Request for Proposals (RFP)

Research on unplanned adolescent teen pregnancy, school drop outs and effective strategies/interventions

ISSUANCE DATE: 29/08/2018

LAST BID RECEIPT DATE 19/09/2018

OPENING OF THE BIDS: 30/09/2018

PART I: BIDDING INSTRUCTIONS AND PROCEDURES

1.0 INTRODUCTION

1.1 It is intended solely for collection of information related to prospective Bidders.

1.2 **Part II**. This part provides the RFP Terms of Reference (TOR).

1.3 **Business Requirement**. In the event of you winning the entire, or portion, of this contract you will be expected to sign a Standard Level Agreement (SLA) for each award guaranteeing MSK standard level of service. It is expected and must be accepted that there will be penalty clauses placed on each contract for lack of performance in line with these SLAs.

1.4 **Definitions and Headings**. Except as otherwise specifically provided herein, all time periods specified shall be consecutive working days. The term RFP is used throughout this RFP to refer to the entire document including all attachments hereto. Any headings contained in the text of the RFP are for reference only, and do not alter, limit, or waive the content of the full provisions.

1.5 **Bidding Costs**. Prospective Bidder(s) are under no obligation to prepare and submit bids in response to this RFP, and do so solely at their own risk and expense. MSK does not undertake to reimburse any costs incurred therefore.

1.6 **Currency.** All costs shall be in Ksh and inclusive of VAT where applicable.

1.7 **Payment Terms.** It is important to note that MSK strongly discourages advance payments before the service has been provided. However, there are some few exceptional cases whereby advance payment is made. Standard payment terms for MSK are within thirty (30) working days after receipt of the service and approval of the invoice.

1.8 **Review of RFP**. Prospective Bidders are solely responsible to examine carefully all terms and conditions of this RFP – including, but not limited to this Part I, Bidding Instructions and procedures, Part II; basic information and The Scope of Work.

1.9 **Probity and Ethics**. In its purchasing efforts MSK follows, and by virtue of the submission of their bids all bidders and Bidders commit to follow, the highest standards of integrity, professionalism and transparency.

1.10 **Language**. All documents submitted in response to this RFP, as well as all correspondence in connection with the RFP, shall be in English Language.

1.11 **Inquiries** concerning this RFP must be addressed to Ziporah Mugwanga **ziporah.mugwanga@mariestopes.or.ke** **,** copied to **quotations@mariestopes.or.ke,** latest by 14th September 2018 at 5 pm, in order to permit timely response. All Inquiries shall be addressed to MSK procurement Director Response to inquiries will be shared with all bidders.

2.0 PROCUREMENT PROCEDURES: COMPETITIVE BIDDING

2.1 **Format and Content of Bids**.

a) All bids must be signed, stamped and dated by an authorized employee of the bidder.

b) Bids must be in A 4 format, with printing on one side of a page only.

c) Bids must be submitted in 1 copy clearly sealed and Marked '" ORIGINAL'"

d) Bids in each envelope should be separated and sealed individually as Technical Proposal and Financial Proposal.

e) Prospective Bidders shall submit bids as per the Scope of Work.

f) MSK reserves the right to award different parts of this RFP to different bidders.

2.2 **Submission and Handling of Bids**.

(a) Please Submit hard copies of **technical** and **financial** bids **put in separate envelopes**.

Proposals shall include:

-Capacity statement detailing relevant qualifications and experience and CV(s) of key personnel working on the study

-Technical proposal outlining:

- Plan for fieldworker recruitment, training, and management according to the specifications in this RFP.
- Plan for field structure, deployment, and management according to the specifications noted in this RFP
- Plan for ensuring a high level of data quality.

-Detailed timeframe specifying milestones towards key deliverables

-A detailed budget that must include detailed costing for all study costs including but not limited to: training costs (materials, refreshment, per diems, etc), field materials, field salaries, field transport, and administration costs.

(b) Bids are to be delivered by hand, or courier and dropped in our tender box on the address provided below. All Bids must be contained in **sealed envelope** and addressed as follows:

RFP FOR unplanned adolescent teen pregnancy, school drop outs and effective strategies/interventions

ATTENTION: PROCUREMENT COMMITTEE
MARIE STOPES KENYA
WAIYAKI WAY, MIRRAGE, 6th Floor.
P.O BOX 59328-00200
NAIROBI
Tel: +254 (0)57 252 3218

It is important to note that unsealed, late submitted and marked bids will be disqualified immediately.

c) Upon receipt of the bid, MSK will stamp the envelope and bids will not be opened until the final receipt date. Bids received after the date and time required, regardless of the reason for the late receipt, will generally not be considered.

d) Bids may not be altered, corrected or withdrawn after the last bid receipt date, except that MSK, at its sole discretion, may contact bidder to make the change for correction of arithmetic errors, transposition errors, or other clerical or minor mistakes, in cases in which MSK deems that both the mistake and the intended bid can be established conclusively on the face of the bid. Other than the mistakes listed in the previous sentence, no mistakes alleged by a bidder after the last bid receipt date will be permitted to be corrected.

