking their mothers but once they reach the service provider, they will be able to ask the pros and cons about sexual reproductive health and her life in general.

I: Ok

R: Yeah

I: That is fine. And what is the perception of the community about the T-safe shops where a girl or the mobiliser can go and redeem their points from there? What is the community's perception of those shops?

R: Ahh in the community I have not heard from the community about those shops and as I mentioned before you give your phone number to the girls and there are those who have no phones and all you do is direct them to that shop. Some are interested while others are not and again that shop is not specifically for the T-safe only.

I: But still what is their perception about the pharmacies that provide T-safe services or a clinic like this providing T-safe services? What is the perception of the community about those pharmacies?

R: Ehh those community members as I said before, there is that mother, the mother of the child knows that this girl's character is not good.

I: Mhh

R: Therefore, when it comes to those shops I have not heard of any negative perception because those shops are not for T-safe only but consumer.

I: What is their perception of your services to them about this project? Are they happy with this project that is providing young girls with family planning methods, let us say the teachers, pastors or even parents in the community whose perception is different?

R: You see when are educating these girls you tell them if is not a must that you have to be sexually active but you are teaching her about reproductive health. that is when a that point you ask if anyone has a question for you. So, you give them papers and then let them ask the questions. Of course, you will have to answer the questions as they are written on those papers. In that way you are able to reach more of the girls since you don't know who asked which question.

I: Ohh

R: So, they ask you those questions and that is how you are able to capture who has more questions and would like to see the service provider or wants to use any of the contraceptive methods. They don't all come to our clinic because of fear and many other reasons, some don't even what to be seen by others so the come to see the service provider on their own or with friends so that they can be further educated on their reproductive health. after educating that is when you can now enroll them.

I: And you have just told me that the community's perception is not bad about T-safe?

R: Ok in the community, in the past year of 2018, there were very many cases of unwanted pregnancies.

I: Ok

R: so, when you go to educate them about their sexual reproductive health, you encourage this one who is sexually active to use the T-safe services while those who have not tried having sex should try and abstain as much as possible. And since in 2018 there were many cases of unwanted pregnancies, some parents feel it is ok while others are

concerned about the age and if it will be possible for their children to have contraceptives.

I: Mhh

R: Yes

I: As a mobiliser have you ever met a challenge when mobilizing these girls because of the T-safe project?

R: There was a time when a mother in Free Area where we were mobilizing, she wanted us to provide the contraceptive services to her daughters who were sexually active but the father was not willing at all because he had heard from the neighbors talking about us wanting the girls to join the project. So, there were not assessed but later on the mother brought them to the facility.

I: Ok

R: Yes

I: And as a mobiliser, have you ever faced any rejection of any form during mobilization for the T-safe project? Or maybe you were chased away because of T-safe activities?

R: Not really, as a mobilizer I have never been chased or refused to carry out T-safe activities in any community or region. Mostly it is the girls who usually refuses either because they are in a group of two or more, or fear you because they don't know what you are going to tell them next. But I have never been rejected or refused anywhere whether it is for counseling or T-safe services.

I: Mhh that is fine. Now you have told me about the challenges you face when mobilizing the girls. And girls have what kind of perception about T-safe.

R: There are two categories of girls those who are sexually active and are happy with these services since they don't have the money and with T-safe project, once enrolled she will get free services. She will not pay for any service at all.

I: Mhh

R: They feel they are benefiting even without the knowledge of their parents.

I: Are there any that have concerns about joining the project?

R: The girls usually fear in the beginning but with time they are good to go once they are educated them properly on what is T-safe.

I: Do you have categories of girl who are not interested in joining the T-safe programme?

R: Majority pretend they are not interested especially those who purport to know it all and they even discourage the others but you can meet one or two who are really interested in the project once you talk to them about it.

I: Ok

R: yes

I: What concerns are there that would hinder girls from joining the T-safe project and also be able to get the family planning methods?

R: Mostly they fear each other and also when you refer them to a clinic. They fear that someone might see and ask when they had gone to do in that clinic.

I: Ok and what else can stop the girls from enrolling in the T-safe program apart from fear of being seeing by someone entering a clinic.

R: None

I: There is none. Ok and how are you able to cope with these challenges like the example of the girl you said she is interested but is afraid her friend will see her.

R: Usually I talk to the girls one on one so that you are able to educate her well on the T-safe project. You encourage her and tell her it is something that is useful now and in future and especially if she is sexually active. She needs to be protected from early pregnancy. Some will tell you that they will chill but after talking and educating them, they will definitely agree.

I: Ok now I will ask you again, you have mentioned only one challenge the girls might be facing that would hinder them from getting the T-safe services and family planning. There are many things that might hinder this girl from joining the project in as much as she might want even to the come to the clinic.

R: Mhh

I: There is just something small that is hindering her from doing this, what can this be apart from this one you mentioned of friends being aware of her going to the clinic?

R: Do you have many more questions?

I: No

R: Ok there are challenge like the girls got married earlier and has a small baby maybe one or two months. Recently I saw an

incident where an eighteen-year-old had just given birth and was beaten by the husband because she had left the baby behind and went to get the T-safe services. Some men don't like hearing their young wives who are eighteen years or there about have gone for family planning. They say their wives will be not be sexually active anymore, it is not good and for the girls aged 15-19 years, their parents feel it is not safe for their children to get that service.

I: Ok for those girls whose parents have refused, how to help them?

R: Such girls we help them by advising for contraceptives, like we have condoms for the boys and girl/women before the parents accept. So, we advise them as they take their time deciding what they want they can also avoid pregnancy using condoms. And especially when you are enrolling a fifteen-year-old girl, she has no Identity Card, you have to advise her well to avoid future problems.

I: and of those whose husbands are not for it what do you advise them?

R: We ask them to try and plan their families especially when the baby stops continuous breastfeeding and starts weaning the baby at six months. She is likely to get pregnant which is not good because the baby is still too young, breastfeeding. The man is also here with his needs and the house home is just on your shoulders, therefore we advise them to try and practice family planning.

I: We are through and I don't know if there is anything you would like to add, or a question.....?

R: Personally, I would like to request that when we are out there mobilizing for T-safe, instead of giving us those points, I would rather we get money instead.

I: Ok

R: We were being given 170 points and retain it because talking to adolescents between the age of 15-19 years is not that easy before you are able to talk to this girl, convince her before now enrolling her. Therefore, I would request that if you can be award the 170 points instead of reducing it to 100. It is a lot of work, walking around, talking and all that.

I: That is fine. Do you have anything else?

R: not for now.

I: Thank you so much for your time.

AFRICAN POPULATION, HEALTH AND RESEARCH CENTRE

ITH ROUND TWO

ITH_R2_NAK_NJO_RUR_002_MOB_002_15519

I: This is Florence Olum taking and ID that is **ITH_R2_NAK_NJO_RUR_002_MOB_002_15519**. Mum welcome to this discussion and as we started I want to know about your work. Can you tell me a little a bit of your work?

R: What I am doing?

I: Yes

R: I am a community health volunteer

I: What does that mean?

R: I mobilize people under the ITH programme and we have a day we normally come here.

I: Mhh

R: We mobilize them and they come here.

I: OK

R: Every month we have been coming here but there has been a little and the last one we did was in February this year.

I: Which date?

R: 22nd and 23rd.

I: Mhh

R: I remember that and I have worked from 2008 first with Red Cross, they are the people who trained me and I stayed with them for the whole period they needed then I moved to Aphia Plus under AMREF. I still continued as a CHV and now I am with Marie Stopes.

I: So you are with Marie Stopes and at the same time with ITH?

R: Yes

I: You understand ITH and also Marie Stopes?

R: Yes, I do understand them very well because they are the ones who called us for a seminar and they told us about the branches.

I: Fine and you told me that your work is to mobilize, may you could tell me more about it. How do you do it?

R: We have that programme, let us say Marie Stopes, together with ITH, you look for these girls, take their photographs as

per instructions and then send it. At times there are more programs where you mobilize even adults and when there is something like cancer screening, you go out there and mobilize. That is the kind of work I do.

I: When you mobilize girls, what kind of girls are these?

R: Adolescents.

I: I don't understand that.

R: That is from age sixteen to nineteen

I: Oh from age 16-19 years?

R: Yes

I: Mhh and can you tell me how you became an ITH mobilizer?

R: Mhh it was last year but one.

I: OH

R: Yes

I: How did you come to join?

R: It was last year when I started mobilizing for the ITH programme.

I: And what criteria did they use to select you to become their mobilizer and not the others? Which method did they use to select you and not the others?

R: They used the Benchmark who are partnering with Marie Stopes

I: Mhh

R: And since I have been mobilizing for Benchmark even in the government facilities, I was like a senior mobilizer, in other words they used Margaret the owner of this facility or

hospital. That is how I was selected to become their mobilizer. I have those certificates for mobilization that have given me the authority to mobilize in the community. They are my training certificates.

I: Ok and you have told me that your work is to mobilize these girls, take their photos and send them?

R: Yes.

I: When you are doing all this work, how are you rewarded?

R: Reward...after mobilizing, they are supposed to send me money equal to the number of persons I have mobilized.

I: Mhh

R: But of late, the one for 22nd and 23rd was a bit of a challenge because they did not send us anything at all.

I: Mhh

R: They didn't pay us and even doctor is aware of that. It is a question on our part as to what happened.

I: When you say that you being paid equal to the number of person you have mobilized, if you get only one person, how much will that be?

R: 170.

I: Fine and that 170 was money or what was it?

R: There was a time we used to get money and then later on they changed to something else whereby we used to go elsewhere and get goods from a shop in Nakuru, Free Area. It is far and that to us is a challenge because when you get let us say 20 people

I: Mhh

R: When you go all the way to pick those things and you also need credit on your phone to use, that is a challenge. You need money to work with that phone.

I: Mhh

R: You have picked the food to eat and now that challenge here becomes what about the phone, because if you are given cash you will be able to sort yourself out.

I: When you say that before you were getting through cash, how was it? I have not understood that bit.

R: Mhh there was a programme we were doing with Marie Stopes. We used to send the data we have collected here

I: Mhh

R: We send the data that we have collected and then they send us money in return.

I: OK

R: But later on ITH told us that we now will be going to do shopping in a certain shop.

I: You have also told me that it was very far and stressful to you?

R: It is still far because from here you alight in Nakuru and then take another vehicle until Free Area. Personally I would propose people to be given the cash instead. You plan your own shopping and how to manage your phone also.

I: Ok

R: Yes

I: You told me that you mobilize the girls and take their photos, tell me how you do it?

R: At times you take your time and go out there, mobilize and bring them here.

I: Mhh

R: For example if we have an activity next week, I will take one or two weeks mobilizing everybody.

I: Mhh

R: When they reach here we identify them by their ages. We take them to a room like this one and talk to them as we take their photographs. We handle everything in this room then make a record. The records show a large number of girls but they are girls who don't have....

I: When you mobilize them from the community, what do you usually tell them so that they can be able to come here and you get time to talk to them?

R: There is that activity like the one of cancer screening, family planning and we go out and talk to them. We sometimes include blood pressure and so I go telling them that we have these kinds of services and we want this age to this one but you have to know how to talk to them. What you will tell so that they can be able to be convinced and come all the way to the facility.

I: What you are telling me is that when you are enrolling girls in ITH, is there a specific day?

R: Yes, there is a specific day for that.

I: And on the same day there are other activities going on?

R: Yes

I: Mhh

R: And since all of them are reproductive related that is why we mobilize all of them. It becomes good one since they know we have that activity with us.

I: Mhh

R: Yeah and we also have a time table at Marie Stopes indicating where we are going. We also take our time and go out there, all the way to Night Street; I think you have heard of it.

I: Mhh

R: You go and talk to them, all the neighborhoods and they come. Recently they came and I have some photographs, like the church usually gives me that job to go and mobilize in Pokot when they want to send food.

I: It ok. When you say that there is a specific day, what about the day when Marie Stopes have not come here, do you still mobilize?

R: Here

I: Yes

R: When they come here they are given services. I mentioned earlier on that I have been dealing with many NGOs from Red Cross, AMREF with Aphia Plus and according to me, I would request if you had a specific CHV

I: Mhh

R: Specific, one who is assigned this area; you can even pay him or her so that she can even live here.

I: Mhh

R: Because you don't need to go out there to look for them. The moment they hear from their friends that something is going on,

I: Mhh

R: They actually mobilize themselves out there. Once I tell you something, you will tell another and so on. We will be able to get a larger number.

I: Now here in Benchmark are you the one how has been registering alone or you are many?

R: Here at Benchmark, we were many but I noticed that they had one weakness; they would mobilize the girls but at the end of it opt out because of enriching themselves.

I: Mhh

R: Personally I don't have that problem so when madam calls me I just come.

I: Your request is that we have a representative here?

R: Yes

I: The reason being, why the request, what have you observed that has led you feel that we need to have a representative stationed here?

R: I have requested that because once I am here, others will come. Once they come, I will be able to know what age that is. We also have a university around here and that age is the one that will come here once they hear that there are some services being offered here. In fact last time they were the majority.

I: Mhh

R: Once the girls are aware there is such an activity they will come without being looked for.

I: You come here like how many times?

R: I come here when there is an activity.

I: So you can take a week before coming here?

R: Yes it is possible and at times I may come only once or twice a week or it goes by without me coming.

I: And since you are the one who registers them, when they come and you are not there, what do you usually do?

R: You see I have not been told to be here permanently and my work is based out there.

I: And when they come here and don't find you what happens?

R: If they come here and don't get me, it means that no one knows that something like that is going on.

I: Ok

R: Yeah

I: So that means they will go home without services?

R: They will be serviced but I will not be able to get their photographs. You understand that I mean?

I: Yes I do. What is your qualification in using the T-safe platform? Let me not call it qualification but experience in using the T-safe platform?

R: I have the experience because I have worked as a mobilizer before.

I: How was your experience in using the ITH platform?

R: It is good but lately they had mentioned they were going to make some changes. I would request that we all have a CHV meeting and inform them that there are some changes here and there especially when taking the photographs.

I: Exactly what was being changed?

R: I was quite not sure what they really wanted to change because there was that issue of photographs delaying and then there were two photographs to be take and not one as before. You see when you have a meeting like this one it is easier to discuss and ask questions instead of getting a text message where you cannot be able to ask a question at all.

I: Mhh

R: One on one is good enough.

I: And how easy was it to use that method, the phone?

R: It was easy depending on the explanation you were given.

I: Therefore you didn't get any challenge?

R: No, I didn't get any challenge apart from when now I decided to use my phone; it was not able to pick the application at all so I was not aware of the changes that were made.

I: Ok

R: And I used someone else's phone.

I: And the other person work well?

R: Yes it did.

I: Ok and when you are mobilizing these girls you told me that there are messages you usually tell these girls like we are screening and other services to convince them to come.

R: Yes

I: So what do you usually do make sure that they reach the clinic as per your instructions?

R: We do usually come with small pamphlets or small posters as we go round. Mobilization is not an easy job really.

I: Yes

R: You can come and talk to them but usually that is not so convincing enough. But when you come up with posters, they read them, and we tell them there is an activity at Benchmark and there we are offering such and such services. We also indicate the ages or different categories of clients, the day time, and the venue of the activity. We also distribute these posters even in churches, in barazas, social meetings like funeral and they are read there for the people.

I: Mhh

R: Like in funerals I usually attend some for the purpose of mobilizing, I talk to them and they do come.

I: Ok

R: Yeah

I: You said that you usually talk to them specifying the age group you want, when you want these adolescents (16-19 years) do you usually mobilize them together with the older women and do they have their specific day or they all come together?

R: Ok let me put it like this, we do not separate them. There are times we talk to the mothers and they tell us they are going to send their girls to us.

I: Mhh

R: I have one and I will send her to you to talk to her.

I: Mhh

R: And once they come we ask their ages and then give them a talk in privacy. We also give them sanitary towels.

I: Ok and this girls you usually mobilize, what instructions do usually give them when enrolling them on the T-safe platform?

R: For example?

I: What instructions do you usually give them?

R: How

I: do you give them any instructions?

R: To tell them what we are doing?

I: Mhh and the process...

R: to follow?

I: Yes tell me more on that, the process.

R: Let us say it for example when counseling these girls, which is a must. We tell them why we have called them, talk to them about the current status of reproductive health and it is not a must that you have to force the counseling on them. It has to be voluntary.

I: Mhh

R: We have called you for this and this and it is up to them to decide if they are interested or not. Again that age of 16-19 years, most of them are mothers.

I: Mhh

R: Some even have two children. In fact when you are mobilizing interior those are the majority you will get out there. Then you ask them if they would be interested in family planning services and they tell you they are interested. Maybe they didn't know about the services.

I: And during this type of communication are there any instructions they are given?

R: On what to do?

I: Yes

R: Maybe the instructions here will be on the family planning method that she wants.

I: Mhh

R: She will be taught about what a Pill, IUD, Jadel, Implant and all those. They are also taught about condoms too.

I: Ok

R: Yeah, how to use the condoms.

I: And this process of photographs....

R: Ok and this process of photographs, some were using their personal phones. I used my phone for some in Nakuru and I had to refer them to Nakuru because mobilized them on that end and referred them there.

I: Ok

R: Most of the ones that live on this end don't have phones.

I: Mhh

R: It is quite interior

I: That is fine. And for those you referred to Nakuru through the phone, was there anything there were supposed to make a follow up on the same?

R: Follow up on phone?

I: Yes, when you are directing them...

R: When we were taking the photographs, when you use your phone you get a message and then you respond

I: Ok...mhh

R: And after responding, that talked and then I had to send them where they can get the service and left after they have received the service.

I: Fine,

R: Hope you have understood that.

I: That is fine. Tell me what type of questions do these girls like asking about the T-Safe Platform?

R: The questions they ask?

I: Yes

R: What the girls ask?

I: Yes

R: They want to find out if the services will continue being free? That is the major one they have.

I: Ok

R: They also want to know if they will continue using the card.

I: Mhh

R: The want to that too and you explain to them.

I: Ok and how do you usually assist these girls to get that service after you have enrolled them

R: Continue giving them service?

I: Yes, how do you assist them to get the service after you have enrolled them? How do you assist them to get that service?

R: They continue with the card you have given them.

I: After giving them the card, is that the end of your job or what happens?

R: They will continue attending clinic with that card.

I: Ok

R: Yeah

I: And why do you think that after mobilizing these girls, they end up not going to get that service? What is the reason behind that?

R: I have not met one who has complained except this one who has been here. Even though she had a complaint, she told you that she wanted to change her method, isn't it?

I: Yes

R: But these are the ones who heard that there is some service going on and maybe I had not reached her but she heard it from someone else. After getting that information that is when she came running to find out. It was very late and I told her she can get the service here instead.

I: If I understand you well, one of the challenges these girls get is that they also get challenges from the services that they have been provided with. Could that be a barrier for when she next wants to go for that service?

R: What I mentioned is that I am yet to meet one who has encountered a challenge apart from this one.

I: Apart from that one?

R: Yes, apart from this one, whom I also understood her concern and the reason why I also kept her here is that I wanted to find out if she got the services. You get me?

I: Yes

R: Yeah

I: Ok and we have those who have been mobilized not necessarily by you alone but it could be with someone else too, they have not received any service, what is the reason? What would hinder them?

R: From getting the service?

I: Yes.

R: I cannot be able to answer that because as I mentioned before I am yet to get such a case. Most of the girls I get tell me they were served.

I: Ok

R: Mhh

I: And what do you think is the contributing factor as to why these girls join the T-safe programme?

R: Not be able to come or come?

I: Come for the service, what is the contributing factor?

R: Contributing factor?

I: Yes

R: Positive or negative?

I: Both

R: There could be both positive and negative.

I: All of them.

R: I know I have contributed mostly the positive side. You can tell them to come and she comes. She knows why she has come, you know yourself better.

I: What do you think makes her come?

R: One, it is to prevent pregnancy, spacing

I: Mhh

R: Because when you are mobilizing them, and you can see she has a small baby you are not going to tell her that she will not give birth. You will give her that opportunity to space so that she also doesn't go out there spoiling your name that you are the one making people's daughters not give birth.

I: So you are saying they see the fact that there is need for you not to have another baby that fast?

R: Yes

I: And there are those who think they need to space their children?

R: Yes

I: Is there anything else?

R: No.

I: Fine and maybe there is something you feel that hinders them from coming for the services? Forget about the ones you have

mobilized, what about the other girls in the community, what would hinder them from coming?

R: The hindrance would come from the family or the husband. She might want a service and during mobilization she will be forced to go and ask from the husband if she can do so that they can be in one accord.

I: Mhh

R: Another thing family, maybe the girl is still living with her family.

I: Mhh

R: She might fear her parents and not come. Another one will want to ask from the parents first before deciding to come.

I: Ok and in this community, how does the community perceive ITH programme or what are their views about T-safe platform.

R: I would recommend that people be educated on the same and not the children only. The children get permission from the parents who need to be aware of this education.

I: Why do you want them educated?

R: Out of those parents who are educated there are some who will support the programme.

I: Why exactly do you want parents to be educated?

R: I feel the parents need to be aware so that...I have mentioned before that there are some parents who will tell you that they will send their children once they are educated. They want don't want this girl to keep bring in children from unwanted pregnancies.

I: Mhh

R: When she brings those children, the burden now falls on the parents and so if the parents were to be made aware, they would be supportive of the programme. They will know how to handle these girls and encourage them to come for the services.

I: Ok and a hospital like this one is known to be providing family planning services to the girls. What is their perception about the hospital?

R: Not bad, because they are aware such services are provided for here.

I: O

R: They are aware.

I: And where people go to pick those goods from the T-safe Shops, what is their perception about those shops?

R: We go to pick those goods by ourselves, so is it us or those who are providing us with the same?

I: Community as a whole?

R: I cannot say much about them because it is me as person who is aware of those shops since I go to pick goods from there.

I: Mhh

R: I know the shop and I cannot tell you if the owner of the shop tells the other shoppers what is happening. That is a secret between you and the shopkeeper and the shopkeeper with me as a shopper.

I: Ok and is there any challenge you have faced in the community during mobilization?

R: I am yet to meet any challenge like getting insults and such like stuff. What they know is that or rather they know me through that service.

I: Mhh

R: Because most of the people will tell you if you use that woman around there are some services round the corner.

I: Mhh

R: And most of them are happy.

I: So what you are saying is that there are challenges you have faced in this community while mobilizing?

R: No

I: Ok. And these girls you mobilize, what is their perception about this T-safe Platform?

R: First, as I mentioned before, we can only be able to know them well if these services were to be offered regularly.

I: Mhh

R: Let us say after a month or so then we are able to learn much about them. You know as a group you will be able to get questions which you can be noting and then be able to gauge them. But when you are mobilizing an individual you don't get a lot of challenges as such, you might not get any.

I: In other words they are happy about them?

R: Yes

I: So as we finish, you have said that you have not faced any challenges at all which was my last question.

R: Mhh

I: So to finish, do you have any question for from our discussion today?

R: I cannot miss a question or way forward.

I: Mhh

R: I mentioned a few things though I don't know how your organization has positioned itself.

I: Mhh

R: One I have mentioned about stationing a CHV in the facility and that will be of great advantage to you.

I: Mhh

R: Even if she has to go out she has to be the main person here.

I: Ok

R: Let me also appreciate you. Like you mentioned, if you have such a person, the moment you say you are coming, I would have organized and gotten you maybe even five of them but you see now we just offer the service and that is that, they go away.

I: Do you usually have records that you sent this one and this one?

R: I have just taken the records now.

I: As a CHV do you usually keep records for yourself?

R: Yes, I have mine too. I come here to pick and mine and leave the book for the facility.

I: Mhh

R: And when you send them back home do you make a follow up?

I: If they are coming here because at time...

R: After three months.

I: Mhh

R: I need to keep a record of that and follow up because once they come with the card, I am through with them.

I: Ok

R: I have nothing to do with her.

I: Even if came only once, you don't have care?

R: If she will come?

I: Once I give her the card, I explain to her that is where she will be going. Follow up...sincerely speaking I have never followed up at all.

R:

I: Ok, thank you so much unless you have something to add.

R: to add on that if we will not have any activity here, let us have meetings, even if it is after three months, or monthly, you meet the staff.

I: Which staff?

R: But I know, you are dealing with Nakuru now?

I: Yes

R: I don't know whether the meeting will be with you or who now?

I: You have said well but for us we are only doing a study but the implementers of ITH are there and not us. In other words you are requesting if you can meet who in particular?

R: the implementers.

I: Ok

R: So that we can have regular meetings.

I: Ok

R: And lastly we were not happy when we were not paid our dues for the last activity.

I: How much is it?

R: We are not happy.

I: How much is it?

R: (Shuffling of papers, long silence)

I: AS you are checking on the amount of money, I believe that is your last comment?

R: Mhh

I: Ok, is it far, you can know approximately?

R: This was what we sent

I: That is a total of Sh155 is what I can see on the phone and they were given Jadel, that is Sh35

R: Jadel that is Sh540 and IUCD

I: IUCD was the one which was 40?

R: Yes

I: Mhh I can see 25 cokes, seven CA screening and 155 spouse was four?

R: Four

I: Spouse screening is the one which was 155?

R: yes

I: That is fine. I am very grateful for this time but I am still looking for an adolescent from you.

R: Adolescent?

I: Yes

R: What have we agreed that we shall do?

End

**File name: ITHR2_HB_MOB_RACHUONYO EAST_RURAL_SAKON
CLINIC_190509_1726**

Duration: 00:31:23

I: Hello, this is Doreen, ITH round two, mobilize interview in Homa-bay county, Rachuonyo East Sub County, this is rural at Saokon clinic on ninth May twenty nineteen starting time is 5:25pm. So tell me briefly about yourself and what you do.

R: I am a mobilizer, so as a mobilizer, I have a lot of work, not only family planning, I mobilize children, I mobilize girls, I also refer the sick to the hospital. So right now I am working with T-safe.

I: So you have mentioned T-safe, briefly tell me your roles in the T-safe project.

R: My roles as a mobilizer is to go door to door and mobilize the girls in the village because I work in the village, level one. So when I go to the village, I mobilize adolescent girls and tell them...you know youths use family planning from T-safe so I talk to them in maybe church or anywhere else, I know the village so I go everywhere so I know at such a point, there are two girls and three on the other side, so I talk to them and tell them the benefits of family planning. So I do tell them about family planning because, you know when a girl

is school-going, her boyfriend or these *bodabodas* around here can trick her into having sex...

I: **How do they trick her?**

R: They trick her, you know when she has a boyfriend so they engage in sex, maybe a class six or five...from class five, six, seven, eight; those girls in primary or even the secondary or college girls. So you know a *bodaboda* can tell her about sex; so whenever we go door to door we teach them and educate them on the disadvantages of engaging in sex at an early age and that you will grow up and have engage in sex then but first concentrate on education. So some of them do say that they cannot protect themselves from them so we have to go door to door and educate them...

I: **Okay, what do you mean by them not being able to prevent themselves? I would like you to be very free, you are a girl like me so don't hide anything from me...**

R: She can have sex with a man without any protection.

I: **Protection such as?**

R: Maybe she doesn't have condom; we do get condoms from the facilities which we distribute, so you can give her some condoms and teach her how to use it when engaging in sex; that's on condom. You can also mobilize her and tell her...you know some of them do forget about the condoms so you tell her I can refer you to facility...we do use cards given out by T-safe...

I: **What cards?**

R: The cards they go with to the facility, it is used as a referral letter; so I give her a card, I have a phone with Apps, so after I mobilize the girl and she accepts to have family planning, we were taught that you can tell her to use depo, pills, condom or long term methods

like three years implant or jadelle. So after you explain all those to her, she makes the decision on what she wants, so after she makes the decision, I refer her. I then take her photo, after taking her photo...she makes the choice by herself, so after I take her photo, I tell her the facility to go to for the method. So after referring her...I take her photo using the app, so I give her the card and tell her that when she gets to the facility she should give the card to the doctor. The doctor will also counsel her and then provide the method. The doctor will then tell her how she can redeem her coins from the shop. So after she gets the method, I also get a message of points on my phone.

I: Okay, thank you. You have said that you do talk to girls or youths; is there an age group you talk to or?

R: We talk with youths between fifteen to nineteen years.

I: Okay, thank you. And kindly tell me how you were selected as a mobilizer.

R: You know I didn't start it recently I have been a mobilizer since some time back, we were told that mobilizers were needed so the community members went to a *baraza* and we were selected at the chief's *baraza* by the community members so that we can represent them.

I: Okay, thank, earlier on you talked about some points; would you explain to me how you are rewarded for enrolling adolescents?

R: When we enroll girls...when T-safe was introduced, we were told that if you enrolled a girl to the program, you first take a photo of her because we were given an app, so if she accepts, you take her photo then when she gets the method here in the facility...initially I would be rewarded one seventy points per girl enrolled; the

client on the other hand would get one ten points, so the provider would direct her to a shop after she receives the family planning method. So immediately she receives the method, I would also receive a message on my phone of one seventy points.

I: Okay, you have said that previously it was one seventy; why is it previous or how is it now?

R: In March it was reduced to one hundred per mobilizer and six for every client.

I: Do you know why it was reduced?

R: I didn't know.

I: Okay and what's your opinion about the rewards?

R: The one seventy points was really helping us; you know the standard of living is very high in Kenya so you know if you had three clients then you would get enough for your evening budget so they should bring us the one seventy back.

I: They should return?

R: Yes, we are requesting them to bring it back.

I: Okay, thank you. How do you ensure that the girls you recruit come to the facility and get the sexual reproductive health services?

R: After referring them...they do tell me when they would go, so I do record that she will go on such a date or such, so I do look for them on the day in the evening and ask her; did you go, yes I went, then I tick that. I then move to the next person because you know I work at the border between Kisiis and Luos.

I: Okay, thank you. And do you face any challenges in mobilizing for adolescent girls?

R: I haven't had any challenges because there are some...you know when I go to a youth group, when one is mobilized,

she mobilizes the others and tell them, I had this method and got my points; so you know when they hear about the points, one of them told me that she bought pads and applying oil, the pads were worth sixty bob, so for the remaining fifty she maybe took a Vaseline or a lotion worth fifty. So you know after she gets that reward, she mobilizes the others for me so they come in droves. So the challenge is that cards are few; we are sometimes given just ten.

I: Cards?

R: The cards we use to refer them; so maybe you only have ten or five, so you know I do tell some the cards aren't available, so they come daily and ask, do you have them; so you know some say that you discriminate those whom you give them to. I tell them that the problem is there are few cards and I have some now and some of them have been on my neck.

I: So what do you to mitigate that challenge?

R: I just tell them to calm down because you know they cannot go without the...you know they come because they know that after the service, she would get applying oil and pads, mostly you know pads are very important to the girls.

I: Okay thank you. What's your experience with using the T-safe platform?

R: Experience?

I: Yeah.

R: I got the experience in this facility because when I came as a mobilizer here, we were taught, you know after learning, you practice with one and just continue, you then get the morale. You know if you get the one seventy and maybe you had five clients, you know that motivates

you to even work harder so what pulls us down is the cards because you know the money motivates you and that's why you would work harder.

I: And earlier on you said that you do take their photos using a phone; so how has your experience been using that phone or the app in the phone?

R: You know the app, you go to the app but you have to have some internet bundles before you can upload the photo; initially you would only take one photo but they modified the app so you have to take two; so we were told to download the other app which you use to take two photos then when the girl comes to the facility, they take a third photo by the provider.

I: Okay.

R: So the photos are three.

I: You have said that the project is currently not ongoing, would you know why?

R: I don't know, I actually eager to know why.

I: Okay, and what can you say about your experience using this app, is it easy to navigate or hard or are there any challenges?

R: For the first few days it was hard but nowadays we are used because that's your main job but the first few days, I couldn't even do it.

I: What was so hard?

R: You know you could sometimes take a photo wrongly or...you know you should take half a but sometimes you would take the photo from here, that was the first few days but now we know how to take half photos; as long as you hold the camera steady, it will be alright.

I: Okay, thank you; and what key messages do you share with adolescents about T-safe platform when you enroll them?

R: I do tell them that when you go for family planning it doesn't mean the end of...ask me again, I cannot remember.

I: **Okay, my question is; what key messages do you mostly share with the adolescent girls about the T-safe programme when enrolling them?**

R: I do tell them when you go to school...you know the world is strange nowadays, a girl can get into a relationship at class five, so you know if you take her for family planning, she will be safe for a while; and I do tell them that family planning isn't final, you also have to be weary of STIs, there are gonorrhea, syphilis and AIDS so you have to be careful.

I: **What do you mean by being careful?**

R: You abstain...but girls cannot abstain nowadays, you just see them going, you find a class six girl who knows...

I: **What does she know?**

R: She has known about sex.

I: **Okay, and do you tell them anything about the mobile platform?**

R: Yes, there is the use of the platform but you know a primary school girl doesn't have a phone, some in secondary have it; so there was a time some two used their parents' phones; you know she stole her mother's phone...I didn't have the card and she wanted to come and she came and told me that her mother had given her the phone, so I registered her and she came for the service, so you know when she had the service, since she would go to school in the morning, the T-safe guys called her mother and her mother came quarreling me; I just told her the importance and also told her that I didn't know the phone was yours, she told me that it is hers. So she told me that you have done a good thing because she will

now continue with her education but tell her about the diseases; even though she has gone for family planning and prevented the pregnancy, she can still contract diseases and you know the mother had a misunderstanding with the T-safe people because she didn't know.

I: Okay, and do you always give them any instructions as you enroll them in the T-safe platform?

R: Yes, after enrolling them, I do tell them, she will come here and leave me in the community. So when she comes here she will see the provider and come back to the community and tell me how it was done, what she was told; they do tell me that.

I: Okay; and what are the most common questions adolescents ask you about T-safe?

R: One of them asked me, after I have the method...I didn't even know whether to laugh or not; will it stop me from enjoying the sex; I told her no...

I: Enjoying sex on what way?

R: Some say that if you go for family planning you will lose interest in sex; I told her that if you won't have interest in sex, it would be better because you shouldn't engage yet, just go to a school and after completing your education you will be able to do what you want. Some also told me that after they got the method they bleed a lot; or they only have their menses twice in a month. Some also say that they have their menses for a whole week then after another two weeks, she bleeds; I told her you will have to go and tell the doctor that so that he can help you.

I: Okay. And how do you assist adolescent girls' access the services after enrolling them?

R: How I assist them?

I: Yes, apart from what you said..

R: I do use the cards to refer them, I cannot do anything more to them, just refer them; so they just walk to the facility or if they have money they can come...because you know T-safe pays for their services so you can use the twenty or thirty bob to come.

I: Okay why might some of the enrolled girls not come to the facility for the services?

R: Maybe it is because of fare; you know some come from a bit far away; some say it's because of fare and others say they don't have time to come till weekend. Some also just keeping saying that they will go but they don't...

I: So those who say they can't make it till weekend, what reason do they give?

R: They go to schools, but when the schools are closed, they do come because then they have the time. But if you talk to their parents, they would send them.

I: What does that mean?

R: The parent would encourage her to come.

I: Okay, what do you think are the biggest motivation factors for girls to come for the sexual and reproductive health services?

R: The points, I do see some say, I want to go because so and so got the points, I didn't get.

I: What else?

R: It's just the points, and then girls nowadays fear getting pregnant because she feels she would be laughed at or her father won't take her back to school, so you know if she thinks about that, she feels the pain when her father tells her that she is wasting fees.

I: Okay, and do you think access on information has also influenced them to come?

R: Yes.

I: **How?**

R: I do go to youth groups, so if I go during their meeting, I some tell me, I want to register now; so when she comes back with her points and show her colleagues, her colleagues will also come. The just come to my door and say we have come; when I ask them what have you come for; we want you to take us for family planning, and will we get the points; I tell them, yeah. You will.

I: **And apart from what you told me that one of them bought applying oil and pads, what else would make them want to have these points?**

R: Just the applying oil and pads, you know a beautiful girl needs pads and applying oil. One even told me that we were given pads in school, I want to buy applying oil with all that money. You know if it were a lot, they would buy something else but it's just one ten, you can only buy the applying oil and pads.

I: **Okay you seem to be saying that girls like the T-safe programme; what about the community, how do they perceive the T-safe clinics or pharmacies?**

R: There are some who will tell you that you are doing a good work and that we don't want girls to give birth in their parent's houses. So I told them that if they go for the long terms, that is jadelle or implant, the moment you remove it, you get pregnant; but you know women don't like depo because they say it delays their pregnancy; so they say that for jadelle and long term, immediately you remove them, you don't take long before you get pregnant.

I: **So you to advise them to take...?**

R: Long term, I do tell them but you know even their parents know because some of their parents use the family planning methods.

I: **Okay, and how does the community perceive a mobilizer like you?**

R: They encourage me because I help them; there was a man who came to me and told me that, you really helped me; her daughter had given birth to the first child and the man came to me and told me, take my daughter for family planning, he took her back to school, she told me that she will be careful but she cannot; you see the daughter of so and so told her mother that she would be careful and she gave birth to three children. So the man told me, take my daughter for the method so that she can finish school.

I: **Okay, have you had any negative comments from the community regarding your job as a T-safe mobilizer?**

R: I haven't seen any negativity, all positivity.

I: **Okay, you have seen positivity but do you have any challenges and how have you dealt with them?**

R: I haven't had those; I haven't heard of any challenges for the ones I have referred.

I: **You don't have any challenge?**

R: I haven't heard of any apart from the ones where the girl tells me that she has her menses twice in a month; that's the problem, and I told her to come to the provider and explain to the provider because she just had to come here.

I: **Okay, and how do the girls perceive the T-safe platform? Platform to mean their ability to interact with the mobile.**

R: The problem is they say that they don't have phones; you know a schoolgirl doesn't have a phone so if she has any, she has stolen from a brother or she has asked her mother or brother. Mostly mothers do...you know mothers are close to their daughters so she can borrow from her mother but when T-safe calls she isn't found because she is at school. So we were asking, because mobile...though there are also college students, those who have completed form four can always buy phones and come with their own phones, but now the primary and secondary girls don't have phones so you have to use cards and they are few so they should add us the cards.

