

External Evaluation of the *In Their Hands Programme* - Kenya.

Investigators and Institutional Affiliations

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I. INTRODUCTION

A. The In Their Hands Program

Adolescent girls in Kenya are disproportionately affected by early and unintended pregnancies, unsafe abortion and HIV infection. The In Their Hands (ITH) programme in Kenya aims to increase adolescents' use of high-quality sexual and reproductive health (SRH) services through targeted interventions. ITH Programme aims to promote use of contraception and testing for sexually transmitted infections (STIs) including HIV or pregnancy, for sexually active adolescent girls, 2) provide information, products and services on the adolescent girl's terms; and 3) promote communities support for girls and boys to access SRH services.

The objectives of the evaluation are to assess: a) to what extent and how the new Adolescent Reproductive Health (ARH) partnership model and integrated system of delivery is working to meet its intended objectives and the needs of adolescents; b) adolescent user experiences across key quality dimensions and outcomes; c) how ITH programme has influenced adolescent voice, decision-making autonomy, power dynamics and provider accountability; d) how community support for adolescent reproductive and sexual health initiatives has changed as a result of this programme.

The programme is implemented by a consortium of partners: Marie Stopes Kenya (MSK), Well Told Story, and Triggerise. ITH's key implementation strategies seek to increase adolescent motivation for service use, create a user-defined ecosystem and platform to provide girls with a network of accessible subsidized and discreet SRH services; and launch and sustain a national discourse campaign around adolescent sexuality and rights. The 3-year study will employ a mixed-methods approach with multiple data sources including secondary data, and qualitative and quantitative primary data with various stakeholders to explore their perceptions and attitudes towards adolescents SRH services

B. Specific Objectives

The study seeks to assess:

- 1.** The extent to which and how the new Adolescent Reproductive Health (ARH) partnership model and integrated system of delivery is working to meet its intended objectives and the needs of adolescents.
- 2.** Adolescent user experience across key quality dimensions and outcomes.
- 3.** How the ITH programme has influenced adolescent voice, decision-making autonomy, power dynamics and provider accountability.
- 4.** How community support for adolescent reproductive and sexual health initiatives has changed as a result of this programme.

5. The replicability, scalability and sustainability of the ITH programme in Kenya and globally.

C. Methods

The evaluation uses mixed methods design including a before and after evaluation design to systematically assess the delivery, effectiveness and effects of the programme. The quantitative component includes survey with adolescent girls of age 15-19 years in Homa Bay and Narok counties as baseline for the evaluation. The endline survey of the evaluation targets one county, Homa Bay. The qualitative component includes FGDs with community members and in-depth interviews with adolescent girls.

Survey with Adolescents

The quantitative study involves a community based before and after evaluation design with pre and post surveys with adolescents aged 15-19 years to answer key evaluation questions of the program; how has the ITH changed adolescent access to information, health care services use and decision making autonomy and how is the platform strengthening adolescent voice, autonomy and power?

Data will be gathered through adolescent survey at baseline and endline in two intervention Counties at two time points - before and after the intervention. We will conduct a survey among a representative sample of adolescent girls living in both urban and rural ITH implementation areas to understand whether ITH has changed adolescents' access to information, use of SRH services and SRH-related decision making autonomy. The concepts of adolescent voice, autonomy and power dynamics are operationally defined (see below) and we will use standard tools used in similar surveys in Kenya and other developing countries to measure these concepts through the exit interview and adolescent survey.

Adolescents: according to the WHO, adolescents refers to any person between the ages of 10 and 19 years. This study focuses on adolescents of age 15-19 years only.

Adolescent voice is measured by examining adolescent involvement in different aspects of the project. In the literature on adolescent SRH,

adolescent voice is defined through the following elements: space, expression, audience and influence.

- Space: opportunity to express a view
- Expression: facilitated to express their views
- Audience: Views listened to
- Influence: Views are acted upon, as appropriate

Decision making autonomy is measured by gathering adolescent views on decisions about the future (future goals), decision about having children – if and when, decisions about sex and decisions about contraceptives.

Power dynamics is examined by interrogating the extent to which the adolescent – provider relationship is influenced by age related power differences i.e. adult – adolescent, position and the effect of such power dynamics on adolescent’s choice of contraceptives.

Quality of care is defined as the extent to which health services provided to adolescents improve desired health outcomes among adolescents. We focus on users experience, availability, accessibility, affordability, appropriateness and acceptability of services.