2.3 **Misrepresentation**. MSK decision-making process, will to a large extent be reliant upon the information supplied by bidder. Should it be found that aspects of such information are incomplete, untrue or misleading, MSK reserves the right to terminate /disqualify the bidder.

2.4 **Evaluation of Bids**.

a) Evaluation of bids submitted pursuant to this RFP will be carried out by MSK as appropriate.

b) In evaluating bids, MSK will seek best value for money rather than merely the lowest price bid. MSK reserves the right to do partial awards.

2.5 **Amendments**. If at any time prior to award MSK deems there is a need for a significant modification to the terms and conditions of this RFP, MSK will issue such a modification as a written RFP amendment to all competing bidders. No oral statement of any person shall in any manner be deemed to modify or otherwise affect any RFP term or condition, and no bidder shall reply on any such statement. Upon release of this RFP, all bidder communications concerning this RFP should be directed to the RFP requestor. Unauthorized contact regarding this RFP with other MSK employees may result in disqualification

2.6 **Post-Tender and Iterative Negotiation**. MSK reserves the right, in its sole discretion, to conduct post tender and/or iterative negotiations to the extent necessary.

2.7 **Extension of Bid Validity Dates**. When necessary and appropriate under the circumstances, MSK may request bidders in writing to extend the validity period of the bids. A bidder may refuse to extend its bid however; its bid will be disqualified.

2.8 **Rejection or Award**.

a) MSK is not bound to accept the lowest price and reserves the right to accept any bid in a whole or in part and also to reject any or all tenders without disclosing any of its reason for taking of the decision resulting from this RFP. In the event that this contract is split the pricing offered in the bid is expected to be maintained. Should there be pricing differences in line with business awarded; this must be clearly stated in your proposal

b) Rejection may be initiated by the following circumstances; (i) None of the bids are adequately responsive to the specifications, (ii) there is evidence of insufficient competition, or (iii) the lowest bid exceeds the estimated value or funds available by a significant amount and cannot be reduced by negotiation etc.

c) All awards are subject to availability of adequate funds from MSK and the receipt of all required approvals from Donors.

d) MSK will notify all successful and unsuccessful bidders through an official letter.

Part II
Scope of Work Overview

The research agency will conduct this study in close collaboration with MSK who will be available to advise and answer questions throughout the process, including the coordination of logistics for pre-testing, data collection and review meetings. MSK will also monitor the progress of the firm's implementation of the study. The selected agency will be expected to complete the following deliverables but not limited to:

1. Develop a detailed financial budget.
2. Develop a detailed timeline for the survey, with deliverables by year.
3. Finalise the study designs and questionnaires. Develop a study design including the sampling strategy and the data collection tools for the baseline, midline and endline surveys
4. Develop a representative sample of geographical units (MSK will provide a mapping of selected schools in the 3 counties) of the intervention and the control group. The research agency is advised to include two counties in the study, Mombasa, and either Trans Nzoia or Bungoma.
5. Present the study to an institutional review board and get the required approval
6. Develop a data collection plan for the quantitative and qualitative aspects of the research.
7. Develop and maintain quality control procedures for training staff, conducting research, data entry, and analysis and writing report all within the specified research approach (in collaboration with MSK staff)
8. Develop a detailed team structure for the project to meet above deadlines for this Survey.
9. Recruit and train Enumerators, Supervisors and Quality Controllers. The research firm should consider recruiting high quality participants that are capable to handle the position of interviewing the senior staff or owners of the facility.
10. Recruit relevant data collectors
11. Develop training materials and pilot tool as part of training
12. Organize logistics for training including piloting in field, submit training report
13. Develop field guidelines for enumerators and supervisors particularly for quality control. Enumerators should use Field manuals during training and also as reference during field work activities
14. Scripting the questionnaire and pre testing the tools before enumerators training. The winning firm will be required to have English and Swahili questionnaires.
15. Take primary responsibility of data collection in the field as stipulated in the study protocol. Collect data in the field as stipulated in audit sheet finalized by the research agency
16. Process data following quality control measures as defined in study design and in preparation for analysis. Develop and maintain quality control procedures for training staff, conducting research, data entry, and analysis and writing report all within the specified research approach (in collaboration with MSK staff).
17. Provide MSK with raw data sets, recoding and restructuring syntax, final datasets, field and data processing quality control reports. MSK would prefer to get the final data set in SPSS software
18. Present final datasets in SPSS.
19. Analyse data and Draft and finalise a report that describes sampling, study procedures and findings.
20. Provide MSK with tables, draft reports and final reports.