I: **Who should add you the cards?**

R: The T-safe.

I: **Okay.**

R: We are just requesting them, not forcing them.

I: **Okay; and what beliefs or perceptions would you say hinder adolescent girls from enrolling with T-safe to receive family planning services or any other services?**

R: The problem is that I sometimes go up to Othoro, I also mobilize in Othoro, so you know sometimes if they fail to come it's because of fare she can use to come for the service here because it is far; so the distance, they are far from the hospital, but those who come from nearby have all come.

I: **Okay, is there any other hindrance to the adolescents from accessing these family planning methods such as say, beliefs, religion; tell me about that.**

R: You know women, yes, some have beliefs but you know some girls do just hide and go for family planning method when their parents don't know; because you know everyone do know their themselves so a girl may feel that she has

a boyfriend and think that she would get pregnant, so they just hide and come; and if a girl comes to me, I cannot send her away; I will just educate her and refer her here and she will again be counseled and given the service.

I: Okay, is there anything you have forgotten that you do tell the girls?

R: I do tell them to be careful because the world is unforgiving.

I: Please elaborate.

R: Nowadays you may have...or you should have one boyfriend; you may have two boyfriends, if the other one realizes you are pushing with this one and the other one gets to know as well, you know you can even be killed, those do happen and we hear them on the radio. So I do tell them to be careful; if you have a boyfriend, just stick to the one boyfriend, I do tell them that. And also if you go for family planning it doesn't mean that you prevent diseases as well, you only prevent pregnancy but you can still contract diseases.

I: Okay, and do you have any other challenges you face that you haven't said?

R: No.

I: Okay, thank you very much; I have come to the end of my questions, maybe if you have a question regarding this discussion, you can ask.

R: I don't have any, I am satisfied, I am happy that you have come to...what should I say...to evaluate me...

I: No just to ask a few questions.

R: I am happy.

I: Okay.

R: So what I can still urge T-safe to add us are the cards because we have girls, right now I have almost twenty girls who want them, one of them asked me; are you lying to me; whenever she comes from school she comes to me and asks, are you lying to me; you referred so and so but you don't want to refer me; that's a secondary school student in form four; you don't want to refer me there or you don't want me to finish school; I told her that the project has been paused, if it resumes, I will just refer you there. They do come because my home is close to the route they use to school; they do come.

I: **Okay, thank you, your input will be of real importance in this process; thank you.**

[End of audio]

Notes

The interviewer asked all questions are stated in the guideline.

File name: ITHR2_MOB_HB_HOMA BAY TOWN_HOMA CLINIC_190508_2048

Duration: 00:50:34

I: **This is mercy, having interview with mobilize in Homabay Town constituency, Homabay County which is urban center at Homa clinic in Homabay town on eighth May twenty nineteen as from eight forty-four, thank you. So thank you very much for taking part in this our discussion. So briefly tell me about yourself and what you do.**

R: I am Kenneth Onyango Ouko, a resident of Homabay town, I may say I do so many jobs, I am a musician dealing in producing gospel, I compose a song, I write, I teach and I can also do the video coverage.

I: **Okay, thank you very much, so could you kindly tell me about your role in In-their Hands project.**

R: Okay my role in In-Their Hands project, I was a mobilizer, that was in Homa clinic.

I: So what is your role specifically which the T-safe?

R: My role in the T-safe was to look for the adolescents, talk to them, tell them more of about the program of in their hands, what we offer and if at all maybe they can use them.

I: Okay, thank you. So what do you offer, you've said and what we offer, so what do you offer at Homa clinic?

R: What we offer in offer in Homa clinic, we give sensitization about reproductive health in general where we always advise the teenagers, if at all they have to make or have a relationship, we always tell them the outcome of a relationship yet because being that they are still young, they might not know what is sex and what is brought about after. So we give them education, we tell them how to use the condoms, the contraceptives and or to abstain in other words.

I: Okay, thank you, so how were you selected or recruited as a mobilizer?

R: Fine the selection was done, first am a mobilizer for Marie Stopes Kenya, in Marie Stopes I've been there for quite a number of times, there was a program that was called future Fab, future Fab I did piloting during that time, so when the program was rolled out, I managed to secure, that was Homabay, Migori county youth coordinator. And when the program ended, there was also another program that came that was the voucher program, the voucher program was also slightly like the ITH where the services being offered in voucher program was slightly the same with the ITH program. Generally, it was based, it was brought to help the youths, the teenagers. So I did it, it was a program for seven months, I also did it. So when the ITH came, Marie Stopes

saw it wise that ken has been with us, he has been doing a good job, let's involve him in the ITH program, and that's how I was selected.

I: Okay, thank you. So explain to me how are rewarded for enrolling adolescents.

R: Okay the reward in adolescents was, if an adolescent...if you enrolled adolescent and the adolescent goes for, we have the implanon, the jadelle and the IUCD, you were being paid one seventy TIKO miles which is equivalent to one hundred and seventy shillings. So these points, it was kind of points that you can only redeem within the shops that were selected by the Triggerise.

I: Any other enrolment...any other reward that you get for enrolling the adolescents, only the TIKO miles?

R: It was only the TIKO miles.

I: So what is your opinion...

R: Sorry, but at first we were told that in every fifteen clients, we were supposed to be given five hundred shillings, thirty clients a thousand shillings, but that never happened.

I: Okay, thank you very much for letting us know about the fifteen to five hundred then thirty to one thousand. Yeah, thank you very much, and you said it was supposed to be there but it's not there, so at least we have it in our recorder and the implementers are going to look into what they can do, thank you. So what is your opinion about the reward, the TIKO mile rewards, what is your opinion?

R: My opinion at first we were told that these TIKO miles you were strictly required...you can only redeem them by you pay the shop the points, the shop gives you a commodity which on our side it was not so much helpful

to us; one, we are parents, we have children, we are paying school fees. So we thought the points could be changed to money directly so that at least it may help us in some other issues like the school fees, the rent but unfortunately it was directed to buy goods. So there we had a challenge.

I: Any other opinion other than the TIKO points being converted into commodity other than converted into money which can be used for school fees...any other opinion that you have?

R: No, I don't.

I: Okay, so tell me about the process of mobilizing adolescents into the in their hands program. So please tell me about the process of mobilizing adolescent to the in their hands project, the ITH, the process.

R: The process that I was using or...

I: Yeah, the process that you were using to mobilize the adolescents.

R: One, there is an organization within Homabay town or Homabay county that is called the Dream girls, so the Dreams organization is a kind of that I partnered with the, I go there as a health talk, I do health talks, so after the health talks, I used to tell them what we offer and how it happens.

I: Yes.

R: So within Homabay, they have something called the safe space, the safe space might be a school or a church compound where these used to happen during weekends that is between either Saturday or Sunday. So I go...they inform me earlier, I prepare myself, I go there, give the health talks and tell them more about the ITH program and even how we use the cards and the codes within the phone. So

I distribute the cards there, I give them the cards, after telling them everything about Homa clinic and the ITH program how we are doing it. So after doing enrolment, they simply go to the clinic and get the services. So in ITH we were told that there is also the TIKO miles that a client with the card can get. But the challenge was, the shops within Homabay town, we had no shops within Homabay town at first but they looked for the two shops, when they were almost sending us out of the system, so most of the girls said who, you were cheating us that these cards can be redeemed maybe into pads or one kg of sugar, that was also a challenge there.

I: Continue...

R: I think...

I: Yeah, okay, thank you. So you said there are safe spaces where you can find these adolescent, yeah you've mentioned two; school and churches, is there any other place where you could meet with these adolescents?

R: Yes, even within the town.

I: Okay, so how do you make sure that the adolescent visits the ITH clinics after establishing contact...now you've talked to this girls, you've given them the card or you've taught them about the platform and they've registered, so how do you ensure adolescents visit the ITH...for instance, how do you ensure that the adolescents visit the Homa clinic?

R: Okay, at first, when we were signing for this contract of ITH, there were rules and regulations that were outlines the ITH program. One, we were not to accompany a client to the clinic, we were told that, but there was a challenge and in fact a big challenge.

I: Tell me about the challenges.

R: The challenge was, you might meet a client, maybe an adolescent within the street, you build a good rapport with her, she spends with you some of her time, you talk to her then from there you might find that the adolescent is interested for the services, but she may ask you, where can I get the services; you give her direction, Homa clinic and maybe she might ask you, then, being that I know you, could you please accompany me to the clinic. So from there you may get a little bit stranded because at first you were told not to accompany them to the clinic, you ask yourself, what do I do.

I: **So what are you doing in that particular situation?**

R: In that particular situation I only give directions, strictly directions because I also have some other things to do, I only give directions, so at the same time I can also call the owner of the facility a lady is coming there, her name is so and so, kindly assist her, so that even when she goes, she knows very well that already she had made a call there, they know what I am going for.

I: **Okay, so after calling the clinician or the service provider that a girl is coming, how do you ensure that...after calling the service provider there, you are sure that the adolescent will visit the clinic and get the services...**

R: Yeah.

I: **So you've told me about challenges, there is a challenge in the protocol of the ITH, it was said that you were not supposed to accompany the adolescent to the clinic, so in that case its being a challenge for you because the adolescent is telling you to go to accompany them but you are calling the service provider to make sure**

that they reach. Then there is also a problem of TIKO miles that you've stated that when the contract started there were no TIKO miles shops but during the end of it, you came to realize that the shops are there but in addition to that the girls could tell you that you were cheating us because there were no shops.

R: Yes.

I: Any other challenge that you encountered, maybe in the time of mobilizing the adolescent or during the time where you go to the safe space, the church, the school or the school to get the girls.

R: The challenge?

I: Mmh.

R: There is only...there is also a challenge but this goes to the street, maybe you might meet a lady, approach her, being that she is a teenager, there is always one thing that rings in the minds of the ladies.

I: Which is?

R: That when a man calls her, they always see it as if there is some offensive maybe that you want to ask for, something like that. I think that is the main challenge within the streets, but within the safe space, it's not there.

I: So the challenge of when you call a girl or adolescent you want to tell her about the services and she thinks that you want to kind of have a relationship with her, so how do you go about it to make sure that you talk with her and get to know her and understand all the ITH program platform?

R: At first you may go down, just go down, saying that am sorry but I just wanted to brief you about something that maybe can help you in the future or now, yeah so if

at all by that time, if at all she can interest, she will get to listen and maybe you tell her all about that. But if she ignores, you just leave her.

I: Okay thank you; so are you conversant with the mobile phone platform?

R: The mobile?

I: The mobile platform where a girl registered in the platform and she can have conversation or ask about the services or you as a mobilizer...so can you tell me your experience with the ITH or T-safe platform, the mobile one?

R: Mobile one?

I: Yeah.

R: The one different from the one with the card?

I: Yeah, now different from the one with the card.

R: The mobile one?

I: The mobile one.

R: Where we get the code?

I: Yeah, your experience with the mobile one, the mobile platform.

R: Okay, the mobile one is a little bit tricky.

I: Okay, tell me how tricky it is.

R: One, these teenagers at times most of them do not have phones.

I: So how do you go about not having phones?

R: So because they don't have phones, okay, today they might tell you, I have a phone; the phone is not hers, maybe the line itself, so getting a code with the line is a little bit sometimes tricky because maybe the code is being generated within the line and remember the phone is not hers. So the moment she removes the line, the

code will still remain within the phone, so that is a challenge there.

I: So thank you very much, that is more so related with the girl, but now you, what is your experience with the ITH platform, the experiences maybe in how you navigate it, how you use it, is it friendly, is it easy, is it difficult?

R: No, easy.

I: Easy, so tell me about how easy it is.

R: It is easy because one, I think it doesn't need any airtime.

I: Okay.

R: Yeah, that is the most advantage or the positive aspect of it.

I: Okay, thank you, so could you just generally talk about any other experience related to the platform, any other thing, any other experience you have to the platform other than it being easy and the process of registering a girl and the adolescent doesn't have a phone because she asked a phone from a friend, is there any experience related to the platform that you would like us to know?

R: The phone generally in the combination of the cards?

I: Yeah, the platform now maybe the cards or the phone.

R: Okay, here we are saying that or am saying that being that majority of these teenagers have no phones, so therefore a lot of cards were needed, but it's unfortunate that cards, we were not given cards at the right time or you find that the demand is so height but cards are not there. So that one would also make us to lose the client or the client herself will also not get the services, so that was the main challenge. You have an activity like me, the cards are not there.

I: Okay, thank you. So what are the key messages that you share with the adolescent about the T-safe platform?

R: Sorry?

I: What are some of the key messages that you share with the adolescent about the T-safe platform?

R: The key messages?

I: Yeah, you share with them about the T-safe platform. Let's say it's a platform, the phone platform, what are the key messages that you share with them?

R: That question is tricky.

I: Okay, when you are teaching the adolescents about the mobile platform, you are telling them about maybe what the platform is all about, the features, how they are going to use it in communication when they need the services, so you as the mobilizer, when you meet adolescent and you've mobilized her what are the key messages that you share with her about the platform?

R: About the platform?

I: Yeah, the platform, what the platform entails.

R: Okay, I used to tell them that this is a platform where they can get these services freely.

I: Other than that?

R: And again, after receiving a service, there is also a reward just like I said before, there is a TIKO miles or points that is being rewarded to them after receiving these services. So I also encourage them, maybe you meet one lady then this same lady has friends, so with the phone it was a little bit easy, you spread this gospel of ITH, you tell her how she can also enroll another friend of hers to get these free services. I think only that.

I: Only that, thank you very much. So what instructions do enrollees receive about how to use T-safe features, for instance you've enrolled adolescent, now what instructions do enrollees receive after enrolling the adolescents into the services, what do enrollees receive about how to use different T-safe features? The T-safe platform has features of maybe the service provider, the clinics, so what instructions do enrollees receive, like when a girl enrolls in the platform, what do they receive about how to use different features of the platform? The platform has features for instance...

R: For example, T-safe something like that?

I: Yeah, the features, maybe the features of greetings that they sign in then there is service provider then there is maybe where they can get these services. So what instructions do enrollees receive...what do they receive about how they are going to use these different features? And I've just narrowed it down, if the platform has features of where the clinic is, where the service provider is, maybe the features of how they are going to enroll, so what are they receiving about how to use it, how are they going to use this platform to get to the clinic or if they want this service are they going to get this service on this platform, can the platform at least tell them like, if you want this kind of service, you can go to this particular...

R: Place?

I: Yeah, something...so what instructions do enrollees receive when a girl has enrolled, what instruction do they receive about how to use different features?

R: I remember very well, there were some services that were not being done or maybe were being done outside the

clinic like pregnancy test you can just maybe go to pharmacy we have also a pharmacy, you can also go to a pharmacy. Apart from condom, we had also condom you get from pharmacy. So there were some services that you cannot get from pharmacy, just have to be given from inside there. So at that point I used to tell them everything, if you need this services, you can get it at this point, if you need this one, you can get at this point. So that is how I used to do it.

I: Okay, so what are the most usual questions adolescents ask you when hearing about the T-safe?

R: One, the most questions they ask, everything that has advantage there is disadvantage.

I: So tell me the advantage part of it and the disadvantage part of it.

R: Most of them...they were only looking the disadvantage part of it, one, they were asking, now that I've a jadelle or implanon or IUCD or depo or pills, if something happens differently, because these things they have disadvantages and advantages; if I go back to the T-safe, will I get helped or they will just ignore me...because most of these girls is like they had knowledge about all these contraceptives, they were saying putting this thing is very easy but going back for removal, these people might need what, money for the service.

I: So how were you dealing with that?

R: So during my health talk, being that I used to go to the safe spaces, I used to...they give me questions, shoot questions at me and I give them feedback such that they might ask; we heard that any girl or any woman using contraceptives has to bleed a lot.

I: So how were you telling them that challenge?

R: So there was a time...there was a book that I was reading some days back that we call the hormonal balances; so I only tell them that just go to the clinic, you will get the instructions from the what, from the doctor, she will tell you everything. So you will get everything from what, from the doctor, so the doctor will give you the good advice, which one to use and which one not to what, not to use.

I: **Any other question about the bleeding and the side effects; any other question that they asked you about the T-safe?**

R: The T-safe or the contraceptive, the T-safe?

I: Yeah, the T-safe has so many thing, it has the contraceptives maybe the...contraceptives are the family planning the HIV testing, pregnancy testing; so any other question they ask you about hearing about T-safe other than the two you've told me about; they ask the question about the effects of bleeding.

R: Those are the common questions being...yeah.

I: Okay, thank you. So how do you assist adolescents to access services after they enroll? Now you have enrolled them they are in the platform and other than, you've told me you assist the adolescents by after having meeting them and telling them about the services, most of them normally wasn't you to accompany them to the clinic but you take your time to make sure you call the doctor that a girl or adolescent is coming for the services so when the adolescent reaches the clinics, she is easily accessing the services because you had given the service provider information...any other way in which you assist the adolescent to access the services?

R: One, and it is that one only and it is majorly; you find adolescent coming from far distance and she is serious in need of the service, seriously need the service but the transport is not there. Being that we had built a good rapport with them, I just, maybe I just say just go to the clinic, I talk to the owner of the clinic that a lady is coming there kindly attend to her in time so that she goes back home at the right time. So I can just tell her kindly just look for some cash, transport yourself to the clinic, if you don't have, just talk to anybody that can assist you; because with us within the town the bodaboda operators are just thirty shillings or sixty...that is sixty shillings you manageable to and from fifty to and from so that when we meet next time in the safe space, I can refund you that cash so that you pay back. That was also a challenge and in fact we were also told when the program was being rolled out that there was also an allocation for the transport for the young ladies that are coming at far distance that never happened.

I: **Okay, thank you. So there are some cases where you met the adolescent during mobilization, you teach the adolescents about the services that the ITH program is offering and after that you find that this girl did not access the services, so why might some of those girls enrolled by mobilizer not access the services? You've enrolled them but at the end they are not accessing services.**

R: Okay, you enrolled a lady, maybe she goes back home planning to go tomorrow, on her way home, she meets a friend that is a lady also, they interact, she might be interested to tell her friend about the T-safe and what

the T-safe offers, so that is where a lady or a girl with a negative mind part of it, they might interact and talk about contraceptive generally and majorly, maybe they can only be looking at the disadvantage part of it, that can discourage the lady or a teenager not to access the services due to fear.

I: So other than that one of discouragement from another adolescent and out of fear, is there anything that make these girls not to access the services other than those two?

R: Tow, maybe fear, going to the clinic maybe you line up, you get mothers, parents are also there within the clinic, others may ask you why you are here, such kind of things.

I: Thank you, so let's say that you find a girl, adolescent who cannot access the services due to the fear that when I go there I will make a line and wait some other people will see me; how are you as a mobilize helping them with that sector of fear with making lines?

R: So in a clinic, we have T-safe rules so they don't line. At first they may think that they are going to line up but they don't line, they just get in there, we have the books for T-safe there they can read for the time being as the doctor is still maybe attending to somebody.

I: Okay, thank you. So what do you see as the biggest motivating factor for girls signing up for T-safe? What is the greatest factor, what motivates them so much to signing up for the T-safe?

R: For signing up for T-safe?

I: Mmh.

R: One, the services are free of charge and again after receiving the services there is a reward.

I: Okay, thank you so, what can you say about accessing information and services, like what can you say that is there any factor like accessing information or services that can motivate the clients or adolescents? You've told the adolescents that they are going to get the services at a such a place and its free, so is there any information that you are giving them that motivate them to have those services?

R: Another?

I: Let's say you've told this adolescent girl that she is going to get the services for free, so accessing to information like you've given them the information, can that also be a motivational factor to receiving these services?

R: Yeah.

I: Can you just talk about it.

R: It is a motivation because one, the services are being given free of charge, free of charge, there is no any payment being done, then also what motivates them also is that there is also a reward of points that they can also redeem at the same time and maybe buy pads, maybe something of that kind.

I: Okay, thank you; so there are some girls who are curious, are there adolescent girls who are just curious to sign up to that platform? Just curiosity, let me just sign up and see what will happen at the end, is there any scenario like that?

R: No, I didn't experience that.

I: And their peers, is what their peers also can be a motivation to sign for the platform?

R: What?

I: Their peers, what their peers tell them, can it also motivate them to sign up for the platform?

R: Yeah, there was also a challenge there, signing them on the platform was also a challenge so when something comes that involves your picture, your picture...where is this picture of mine going to, so there, there was also a challenge; where are you taking my photo to; are you a devil worshiper; something of that kind.

I: Thank you, so our community, what is our community attitude towards ITH mobilizers? What are the community members, their attitude like how they see it? So what is the community attitude towards ITH mobilizers, what are they saying on you particularly; what are the community attitudes towards you?

R: Towards me?

I: You, yeah.

R: One, I didn't involve the community so much because there was no forum for them maybe going to barazas telling them what ITH is or maybe making a parents meet up and telling them am doing this and this and this, and this. So I may not say that they are something they are saying about me or something they are not saying about me.

I: Okay, so it means you've never even been rejected for mobilizing the adolescents to have the contraceptives?

R: Yeah.

I: No distrust?

R: No.

I: So what is the community attitude towards the T-safe or ITH shops, what are they saying about the shops, the community members...what are they saying about the shops?

R: The fact that, just as I have told you that there are no parents meeting that I organized and told them more about

ITH or going to baraza and maybe telling chiefs and elders that this, this, this, is happening within the community. So the shops are there but being that they are not so involved in that thing, there is no need of telling them that this shop is this, this, this; yeah I think it's only that.

I: And so it's like the community members are...they don't have any information or idea about the in their hands..

R: In their hands.

I: So even in relation to the clinic the community members are not saying anything about the clinic offering the ITH services?

R: Yeah.

I: Thank you. So you said that the community members were not involved in the ITH program so they don't have anything so there is no negative attitude that is coming from the society or the community.

R: Yeah.

I: Thank you. So earlier you stated challenges, so many challenges, so could you kindly just tell me addition of any challenge other than the shops were not there, the girls wanted you to assist them go to the clinics and the TIKO miles are supposed to be converted into hard money that can be used for any other services like paying school fees. Is there any challenge that you face when mobilizing adolescents for the T-safe other than those ones?

R: No.

I: Okay, so what are the adolescents' views regarding the platform?

R: They think it is good.

I: Yeah, good, how are they good; how is it good?

R: Services are free.

I: **Another one...services are free, are they excited about it and what will make them to be excited about the platform?**

R: Getting a contraceptive, they get a contraceptive or they get services free of charge and again in a secure place.

I: **Okay, is there a time where you encountered a girl who was never interested in the platform?**

R: No.

I: **So what beliefs, perceptions and concerns hinder adolescents from enrolling in the T-safe or receiving contraception or any other? You find adolescents maybe in the streets, in churches, in their safe spaces, you educate them, you tell them about the negative sides but there are some things that hinder them from enrolling. So what beliefs or perceptions or concerns hinder them from enrolling other than them saying that they are going to bleed, is there anything that hinder them from enrolling in the T-safe?**

R: One, they feel that these services that are being offered within the T-safe they should be done one on one; as in you have a group of ten or maybe twenty ladies, out of twenty ladies, five want the services and the remaining fifteen don't need, so she may feel that so and so is looking at me, so maybe when I get these services here, they might say one, maybe am a prostitute; two, they might even go home and tell the parents because maybe they took it without the consent of the parents, such kind of things; yeah, that's a challenge there.

I: **Okay, so any other thing that is hindering them from enrolling, that may hinder girls from enrolling; others than you've told them everything about the platform and**

the services that are offered but you find a girl saying me I don't want to enroll, what can make...what is hindering that person...or a concern or belief...is there any belief that can hinder adolescents from enrolling in the T-safe?

R: The beliefs, they are also trying to argue that in the bible they were told to go and give birth and fill the earth, that was their mandate, but there is something that is also in their minds that they are still students or maybe pupils that need to go to school and make their future bright.

I: Okay, any other...do they have any perception hindering them from enrolling in the T-safe? Anything like in Kiswahili its *mtazamo ama wasiwasi*; is there any *wasiwasi* that is hindering them?

R: No.

I: Thank you. So you've talked about the challenges that you encounter in the field during mobilization; so how are you trying to address the challenges you find in the mobilization process?

R: So I would request that they just give us time we do mobilize, if any case there is a teenager or a lady that may need to be accompanied to the clinic, let them allow us to do so if any case. And again, let them give us moral support because majority, some or majority of us might do this thing to earn a living, just like I said before, they need to pay the school fees, they need to pay their rents because this is a town, let them offer us cash, hard cash. So whether they can channel it that every month you get it like a salary, let it be so, so that we do this job when we love it.

I: Okay, thank you, so I think most of the things that you've said are related to what inputs or what should the ITH program put in place for you to have a smooth working with the adolescents.

R: Yeah.

I: So earlier you told me about the challenges, you had the challenge of accessing the girls or the challenge of where a girl, but that one you've talked about where the girl doesn't have a transport and you are there to give them the...tell them to ask their friends about the transport and when you meet them at the safe space you are going to return; there is also the challenge of where adolescent has fear of getting to the hospital that she is going to make a line and other people are going to see her, then that one you've told...you've said that at that particular time the girls are supposed not to line up but they are supposed to have some space where they are going to get the services. So in that line of challenges that you are encountering; how do you address them if there is anything you forgot to talk about and how you dealt with them other than the ones you feel that this is a challenge that the implementers should deal about them; for example, the challenge of not having shops within the town, that one you've said that it came later on, the shops were there but later on. Is there any challenge that you encountered and how you deal with it?

R: No.

I: Okay, thank you, so do you have any question or any input other than the two you've said?

R: No.

I: It's okay, thank you very much for taking part in this research.

[End of audio]

Notes

The interviewer asked all questions as stated in the guideline.

File name: ITHR2_MOB_HB_HOMA BAY TOWN_P.URBAN_OGANDE CLINIC_190506

Duration: 01:58:49

I: So we are going to do the interview in Kiswahili.

R: Okay.

I: Because maybe the person who will translate does not understand Luo, now we will do it in Kiswahili.

R: Okay.

I: So let me start, here is Mercy Aketch doing first interview with Mobilizer in Ogande dispensary in Homa-Bay county, thank you.

Please tell me a little bit about you and the work you do.

R: My name is David Okate; I work as an NSK mobilizer. What I do is talk to girls between fifteen to nineteen years to get family planning services for them not to get pregnant and for them to go to school well.

I: So you've said for them not to get pregnant, how do you tell them not to get pregnant?

R: You know we tell them about the services they can get to improve their lives and not to get pregnant and go to school and complete school.

I: Thank you so much. So can you tell me a little about the service you give them not to get pregnant? Just briefly.

R: The services we have, we have methods like long-term methods and short-term methods. Long-term methods we have Jadelle and Impanon short-term methods we have Depo and pills and then we have pregnancy test, which they

also get, they are tested for HIV and STI services. And they are given condoms for those who are engaged in sex but don't want to get diseases like HIV and STIs.

I: Thank you, so you have even told me about your responsibilities in the ITH project, you've told you mobilize adolescents, you teach them how not to get pregnant and you provide services both long term and short terms.

R: Yeah.

I: And what else can you add specifically for the work that you do In Their Hands project, you personally. In the mobilization in this community, what you as a mobilizer does.

R: After we get girls, our responsibility is to enroll them on T-safe using phones, and then we give them cards that they come with to the service provider to receive services that they want. We just tell her about the services that we have but when she comes to the service provider she decides on the service she wants to get.

I: Okay thank you so much. So I would like you tell me how were you recruited or employed as a mobilizer.

R: I was recruited.

I: How were you recruited?

R: The service provider was looking for people to help them help the girls get services.

I: So what do you think made the service provider to choose you as David?

R: I saw how if you go to the community girls are getting pregnant and it prevents them from going to school. And some of them were getting into early marriage. So that is what made me want to help girls in the community. So I just volunteered.

I: You've said you volunteered.

R: Yeah.

I: So you were recruited but you volunteered as a mobilizer to help adolescents.

R: Yeah.

I: So please tell me how you are rewarded when you enroll girls for ITH project.

R: After mobilizing the adolescents and enrolling them and they get services, I am rewarded with 170 Tiko Miles, that if the adolescents have received service. If they have not received services, for the enrolment you are not rewarded because she has not come for the services. But once she has received services, you are rewarded with 170 Tiko Miles.

I: Thank you so much, you've said that the reward that you get is when you enroll a girl you get 170.

R: Yeah Tiko Miles.

I: Tiko Mile points. Any reward that you are given apart from points, is there any rewarding you are given?

R: No, only the Tiko Miles, we have not been given any reward again.

I: What views do you have about the 170 Tiko Miles points?

R: Earlier those Tiko Miles were quite challenging because we used to earn the Tiko Miles when we brought the girls the place to redeem Tiko Miles was a challenge. You find that they started the project but they did not have ready traders. Whereby after we get the Tiko Miles we could go and get what we wanted, because if you were to redeem you are to get things from the shop using them as money. So the trader is paid money but with you, you go with Tiko points and you say what you want and they see how many Tiko Miles it amounts to and then you redeem the

Tiko Miles. But the challenge was we stayed without getting the traders

I: Okay, and please tell me about the process of mobilizing the adolescents in the ITH program, the process.

R: The process. We were going to churches, you take the adolescents in church and talk to them and learn with them. You don't just go and tell them that we want you to family planning; you just create awareness with the girls and find a way of bringing up protection from pregnancies. And we were also using other mobilizers from organizations like Dream girls, so were using the mentors from Dream girls, if they have girls we go and talk to girls where they are and we tell them the benefits of joining ITH to get those services, yeah.

I: You said earlier that you learn with them, what were you teaching them particularly?

R: You teach them about the behavior change, because if you go direct to family planning you will lose but if you go with the part of behavior change to the girl, you will find an easier way to get them.

I: Okay, so I would like you to tell me a little about behavior change. To narrow it down what were you telling them about behavior change?

R: Behavior change you tell them how they can be protected not to engage in sex with boys because if they engage in sex they might get pregnant, HIV, or even sexually transmitted infections. So after that girls understand what you are telling her about protecting herself and avoiding engaging with boys, something will come to them that if engage in sex with a man I might get pregnant. Now if you teach some of them will come and ask where they can get the services, then you will find an easy

well of telling them about the service. You will tell them now for you to get service we have something called ITH, this service came for girls, you are registered, your photo is taken and you are given a card to take to the hospital where you get services. There you will get free services without payment.

I: Okay thank you very much. You've told me that first you used to go to church, now is there any other place you would meet these adolescents apart from church. Is there a place?

R: I have told you there used to be space for Dream girls.

I: The Dream girls, the safe space.

R: Safe space.

I: So you've told me there is the church, there the safe space. Is there anywhere else?

R: In groups you could get that, you can mobilize girls in the villages.

I: In their villages.

R: Yeah.

I: And going door to door?

R: We also did door to door, if you go talk to the parent, especially the mother for her to give you the opportunity to talk to her daughter. We also went door to door; we could at least get mothers with daughters who have seen their daughters' behavior. You find that at least some of those women agreed, after talking to them they give you the chance to talk to girls.

I: Thank you. So during the time you went to the church, the safe space, going to the village, door to door, how were you meeting them. Was there a day when you say today I will meet you in church, or today there is safe space, how were you meeting them?

R: For safe space, we would organize with their mentor. When they have the safe space, the mentor tells us that on a certain day, we will have safe space and you can come and talk to girls. We used to organize with them. For the church also, on a church day after the church you tell the girls to stay behind, so after staying with them at least you learn together. Door to door, you also go but you book with the mother, you know you can't just go any time. You book with the mother that I will come to see you on a certain day to talk about something. So we were using an easier way of going door to door.

I: **Okay thank you so much. Earlier you told me that during mobilization there are those cards that you give them and they can get services from the facility. Like this facility is Ogande, so after giving them cards and taught them, as you've told me you teach them behavior change, awareness, how they can protect themselves, you've got them in church or safe space and taught them, behavior change and how to protect themselves. So when they are to come to the hospital, you have even decided which hospital she is to come. So how do you ensure adolescent visit the clinic? As in what do you do to ensure those girls reach the clinic like Ogande?**

R: You know the first thing we will do; you know you can't decide for a girl where she will go. But in this area because they cannot go to Homa-Bay because of transport, we also tell them about close places where they will not money to go because you look at the service they get, you look at if I go for service and pay money and pay transport you will get the price is up. But if you tell them that Ogande is near, if you go there, you will get the right services. So you will find they just walk and

reach. So you just knowing the patient reached, when she gets the patient you will find-

I: She will be recorded or what?

R: The points will come to you, and we will come and see, because when we issue cards we have to record the cards we have issued.

I: So you have told me a lot of things but one of the ways you ensure adolescent has visited the facility, you've said when she visits the facility you receive points.

R: Points and then you will go to do the follow up.

I: So when you do the follow up?

R: Then you will know if the girl went or not. You know if you don't do follow up you might issue all your cards and assume all have gone to the hospital but maybe only a few went. Then after giving them, the card you will teach them that if they go for the services there are points they will get and they can go redeem and get things like pads. They can go shave and things like that. So that brought them closer that this thing is good, I get free services and I get points, and the points are like money.

I: Okay, we've talked about how you mobilize girls, how you meet with them, days with mentors and we've discussed about where you meet and how you ensure they get to the clinics and get services. So in three categories that we've talked about, the mobilizing process, how and where you meet them and how you ensure they get to the hospital? Are there any challenges you face?

R: You know challenges have to be there because you know not all girls will accept to go on that day. You will find that you've issued cards today but the girl will not go for service on that day, maybe it will take two

or three days for her to go for the service. But the challenges are like long distance, you find a girl saying that place is far, so some of them complain of transport, that going there is far and they can't get transport to get there. So if you find sites that are covered by Amua, like this is Ogande, if you leave Ogande you will go until Homa-Bay and from Homa-Bay is Ndhiwa and going the other side is Rangwe. You see transport is a problem.

I: Is there any challenge apart from transport? How about working hours.

R: Working hours is not a problem because if they come they are served unless they wait for a little bit.

I: Okay thank you. So you've told me one challenge is distance and transport, a girl may say it's far to go to this clinic and get these services in that maybe the clinic she wants to go to is far for adolescents but now for you as a mobilizer what challenge do you face? You as an individual not the girls but you.

R: You know the challenge I get I can leave this place until Kochia and you have to use your transport while we are only given Tiko Miles, you know with Tiko Miles you will use money but Tiko Miles is not money. So that is the challenge. If it was, money you could at least say let me remove this amount and use because I know after all if I get these girls and they get the service I will get that money. But with this one for the Tiko Miles, you are only given items that you are going to use at home.

I: Okay thank you very much. The discussion we are now going to have is about the mobile platform of that card. So please tell me about your experience as a mobilizer with the ITH plat form or T-safe. As in, please tell me about

your experience as a mobilizer about the ITH mobile platform.

R: The way we use it?

I: Yes, now tell me about your experience.

R: You know when we use the phone; we have an app, Tiko Pro. So you press the app and brings you all the things of Tiko Pro. after it brings them the first thing you will look, it brings you registration, in registration you will write the age of the girl, sex and then you will scan that card after which it will bring the code to your phone and then you will take a photo. You will take a half photo not full. In the past, we used to take half but they changed it. We have not used it because in the past we used to take full picture. After sending, you discard the girl's picture. Before you do that, you will talk to the girl and tell her that for you to be enrolled, we will take your photo and we will discard it after enrolling you. Because they have issues about that, asking where do you want to take my photo, but you just tell her that taking it will make you get service. Because if you go to the service provider with this card they will also scan this card and see your photo there, so that is what will tell them you needed the service.

I: So you have told me many things about registration and taking a photo using the phone. So in your experience is it easy using the mobile system or is it difficult. If we start with the simplicity, what else do you see in using it?

R: I don't see any difficulty, it is easy because we are used to it, and I am used to it.

I: So there is simplicity you are used to; so can you tell me the ease you have in using it.

R: I had told you the process.

I: **You have told me about the process, how you take photos, in the past it was full but now it is half and then you write names age, sex then you scan right?**

R: Yeah.

I: **So I was asking-**

R: You don't write the name.

I: **You don't write the name.**

R: Its only age and sex.

I: **So you've told me that and I agree with you. So I have asked if your experience has been easy or difficult and you've said it's easy. So it's easy in the way-**

R: I use it.

I: **Navigating it is easy, so I want you to tell me how easy it is, do you understand me? How easy is it, apart from putting details and taking photos, how easy is it? Any other thing that you can tell me like this thing is easy because if you do this there is this and like that.**

R: You see when we use the phone the simplicity is that if you get girls it not makes you walk with them bringing them to the hospital. The photo makes it easy, after taking the photo and doing the rest it will be easy for the girl especially if she doesn't want people to know she is going for family planning, it will just be between the two of you.

I: **Thank you so much. So the photo is what makes it so easy because you identify her. So when enrolling them on the platform what are the key messages you tell them.**

R: The first key message is that after she has been registered she will go and get free services and she will not pay money. After getting service, she will also get Tiko Miles worth one hundred shillings, a hundred

Tiko Miles that will help her to buy her things, after getting that card it will also be easy for her to get family planning services.

I: I remember earlier you told me the services they get, like HIV testing, family planning services, is there another one.

R: Pregnancy test.

I: Anything else? Those services they get; you've told me key messages one is the services they get right?

R: Yes.

I: So the services they get is HIV test, contraceptives, family planning, there is-

R: Pregnancy test

I: Pregnancy test, what else.

R: They are given condoms.

I: Condom distribution.

R: Yeah, condom distribution.

I: Okay, is there anything you tell them before they are enrolled apart from what you've told me. Is there any?

R: No.

I: There isn't. Therefore, when girls register on the T-safe platform what instructions do they get about using the different features or T-safe program. What instructions do enrollees receive about how to use T-safe features? When girls enroll on the t-safe platform what instructions do they get, as in what instructions do they get about using the features or different T-safe programs, so it is trying to tell us on this phone there are services, on this phone there are clinics. So those features, when girls enroll on T- safe what instructions do they get?

