Kenya - External Evaluation of the In Their Hands Programme - Kenya., Round 3

Yohannes Dibaba Wado, PhD, Damazo Kadengye, PhD

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Overview

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Overview

ABSTRACT
Abstract

Background:

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.

Objectives:

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.

Methodology

ITH programme is being implemented in two phases, a formative planning and experimentation in the first year from April 2017 to March 2018, and a national roll out and implementation from April 2018 to March 2020. This second phase is informed by an Annual Programme Review and thorough benchmarking and assessment which informed critical changes to performance and capacity so that ITH is fit for scale. It is expected that ITH will cover approximately 250,000 adolescent girls aged 15-19 in Kenya by April 2020. The programme is implemented by a consortium of 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. Quantitative data analysis will be done using STATA to provide descriptive statistics and statistical associations / correlations on key variables. All qualitative data will be analyzed using NVIVO software.

Study Duration:

36 months - between 2018 and 2020.

UNITS OF ANALYSIS
Households

Scope

NOTES
To assess if and how the In Their Hands (ITH) partnership model and integrated system of delivery meets its intended objectives and the needs of adolescents, promotes adolescent voice, decision-making autonomy, power dynamics and community support for adolescent sexual and reproductive health.

KEYWORDS
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., 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, 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, 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., 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.

Coverage

GEOGRAPHIC COVERAGE
Homabay county

UNIVERSE
Adolescent girls aged 15-19 years, parents and the community health volunteers

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Yohannes Dibaba Wado, PhD	African Population and Health Research Centre
Damazo Kadengye, PhD	African Population and Health Research Centre

OTHER PRODUCER(S)

Name	Affiliation	Role
Estelle M. Sidze, PhD	African Population and Health Research Centre	Associate Research Scientist
Tizta Tilahun, PhD	African Population and Health Research Centre	Post-doctoral Research Scientist
Joan Njagi, MSC	African Population and Health Research Centre	Research Officer
Clement Oduor, M.A	African Population and Health Research Centre	Research Officer

FUNDING

Name	Abbreviation	Role
Child Investment Fund Foundation	CIFF	Funder

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role

Homabay residents		Study participants
Community leaders - chiefs and village elders		Support to field teams
Field team-data collectors, team managers and supervisors		Ensuring high quality data is collected.
Consultant data analyst		Supporting data analysis

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
African Population and Health Research Center	APHRC		Documentation of the study

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Sampling

Sampling Procedure

Quantitative Sampling

We estimated a sample size of 1,918 to detect a five percentage-point difference in the use of long term methods between baseline and endline time points at 80% power.As baseline, 23% of the adolescent girls reported that they were using long term methods in Homa Bay county. We sampled three sub counties—Ndhiwa, Homa Bay town and Kasipul for the endline survey. However, as fieldwork was interrupted due to the COVID-19 pandemic, we added one sub county—Karachuonyo sub county—when data collection resumed in September 2020. Sub counties and wards were purposively selected from sub counties that had been prioritized for the ITH program based on availability of ITH affiliated health facilities. The purposive selection of sub counties based on presence of ITH intervention affiliated health
facilities meant that urban and peri-urban areas were oversampled due to the concentration of the health facilities in urban/peri-urban areas. In each ward, eight villages that formed the immediate catchment area for each ITH program affiliated health facilities were then selected for the study. We conducted a household listing of all households in each sampled village to identify households with an adolescent girl who met the study's inclusion criteria. Households were then randomly sampled from the list of households with eligible adolescents of age 15-19 years. To be eligible, an adolescent girl had to be aged 15-19 years, resident in the study area for at least six months preceding the study. Accordingly, students who stayed in boarding schools away from their parents were excluded from the study.

Qualitative Sampling

The qualitative component involved in-depth interviews (IDIs) with adolescent girls ages 15-19 years and focus group discussions (FGDs) with parents/adults and CHVs. We conducted IDIs with adolescent girls who had enrolled in the program but dropped out for various reasons, as well as girls who were enrolled and still using t-safe services. In addition, we conducted FGDs with CHVs and parents/adult caretakers of adolescents aged 15-19 years from the program areas. Participants were purposively selected from the villages included in the evaluation study. For the endline study, we conducted 17 IDIs with adolescents who had been enrolled in the ITH program and were receiving services or had dropped from the program. We also conducted two FGDs with CHVs and four FGDs with parents/adultcaretakers of adolescents aged 15-19 years.