Time Frame

The estimated time period of execution is 3 months for the baseline. Midline and endline to be conducted in late 2019/early 2020 and 2021 respectively. The research agency could suggest relevant dates for these surveys in line with an appropriate study design.

Evaluation Criteria

Evaluation criteria for selecting the winning agency will include both technical and cost categories consistent with the scope of work including:

Technical Approach and Qualifications 75 Points

Criteria Points

1. Interpretation of the TOR – 25
2. Appropriateness of the study design/methodology – 35
3. Relevant experience of the firm - 15
4. Team composition – 10 marks

Subtotal Technical Proposal 85

Competitive Cost Qualifications 15 Points

Criteria Points

1. Reasonableness and Adequacy of Proposed Budget 15

Subtotal Cost Proposal 15

Grand Total -- Technical & Costs 100

Part III
Contract Draft for Research Agency

Selected agency will be expected to complete the following task and provide deliverables as outlined:

1. Apply for ethical clearance and seek all the relevant permissions.
2. Share baseline questionnaire and finalize with MSK by November and midline and endline questionnaires (TBD)
3. Organize logistics for training for data collection by December 2018 and midline and endline
4. Translate and pilot tools as part of training
5. Recruit enumerators and supervisors'/quality controllers
6. Develop field guidelines for enumerators and supervisors particularly for quality control
7. Conduct sampling exercise and finalise sampling strategy in the 3 counties
8. Conduct fielding of the baseline, midline and endline
9. Establish and take a lead in reaching out in a timely fashion to identify team partners/contacts on the ground to facilitate ease of field work, i.e. local leaders, relevant responsible officers etc.
10. Collect data in the field
11. Process data into data set following quality control measures
12. Provide MSK with raw data set (SPSS), recoding and restructuring syntax, final data set, field and data processing quality control reports for the baseline by April 2019 and for the midline and endline (TBD)
13. Provide draft and final tables
14. Provide draft and final reports

To facilitate payment MSK will require the following-

Invoices accompanied by detailed status reports containing work performed and tasks completed to facilitate:

I. 30% payment of approved budget at the commission of the assignment. Please note that this invoice should detail include baseline data collection workplan and midline work plan

II. 20% payment after submission of baseline report and data

III. 20% payment after submission of midline report and data

IV. 10% payment after submission of endline report and data

V. 20% payment after submission of an evaluation report.

Signed by: _____Country Representative MSK

Date: _____

Signed by: _____, (Name)

Date: _____

Part IV
Background, Project and Study Objectives

Background

Marie Stopes Kenya
Marie Stopes Kenya (MSK) is a leader in the provision of SRH services in Kenya, with a strong record of enabling girls to use and adopt SRH solutions in the most efficient and respectful way possible. Through two current CIFF-funded projects, Choice for Change (C4C) and In Their hands (ITH), MSK addresses barriers to ASRH at the facility level, ensuring that its FP services are youth-friendly and free of charge. This means every provider is trained to provide services without judgment or bias, and has a clear understanding of the legal framework for ASRH. This program is building the critical foundation of youth friendly services and knocking down barriers to supply. The ITH program also aims to stimulate a new national discourse on adolescent sexuality in Kenya. It contributes to reducing stigma and shifting detrimental social norms that prevent young girls from demanding and receiving the ASRH services they need.

MSI has made a significant impact on ASRH through similar school health programs in other contexts, including successful projects in Zambia and Sierra Leone that offer crucial insight into the approaches that work among adolescents.

Kenyan Context
There are more than 45 million people in Kenya, and over 40% of the population is under the age of 15 and will soon move into later adolescence and early adulthood. Kenya has made significant progress over the past decade in preventing unintended pregnancy and increasing contraceptive use. But there is high unmet need for contraception among adolescents, early age of delivery among adolescents in Kenya, and related high rates of school drop-out. Adolescents lack access to comprehensive sex education and youth-friendly contraceptive services, meaning they lack accurate information necessary to make empowered decisions about their SRH, including contraception, and there is a lack of youth-friendly providers and relevant and desirable service delivery points for them to seek services. The total fertility rate (TFR) has reduced by a full child per women since 2004 (from 4.9 to 3.9) and the contraceptive prevalence rate (CPR) rose to 58% in 2014, up from 46% in 2008[1]. There have been also been substantial gains in women using modern methods of contraception – rising from 32% in 2003 to 53% in 2014. However the gains are not consistent across all age groups and wealth quintiles, with adolescents shouldering a particularly high burden. Adolescent girls have the lowest contraceptive use at 9%, the highest unmet need for contraceptives of any age group (23%) and high rates of early child-bearing (18%). They also account for 17% of those seeking post-abortion care (PAC) services and 45% of severe abortion-related complications. Method mix amongst adolescents is dominated by short-acting methods and rapid repeat pregnancy is prevalent amongst young people (42% of 15-19 year olds and 29% of 20-24 year olds have birth intervals of less than 24 months)[2]. Additionally, HIV prevalence in Kenya for all women of reproductive age is 8%, with new infections concentrated among adolescent girls[3]. Reported condom use at last sex is lower amongst female 15-24 respondents (60%) than male 15-24 (76%)[4]. Country-specific adolescent mortality data are not available. However, estimates from developing countries indicate that pregnancy and delivery complications, including unsafe abortion, are the second leading causes of death for girls below 20 years[5]. Poorer adolescents