R: You know after they are enrolled you can now tell them where they can get the services because we have where you can get family planning services, we have where after getting services and points, where she will redeem the points to get her money.

I: **What else? They are only two. You've said two or three.**

R: Two.

I: **Getting the clinic, the services they receive and where they will redeem points.**

R: And how she will know how many Tiko points she has and how she can redeem. The trader will show her how to redeem the Tiko points there. Because everyone has, traders have a way of redeeming, now when a girl gets there she will be told you should send this in order to receive the points.

I: **Okay thank you. There was a question I asked you earlier like how do you ensure the adolescents visit the ITH clinic, it was asking how you get to know or how you follow up if they've reached the hospital and gotten service. So the other question I would like to ask is how do you assist girls to get services after enrolment. How do you assist adolescents to access services after they enroll?**

R: After they are enrolled, I will tell them where to get services or the clinics where they will get the services, because if you don't tell her where to get the service she will go and keep the card in the house and I will not have helped her. So I must direct her that if she wants services you can go to Ogande clinic, it offers the services free. You will go and find a sister and then you will give her the card; she will see the card and know you are enrolled on T-safe. So from there she

will give you the service then she will give you back the card because it is like your id whenever you want to go for service you will go with it.

I: Okay you've told me; how do you assist adolescents to access services. You tell them about clinics that are close to them and then the services that they get there. Is there anything that you make sure you assist the adolescents after they enroll?

R: No.

I: Okay thank you very much. So what are things you can say prevent girls that you enroll on the ITH platform from getting sexual reproductive health services? This question is trying to tell us after enrolling girls and taking photos, put them on the platform, and even given them cards but you still find that this adolescent does not reach the clinic, so what prevents them from getting sexual reproductive health services?

R: You might enroll a girl and you find others discouraging others saying that if you go there they will cut you like to insert implant or Jadelle you are cut and you feel pain. So if someone hears that they are going to be cut it scares others but we try to tell them that someone is not cut, you can't even feel pain. People are created differently; the way I understand something is not the same way you understand. Someone might discourage me and I change my mind.

I: So apart from their peers discouraging them from getting services, have you experienced or heard of anything else that discourages the adolescents from getting sexual reproductive health services.

R: There isn't.

I: Just the discouragement.

R: Yes.

I: **What are the things that motivates girls to join T-safe. As in what motivates the adolescents to go for these services?**

R: What motivates them is first if they go they don't pay money, secondly they get points, which they can use to get other services as they can buy things like pads, they can make their hair using the points.

I: **Any other thing that motivates them apart from its free and they also get points. Is there anything else that motivates them?**

R: What motivates them is that after getting the service they can go to school well without fear that fear of getting pregnant.

I: **And what can you say about the information you give them and how it can encourage them to join the T-safe program.**

R: You know when you teach a girl she will learn that this thing is good, that also contributes in their decision to enroll for T-safe.

I: **And if you look at the services that this ITH program gives the adolescents can this contribute to girls joining.**

R: Yes, it contributes.

I: **How?**

R: You know if girls see they are receiving free services you will find after one gets she will go and discuss with her friends and say I went to Ogande and I got free family planning services, I was tested for HIV free, now things like that. Now that one also encourages them, when they hear from other adolescents, that alto so encourages them to come for the services and enroll on T-safe.

I: And have you met or come across adolescents who are just curious and want to know after enrolling what will happen is there anything like that, where curiosity can make them join the platform.

R: We have not experienced that.

I: And following friends or peers, as in you get one girl has done now the rest follow because one of them has done, is there such a scenario?

R: Yeah, there is that scenario.

I: Can you tell me a little bit about it?

R: After you have served one you will get that the one who has been served will bring her friend that she also wants the service, so you will find the girls bring their friends because they know they have gotten something good and their friend should get something good like they did.

I: Thank you. So what is the community perception about ITH shops, as in what is the community's perception of T-safe shops, as in these community members or people who are enrolled as you as mobilizers, what perception do you have about ITH or T-safe shops. You told me earlier that these shops were not there.

R: Shops was a problem because the person who was talking the details of other traders was telling us that he took details but he did not enroll that shop to T-safe. So you get it was a challenge. Girls did not have where to redeem points and us as mobilizers where to redeem the points was a problem. And it is only one shop. And in one shop, you find a girl wants a certain service like a salon and she can't get that. Another one will want to shave and things like that and she will not get because we don't have those shops.

I: **Okay thank you. And pharmacies?**

R: We also don't have pharmacies, we only have clinics where someone can get service but with the pharmacies, we don't have in our locality.

I: **So what is the community's perception about these clinics, these clinics that give services to the adolescents, what does the community say about them?**

R: They don't have a problem with the clinics, because if they had issues they would have come to the clinic asking where we are giving their girls service but you find there are girls who are bringing their girls to get service because they see the difficulty of raising the child.

I: **So you as a mobilizer and other mobilizers within the community. What is the perception of community about you?**

R: I have not heard what they are saying.

I: **They are not saying anything.**

R: Nothing.

I: **You have not faced any difficulties or rejection.**

R: No, I haven't had.

I: **Or even lack of trust?**

R: No.

I: **Even stigma, them telling you that you are not one of them or seeing you differently?**

R: No.

I: **So you've said you, how do you deal with circumstances where the community has a bad perception of ITH or the work they do. Earlier on I asked about the community's perception on mobilizers, so you've told me they don't have any negative attitudes they see.**

R: There is none.

I: And to the clinics, you've said they don't have any problems with the clinics.

R: Yeah.

I: Okay there is another question, since I had asked earlier but I would like to repeat in case we hadn't captured everything. What are the challenges you face when mobilizing adolescents?

R: I had told you that the challenge is just transport, because you know the catchment area is quite big, now you find you want to travel far and maybe it's a rainy season now the rain will hit you, the sun too. But you just persevere because you want the girls to get the services.

I: Okay, now it's only those three services, the problem of transport, maybe the catchment area is big so commuting from one place to another is a challenge. Then since it's a rainy season, the rain is also a challenge and during the hot season there, sun is also a challenge.

R: And about the money, I told you about money.

I: There is no money. What views do girls have about the T-safe program? What are adolescent views regarding the platform, what do girls say about this platform?

R: Girls say that the platform is good.

I: Good in what way?

R: They see that it helps them because there is no place, where they can get free services without payment. you know most of them are students and they want the services. So they get happy when they get free things.

I: So they are happy.

R: Yeah.

I: And are there those who are reluctant.

R: No, I haven't seen.

I: And are how about those who are not interested?

R: You know in a community you can't find everyone going in the same direction, you will find some girls saying I cannot go for family planning, because if I go for family planning it will reach a point they will not give birth. You see things like that. There is that mentality with girls like those. There are those who refuse and who agree, you know someone who knows the benefits agrees very fast but others don't. You know in a community; you can't find that all girls agree with whatever comes. You have to find some who disagree.

I: Okay, now those who disagree, is there a way you can help them not to refuse?

R: It is just by talking to them, talking to them about the benefits of getting T-safe services. I had told you just don't tell girls about it, if you just penetrate with issues of family planning, you will not succeed but you look for a way of convincing them and they get to know the benefits of protecting themselves.

I: What are the views, perceptions or concerns that you can say prevent girls from enrolling with T-safe? It means you have mobilized them and taught them, as you told me you teach them about the services. You find that you have taught the adolescent about everything that is in the platform but they refuse to enroll. Enrollment as you had told me earlier is writing the gender, age and taking a photo because there are no writing names so after you have told the adolescent everything about this platform but she still doesn't want you to register her on that platform to get services. What prevents them from enrolling?

R: I told you that there are girls who belief that if they go for family planning they won't give birth you see, that is the biggest challenge to most girls, because some think that if they start family planning before they giving birth when they get married it will be difficult for them to get pregnant. So that is the problem that most girls have but most of them accept to be enrolled and to go for services.

I: **According to you as a mobilizer, it is just the belief that if you use those contraceptives you won't give birth, there is nothing else that makes them not register or enroll.**

R: No, there isn't.

I: **So earlier you told me there are challenges you face like transport, you said the catchment area is big and transport is a problem, you've also told me during the rainy season rain is a challenge and during the sunny season there is the challenge of walking looking for girls. So how are you dealing with the challenges you face. So starting with transport, how do you deal with the transport challenge?**

R: With transport, I just persevere.

I: **Persevering how.**

R: You just persevere. You know when you have transport you will use, when you don't have you will just go on foot until you get to where you had agreed with the girls or where you are to meet the girls. Because after planning a safe space somewhere you will just start early to get there in time and don't fail to go for the girls to say they were lied to. So I just persevere.

I: **You persevere, persevering means you will just walk until you get there.**

R: You will just walk.

I: **And what about the challenge of the sun.**

R: With the sun also, it is normal you will just shower.

I: **But now the challenge, let's say the sun is hot, like you've told me the other challenge is the sun, so how do you solve the challenge of the sun.**

R: When the sun is hot and you want to meet the girls you will look at the best time to meet these girls, because if you decide to meet these girls around 2.00 you will find that they also fear coming because of walking in that sun. But if you tell them around 10.00 at least then they will try to come because the sun is not hot and they can walk.

I: **And what about the challenge of the rain.**

R: You know in this area in rains mostly from 2.00. So you look for when it can't rain to meet the girls but if you plan when it's raining you will not get the girls because they will not go with the rain. So we look for the appropriate time when there is no rain.

I: **Okay, thank you very much for giving me the time to talk to you as a mobilizer for Ogande clinic. Today is 6th May 2019. Do you have any question?**

R: Question.

I: **Yeah, any question.**

R: The question I have is if the project can change, instead of giving us the points if they can change the points and give money instead because there are things that use money. And if they only give us points to get things like items you get that items cannot solve all your household problems.

I: **So you would like the Tiko Mile points to be converted to hard cash other than points. So thank you very much,**

as I told you earlier I am a researcher evaluator or field interviewer but the good thing is you have said and told me your opinion and that is your question but for now I personally cannot answer your question but from the discussion we have had we've captured what you've said. So the implementers will see how to solve the problem you've seen. Is there any other problem?

R: There is nothing else.

I: Thank you very much.

[End of audio]

Notes

The interview is audible. All questions asked with good probes.

File name: ITHR2_MOB_HB_HOMA BAY TOWN_URBAN_190507

Duration: 00:48:12

I: This is Agneta, doing in-depth interview with a mobilize age forty nine in Homabay county, Homabay town sub county at family health options Kenya in Homabay. This is urban. So we are going to have a short discussion just on your work and we'll be engaging in one way or the other but you are the boss. Everything I'll hear from you, everything that you say will be what I take, okay. So maybe just to begin, just tell me briefly about yourself and what you do as a mobilizer.

R: Okay, am Millicent Anyango Mbai, a mobilizer for ITH. I started as a CHV and a mobilizer. I've been here for; this is the second term of TIKO. As a mobilize we've been having very much difficulties in dealing with girls.

I: Okay, even before we go to the challenges or perhaps the difficulties, maybe you tell me what your role is as a

mobilize in this program, this TIKO program, T-safe program, the ITH project, what is your role as a mobilize?

R: As a mobilizer am supposed to mobilize girls, take a photo of the girls, give them information of what TIKO pro is, take their picture after they have consented accepting that they are supposed...they are able to take the family planning. So what I'll do, I'll take their picture, but initially we would take one photo but this time we have been told we take two pictures then we send then they either come to the health providers at the facility or when we are in the outreach, the health provider deal with them there and there.

I: So maybe you just tell me how you do the mobilization itself.

R: What we do with the girls, we go we talk to them, we ask them their ages because this TIKO project needs girls of fifteen to nineteen years of age. Now after we've gotten their ages, we talk to them we tell them the good side of taking family planning...of having family planning. Now after that we put them in the box.

I: In the box as in, what do you mean by the box?

R: We get them at the park where they accept to take the family planning.

I: Maybe just a little bit, do you do random sampling of the girls or how do you end up asking their age, perhaps, how do you identify that this is the right girl, that process is interesting...

R: Now what we normally do...what I, as Millicent I normally do is I take a group of girls, I put them in a dialogue, in fact always I take ten, ten , ten, ten, always I talk

to ten girls, ten girls, ten girls then I tell them what I do as a mobilizer.

I: Okay, what you do, I would love to know that what you are telling them as part of your work.

R: I tell them am a CHV and we provide family planning and it is not something that is forced. I tell them the...I always talk to them about the good side of family planning, why it is good for a girl, an adolescent to be doing the family planning, then we simply discuss. They have their questions to ask because you know a girl who has not given birth, somebody will ask you, why should I do the family planning, I have to explain in that for one not to conceive.

I: Okay, and how were you selected to be a mobilizer for this program for example?

R: I have been a CHV for a very long time, I think this is my thirteenth year, since two thousand and seven, that is how many years?

I: Twelve.

R: Twelve years, yeah, I've been a CHV and I have been dealing with the community and I've been sensitizing people on various issues of health, health education, sensitization, very many categories of health.

I: So maybe just to tell me on what basis did they know, like Family Health Option, now decide to use you or to recruit you as the mobilizer?

R: Okay, Family Health Option has been dealing with family planning and I've been mobilizing because we've been also going for outreaches, now we've been mobilizing but the number that we've been bringing made them to select me, yean, and the way I talk to the girls.

I: **Maybe you will tell me the way, I would love to hear the way you talk to the girls because that is more interesting to me today.**

R: In fact it's just convincing power, yeah.

I: **Okay, and maybe just to explain to me how you are rewarded, how you are being rewarded for enrolling adolescents.**

R: In TIKO pro?

I: **Yes.**

R: Formerly when I recruited one adolescent girl and get the service, I was being rewarded one hundred and ten points and that was via phone, then after that I was informed, I was given a shop where I could go and redeem my points and get whatever I want, that is shop...I can say it's something like shoplifting, taking things from the shop. That is how I was being rewarded.

I: **And what is your opinion about that reward?**

R: The reward was good but as a mother and a family person, you know, just getting those items from the shop was not good enough.

I: **Which items, maybe tell me more about the items.**

R: It was like soap, just the things that somebody can use in the house.

I: **Maybe just narrate to me how you, after getting the points how they are redeemed, how they end up equating to whatever item you get from that shop, I need to know that.**

R: When we redeem, like I had five thousand points the other time then when I went to the shop it was redeemed and I took the items from the shop worth five thousand.

I: So it is a specific shop with specific things; maybe just tell me what is inside the shop or how it looks like for example.

R: The shop, it is just a retail shop, it had omo (detergent), soaps, sugar and other items that household can use.

I: So, so far what is your opinion, any other thing on the reward itself, what do you think about it?

R: I think if it could be that if I had five thousand points, because as a mother as I started saying, I could be given that one through Mpesa, it could be better because those things like omo or whatever am able to buy, but with Mpesa, if I get the money I can also pay school fees for my children.

I: Why do you think the Mpesa one is more...but anyway, it's okay, now we have talked about how you mobilize adolescents and stuff but am more interested on the process now, right, you started talking of you group them in tens, you know, so am interested on the process; how do you mobilize the adolescents, how do you end up into getting ten girls, how do you end up selecting that this is the group I want to talk to? I am interested in that process.

R: What I always do, I call a group of girls, after calling a group of girls, I talk to them I educate them on health.

I: Okay, fine, that you had said. Before you call them, how do you get their contacts per se, how do you get and say that these ten girls I want to call them and tell them am meeting them on this date?

R: Am a community health volunteer, I work within the community and in the community you have to gain trust

from the parents, after you've gained trust from the parents, you talk to the parent first, you tell the parents that I would like to talk to your girls then you tell them what you want to talk about. After telling her what you want to talk about...the parents what you want to talk about, he or she, the parents will assemble the girls and also while am there the parents will talk to the girls and any interested girl will come to the date that we schedule then we have our meeting.

I: So you begin with the parents?

R: I begin with the parents.

I: Right, okay. So after you have begun with the parents, the girls are involved and you have selected like you said, ten of them. How and where do you meet them?

R: In the community.

I: As in where exactly or how do you ensure you assemble them in a central place?

R: I simply tell them...after the parents have consented that their daughters can be talked to, I tell them...I give them the date and a central place where we meet, it is not I that choose, it is them that they choose. They tell me mama so and so I think we can meet at this place then you ask them what time, they'll tell you this time; if I have the time by that time, I'll tell them it's good, and I'll or if I don't have that time, I'll tell them, why don't we meet at such and such a time, will it be good with you, because the adolescent girls, I think you know what they are.

I: Yeah.

R: Now you give them their time for them to choose then if they choose then they will simply come.

I: Now, maybe just give me an example of a place that they usually like choosing and probably why you think they like choosing that particular place as a convenient place for them to meet.

R: I have a retail shop where I sell vegetables when am not on my duties. Now I tell them we can always meet at that place, they always agree because that place, it is somehow, it is an open place, yes, but has a shade where we can always talk.

I: Okay, and then how do you ensure that this adolescent visit the ITH clinic after establishing contact, you have talked to them, they have accepted to come, so how do you ensure they...you have registered them already perhaps; so how do you ensure that they visit the clinic after you have made contact with them?

R: What I always do is do the follow up. But mostly what I tell them is, with this card, there is some amount of one hundred and ten points, after you've had your service, there is one hundred and ten points that you can always go and redeem in this shop. Others say it is illuminati thing, others say it is a token that is being given, you see; others accept, others don't accept, but the service. The ones who don't accept, they come for the service but they don't go for token. Others come and they go for the token.

I: Yeah, am sure we'll talk about the illuminati thing and you will tell me more about it. But probably just still on the process, what are some of the different challenges have you been getting at different points of the process?

R: For the first time when this program was introduced I had a lot of challenges because parents were so much, had negativity towards it, it is just about this

illuminati thing, they were not sure whether it was genuine. Now, when they saw other girls coming and collecting, coming for the service and having the token and nothing happens to them, they came and accepted that their girls would come for the services, not just for the token. Because they also used to say that the family planning has side effects to their daughters, but after three, four came, they wanted to see the side effects of the contraceptives, they never saw so they had to give-in.

I: Okay, any other challenge while you were mobilizing per se, while you were trying to talk to the ladies to come to the clinic, what are some of the challenges you encountered?

R: some of the challenges, others never came, yeah. They accept, after issuing the card, they go away. Then secondly, the adolescents of fifteen to nineteen, most of them are in school but when we started, you know we started when they were about to go to school, it was just one week to school, back to school. Now most of them went with their cards to school, so they never came for the services, you see. That was another challenge that we got.

I: So any other challenge apart from the barrier for going to school in between the process?

R: There is no any other challenge.

I: Okay, now I am made to understand that there is a mobile platform, yeah, there is a mobile sort of system. So what is your experience with this mobile platform?

R: When you talk of mobile, what do you mean?

I: Well, there is a T-safe platform, after you register a girl, you are in a better position to tell me how that

operates; okay let me take you back, after you have registered the girl and you have taken her photo, what happens, what do you do...what machine do you use to get her photo?

R: Ooh, I have a phone.

I: **Exactly, so that is what I want you to tell me about.**

R: Yeah, I have a phone, now the phone, I get registered, I am given an app for TIKO miles, after being given the app of TIKO miles, I am given a number to activate, for activation, after activation, I take a photo after taking a photo I send it to two, two, six nine, nine then...no I send it, after sending, their operator the other side will tell me whether the photo is accepted or the photo is not accepted by giving me a green tick.

I: **Now after photo and stuff, what else do you...what other service does the mobile give you...**

R: After that...

I: **Is it only for photo taking and that's all?**

R: No, now after the photo taking, I give the girl the card, after giving the girl the card, the girl goes to the facility for the services, after the services, immediately the girl gets the service, there is a message that comes to me that one of your clients has received services.

I: **So does the mobile, okay I want to know, before the girl gets to the clinic, how does the mobile connect the two of you, you and the adolescent and the clinic and you getting the message?**

R: What I see happens is that I simply take the photo of the girl, after taking the photo of the girl I follow what the phone tells me to do.

I: **Okay, so I want to know what the phone is telling you to do, am interested in that as well.**

R: I take a photo the...after taking the photo, I click whether female or a male, I tick the female and then I get the year of birth, after getting the year of birth, I send.

I: **Okay, now, on how you have just told me the process and how you've been engaging the mobile and getting the girls registered, what has been your experience trying to use and operate that mobile platform, how has it been easy, has it been difficulty, how is it, tell me?**

R: Its been easy because it has the steps to follow, it's something that flows, it tells you do this, do this, and simply do as the phone tells you.

I: **You know I don't know, so I also just want to share in your experience, how the mobile is really telling you or whatever, you know when you say telling me, I am trying to imagine what the mobile is trying to tell you.**

R: After taking the photo, the age, the gender and the year, then the phone tells you to activate then after activation, it tells you to wait to see if the card that you have has been activated because you have to take the picture of the card too.

I: **Nice, nice, so from your experience, in your opinion, what do you think of that platform in your opinion now that you have operated it for quite some time now?**

R: Its okay, it's nice, it's easy to work with, to deal with.

I: **Okay, in terms of network or something of the sort?**

R: WITH network, no, my phone has never lost network when am using it.

I: So, alright, that's quite an interesting thing if you have been enjoying navigating...

R: Yes, it has been a good thing to do.

I: Okay, what are some of the messages that you share with adolescents about the platform, when you are enrolling them you have shared with me the process of enrolling them, now I just want to ask; what do you tell them about the T-safe platform while enrolling them?

R: What we normally tell them is that your picture, if I take your picture, it is not going to be exposed, it's going to remain in the phone but I also will not see it, now, it will simply confirm to the health provider that you are...the owner of the card is the real person who is supposed to get the service, yeah.

I: Something I didn't capture, how does the adolescent get to know that this is the provider am supposed to see or how does the adolescent get to know that this is the clinic am supposed to visit?

R: We inform them, go to family health option because that is where their provider is.

I: So it's you informing the adolescent to go to a particular clinic?

R: Yes, and that is the place where, because am a mobilizer of family health option within Homabay.

I: Right, okay, so you were telling me the information you were telling them about T-safe before I interrupted. Probably what instructions do you...do enrollees receive about how to use different T-safe features?

R: What we always do, us what we do as mobilizers we simply mobilize, we tell them the good side of spacing or using the contraceptives, we enroll then we tell them, go to

family health option to get what, to get the contraceptive.

I: Okay, just still within the platform, what instructions do the adolescent girls get about the T-safe platform?

R: As in?

I: Do they...is there a way that the adolescent can have access to the T-safe mobile platform?

R: No, it's I who use the mobile, after using the mobile or taking the photo after consenting that she can use the contraceptive, its I who use the mobile phone.

I: So there is no way that the adolescent get to interact with the mobile system?

R: No, only her photo that I take and the age and the gender.

I: Okay, fine. What are the most usual questions adolescents ask you when they hear about T-safe?

R: What it entails, why the picture; yeah, those are the only things.

I: Maybe just something else, do the usual questions that ask you the moment they hear about T-safe?

R: Why must you take my photo?

I: And how do you address that?

R: The photo will inform the health provider that this card belongs to the person who has it.

I: Okay, what other question?

R: Mostly that is the question they ask; why must you take my picture.

I: and generally you were saying you would tell them about the family planning, the side effects and the benefits, that is part of when you are telling them about T-safe?

R: Yes.

I: So after they have heard all that, what is generally their question apart from the photo issue?

R: Mostly they ask, most of them who have not given birth will ask, will I be able to conceive later; others will ask, will I bleed a lot; while others ask will I gain or lose weight; such questions.

I: Yeah, those are the questions I wanted to hear.

R: Then you simply tell them it depends with the hormone of somebody.

I: Okay. How has it been working responding to those questions, perhaps?

R: In most cases they are convinced because we tell them it depends with the somebody's hormones and then when they talk about not giving birth, we simply tell them these contraceptives they deal with the ripe ovum, you see, it deals with the egg that comes that is supposed to be fertilized, yeah, just that. It doesn't deal with any part of the body.

I: Okay, and how do you assist adolescents to access services, after enrolling them, how do you assist them, you said you make follow ups, so am more interested on how you make the follow up itself.

R: Now let me say somebody comes for long term, after having the service, somebody has been given the long term, you will simply go and ask her some questions, how do you feel, have you been able to receive your periods, how do you see your body, are there changes. Such things, you just ask simple questions.

I: Interesting, okay fine, I would love to know the questions as well but now after they have enrolled, yeah, you said there are those that end up getting the service, there are those who don't come to the clinic for the

service. As a mobilizer, how do you assist the enrolled adolescent girls to access the services?

R: Its just this thing of follow ups for them to come and get the services and then in most cases others say, this place is far with them, they come from far, you have to give them transport at times to come for their services, but this is just for me so that they may get those services.

I: **Yeah, that is the story I want to hear. What else have you been doing?**

R: I give them transport.

I: **Any other, apart from some that you've given transport, how else do you assist them to get the services?**

R: That is the major thing I always do because if you gave somebody transport, you pay for a motorbike and tell the motorbike to take her to family health options, you tell her that if you get there, give this card, you get it; then after giving that card, she will simply get the service, that is what I always do.

I: **So that is part of your follow up techniques?**

R: Yeah.

I: **Any other thing?**

R: I don't see any other thing that I do.

I: **Fine. You acknowledged that there are those that after you have mobilized they don't show up for the service, yeah?**

R: Yeah.

I: **And you've said transport; so why might some of these girls enrolled by you as a mobilize not access service, apart from the transport issues, what do you think may hinder them, they have enrolled, yes, but they don't come for the service, why do you think so?**

R: Like I have three girls whom I enrolled but they never came for the service, one told me it's the story they've been hearing, myths and misconceptions that they have that if you go for family planning you won't be able to give birth; other say, the other one told me that her sister had a family planning...was injected depo and she...now she started bleeding more frequently, she was just flowing, flowing, you see. Others were saying that they were unable to receive their menses.

I: **Okay, that is after they have received service.**

R: After they have received service...no, before they receive the services; they say these things they've been hearing from other people, you see. Now, for these myths and misconceptions you must be tactful as a CHV and you see how to talk to these girls because these myths, you simply tell them that it depends with the hormone of somebody but there is a way the health providers can help them.

I: **So what is that way?**

R: I don't know, I am just a CHV, am a mobilizer.

I: **Okay, so any other reason why they end up ensuring but they don't get the service, any other reason apart from the myths?**

R: That is the only thing that they've been talking about.

I: **You said myths, some say it's far; you also talked of where you even give transport. So I just need if there is any other thing that you know or you've heard or you've been told makes them not to receive the service.**

R: Okay.

I: **Now, what do you see as a CHV as a big motivation factors that...for those ladies that are signing up, what is their motivation to sign up? Like you were saying you tell**

them this is T-safe the side effects, what we are offering, right, and then the side effects and the good side of it, right?

R: Yeah.

I: So what motivates them, you also told them about the cards like you said, so what really motivates them in your opinion to enroll to this platform?

R: In fact a girl who has not given birth and who is ready to go on with her schooling more so what you have to tell them is that, and more so who is sexually active, what you have to tell somebody is that once you engage yourself in sexual intercourse, the first thing that you get is a child and other infections. Now for one to continue with her education, you must prevent yourself from getting pregnant and you have to be conscious about your sexual life. Now, the only thing that can get you out of this is either having contraceptive or abstinence, those are the only two things that I think can help an adolescent girl. Now a girl who is sexually active will simply tell you, let me go for family planning in order for me to continue with my schooling because if she gets pregnant, the schooling will stop, she will be a mother, who is going to look after the child; she has to breastfeed the child first. Even if the mother accepts to let her go back to school, it will derail her schooling.

I: Okay, so their biggest motivation...what really pushes them, is it the zeal to get the information or is it because of the information they have given or is it just out of curiosity or is it because some of their peers are already in the platform?

R: With adolescents we can always say they go with peers mostly.

I: **So in your opinion you say...**

R: It is not my opinion but they go with the peers.

I: **Apart from peers, what really makes them sign up?**

R: Then this thing of getting a token after given the card.

I: **The TIKO?**

R: The TIKO.

I: **Okay, so that also motivates them?**

R: That one also motivates them.

I: **So of these three, try and give them a scale like this one is five, this is seven; what do you think between TIKO miles, peers and getting information?**

R: More so when this TIKO miles was introduced, I think the...what can I say...the number that sign up are many, you see; because if they go to the shop, they are given pads, you see, if they go to the shop they are given lotions, if they go to shop they can lift, because they are allowed to lift anything that they want so long as it is per the amount, the TIKO miles that it.

I: **The mount, the token.**

R: The token.

I: **The, is it points, you called it points...**

R: Points, yeah.

I: **Okay, now you were saying something, the girls were telling about...my sister...the misconceptions that you were talking about, now, what do you think are the attitudes of the community towards the shop, they know this is a shop where they get...these sort of girls get these rewards, what do they think the shop...what is their view of the shop or the clinic for example, what is their view of Family Health Options Kenya clinic?**

R: With Family Health Option they've got no problem.

I: **So I want you to tell me the attitudes, positive or negative?**

R: Its positive because most of the girls that have come to the family health option, most of them they are pregnant-free, they don't become pregnant.

I: **Okay. Yeah so you were saying about the attitudes towards the shops and the clinics.**

R: Formerly, with the clinics they had no problem but with the shops they had a problem, then after...

I: **What is that problem?**

R: It was just about illuminati because you know, there is no organization that comes and starts giving people things from the shop, now they thought it was something to do with illuminati but after we talked to them and told them no, this is just a token that they are being given so they can go and take even things like pads because these girls they can't afford pads, it is these people, they've come with a token for the girls so that they can help themselves to get even some soap.

I: **Okay, and what is their attitude towards you as a mobilizer, maybe do you face stigma or distrust or rejection as a mobilizer?**

R: I started by telling you I've been a CHV in that area for, this is my twelfth year, meaning there is a lot of trust in me because of the work I've been doing at the ground. Now, because anything that arises, I have to tell them and when they see the positivity side of it, they say so...I don't have any problem, I don't.

I: **So how have you been dealing with these negative attitudes like the ones you have said of illuminati?**

R: I simply talk to them, I simply tell them there is nothing like illuminati, there is illuminati, yes, but when it comes to tokens, these small tokens...illuminati will always give you big things, but now what is one hundred and ten TIKO miles to a girl.

I: **Okay, yeah, so, but now, at what point do you mobilize them, do you just know that it is this parent with this negative attitude, how do you end up...**

R: No I always have health talk.

I: **You talked about it.**

R: I always have health talks.

I: **Within the community?**

R: I have dialogue days, in a month I have one dialogue and then when I have a dialogue I have to involve the chief, you see, I have to involve these *miji kumis*, you see, now I have the platform of these barazas, I have to talk about any health program that is with me.

I: **Okay, now as a mobilizer...just still on challenges, what are the challenges you face? Remember you told me about the process, yeah, so what are some of the challenges that you face when mobilizing the adolescents?**

R: First is with data, has to be on, on my phone, data uses money, you see and TIKO pro they don't give money, they give the points and then these TIKO points you are not to get an Mpesa, you go to the shop and take something from the shop, you see, that is a challenge because I use money on data.

I: **Aright, any other challenge apart from the data?**

R: I don't have any other challenge.

I: **Okay, what are the views of the adolescents regarding the mobile platform, are they excited to join, are they**

interested to know more about the platform, are they reluctant, what is their reaction?

R: First, they were very much reluctant, but of late they are interested.

I: **What have you been doing so that that has to change from being reluctant to be having interest?**

R: But you know anything new when it comes, you'll first ask yourself, what is this, why are they doing this, what do they want, you see. After giving them the information and seeing at least two or three girls having the process, they simply entered.

I: **Yeah, you started telling me about some beliefs, perceptions that hinder the girls from enrolling the T-safe, you talked of illuminati, you talked of misconception, of over-bleeding, is there any other perception or belief that you know of that makes the girls not to enroll on T-safe?**

R: Apart from the ones I said, no any other.

I: **Okay, and on addressing the challenges, perhaps for example the one on misconception and illuminati, you have been addressing these challenges, yeah?**

R: Yeah.

I: **You have talked of barazas and barazas probably is targeting the parents and the community, how about the girls, how have you been addressing the individual challenges if any?**

R: It is the parent who gets the information and flows it down to the child, you see. After the chief talks or I talk at the baraza, the parent gets the information, the information is relayed by the parent to the child.

I: **So basically if there is any challenge you just purely use the health talk on the barazas?**

R: Not more so, from the household too.

I: **Okay, yes, tell me more, from the households, how do you do it perhaps?**

R: In the households you know I always get my time to go to the households, I visit households more frequently than if I enter into a house where there is adolescent, I have to talk about the T-safe, health issues has to be there.

I: **Okay, any way you address any other thing that you've not told me on how you address the challenges you have been facing as a mobilizer perhaps, you talked of data as a challenge of mobilizing; how have you been addressing this particular challenge?**

R: I simply use my money, I simply use my resource.

I: **So when you don't have the resource what do you do?**

R: Resource...I must make sure I get that money so that I may help this child. You know when you have something at hand, you will have to help the child. Like now when I was coming with this lady I had to carry her with my own money. I paid the for the motorbike because she had nothing and then I went and...I got the information late so I had to make her and convince her to come, she had no transport, I had to carry her with my money.

I: **Okay, unless there is anything else you want to tell me or any question?**

R: If the people, T-safe could at least...if the T-safe could at least...what can I say...or reimburse the mobilizers or give them some token apart from the TIKO miles, it could be better.

I: **In terms of?**

R: Cash.

I: **Okay, what else?**

R: That is all.
I: Any question?
R: I have no question.
I: Alright, thank you so much for your time.

[End audio]

Notes

The interviewer failed to probe how the respondent is currently rewarded when she talked of the reward form they had initially.

File name: ITHR2_MOB_HB_KASIPUL_RURAL_SIMBIRI HEALTH
CENTER_190509_0231

Duration: 01:04:38

I: This is Mercy having IDI with mobilizer in Homa-Bay County Kasipul Sub -county which is rural in Simbiri health center on 9th May 2019.

Please tell me a little bit about yourself and the work that you do.

R: The work I do is mobilizing girls, sometime am a mentor at Dream girls; I am a community health volunteer. That's what I do.

I: And a little bit about you, you've told me a bit about your work what about you.

R: The work I do-

I: You have told me about the work you do, now I would like you tell me a little bit about yourself other than the work you do, you can say something about yourself.

R: I thought it was one same question.

I: Okay thank you. You said earlier that you are mentor for Dreams, what work do you do in the Dreams mentorship?

R: The work we do is mobilizing girls to come to the safe space and they are taught abstinence, we teach them different things.

I: Okay, so I would like you tell me your responsibilities in the ITH or T-safe platform, earlier you had told me you know it as Triggerise.

R: Yeah, it was Triggerise, in fact the people who took us for training for the first time was Marie Stopes, then later we realized Triggerise came under Maries Stopes, so when Triggerise came, like I was not a member of Triggerise, I was under Marie Stope but they were doing the same thigs. Girls between fifteen to nineteen are the ones we mobilized, we told them how they could come and get contraceptives for them to have their education and have better lives in the future.

I: Okay, you have told me your main responsibility is mobilizing girls and telling them about contraceptives and how it can help their lives. Any other thing that you do or any responsibilities you have with Triggerise or Marie Stopes?

R: After sensitizing them I refer them, we had cards, they used to give us cards and we have a phone. We take photos of them and then give them cards and they use those cards to get services from the facility. Yeah when I refer them.

I: Earlier you told me that you were a mobilizer for Marie Stopes but when Triggerise came, you became their mobilizer. So how were recruited or employed as a mobilizer? How were you chosen or recruited?

R: With Marie Stopes?

I: No, Triggerise.

R: With Triggerise, people from Marie Stopes took us to a seminar then later they told us there is a partner known as Triggerise. They were also there but they were doing the same thing, so when the person from Triggerise came

and told us people from Marie Stopes are separate from Triggerise but work is the same, so if you are under Marie Stopes you can't join Triggerise but they issued cards, even some people from Triggerise took cards. So I started with Marie Stopes a long time ago and I know the importance of contraceptives, I really got into the work until there was something I achieved.

I: You achieved something. When you were at Marie Stopes and came to Triggerise-

R: I did not join Triggerise they refused.

I: They refused, so right now you are a mobilizer for Marie stopes.

R: They said that if you are in Marie Stopes, you remain at Marie Stopes but if you want Triggerise, you must resign from Marie Stopes. I wanted to resign but they said the people from might feel bad that they have taken their person.

I: Okay so you've said you are a mobilizer for Marie Stopes, so at how were you recruited or employed by Marie Stopes to be their mobilizer.

R: By Marie Stope, I was recruited under community health; I was just taken, and taken to a seminar. I was taken to seminar for three days in 2009; people from Marie Stopes took me.

I: Okay thank you. So you said earlier that you were chosen, have you ever thought of why they chose you.

R: My work is what made them choose me.

I: How is your work, tell me about your work that made Marie Stopes recruit you.

R: My work in the beginning I used to volunteer here in the facility, now when Marie Stopes came to this facility and the person who was in charge at that time put me

under Marie Stopes for me to earn something small. So we were taken and from there we used to work for the facility and for Marie Stopes until now.

I: Okay earlier on you told me that you tell girls about the importance of using contraceptives, can you tell me a little bit about the contraceptives you talk to the girls about.

R: The first thing I have seen here you know that that we are in the rural area and girls are really stubborn and they have the problem of giving birth when they are still young. In the past parents did not want girls to use these contraceptives, but after we were taught how to talk to them...if a girl is below fifteen years you see she has started acting promiscuous you go to the parent and talk to her if she can agree for you to talk to her daughter. After she agrees, you go to the child and after the child agrees, you refer her after she accepts. There are others who say, "I fear going to the facility, can you take me?" or a parent tells you "please help my daughter; I see her behavior is not good, so are just called".

I: Okay, can you tell me more about how you are rewarded when you enroll girls for ITH or your opinion on the treatment. Please tell me about how you are rewarded when you enroll girls for the ITH program.

R: For the ITH program after I get a girl and talk nicely to her and she agrees and I give her the card she will come to the facility and get service. After she gets service I get points, the challenge that I face is that after I get the point I have no place to redeem the points because we have no shop here, we have no shop. For now, I still have my points here, they closed my

account I can't redeem and all the points I got from the girls who were served, all those points, even those girls don't have a place where they can redeem those points, we don't have shops. That was the main challenge but the points were coming in.