The adolescent survey will include participants from both rural and urban areas in the two selected implementation counties. The Inclusion criteria are:

- Adolescent girls whose age is between 15-19 years
- Have been living in the study areas for at least 6 months preceding the study.
- Must be a member of the sampled households in the study counties located either in the intervention counties.
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The study targeted a sample of **1885** adolescents for the base line and **1918** adolescents for the endline survey. Based on an estimated number of girls per household, we will include approximately **4900** households from Homa Bay County (two counties for the baseline).

Recruiting participants for the study

Within the selected counties, we will randomly select sub-counties and wards from places where the ITH program are to be implemented. In each of the ITH intervention counties, there are sub-counties that have been prioritized for the project and our data collection focuses on these sub-counties selected for intervention. A stratified sampling procedure will be used to

select wards/villages from sub-counties. Then households will be selected from each wards/village or primary sampling unit after all households in the villages are listed.

The study team will work with the county management, local and community leaders to obtain permission to work with the necessary government and community leaders to map out the boundaries of sub-counties and wards. Once the boundaries are established, field workers will visit each household within the boundaries of the selected ward/village and will provide a statement about the study to the head of household and ask if there is a girl living in the house between the ages of 15-19 years who may be available to participate in the survey. If there is an eligible participant, the interviewer will move onto the recruitment and will obtain informed consent from the parent/guardian, and obtain assent from the adolescent girl if she is aged under 18, OR will obtain informed consent from girls 18-19 years and emancipated minors (married 15-17 year olds living within their partners'/husbands' household). Once consented/assented the survey will be administered. The survey is designed so that the first several sections of the survey are asked to all eligible girls. Girls who report that they have ever had sex will complete additional sections of the survey (details about the survey are provided in under Study Design and Methods. If the eligible participant is not available on the first visit, the fieldworker will make two additional attempts to contact that participant. Eligible participants not reached after a third attempt will be considered as not available.

Qualitative component

Qualitative studies will be used to address several evaluation questions of the study; to assess to what extent and how the new ARH partnership model and integrated system of delivery is working to meet its intended objectives and the needs of adolescents; to explore adolescent user experience, adolescents' voice, decision-making autonomy, power dynamics and provider accountability as well as community support. For this purpose in-depth interviews (IDIs) and focus group discussions (FGDs) will be conducted with different groups of respondents.

In depth interviews (IDIs) will be conducted with a small number of adolescent girls who participated in the adolescent survey to identify adolescent girls' SRH

concerns, how they address their SRH concerns, community support for SRH issues, barriers to accessing the ITH platform, as well as their perspectives on how the barriers can be addressed at the community level and at the ITH facility level. The FGDs with the community (community leaders and parents) will explore community's attitudes towards adolescent sexuality and their support for adolescent's reproductive health services.

D. Study Implementation

APHRC are the principal investigators for this study and will therefore take responsibility for operational matters including planning and conducting fieldwork, quality control during fieldwork, processing of collected data and organizing the writing and distribution of reports and publications.

The endline team consists of 21 Research Assistants including team leaders and qualitative interviewers, 2 Field Coordinators, 1 supervisor, 1 ODK Programmer. The study team will undergo a week long intensive training to provide background to the study, research ethics and an overview of the study tools and practice sessions to ensure the team internalized the study procedures and processes.

E. Staff roles and responsibilities

Field Coordinator/team leaders

- Contact relevant community representatives and inform them about the survey to obtain their cooperation
- Identify and recruit a local guide to assist with introductions
- Assign interviews to field teams
- Ensure that the minimum required number of respondents are interviewed in each sub-county and locations/villages
- Perform quality assurance of the data
- Ensure proper conduct of teams while in the field
- Review Interview Assignment Sheet for completeness and accuracy

Research Assistants

- Locate the structures and households in the sample
- Identify sampled/eligible respondents within those households

- Complete all necessary consenting processes
- Interview sampled respondents
- Check completed interviews to be sure that all questions were asked and the responses correctly recorded
- Return to households to interview respondents who could not be interviewed during the initial visit
- Communicate to study supervisors about problems encountered in the field and follow their instructions
- Keep tablets safe, in good condition and charged

II. PREPARING FOR THE INTERVIEW

Before setting off each morning, make sure that you have all of the necessary materials with you. If your tablet is not fully charged, or you notice a problem with any other piece of equipment, notify your team leader, the data manager or study coordinator.