[1] Kenya Demographic Health Survey 2014
2 Well Told Story "Sex Money Fun" Report, May 2016.
[3] UNAIDS, 2016
4 Kenya Demographic Health Survey 2014
5 Kalanda BFB, Verhoeff FHF, Chimsuku LL, et al. Adverse birth outcomes in a malarious area. Bull Entomol Res 2006; 134:659–66.

are often even more vulnerable: only 32% of women in the Kenya's lowest wealth quintile use some method of modern contraception, compared to 58-66% of women in the higher wealth quintiles[6].

The reasons for low contraceptive uptake among adolescents are complex, and many girls lack agency and control over their lives, lack access to reliable sources of contraception information and financial resources, and have limited ability to travel to seek services. Socio-cultural and gender norms that promote early marriage and childbearing can put them at risk, and norms that stigmatize pre-marital sex prevent unmarried girls from seeking contraception services. Lack of access to factual information on SRH means adolescents are not being provided the tools they need in order to make empowered choices about their own sexual health. All of these barriers drastically increase the likelihood of early pregnancy, which is often the critical incident that precedes school dropout by teenage mothers, thus changing the course of a young girl's life and often leading to early marriage[7]. Competing financial needs between child care and school expenses mean that it often becomes unfeasible for young mothers to return to their studies. Statistics on early births are troubling in light of the effect it typically has on a mother's access to education: 18% of adolescent girls are already mothers (or pregnant with their first child) by age 18, and nearly half by age 20. The 2014 Kenya Demographic Health Survey found teenage pregnancy rates unchanged in the last five years.

Understanding and developing solutions to improve adolescent sexual and reproductive health (ASRH) outcomes among this target group is a top priority and will have demonstrable impact on Kenya's future.

Project Objectives

MSK will be implementing a project in Kenya, to be implemented over four years focusing on **unplanned adolescent teen pregnancy and school drop outs by implementing effective strategies/interventions to address these issues.** The purpose of the project is to improve gender equality and empower girls to gain the knowledge and confidence to make decisions about their sexual and reproductive health, while also providing them with access to contraceptive services in youth-friendly and non-judgemental locations. MSK foresees that this project will improve gender equality and reduce rates of unplanned pregnancy among sexually active adolescents (aged 15 to 19 years old) by delivering a comprehensive sex education (CSE) curriculum in schools, supporting youth-friendly access points and delivering contraceptive services to adolescents. The project will increase adolescent girls' empowerment, agency and decision-making by providing them with the information and access they need to achieve their contraceptive goals and take control of their Sexual and Reproductive Health (SRH) choices. By increasing contraception among this age group and reducing unplanned pregnancy, the project will serve to keep more girls in school at an age when pregnancy too frequently ends their education prematurely. Achieving this will require taking an overall gender-sensitive approach that will aim to shift thinking around harmful gender norms – among not just adolescents but also service providers and school and community leaders. The program that will reach adolescents in various places in their lives, tailoring activities to generate demand among both in and out-of-school youth.

This project will focus on selected three counties through a holistic approach that empowers adolescents with sexual education and provides access to relevant service delivery points, free of judgement, to obtain contraceptives. MSK will create an environment of sustainable service delivery and education by working closely with crucial partners – including government, community, school leadership and adolescents themselves – to shift attitudes and win the buy-in necessary for this approach to be sustainable. The project will target both in-school and out-of-school youth to increase contraceptive knowledge in different ways depending on the context. MSK will introduce gender sensitive SRH education into school settings and will generate demand for and increase knowledge of contraceptives through community events for out-of-school youth. A critical component of this intervention will be to link the adolescents with discreet and respectful service providers that are in their area, helping to strengthen and expand the network of options for teens seeking care.

[6] Kenya Demographic Health Survey 2014
[7] Population Council, STEP UP Report, December 2015

The scope of the pilot will be three counties in Kenya with a high burden of teen pregnancy and school drop-outs: Mombasa and Nakuru, and a third county to be identified by MSK in partnership with MoH and MoE. The process of choosing a third county is underway, with a focus on counties with a high-burden adolescent pregnancy and high rates of drop-outs in schools, primarily as a result of teen pregnancy. MSK's priority county will be Homa Bay, which will be confirmed by January 2018.