I: Okay, you have told me if a girl got services, you got points but the challenge you have is there are no shops, so your account is also closed. So do you have any opinion about those rewards other than there not being shops at the moment? Any other challenge or what views do you have about those rewards other than there being no shops.

R: Because there are no shops. The other thing we were told by ITH that we could get things like pads to give the girls so as to help them because things like pads, oil are what make girls to be promiscuous everywhere. And if we have those things, they can come and their motorbike people cannot get them and now those products are not there. Now girls are asking me where can we redeem points, where can we get pads. Even from Dreams, girls come to me can I get pads and there is nowhere I can get them. Those are the challenges I face with girls.

I: Okay, now please tell me of the process of mobilizing adolescents to the ITH program. Please tell me about the process of mobilizing adolescents.

R: Process of mobilizing?

I: Yes, the way you start until you teach the girl until she reaches the point and comes to the hospital to get the services.

R: What I normally do after I meet the girl, maybe I meet her on the road, will greet her. You know since I come from the village many of them know me, so after I greet

her I have to appreciate the way she is dressed and say, "You are nicely dressed". Then I will see that her attention is on me and then I will start to talk to her telling her that I have something good that might help you. At that time, I have a card, I have my phone, so I will remove the card and tell her I have something good, this card can help you the way you are smart, this card, there is a way after you get service you can get something good. So I tell her what she can get from that card like points, contraceptive services, I don't say family planning because they don't have families. I tell them about contraceptives, I tell them the benefits of contraceptives, types of methods so she can choose which one suits her. I give her the opportunity to ask me questions, after she asks me the question I can tell her and the ones I can't explain I tell her that if you go the facility you will find a provider there, ask him that question and he will answer you. Yeah you will get an answer from that.

I: Thank you very much. So you've told me when you are mobilizing these girls you might meet a girl on the road and tell her about ITH and is there any other place you get these girls?

R: I go even to homes where I know there are girls because we are in the village, I am in the community, and I go from home to home and talk to them but not to men and fathers mostly. I get close to mothers because mothers are the ones who can like such things. The parents who have refused I do not force them. Even when I go to the salon, where I can get girls I talk to them. I told you I am a mentor, I meet those girls here and when we meet with them, I talk to them about ITH, the benefits of ITH

and the things they can get and things like that. So someone who is interested will just tell me I am interested, enroll me. But the challenge is what I told you that there are no shops.

I: Okay, and you also told me if you go the homesteads you stay close to the mothers and not the fathers, why do you think fathers or our fathers don't want their girls using contraceptives, do you know?

R: They say that girls who use contraceptives will not have children; they can be very promiscuous compared to those who do not use and are not protected, that is what they say.

I: Thank you. Now when you've met a girl on the road or on the salon and you've told her about ITH and you've given her a card and registered her, what do you do to ensure these girls reach the facility and get services? you have registered the girl, you met at the homestead or at the salon or here at the hospital and you've talked to them and told them everything that is on the card and the services they can get, what do you always do to make sure that they have reached the hospital and gotten the services they want?

R: I do follow up.

I: Tell me how you do the follow up.

R: The follow up I do, you know after they come to the facility and get services I will get a message on my phone, if not I can come to the facility and see if she came. If she did not come, I can go for her that is if I know where she comes from not one, I met on the road. If I know where she comes from, I can ask her you did not reach the hospital, what was wrong? You ask her in

a way she cannot get annoyed, in a polite way, how was it?

I: Okay and is there a way you ensure adolescents have visited the hospital other than getting Tiko Miles and going to their homes, is there a way you can ensure they reach other than those?

R: There are those are scared of coming alone, so I come with them, I bring them.

I: Okay thank you. So you have told me that there are times when you go to the homes and you find the fathers and they refuse. How do you deal with the challenge of the fathers refusing?

R: Where the father disagrees, that now becomes the secret the mother and me, it becomes our secret and we know what to do.

I: Okay, is there any other challenges you face when you mobilize these girls, is there any other challenges apart from lack of shops for redeeming Tiko Miles.

R: You know when ITH was introduced and it came after Dreams, some people were saying that they belong to the devils, now there were those who refused and others accepted, they have never heard of where you are given services free and awarded at the same time.

I: So how were you dealing with that challenge? Those where saying it is not true and for devil worshipers.

R: I was telling them to look at how our girls nowadays are, they are not like those of the past, and you can find a young girl who knows more than you. So for her to go to school and achieve something and so that the motor bike riders don't get her, she should go for this and get services because those men only give them twenty shillings to be with them and there are diseases. And

she doesn't have to get injections or anything, she can get condoms, the condoms are for prevention to avoid diseases. I know how I talk to them and they accept.

I: Okay, are you aware that ITH has a mobile platform, where girls are registered on phone.

R: I am aware.

I: Please tell me about your experience with the ITH platform; tell me your experience as a mobilizer with the mobile platform.

R: The one on ITH.

I: Yes, the ITH mobile platform.

R: For ITH we have the app.

I: Yeah, the app, now tell me.

R: The app for Tiko points.

I: Yeah please tell me your experience as a mobilizer about the app you are saying.

R: Mine did not have a problem.

I: Just describe to me what happens in that app, what normally happens in that app or what is in that app.

R: That is on that app.

I: Yeah.

R: There is County.

I: Now tell me what does the County say.

R: County, after going to the app you press like this and it brings options, there is register, Tiko Pro, there is stop what?

I: You will remember and tell me if you've forgotten. Okay you can tell me the ones you remember well. What happens in Tiko Pro and what happens in other places?

R: Tiko pro is where you validate the card.

I: How do you validate the card?

R: When you want to register a girl.

I: Now tell me how you register a girl.

R: Okay, if I want to register a girl I go to that app, I press like this and it brings Counties. you choose counties in Kenya and it brings choices, there is enrollment, validate and then you select validation and it brings name and you write and year of birth and for those who have ids, not ids there is something what are they called?

I: Just try to remember slowly.

R: There is an id that is on the card, or you take card and you also take a photo of her and the photo comes on the screen after you have taken her details and entered her date of birth. Then after the photo is out and after it goes, through you see a green tick, after that it writes dismiss down there and you dismiss from down there.

I: Okay thank you very much. What is you can you say about that app, what is your opinion about it. Can you say it is easy, difficult, and friendly? What can you say?

R: It is easy apart from some girls who thought their pictures can be taken somewhere or used in another way, but I told them that after I take the photos they will appear in the providers' phone so that if you go there they will know it's you who has come with the card. So that no one can use someone's card in the facility. If you go with someone's card, you cannot get points or products.

I: Earlier you had started telling me that it is easy, how is it easy? Earlier when I asked if this platform was easy or difficult you said it was easy but girls did not want you taking their photos.

R: It becomes hard when there is no network, you might get a group of girls who want the card and you want to

validate and there is no network, you know you cannot validate but if there is network, it goes very fast.

I: Is there anything else you would like to tell me about the mobile platform, anything good that you see that you can tell me about this platform

R: Anything good.

I: Anything, not necessarily good, anything you can tell me about the mobile platform that you've seen or experienced.

R: What I have experienced, I think it is good; the network is the only problem. And then I was thinking you know we went for the seminar two people and the other one left and I continued with work, but Wesaw that if we could be better if we got cash because for the points we started working and there are no shops. So I have points up to now and I have not seen the benefits of the work I have done.

I: Okay thank you, those are challenges that you face, we should have shops and if there are no shops then you should money that you can use.

R: Yes.

I: And about using, the phone is there any recommendations that you would have on the platform or the app.

R: On this app?

I: Yes.

R: I don't see. Mine was working.

I: Thank you.

R: And there are some phones that don't use the app. The first time I had Huawei and it did not pick, the app was there but it was not working. So I don't know which one accepts.

- I: **Okay thank you for your opinion about that platform. So when you are mobilizing girls' there are things they want to know about the platform. So what do you tell the girls that is important about the T-safe platform when you enroll them?**
- R: The important thing is when girls go to get service I will get points and she will also get points, and if she has a phone, she can register herself and get points and she can even register her friends. After that there are things you can get from the shop with your points, you don't get free services. It is like being paid with the product you choose that will depend on your points. Those points cannot disappear.
- I: **Thank you. Now other than those Tiko Mile points and getting products is there anything you tell the girls about T-safe platform.**
- R: I tell them after going for the services you are safe, you chose the services that suit you, I don't force a girl to pick this or a health provider cannot force a girl to take this and that. A girl can just for advice only, or just come for testing. There are various tests, there is pregnancy test for free, HIV testing, UTI and things like that, and there are benefits you will get if you have the card. You go and get free services with no payment.
- I: **Okay, thank you. So when you are mobilizing girls you should enroll them on phone like you said you validate, write age and maybe the name, county. So when girls register but here you are the one who registers them.**
- R: Yes, I register them.

I: So when girls register or when you register them on the T-safe platform what advise do they get using the features.

R: What are features?

I: Features are programs or things that are on the phone like you told me county, is there anything else they may get from the phone the features? Something that after enrolling the girl in phone the things that they can get like if they go to this clinic what services will she get. When you register girls on the T-safe platform, what instructions do they get or how are they instructed about how to use the platform to get T-safe services or anything to do with T-safe.

R: I just tell them after they have the card and get service; they can go to a clinic that ITH has identified. There are services they can get free and things like condoms, sanitary towels and things like that. And if they go to the shop with that card they can get oil, it depends on what she has chosen with that card. That card is like an id card, the shopkeepers who have been identified will also use the code that is on your card and confirm if it is you then they will give you what you want depending on your points.

I: Thank you. When you go to the homesteads to enroll and tell these girls about T-safe what are the common questions that girls ask you mostly when they hear about T-safe. When you go to their homes or to the salon and tell them there is a program called T-safe, what questions do they ask you mostly?

R: Mostly they ask if there is money.

I: Anything else apart from money?

R: What can we get?

I: So what do you normally tell them when they ask you if there is money?

R: When they ask about money, I tell them after you join T-safe there are benefits. Anytime you visit a clinic you will get some point. After getting the points, if you lack oil because girls like applying oil, if you don't have oil you will take the oil. If not oil girls use pads, you will also get pads for free, you can get UTI infections, you will go get tested free, those are the benefits of ITH.

I: So you have told me that most of the questions they ask you most of the time is about the money they will get. But you tell them that money comes in form of points and you can turn these points to pads and if you go to the hospital, you will be served if you have any problems like UTI. Are there any other questions they ask that is not related to money?

R: For the girls it's only about money.

I: Okay, so earlier you told me when enrolling girls there are those who fear reaching the hospital and sometimes take them to get the services. So how do you help girls to get services after enrollment? You have enrolled them until you told me that there are some who fear going to hospital or the clinic to get the services but you bring them here sometimes to get service. Is there anything else you do while registering girls to make sure that they get the service they wanted?

R: Something else?

I: Yeah.

R: After referring her if, I don't bring her-

I: You have enrolled her.

R: I have enrolled her and given her the card, I can go for her if she is in the community, and I can go for her and ask her did you reach there? And she will tell me she did. Sometimes after she gets there, the points will enter and I will get a message from my phone. I can still go to her and ask her if she went and how was the service, which method did you pick, because I talk to her about the methods and she will choose. Maybe she can change her mind about the one she has chosen when she gets here when she is with the health provider. So I can just go home, ask her, and see how she is doing.

I: **And maybe there are girls who come from far, not near this facility. Is there a way you can help them access services after they are enrolled?**

R: After they are enrolled.

I: **Yeah, let's say there is a girl, who comes far from this facility but would like to get these services, is there a way you can help her to access the services?**

R: I can help her.

I: **How can you help her, let's say the girl who comes from far?**

R: There is a phone, let's say I am a mentor and there are other mentors somewhere. I can go for them and tell them about ITH and after telling them I give them my number, the person who wants it can call me or beep for me to call them or I can go there, or we could do an outreach and we can go there if possible.

I: **Okay, thank you. So let's say there is a girl you've mentored or other mentors and mobilizers have mentored a girl but she is far from the hospital for her to get the services, she has known everything, enrolled and**

accepted to get the services but she is far and cannot reach the hospital, how do you help her.

R: She can go to the hospital that is close to her.

I: Even if it is not under ITH?

R: No, only ITH because if it is not under ITH she will not get the profits.

I: Okay, and there are times when a mobilizer can meet a girl let's say in the salon or in their home and you explain to her, register her on phone and give her the card but she still can't get these services, so what are the things you might say could prevent girls from getting health services. You have enrolled a girl, explained to her, given her a card, and even registered her on phone but she still doesn't get the services she wants. So what can prevent an adolescent from getting the services or sexual reproductive health services that she wanted?

R: Normally what happens is that the mother father back home doesn't get along. What the mother wants the father doesn't want and what the mother wants the father doesn't want. Or peer pressure, you are going for that, after getting that you won't give birth or something. There is discouragement that can come. After I leave a place there are those who discourage like those who disagree might discourage her. But after I have issued the card and done everything, I can go back for her, if she accepts I can even come with her.

I: Okay, so you have told me two things, one you've said maybe the parents are not getting along, so she doesn't want to get those services and another one is discouragement from fellow girls, peer pressure. Is

there anything else that can prevent girls from getting services after being enrolled?

R: It can be that there are those who have gotten services, maybe those who have had services but there are side effects they faced. This one can discourage another girl that "I went to that thing you've been told and what I experienced I cannot even tell you, don't go there". So those who have gotten services, there are myths, those myths can make a girl not to have service. Or there are traditions and these traditions you will hear someone say that in our family I have never heard anyone going for family planning, we give birth. Or maybe she is an only child and the parents can say "You are an only child, there is no one else, even if you are to deliver ten children just deliver but we don't want that."

I: **Okay thank you so much. What are the things that encourages girls to join T-safe? What motivates these girls to join T-safe?**

R: Something that motivates them the most.

I: **Yeah, that motivates them.**

R: After they get information that they can get oil, they can get sanitary pads, the points with which they can get products that encourages them. "I was given this, if I go with it to the shop I will get this" so they just come.

I: **Okay, so Tiko Miles points is what attracts them the most to come.**

R: Yeah, Tiko Miles points.

I: **And have you ever had those who come out of curiosity? "I just want to know how those things are" are those who can be motivated by that to come and get these services.**

R: Those who just come to know?

I: Yeah, curiosity they are just curious.

R: There are people like that, "let me see if it true or not, maybe it is just a way of recruiting people". You might find girls coming in groups wanting that, some of them lag behind and others come and get. Something like that that happens.

I: And have you got girls, like you told me some come in group and others lag, have you seen a situation where one girl gets a service she goes and tells her fellow girls to get the services. Where a girl motivates fellow girls get services.

R: The main challenge that I have up to date are those products, if there was a place where could get those services this that thing would really do well here. Because when they heard of that they came, others wait to see those things that I normally tell them are in the shop but they have never been there. So I can't talk about that.

I: Okay, you as a mobilizer in this community. What perception does the community have on you as a mobilizer?

R: The way they see me?

I: Yeah, what perception does the community have?

R: How I see them?

I: You. What perception does the community have, as in how does the community view you?

R: This community?

I: The community members.

R: They see that I help the girls.

I: What do they say about you helping their girls?

R: What they tell me is maybe I have not reached a certain girl you will find a mother telling me "can you come and talk to my girl, I have tried talking to her but I know

you and she might listen to you, I have seen that her behavior is not good". They call me and I go.

I: Meaning they see you as a good person in the community.

R: Yeah.

I: Okay. So there is no incident that they have shown, they don't want you.

R: They see something that I am involved in as a good thing.

I: Meaning there is no time they have disrespected you, disagreed, or sent you away from the community.

R: No, it has never happened.

I: Okay, so in this community there are hospitals that provide T-safe services like this hospital, what perception does the community has about this clinic.

R: About this clinic, what they don't want is abortion but about these other services, they view this g hospital as good, it is helping them.

I: Okay, earlier on you told me that you don't have shops where you can redeem these points for the products.

R: Yes.

I: Okay, since you have said that the community members do not see you as someone bad, so you can't talk about how you deal with when the community has a bad perception about T-safe or the work you do, you've said they are okay with it and don't have any negative attitude.

R: They don't have any.

I: Okay, earlier on you also told me there are challenges like of the fathers, you find that if you go the homes the fathers don't like the services and then there is the big challenge of points, girls are getting points or you are also getting points but there is no place where you can redeem. What challenges do you experience when you mobilize girls for the T-safe project, other than

those two? The fathers disagreeing and there not being a place where they can redeem those points. Are there any challenges that you get when you register girls?

R: I don't see, only those. Those are the only challenges.

I: **And when you tell these girls or adolescents about T-safe. What perception do girls have about the T-safe platform? Maybe you give them cards and they get services. What perception do girls have about this T-safe platform?**

R: They see that it is good but they are still not sure because it is as if I lied to them that they would get points and redeem those points in the shop but they are not there. So they are not sure but if we could get shops and they get the card and go to the shops to get those products it would be something good.

I: **And can you say that if you look at them do they look like they are happy with these program? Apart from this problem of shops to redeem points. Tiko Mile points.**

R: Girls like it, there are others who want it even if their parents don't want it. They just come themselves that I want this. They like.

I: **Why do they like it mostly?**

R: Because of the profits of ITH.

I: **Profits like for Tiko Miles.**

R: You know initially they used to get the service but they did not get anything, now when ITH came and they came with those points they can redeem, they saw that this ITH could help them more than in the past. Because here there is Omega foundation, there is Marie Stopes who were dealing with the youths and they were not giving them anything then ITH came with the products.

I: Okay. So what are the views, perception, or doubts that you can say prevents girls from enrolling with T-safe and getting sexual reproductive health services. What are the views or perception or doubts that you could say prevent girls from registering with T-safe? There are times when you go to talk to girls in the community, in their homes and all that but they refuse to be enrolled to get those services. What are the things that can-?

R: The girls or the parents?

I: The girls, the adolescents.

R: You know there are girls who are very secretive, they don't want their parents to know what they are doing, but let's say someone who is eighteen or nineteen, and I don't have to talk to them in presence of parents. The ones under eighteen are the ones I must go through the parents if they want, let's say if the parent tells me "come and talk to my girl, I have tried and I am defeated. That is where I can go to that girl and she won't refuse, but there are some who are very friendly with their parents, they do things freely, even when you talk, they are there and they accept because they want help.

I: Okay thank you. Now there are girls that you have told about these services and told them about Tiko Miles but they still don't want to be enrolled, they don't want you to take their photos, they don't want you to take their photos for them to get the services. Is there anything that prevents them? Whereby you have mobilized a girl and told her about everything that is in T-safe program, the good things that they will get, they will get free services, they will get product for exchange of

Tiko Miles but they still don't want to register on the app or they don't want to get the cards.

R: There are some who let's say they have abstained, they don't see the need of coming for services, they tell you, "now what I will I do with those services and you have told us to abstain". Now girls like those don't take serves but those who have boyfriends run for it.

I: **Okay, now there are beliefs like Christian beliefs, there are beliefs that hinder from enrolling in the T-safe or receiving contraception and other services.**

R: I told you there are traditional beliefs, there are cultural, and there is denominational. Those who are in those beliefs do not agree to take services.

I: **Okay, so have you tried to solve the challenges you have experienced. Let's say the challenge of those with beliefs who don't want services, is there a way you have tried to solve that challenge.**

R: The solution is just talking to them to abstain, because if they don't abstain they may get diseases, they may get pregnant and their education will end there. So what I advocate for the most is girls' education in this community.

I: **So you tell them to go to school so that they don't have difficulties.**

R: Yes, that is what I tell them about the HIV disease and it has no cure, so even if you get services know that there are diseases outside.

I: **Okay, so are there any challenges you face when mobilizing them?**

R: Challenges I face. Maybe I go to a group of girls; you know ITH does not have an outreach allowance. You just look for them and the only thing you can get is only

points and maybe you don't even have school fees, you don't have food, you cannot find a means of eating and you have points on your phone, it becomes a challenge. But if they can bring out reach, almost all girls in this community have gotten services. If there is, outreach where we can get transport to go to other areas it can be good.

I: Okay, but at the moment how do you deal with the challenge of lacking money to go to out reaches. Do you go for out reaches? You've said that if this program can bring money that can help you in outreaches. Is there a way you have tried to solve the challenge of lack of enough funds to do the outreaches? How have you solved the challenge?

R: When I go there is no payment, let's say I leave here and go to Kosewe where you came from, I just go by myself and come back on foot to get clients and talk to girls to get services. But there are places here in the interior we should reach them for them to get services, because there are girls who are more interior than here, if they don't get services they cannot continue with education, their life will not be like the girls of today. So if we can get the outreach it can be support.

I: Okay, thank you. So you have any more views.

R: Views?

I: Yeah, or something that you would like that you would like to tell us about your mobilization.

R: If you are people of ITH you would have helped me to redeem my points, they are here in my phone, 5270. When I validated girls my account was locked, I cannot redeem and I have points on my phone I have my needs. When I go looking for those girls, you know I left other work to

go and do that girl. I should get something small for me to benefit and the girls to benefit. And the shops that I have said, they should bring shops to help us here.

I: Thank you very much for your views.

R: Because from here to get a shop is in Ruga and you use transport. Maybe a girl has fifty points and for her to take a vehicle until Ruga and come back there will be nothing that she has done. So we should get shops near to redeem points.

I: Thank you very much and as I told you earlier I just came to do evaluation, so everything that you have said has been recorded and we hope they will be heard and they will do something that will enable you continue girls in this community, okay thank you so much.

R: Thank you.

[End of audio]

Notes

The interview is audible. All questions asked with good probes.

File name: ITHR2_MOB_HB_MIGORI_RONGO_URBAN_ROYAL
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Duration: 00:51:25

I: Okay, hello, this is Agneta, ITH round two doing IDI with a mobilizer, Migori, Rongo sub county urban at royal clinic, eighth May twenty nineteen. Yeah, so to begin with, may you just tell me as a mobilizer for the time you have been mobilizing youths in this clinic, tell me briefly about yourself and what you do.

R: About myself?

I: Yes, as pertaining to your work.

R: Okay, as a mobilizer, I do sensitize youths.

I: I need that story so...

R: Okay, as a mobilize we've been sensitizing youths on SRH services, that is sexual related health services more so on FP uptake and other services. We do conduct outreaches whereby we teach them on various methods of family planning and their usages and where to find the services. So I do link the community and the facility for the young girls to get services at the facility. Yeah, and also I do referrals.

I: **What else...about yourself and..**

R: Okay am twenty-six on age, graduate. Yeah.

I: **It's okay, and in this project...yeah so as pertaining to ITH, what is your role in that project?**

R: My role, okay, pertaining ITH, my role, am, okay as I said before, am linking the facility and the community more so for the girls to attain FP services and other sexual related services whereby I do referrals giving them cards, yeah.

I: **Okay, maybe just tell me the process giving them cards probably how do you get...**

R: How the system works?

I: **Exactly.**

R: Okay, it is an app whereby we have, it is being used using phones so that app we download it and when you are in the system, you are being given cards, these cards are being given to the young ladies. When the young ladies have these cards, they can as well get these services free to the registered facility whereby we have...okay, the registered facility in that the facility which has been registered to offer those services. So when the young ladies have these cards they got the services free at the hospital.

I: Okay, fine, you said something you get through the system.

R: Yeah.

I: You've also said registered facility, how do these registrations take place?

R: Okay, remember all facilities do not have this project; they are being selected facilities, so I was just trying to say that if a young girl has the card, she can as well go to the selected facility which offers those services.

I: Okay, am also interested, before you issue that card, this process, how do you qualify until you end up giving her the card?

R: Okay, first of all when you meet a lady you first interact with her, you tell her what about; okay, you introduce yourself to her whereby you can as well tell her that you have this project and this is how this system works so if you have this thing you can as well have our services. So at that moment a lady can then agree or disagree with you but you don't coerce or you don't force her to have the service. When a lady agrees you can as well enroll her and give her the card.

I: Okay, thanks. You've talked about enrolling, am interested in the process of enrolling; how you said you tell the girl how the system works, right?

R: Yeah.

I: So explain how exactly, how the system works.

R: How does it work?

I: Yes.

R: Okay, first this card we enroll teens, there is an age bracket to nineteen, probably to nineteen whereby those are the ladies who qualify for that whereby we see that

at that age bracket we have those teenage pregnancies whereby these ladies can't afford or they can't get that finance to go and seek these services in other facilities, you know some facilities charge these services, so when a lady has this card, she can get free services. So when enrolling, we use our T-safe app, this T-safe app we first scan the card then after scanning the card we key in the details of the lady, the year of birth blah blah then you take a photo of the lady then you register a lady in the system. After registration, we give the lady that card in that that card is the thing which the lady will come to the facility to get the services with the card...

I: Okay, so this process, you have said you get details of the girl, do you get details then later go do the uploading, you enter to the system later on...how...at what point...

R: No, no...this thing you do at the same time, there is no way you can upload it later; if for example let's say you are a girl and I've met you I will do the registration at the moment, everything is being registered at that time. Yeah, the remaining, the lady will seek at the facility on the other side for the service provider to do everything which is required there.

I: Okay, and before you reach me, I also want to know the criteria which you use to reach me as the adolescent in this case.

R: Okay, initially we have youth to youth in-reach or outreach whereby we have our days when we meet the youths. So in that place is whereby we convey our information to the ladies and we tell them that we have

these services and if you want to seek more information you can as well reach us, we are available in this hospital, yeah.

I: Okay, probably you tell me where the youth in-reach you are talking about...

R: Okay we have the youth corner.

I: Tell me more, tell me about that corner now.

R: Okay, in the youth corner, okay we have so many...we have booklets, we have whereby youths can as well come there and read on their own, we have these models, sexual related models, we have these IEC materials.

I: Model, when you talk of model, just give me an example of...

R: They are just IEC materials, information education materials related with health.

I: Okay, fine, how were you selected to be a mobilizer, what criteria did they use to select you as a mobilizer?

R: Okay, I was once working with a certain NGO and you know these NGOs they do partner, so in there when I came to this facility to volunteer they saw me somewhere and they said oh, Rodgers, we saw you somewhere, you can as well do this to us, I think that's how I was selected and also due to the fact that I was active, by that time, most of the time we were meeting in the field, so they probably got me there.

I: Probably I would like to know probably the qualifications they looked or how did they really land on you besides...?

R: In mobilization I don't know if they checked out my qualifications but also I know we do interact during the fieldwork. When I was working with a certain NGO so I

think they found it better for me to come and help them this side.

I: Who found it better to refer you this side?

R: The owner of the facility.

I: Royal?

R: Yeah.

I: Okay, fine, maybe also just like you have said you have been enrolling adolescents and there is some sort of reward related to this project, tell me about that reward.

R: Okay, so the mobilizer, the mobilizer gets a reward and also the teen who gets the service also get a reward whereby the mobilizer...okay, when I've enrolled a lady and she got a service, when she gets the service at the facility, am getting a reward which was, by then it was one seventy but currently they cut it to one hundred shillings, reason not even known to me. So that's the reward which we get and also a lady gets a reward which I think was a hundred, when a lady got the service, she gets a reward of a hundred. So this reward it is not a reward in terms of cash but it is a reward in terms of bonga points, how the Safaricom do work. So when you have these rewards there is those retailers whereby they are being registered, you can as well go and pick something worth the rewards which you have.

I: Okay, what is your opinion, you've already started talking about it; what is your opinion about these rewards so far?

R: Okay, it is good but sometimes for us like men we do find it hectic in that when you have something like money it sounds better than bonga points, and also you know where we go and redeem...these shops where we can as well

go and redeem these rewards, they were selected whereby you can as well find a shop like a salon or a chemist but you have a point, you know if you have cash you can buy anything of your choice, so this reward I think it could be better for them to put in terms of cash. And also I don't see the point whereby they are cutting these rewards because genuinely at the first...at the start it was one seventy and currently the reward is a hundred shillings, so I don't know why. They should even increase it instead of cutting it down.

I: Why do you think so?

R: Because we are working tirelessly, yeah.

I: Wow! Okay, fine. Just back a little on your mobilizing work; I would like to know exactly how...my point is how do you mobilize the adolescents, where do you meet them, you know; how or where do you even meet them; am interested in the process, I am interested in the criteria you use as a mobilizer.

R: Okay, mostly the adolescents we find them during the weekends, more so during churches or when we have sport games, yeah, or groups. That's where we can as well find them in numbers. But still we can as well find them one on one or maybe on your way to the market you can as well find a girl and you talk to her, yeah.

I: Okay, just take me through that process, you meet her, you talk to her...I love that story; I want to hear that story.

R: So you want me to tell you...oaky, how I talk to the lady until she gets the service?

I: Yes, you could use an example.

R: Okay, let's say am on my way to the market or am on my way to the church and I've met a group of ladies maybe

going to the church as well. First, like I said before, I will introduce myself to the group then I will tell them what I have for them, okay probably I will tell them all we have and what ITH program entails. I will tell them this is a program whereby it helps these ladies to get these services for free...okay, where were we?

I: You were telling me about the process of mobilizing the adolescents for the program.

R: Okay, different organizations use different processes of mobilization criteria but in me, I can...okay like I was telling you that of one on one, you can as well get a lady on her way maybe to the market or to the church then I introduce myself to the lady and I tell her all these program entails, whereby I will tell her even how cards work and if she agrees, she will automatically get the card.

I: Okay, fine. And probably you have met this group of adolescents, how and where do you meet them...or is it...tell me the process, after you have introduced yourself, after the contact, after you have made contact, what next?

R: Okay, what next after we have made contact with these adolescents...

I: Mmh.

R: Okay, I tell them where they should find me and mostly if they don't find me, whom will they find there, yeah.

I: Okay, there, that there, as in is it a definite place?

R: Yeah, at the facility, Royal.

I: Okay, so often times your meeting point is basically within the facility or?

R: No, at the facility they only come for the services for those who are interested but our meeting points in the

community maybe if we have our outreaches; mostly we have our outreaches.

I: Exactly, yeah.

R: So if we have our outreaches they will come there and we will talk because we set a date for them, so if you have even a burning issue we don't offer services at the outreaches, they will as well come to our facility to...

I: Now outreach, I would like to know probably the location or the sort of environment or where you do your outreach.

R: Okay, our outreaches, we mostly do them in schools and also during market days we do them in the markets and outside the churches or during chief barazas we do them there.

I: Okay, and now how do you ensure that an adolescent that you have met, you known her and made contact with her, how do you make her get to the clinic?

R: Okay, when we conduct our outreaches we have those forms, attendance list forms, those forms, attendance lists whereby we fill your details and your contact if you have a phone number we fill there. So maybe for further queries we contact them through those forms.

I: Okay, so basically that is how you make sure the adolescents visit the clinic or what other methods do you use?

R: Okay, sometimes we do come with them...you come with a lady when you have...because most of them they do fear coming so we can as well tell them this is our contact, if you want any service you can call and we'll accompany you to the hospital.

I: Okay, fine, you talked about some mobile system, right?

R: Yeah.

I: Just tell me how does it link you and the adolescent girl and the service provider or does it just end between you and the girl?

R: The mobile system?

I: Yeah.

R: Okay, service provider has his or her mobile with a different app and also I have my mobile with an app so this mobile it just links me between the teen and myself.

I: So how...does it end there or after registration there is no mobile link or sort of between you and girl and the service provider?

R: after registration, there will be just a link when the girl gets the service whereby I will get a confirmation message that your girl visited a service provider, yeah.

I: Okay, how, how is that mobile linking you and the service provider such that you will get a notification?

R: Okay, you know I can't tell the process of getting the notification, the notification, I think the guys who are at the headquarter are the people who manage the ecosystem of mobile. Because I think when we are in the system the information we get through, I think everything, getting information is from those guys who link us with...yeah.

I: Okay, something is not clear yet, you have registered a girl, yeah, you have also taken her details; does it end there or what details do you take such that when she gets to the provider you are then able to get notification?

R: Okay, when registering a lady, first of all we have a card and there is that serial number of the card, so that serial number is what...we will scan it; after doing

all those processes the lady will go with the scanned card to the facility and at the...

I: You were giving me a story.

R: About the card?

I: Yeah, yeah.

R: Okay, I was telling you that we scan the card and when we key in the details of the lady, the lady will remain with the card and she will go to the facility with the card whereby when she gets the services we will get the confirmation message through that card.

I: You were telling me something about serial...

R: Okay, we have the serial number of the card with the numbers being numbered there. So these numbers, I think...okay, these serials are being...for us we key in the details of the lady and these serial numbers they are being scanned by the service provider at the facility.

I: Okay, fine, and while going through the mobile system and trying to register the girl, what is your experience with that mobile platform?

R: It is not good, with some reasons.

I: Okay, tell me the reason.

R: More so when you want to take a photo of a lady. There are some queries, where do you want to take my photo; even if you...okay, when you want to take a photo of a girl, a girl will query, why do you need my photo. You will just tell her, this photo, we want...okay, for you to get the services we will have to see if truly you are the one. And also the problem is, you know at this moment service provider also takes a photo of a lady, so a lady will just have to query, why taking two photos, yeah, something like that.

I: Okay, you are now talking about challenges that you have been receiving while registering the girl. Apart from the photo issue, is there any challenge while mobilizing them while connecting them to the clinic in the process?

R: We have a challenge, we have a challenge; you can as well talk to ladies, let's say even twenty of them or ten of them and you issue your cards, a lady will go with this card and only a few number or even two will seek the service so you know the remaining cards have gone to waste and on my side I will lack numbers, like I will lack the points.

I: Why do you think so, what could be the causing problem?

R: Maybe stigmatization...maybe stigma.

I: Maybe stigma, just tell me more, why is this happening?

R: Okay, sometimes it could be that sensitization was not made clearly to the lady or it could be that a lady does not just want to get the service.

I: Okay, just like you have started talking about...what do you think is the community attitude towards these clinics, or T-safe or the shops?

R: Towards to the ladies, more so to the ladies...okay community perspective it differs, it differs because in the community we have those who believe in church doctrines too much and those who are just against family planning, yeah, so challenges are there.

I: Yeah, those are the challenges I really want you to mention. What exactly are the challenges in terms of their attitudes?

R: Okay, in terms of their attitudes, in regard to the family planning, some of the parents won't allow their ladies to get the services in that they will say when a

lady gets the service at that tender age she will engage into prostitution.

I: What else?

R: Okay, some do say that at that tender age, a lady will not give birth when she needs to get pregnant.

I: Okay and...yes.

R: And also church doctrines won't allow more so Catholics, they won't allow such things.

I: So is there any other apart from the ones you've listed; say a belief, a perception?

R: We have a belief in that if given a family planning method, you will be barren, yeah.

I: Okay, and so how have you been trying to address these challenges that you are telling me, how have you been doing it?

R: Okay, we've been just talking to these young women and men, the good part of getting family planning.

I: Talking how or rather on what points, on what occasions do you talk to them?

R: Sometimes we do give them a case study.

I: What do you mean case study?

R: Case study whereby you compare the two or you come with a story and you compare the two and they will just say that this one if at all the lady will have taken maybe family planning or a method, she wouldn't have had that method.

I: She would have...

R: As in, we sometimes give a story like us mobilizers, maybe you have a story whereby a young teenager got pregnant at this age and she left school blah blah blah, and also you give the prevention measures whereby you

say if this lady could have been done this to her she would have continued with her studies.

I: Okay so...

R: You come out with community ideas regarding to those cases.

I: Okay, I am interested to know, at what point or how do you get to reach to the community, tell them to try and address these challenges you are talking about?

R: At what point?

I: Yes, at what point, probably where?

R: Okay, I told you we have community forums or community dialogues.

I: Okay, so any other...on a particular challenge, any other way apart from the talks at the community dialogue sessions, how else do you solve, address these challenges?

R: Okay, sometimes when you conduct a session, those who are in the session will demand even some snacks, yeah. You know nowadays guys believe on money so when you hold a forum they will ask for sodas, sometimes even fare back to their residential places.

I: So has that been part of your way of solving the challenge or how has it been?

R: No, no, no, we just tell these guys that this program is for their benefit at all and more so if you are keen you will find that the program is at all for their benefit. So as long as there will be guys who will believe you and some who will not...some will just ignore you.

I: Okay, and back to the mobile platform, what are the adolescents view regarding the platform, the mobile platform, what is their view?

R: Okay, the mobile platform, there are some who believe the mobile platform and there are some who don't need the mobile platform, they just need the card, yeah. You know the mobilize platform you will just, you will have to take a photo and there are those who are against that photo taking, okay, they will need the service but they will not want to be taken a photo...they will not want their photos to be taken.

I: **So probably in a scale, let's use maybe a percentage of the few adolescents you've been engaging, how many perhaps are excited about the mobile system, probably how many are excited or not interested at all?**

R: In percentage?

I: **Yeah, just try and..**

R: Okay, regarding the mobile system, I can as well say maybe sixty percent of the ladies dislike the mobile system.

I: **They dislike?**

R: Yeah, they don't want the mobile system. And the remaining forty like it.

I: **What could be maybe their major reason for disliking the system?**

R: Their major reason is their photo, the major reason is that, where do we want to take their photos.

I: **Okay fine, so how have you been doing, that percentage is quite high, how have you been solving this issue of photo until you still convince them and they end up taking the photo?**

R: Okay, first of all you know if you have the two things you can as well convince them. We have the card and our mobile, so we will demonstrate to them, this is how the system work; if you have a card, you know if you have

the written card, a lady can give to another lady and if you have that scanned one, there is no way when you have been registered you can register twice. So whereby we tell them that this can we can confirm that it is really you that came for the services.

I: Okay and what key messages...what are some of the key messages you share with adolescents about the T-safe platform while enrolling them?

R: At the point of enrolment, we tell the lady that this program is for young girls and you can as well seek these services when having the card, whereby we name the services, list them and also we tell them we introduced this due to the high rate of teenage pregnancies, so we want you to get these services to prevent you from getting pregnant early.

I: Okay, anything else?

R: And also we tell them that we have a package like a motivation package part of it for you when you seek the services, so I think this will motivate them, even a girl to tell another lady.