A. Locating the respondent

Each morning your team leader will brief you on the day's work and explain how to locate the respondents assigned to you. When you receive your work assignment, review it and ask any questions you might have.

Each day you will complete an Interview Assignment Sheet. The Assignment Sheet has the list of respondents who have been allocated to you. At the end of each household visit, you should record the outcome of the visit on the Assignment Sheet, as well as any notes about future appointments.

B. Building rapport with the respondent

As an interviewer, it will be your responsibility to develop rapport with a respondent. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your outlook and mannerism are friendly as you introduce yourself. The project management and your supervisor will give you a head start by contacting the local leaders in Homa Bay, and Narok. The following is a detailed description of the steps to take as you approach a household.

a) *Make a good first impression*

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as “good morning” and then proceed with your introduction. Make sure you are dressed appropriately for the interview.

b) *Obtain respondent(s) consent*

You must obtain an informed consent from each participant before you begin an interview. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in an interview.

c) *Always have a positive approach*

Never adopt a resigned approach, and never use words such as “Are you too busy?” Such questions may invite refusals. Rather, tell the respondent, “I would like to ask you a few questions” or “I would appreciate some time with you to have this discussion.”

d) *Confidentiality of responses*

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report. Also, you should never mention other interviews or show completed interviews to the team leader in front of a respondent or any other person who could be a potential respondent. Interviewing a respondent in the presence of other persons may cause them discomfort, render them unable to respond, or cause them to give inaccurate responses. In such cases, it may be necessary to request for a private place or time alone to interview the respondent, and if not possible, reschedule the interview for a time when they were alone.

e) *Answer any questions from the respondent frankly*

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she was selected to be interviewed. Be direct and pleasant when you answer. Tell the respondents that the information they give will help inform the development and implementation of appropriate prevention interventions targeting adolescent girls and young women. The respondent may also be concerned about the length of the interview. If they ask, inform respondents that the interview usually takes about one – three hours. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

f) *Interview the respondent alone*

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the

interview be conducted privately and that all questions be answered by the respondent. If other people are present, explain to the respondent (and them) that some of the questions are private and ask to be given privacy or move to a private location. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions. If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you take note of this in the comments section of the questionnaire.

C. Tips for conducting the interview

a) *Be neutral throughout the interview*

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies. The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality or change the meaning of a question. That is why it is important to read the whole question as it is written. If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as: “Can you explain a little more?” “I did not quite hear you; could you please tell me again?” “There is no hurry. Take a moment to think about it.”

b) *Never suggest answers to the respondent.*

If a respondent’s answer is not relevant to a question, do not prompt her by saying something like “I suppose you mean that. . . Is that right?” In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent even if he/she has trouble answering (unless the question has instructions that you read the options).

c) *Do not change the wording or sequence of questions.*

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

d) *Handle respondents tactfully.*

There will be situations where the respondents simply say, "I don't know," give an irrelevant answer, act very bored or detached, or contradict something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent's confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that his or her responses will be kept confidential. If the respondent is still reluctant, simply pick the code that says "REFUSED" (if available) and proceed. Remember, the respondent cannot be forced to give an answer.

e) Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume girls who are less educated or illiterate do not know about some of the issues addressed in the survey.

f) Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with "I don't know" or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, "There is no hurry. Your opinion is very important, so consider your answers carefully."

g) Language of the interview

The questionnaires for the survey have been translated into Kiswahili which will be the main language of interview in both sites. In case you meet a respondent who is uncomfortable with Kiswahili and English, inform the supervisor so that a decision is made whether to interview the respondent or not. The use of sheng (slang) or any other slang language should be in moderation, and only where the discussion cannot be done in Swahili.

D. Recording Responses

In the survey, all interviewers will use tablets to collect data. There are three types of questions in the survey questionnaires: a) questions that have pre-coded responses; b) filter questions and c) loop questions.

a) Questions with pre-coded responses:

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer, you just select the response that corresponds to the reply. In some cases, pre-coded responses will include an 'Other' category. The 'other or other specify' code should only be selected when the respondent's answer is different from any of the pre-coded responses listed for the question. Before using the 'other or other specify' code, you should make sure the answer does not fit in any of the specified categories. When you select the code "OTHER or OTHER SPECIFY" for a particular question you must always carefully type the respondent's answer in the space provided. Please be as clear and detailed as possible.

b) Filter questions:

There are some questions that will only be asked if the previous question allows it to be asked. For example, if the respondent says that she is not married, questions about whether or not she lives with her husband or partner will not be asked.

c) Loop questions:

There are several questions that involve a repeat of the same questions to be asked of several people. For example, in the sexual partner history loop section, where you ask the respondent about three of their most recent sexual partners, you will need to ask the same questions for each partner.

