Kenya - External Evaluation of the In Their Hands Programme - Kenya., Round 2

Yohannes Dibaba Wado, PhD, Damazo Kadengye, PhD

Report generated on: March 12, 2021

Visit our data catalog at:

Overview

Identification

ID NUMBER
APHRC-ITH-2021-v11

Version

VERSION DESCRIPTION

PRODUCTION DATE
2021-01-21

NOTES
N/A

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
Private health facilities that provide T-safe services under the In Their Hands(ITH) Program.

Scope

NOTES
The midline evaluation included qualitative in-depth interviews with adolescent T-Safe users, adolescents enrolled in the platform but did not use the services, providers and mobilizers to assess the adolescent user experience and quality of services as well as provider accountability under the T-Safe program. The aim of the qualitative study was to assess adolescents' T-Safe users experience across quality dimensions as well as provider's experiences and accountability. The dimensions assessed include adolescent's journey with the platforms, experience with the platform, perceptions of quality of services and how the ITH platforms changed provider behavior and accountability.

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,Kakamega,Nakuru and Nairobi counties

UNIVERSE
1.Adolescent girls aged 15-19 who enrolled on the T-safe platform and received services and those who enrolled but did not receive services from the ITH facilities.

2.Service providers incharge of provision of T-safe services in the ITH facilities.

3.Mobilisers incharge of adolescent girls aged 15-19 recruitment into the T-safe program.

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

Metadata Production

METADATA PRODUCED BY

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

DATE OF METADATA PRODUCTION
2021-01-21

DDI DOCUMENT VERSION
Version 1.1 (January 2021)

DDI DOCUMENT ID
APHRC-ITH-2021-v11

Sampling

Sampling Procedure

Qualitative Sampling

IDI participants were selected purposively from ITH intervention areas and facilities located in the four ITH intervention counties; Homa Bay, Nakuru, Kakamega and Nairobi respectively which were selected for the midline survey. Study participants were identified from selected intervention facilities. We interviewed one service provider of adolescent friendly ITH services per facility. Additionally, we conducted IDI's with adolescent girls' who were enrolled and using/had used the ITH platform to access reproductive health services or enrolled but may not have accessed the services for other reasons.

Sample coverage
We successfully conducted a total of 122 In-depth Interviews with 54 adolescents enrolled on the T-Safe platform, including those who received services and those who were enrolled but did not receive services, 39 IDIS with service providers and 29 IDIs with mobilizers. The distribution per county included 51 IDI's in Nairobi City County (24 with adolescent girls, 17 with service providers and 10 with mobilisers), 15 IDI's in Nakuru County (2 with adolescent girls,8 with service providers and 5 with mobilisers), 34 IDI's in Homa Bay County (18 with adolescent girls,8 with service providers and 8 with mobilisers) and 22 IDI's in Kakamega County (10 with adolescent girls,6 with service providers and another 6 with mobilisers.)

Deviations from Sample Design

N/A

Response Rate

N/A

Weighting

N/A

Questionnaires

Overview

The midline evaluation included qualitative in-depth interviews with adolescent T-Safe users, adolescents enrolled in the platform but did not use the services, providers and mobilizers to assess the adolescent user experience and quality of services as well as provider accountability under the T-Safe program. Generally,the aim of the qualitative study was to assess adolescents' T-Safe users experience across quality dimensions as well as provider's experiences and accountability. The dimensions assessed include adolescent's journey with the platforms, experience with the platform, perceptions of quality of services and how the ITH platforms changed provider behavior and accountability.

Adolescent in-depth interview included:Adolescent journey,Barriers to adolescents access to SRH services,Community attitudes towards adolescent use of contraceptives,Decision making,Factors influencing decision to visit a clinic,Motivating factors for girls to join ITH,Notable changes since the introduction of ITH,Parental support ,and Perceptions about T-Safe.