I: Okay, now, before you enroll a lady; let me read the scenario; before you enroll a lady or before you get to a point of taking out your mobile phone, I am interested on the key information before registration...before I get down to asking your details, what are you area mobilizer, what would you tell the girl about the T-safe mobile platform?

R: Okay, before I get a lady or at the point I have a lady...

I: Yes, you already have the adolescent...

R: At the moment I have a lady, you know this program came for the teens more so young ladies because they are the ones experiencing most of the challenges, so I'll just

tell the lady probably how the program works, that's what I will tell the lady.

I: The how, the how, the how is my interest.

R: How the program works?

I: Yes.

R: Okay, I'll just tell the lady that this program it helps you on this way whereby if you want to seek medication, not even medication part of it but if you want to seek sexual related health issues you must have a card and that card leads you...okay, that card is like you have been...you are a member of getting the services for free if you have the card. And you know the lady will ask you, which services and how I can get this card, is when you will explain to her how and which services is she supposed to get.

I: The how is my interest, my key interest, you know; how...what do you tell them; you have said you have talked about the card, you tell them the card indicates that there are members and they are eligible to get any services for free; so what else do you tell them before you get down to register them. Apart from the card, what else do you tell them especially on the mobile platform?

R: On the mobile platform?

I: Mmh.

R: I will tell them that I will be using my mobile to register you whereby I will scan the card for you to be a member, so after that is when you will go to the facility and get the services. And also at the facility when you get the service provider, and also who will validate using the phone.

I: Okay before you...that is good, quite, quite understandable. Now before you scan the card, what else

do you tell the lady this is probably what you will need for her to get registered into the mobile system?

R: We see the age bracket whereby...we don't register all ladies but there is an age bracket, yeah teens, that is from fifteen to nineteen.

I: What else, is there anything else?

R: And also I will tell the lady about the package part of it, sort of.

I: Okay, what, most...what are the most usual questions adolescents ask you when they hear about T-safe; or this ITH, when they hear about it, what are some of the questions they ask you...most common questions or most usual?

R: Okay, a lady will just ask you if she can get...okay, you know, there are some services which are restricted for the...okay, I think...there are some services, not all services a lady will get with a card, so a lady will as well ask you if she can get other services apart from HIV or pregnancy test.

I: Yeah.

R: Whereby a lady will come with the card thinking that the card is for treating even malaria.

I: Okay, what else, what other thing...what other question do they often ask?

R: If the card can treat even a sibling or a mother, something like that.

I: Alright, why do you think they ask such questions, probably?

R: Okay, some of them think that it works like NHIF card, yeah.

I: Okay, and how do you assist adolescents to access services now after they enroll, you've enrolled them

probably in a baraza, now how do you assist them to get to the clinic; you've enrolled them from the baraza or the market, right?

R: Yeah.

I: They have the card already, how do you assist them now to come to the clinic and get the service?

R: If am not around, I'll probably give the contact to the facility where I link, or if I am around, I'll accompany the lady or the girls to the facility. But mostly I'll just give out the contact which will lead them to the facility or I will give out the service provider contact.

I: But you know there are some ladies who after you've mobilized them, you've registered them, they don't get the service, yeah, not all of them come for the service; so why are some or even most of these girls; you have mobilized already but they don't access the service, why do you think so?

R: I think some do delay because they will seek more information or maybe from their parents or from other people, yeah. But you will find whereby maybe in two months' time, they will come.

I: Okay, ant other reason that could make them delay or not access the service in the end?

R: Could be maybe distance from the facility, the village. Okay, sometimes could be even personal, yeah, personal attitude.

I: Any other reason that you know of?

R: No.

I: Okay, and before you enroll or an adolescent enrolls to this T-safe platform, there is information you give them, you teach them, right, of all the things you tell

this adolescent before they get enrolled, what is the biggest motivating factor for this girl to sign up?

R: The biggest motivating factor?

I: **Mmh.**

R: I think it's just that bonga points part of it whereby if she gets a service she will be rewarded in terms of a hundred which is bonga points.

I: **Why do you think so, why have you rated the TIKO miles as...the TIKO bonga points as the most motivating factor?**

R: Because people need to be motivated I can as well say like that. People need to be motivated.

I: **Maybe you could use statistics to...why do you think...do they say it is because of the card or how?**

R: No, no, no, mostly they do appreciate, after getting the services they will get something after that so I think it's just all that.

I: **Okay, and back to attitudes and perceptions; how does the community view you as ITH mobilizer? Is there any sort of rejection or stigma or distrust that you've ever received from the community?**

R: It will depend with individual and also it will depend with the...you know not all people in the community will not really agree with you. Maybe you can be in a group and some of them will agree with you and some will not, but as per now we are just in good terms with the community and even some do appreciate our work.

I: **I would love to know the experience be it positive or negative.**

R: At the community?

I: **Yes.**

R: It is positive.

I: What is their attitude, when you say positive, probably try and describe positive.

R: When I say positive, some will even help me to mobilize the community whereby for those who know the need of this program, they will help even to talk to the young ladies.

I: Okay, how about...what is their attitude towards the ITH shops and clinics, what is their attitude?

R: Attitude from the ladies or from the owner?

I: From the community.

R: They are helping them.

I: How, what do they do?

R: More so they help the ladies whereby if you have a...okay like am part of the community, let's say, whereby so if I have my points, I will go and shop there.

I: Yes, okay, my question is, community, they know this is an ITH shop; they know there is a card somewhere where the girl redeems...

R: Bonga points.

I: Bonga points, right, and when they redeem the points this is what they get; so what is their attitude, this is from a positive perception, this is from a positive attitude, so what is the general attitude of the community towards this particular shop for example?

R: Program...

I: This particular shop for example.

R: Okay, the general...

I: How do they think about this shop?

R: Okay, for me, I think it is just...the shops are just helping those guys who have the points, for me...yeah, because if they have their cards they will automatically get what they want.

I: Yes.

R: Yeah, so at that point I think it is just positive because the program is helping them.

I: It is helping them, yes, because they are beneficiaries, right?

R: Yeah.

I: But somebody somewhere in the community may not be a direct beneficiary of this shop, right?

R: Yeah.

I: So what is their perception?

R: What their perception is?

I: Yes, what is their attitude, they are not direct beneficiaries but there is this shop in that community.

R: I've not met such a case so I can't tell.

I: Okay...you are saying you rarely have negative attitudes in the community in relation to your work and ITH program but at least you've indicated a few of negative attitudes from the community, probably I just want to know, how do you deal with this negative attitude from the community?

R: Okay, I think you can as well find you go for the one who is against the program and you can as well find time with him or with her you explain everything and the impact of the program. Yeah, definitely he or she will understand and she will pick up from there.

I: So apart from the talk, what else do you try to do?

R: Apart from the talk?

I: Yeah.

R: Okay, when we have a forum we mostly educate...okay, a forum entails all those people who are in the community, we just educate on the good part of all the programs and how it works for them.

I: Okay, maybe if there is any other thing that you want to share with me or a question or a concern.

R: Okay, I have a question; it has now been two months, the platform is not working and also, in fact the platform stopped working when the schools were closed and you know at that time is when we have the numbers because ladies are out, so the reasons we don't know, until to date the platform doesn't work. You were trying to say that?

I: You were talking of your concerns or questions.

R: Okay, I was saying that the system doesn't work, why, it is now two months, we don't have the numbers and the ladies are there, yeah.

I: Okay, what else?

R: [inaudible 00:49:34] factor part of it to be raised above, not to be lowered, yeah, you know they lowered it. And also some of our mobilizers, their phones can't operate s is there anyway whereby you, you can as well provide the phone for them?

I: Any other concern?

R: Like if there is a shortage or a shutdown of the system, should be communicated earlier for us to know, not that you wake up in the morning and when you go to the shop, if you have your points you are being told that you are not in the system. I think communication channel should be...everything should be communicated earlier. And also for us as boys you know we need something like money, not we are going to the shops every now and then just buying one thing.

I: Okay, that is well understood, I may not answer your question or concerns directly, yeah, but am hopeful that they will be addressed.

R: By who?

I: By the implementers because am a researcher.

R: And where is the implementer right now...oh, you are a researcher?

I: Yes.

R: Okay.

I: Yes, so thank you for your time, unless there is any other concern that you've not shared with me.

R: No, no, no. I think I've shared everything.

I: Okay, alright, thank you so much.

[End of audio]

Notes

The interviewer asked all questions as stated in the guideline.

File name: ITHR2_MOB_HB_NDHIWA_RURAL_OSANO CLINIC_190506

Duration: 00:35:58

I: Hello this is Doreen at Osano Maternity and Nursing Home, mobilize zero, zero one on sixth May twenty nineteen; starting time is two fifty-five. So to begin, briefly tell me about yourself and what you do.

R: About myself?

I: Yes, about yourself and what you do.

R: As in the challenges?

I: Just tell me who you are and what you do.

R: I am Christine Otieno, a mobilizer here in Osano nursing home.

I: Okay, would you kindly tell me your roles in the ITH project or T-safe.

R: My role as a mobilizer?

I: **Ehe.**

R: I mobilize girls...my role is to look for girls age fifteen to nineteen and talk to them about family planning, if they accept then I register them.

I: **Okay, can you tell me how you were recruited as a mobilizer?**

R: The process wasn't bad.

I: **As in you didn't just wake up and find yourself as a mobilizer, there was a process, right?**

R: Yeah.

I: **Tell me briefly about it.**

R: A service provider came and told me that mobilizers were required and he asked me whether I was interested and I accepted because it's not a fulltime job.

I: **Okay, and briefly explain to me how you are rewarded for enrolling adolescent girls in the ITH platform.**

R: We get points as rewards.

I: **Tell me more.**

R: When I enroll an adolescent girl and she actually gets the service, I get a message that says I have received one hundred TIKO miles.

I: **Where do you get the message from?**

R: From T-safe.

I: Okay, and what is your opinion about the rewards?

R: Last time the rewards was good because even if you got one client, you would earn one seventy but now it is tough, the client earns one hundred and ten and she says...not one ten, currently they earn fifty, you hear the client say, I don't want even if the family planning is free I cannot buy something with that at school. If you tell an adolescent and tell her that after the family planning she is able to benefit something or pads which she can use when going to school; last time I used to get a lot of adolescents because whoever was registered would bring her colleagues and say, let's go to so and so she can register you for family planning so that you can earn pads and use them to buy pads when you go to school but now most of them decline because the points have been reduced.

I: Okay, you have said that initially it was good but it's difficult now; so...okay, you have told me a little bit but what is your opinion on how it should be?

R: My opinion is that it should be the way it was before April because the changes were just enforced from March, if the client would still earn one hundred and ten points it would be easier even for us when mobilizing the adolescent girls.

I: And how much would you like to earn?

R: The one hundred and seventy points wasn't bad.

I: Okay, go ahead...you were saying?

R: I wanted to say that mobilizing a fifteen-year-old adolescent is very difficult, for you to convince her to go for that service; it's not an easy job. You may find that you register an adolescent and she fails to go to the facility because sometimes they accept when they are with you but some do decline going to the facility for the service.

I: Why do they refuse?

R: I don't know about that because by then I am always done with them. When you come to facility and ask whether the client has come because you haven't received any message, you are told that she didn't come. If you go looking for her at home, she tells you, I was told by so and so that the service is not okay for a girl who hasn't given birth.

I: And do they tell you more into why they don't think it's right?

R: They tell me...I am talking about my clients who declined; you find that someone tells you she was told by a colleague that family planning is not right for a girl

who hasn't given birth. So sometimes you talk to some of them and they later accept but others decline totally.

I: That's why am asking you, have they even given you a little reason of why they say it's not good or do you get any reason for that?

R: It's just that.

I: Okay, kindly tell me process of mobilizing adolescents into the ITH program. Where do you get the girls and how does the process go until you get to enroll them?

R: I do have a safe space in my home, dream girls.

I: What is safe space?

R: As in there are girls supported by Face Africa so they deal with girls aged fourteen to twenty-four so I am also a mobilizer there and I do get them there on certain days when they do come.

I: Apart from that place, how do you ensure they come...you have also said that you are a mobilizer there; so how do you ensure they come for the ITH services?

R: When a client comes you get a message on the phone saying "congratulation, a client of yours has visited service provider" so that's when you will know that the client came.

I: Okay. And would you say there are challenges? Earlier on you talked of some, and if there are, what challenges do you face while mobilizing girls into the ITH program?

R: The challenge I face is credit because most clients aged between fifteen to nineteen don't have phones, you have to take their photos and it needs credit to upload, so sometimes you find that you use a lot of your money and you know you cannot use these points as credit and the facility owner doesn't give out credit easily as well, that's the challenge.

I: Oh, during the mobilization?

R: Yeah.

I: So how do you mitigate the challenge?

R: I only take their photos when I have credit, if I don't have credit I don't.

I: Okay, so what is your experience with ITH? For example, how has your experience been using the phone?

R: What will I answer you on that?

I: You can just tell me how your experience has been.

R: It hasn't been bad, it's not difficult and even using a photo...taking a photo is even the easier than using a phone that's personally because it is fast.

I: Anything else is it easy to use...

R: Yes.

I: And anything else you would like to say about it such as communication how is it?

R: Communication as in a client with a phone?

I: You have told me that you do use the phone, how has your experience been, is it easy to send and receive message, the process of taking a photo...

R: My point is, girls aged between fifteen to nineteen don't have phones so if I get a client I won't ask them to go for a phone, I just take her photo and give her a card to take to the facility, that's why am saying its easy.

I: And apart from the easy navigation, is there anything else you would like to say about the use of ITH platform?

R: Apart from that, sometimes you find that the app is full...that's the challenge.

I: How?

R: You find that you may take a photo and it comes out like a cartoon.

I: So how do you deal with that challenge?

R: You just cancel and take another photo.

I: Okay; so what key messages do you share with adolescent girls about the T-safe or ITH platform during registration?

R: About T-safe or the service she would get?

I: **About the entire T-safe platform, what key messages do you tell them? We said there is no right or wrong answers so don't think too much, it's nothing out of the ordinary.**

R: I haven't understood you well.

I: **Ask.**

R: The key messages I tell her about family planning or about T-safe?

I: **About T-safe.**

R: I do tell them that T-safe helps...

I: **There is no right or wrong answer so just tell me what you want to say.**

R: It helps them not drop out of school; T-safe has brought them the program to...how can I put it.

I: **Just say it the way you can.... any language is accepted.**

R: It helps them not drop out of school as in it prevents early pregnancies.

I: **Okay, what else?**

R: T-safe also helps them with the points which they can use to buy what they want.

I: **So you have said that T-safe helps them prevent early pregnancy, right?**

R: Mmh.

I: Please tell me, how does it prevent them from getting early pregnancies?

R: When a has a family planning method, for example they are currently getting the services for free courtesy of T-safe; if she is a school going girl, she will finish her studies before getting pregnant.

I: You also talked about points, tell me more about it.

R: The points will help buy for example sanitary pads she can use when going to school.

I: Okay, anything else?

R: Only that for now.

I: Okay, so what instructions do T-safe enrollees receive about how to use different T-safe features?

R: Sorry?

I: As in T-safe have different features, right?

R: Yeah.

I: And you enroll girls.

R: Yes.

I: Do you give the girls any instructions on the use of the T-safe features?

R: The features on T-safe?

I: Yes, the features on T-safe; like the different services for example.

R: I don't understand that point.

I: You have told me that T-safe has different kind of services, so do you give the girls instructions like how the registration process is and after you enroll there is this and this program, is there such a thing?

R: Mmh.

I: Do you understand me?

R: Mmh.

I: So what instructions do you give them about the different T-safe features? Because you have told me that T-safe doesn't deal with one thing, it has different features; so my question is, do you give the adolescents instructions on the different features or services on T-safe?

R: What I don't understand is, do you mean the T-safe services they get in the facility?

I: Yes, just those one, don't think too far out of the box.

R: So the advantages of those?

I: Do they receive any instructions about the T-safe services?

R: At the facility or when am registering them?

I: Even during registration.

R: You ask her if she is interested and the method she wants, so if she accepts, you enroll her then she goes to the facility so I think it is given at the facility.

I: Okay thank you; and what are the most common questions adolescents ask you when hearing about T-safe?

R: Mostly they ask...when you talk to a girl she tells you that those things are for illuminati, so for you to talk her out of that illuminati thing...they say so because of the cards so some people say the cards are for illuminati, so if you find someone who have heard about the cards...some also talk about family planning because when you talk to her you will tell her that T-safe deals with family planning so there are some people who don't accept family planning and you will have to talk to her, if she accepts, you enroll her.

I: So those are the most common questions they ask?

R: Yes.

I: Okay, is there any other common question they ask when you want to enroll them?

R: Some also ask about the benefits they would get after enrolment.

I: What else?

R: Only that.

I: Okay, you have said that they talk about illuminati, family planning and benefits; how do you tackle these questions; say, what do you tell them on the illuminati question?

R: I do tell them that they are not for illuminati and that the cards are given to a girl who doesn't have a phone, when she registers; she takes the card to the facility to show that she has passed through the mobilizer.

I: **Okay, and what do you tell them about family planning?**

R: Some tell you that a girl who hasn't given birth should not use family planning, so you will talk to her and tell her that family planning doesn't prevent one from giving birth later.

I: **Okay, and how do you assist adolescent girls access the services in the facility after they enroll?**

R: After I give her a card or register her on the phone, I give her direction to the facility and if its late, I will look for her the following day and make sure she comes to the facility.

I: **Okay, thank you; earlier on you said that you can sometimes enroll them and they fail to come for the services; what do you think would hinder them?**

R: What hinders girls from coming for the service in the facility?

I: **Mmh.**

R: It's the discouragement, you find that one is told, if you go for family planning you will not be able to give

birth in future; those things are for illuminati, and such.

I: So what do you tell those who have been discouraged against taking the services after they are enrolled?

R: What I tell them...I tell them...if I get a girl, I tell her, you go for the service so that you can know for sure whether whatever you have been told is true or false.

I: Okay, and what do you see as a motivating factor to come for the T-safe services?

R: When you talk to her you will tell her the advantaged and disadvantages; you tell her that if you go for family planning, you will not be pregnant before you are old enough, so you find that if one...maybe she saw another girl conceive and had an abortion, she will say, let me go for the family planning, if you talk to her she will easily accept.

I: What else do you think motivates them to enroll?

R: The points also motivate them.

I: TIKO points?

R: Yeah.

I: Okay, and do you think there are some who go for the service because their friends went?

R: Yes, some do come because...as in when one has the service, she tells her colleague and her colleague will also come for the service.

I: **And do you think there are some who just come because they are curious to know...not because of friends or TIKO points, she just comes out of curiosity, do you think that has contributed?**

R: Yeah.

I: **How...tell me more.**

R: There are some who just...let's say I am a girl who has started having my menses and I had heard about family planning, I can decide to come to the clinic for family planning to avoid early pregnancy.

I: **Okay, so what is the perception of the community towards T-safe shops, pharmacies and clinics?**

R: At first the community didn't like them.

I: **How didn't they like it?**

R: They were saying that T-safe would make girls more promiscuous, they made a lot of noise about it and a clinic was even closed because of the family planning that was being given to adolescents of age fifteen to nineteen; they were saying that a fifteen-year-old girl is too young for family planning and that would make them promiscuous.

I: You said that happened at first...

R: Yes, but now you find that a girl will be brought by her mother or even by a neighbor; now they embrace it.

I: Okay and how does the community view you as a mobilizer?

R: To me?

I: As in how do they perceive?

R: They perceive me as...at first, there was a time I was chased away from a community, I talked to a girl and she came for family planning, her mother knew but the father didn't know by good luck the first born didn't...she refused then she went and told her father that so and so has had family planning and a sister came and talked to her and she and mum accepted; I was chased away and they wanted to report the case.

I: Where did they want to report the case?

R: At the police station. But first born conceived in that house, the second born accepted, I talked to the two girls but first born refused, and the second born accepted the service, so when she conceived, her parents realized that I wanted to help her but they refused. So that's when they realized I wanted to help them. But now they like it, you may even meet someone and she tells you, and talk with my daughter so that she can come for family planning, because maybe she has talked to her and

she has refused so she thinks if I talk to her she will accept.

I: Okay, so how did you feel when they chased you away?

R: I didn't take it negatively because I felt I was wrong for going to their home to talk to their daughter because I thought I was going to help her but she didn't want it; I didn't feel negatively about it.

I: Did it demoralize you with your work?

R: I actually stopped mobilizing for one month.

I: Okay, so why did you decide to start mobilizing the adolescents again?

R: The area TIKO manager came and talked to me and we even went with him to that home and talked; those parents said they had closed the case and that they wouldn't report it anyway. So I was talked back into it by the TIKO area manager.

I: Okay, so how do you deal with such negative attitudes?

R: If the girl accepts or one of the parents accepts, on that...as in if I get a girl with both parents at home, I will talk to all of them because you cannot provide family planning to a girl without the knowledge of the parents unless she comes and tells you that I don't want my parents to know. But if I go to their home, I have to talk to them, if they don't accept, I just let go.

I: Okay, apart from that, what challenges do you also face when mobilizing girls into T-safe?

R: The other challenge you can get is that I can go to Mirogi or Rapede which are not very near; if I get girls there, then the means of transport they can use from to this facility becomes a challenge because the girl is willing to have the family planning method but being that that place is very far from the facility, she will not be able to reach.

I: Okay, I don't know how things are but aren't there any other facilities near them?

R: We only have this facility providing the service around.

I: Okay, so the means of challenge becomes a challenge...

R: For the girls because you may even get ten clients and they tell you that we will not be able to make it because of transport.

I: So what do you when you get such a case?

R: I tell the facility owner, so there was a time I went to Pala Kogutu, that's where I have a piece of land; I got thirty girls there, I called him and he told me to talk to them to go to the center the following day so that he can pick them up there, he came and took them, and that only happened once so since, if you get a girl, you will

have to give her some money to use as fare to the facility or she will not come due to lack of transport.

I: Did she take all the thirty girls and provide them with the services?

R: They were given the services.

I: Okay, any other challenge?

R: The challenge is that the transport.

I: And how do girls or adolescents perceive the T-safe platform?

R: They are happy about it.

I: Tell me more about it...how happy...

R: They are happy because they have the service and the points so you find that when one gets the family planning services, she is also able to buy some bar soap and take home.

I: Okay, and what beliefs, perceptions or concerns hinder adolescent girls from joining T-safe or from accessing sexual and reproductive health services?

R: Being sterile in future.

I: What else...any other perceptions or hindrances?

R: Some ask why people are given points and that they are illuminati things that illuminati issue is really a nightmare.

I: What else?

R: Only those.

I: We are almost wrapping up. So how do you address the issues of one being sterile in the future and illuminati issues apart from what you earlier told me?

R: I do tell them what I told you earlier on, it's the same thing.

I: Okay, do you have any other comment or a question we had which you would like to add?

R: No.

I: Okay, I have come to the end of my questions; unless you want to add anything regarding the discussion.

R: No, I don't have a question.

I: Okay, if you don't have a question, then thank you very much for having this discussion with me.

R: Okay, thank you too.

I: Okay.

[End of audio]

Notes

The interviewer was able to ask all questions as stated in the guideline.

File name: ITHR2_MOB_HB_RANGWE_RURAL_MANYATTA SDA
DISPENSARY_190508_1652

Duration: 00:46:58

I: Hello, this is Doreen, ITH round two, mobilizer interview in Homabay County, Rangwe Sub County. This is

rural, Manyatta SDA dispensary, starting time is 16:15. So kindly, briefly tell me about yourself and what you do.

R: Yeah, am Joseph Muya, am a mobilizer.

I: **Okay, thank you. What do you do...tell me about your role as a mobilizer.**

R: My role as a mobilizer in the community...

I: **Yeah, in the ITH program, that is.**

R: Yeah, we mobilize adolescents to come for services which are there in the clinics.

I: **Okay, how do you do this, how do you mobilize the adolescents?**

R: The adolescents, you see they are young people and approaching them needs a lot of techniques like good approach. We talk with them; we tell them that it is good to be having pregnancy at the time when they are now ready for marriage. So in order to avoid this early pregnancy, it is good to go and take some methods which can make them not to get pregnant in early stages.

I: **Okay, thank you. What do you consider to be early stages of life that they are not supposed to get pregnant?**

R: Yes, the early stages are from age of fifteen up to nineteen, you see these are premature adolescents, so it is not good for them to get pregnancy in those early stages.

I: **Okay, thank you. Would you kindly tell me how you were selected to be a mobilizer?**

R: Yes, being that am in the community and I like associating with young people because am a church elder, so when I was approached by this Trigerrise group, I accepted to be a mobilizer because am staying in the community.

I: Thank you. And would you kindly explain to me how you are rewarded for enrolling adolescents.

R: How?

I: How you are rewarded.

R: Okay, yeah, we were told that there are some TIKO mile points, there are some points when if you earn, you can go and exchange those points with commodities in the shops which are being elected by the organization.

I: Okay, where do you earn these points from, where do the points come from for you to earn them?

R: When you mobilize a client and a client goes to the clinic and she is being given the service, you will just get some points in your phone.

I: Okay, thank you. And what is your opinion about the rewards, what do you think about the rewards, like you've said they are points, what is your opinion about it?

R: Yeah, the points being that we can exchange them with commodities, they are good because it is a kind of motivation, yeah. They urge us because you see you can sometimes leave your duty and you go mobilizing these adolescents and when you are being rewarded, you see you feel appreciated.

I: Okay, thank you. Is there anything else you are saying about that?

R: What I can say is that these points they are a little bit very small, you see when you go to the shop and being that commodities which are there are a little bit expensive and these points they are very small, so I would just like to...if they can be raised, these points, then you see even our lives as mobilizers will improve. So it is good to improve it.

I: Okay, so am curious, what would you like it to be, like improve it from what to what in your opinion?

R: In my opinion you see like these TIKO miles points, if they can be improved like one TIKO mile, if you have it and it can be, maybe equivalent to five hundred Kenya shillings, then you see that one can improve the lives.

I: Okay, thank you. Would you kindly tell me about the process of mobilizing adolescents for the ITH program, like you've talked about mobilization, how do you mobilize these girls and where do you meet them?

R: Yeah, these girls, especially during holidays, when these young people are now on their holidays, it is the appropriate time that we can get them. So like when they are on holidays or on half term, this is the time when I go or we go and talk to them. We can go to the churches, we can go, even sometimes when they are still in the school, we can even go up to school level then we talk with them, we tell them that these early pregnancies they are not goods it is good to take some precautions so that they cannot get these early pregnancies.

I: Okay, so just help me understand, is that what you are supposed to do or that is how you usually do it?

R: You see, those are one of the techniques of getting these young people, just a technique of getting these young people. It is just a technique of how you can get them because you see, getting them is not also that easy because if you can just meet a lady on the way and start talking with her, she will be suspicious. So when maybe when they are in a group setup like a church, maybe a baraza, in the school, so these are the easy places where we can approach them.

I: Please help me understand how you do this, like meeting them in the church places, baraza or schools, how do you then deliver the message to them?

R: Yes, let me start with the church, yeah, when we go to the church, me as a church elder, I usually give health talk; during the time I am giving health talk, I used to advise them...I separate them because they are having their classes, they don't mix up with the adults. So when we are in the lesson discussion, youth lesson discussion, those are the time I talk with them, I tell them how they can take the precautions about getting early pregnancies. So that is how I normally get them.

I: Okay, thank you. And after getting these adolescents, how do you then ensure they visit the ITH clinics? So I was just asking, how do you ensure that these adolescents eventually visit the ITH clinic after establishing contact...after you talk to them, how do you ensure that they come to the clinic for the service?

R: Yeah, after...how I normally know that...

I: So we are talking about you ensure that these girls get to the facility after you get them.

R: Yeah, I usually do follow up. After sending them to the clinic to get the services, I do follow up because am having their records.

I: Okay, by follow up what do you do, what does the follow up entail?

R: Yeah, you see when I do follow up, I will know that exactly they do what, they reach to the facility. At the same time, I will also have TIKO miles in my phone, I will also have a message...after validation takes place, I will have to get validation points in my phone, that

one will show me that they went and they were given services.

I: Okay, so I don't understand; what do you mean by validation in this?

R: Yes, you see if they go to the facility, they are being given services and during the services, the service provider do have his final services like validations. At the time when all this process has already been done, I will be getting some feedback in my phone.

I: Okay.

R: Like TIKO miles points.

I: Okay, thank you. Now, are there any challenges at different points of getting the girls to the clinic and receiving the service, are there any challenges that you experience?

R: Yeah, the challenges are also there because you can...sometimes when we have already talked with them and they accept that they are going to the facility, between you or their homes and the facility, some change their minds on the way and they don't reach until you go back to her to ask did you really go to facility. So there are some challenges because they can change their minds or they can be persuaded with other fellow groups that going there is...there is no need of going there. So those are the challenges. So in fact it is just like you take your time and you persuade, you do so many things. So those are the challenges that we sometimes we experience.

I: Okay, thank you. Now, would you kindly help me understand when you say they change their minds, they may not reach the facility after you recruit them, then how do you

handle that, what do you do when they fail to reach the facility yet you'd recruited them to come?

R: Yeah, yeah, after they failed to reach the facility, me as a mobilizer, I do not get tired, I just still go to them, yes, I just still go back to them and talk to them again and ask why they changed their minds and I still persuade them, I still mobilize...I add another time for talking with them until they decide to go to the facility.

I: Thank you. Now, what is your experience with the ITH platform or the T-safe platform?

R: This platform is good. Yeah, it is really so good because one, it control confidentiality between these young adolescents, because you see these young adolescents, they really fear. But you see like this platform, from you they go to the facility, they are being given services and you see, the services that they are now getting, they are getting because they were talked to, somebody decided, somebody sacrificed to talk to them because they did not know. So when they come, this platform really helps them because after receiving the services, they will now not get this early pregnancy. Number two, this platform is also good because even these adolescents, they also get some commodities, they also get some points, they also go to the shop and they can get something that they can use for buying their pads, so this platform is so good.

I: Okay, thank you so much for that. So would you kindly help me know, if you use the mobile phone like to do anything with the adolescent girls, do you use the phones?

R: Yeah, we use the phone because we take photos, after talking with them, we take photos, so we are using the phones because it is this phone that we are also getting their contacts.

I: **Okay, so how easy is it to use the mobile phone for interaction or getting the photos or whatever you do with the phone, how easy is it, is it user friendly?**

R: It is a very friendly item because we take photos, after taking photos, we show them their photos that we are taking these photos just in order for verification, when you reach to the facility, the service provider will exactly know that this is the person who was talked to by the mobilizer.

I: **Thank you. So apart from taking photos, is there anything else you do through the phone?**

R: Myself as a mobilizer?

I: **Yeah, like in the ITH platform, is there anything else you do through the phone other than taking the photos of the adolescents?**

R: It is through this phone that I'll be getting my points, the points I'll be getting...I'll be getting message through this phone.

I: **Okay, so is it something that...is there any other interaction apart from getting the points and taking photos, is there anything else like SMS or anything that you get through the phone from ITH?**

R: Okay, you see being that we are now friendly with these young adolescents, it is through this phone that these young people they can still talk to me and I can also still talk to them because it is a friendly basis one way of communication. So this phone is really helping us in so many occasions.

I: Okay, thank you. Now, what are the key messages that you share with adolescents about the T-safe platform when you enroll them...the mobile platform?

R: The key messages?

I: Mmh.

R: The key messages, one, they will not get early pregnancies when they are still going to school. Number two, this platform is very confidential and it is really beneficial in a way that you'll be earning some points, the points that if you go you will get some points and those points you will exchange them for buying some commodities that maybe you are not having like pads.

I: Okay, now, do the girls or the adolescents use mobile phones to interact in the platform, like they can be able to send messages, receive responses and something like that?

R: From the Triggerise?

I: Yeah.

R: Yeah, yeah, yeah.

I: Does that happen?

R: Yeah, because they are also using their phones.

I: Okay, is there any case that you know about that they communicate with the platform?

R: Yeah, in fact that one, being that they are also confidential and we used to tell them that everything that you are doing should be of high confidentiality, so in that points, I just believe that they can be at a position of communicating but to me I will not need to know how they are interacting.

I: Okay thank you. Apart from what you've said, what instructions do the adolescent girls receive about how to use the different T-safe features?

R: Come again.

I: **What instructions do the adolescent girls receive about how to use different T-safe features?**

R: Yeah, instructions that they are supposed to get; one, they should only get instructions from service provider, not somebody else. Maybe after they have been...after they have received these services and maybe they are seeing some challenges because these commodities that lets say these services sometimes might not be good to their life, then the instructions they can only get from the service provider, only from service provider. And before reaching the service provider, they can also get these instructions from a mobilizer by so coming to the facility and maintaining confidentiality.

I: **Okay, thank you. What are the most usual questions adolescents ask you when hearing about T-safe?**

R: Yeah, number one, they ask if they involve themselves into these methods, because they are being given these long term methods, they ask, will these methods prevent them from getting pregnancy when they will be now at a position of having their spouses; those are the questions they ask.

I: **Okay, anything else that they ask...any other question that they ask?**

R: another question that they also ask, they ask for confidentiality because they don't want anybody to know that they come to the facility to get the service, so those are the questions they normally ask and we answer them accordingly.

I: **So like, just a follow up on what you've just said, answer them accordingly; when they have worries about**

being able to have children with their spouse, is that what you said?

R: Yes, yes.

I: Yeah, what do you tell them?

R: We tell them that these methods, immediately you leave them, you will just be very normal, you will just be at a position of getting pregnancy and during the time when these hormones are in your body, you are very fertile, immediately when you leave them, you will just get pregnant, so there is no any way that it will prevent you from getting pregnant when you have a spouse.

I: Okay, thank you. Now, how do you assist adolescents to access services after they enroll? I know, or I understand, as you explained, that your role is to enroll them.

R: Yes.

I: So after you enroll them, how do you assist them to access the services?

R: Okay, number one, we encourage them to go to facility, we encourage them to go to the facility, that is one way of assisting them, and another, even if to me as a mobilizer, if maybe one is coming, the facility is a bit far where I need a bodaboda, me I used to even give them something like fifty shillings for bodaboda because that one will not harm me, that one is one way of assisting them because sometimes they don't have fare to reach the facility.

I: Okay.

R: Yeah, so that one is...I am just doing that one voluntarily, just a way of assisting.

I: Okay, thank you. So why must some of those girls enrolled by you not access services? Yes you've enrolled them but

apart from what you've said like lack of transport to the facility, what else do you think would make them not to be able to access the ITH services?

R: Another one, it is after thorough talking to them, sometimes peer pressure, because from the time I talk to them, they are now having decision of walking to the facility, but during this period or during this process, they can change their mind through peer pressure, other friends can definitely tell them that why are you now going to the facility, don't go; those are one of the challenges that they incur.

I: **Okay, I get you. Now, would you say, like another way, is there anything else that you do to help them mitigate these challenges like about, say peer pressure, what you've talked about?**

R: Yeah, we tell them not to listen to any other information apart from the information that I've given them and the information that they are going to get from the service provider.

I: **Okay.**

R: I normally tell them not to involve or to talk with maybe other groups which can mislead them.

I: **Okay, thank you. Now what do you think as the biggest motivating factor for girls to join T-safe?**

R: The big motivation factor for these adolescents to involve themselves into the ITH, they should be given some token for appreciation.

I: **Okay.**

R: Yes, because you see these adolescents you see they are vulnerable, they lack so many things in their lives, so if they can be given a motivation like getting pads, you see most of them they cannot even go to their mothers to

ask for pads, they can even go to...they can only go to their friends, boyfriends which usually mislead them and impregnate them so if they can be given some token, they can stand alone, they can be on their own way of making their decision.

I: Okay, thank you. Now, that is what should be done; to motivate them, right?

R: Yes.

I: No, kindly help me know what, like now they come for services, right?

R: Yes.

I: Now, I would really wish to know what makes them come for the services currently that they are not receiving the kind of motivation that you are talking about. As, where we are now, what makes them come for the T-safe services?

R: It is the mobilization which is being done by a mobilizer because be it that there is nothing like appreciation or a token, the way I am talking to them, because these young adolescents they do understand. The way I do my approach, the way I talk with them, the way I tell them the necessity of taking this method makes them to walk to the facility be it that there is no appreciation. But I only talk about the appreciation just in order to keep them not to go to their boyfriends for ABCD.

I: Okay, now, thank you. Would you say that like collection of TIKO points is a driving force behind them coming for services? Could that be one of the things that motivate them to come for the services?

R: That one is really a very big driving method for these young adolescents to come to the facility because they

know that at the end of the service, they will go to the shop and get little, against their TIKO points.

I: Alright, what about, would you say that access to information makes them come, like they easily get information that they are looking for, would you say that is one of the motivating factors?

R: Yeah, that one is...that is one of the motivating factors.

I: Tell me more why.

R: That is one of the motivation factors because when they are being talked to, when they are being directed on what to do, that one is a well way, that one is a factor.

I: Okay, thank you. So would you kindly tell me about the community attitude about the T-safe shops, pharmacies or clinics that we have?

R: Come back?

I: How does the community perceive or see, or what do they say about the T-safe platforms...I mean the T-safe shops and pharmacies and clinics in the community?

R: In fact the community...

I: Just a minute...like am just asking what the people in the community say about this T-safe shops or pharmacies or clinics; how do they perceive?

R: In fact when they are seeing their children going to these shops, these TIKO mile shops and pharmacies, they feel comfortable because they see these...their young people when they go to facility and then they go to these TIKO mile shops, they get commodities. So they feel, they don't feel embarrassed, they feel very comfortable because their kids, they are getting services at the same time they are getting commodities.

I: Okay.

R: Yes, so they are really very happy about these shops and these pharmacies.

I: **Okay, are there specific comments that you've heard them say or talk about or it is just your personal perception that they are happy about the whole thing?**

R: No, it is not my personal perception but I've heard because I interact with them, I have heard and one have already even talked to me that their adolescents are getting good services, their adolescents are getting commodities in the shops. So they just talk by themselves that services are very good.