Specifically the project will:

a) increase knowledge and attitude relating to sexual and reproductive health and rights to adolescents both in and out of schools.

b) improve and increase adolescent access to service delivery by bringing school health nurses to girls, service providers to community events, and youth friendly practices to existing clinics and pharmacies.

c) ensure sustainability of this approach by gaining the government support and buy-in that will allow the program to continue when we are gone; and

d) pave the way for future roll out to additional areas by creating evidence-based advocacy that proves the model's effectiveness.

The approach of this intervention will involve three principal components as follows. Please refer to Annex 1 for the details of the interventions.

(1) **Improving attitudes towards SRHR**. This is crucial for ensuring that adolescents are able to make the best decisions for themselves about their sexual health. To achieve this, we will address both in- and out-of-school youth, and will provide adolescents with crucial information about their sexual and reproductive health.

In school youth

MSK will reach in-school youth through collaboration with MOE, MOH, and schools to deliver gender-sensitive modules adapted from a Life Skills Education (LSE) curriculum. The curriculum will include sections on gender stereotypes, sexuality and decision making and on pregnancy and pregnancy prevention. The objective is to bolster girls' agency to make good decisions around sex and contraception. The curriculum will incorporate gender considerations that seek to address harmful gender norms. These interventions will encourage critical awareness of gender norms; promote shared decision making between partners; and promote girls' self-efficacy in decision making on SRH issues. These lessons will empower girls and boys to make informed decisions about their reproductive health and create referral linkages for services including SRH, gender based violence, rape and incest.

The curriculum will be delivered by MSK-employed School Health Nurses (SHN), working in partnership with the MoH-employed County Public Health Officer (PHO). The sessions have a clear call to action, where students who want to learn more about their contraception options can have either a one-on-one session with the nurse. Additionally, MSK's Client Contact Centre is staffed with nurses who answer questions and provide counselling over the phone or through messaging technologies such as WhatsApp, Facebook Messenger, and website live chat.

Building school capacity: A crucial component of the program is to provide training to the school guidance and counselling teachers, who will follow up with this curriculum and provide links to the contact centre and additional information to students.

Out-of-school adolescents: Only 30% of women in Kenya have completed part or all of their secondary education, so the majority of sexually active out-of-school adolescents would go unreached through school-based programs[8]. It is critical that out-of-school youth are targeted in an appropriate way to ensure messages about contraception are reaching them as well, as they may already be disadvantaged in their exposure to SRH messaging as compared to in-school peers. Studies show that level of education has a

[8] KDHS 2014

positive influence on this exposure: 69% of uneducated women have no exposure to family planning information in any form of mass media, compared to only 9% among those with a secondary or higher education[9].

Community events for demand generation: To reach and empower out-of-school adolescents, MSK will build on the success of existing efforts to reach this population through youth-friendly events that aim to educate adolescents on their SRH and contraceptive options, as well as encourage birth spacing.
Community Support: Interventions with community leaders, parents and adolescents is a critical step in increasing familial and community acceptance for adolescent contraceptive use. MSK reaches out to community leaders, parents and adolescents to increase awareness about the negative outcomes resulting from teen pregnancy and close birth spacing. During these discussions and community events, staff then refer adolescents to free, friendly and non-judgmental SRH services at MSK clinics and social franchise providers. Services are also sometimes provided directly in the communities at a community centre, where adolescents perceive the service to be more confidential.
Government buy-in: These community level service delivery events are often co-facilitated with a MoH public health officer. MSK will work with the county MoH to develop and implement an effective public private partnership for reaching out-of-school youth.

(2) Improving access to appropriate service delivery

This will be done with a focus on quality service delivery through **creating youth-relevant environments.** MSK will strengthen the quality of care offered through its clinics, franchise clinics and pharmacies. Through MSK SHNs as well as community events, MSK will increase the availability of quality contraceptive and SRH services through youth-friendly service delivery points. A critical component of this intervention is to provide referrals and linkages for the adolescents with specific nearby public and private sector clinics, providers and pharmacies where they can access adolescent friendly services according to their needs.

Adolescent services will be provided in public sector clinics, MSK clinics, other private franchise clinics, community centres, schools, and through youth-friendly pharmacies. Providers will be trained and it will be ensured that providers are offering welcoming and confidential services; using client-cantered and youth-friendly counselling to ensure adolescents understand the benefits of short and longer-term methods as well as dual protection. Types of Service Providers will include youth-friendly pharmacies, Mobile School Health Nurses, MSK supported public health facilities. MSK Clinics and AMUA Clinics (MSK Franchised Clinics). Additionally, MSK proposes to add referrals for free services related to gender-based violence, rape and incest.