Deviations from Sample Design

N/A

Response Rate

N/A

Weighting

N/A

Questionnaires

Overview

An interviewer-administered questionnaire was used to collect data from adolescent girls. The questionnaire included questions on socio-demographic and household characteristics; SRH knowledge and sources of information; sexual activity and relationships; contraceptive knowledge, access, choice and use; and exposure to family planning messages and contraceptive decision making. To assess adolescents' exposure to the t-safe program we included a series of questions drawn from similar project evaluation surveys as well as t-safe project program monitoring indicators. The questions assessed whether adolescents had ever heard the t-safe program, whether they have ever been contacted by mobilizers, whether they participated in any community event organized by the t-safe mobilizers, whether they received information about SRH through t-safe affiliated organizations Facebook or website, and whether they received SMS or WhatsApp messages focused on SRH from tsafe. For those who responded positively, the survey asked further questions on the sources; from which site on internet or Facebook' or 'which person or organization sent you these messages' and 'how many times have you received information'. Adolescents were also asked whether they had ever registered to a t-safe or Triggerise platform using a mobile
phone after discussing with a mobilizer, after discussing with their peers or family members or by themselves after hearing from some other places.
The questionnaire was developed in English and then translated into Kiswahili. Data were collected on android tablets programmed using the Open Data Kit (ODK)-based SurveyCTO
platform.

For the qualitative component ;Semi-structured interview guides were developed by experienced researchers in consultation with the program partners for the qualitative interviews (with adolescent girls) and FGDs (with parents/adult caretakers of adolescents and CHVs). The guides included probes to explore adolescents' exposure to the ITH program; their experiences with program's SRH services; their perceptions on quality of services; as well as challenges and barriers to access of SRH services. The guides also included probes on the community's "support" for adolescents' sexual and reproductive health services and; their perspectives on the effects of the program.
The guides were developed in English and then translated into Kiswahili for data collection. The guides were pre-tested during the pilot study.

Data Collection

Data Collection Dates

Start	End	Cycle
2020-03-12	2020-03-21	Round 3-Before temporary suspension of data collection due to COVID-19
2020-08-25	2020-10-16	Round 3-Resumption of data collection after being suspended in March due to COVID-19

Data Collection Mode

Face-to-face [f2f] for quantitative data collection and Focus Group Discussions and In Depth Interviews for qualitative data collection

Questionnaires

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Supervision

To ensure high quality data was collected, data quality control activities conducted included; i) review of each questionnaire by the field interviewers before leaving the household to be sure that every applicable question had been asked and that responses recorded were clear and reasonable; ii) spot checks by team leaders to verify that the interviewers asked questions correctly and visited the right households; iii) review of all completed interviews by the team leaders to ensure internal consistency and completeness; iv) daily debriefs between the field team and the studymanagement team to clarify data collection issues and concerns from the previous day's work; v) in-built internal consistency checks embedded in the SurveyCTO platform, which triggered error messages and caution notices whenever implausible data were entered;inconsistency check reports based on pre-designed data quality check scripts generated by the data manager and shared with the data collectors for validation and correction as was
necessary; vii) listening to a sample of completed qualitative interviews to verify consistency with the interview guides and;

viii) validation of transcripts against the audio files to ensure consistency and completeness.

Data Processing

Data Editing

Quantitative data was collected on android tablets programmed using the Open Data Kit (ODK)-based SurveyCTO platform while qualitative data was collected using a recorder.Once quantitative data were confirmed to be complete, the data was approved for synchronization. Data were electronically transmitted to a secure password protected SurveyCTO server at the APHRC office. Backup versions of the data remained in the encrypted and password-protected tablets until the end of field activities when all the data were considered to have been synchronized. Subsequently, tablet was securely and permanently cleaned. Data on the server were retrieved by the data manager and then downloaded for use. For qualitative data, audio recordings from qualitative interviews were transcribed and saved in MS Word format. The transcripts were stored electronically in password protected computers and were only accessible to the evaluation team working on the project.

Data Appraisal

Estimates of Sampling Error

N/A