I: **Okay, now, how do they see you as a mobilizer, what is their perception of you as a T-safe mobilizer?**

R: Yeah, what I've been seeing them thinking about me, I've already become a very good and instrumental to them so much because they are seeing me like a father and they are seeing me like helping their adolescents and their adolescents are now not getting pregnant. They are really, the way I am seeing them seeing me, in fact am good to them because number one am elderly, when they see me talking with their kids, they know that am getting them good future.

I: **Okay, so does that mean...is there anything negative that they think or say about you?**

R: Mmh [affirmative], in fact they are not seeing any negative, they are just seeing positive.

I: **Okay, thank you. Now, what are the challenges that you face when mobilizing adolescents for the T-safe program?**

R: The challenges?

I: **Yeah, are there any challenges that you experience?**

R: Yeah, there are some challenges.

I: **Okay, like?**

R: Like one, sometimes they accept to go to the facility and the facility is very far and they need, they just ask me, elder, why don't you give me a transport; and maybe I don't have that transport, is it not a challenge?

I: **It is so how do you deal with them?**

R: So in such a scenario, I really just sacrifice and I have to make sure that they reach the facility by any means. Being that am also having a motorbike, I give them lift then I leave them at a certain distance, then there they just walk to the facility.

I: **Okay, thank you. What is the adolescents views towards the T-safe platform; the adolescents themselves now, what do they say about it?**

R: They are saying that this platform is good because they are getting services which sometimes they did not know that those services were there. When they go there they get services. And number two, they also get points that when they go to the shop, they get some commodities.

I: **Okay, thank you. We are about to finish, how, talking about beliefs, apart from what you have already talked about, what perceptions or beliefs do you think hinder adolescents from enrolling for T-safe services like contraception?**

R: The beliefs?

I: **Yeah.**

R: Yeah, you see, before they are being convinced, they do have beliefs that if they have this method or when they involve to this platform, they might not get children when they will be having their families.

I: **Okay.**

R: Those are the beliefs that they normally have. But through talking, we do convince them that those beliefs

are not there, it is just some rumors, people are just saying those things but they are not real, they are just false.

I: Okay, thank you. Okay just in case there is any that you've not mentioned, kindly tell me how you try to address the challenges that you face if there is any that you've not mentioned.

R: How to address these challenges.

I: Yeah.

R: I think to address these challenges, it is just this organization, the Triggerise, they should at least adjust and come up with a situation where these adolescents they don't get some difficulties, they involve some techniques of how they can involve them to this program. Because those challenges like maybe transport they should have a platform of addressing them very nicely, not the way these young people are maybe they are getting a commodity which is equivalent to one hundred Kenya shillings. They should come up with some techniques of addressing these challenges like maybe transport by coming with those modalities, they should involve mobilizers. They can work through mobilizers because it is the mobilizers who meet these people before the service providers meet them. so they should even go as far as motivating the mobilizer in a certain way that a mobilize can be capable to accompany this...to make sure that these people reach the facility and get services.

I: Okay, now what would you recommend as a mobilizer now that you are talking about accompanying the adolescent girls to the facilities, what would you recommend?

R: I would recommend that there should be a token.

I: Like what sort of token?

R: There should be like a token maybe which is equivalent to something like two hundred per a client who is being sent to the facility, this one will cater for transport that this girl child, this girl should just walk without any hindrance, because it is the transport...you see if you talk with somebody and you tell her, you go to the facility and you don't know how she is going to reach to the facility, so this kind of a token should be channeled or should be wired to the mobilizer so that mobilizer during the time he or she is doing mobilization, he should be at a position of, doing what, or he should be at a position of supporting these clients to the facility.

I: **Okay, thank you; is there anything else you would wish to say concerning our discussion?**

R: Concerning the discussion, I don't see any problem because number one the way you have been talking to me is very nice, you see like my age, you respect my age, you talk to me very freely and you...before we contract our interview, you first of all seek for my consent before just starting straightaway; you even went as far as asking me the type of language that I will be comfortable. So I really admire the kind of interview and your approach is so good.

I: **Thank you.**

R: In fact you are really a good communication...you are a skilled communicator...

I: **Thank you.**

R: So I really admire you because you talked to me very nicely so I can say that the interview is very soft, very nice, in fact it is so good.

I: **Thank you.**

R: So I really appreciate.

I: **Thank you I appreciate your time too, actually my questions are over, I just don't know if you have any question again concerning what we've just discussed, is there any question about this?**

R: Not just a question as such but just a recommendation that I would like that all that we have discussed here should be highly confidential.

I: **Yeah, just as I told you.**

R: Just as you told me at the beginning.

I: **Yeah, it is confidential.**

R: I would like them to be very confidential because it is a kind of an interview that you need to get some facts so that the services can be improved.

I: **Yes.**

R: I think you did not come for fault finding but you came for supportive supervision. So I would just recommend that all that we have discussed, let them be confidential and all that we have discussed, let the organization put the recommendation to use so that we help these adolescent girls so that their future should be and we transform our community. Because it is just, especially in Homabay, it is a county that these early pregnancies is very high, percentage of getting this early pregnancy in Homabay county is a little bit higher than other counties. So we would like this platform to majorly rolled and continue so that these our young girls can benefit and the facilities can also benefit.

I: **Okay thank you very much. Just as I told you, we are APHRC, is an external evaluator of the project, so we only taking what you've given us to the owners of the project so that they can see what they can do about it.**

R: Okay, I think that is good.

I: **So otherwise thank you so much, have a nice evening.**

R: Thank you madam, you told me your name is?

I: **Doreen.**

R: Doreen I like you, just...

I: **Thank you.**

[End of audio]

Notes

The interviewer failed to probe on how much TIKO mile points the mobilizer currently receives as a reward.

File name: ITHR2_MOB_KAK_LURAMBI_MSK_190514_2106

Duration: 00:43:33

I: This is ITH round 2, Agneta, IDI with a mobilizer, Kakamega county, Lurambi Sub County, rural and this is at Marie Stopes clinic in Kakamega. Okay so it's good to begin by sharing and telling each other, maybe you begin by telling me briefly about yourself and what you do as a mobilizer.

R: Okay, first of all, I am a community mobilizer agent for Marie Stopes Kenya, Kakamega clinic, so most of the time I engage in community mobilization especially for family planning services for the mothers and contraceptive services for the adolescents.

I: **Nice, I would like to know more probably or how you do them or how often, yes.**

R: For the family planning outreaches. We normally conduct them on monthly basis, I always plan for four activities per month and in order to reach the targets I always work with the public health officers who will help me in mobilization, they always engage the community health volunteers who are attached to public facilities because they know their communities so much as compared to me,

so those are the people I normally use during mobilization activities.

I: Okay, and now in ITH, the In Their Hands program, what is your role as a mobilizer?

R: So my role, first of all, for the ITH program, I always have to plan first, I always come up with a work plan, identify sites where I can get adolescents who need these contraceptive services, so I go to these sites, it could be institutions, community, so when I plan for the outreaches I go to the sites, identify the best sites where I can easily get clients, from those sites I look for the CHVs who come from those particular places and who can help in mobilization. So after identifying the sites, I also share with my center manager at the clinic, from there, that is when I also revisit those sites...

I: Now, probably just you tell me, you have said you organize your work plan monthly, briefly tell me your exact roles in relation to ITH; what exactly do you do in the community?

R: So when I go to the community, there are those adolescents, as you understand very well, adolescents are sexually active and some of these adolescents they even don't know about the contraceptives so when I go to the community I always conduct some teen meet-ups and the main agenda of these team meet-ups, we always talk about the contraceptives, I show them the contraceptives, I inform...I talk to them how they work, the side effects then from there, you will get some of the adolescents who are willing to take the services, that is when I plan and go back to the community to offer the same services.

I: Now as a mobilizer you seem to be going mostly to the community, does your work end at the community after you have talked to the adolescents and you have told them about contraceptives, does your work end there?

R: No, my work does not end there.

I: Tell me more.

R: It is not just about giving services, we also give health talks in institutions because in institutions, most of the institutions, these adolescents, especially universities and colleges, you find that they have information but ignorance is the one that is leading them. You find that they know more about the p2 so that is what they know that can prevent pregnancy but when it comes to p2 as you know very well, p2 has a high drug concentration; if you go to colleges and universities they tell you, we don't like what you are giving, we like p2, that's what we know. So when you go to such institutions, you have to create some days to talk to them and tell them more about contraceptives and their advantages compared to the p2.

I: Now how do you link...you had started explaining to me what you do, what your role is; what exactly is your role in the ITH program.

R: So my role specifically is to ensure the community, especially the adolescents are able to access the contraceptive services freely. Another role is I do organize community dialogues so that through those dialogues we are able to talk about family planning and the contraceptives for the youths. I also do household sensitization, through the households you can get more information especially from the community towards uptake

of contraceptives; as in you can get their views about contraceptives among the adolescents.

I: And you have said that you act as a link for the adolescents to get the services; what exactly do you do to link them up with the services?

R: So what I do is, sometimes you can go to the community...you know for you to take the services to a community, you have to go through the county, at the county level there are the RH coordinators who will then send you to the sub county level where you will get the PHOs, the public health officers; the public³ health officers work with the community health volunteers who are also linked with the village elders and the nyumba kumis, through all these leaders...so I do go through them for their views about the community, how the community perceive the us providing adolescents with the contraceptives. From there they will tell me whether it's okay; if you have the services, you can bring them to this community because of the early pregnancies or such and such issues.

I: So maybe I may ask; you are in the field and have talked to a girl or you have gone through the process of going to the public health officers and now you are with a girl; what else do you do? You have had a community dialogue, you've carried out the health talks, now you are one on one with the girl, what do you do, how is it?

R: So when you meet the girl, you first introduce yourself, what you do and after that you ask the girl her perception about contraceptives; if she has some myths about contraceptives, you tell her the truth about them so that she can't stop believing the myths. From there, sometimes you may find that she is willing to take the

contraceptives but she will tell you that; yes you have given me the information but for now I am not ready or let me first ask my parents, from there I'll either come back or I will let you know.

I: And maybe something on registration process, how do you do it?

R: We used to do it using the phone or the card, the ITH card.

I: Using the phone, in a nutshell, what is the procedure like until you end up issuing the card?

R: So for the phone, you enter the client's year of birth, gender and then you upload the client's photo then you activate. If the activation is successful, you can then send the client to the service provider who will also register her.

I: Okay, so how were you selected as a mobilizer for this program?

R: So you know I work in the clinic, I just did an interview and was successful but there are mobilizers whom I personally contact and work with.

I: Okay, so there is a reward for every adolescent enrolled, briefly tell me about the reward process.

R: So during training we were told that if you enroll an adolescent into the service, for every client served, you are given one hundred and seventy TIKO points, the TIKO points are like cash of which you are not given in monetary value, you go to the shop and redeem the points in terms of goods.

I: Now, what is your opinion, what do you think about that sort of reward?

R: The reward was smart by the way because the mobilizers were happy, it helped them and even motivated them to

work, at least when they get the points, instead of getting money; because when you refer a client, she earns one fifty shillings, the normal mobilization but with the TIKO points, she would earn one seventy of which if she mobilizes clients well, at the end of the day you find that she has a lot of TIKO points which she can use to shop.

I: Okay, you were telling the process of mobilization, tell me briefly again, where do you meet the adolescents, you talked of teen meet-ups, kindly tell me, how do you do them or probably where exactly do you have the teen meet-ups?

R: For the teen meet-ups, during my household visits, when I plan for an outreach I do go for household visits first, I talk to the parents, I plan for a day. So I do request the parents to avail their daughters aged fifteen to nineteen so that we can have health talks with them. So through the parents, they are given the green light and they come for the teen meet-ups.

I: So where do you do the teen meet-ups, town or where exactly, what is the surrounding like?

R: We do teen meet-ups in churches in the community. In town you can find for example in the student hostels, you can gather them and make some stories during which they will tell you more about contraceptives and their views about the contraceptives.

I: And now how...after having a conversation with the adolescents and established some contacts, how do you ensure that this adolescent visits a clinic? For example, how do you ensure she leaves the community or hostel or university to the clinic, say Marie Stopes clinic?

R: You know for you to ensure that a client comes to the clinic, you have to be friendly to her, that's the first thing, the way you will talk to the clinic will convince her to at least come for the service, so you have to keep on following up, at least you talk to her and tell her the importance of the contraceptive so that at the end of the day you make sure she comes for the service.

I: **What else do you do, you've talked about follow-ups and being friendly, what else do you do or only the two have been working for you?**

R: At the community level you have to know there are parents who don't know more about the SRH policy. You find that there are clients who want the service but the parents are not willing to let them have the service so you also have to talk to the parents and tell them the importance of the contraceptives, from there you find that some accept and avail their daughters for the methods.

I: **Now, you have told me about the process quite well, probably there are some challenges you have been facing at different points of trying to get to register the girl and trying to get her come to the clinic; please tell me something on the challenges that you have been getting in the process of mobilization.**

R: First of all, at the community level, you find that you mobilize several times, you are sure of clients, come the material day, when you come to the site, the girls will come but I don't know what mindset they do have then because the CHVs mobilize and we get more girls but when it comes to services, the girls just leave. If you ask them why don't you want services, they no, we were warned against them by our parents and we were told that they are for adults only and not for young girls like

us, if we use them we won't be able to conceive in the future.

I: Another challenge?

R: Another challenge is still about the parents, you find that some parents would come around as we provided the services, so when they come around looking at what you do and collecting some data or information, they go around spreading that Marie Stopes is spoiling girls by giving them family planning and yet it's not meant for young girls. Some parents even attacked us and so you have to flee because once the community attacks you it's like they totally don't want you to give the contraceptives to children so you have to stop providing the service and leave.

I: Okay, and now using the mobile platform that you were talking about, what is your experience using that platform?

R: In fact the mobile platform was challenging because when you want to take a photo of the client, yes you will tell her the reason as to why you want to take the photo but at the end of the day the client says, Marie Stopes are taking our photos but we don't know where they are taking our photos. Some even tell you that I don't want you to take my photo, if you want to give me the service, just give me the service and let me go but don't take my photo and they would totally reject it.

I: Okay you have said that you sometimes have issues with taking the photos, is there any other challenge you faced while you were using the mobile platform, is it friendly, was it easy to use, try and describe your experience in terms of dealing with the mobile itself.

R: When we started the program, the mobile platform had some issues because you could go to the field, especially interior places you would not find the network even after mobilizing girls and you know the adolescents are always very impatient so as you look for the network and try to tell them that you are using the phone to register them before they can have a service, they would tell you if that's what it is, let us go because we are getting late for our various commitments. So network was a big problem at the start of the program but with time I think it improved.

I: **Any other challenge or experience regarding the mobile?**

R: You know again if you don't have bundles you could not register clients so when you go to the field you have to have some internet bundles.

I: **Now, still on the mobile platform, what messages do you share with adolescents about the T-safe mobile platform while you enroll them?**

R: So for the mobile platform, once you enroll a client you would tell her that she could access those contraceptive services anytime so long she doesn't only come to the clinic after two years because if she comes after two years, the message will be expired and she won't be able to get the service.

I: **What else did you tell them in the process of enrolling?**

R: If she gets another clients, I have enrolled her and given her the services she could still refer another client and that would earn her a hundred points, she can also go to a TIKO shop and redeem the points for goods.

I: **What were the most common questions adolescents asked you after hearing about ITH?**

- R: They mostly asked; why is this program only targeting adolescents, why doesn't it serve everybody and why do you only target family planning services? Because at the start there was STI screening and you know that's what affect most youths, so they would ask, why don't you also provide other services that adolescents can access.
- I: **And as a mobilizer, why do you think some girls would be mobilized but they end up not accessing services; what could be their reasons?**
- R: The reasons behind that is that they always listen to others; you mobilize for a client and talk to the client but at the end of the day, her peer will also talk4 to her and tell her that if you use those methods, they will affect you in future; the client ends up refusing to get the service.
- I: **Any other reason...because during mobilization you explained to her and maybe she understood but in the end she doesn't receive the service; so is there any other reason apart from listening to others; as a mobilizer why else do you think they would fail to receive the services?**
- R: Shyness also; you find that a client wants to get the service but she is just shy to get the service, so she prefers to go to a private clinic where no one can see her than coming to seek for the services in a crowded clinic.
- I: **Okay and during the enrolment you said that you told them about TIKO miles, you told them about the photo and how to get the services; so my question is, amongst all these things you told them, what is the motivating factor for them to join this platform?**

R: So what motivated these adolescents was, you know when we started the program it was very challenging because going to the field to mobilize for the services specifically was a challenge but with the introduction of the sanitary towels so at least after the services she would be given the sanitary towels, it made our work easier; in fact, they used to come by themselves because of the sanitary towels.

I: **How about information from their peers, was it motivating them to join the platform?**

R: Sometimes we could get clients who have already accessed the service, you find that she brings a colleagues and says that the method I took is okay with me and you can also use it.

I: **Okay and you were telling me about the attitudes; tell me what is the community attitude towards the TIKO shops. You said there is TIKO miles, TIKO points and TIKO shops, be it a pharmacy or clinic; what is the community attitude towards this clinic?**

R: Community members didn't know a lot about the TIKO shops, the mobilizers are the ones who knew about them because if you tell the community about the TIKO shops and they get to know that as a mobilizer you benefit...I was saying; you know as a mobilizer when going for a mobilization, you shouldn't tell the client that you also benefit something, you just go with a mind that you want this client to get this service to prevent her from getting early pregnancies; but there are also the a hundred TIKO points, we weren't telling the clients about them because once the community realizes there is a TIKO shop somewhere where the mobilizer benefits after serving a client, the community says that you want to use them to

benefit yourself; that's what they were saying. So you would find that for a client to be given a service she would ask, what will I benefit from it now that you are getting TIKO points, what benefit will I get. Because at the end of the day they also feel that I have to benefit in one way or another, they don't see the service as a benefit.

I: Apart from them feeling that you are benefitting, what other attitudes do they have towards you now as ITH mobilize, do you experience say stigma or rejection or distrust?

R: You know if you go to a place you are not known for fieldwork, it is always somehow easier, but if you go to a community where you are known very well, they do say that you want to spoil our children and yet you come from this area. They say that you bring services to spoil our children and once you start giving the contraceptives, that's when they will be worse and forget that there is also HIV and other STIs, they will only have prevented pregnancies.

I: Now, with these attitudes probably towards you and towards the TIKO shops, how do you deal with the negative attitudes?

R: For the negative attitudes, like the negative mind about the contraceptives, you have to talk to them and tell them that as much as you are saying that these contraceptives will spoil your children, before I provide a girl with contraceptives, she undergoes some counseling by the service provider, she is given enough counseling, at least she tells her that as much as I have provided you with contraceptive, I haven't let you lose, the contraceptive is to prevent pregnancy but you

should still use a condom because a condom will protect you from STIs and pregnancy; but if you just have sex anyhow because I have given you a contraceptive to prevent a pregnancy, at the end of the day you will blame yourself. So from there at least the parents understand that we actually counsel them before we provide them with contraceptive.

I: And what do you do to make sure that the parents don't have negative attitude?

R: Its always a challenge with the parents because if you get an arrogant parent, because there was one, in fact I had to record the video, he came and told us that she understands her daughter, her daughter is ever in a boarding school and she will never find her daughter being wayward so if we want to give her contraceptives, he only know of pills and depo, these other methods we have which we insert on the arms of the girls will spoil the girls. So he only wanted her to daughter to be given either depo or pills but not implant because once the implant is inserted, the people at home will say that she is also encouraging her daughter to be wayward by having her take the implants, the family will say that she is also encouraging her daughter to be wayward.

I: So what do you do to such a person so that she can stop such like thoughts?

R: You know you have to keep talking to her but at the end of the day if she totally refuses to let her daughter have it, you just have to remove. And another thing, still on that, you have to tell such a parent the side effects of depo and pills and you have to tell her that an adolescent would easily forget to take the pills because adolescents are ever busy, she will forget to

take the pills. For the depo, you have to tell her that as much as depo...you know they prefer depo because once you inject a girl, no one will know that you have depo, but you have to tell her that depo does delay pregnancy and that depo has a higher concentration of drugs and once we start giving the girl the injection, she will have to do some things in order to be able to conceive. So we don't encourage young girls to use depo, they should only use it for like one year and stop.

I: For example you have said that you can discourage a girl from using depo; kindly tell me more, what would you prefer for such a girl?

R: For such girls we do prefer that they use the long term methods.

I: Why?

R: If you are given a long term method, like for the three year implant works for three years but it only have sixty eight milligrams and it's not like depo that goes straight to the blood system, it gets into the blood system in bits. Compare that to the depo whereby I will give you an injection of one fifty milligrams after every three months, it accumulates into your blood system then from there either you will develop complications with hypertension or it will delay your fertility period.

I: Okay, are there any perceptions or beliefs or concerns that you have not shared with me from amongst what you have told me, whether there is a perception or belief that prevents the girls from enrolling?

R: I think I have said all the perceptions but may I haven't said this; sometimes you go to a community and use the local CHVs to mobilize but you find that some CHVs talk a lot, yes, she will bring the client for the service

but after that the CHV will go out saying that such a girl is so loose so sometime when you go to the community and use the same CHVs, clients fear, the client tells you that if so and so is present, mama Agnes is there, I won't come for the service because she will start telling people but if you were alone I would come.

I: Anything else?

R: Another perception is that you know as much as MoH, people haven't fully understood the SRH policy, sometimes you find that even the MoH staffs tell you that the girls shouldn't be given these services. Some clients even tell you that I went somewhere for...you know there are clients who understand themselves, they are sexually active so she goes to a facility for contraceptive but she is told you go back home you aren't old enough to receive this service. So that's also a challenge.

I: And what is usually the reaction of adolescents when you tell them about this platform? Are they perhaps interested or reluctant or excited?

R: Most of them are always reluctant because they would ask you, will I just be okay if I use it, they do doubt it a lot; won't it affect me totally? So that's the question they mostly do raise up, so you have to tell them about the contraceptives and the side effects then, the advantages and disadvantages of depo, advantages and disadvantages of implants so that if you give her an implant and she ends up over-bleeding, you shall have told her the side effects to that if she has the side effect, she will know I was told; you prepare her so that she won't feel that these people gave thing something with a lot of side effects.

I: Okay, is there any other concern or any other thing that you would want to share with me with regards to this program?

R: It is just a question because ITH has been supporting a lot of girls especially on the sanitary towels, sometimes you find adolescents whose parents cannot even provide them with the sanitary towels, so whenever we gave them out in the community, at least they started welcoming us; you find that parents would tell them; go for the pads, they will help you; so it was stopped from nowhere and we were left helpless and wondering what shall we do.

I: Briefly tell me, how long did the program go and when did it stop and whether a reason was given.

R: We started the ITH program last year June and it stopped this year February and it stopped abruptly in fact we were in the field looking for sites and we were called and told stop the mobilization if at all you were doing any. So we had to stop but you know we couldn't question then, we do wait for our monthly meetings where we are given feedback as to why such things happen. They told us that they had to stop because there is a misunderstanding between Trigerrise and Marie Stopes in terms of the points, they say that the points are a lot for the mobilizers and they should accept to take one fifty points instead of one seventy; I think that was the reason. We said we didn't have any otherwise, we have to stop.

I: So nothing has been going on under ITH since then?

R: Nothing has been going on under ITH unless its organizing the normal outreaches for family planning, if I get

adolescent who wants a service I cannot send her away, I just provide her with the service.

I: Okay and if she comes and Triggerise is not there, is she treated as a Marie Stopes client and is she charged for the service because a Triggerise adolescent is not charged, now you have an adolescent who needs the service, how is she served?

R: At the clinic?

I: Yes.

R: You know when ITH was there, it was easy because we used to serve them under ITH because these adolescents sometimes cannot raise the service fees. When ITH was there it was easy for them to at least access the services for free, but you know with Marie Stopes, for you to account for things, when a client comes, she has to pay for certain services. So she has to pay for a service if she needs any. If she cannot afford, you have to refer her to a public facility, at least I know the in charges and nurses so I would tell her this client wanted a service at Marie Stopes but she cannot raise the fee so I refer her there so that she gets them for free.

I: Any other question or concern?

R: I don't think I have any more question.

I: Okay, thank you very much for your time.

R: You are welcome.

[End of audio]

Notes

The interviewer asked all the questions in as stated in the guideline.

File name: ITHR2_MOB_KAK_LURAMBI_P.URBAN_SILOAM MEDICAL
CLINIC_190515_1700

Duration: 00:36:14

I: Hi, this is Doreen, ITH round two having an interview with a mobilizer in Kakamega County, Lurambi sub-County. This is an urban area on 15th May 2019. Starting time is 5.pm.

So kindly briefly tell me about yourself and what you do.

R: Okay, me I am Agnes, a single mother for one baby boy, I work with the private market research company Ipsos Synovate as an interviewer.

I: Okay, nice. So kindly tell me your roles in the ITH project.

R: My roles in the ITH project, though I have not been there for long, I just joined was it; I worked there like was it? I worked there like two times with patients and then I don't know what happened. So my role was as I entered into ITH project I was a mobilizer, I was sent to talk to teens, I collect them to one place, talk to them about family planning and talk to them about effects of early pregnancies. After that I talk to them more on different types of family planning methods like IUD, we have pills, that injection of three months then I talk to them about the Implanon, we have two types of Implanon. So after talking to them we have to decide on what family planning is suitable to them. Mostly some will ask you if the side effects of family planning before they go to see the facility that offers. So after talking to them you send them to the facilitator who will also talk to them at the facility and then decide on what kind of family planning they are going to use.

I: Now you just said that you were not working as a mobilizer for long. Like for how long did you work?

R: I can roughly it is like two to three months.

I: **Two to three months?**

R: Yeah because I was staying in a hotel when I came here my friend here at a salon, Atieno. She introduced. I saw her with cards like busy talking to girls, taking their photos, giving them cards. So I asked her to tell me what she was doing, so when she introduced me to that I said I can also do it.

I: **Okay, thank you. Now how were you selected or how were you recruited to be a mobilizer? After she introduces you to all that how were you recruited to be working as a mobilizer in this facility.**

R: Okay first she introduced me to, he was the facilitator Keshias Muyeshi, so Keshias Muyeshi, he came, he talked to me and I told me that I can do because I saw it as just the same work like something that I do. It's so similar. So I told him that I am well able to it. First, he asked me if I had a smart phone, I told him I have a smart phone, he then installed for me the Tiko app, like that. We had a Tiko cluster meeting at former Christian guesthouse.

I: **Okay, thank you. Would you kindly explain to me how you are rewarded for being a mobilizer in the ITH program?**

R: When I was there one card when you meet with the team after talking to her about the facilities that are offered, taking her photo then you give her the card. You know most of them it is not, probably all of them will not go, it is some, and maybe two or maybe some who are serious will go but not all of them, not 100% turn out that will go to the facility. So when they go to the facility again I was it was what? How many points?

I: Okay just explain the process if you don't remember what the points were and stuff.

R: The process of being rewarded?

I: How you were rewarded yes.

R: Okay being rewarded, as long as your client or the teen that you talked to her, after reaching the facility, after everything, going and being attended to you will be awarded some points. And after those points as in, I think after the points you convert them to money at the shop then you will send an sms to, I don't know was it pro?

I: Okay.

R: Pro, then they send you a code, you send the code to the owner of the shop then she will give you the goods are valued to your points.

I: Okay. So what was your opinion or how did you feel about the reward that you were getting as a mobilizer?

R: The reward? I cannot say that it was too good or too bad or too small, because you know first to go and talk to someone's daughter, you have to approach her parents. In fact you will get some insults from the ground that you are there, you want to destroy teens, how can you take a child who has never given birth, you are taking her to receive or to be injected with family planning or to give her family planning medicine, it is not good. But for those parents who understand or for those parents who once they have been beaten, the daughters maybe they got early pregnancies, maybe while they were in class six or seven they'll understand. They'll talk to you and they'll be even eager to know about the facility. Then some parents will not want their daughter to be engaged

with such activities. So I can say the reward on my side it is not too good and it is not too bad.

I: Okay, is it ideal for you? Like if, it's not too good then what will be good for you.

R: Personally, I can say it is good because you know just like help you are being helped for those points to be converted into money and then you get some basic needs for you to use. It is not that bad.

I: Okay, all right. Now please tell me about the process of how mobilizing the adolescents for the ITH project like you just mentioned something. Kindly say more about the mobilization process.

R: Okay, you can talk to girls, mostly what I do, because in church I am among those leaders of youth. So I'll go, mostly I was talking to parents who I know in church, to talk about their girls. Then if they accept, I will tell them where to meet maybe at Amalembe or mostly like today, mostly on Saturdays and Sundays after church we would meet and talk to them and give them advice and tell them about different methods of family planning. Those who are willing I talk to them, I give them the card after taking their photo then I direct them to the facility where they can go.

I: Okay and how do you ensure the adolescents you mobilize visit the clinic after establishing contact with them. Previously you just mentioned that not all of them would go right.

R: Yeah.

I: Now how do you ensure that they visit the facility and they get the service after you establish contact with them?

R: Something that will make you know that they've gone to facility you will get an sms for a thank you; one of your client has visited the facility, yeah.

I: **Okay, are there any challenges that you experience in this process like you mentioned something about judgement in the community or something like that, is there anything else you face as a challenge during this process of enrolling girls for the ITH program.**

R: Yeah, mostly you can get that you've talked to the girls, you've given them the card but immediately she throws away. Most of them will not tell you that they don't want to go the facility or they don't want to be given those methods, so you will just talk to them, they accept everything that you tell them then after giving them the card they throw it away. And mostly they want to know more about the side effects and they tell you so in future if I have a side effects, if I don't give birth to any children what will happen, where will I find you, where will I get this Tiko to tell me more about my infertility or the problem with my barrenness.

I: **So what do you tell them then?**

R: Okay when we were in cluster meeting we were being told of different family planning methods, I don't think if I meet a girl, I don't think if most of the methods are not like IUD, which it has no side effects or the side effects are not much. What people fear it is this daily pill, some say that they have a belief that it will go and it won't dissolve. It will go and pile at one place, so if you want to give birth you will get that it is a big problem. And some will say that you know when you take family planning like the Implanon maybe when you don't attend your monthly periods that it will cost you.

So you talk to them, you tell them that if they experience any problem they go back to the doctor, because like Implanon if it has side effects maybe you over bleed. Maybe you just reach a place then you see that your health...you have some that when they use Implanon they grow thinner and thinner daily and you have some that when they use Implanon they increase in size. So you just tell the girl that if you see that Implanon is not going well with you just go back to the facility and talk to the doctor and he will remove it then after that you will choose another method of family planning because all of them they cannot have the same side effects on one person.

I: Okay, now what is your experience with the ITH platform?

R: Personally, I can say ITH platform is a good thing, it exposes you to the community, it gives you chances to talk to teens out there, and you can share problems that the teens experience, yeah.

I: Okay, thank you. You said that you take photos of these girls using a mobile phone right.

R: Yeah.

I: So when you do this how is your experience using the mobile app, taking photos and the entire procedure that you do using the mobile phone. Please say something about it.

R: You know taking photos by the way is a big challenge because most of the girls will ask you are taking our photos where, where are you taking our photos. How is it that this card that you are giving related to my image? And going to the facility if I have this card and tell they doctor my age, why can't he or she just attend to me without my image. Some will refuse because most of them

they believe that after talking to them, after giving them the card that is all. You don't have to take their photos, yeah.

I: SO what do you tell them when they complain about their photos being taken?

R: So personally, I was talking to them. I tell them that this card, we had a code there so I'll take my phone, I'll take the card and I'll tell the girl just see I want to activate this code and to activate this code, to verify that this code or this card belongs to you I have to activate this card. After activating this card there is a place that I will demand for your photo so that when you go to the doctor with this card the doctor will also want to verify, to see if you are the one on the card or you've given the card to someone else. So you know that some will accept and some will reject.

I: Okay thank you. So how easy is it to use the mobile phone like doing the verification process, taking photos, sending you mentioned some code? How easy is it to use the mobile phone to do that? Is there any challenge or something.

R: To me there is no big challenge, the only challenge we have is with some youth or some parents who don't want their daughters' image to be taken or some ladies don't want to be taken photos. So you just have to use every language that you can at least to take their photo.

I: Okay.

R: To activate the card.

I: Okay, so thank you. What are the key messages that you share with adolescent girls about the use of, about ITH when you enroll them?

R: Mostly when I approach a girl, firstly you introduce yourself and the organization that you are working with. So I mostly tell the girls that you know your parents cannot give you family planning or she cannot take you to a facility to be given family planning. So the ITH has seen that in Kenya and it is not a lie. In Kenya you see a girl will drop out of class six because of early pregnancies, maybe a girl is in school, high school or primary level, she will drop out of class or she will drop out of school because of early pregnancies. You will get some that will get other teens talking to them with bad intentions to take them to gynecologist maybe who will abort the child or the fetus and in most cases you will hear that a child in school, she was cheated on with other girls, she went to abort and died in the process. Which is a loss to the society, to the family and to the school also.

I: **Okay, so?**

R: So you will tell them that this Tiko is an organization that has seen that many girls in Kenya or many girls they are entering you know they cannot fulfil their visions because of early pregnancies. So you tell them Tiko has come to help you for free, free of charge. It won't demand anything from you, no money that it will demand from you, it will only demand for you to accept it and to take the right steps if you want to be helped by Tiko.

I: **Okay.**

R: Yeah.

I: **Okay, so what instructions to enrollees receive about how to use the different ITH features?**

R: Instructions that?

I: **Instructions on how to use the different ITH features.**

R: Like.

I: **Like is there any guidance that they get after they enroll? On how to use the ITH features?**

R: Those teens?

I: **Yeah, the adolescent girls. Probably those mobile phones are there any guidance that they get.**

R: Guide them to use the mobile phones or what. I've not understood that question.

I: **Okay like the use of, ITH has different features right? What are some of them? So these features that ITH has, is there any instructions that the adolescent girls receive on how to use them?**

R: No for the short time that I have been with Tiko, here was no instruction. Maybe on how to use different types of family planning methods.

I: **Okay.**

R: Yeah.

I: **Now what are the most usual questions that adolescents ask you when they hear about ITH?**

R: The facilities that are offered by Tiko?

I: **I mean what questions do girls ask you when you tell them about ITH.**

R: Mostly they ask where they are, where they are situated. First, they ask you will they pay me. If they are not paying me... those who are not serious will tell you if they are not paying us I am not going to that facility, yeah.

I: **And what do you tell them?**

R: And mostly most of them will say that maybe when you are taking photos they will tell you that maybe you will keep the records, maybe they will see themselves in media

or in newspapers that these are the girls that have accepted to be given family planning methods. So they ask you were are you taking my photo and why is it that you are taking our photos, is it that Tiko will use our photos to make us to be publicly seen maybe in magazines. Maybe in television or in social media, these are the girls that we've talked to and they have accepted to use family planning methods.

I: So what do you tell them?

R: Mostly I just tell them that your photo is just for activating tour card. And tell them just see I want to take you this photo and I will give you my phone to delete it by yourself. You will not see it anywhere that is what I always tell them.

I: Okay, so how do assist adolescent girls to access services after they enroll?

R: To assist them? Mostly those that are serious I will take their number, then I'll ask them, maybe after talking to them they will tell you that a day like on Saturday or on Sunday I'll be free, and you will get that on Saturday or on Sunday the facilitator who provides services are not there. So you will tell them just give me a number that I will get on so when he is around even if you come from school I just call you and you'll come to see the doctor.

I: Okay, so there are some of these girls that you enroll, but they end up not coming for service right?

R: Yeah.

I: What could be the reason for them not coming for services after they are enrolled?

R: You know I cannot know what is on their mind because when you talk to them they will accept and most of them,

they fear, they fear about family planning because they hear about the needs of family planning methods.

I: Okay which needs do they have.

R: So you will get that an adolescent girl will ask you that, mostly she will tell you about IUD that most people they conceive with the IUD and mostly they are told that it will maybe go to the baby's eye until you give birth is when that IUD will come out. Then another one they'll tell you that things like Implanon maybe if it accepts you it will go well with you. And sometimes if your body hormones do not react with it or it will not go on the same track, you will find that you will grow thin or mostly you will be bleeding for months and months without the blood seizing. Some will be told that the IUD if you take it, it will disappear in the hand so they have to operate your hand for it to be taken out. And about the pills, the way that I told you, some will get them saying that the pills they go and accumulate in one place it will not be dissolved in the body.

I: Okay. So what do you see as the biggest motivating factor for girls to come for these ITH services.

R: Personally, I just think you know most of them won't be serious, so for those ones that are serious and are willing to be helped you can guide them, you make sure that you follow them to the facility to be given the services that are offered there to better their lives.

I: According to them, what do they say makes them come for these ITH services. What you hear them say or what you think makes them come.

R: What makes them come? Mostly some will have friends that maybe dropped out of school because of early pregnancies. Most of them will have friends who have

died because of abortion and most of them have friends that have been abandoned by their families because of early pregnancies. So you will get them, most will really want to know about the safest method that they will be given for them not to be involved in early pregnancies, not to drop out of school because of pregnancy, yeah.

I: Okay, and would you say that collecting Tiko points would be one of the motivators that makes them come for these services?

R: Yeah, for those who are serious with the service they will tell you Agnes I have been awarded I don't know if it is 110 or 170, something to do with 110, they'll tell you that they've been awarded 110 points, then what am I going to do with points. So you will tell them you can buy airtime or something else, you can convert those points to money and buy something.

I: Okay and access to information, do you think it can be a motivator for them to come for services?

R: Access to information? It can be.

I: Say more. Would you say more about that?

R: Access to information about Tiko?

I: About the Tiko.

R: About the facilities are offered.

I: About the services that are offered.

R: Yeah.

I: Okay, and you said something little about the community attitude towards the ITH program. What else would you say that is the view of the community about the ITH shops, pharmacies or clinics?