(3) Encouraging government ownership and buy-in the MoH public health officers will be trained to give the SRH lessons in schools. The school guidance counsellors will also be trained to continue the lessons after the intervention. The project will also advise public health clinic providers in youth-friendly service provision which will ensure on-going service availability to youth. MSK additionally will work closely with the county MOH so that the out-of-school programs can be budgeted and implemented by the county when the project ends.

Research Objectives

The research component will be developed to answer the questions about what works to reduce teen pregnancy and teen school dropout, and the cost effectiveness of the intervention(s). The research agency will evaluate the success of the strategies, and inform future roll-out across Kenya. The research agency will evaluate the effectiveness of the interventions, in order to both inform necessary shifts during implementation and also guide future investment in additional counties. The primary activity related to this is to conduct an evaluation of the intervention to guide decisions in both adapting the approach based on

[9] KDHS 2014

successes and difficulties and then to inform the scaling-up of the intervention to additional counties.

The primary beneficiaries will be adolescent girls (aged 15-19) who will have increased agency to make decisions around their SRH decisions, will have fewer unwanted pregnancies, and will have more opportunity to stay in school and complete their education. As mentioned previously, adolescent girls will be the primary focus of this project, due to the vulnerability of the group to unwanted pregnancy. Additionally, community, school and county government stakeholders will also be a target of efforts under this project, both for advocacy to increase access for adolescents to SRH education and services, as well as to be part of a shift toward creating a more enabling environment. MSK will be developing relationships with those important to the success of the project including MoE and MoH at county level; School staff, including guidance counsellors, PHOs and teachers; Parents; GBV organisations; Youth and Women's groups and the DREAMs project. The focus of this evaluation is the school based component.

Some of the key research questions are as follows:

- To what extent does a CSE school curriculum lead to an increase in service uptake by 15-19 year olds?
- Does the schools programme lead to changes in perceptions (behaviour change) around FP uptake by adolescents? By adolescents themselves, schools/teachers as well the county and community?
- Does the project lead to a reduction in unwanted pregnancy, teenage pregnancy and school drop outs in the 3 target counties?
- To what extent does engagement of schools and county staff lead to a more supportive environment for adolescent FP uptake?

Study Design/Methodology

The study will use a quasi-experimental design along with relevant qualitative research. The research agency could recommend another relevant design if appropriate.

Study Areas

The scope of the project will be three counties in Kenya with a high burden of teen pregnancy and school drop-outs: Mombasa, Bungoma and TransNzoia. For the evaluation two counties are proposed: Mombasa and TransNzoia or Bungoma.

Sampling

A representative sample of geographical units (MSK will provide a mapping of selected schools for the intervention in January 2018) of the intervention and the control group. The research agency will describe the sample selection in detail for the baseline, midline and endline surveys. A step-by-step sampling approach will be described.

An additional extra sample for replacement should be drawn separately from the main sample per county in case one or more of the geographic locations selected in the original sample turn out to be inaccessible or have to be replaced for other reasons (e.g. security issues).

Fieldworker Training

All enumerators will undergo training prior to the survey. Enumerators will be trained for a total of 3 days. This will include 2 days in the classroom, and 1 day in the field, when the teams will practice the full survey methodology. Training will educate enumerators on the purpose of the study, the importance of consent and how to administer both the consent forms and questionnaires.

The study coordinator and supervisors or quality controllers will receive an additional days training to learn procedures for field supervision and quality control measures.

Data Collection

Procedure

The research agency will develop a field plan from the sample given assigning teams to specific counties and following the procedures outlined below;
Supervisors must make contact with local authority to get permission to carry out the survey.
Supervisors will assign daily work to team members, assigning specific areas
Enumerators must obtain informed consent.
Quality controllers will audit 10% of the questionnaires to ensure the interviews were conducted and will also check 100% of all questionnaires before submit them for data processing.

Team Structure

RESEARCH AGENCY NEEDS TO PROVIDE A DETAILED TEAM STRUCTURE. Please be very clear on how the team is structured and how they will approach fielding (e.g. below)
Number of enumerators
Number Project Coordinator(s)
Number of teams (Number of enumerators, Number of supervisors, Number of quality controllers)

The Research Agency will need to devise a timeline and team distribution per region(s) to meet the deadline.

Timeline
The research agency needs to base field timeline based on deadline of final data submission. Please include timeline in the submission.
FINAL questionnaires to be submitted to MSK by
FINAL DATA NEEDS TO BE SUMITTED TO MSK by end July (TBC).
Final Tables by end Aug
Draft reports by end Aug
Final reports by end Aug
***PLEASE MAKE TEAM STRUCTURE TO MEET TIMELINE**

Questionnaires
The draft questionnaires will be developed in consultation with MSK staff based on the key and subsidiary questions for the intervention and control groups for the baseline, midline and endline surveys. The draft will be shared by the research agency for MSK review and finalisation.