Service providers in-depth interview included;Personal and professional background,Provider's experience with ITH/T-safe platform,Notable changes/influences since the introduction of ITH/T-safe,Influence/Impact on the preference of adolescent service users and health care providers as a result of the program,Impact/influence of ITH on quality of care,Facilitators and barriers for adolescents to access SRH services,Mechanisms to address the barriers,Challenges related to the facility,Feedback about facility from adolescents,Types of support needed to improve SRH services provided to adolescents Scenarios of different clients accessing SRH services,and Free node.

Mobilisers in-depth interview included;Mobilizer responsibilities and designation,Job description,Motivation for joining ITH,Personal and professional background,Training,Mobilizer roles in ITH,Mobilization process ,Experience with ITH platform,Key messages shared with adolescent about ITH/ Tsafe during enrollment,Motivating factors for adolescents to join ITH/Tsafe,Community's attitude towards ITH/Tsafe,Challenges faced by mobilizers when mobilizing adolescents for Tsafe,Adolescents view regarding platform,Addressing the challenges ,andFree node

Data Collection

Data Collection Dates

Start	**End**	**Cycle**
2019-03-06	2019-07-20	Round 2

Data Collection Mode

Face-to-face [f2f]

Questionnaires

The midline evaluation included qualitative in-depth interviews with adolescent T-Safe users, adolescents enrolled in the platform but did not use the services, providers and mobilizers to assess the adolescent user experience and quality of services as well as provider accountability under the T-Safe program. Generally,the aim of the qualitative study was to assess adolescents' T-Safe users experience across quality dimensions as well as provider's experiences and accountability. The dimensions assessed include adolescent's journey with the platforms, experience with the platform, perceptions of quality of services and how the ITH platforms changed provider behavior and accountability.

Adolescent in-depth interview included:Adolescent journey,Barriers to adolescents access to SRH services,Community attitudes towards adolescent use of contraceptives,Decision making,Factors influencing decision to visit a clinic,Motivating factors for girls to join ITH,Notable changes since the introduction of ITH,Parental support ,and Perceptions about T-Safe.

Service providers in-depth interview included;Personal and professional background,Provider's experience with ITH/T-safe platform,Notable changes/influences since the introduction of ITH/T-safe,Influence/Impact on the preference of adolescent service users and health care providers as a result of the program,Impact/influence of ITH on quality of care,Facilitators and barriers for adolescents to access SRH services,Mechanisms to address the barriers,Challenges related to the facility,Feedback about facility from adolescents,Types of support needed to improve SRH services provided to adolescents Scenarios of different clients accessing SRH services,and Free node.

Mobilisers in-depth interview included;Mobilizer responsibilities and designation,Job description,Motivation for joining ITH,Personal and professional background,Training,Mobilizer roles in ITH,Mobilization process ,Experience with ITH platform,Key messages shared with adolescent about ITH/ Tsafe during enrollment,Motivating factors for adolescents to join ITH/Tsafe,Community's attitude towards ITH/Tsafe,Challenges faced by mobilizers when mobilizing adolescents for Tsafe,Adolescents view regarding platform,Addressing the challenges ,andFree node

Supervision

Data collection teams had daily debrief meetings under the supervision of field coordinators to review any challenges encountered during the day's interviews and to share areas requiring improvements based on feedback from review of submitted audio files and data transcription. The debriefs were intended for improving quality of subsequent interviews. In addition, the team members used these meetings to share their daily experiences which were compiled and shared with the study management team and the rest of the survey team for action as was necessary

Data Processing

Data Editing

Qualitative interviews were audio-recorded and the audio recordings were transmitted to APHRC study team by uploading the audios to google drive which was only accessible to the team. Related interview notes, participant's description forms and Informed consent forms were transported to APHRC offices in Nairobi at the end of data collection where the data transcription and coding was conducted.
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. A qualitative software analysis program (NVIVO) was used to assist in coding and analyzing the data. A "thematic analysis" approach was used to organize and analyze the data, and to assist in the development of a codebook and coding scheme. Data was analyzed by first reading the full IDI transcripts, becoming familiar with the data and noting the themes and concepts that emerged. A thematic framework was developed from the identified themes and sub-themes and this was then used to create codes and code the raw data.

Other Processing

na

Data Appraisal

Estimates of Sampling Error

N/A