R: Most of the community, I can say three quarter of the community are not against the family planning or services that are offered by ITH because most of them

they understand the adolescent girls. So most will accept but for those few that have views like if you take a child to family planning, if she don't get pregnant obvious she will be infected with HIV/AIDS. So some will think that taking a girl to be given family planning services it is like making the girl to be irresponsible, she will not control herself, she will not control her feelings. She will just be sleeping around with men and if she cannot conduct or if she cannot be pregnant probably, she will be infected by HIV/AIDS.

I: Okay, and what is their view about you? I mean the community's view about you as a mobilizer for ITH.

R: Okay, just as I have said, some they don't have negative feelings or negative views about me. Some will see you as helping the adolescent teens and some they'll see you as you are trying to make their girls irresponsible.

I: Okay, so how do you deal with those who are negative towards your cause?

R: You just meet the parent or guardian and talk to her because she always hears or she has even met with the other people's daughters who have dropped out of school because of early pregnancies, others have died because of abortion. So you will tell her about the effects of early pregnancies because you know you cannot control the adolescent girls, in fact in real sense as a parent you cannot control and even if you try as much as possible to make sure that you walk with her and you do everything with her probably you will not make it. Because adolescents they are sharp in their minds and you cannot control their feelings. So you just talk to them, you first tell them about effects of early

pregnancies, effects of girls giving birth before they finish their education, because mostly they will not fulfill their visions, mostly they will end up not even going back to school. Maybe you dropped out of school because you were pregnant and you gave birth, and because of that feeling that other girls will laugh at you, you see she develops low self-esteem that she is not going to complete school. So you tell them about such things and then for those who are willing to accept, for those who are willing to talk to their daughters they will accept their daughters to be given. Or if you get that girl that is sharp enough and she knows what she is doing, probably we will talk to her and she will agree to be given the services.

I: Okay, so earlier you talked of the challenges when mobilizing adolescents for the ITH services, is there anything else you've left out as a challenge?

R: You know mobilizing, I don't think if there is a big challenge but getting these adolescents and making sure that they go to facilities to get services that are offered there, I can say that is a challenge. Because you will get them, you will talk to them, you will give them the cards but not all of them will go there, not all of them, some have wrong perception about Tiko or the products that are offered.

I: Okay, so as some of them have wrong perception about services being offered and you had earlier talked about it. So what are their views regarding the platform. The adolescents views regarding the platform.

R: Not most of them that will negatively feel about the platform, mostly maybe if you get some that are in school, in boarding school those will tell you that after

coming out of school that is when I will come for the daily pills. So they don't see anything wrong with the platform and those that maybe are day schooling, some who are willing will come for it. Those who have the knowledge and understanding of what we offer.

I: Okay, we are just about to get done with the discussion but I am curious. Do they use like mobile phones to interact with the ITH platform? Like where they ask, questions and they are answered from the platform.

R: No.

I: No, okay. Earlier you talked about some beliefs and misconceptions and views or concerns that may hinder adolescents from enrolling for ITH services right. Is there anything else that you might have forgotten while addressing that? There is none, okay. Any other challenge you may be experiencing that you've not talked about or anything else?

R: That we've no talked about as in.

I: Yeah about the discussion, we are having that you feel you may want to add something on.

R: Maybe on my own or me personally I will say that I always meet a lot of teens because you can find that mostly per week for those who are day schooling you can meet them twice like in the evening from 5.00-6.30 and Saturdays you can meet them and Sundays you can also be with them. So you can find that you've talked to the girls, you've talked to those teens and maybe some accepted to attend the facility to be given the services that they offer there but you will get that you don't have the cards to send them there.

I: So what do you do then?

R: So I will just talk to them then when the cards are available I go back to them to them I see if some will accept or they will change their mind.

I: **Okay, thank you very much. This marks the end of our discussion unless you have something else or anything to say.**

R: No, I don't have something else to say, also I'll appreciate and I'll appreciate for Tiko platform.

I: **Okay, thank you very much, it's of a lot of value. It's going to go a long way in the evaluation process.**

R: Okay thank you.

I: **Thanks too.**

[End of audio]

Notes

Interview is audible. All questions asked with good probes.

File name: ITHR2_MOB_KAK_LURAMBI_RURAL_ESHISIRU_190515_1514

Duration: 00:49:11

I: Hi, this is Doreen, ITH round two, having an interview with a mobilizer who is forty-six years old in Kakamega county, Lurambi sub county, Ishisiru medical cottage on fifteenth may twenty nineteen, starting time is 3:14 pm. So briefly tell me about your role.

R: WITH ITH?

I: **Anything you can briefly tell me about yourself and your role.**

R: About my life or about the health of the adolescent girls I serve?

I: **Anything about you...whatever you would like me to know about you and your role.**

R: First, I am a peer educator, secondly, I am a CHV and I am known in Kakamega county as a mobilizer, I mobilizer, I started by mobilizing HIV victims and then I became a

peer educator in the hospital then I left and went back to the community, so I refer defaulters to the hospital. So when ITH program was introduced, first we did interviews and we were just giving out vouchers, the client would have hers, one for the facility and I would also have mine; we did the program for almost two years then ITH came. So I succeeded in ITH because there were some adolescent girls who are HIV positive and now I got the opportunity to support them.

I: So...

R: As in God gave me the gift of talking to children so when we started I was doing well and we have continued with ITH but at some stage they told us that we could not be rewarded one seventy Tiko miles points and that they would only reward us fifty points, by then this hospital was suspended and we don't know why it was suspended but us CHVs and mobilizers were not suspended. So we didn't know where to take the girls we mobilized, would you take a girl up to Kakamega and yet you don't have money to use for fare since you are just a farmer at home. So that's when working with ITH was tough, when Triggerise came on, the issues became weighty now. You couldn't...for example you work for Marie Stopes and you have a client, you will have to be working with Triggerise, if the others find out, you are suspended so that was the problem. They said Triggerise should also bring their clients to the facility so I don't know what happened then.

I: Okay, thank you. And you have mentioned that you are a peer educator and also mobilizes girls in the ITH; briefly tell me your role exactly in ITH.

R: My main roles in ITH were the adolescent who was on drugs and obviously then, she is just like any other girl.

I: **What drugs?**

R: ARVs.

I: **Okay.**

R: So she should protect herself from getting pregnant, so I would counsel her on all these before she goes to the clinic. Because you could talk to some girl and maybe she will agree to join ITH but she won't stop the other thing.

I: **What thing?**

R: Engaging in sex or something like that, you know how adolescents act, when they get to age fifteen to nineteen that's women men mostly spoil them, the bodaboda boys and such. So I help her, instead of being cheated by men who may impregnate her and even infect her with diseases, she should rather be given protection from the pregnancies. And on those that are HIV negative, you tell her...you see how her parents are struggling to put her through school and yet she just thinks men are the better option, you also provide her with a pregnancy protection and tell her that I have only prevented you from getting pregnant but I haven't prevented you from getting any diseases so if you engage in sex, use protection.

I: **Thank you, so what protection were you giving them?**

R: Condom. I would give them the three-year contraceptive...I mostly gave them the three years and five years' contraceptive.

I: **Why did you mostly give that method?**

R: I would only give them if they accepted, if they wanted a three-month injection, I would also take them because

that's what they wanted and if she wants pills, she would also be given because it's still a contraceptive method. But the reason why I preferred that they take long term was because she would finish her education and she won't forget it as required but with pills, she will forget to take it and she will then get pregnant. She will be given the three-month injection and sometimes the three-month injection do lead to a lot of complications in adolescents, so I do prefer the three years' injection but if she chooses that...I do tell her about all the methods then I ask her to choose a method and she would choose. Most of them do take the three years and five year methods and many girls took it because we went to educate them at school; we gave health talks and some girls came during the weekends as well, that's what we did.

I: Okay, thank you; maybe if I could take you back a little, when you began you told me that you are a CHV and also a peer educator, so how were you chosen to be a ITH mobilizer?

R: When this doctor was posted here, another one told him that I am giving you this mobilizer.

I: Who told him?

R: There was a client who came and told him that if you get hold of these women, you will get many clients. And even before we had done a campaign where we told people how to test themselves, how they can live with the disease and how to take the drugs in Kakamega County as a whole and I was the one talking; I was even taken to my home area and to my church.

I: What disease were you creating awareness on?

R: HIV.

I: Okay.

R: So I was encouraging people that if they were found to have the disease, they shouldn't commit suicide but just go to the hospital and they would be counseled and live like the others. People were committing suicide if they were found to be HIV positive. So there was a doctor called [mention of individual's name] from Kakamega, he came here to look for me here at the center, I come from far but he came from Kakamega to look for me, so I worked with them and they even awarded me a certificate. I was then taken by Marie Stopes, and was taken to training then they awarded me a certificate as well.

I: Was it Marie Stopes that took you to training or ITH?

R: Marie Stopes were the first to take us for reproductive health training but ITH has also taken us to many trainings but they didn't award us any certificates. They trained us about how to communicate with adolescents, how to refer them to the facility; when you see a girl, you go and talk to the parent, if the parent accepts, you do it; the girl may tell you to talk to the mother and you will then have to talk to the mother, the girl may accept but the parents may not want it so that will also be a problem and it has challenges.

I: Okay, so how do you get rewarded for being a mobilizer with ITH?

R: I have worked with ITH but it's just because of god, parents sometimes insult you...because a girl may volunteer and maybe the parent may inadvertently see it, she asks the girl, who gave you the method, so when she says the parent comes, she will be very harsh on you and if you don't really understand what you do, you can really have a heated exchange with her; but the best

thing is I went to the baraza and told them at the baraza, I also went to churches. So whenever a girl comes I talk to her. Some even reported me to the chief but I do talk to them and tell them, you see so and so who was in form two and had an abortion using the traditional medicine; she hadn't healed properly and she got pregnant again, you see she is supposed to be buried, but if she prevented that pregnancy and took the contraceptives she would still be alive. So what we do is just to help our girls. That's what I tell the women. But when you go to some homes, you hear them say that you are the one spoiling the girls.

I: When they call you names and say you spoil the girls, what do you do?

R: I just tell them that I don't spoil the adolescents...there was a day I went to the MoH office and talked to that doctor at MoH because he is the one in charge of the such issues; I even called [mention of individual's name] and we went even with [mention of individual's name] and we talked to them and they knew that we are proceeding with the education because even when [mention of individual's name] was from town we would first go to the office before we start working; even before I started putting up the posters, they did know that something was going on so that they would also bring their government CHV to join us so that everyone would be paid according to the clients they mobilize, so that's when it became concrete. But now a public hospital and this hospital have clashing policies, you can talk about contraceptives there and that is not the policy of the hospital so you will have to know how to talk what and where for you to work with them.

I: Okay and how do you get rewarded when you mobilize girls?

R: When we started with the vouchers, our supervisor was called [mention of individual's name] from Kisumu, we would be paid one fifty per client so when you got a client we would fill in a form which looked like the form at the facility, so we would receive the money. So we just had that plan until ITH said that...in April they said they would pay us for May, June and July but they didn't do that so we joined ITH and that's when [mention of individual's name] came and trained us in Kitale, we even went to Eldoret for ITH training. We got these phones when ITH came...

I: So how was the vouchers given out?

R: That one ended.

I: As in how is the voucher used?

R: You know ITH is for fifteen years to nineteen...

I: As in I would like to know how you get paid as a mobilizer for the ITH.

R: If I stop being a mobilizer?

I: Not if you stop; when you were mobilizing, how were you paid?

R: When ITH came they said they would not pay us money, you would go with the phones to the shop and get goods from there and they told us that they would bring us a shop but they didn't and after three months the points would expire so someone in town helped and I went to a shop and took goods. From there I said how could we work and yet our facility isn't progressing, we should rather stop. Then he sent a message that we would be getting fifty TIKO miles whereby as a woman if I mobilize for girls, how can that fifty help me with, so we felt that they didn't recognize what we were doing and that we

should just mobilize the girls regardless and they didn't know that we are the ones who sweat to mobilize for the girls.

I: Okay, so how did you feel about the TIKO miles reward points or the fifty points?

R: I felt it was an insult, they really insulted us CHVs because we volunteer, we are abused, we face a lot of hurdles out here but we just carry on, because you would find that if for the one seventy, if you get ten clients, then you know you would get something reasonable and then again we said that instead of making us go to the shop for goods, they would just give us the money because you may have a child in school...like when they give me a voucher I would take it to school at least you pay school fees but for the other one we would only go to the shops for foodstuffs, that didn't make any sense to adults like us. Maybe it would make sense to adolescent girls who don't have any responsibilities, they would take clothes and other beauty products but for people like us, I want a child to at least complete form four and proceed to college and yet all you can do is only to take foodstuffs from the shops.

I: Okay, and you've told me that you felt the fifty was an insult...

R: It was too little.

I: Yes, it was very little...

R: From one seventy they brought it to fifty, isn't that less; and you know they themselves added it, we used to get one fifty with the vouchers but they said they would add twenty on top of that because of the...

I: Okay you have forgotten it...

R: At least I could buy bundles for the internet so that I would send the photos and take photos.

I: **Bundles...**

R: Bundles yes, so that I could have bundles and work, because that thing couldn't work without bundles.

I: **Okay, so in your opinion, how much do you think it should have been?**

R: We didn't decline the one seventy and they told us that they would add it to two hundred so instead of two hundred, they reduced it to fifty, we said it's okay, let us stay at home and farm.

I: **Okay, I know you have touched this a little but I would like you tell me about the mobilization of the adolescents into the ITH program. Where do you get the girls...such like things, tell me about it?**

R: If I want to mobilize for girls...even if you told me earlier, you would have got many girls here. Sometimes I told you that I do go to school, sometimes I am in church, I am in the praise and worship group and I am the chairperson of the youths; sometimes I know a lot of women so someone will just come to me and say, I want you to help my daughter finish form four; so I do that, I tell her to go and talk to the girl and then I will then talk to her...some are just brought by their parents and they do have to pass through me. So when they pass through me, I don't have an issue with that, but those who keep saying, I don't want my mother to know or anyone else shouldn't know; those are the risky ones and you will counsel them and bring them for the service. Some will come by themselves and get the service but if the parents see it, they will come with her to your house

then you bring her to the facility so that it can be removed.

I: Okay, have you had such a case?

R: Yes, I have had such a case and they even came and removed it here.

I: And how did you feel about it?

R: I don't always feel bad about that because I had helped the girl but the parent has decided that it should be removed so the girl says that, even if you remove it, please give me even a three-month method; so you will just remove it but then ask yourself if you will be able to give her a three-month method and yet the parent doesn't want. So you will first talk to the parent and accept, and the parent do come back to me only when the girl is pregnant; so when she is pregnant I then tell her, I was trying to help your daughter but you didn't want the help.

I: Do they tell you why they don't want the help when they decline it?

R: They say that we spoil their daughters and that they will not be able to conceive and we also make them be promiscuous and that when a child is given a contraceptive then she just knows that she has prevented pregnancy so she just becomes promiscuous. I told her them that there are some contraceptives that just make a woman lose interest in sex but they say that we are making their daughters sterile.

I: What do you tell them when they say that you are making their daughters sterile?

R: I tell them am not making them sterile, am helping them, and when the girl will want to conceive after school, she will just remove the contraceptive and conceive,

that's not a problem. And when a girl who had the method bleeds I can as well bring her to the hospital because she has a card and she is given medication to balance the hormones so that she can stop bleeding.

I: Okay, when you mobilize adolescent girls, how do you ensure that they get to access the clinic and receive ITH services?

R: I personally bring some of them because they cannot come alone, they will lie to you that they will go but they won't. so when I mobilize a girl, I just sit somewhere with her and talk then I personally take her immediately she accepts; don't wait for tomorrow. The facilities are nearby and I am always in the market so when girls come from school they always flock the market and some know me, so when I call them to come and talk, we just make stories on a Friday or Thursday and on Saturday they will come and say I have come and I want the method. Immediately you record that, take a photo and come with her because the girls even fear coming to the hospital.

I: Okay you have briefly talked about taking photos, briefly tell me your experience with the ITH mobile platform.

R: The platform has challenges because you may bring girls, sometimes we go with ITH to mobilize in Sigalagala for example, the girl will accept to have the contraceptive but when it comes to taking a photo, she will say no.

I: Why?

R: She doesn't want; they say that their photos are taken somewhere so some of them don't accept their photos to be taken.

I: So what do you do when they decline?

R: I just stop because when she goes to the facility her photo in the card should be verified for her to receive the service and also for me to get the one seventy TIKO miles, without which I cannot get anything.

I: **Okay, and what do you tell the adolescent girls about the ITH platform?**

R: I do tell them everything about contraceptives as I told you then I also talk about HIV during my health talks in schools or anywhere else. In fact, when I don't want them to think that I only want to talk about contraceptives, I don't start with the contraceptives, I start by something else and by the time I talk about contraceptives, I shall have educated them of various issues. I also tell them that it is better to prevent the pregnancy than having an abortion, you will have killed, you should rather prevent and when you will want to conceive you will just have the child and that they should finish their education first. I do tell them that you are so lucky ITH came to help adolescents like you and even the government has seen how schoolgirls are impregnated, others even postponed their exams to this year, so why don't you protect yourself and finish your exams and go to college.

I: **Okay, thank you. And what messages do you share with adolescents about the T-safe platform?**

R: Everyone is taught according to the method they take...first, when the girls come, if I enroll five, the doctors won't give the service immediately, they will be counseled then they get the service. They are counseled on all the contraceptive methods so that they can be satisfied with the choice they make. So when I bring one girl, I will counsel her, when we get to the hospital,

she will again be counseled to ensure that she hasn't been coerced to come, you know you may bring one here but she has to be asked whether she accepts and say yes. Plus, there is a form they do sign to state that they consent so when we talk to them and bring them here, she signs that consent form so that if she says she was coerced and yet she signed the form...because I don't provide the service, I just mobilize them and bring them; so they will be able to show the parents the consent form that their daughter signed on. So that's what is called consent form.

I: Okay, and what are the most common questions adolescents ask you when hearing about ITH?

R: An adolescent will ask you that will I get cancer if I take an injection. They ask a lot of questions; that will this injection lead to any infections in the body, will I get pregnant? Those are the kind of questions they ask.

I: So what do you tell them about the questions?

R: I tell them that if you take contraceptives and you have been tested not to be pregnant, so I ask them, how can you then be pregnant yet you have contraceptives in your body? Because they always have to have the pregnancy test before the contraceptive is given. You cannot just give them the contraceptive straight away because one may be pregnant already so you may give her an injection and yet she is already pregnant and that will be a problem. I do tell them like if you have IUCD, it is not good if you have multiple partners and I also tell them that you should rather abstain. But we do give them this one because you can go somewhere like the army are always sent to do some operation and when they come they rape

you, so you won't be pregnant from the rape, you may be infected but you won't be pregnant. Or someone rapes you when you have the contraceptive, how will you be pregnant. So that's the positive, you may not be having a boyfriend but you could be raped anywhere, if you were ovulating you will be pregnant but if you have contraceptives, how will you be pregnant; you will be hurt because maybe he had a virus; and we do know that if you are raped you should go to the hospital before seventy-two hours so that you can be given drugs, if he had the virus, it will be prevented.

I: Okay, and why might some of the girls enrolled in the ITH platform not access the sexual and reproductive health services?

R: There are some who will do it and she won't be able to do it.

I: What won't she be able to do?

R: The implanol, she won't be able to have it; she had a lot of weight but she will start losing weight or she was slim but she will abruptly gain weight. So those who knew she had the method will tell her; I told you that this method is bad for you, just go and remove them so some encourage them to remove the method. So you some will come and tell you that, we want to remove it then you tell her if you have a card, just go to the hospital and it will be removed.

I: That's for those who have come for the service and remove it, now what about those whom you have enrolled but have not been able to access the services?

R: Those who don't come just fear and there are some who wanted to access the service but Kakamega is too far for them.

I: And what about those...you have said that some of the ones you enroll fear; what do they fear?

R: They fear when they see how their colleagues are faring.

I: Tell me more.

R: The issue is; you know some people do say the injection is bad or such like so some adolescents listen to them. So you tell them please don't listen to others, just come for the method and see what effect it will have in your body. So you even at times have to tell her, I have had this method for such years and you know by then you don't have the method, you just tell them so that they can accept; not only the adolescents by the way, even adults.

I: Okay, and what do you think are the biggest motivation for girls signing up for the ITH platform?

R: Since ITH brought Always, girls have been coming in droves and not for the contraceptives; they come for it so that they can get the Always so that's why they come. Even if you are not careful, you can find a fourteen-year-old coming just because of the Always. Most girls only come for that, very few come for the contraceptives.

I: And what...

R: And if there is soda and cake, girls will throng the place and you can have a lot of work.

I: And do you think TIKO miles is one of the reasons why they come for the ITH program?

R: They don't know about TIKO miles and not even a single one of them have redeemed the points, where can they redeem them? Those who had them just have the cards because there is no shop around.

I: There is no shop?

R: No, Triggerise was to assign a shop where we would redeem our points but they didn't assign any.

I: **It wasn't assigned?**

R: Yes.

I: **Why?**

R: I don't know.

I: **Okay, and briefly tell me, how do girls redeem their points?**

R: They don't redeem, where can they redeem them and they even asked me, where can I redeem my one ten points, so [mention of individual's name] he had said they would assign a shop here and we have waited for that since so they didn't redeem the points and they have since expired, no adolescent girl has ever redeemed her points.

I: **Okay, and what is the perception of the community about the ITH shops or pharmacies or clinics like this?**

R: The community?

I: **Yes, how does the community perceive the shops...**

R: Yu know people just go to the shops to buy things; but if Triggerise assigns, we are the only ones who know that we can redeemed points in certain shops, those who work with ITH, so we just go to that shop but everyone else just go on their own volition; it won't only be an ITH shop.

I: **Okay, maybe if you could tell me briefly, how does the community perceive the ITH services in general such as the clinics offering the services?**

R: I told you that most people...very few people feel that the ITH services are good but most of them feel that they are spoiling the girls.

I: **You are saying the...**

R: Most members of the community feel that ITH is spoiling girls; very few people who are smart and heard when the government said the children should be given contraceptives, so since you cannot just tell a girl to have family planning, you will tell an adult who has given birth about family planning; we were just telling them about contraceptives, we never told them about family planning but most parents didn't like it and they said that we came to spoil their daughters so mostly as CHVs, we have a lot of problems.

I: **You have a lot of problems.**

R: Yes.

I: **Tell me more.**

R: Because we are the ones who go to the community and we are the ones who know how the girls are in the community, we are the ones who talk to the girls; so when you mobilize them and some parents think it is bad, some parents may even stop you on the way and tell you, don't even try mobilizing my daughter, you are spoiling my daughter; so you tell her I am not spoiling your daughter, I am in fact helping you; I want your daughter to finish her education. She tells you my daughter isn't fond of men yet and yet you know about that girl...you know I cannot know what my daughter does but someone out there will know but some parents don't know that. So you tell her that's not it, you might think you know what your daughter does but you don't. so if you are harsh or if you are not able to take the insults, you cannot be in the community with these people but you lower yourself to their level and talk to them until some start to accept it and even tell you to provide the service to their daughters. So you give her the fare, she takes a

motorbike to the hospital and then come back. But most of them say that we are spoiling their children.

I: So as a mobilizer, have you felt isolated to some extent in the community because of your work?

R: They haven't isolated me, I just do talk to them, whoever accepts the method, I would give her but whoever declines, I just let them go. They isolated me when I was a peer educator but now everyone comes to me to ask me what to do. Since this thing was suspended, most girls come to me, they want their daughters to be enrolled in the ITH.

I: Okay, and you talked about a few challenges related to the ITH program, I don't know whether you would like to talk about some more challenges you face in the community or in your role as an ITH mobilize.

R: You know you would deal with ITH cases form morning because you couldn't leave a girl whenever you had any. The challenge you could have is that you would mobilize a girl in the interior parts of the community and she would tell you outright that she cannot walk so you have to pay for her fare to the facility.

I: How do you do it?

R: You pay for her fare for her to accept. So when she accepts, you will then take her photo then accompany her to the facility as you wait aside then pay for her fare back again. That's the first challenge; the second challenge is the insults we get, you are spoiling peoples' daughters, they even announced on the radio that they don't want Marie Stopes or ITH issues in Kakamega County; they announced that they don't want it. So ITH has only been operating in private facilities.

I: Okay, is there any other?

R: No, also ITH not paying, they should change the points into money.

I: **Okay, and what is the perception of the adolescent girls on the ITH platform?**

R: Girls ask whether they would get any benefit.

I: **What kind of benefit?**

R: You know when we first started they thought they were whites who wanted to sponsor girls. So when you tell them about it, they distance themselves, and you also find boys who want to know about it; tell us about that program even we have malaria we can use the drugs. So you know they know what I do in the community so they just think that I am mobilizing them to go for HIV testing or I am talking to them...you know Marie Stopes is known for carrying out the abortions; so they think that's what I am talking to them about. So when I am done talking to the girls, I then talk to the boys and tell them, I have come to you as you wanted, we have vasectomy, are you ready for that. When they hear that they will laugh and then say, we thought you were...sometimes I do carry condoms and distribute in the barber shops and motorbike stages, so they think that when am talking to the girls I do have the female condoms and give them, so that's what they do think and say; we thought we would get money, will we also get phones? That's what they ask, they want to get some benefits when they get the service. I told you that if they brought Always or cake and soda, girls will throng that place, even those who were not ready for the service.

I: **Okay.**

R: There was one we even provided the service, she was an adolescent but she had sickle cell so the parents removed

it and by bad luck she conceived, you know a sickle cell patient do lack blood at some point, so during her pregnancy...she didn't give birth, when she had the pregnancy removed, the fetus was just some flesh, so if they had not removed the method that girl would still be alive, she was buried last Saturday just because of losing blood and she had sickle cell and that method had protected her. She was at the college.

I: Okay, and what beliefs or perceptions hinder girls from enrolling with ITH and accessing family planning services and other services apart from the ones you have told me about?

R: They feel that they will be seen by others and they don't want to be known, they don't want an open place so when they feel that someone can see them the girl shy off. Sometimes when the girl shies off I will first come and wait for her to come and I take her into the room immediately and I move aside. So their concern is they don't want the parents to know and they are also concerned that won't this thing bring me any problems; that's the most common question; what will I tell my parents if I start bleeding or if this happens, so that's their concern. Some even come and say, my parents told me to have the method but some even fear coming here; or if she is with her colleagues, she wants to have the method but she fears that the teachers or her colleagues will know and you know whenever we bring adolescents for health talk, they have to be counseled by a guidance and counseling expert. So after the health talk they are told, if you are willing, you can come for the method; one will just come secretly but she doesn't want people to know. And you know you shouldn't take a photo here,

you should take it out there; you shouldn't take a photo in the facility lest you be suspended.

I: So what do you do to deal with the challenges?

R: So you will talk to her and go to maybe a salon when there are no people and where you will agree on with the girl and you will take her photo there and then bring her to the facility.

I: Okay, do you have anything else to add? We have come to the end of our discussion, unless you have any question regarding our discussion.

R: No, I don't have a question.

I: Okay, thank you very much, your input will be very useful in the evaluation process, thank you.

R: Okay.

[End of audio]

Notes

Respondent says some methods result to loss of interest in sex among adolescent girls. No probes on the specific methods or examples of cases.

File name: ITHR2_MOB_KAK_LURAMBI_TOWN_FHOK_190513_1237 (1)

Duration: 00:33:19

I: Hello, this is Doreen ITH round two, having an interview with a mobilizer who is 23 years old in Kakamega County, Lurambi sub-County. This is urban and it is family health options Kenya on 13th May 2019.

So please tell me briefly about you and what you do.

R: I am Rebecca Nekasa Sifuna, I am a student at the same time I am a volunteer at Family health options Kenya, which is a youth resource person, yeah. That's it.

I: **Okay, you are a student, tell me more, where, what do you do?**

R: I am a student at Masinde Muliro University. I am a fourth year. I have only two weeks remaining to finalize.

I: **Okay, I can see you seem excited about that.**

R: Of course, I am very excited.

I: **Nice, okay tell me about your roles in the ITH project.**

R: In the ITH project I was a mobilizer, we were telling the young girls between the ages of fifteen to nineteen, we were enrolling them to come for the services that is the free services. So my role was basically a mobilizer. We had been trained to tell them about contraceptives and family planning methods.

I: **You said you were, you were, you were. Is it something that is continuous or it's something that is not going on any more?**

R: We did it until December, so after December we have not continued this year until now.

I: **Okay, why.**

R: We asked why we had not continued then we were told there are things they are still organizing then they will let us know when to continue but it didn't stop.

I: **Okay.**

R: Yeah.

I: **You've said you mobilize; please say more about that like what is the procedure, what do you do?**

R: Personally, what I used to do, you know this age was slightly difficult to mobilize because most of them are in school, and before we started, we were told we are

not supposed to mobilize those in school uniforms. So maybe if you meet them outside maybe if they are not in school uniform, we didn't go to schools. Outside here, you just approach this lady because these are things that these young girls face, they go through, and they are sexually active. So I would approach one of them and tell her I am so and so, there is project and we offer these services free at the clinic.

I: When you say these services what do, you mean.

R: I was telling her like services of contraceptives, yeah we are offering them for free, and then I could tell her these service are like this these one's for family planning, methods are like this and this.

I: Okay, just to get you clearer please when you say this and this just tell me what you are the things you are mentioning.

R: Like I am naming things like implant, implants there are Implanon and Jadelle. Implanon takes three years, Jadelle takes five years, there are pills for one month, there are injectables for three months. And there is IUD that takes maybe ten to twelve years, that is Intra Uterine Device. Then this program is trying to reduce cases of teenage pregnancies in the region.

I: Okay, thank you I understand you more. So how were you selected or how were you recruited as a mobilizer?

R: How I was recruited, I was already here as a volunteer in this facility FHOK and it majors mostly on sexual reproductive health and rights. So health and rights aside I told you I am a youth resource person, which means that I am trained peer educator, I can educate on sexual reproductive health and rights. So they know I

have this information, if I am going to talk to this young person I have the correct information to deliver.

I: Okay thank you. So how are you rewarded?

R: Reward in terms of being an ITH mobilizer or as a volunteer?

I: Not as a volunteer, our focus is on ITH, so how were you rewarded for ITH?

R: So I used to mobilize, after mobilizing when someone comes for service I would get Tiko Miles. So I would redeem those miles to a shop that is also registered under that. So after mobilizing, if someone came for service I would be awarded with 170 miles, which one mile is equivalent to one shilling. That is now 170 shillings.

I: So what was your opinion about that reward or how did you feel about it?

R: That time actually to be sincere.

I: Yeah we said this is girl talk we just be sincere to the core.

R: That time you see mobilizing and just going to ask, sometimes you approach a girl, yes these are things she knows affect her but she just puts you off. Maybe you have agreed and talked. You have explained and told her everything and it's not for your own benefit, it's also for this girl to benefit. But she just tells you okay I will come, you enroll her and maybe she won't show up. And imagine with all the work you have done you have to wait until she gets that service for you to get the miles. So at least it would have been that if you managed to just enroll even if she will come this year, because there are some who wanted to come but we have stopped

for a while. Just for enrollment, someone should get something. Not only when someone gets service.

I: Oaky, so you think someone should get something for enrolling someone.

R: Yeah.

I: How many miles or how much money? How much do you think it should be? Should it be in points or cash? In your opinion.

R: Okay, it would be better if instead of points it should be cash.

I: It should be cash.

R: Because maybe let's say personally if I go to redeem my points, I went to redeem in December, my grandmother was there waiting for me. Now the only thing I could be because I was not going to redeem it for money, I was only going to shop with it or do something like make my hair or go the boutique. So what if I wanted to give that money to my grandmother to use, that I have done this and this and this is what I have been rewarded with, but now these are points I have to shop or shopping is the basic thing I could take to my grandmother.

I: Okay, so if it is in terms of cash how much do you think it should be. If it is Tiko Miles, you told me it was 17 points, which is equivalent to 170 shillings. So the enrollment process after completing, how much would you recommend, or how much would you like.

R: 170 or 200 is just okay but if could come in terms of money and not points.

I: Okay, I understand. And can you please tell me about the actions you've taken to mobilize youth to join ITH? Apart from what you have told me about not recruiting students

in uniform, would you kindly say more about the recruitment process like those actions?

R: Actions, I did them a while ago but I will try if I can remember, you know we were trained first. There were these cards and there was sms.

I: **Yeah, you are right there is no right or wrong answer you are okay.**

R: Actually, I have forgotten the code.

I: **It's okay, you don't have to remember the code, just tell me what you can recall.**

R: Before I enroll her, I have already talked to her; I have explained to her what exactly we are doing. After that, I ask her if she okay and if she would like to access any service, if the girl agrees that she wants to access service that's when I ask if ca enroll her.

I: **Okay.**

R: So I can enroll her, of course, there are those who were not okay with being enrolled using the card, so I would enroll them on phone but at first, those we enrolled on phone the sms wasn't working in Kakamega, it took a while for the sms to work. They started working in the end around December. So when she accepts that's when we can enroll her. That is if she agrees, I will enroll her either with a card or with a phone. And if she is not comfortable with the card of which most were not comfortable so we had to do a lot of convincing for her to accept being enrolled with the card because the cards required photos.

I: **And why were they refusing?**

R: They did not want their photos to be seen.

I: **Why?**

R: You just know girls; they feel like they will be seen.

I: Who do they fear will see them? Mostly who did they fear seeing them?

R: Like I think the public, they thought someone might know they went for service and all that, so we had to convince them that the cards were just to identify them, this card is yours.

I: Okay, thank you and you had said that if you meet a girl you will talk to her and tell her everything but she will still not come for services right. So how did you ensure that the ones you had talked to or enrolled reached the facility to get ITHJ services?

R: Okay, people say I know how to convince, so I just used to talk to them, if you are willing to receive service then we will enroll, but we had coupons here, so we had coupons. So I did not have to come with her here to the clinic. I would just direct her but on my referral coupon I have taken her details, her name and her phone number, but when she comes, you won't know who exactly came. You will just receive a message that a client of yours has visited the facility and you've been awarded 170 Tiko Miles. So you will not know who exactly came, now that is a challenge, you will not know who exactly came for the service. So I can't follow up and say this one did not come. But if I meet them because as you talk you also socialize and get to know each other, so that's when I will ask did you go for the service you wanted? Then they will say I thought about it but you know my friends told me this and this and that is how you will know that maybe she didn't go. So that is the only way you will know when you meet but you will not know who came and who did not come.

I: Okay, and you talked of a challenge, what are the challenges until the point of mobilizing them, and enrolling until they come to the facilities, what can you say are the challenge you faced.

R: Now for these services, contraceptives generally there are people with different opinions about them, they say they have different effects, you won't get birth in the future, it is not spiritual and things like that. So for you to convince someone and tell them to come they will tell you I was told this and this about this thing, I was told maybe if I use this I will not have children, if I use this I will go thin, I use this I will gain weight, so that was the biggest challenge. The only thing I would do after explaining to her as well you can you can visit, just come and the nurse will tell you more about the methods I have told you about and then from there you will pick for yourself the method you want. If you will see any effect on your body, then you will still be free to go back to clinic and tell the nurse this affects me this way.

I: Okay, thanks. And can you please tell me your experience in using this ITH platform.

R: Experience?

I: Yes, in using ITH platform. Platform like the mobile system, please tell me a little about.

R: The mobile system was the best compared to the card.

I: It was the best.

R: It was the best; it is just that it wasn't working here. It just started working but it is the best. You just enroll someone on the phone, after enrolling her because she might lose the card and if she loses the card, I cannot get points because they have to scan the card

before getting service. So the mobile was the best, you enroll them and they continue the process with the nurse, yeah.

I: Okay, and what were the challenges in using in, like any challenges you've experienced while using the mobile?

R: Using the mobile did not a lot of challenge because we would go step by step with the client, if she asks a question I would respond, how old are you she fills it herself, we would fill it step by step together.

I: So can you take me through the step-by-step process to help me understand.

R: I have forgotten the code.

I: Just tell me the process.

R: We used to send.

I: The number does not matter, after sending the number what would happen.

R: Then a question would come and she would answer, and then another question would follow. Then after answering all those questions it would reflect on my phone, and there was a code sent to my phone and I would give her the code to enter and then when I am done enrolling that one she would be awarded with points.

I: Okay and then it just ends like that.

R: And then when she comes for service the nurse will send her to her phone like that.

I: Okay, so when you are enrolling these adolescent girls, what key messages where you sharing with them about ITH.

R: About ITH, so the message was that we were trying to reduce rates of teenage pregnancies and then we were offering those services to young girls between ages fifteen to nineteen free at the clinic.

I: Okay anything else you were telling them.

R: There were many things but that was key.

I: **Okay, and what instructions do employees receive about how to use the ITH features, were there any instructions that enrollees would get about using ITH, the different features of ITH?**

R: Features?

I: **Yeah.**

R: How?

I: **Let me repeat. What instructions do enrollees receive about how to use different ITH features?**

R: They also had a process to follow when they referred their friends for them to get points. So they would refer somebody else. Then they could go to any Tunza clinic. Yeah, any. As long as you are enrolled, you can access the services anywhere at any Tunza clinic.

I: **Okay, and what are some of the questions that girls ask most of the time when they hear about ITH. What questions do they ask most of the time?**

R: Most of them ask about the effects they will get from accessing those services, and why is ITH free, they were suspicious and asking why it was free yet in other facilities people pay.

I: **So what would you tell them after they asked you that?**

R: I would say it has been catered for so it is you to go get service, because you know it is not everybody who can afford. I asked her let's say for a normal person IUD is one thousand shillings here, and I asked supposed you want an IUD you will access it but you will manage that one thousand shillings. So the cost reduction is what I was telling them now ITH has come and catered for these expenses, you just go for free.

I: Okay, and apart from what you have said what do you think would hinder girls who register for ITH from getting services.

R: Just their peers.

I: Their peers.

R: Let me say their friends, they listen to what their friends tell them, then sometimes its church, their church and then another one is fear, they fear that maybe if I go how will people see me or how will the nurse see me.