Field Supervision and Data Quality Assurance
The supervisor be assigned a county and will have understood that meticulous planning of field data collection logistics and documentation of survey progress is of paramount importance to successfully conducting the survey. As indicated above supervisors and QCs will be required to do a 100% quality check of all enumerators questionnaires on a daily basis and provide field updates on daily basis.

The survey will implement several measures to guarantee sound data is generated throughout the survey period. There will be daily supervision of data collection in the field, including accompanied interviews, checking completed interview, and ensuring that all potentially eligible outlets are visited. Data quality will be determined through review of survey data and validation of data through back check interviews. The Quality Controller/supervisor on each team will lead data validation and other data quality aspects of the survey while working closely with the team supervisor.

The overall role of the Quality Controller is to assure the integrity and accuracy of the data that is being collected and thoroughness of the census conducted in each sub location. The Quality Controller will identify problem areas in the field while issues could still be feasibly addressed.

Ethical Considerations

Approval from an ethics review board, will be sought by the research agency and the data collectors will be adequately trained in the importance of dealing with adolescents in a confidential and sensitive manner. Care will be taken to communicate the objectives of the current study and measures taken to ensure

confidentiality. Results will not be linked to individuals. Every effort will be made to protect the confidentiality and the identity of participants. The importance of confidentiality and the protection of the identity of outlets will be emphasized during the training of data collection staff. Participants will be able to drop out at any time during the interview and do not have to respond to questions they do not wish to. Reasons for not participating or not answering questions will be sought.

Data will be stored in a secure place by the research agency and the MSK research team and access to the data will be restricted to the project investigators. Providers will not receive reimbursement and will not directly benefit from participating in the study.

Informed consent will be obtained from the respondents prior to interviews. Information sheets and consent forms will be translated into Swahili. The information sheet will include an introduction, the purpose of the study, how questions will be administered, the risks and benefits to those who participate and a statement that the data collected will be confidential and that participation is purely on a voluntary basis. If the potential participant consents to participate then he/she will be asked to sign the consent form or thumb stamp the form if the provider can't read/write.

Annex 1: Project Activities

Primary Outcome 1: Youth are informed and empowered to make decisions about their sexual and reproductive health (SRH) as demonstrated by reduced unplanned pregnancies among in and out of school youth aged 15-19, in 3 counties in Kenya.
In order to achieve this, MSK will need to improve knowledge on pregnancy prevention among 15-19-year-old girls (both in and out of school) and intention to use contraception when/if they are sexually active. The in-school curriculum and the structure of out-of-school events will thus be geared toward both knowledge of SRH and better decision-making skills. MSK will phase in some primary schools in 2019.
Key Activities:

- **1.1** Create a succinct curriculum on teen sexuality, pregnancy & pregnancy prevention, adapted from the MoE-approved Life Skills curriculum. The sessions will include important norm-shifting discussion on gender stereotypes, sexuality and decision-making.
- **1.2** Conduct county MoE and MoH meetings to secure buy-in in the selected three counties. Organize meetings at county level with PHOs, MoH county and sub county staff, teachers and guidance counsellors. Champions will be identified and supported to build buy in from all public staff who are needed to implement and sustain the program
- **1.3** Conduct guidance counsellor and teacher orientations in selected schools to get school level buy-in and build teacher/counsellor capacity to facilitate the sessions. This is both to ensure school collaboration and to help ensure sustainability of the programming following funding of the MSK SHN.
- **1.4** Train public health officers (PHOs) in selected counties on SRH sessions, both through discussion and guidance with MSK SHN and by including them in delivery of the curriculum.
- **1.5** MSK SHNs, with PHOs, conduct SRH sessions in schools by delivery the four adapted modules to students age 10-24.
- **1.6** Deliver Service or give referrals: SHNs give referrals and provide SRH services to in and out-of-school youth in locations that are convenient to the adolescents (such as in school if possible, or at selected and trained youth-friendly pharmacies). Together with the MoH, conduct out of school SRH education and service delivery events for youth. Education and mobilization will be conducted by CHVs. MSK will also explore/pilot further contracting an organization to systematically identify and reach all youth and women's groups in the counties to target adolescent mothers for education on birth spacing.

Primary outcome 2: Increased access to quality information and youth-friendly FP and SRH services by in and out of school youth aged 15-24 through service delivery at private (MSK) and public sites.

If adolescents are informed about their SRH options and empowered to make decisions, there must be a substantial network of providers to whom they can go for services such as obtaining long- or short-term contraceptives.

Key activities include:

2.1 Public clinics will be selected based on proximity to schools and willingness to provide non-judgemental youth counselling and services for contraceptives, STIs and other SRH services. MSK will train those public clinic providers in youth friendly counselling for contraceptives and conduct values clarification exercises to decrease provider stigma in providing contraceptives to youth

2.2 MSK School Health Nurses provide FP services to youth in discrete youth-friendly sites, including schools where possible and designated youth-friendly pharmacies, which have previously agreed with MSK to be part of network.