It is very important that you tap on the correct response on the tablet so please pay attention to the responses that you are recording. Review the response you have recorded carefully before moving on to the next question. Remember the success of this project depends on how well you collect and enter this information. **Remember to save the data frequently.**

E. HOUSEHOLD ROSTER

This survey targets the household head or their representative who is knowledgeable and can provide detailed information about the household.

Definition of Terms

Household

- A household consists of members who share the same pot, meaning that one person is responsible for provision of food for the family
- A polygamous household is one with multiple wives, children from Wife 1 may sometimes eat at Wife 2 but consider the household head to be the father, in this case, we have two separate households but with the same household head

Who is a usual member of the household?

- A person living or intending to live in the household for 6 months or more, they could have come the day before but intend to live for 6 months or more
- Include children who may have travelled because school are now closed but live here when school is in session
- Capture all children
- Ask adults who are not sure they will stay more than six months to say yes or no and this response will determine the classification

Household head

- This is based on the household's definition, this could be the mother, grandmother etc
- This person must have lived in the household in the past 6 months or more
- A case where the husband does not live in the household, but sends the money to the wife or daughter, the wife is the HH head
- A girl who lives alone, irrespective of her age, is considered an emancipated adolescent
- When listing household members, include any children that are away at boarding or any school children that might have travelled

F. The survey Questionnaire

The survey questionnaire has 7 sections apart from the cover sheet; some sections contain a few questions while others have several questions. The survey begins by completing the cover sheet and obtaining consent/assent for participation.

The Cover Sheet

The cover sheet allows the interviewer fill in the area labeled “Interview information.” Here, you will record information on the Household ID, Respondent’s ID, county name, location name, village name, and the visits made by the interviewer. This sheet also provides space for the interviewer to include notes that will be useful to the team to track any issues the field.

INFORMED CONSENT

All the sampled and eligible respondents must give assent/consent and their guardian consent (for those below 18). You must seek the respondent’s assent/consent for participation for this interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, **you** and the respondent must sign in the space provided to affirm that you have read the statement to the respondent. Two copies must be signed. A signed copy of the informed consent should be kept by with the respondent and you keep the other copy for submission to the supervisor at the end of each day’s work. If the adolescent does not agree to be interviewed, thank the respondent, and end the interview. Then write ‘3’ (RESPONDENT REFUSED) as the result on the cover sheet.

Section 1: Background information Q101 -Q115: this section asks basic socio-demographic characteristics of the adolescents and the households. This includes respondent’s age, education, ethnicity, employment, relationships and information about their caregivers.

Section 2: Sources of Information Q201 -Q220: this section assesses the respondents’ access to media and information sources. It also assesses whether the respondent had received information on sexual and reproductive health in the last few months from different sources.

Section 3: knowledge of and access to Contraception Q301 -Q322: this section assesses respondent’s knowledge of contraception, their access to contraception services, attitudes towards contraception and contraceptive use and experience interacting with community based family planning providers.

Section 4: Social networks, efficacy and agency Q401 -Q406: the sections assesses the adolescents social networks, self-efficacy, agency and decision making autonomy. These concepts have been defined in section B above.

Section 5: Sexual activity and contraceptive use Q501 -Q530: this section contains some of the sensitive questions of the survey and should be asked carefully in a very private setting. It assesses the adolescent's sexual experience, number of sexual partners, contraceptive behaviour and choice of contraceptive methods.

Section 6: Exposure to the ITH program Q601 -Q606: This section aims to assess the respondent's exposure to the ITH intervention.

Section 7: Use of SRH services Q701 -Q718. This is the last section of the questionnaire. It assesses the sexual and reproductive health service use experience of sexually active adolescents. This section will be skipped for respondents who indicated in section 5 that they

G. Rules and Regulations

APHRC may terminate the services of any interviewer who is not performing at the level necessary to produce the high-quality data and outputs required to make the study a success.

For the workload to be equitable and the support reasonably shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from the supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing APHRC. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the field supervisor and project PI creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. The study data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

The Qualitative tools

The Survey tool