I: Okay, and maybe you can tell me if there is a way you help those girls you have enrolled to get services as in how do you assist them to access services after they enroll.

R: After they enroll.

I: Yeah.

R: After they enroll I said that for the card you will not know who went or who did not know but if we meet or at times, you remember I told you that there is [Cross talk 00:22:41]

I: I remember very well I'm just asking if there is anything else that you have not talked about, about that process. If there is anything, you have not told me about that you can remember and add. You had told me about the card I can remember.

R: Maybe we can text on phone and ask if she was served well, and she will say yeah it was good or I didn't go. Or I did not go because of this and this.

I: Okay and what can you say was the biggest motivation for these girls to come for their ITH services.

R: The fact that they heard it was free and then another thing is the girls themselves know that they are sexually

active, so they were also trying to avoid getting pregnant. So they would come and even if the nurse takes them through this, and as much as they will not get pregnant, there are other protection they can use to avoid sexually transmitted diseases.

I: Okay, you talked about Tiko Miles, I don't know if it can be one of the things that influence them.

R: That one too, if they hear that if I refer friends I will also benefit, yeah.

I: Another thing you thought was a motivation. Any other thing you thought was a motivation to them.

R: Nothing else, I don't think there was another one.

I: Okay, and what are the views of the community on ITH clinics or the shops, what perception does the community have.

R: I can say around here; you know we have been on the ground ready. So around here it has not been much of an issue, they understand. So the community did not take it badly. It was just normal it helps our girls.

I: Okay, and you as a mobilizer, what is their perception about you? Any challenges you have faced from the community or such things.

R: Personally, I can say there was a time I went to mobilize then a parent or it was just a father passing by, passed by, and saw me speaking to a girl. Then he stopped to listen to what I was talking to her about and he told me you are the one who wants to spoil our girls here? I had to take time to talk to this man first before continuing with the girl. So this part of spoiling of our girls makes me feel bad.

I: Okay, how did you take it or how did you perceive when he told you about spoiling girls, how did you take it?

R: It is normal because they are things that happen, he feels like that is what we do and that is his perception, so I just took it normal for that comment to come from someone.

I: **And what did "spoiling," mean according to him.**

R: According to him from what I understood was now letting them go and have sex the way they want because they know they will not get pregnant.

I: **So how did you handle that? You talked to him, what did you talk about?**

R: I told that man that he did not know what girls did out there but then I made him understand that after a girl hits puberty and this generation here is very sexually active, so you get a very young girl getting pregnant, and why can't they be helped before it reaches there and get the services.

I: **Okay thank you. And the number of times you have faced these challenges as a mobilizer you said you felt bad. Did it affect the way you treat girls?**

R: It did not affect. It is something I have encountered in several occasions, so it was not the first time and we were going for the field we were also prepared for that.

I: **Okay, are there any other challenges you are facing apart from the ones you've mentioned while mobilizing girls? Just in case there is a challenge, you forgot to mention.**

R: There is none, I doubt if there is, although the ones I have met, like right now you know we are not continuing and ITH has stopped for a while. Now there are those who are looking for me now, can I come for it? Last week a girl who wanted implant called me and I told her right now we have taken a small break. So maybe the break is

what I can say is a challenge, because now is when they need services but they are not being offered.

I: Okay, what perception or views do girls have about the ITH platform?

R: People have different views, there are those who embrace it and say that it is good and should continue, and there are those who don't want to hear about it and then there are those who are just there.

I: Okay, for those who do not want to hear about it, could you have heard anything or why do you think they don't want to hear about ITH or why do you think they don't want it.

R: I have heard once that someone I don't know where they went but the mobilizer approached her with information and maybe she delivered it wrongly, okay that is what I think, that she delivered it wrongly. So the person who did not want to hear told me that story, why do you think they just come and bring cards and they want to take your photos and it is all free what do they pay? I don't want to hear about it. So probably, that person packaged the information badly and she was not given the correct information.

I: Okay, what do think are the beliefs and perception that can make the adolescents not to enroll apart from what you've already mentioned?

R: Mostly are things about losing weight or gaining weight, or not giving birth in the future.

I: Okay, I don't know if you have a question up to that point or anything, you may want to say about this discussion that we've had.

R: The discussion has been good. It has been very good. Now will we continue with it?

I: I will ask about that; I do not know whether it will continue or not. We are just doing research, we are an external organization as I told you and we are just doing an evaluation. So this data that we are taking we are going to present it to the implementers. They are the ones who know whether it will continue or not but the evaluation is to determine if improvements should be done just in case there is a future.

R: It is okay but it would have been nice that if came we could take it to other sub- counties. You know, yes it is in Kakamega but you know we cannot reach all areas. As much as we are trying to go inside it is still a bit difficult, areas like Malaba, which is now the leading sub-county with the most number of teenage pregnancies, and Shinyalu.

I: okay, until where we have reached do you have any questions or anything you would like to add because my questions have ended.

R: I don't have any questions.

I: You don't have anything to add or any questions.

R: Yeah.

I: Okay I am very grateful for your time; your views are very important in this research and thank you very much for your participation.

R: Welcome.

[End of audio]

Notes

The interview is audible. All questions asked with relevant probes.

File name: ITHR2_MOB_KAK_MALAVA_RURAL_KAKUNGA MEDICAL
CLINIC_190515_2300
Duration: 00:37:55

I: This is Mercy having IDI with mobilizer in Kakamega county Malava sub county, societal medical clinic which is former Kakunga Medical clinic, which is in Rural on sixteenth May 2019. Thank you very much. Tell me a little about yourself and the work you as a mobiliser. Please tell me little about yourself and the work you as a mobiliser.

R: As a mobiliser, I reach out to girls aged between fifteen to nineteen years, sensitization them about family planning, its importance and the problems as result of not using family planning methods. In this area of Kakunga, there are many girls who dropped out of school because of early pregnancies. others abort using poor methods. So I teach them about family planning, safe abortion and how they can protect themselves so they can finish their education

I: Okay. We have this ITH project. Tell me about your roles in ITH project. What are your roles in the ITH project?

R: My roles includes sensitization of girls and referring them to a health provider to get services

I: You have said that you talk to the girls, what exactly do you talk to them about?

R: I talk to them about family planning

I: What do you mean when you talk to them about family planning?

R: I tell them about the methods that they can use to avoid pregnancy. She can abstain or use the various methods of family planning available. For those that agree, I refer them to the service providers based on their own choices. I don't make a choice for them. I just give them the information about all the methods and they make a

decision on the method of choice when they visit the service provider

I: You said that you refer them; how do you do the referral?

R: I have a smartphone application for Trigerise in my phone. So I usually talk to them and when I have an agreement with the girl, I take a photograph of her. I enroll her using a card that I have been issued by the ITH project. There is a code in that card I load and then I enroll her, give her the card to visit a service provider to confirm that she has been registered so that she can get family planning service

I: Okay, thank you. You said that you are a mobiliser. How were you selected or recruited as a mobiliser?

R: I was trained as a community health worker by the government at [Inaudible 0:03:50] hospital. When this program came into place, they needed a mobiliser. The nurse at Kakunga medical clinic recognized me as a community health worker for this area. She is the one who took me into the program as a mobiliser.

I: Okay, you have said that you had been trained as a CHW?

R: Yes

I: So when the ITH program began, the nurse informed you that mobilisers were needed for the project

R: Yes

I: Why do you think this service provider selected you?

R: She knew the work I was doing in the community like referral of patients, children and women. I would sensitize people in community meetings about reproduction, sanitation. So she knew I am a health worker. That's why she felt I would be of help in the project

I: Okay. explain to me how you are rewarded for enrolling adolescent girls in the ITH project

R: Pardon

I: How you are rewarded

R: When I refer one girl, previously I was awarded one hundred and seventy points. But currently I was told that when this project returns, because we have not been working since march and April as well as the beginning of this May. So they have said when the project is renewed, they will be awarding me one hundred and fifty point per client. I will earn one hundred and fifty points for referring a client and the girl will also earn one hundred points

I: Is there any other way you are rewarded apart from earning the points?

R: It is just through points only

I: Okay. what is view of this reward?

R: When I get these points, I should earn at least one thousand to be able to go to the shop. There is a shop in Kakamega which has been opened by ITH. So I just go to the shop and buy sugar and other items using the points. Although in my opinion, given that I have school going children, I would prefer to be given the money instead of picking foodstuffs and maybe my child has been sent back home due to lack of school fees

I: Okay. Please tell me about the process of mobilizing adolescents to join the ITH program

R: I usually walk from door to door. Most of the adolescents also are aware of the work I do because I usually pass the message through the churches and the chiefs barazas. So they know the work I do and some of them even approach

me personally for assistance. Even the ones I have referred pass the information to their peers.

I: Okay. so you have said that you mobilize through house to house visits, barazas, churches, and in other cases other girls refer their peers.

R: Yes

I: What messages do you emphasize during mobilization?

R: I usually tell them that the fact that I have referred you for a service at the facility does not mean that preventing pregnancy also prevents infections. You should also be aware that there are STIs. You should not be promiscuous just because you have prevented pregnancies; there are also although diseases that you should prevent

I: Okay. thank you. After you have mobilized an adolescent, sensitized and recruited her, how do you tell that she has visited the clinic and obtained the services?

R: I usually report to the clinic three times a week. So I usually check the nurse's records. Usually when I recruit the girl, she I record her details in my book. So when I come to the clinic, I confirm the name with the nurse if she visited the clinic for service. That's how I tell if she came for service

I: Okay. And is there anything else you can do to ensure that the girl seeks the services? Is there anything else you can do as a mobiliser to ensure the adolescents seeks services at the facility?

R: Yes. I usually do follow ups

I: How do you do the follow ups?

R: I usually go and ask the girl if she went to the facility or not. There are others who go to school even on Saturdays and they prefer to go to the clinic on Sunday.

So I call the service provider to inform her to be in the clinic on Sunday at a specific time when the girls will be seeking service at the clinic.

I: Okay. You mean the clinic runs for how many hours and days a week to provide services for the girls who prefer to come on Sunday?

R: The nurse opens the clinic on Sundays after service

I: Okay. is there any challenge you face in mobilizing the adolescents?

R: Yes

I: Tell me briefly about it

R: I come from the remote villages. There are some adolescents who don't have the fare to reach the clinic yet they want the service. So I have to give them some money like fifty bob so that she can go to the clinic

I: Okay. thank you. Is there any other challenge you go through at different points when mobilizing the adolescents for service, apart from the lack of money for transport?

R: I also face some challenges like rainy seasons for example if I have to mobilize this village next week, the following week would have to go to another village

I: So rainfall is another challenge?

R: Yes

I: Is there any other challenge that you go through or that you have ever faced when you are mobilizing these adolescents?

R: Yes, right now I don't have uniform. There are certain households in the village who make illicit brew. In such places I may be squabbled because they don't know me and they just see you as a normal person

I: Okay. Earlier I had asked you if you are aware of our mobile platform

R: Yes

I: Tell me your opinion as a mobiliser about the use of ITH platform

R: I have a problem with this because to enroll an adolescent, I must have money in the phone, buy the bundles so that I can enroll her. Sometimes you get a client who wants to enroll to get the service but I don't have airtime in my phone

I: Okay. When you have airtime and you want to enroll a client in the ITH platform, what do you do as a mobiliser. Tell me briefly about the process of enrolling the adolescent into the ITH platform so that she can access services at the health facility

R: I sensitize her first then I ask her, her age because not everybody is enrolled. If I make the mistake of starting to enroll her before asking her the age, the phone will not allow if she is over nineteen years. So I have to ask the age before I begin the enrolment process

I: Anything else that you usually ask them to enroll them in the platform?

R: I ask them if they have ever given birth

I: Okay. you said that you have difficulties for example to register a client you need to have airtime. Is there any other challenge that you face in enrolling adolescents into this platform?

R: Yes, there are times you may have the credit in your phone but when you try to register the girl, it does not go through. You can even make three attempts before you succeed

I: Okay, so it takes some time...

R: Yes, before it goes through

I: Okay. is there anything else you would like to tell me about the ITH platform? Your opinion or anything you would like?

R: I think the program has assisted girls in this community. We have West Kenya factory nearby. This factory has many different kinds of people. As a result, most of our girls were ruined, we had very many school drop outs. But there has been improvement as a result of this program

I: Okay, anything else you would like us to know particularly about this mobile platform? Is there anything specific you want us to know about the mobile platform?

R: [Silence]

I: What are the key messages that you share with adolescents about the T-safe platform when you enroll them?

R: I tell them to use family planning so that they can plan their life well. Even for those that have undergone early marriage, they can use family planning so that they can have the strength to take care of the child that they have and do other jobs in the house. She does not space the children well; she will not have the energy nor enough money to take care of the children

I: Is there anything else you usually tell them apart from child spacing? Is there anything else you tell them about the T-safe platform, the ITH program?

R: Yes, I usually tell them that this program supports girls aged between fourteen to nineteen years

I: Okay. What instruction do enrollees receive about how to use different T-Safe features?

R: I usually explain to them how T-safe works. Then I enroll her using the phone and refer her to the nurse. The nurse then explains to her the available methods, and examines the others to determine the suitable service. Then the girl makes the decision at the service provider after being counselled by the nurse

I: **Okay, after you enroll the girl in the platform, are there any particular instructions that this girl receives about the services or clinic where she can access these services?**

R: Yes, I usually explain to her

I: **It is you who gives her the explanation?**

R: Yes, it's me who gives the explanation because even the government provides these services. But if I enroll her in the ITH program, I refer her to Kakunga medical clinic

I: **Okay. so you usually refer the girls to this clinic?**

R: Yes

I: **Why do you refer them to this clinic?**

R: I have been attached to this clinic

I: **You are attached to this clinic?**

R: Yes

I: **Okay. What are the most usual questions adolescents ask you when hearing about T-safe? What questions do the girls commonly ask you when you do mobilization?**

R: They usually ask me after enrolling them whether the service they are going to get is good or bad. Others may say that they have heard other women say that she will become barren if she uses family planning as a young girl

I: **Okay**

R: That I will not be able to give birth. But I usually tell that that it is a lie. They are just myths

I: **Okay. So you have said that the girls often ask you if this is a good or a bad thing**

R: Yes

I: **So how do you respond to them? What do you tell the regarding that question?**

R: I usually tell them that the services are good because I have personally used those services. I have used pills, depo, long term methods. I even show them and they see, and use myself as a living example having used the methods and didn't become barren.

I: **Okay. How do you assist adolescents to access services after they enroll?**

R: I follow them up and advise them to get the service so that they can plan their life well

I: **Okay. any other way you assist them to ensure they get the service?**

R: [Silence]

I: **Okay. Why might some of those girls enrolled by mobilizers not access services? What are the reasons why one would not access the services after going through the enrollment process?**

R: Some of the girls especially those that who underwent early marriage, the husbands may be against it. so she will not come for the service. She will not be allowed by the husband and may even be threatened with violence. That is one reason. The other reason is related to the religion. For example, this "*holy spirit*" denomination don't support the use of medicines. But there are those who approach me for assistance but others dismiss them saying that it is sinful. That discourages the girl from coming for the service

I: Okay. anything else that prevents the girl from accessing the service apart from the religion or the husbands discouraging them, is there anything else that may prevent the adolescent from accessing the services?

R: No

I: Okay. Thank you. When you are enrolling these girls, what do you see as the biggest motivating factors for girls signing up to T-Safe?

R: These services are provided free of charge. They are not charged. And instead of being charged, they usually earn points

I: Okay. Anything else that can motivate them to seek these services other than points and the service being free? Is there anything else that can motivate them to seek the services?

R: Yes, for example those who have given birth soon after the previous delivery, they come so that they can prevent similar cases in the future

I: Okay. do you think the information you give them as a mobiliser can motivate them to seek these services?

R: Yes, I usually tell the importance of accessing these services. So that they can complete their studies in school. sometimes a class six girl becomes pregnant and drops out of school. even the parents refuse to continue supporting her education instead she stays at home. Eventually she seeks a job as a housemaid, she gets harassed, and doesn't not live a good life. Other cases, they are forced by their parents to get married to the man responsible for the pregnancy. So they face a lot of problems. I usually tell them about such things

I: Have you come across adolescents who decide to register in the platform because they are curious about it?

R: No I have not

I: **You have not met those girls who enroll because of curiosity? Those who are just curious**

R: No I have not come across them

I: **Okay. What is the community's attitudes towards ITH shops?**

R: ITH?

I: **Shops. The ITH shops. You have said that there is a shop where you can redeem the points you have earned**

R: Yes

I: **So what do the members of this community say about these shops**

R: Most of them don't know what goes on. They just think that I refer the adolescents to get the free services. They don't know anything else about the points or where they are redeemed

I: **Okay. And what is the community's attitudes towards this ITH clinics where the adolescents can get the family planning services?**

R: There are those who like it and there are a few who think that the nurse is ruining their children by offering family planning services; that they will become barren. If safe abortion is conducted they claim that she is killing or teaching the children bad behavior. However, most people who are knowledgeable think positively about the project

I: **You said that they like it, saying that the nurse provides the services to their children so that they can go on with their education**

R: Yes

I: **Is there any other god thing that they say about this clinic?**

R: Yes. They say that the nurse has really helped their children

I: **In what way has the nurse helped them?**

R: Sometimes you get cases where a boy has impregnated a lady within the same clan. For such cases, others come to the nurse for safe abortion. Such a parent would be grateful because she has helped her daughter. Another person may feel like she has not done a good thing. So others think she is doing a good thing while others have a contrary opinion

I: **Okay. What is the community's attitudes towards you as the mobiliser for ITH program?**

R: They just think that I help them. Because I also refer the sick, even those suffering from malaria, I refer them and they get treatment. So they think good of me, that I help the community

I: **You have said that they think good of you because you refer the sick people to the hospital for treatment**

R: Yes

I: **And in the ITH program, what do they say about your role?**

R: I can't tell because...

I: **You have not heard people talking-**

R: No I have not heard. Maybe they talk behind my back but I have never heard anyone saying anything

I: **Okay. so you mean that there has not been anytime when they did not want you in this community?**

R: No

I: **So they just see you as a good person?**

R: Yes

I: **Okay. You have said there are a few challenges, like some say the clinic is bad because the nurse provides**

safe abortion services or family planning, and they will become barren

R: Yes, that they become barren, and will never give birth

I: **So you as a mobiliser, how do you deal with any negative attitudes in the community in relation to ITH and your work? When the community members say that the nurse is bad because she provides abortion services, what do you do as a mobiliser?**

R: I usually tell them that the nurse does not walk in every household in the community coercing people to seek the services. As a mobiliser, I only refer those who accept. I don't force anyone who has refused. You can't decide for someone to seek the services

I: **What do you do when they say that the girls using family planning will become barren?**

R: I use myself as an example. I have used all those services. I have used pills, depo, and long-term method, yet I have given birth to five children. I have never become infertile because I used family planning

I: **Okay**

R: Yes

I: **So you try to encourage them that even if they use these services they will still be able to conceive, bear children and won't have any-**

R: Even now there are those who we started with at the beginning, right now they are already married and have born children. I usually give them that example of those who have given birth to show them that you can't become infertile

I: **Okay. What are the challenges you face when mobilizing adolescents for the ITH program? What challenges do you face? You have said there are challenges -**

R: Distance like you mobilize in this community and the next month you are required to move to another area, and maybe I don't have the fare. Something like that. Or maybe you may go to another village where they make illicit brew. So you need to be very careful because without uniform you may be arrested thinking that you are one of the consumers of the alcohol

I: **Okay**

R: Yes

I: **Alright. What are adolescents' views regarding the ITH program?**

R: The girls are very positive. They believe it is a good program which helps them

I: **Okay. You have said that they are very positive?**

R: Yes

I: **What have they said that show that they are very positive?**

R: They say that previously they faced a lot of challenges. They would be required to pay in the government hospitals for example five hundred shillings for long term method and maybe she does not have the money. But this program provides it free of charge and they are very happy because it helps them a lot

I: **Okay. What do they say to show that they are happy?**

R: They are happy because when you talk to one of them and she seeks the service, the following day you will receive two clients who approach you to be registered. That's how I tell that they are happy with this service

I: **Is there anything else you know about the opinions of these adolescents regarding ITH? Anything else you have seen or witnessed?**

R: None

I: Thank you. What beliefs, perceptions and concerns hinder adolescents from enrolling in T-Safe and receiving contraception services? You said that a girl may not seek services because of her religion. Is there anything that would prevent an adolescent from enrolling in this platform

R: One of the reasons is religion. Another reason is that some of the men refuse. They just want the women to give birth throughout

I: Anything else which is a concern apart from the religion? Is there anything else that they say if they say; for example, earlier you mentioned that they say if you seek these services you will become barren, it's called myth

R: Yes, myth

I: Are there any other myths that you have experienced?

R: No its only that one

I: Okay. You said that most people say that they will not give birth, they will not bear any children, the religion also does not allow and the husbands are also against it.

R: Yes

I: How are you trying to address those challenges you have mentioned?

R: I usually explain to them that those are just rumors; it is not true. With regards to religion, I usually tell the girls that if the parents belong to the "holy spirit" denomination, that is their own faith and you should live your own life. It's not good to neglect oneself and avoid seeking these services because your parents belong to the "holy spirit" denomination. They have their own faith. You don't even know where you get married the

religion you belong to. Others come secretly without the knowledge of their parents or husband or the church

I: Okay. is there any other challenge you go through as a mobiliser and which you forgot to mention?

R: Most of them would like to get the services but they go to school even on Saturdays. So it is difficult to get them. They want the services but you can't find them

I: And what are you doing to ensure that the adolescents in this community are aware of the ITH program which can provide them these services free of charge?

R: I have already introduced that one and they are aware that the nurse is providing the services. So getting them to enroll is what becomes a problem. So I am forced to enroll and then- I can enroll her on Monday evening and wait until Sunday

I: To come?

R: Yes

I: And what can you do as a mobiliser to ensure that the school going adolescents know about T-safe and can seek services?

R: I usually find most of them even in churches on Sunday in the morning. So you can talk to them there and if they accept they later come enroll and I refer them to the clinic. I make a call to the nurse and inform her to be in the clinic at a specific time when the girls will be seeking the services

I: Thank you. Do you have any questions or other views that you would like us to know?

R: The only view I had is that instead the points, if they can also make it cash it would be helpful to them. Imagine the girl receiving one hundred points and having to take a vehicle to Kakamega

I: **The shop is only at-**
R: Only at Kakamega
I: **And what can you say about that shop as a mobiliser?**
R: They should open another one here at Kambi, it would be nice
I: **Okay. anything else that you would like to say as a mobiliser? If you don't have any other question, thank you very much for taking the time to have this conversation**
R: Okay
I: **Okay thank you**
R: Welcome

[End of audio]

Notes

No probes on ways the mobiliser assists the adolescents to access services

File name: ITHR2_MOB_KAK_SHINYALU_RURAL_MURANDA CLINIC_190515_0107

Duration: 00:34:39

I: **Hello, this is Agneta doing IDI with a mobilizer Kakamega county, Shinyalu sub -County at Muranda clinic on 14th May 2019. To begin please tell me a little bit about the work you do.**
R: This work that I do, in the beginning getting these girls was a challenge, when you want to take photos someone will tell you want to register them in illuminati, it has been a challenge. They ask you where are you taking our names, are you take them to Facebook or registering us to illuminati, it was hard and very challenging, then later girls came to accept and know that it helps. It has reduced many teenage girl pregnancies.

I: So when you are working, can you tell me what you do when you say that you are now working, what do you normally do?

R: When I am at work I carry my tools and show them, I carry a bit of the tools and you tell them like condoms you can have them and tell them we give this to the youth, or you just explain to them and then you teach them and tell them we don't want you to get pregnant. Because many girls get pregnant and because they don't want, the pregnancy and they want to get rid of them they go to herbalists and girls lose their lives, but now they know we are helping them, so right now they are looking for me themselves. I carry my card and my phone, if the girl I have taught agrees I will take her photo, give her a card, and tell her where to go for clinic. Either she will come here in Muranda or she will go to Marie stopes Kakamega or there is another clinic in Wamalemba, Tunza, I send them there, where someone will be served well and where they feel people who know them will not see them, they will go there and are served. I tell her if it is pills, she can go the chemists in town and she is told where they are.

I: And in this project of Triggerise, you know it as Triggerise; tell me about your responsibilities in this program.

R: My responsibility is registering those girls from fifteen to nineteen years. And educate them not to get pregnant, I teach them explain to them that they go to the hospital and get service. Sometimes you go to a far place and a girl will tell you she has nothing and asks how she will reach the hospital. Shinyalu is only this one and it is far. When she is from the forest that is

far she tells you she doesn't even have fifty shillings for transport up to here and you just have to give her because you want her to get services and not get pregnant. Or sometimes you get one who has given birth and is married, she is fifteen years and married with a child and she has never gotten any family planning services, so you are forced to help her.

I: Okay what responsibilities do you have?

R: To these girls?

I: You as a-

R: CHV.

I: Yeah.

R: CHV, if a get a pregnant girl I tell please don't abort right? It can bring you complications, it's better to go to the hospital but don't go for traditional medicine. Go to the hospital for help. Even ANC clinic, I tell them to go to b hospital for tests.

I: Okay, is there anything else you might have forgotten.

R: My responsibilities, mostly my responsibility is mobilizing these girls to come and get family planning services, nothing else. Including contraceptives, one of them asked me if she has children for her to b on family planning. They ask you difficult questions but in the end, they accept, but now you tell them it is not family planning but contraceptive that you get.

I: Okay, and I would like to know how you were recruited or employed to be a CHV or a mobilizer in this program. How were recruited to be a mobilizer?

R: I don't even know what to say.

I: Just try to express yourself.

R: We went for a seminar, after the seminar I was given a form and I filled the form that I had agreed to serve these youth and I signed it.

I: **And when you enroll these girls you are given a reward, can you tell me more about the reward.**

R: The reward I get Tiko Miles 170, initially they were 170 but I think that they have reduced them to 100. They used to give us 170 but in April, they reduced it to 100.

I: **And then after getting the Tiko points.**

R: I go to the shop, there is a shop that is registered for those Tiko points, so I go there and redeem my points and they give me goods, If I want sugar I get, if I want milk I get. Anything I need. Even if I want iron sheets, I go get.

I: **And what opinion do you have on these rewards.**

R: Opinion, it was better when it was 170 but they reduced to 100 and it is not good, there are many challenges in the interior areas as I told you. Some of these girls don't even have means to get here and it is far, I am forced to give them transport, you hustle to give her for her to come. Because you feel sorry for her, she has a baby and probably has another one and they both haven't started walking, so you feel sorry for her and tell her let me give you my a hundred shillings as your transport to the hospital and back and take care of your children.

I: **And can you tell me about the process of mobilizing these girls to join this project this Triggerise.**

R: Sometimes you go for *Chama*, some parents are tough but when we go for *Chama*, we tell them we have services in a certain place and they offer services to girls between ages fifteen to nineteen. So the parent will listen and

say I have a daughter who is giving me a hard time and she will follow you aside and tell you to go to her home and talk to her daughter. You go to churches, there are churches that agree and others don't. You to church and talk to them, if you get them in sports. When schools are closed, there are normally sports, so you get them in the fields and even choir members and tell them. Like that, you tell them we have a program and it is like this and this. Those who are interested will follow you and they will ask you deeply how it goes, that's when you explain to them and they accept. But the questions are the same, are you taking us to illuminati with our photos? The questions are the same.

I: You said the churches and Chama are for the parents, where do you meet adolescents most of the time.

R: Most of the time on the road when they are going home, some of them look for me at my home. They tell us please help; I am like this and this, will you help? Or I go homestead to homestead. A parent who agrees to talk to me I explain to them, others will say our daughters don't know anything; you want to teach our children bad behavior? Sometimes a smart girl from that home will follow you and tell you that she doesn't want her mother to know, let me walk with you and then she will ask how she will be helped even though the parent disagrees, she will struggle until she gets you.

I: And you said go to Chama's, churches and homesteads, what do you do to ensure that the girls you've talked to come to the clinic.

R: Sometimes I have copies of *Shujaaz*, which I give them. If they accept, I take their photos and register them

then give them the card and the Shujaaz, which encourages them.

I: You were telling me about how you ensure that the girls you have talked to reach the clinic.

R: What makes me know that they have reached the clinic are the points that I get, and then I have to follow up to know whether they went or not. There are others that I know and I follow up whether they went or not.

I: You said you follow up.

R: I follow up on others but what makes me know is the points I receive, Tiko points that come to my phone, I will just know they have gone.

I: So, apart from following up, what else do you normally do to ensure that the person you talked to went to the clinic?

R: I follow up. I just follow up because I know most of their homes, there are very few that I don't know who I meet on the way and talk to, those are the ones I don't know, for them I only know from the points I receive. Then the cards I am given if I exhaust them I will know. Let's say I was they gave me twenty cards and if I receive 170 times twenty I will know they all went or one is missing, just like that.

I: And you were telling me about the challenges you have been facing when mobilizing girls, please tell me more about these challenges.

R: Those that I told you about the photos?

I: Yeah, you talked about the photos. What other challenges?

R: There was transport; some of them do not have transport. Then there is mad, there is a river where I come from

and when it rains you cannot go, you have to wait until dries for you to go look for girls.

I: What other challenges?

R: During the rainy season like now we don't have umbrellas now you have to go, you can borrow an umbrella and go or of the rain gets you there then that's your own problem.

I: And you told me you visit girls in homesteads.

R: In their homes.

I: In their homes, what are the challenges you have been facing while visiting them?

R: Sometimes the parents tell you that you have come to teach my daughter bad behavior, my daughter doesn't know those things, she doesn't know boys and you are teaching her about contraceptives, why are you teaching her that? And you wonder. You try to calm her down and apologize but tell her you came to enlighten her daughter about the Triggerise program that is providing services to girls.

I: And during registration, you said you take photos, what else do you do, can you tell me about the mobile platform.

R: They ask for the age, there is gender and we only target female, you fill, and then there is age, you don't just fill your age like eighteen; you fill the date of birth.

I: And by doing all that work on the mobile, can you tell me how it has been?

R: It has not been difficult but your bundles are exhausted, we go to the shop and we are given, yes they will give me credit but maybe I am far from the shop and my bundles are exhausted, so that is another challenge, because I will not come from there and the shop is here. If I do that, I will lose those girls.

I: Can you tell me, you have said bundles while you are there.

R: When you are far, for the shop I have to come until here in the market, and my bundles are exhausted and I don't have money to buy bundles, they should just give us money, yes it helps but when you get there and you have bundles, or they should help us on how to get bundles.

I: Apart from bundles, how has the platform been?

R: It is not very bad but there might be network problems, you might to some interior places where getting network is a problem. It takes you over one hour to serve one girl that you are waiting for network to come for you to serve her.

I: And what important things do you tell the girls about this T-safe mobile platform while enrolling them, what are the things you tell her?

R: Things like what.

I: You said you go to the field-

R: And I get network problems?

I: No, when you are doing enrollment before the girl agrees, what do you tell her about this mobile platform?

R: I tell her nowadays we are on a digital era, we left analogue. There is nothing you write on paper, the phone is easy you just tell me your age, sex and then there is a number on the card I will put after which you will agree for your photo to be taken and we won't take your photo anywhere. This photo will go to the computer to show you have been served, and then they agree.

I: You had started telling me what about the questions that the girls mostly ask about this program.

R: Some of them will ask you that after they go service they won't go birth and others ask that people tell them

they will develop back pains or they will bleed so much and even pass out. I tell them no, you will go to the hospital and they will explain how it is.

I: And sometimes you enroll girls but they do not go to get the services, why do you think that happens.

R: There are groups amongst these girls and some of them tell them that if you it will be like this or sometimes they hear the adults saying that they will put it and it will disappear; even the boys won't want you.

I: What other challenges have prevented girls from getting services.

R: Some of them fear there are some girls who fear that people will see them getting the services. So they will tell you to take them far, here in Muranda someone from the market will see her and will say they saw her go in and they can go tell her parents. So that becomes a challenge and to be served she has to go to town, if you tell her to go town she will tell you she has no fare. If you tell to come here, she will say someone will see her and go tell. You then tell her to go in when the person is not there.

I: And during mobilization what are the things that motivate girls to join T-safe?

R: The fact that it is free has really helped them, because if you go to private to get an implant it is around 500 and girls don't have that 500 but it is free. Then if they put for that implant for three years, she will have probably finished school, and for the one who has children, the child will have grown before she gets another one. When the girl who is fifteen years and married is ready to have another baby she will go to the hospital and have it removed.

I: And what is the community's perception on these Triggerise shops, clinics and pharmacies. What is their perception?

R: In general, it has helped, the deaths of youths has reduced, and they are not dying from trying to abort pregnancies. Right now Triggerise has really helped. You don't hear that so and so died from trying an abortion, no. it has really helped. Even the parents are saying you have really helped us now we are free.

I: And you as a mobilizer, how does the community see you or what is their perception about you?

R: About me?

I: Yeah.

R: I do not know, maybe they know. But some of them tell me thank you you have helped us. We did not know our children would get free services from outside there, because our daughters have been getting pregnant and we look for people to abort. Sometimes we look for traditional medicine to terminate, but you have helped us.

I: Can you tell me if you have had instances where people don't believe you if you have been chased from somewhere. Have you experienced anything like that?

R: No, I haven't experienced that.

I: Okay, how do you deal with the challenges that you face from the community about Triggerise and this program.

R: In my view or?

I: How do you deal with it?

R: When the community is against it?

I: Yeah.

R: I feel bad because these girls will get sick, some of them will get sick, condoms help, some of them will get

pregnant and then maybe the pregnancy is from a relative and the community will despise her. But if she would have listened to someone from Triggerise to help her she would not have been that way.

I: You said the community could be against Triggerise, can you tell me if there has been any instance, if there has been any situation where the community has shown that they do not want this program or this platform.

R: That hasn't happened, but people tell you that this is illuminati, where you take people's photos it is illuminati. You know we started with just enrolling girls, now when the photos were introduced they started saying that those who take people's photos are illuminati or where do they want to take our photos? We tell them no, nowadays we don't fill forms, I goes straight to the computer and it won't even remain on my phone. I take the photo and after it has been activated is ask them to look if their photo is there or even in Facebook. I tell them they go directly and we don't stay with them and it's not like they go to illuminati they go to the computer as a file. For it to be on record that you were served by Triggerise.

I: And in circumstances like that, where community members think it is illuminati, how do you deal with it or how do you solve it as a mobilizer?

R: I sit with them and tell them they have been registered, I tell them about the Shujaaz booklet that I give their daughters to read. I just console them and tell them it has nothing to do with illuminati, I don't even know about illuminati. I just try to educate them a little.

I: So most of the time you educate them.

R: Yeah, I go to *Barraza* and talk to them, like chief's *Barraza* and I talk to them.

I: **Can you tell me more about the things that discourages girls apart from the issue of illuminati, what other thing discourages them?**

R: Sometimes other fear and ask if it will be painful if they are injected, I tell them no, if you go there they will tell you everything you want to know, if you want pills you will take, whatever it is you chose you will get. It will depend on what you chose and what you want them to give you. You don't have to feel pain, for the pills, there is no pain for the condoms there is no pain. You won't feel pain for anything.

I: **Are there any other things that discourages them.**

R: The bleeding part, sometimes they say they will over bleed. If you ask them who told you, they will tell you people who have experienced it, and I ask who are these people who have experienced it. Now I tell them if experience such things you just go back to the hospital you were in, *Triggerise*, of which *Triggerise* is not just any hospital but they will tell you how to prevent too much bleeding.

I: **And when you tell the girls about the platform, what is perception most of the time, are they happy or worried or they are fine, what is their perception most of the time.**

R: Most of the ones I get are always happy because in the past they used to pay one hundred for Depo but now its free wont they be happy, the one for five hundred is free they pay for them want they be happy?

I: **And we are almost finishing. Apart from explaining to them and teaching them, what have you done to try and**

solve the challenges you have told me, you have said you have been teaching them, can you tell me when you are teaching them, where do you teach them or how?

R: Sometimes I go home, you know these girls are challenging, they start with questions and they ask you questions. You introduce yourself that I am so and so CHV, after you introduce yourself these girls start asking you questions and that questions they ask you, you answer and it reaches a point they understand that it is like this and this and they accept and agree to go.

I: **Okay and while giving feedback do you get to know how they feel?**

R: Most of them come back, they even come to my place and say you helped us; some that I sent come and ask if certain chapters of *Shujaaz* are out and if I can give them. So I have to plan and go for the *Shujaaz* and give them. They tell me have helped us, that now they would just be in some other situation.

I: **And as we finish, I don't know if you have any questions or concern you would like to sate.**

R: There is an issue with the boys, you know we are so concerned about the girls and we have left the boys out. They are complaining that we are so concerned about girls and why are we leaving them outside. They said something about testing HIV free; I don't know whether it has started that is what I don't know. Because those boys ask, they even ask how they can get the condoms. So you are forced to send the girls and not the boys, the boys are complaining that we are only looking at the girl child and have forgotten the boys.

I: **Anything else?**

R: They said they would give us something to identify ourselves as CHVs, as mobilizers.

I: **Okay, thank you very much for your time, if there is nothing else.**

R: And about the points they should just return them to 170, the Tiko Miles, they should just return them to 170 where they were. There 100 is really a hustle, they should just return it there.

I: **What else?**

R: Just that and they told us they would give us badges that identify us as mobilizers. Yeah.

I: **Badge or tag?**

R: Tag, they said they would give us but this program in full it is okay, it helping many people. Those who are still asleep are the ones who do not know its importance, you go and someone tells you this, you go and they tell you this but there are youth who know it is important and they even look for you without you going for them. One goes and tells her friends go and see so and so. They look for you.

I: **Okay.**

R: If she wants she goes to her friend in school and her friend will tell her there is a CHV who helped me and you can go see her, and they come themselves and ask for help and you teach them and they even tell you don't teach me I have already accepted just take my picture.

I: **Okay, thank you so much for your time.**

R: Welcome.

[End of audio]

Notes

The interview is audible. All questions asked with relevant probes.