2.3 Recruit and train youth friendly pharmacies which are willing to provide adolescents with judgement-free contraceptives and counselling.

2.4 Select AMUA social franchise providers that are willing to provide non-judgemental counselling and services for contraceptives, STIs and other SRH related services. Ensure all are trained in youth friendly counselling and service provision. Specific days will be identified where youth specifically can come so that confidentiality can be maximized.

2.5 Strengthen MSK clinic providers and staff ability to provide youth friendly counselling and services for contraceptives, STIs and other SRH related services. Training and quality follow up to be conducted.

2.6 Hold youth service delivery events targeting out-of-school adolescents to increase access to contraceptive and STI services. These events may include youth entertainment events such as sports events or on the beach at the coast where MSK will provide services through a tent or community centre. MSK is currently conducting some of these activities under the CIFF grant, but geographic areas will not overlap with Gates. MSK will capitalise on existing community events so that costs can be reduced.

2.7 Youth will access free services at public clinics by government policy. They will be issued vouchers for free contraceptive services, STI and pregnancy testing at the AMUA social franchises, and they will also access these services free at MSK clinics. The school health nurses will offer free services wherever they provide. Pharmacies will charge their fees but negotiated at lower prices through the program.

Primary Outcome 3: An enabling environment for youth-friendly services and effective SRH education is established.

This project seeks to not only provide services and educate adolescents, but also to catalyse a change in attitude toward ASRH, shifting the entire community's outlook on ASRH and decreasing the stigma around adolescents making their own choices about sex. Many of the activities around gaining government and school buy-in help make key leaders more aware of the problems facing young girls, the reasons for high rates of dropping out, and the difficulties facing them on a daily basis. With that new knowledge, MSK will also ensure comes important statistical information that makes the path to contraception and SRH education clear. Training key leadership to work as mouthpieces in either schools or government will be a first step, and cascading training to guidance counsellors and PHOs will mean more people with authority supporting ASRH rights. Advocacy efforts by MSK staff will increase buy-in and help create a more enabling environment for this project and future roll-outs.

Key activities include:

3.1 Train and support public sector champions who can be trainers for new PHOs and teachers where there is turnover

3.2 Advocate and support planning at the county level so that budget is included for continuing the sessions after the project donor funds are withdrawn

3.3 Train Public Health Officers (PHOs) and school counsellors to take ownership over the SRH sessions curriculum, and to act as referral agents for the students to the service delivery points

3.4 Support cross county sharing/learning visits among relevant MoH and MoE staff to disseminate best practices and advocate for additional counties to join when the project is ready to roll out to additional counties

3.5 Support the MoH to plan and budget for conducting the school sessions, and for conducting out of school youth community service delivery events.

3.6 Work with MoE at the county level to ensure buy-in for SRH sessions as part of the life skills curriculum

3.7 Assist the MoH in implementing their national adolescent & reproductive health policy in the three counties, through increasing awareness of the policy among officials and community members.

Impact: To improve gender equality and reduce rates of unplanned pregnancy amongst high school girls aged 15-19 in Kenya, and out-of-school youth

Adolescents are informed about their sexual health options, empowered to make decisions, and seek access to contraceptive services at youth-friendly access points

Youth Empowerment Youth are informed and empowered to make decisions on their sexual and reproductive health (SRH)	Service Delivery Increased access to quality contraceptive and SRH services for adolescents through youth-friendly service delivery points	Supportive Environment for Adolescent SRH information and use An enabling environment for youth friendly services and effective SRH education is established
• Gender-sensitive SRH life skills curriculum co-delivered by MSK school nurse and MoE and MoH focusing on adolescent SRH in secondary and vocational schools • MSK partners with MoH to deliver gender-sensitive discussions on SRH targeting out-of-school youth • MSK trains school guidance and counselling teachers on SRH curriculum and how to provide referrals for SRH information and services	• Youth-friendly MSK centres and social franchises, pharmacies, and public facilities will provide free contraceptive and SRH services to in- and out-of-school youth • MSK School Health Nurses provide free contraceptive services youth at discreet sites in the community • MSK provides SRH education and services through "Future Fab" events at the service delivery sites	• MSK and MoH partner to deliver events in the community and at public facilities to increase awareness about the negative outcomes resulting from teen pregnancy and close birth spacing among teens aimed at community leaders, parents and youth • MSK conducts planning with counties for development of teen pregnancy prevention strategies • MSK conducts training for public sector providers in youth friendly counselling • MSK supports MoE and district MoH through generation of evidence to advocate for implementation of the program nationally

Implementation Research

- Inform project implementation, generate evidence on model and cost-effectiveness of interventions to support MoH and MoE to roll out intervention in additional counties in Kenya