

Background to Girls Education Challenge Rapid Research Learning Fund

Adolescent Education, Health and Wellbeing Status in Four Counties in Kenya – Two Years into the COVID-19 Pandemic

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Rapid Research and Learning Fund

ANNEX I: Proposal template

1) Introduction (300 words)

Provides overview of the research team and a rationale for submitting a proposal for the Rapid Research and Learning Fund. 300 words

Population Council Kenya (PC Kenya) is a Kenyan research institution with over two decades of expertise in adolescent girls' research in Kenya and the region. In addition to leading rigorous research studies to generate evidence on what interventions work to improve girls education and well-being, our team works closely with national and county stakeholders, as well as programme implementers, to understand and translate data to shape adolescent programmes and policies. Girls education is a focal area in our research, not only studying what programmes are most likely to keep girls in school, but also how sexual and gender based violence (SGBV), health, and economic empowerment – at individual, household, and community levels – influence education outcomes. The PC Kenya team is currently leading a study commissioned by the Executive Office of the President's Policy and Strategy Unit (PASU) to track and understand the education, health, and economic impacts of COVID-19 on adolescents and adults in their households. While prior to COVID-19 significant strides were made in improving adolescent girls' education and wellbeing in Kenya, preliminary data shows that the COVID-19 pandemic and mitigation strategies are reversing the positive trends. There is currently a gap in rigorous, empirical research on the impact of the COVID-19 pandemic on girls' education, including understanding what factors affect resilience. Between July 2020 – February 2021, we completed two survey rounds with adolescents sampled from four ongoing cohorts across four counties in Kenya, linking to pre-COVID-19 data. Therefore, we have the opportunity to leverage these unique, active cohorts to understand how 18 months after the start of the pandemic, COVID-19 has affected education outcomes, including their gender dimensions. The proposed research will inform responses to support girl's education during the COVID-19 recovery period, as well as provide critical information to mitigate negative effects on girls' education in future crises.

2) Thematic focus and contribution to the field (600 words)

Thematic focus of the research and research questions and how your proposed research contributes to addressing gaps in knowledge. 582 words

The key thematic focus will be how and why the COVID-19 pandemic and mitigation strategies has impacted girls' education and broader health and wellbeing during the first 18 months of the pandemic, with a particular focus on vulnerable and marginalised girls. Schools closed in Kenya on March 16th, a phased re-opening began in mid-October, and a full re-opening started in January 2021. While limited remote learning activities were available, children's formal progress in school was paused. During this time the country suffered extreme economic shocks, with over 85% of households in Nairobi's informal settlements and three-quarters of households in rural areas reporting full or partial loss of income^{1,2}. It is likely that school closures and economic crises led to adverse effects on education outcomes, as well as harmed secondary health outcomes, including on nutrition, mental health, sexual and reproductive health (SRH) and SGBV.

The primary research question is:

- What are the gendered effects of the COVID-19 school closures and other mitigation measures on adolescent girls' school enrolment, performance, literacy and numeracy throughout the first 18 months of the pandemic?

Secondary research questions include:

¹ Abuya, Timothy; Austrian, Karen; Isaac, Adan; Kangwana, Beth; Mbushi, Faith; Muluve, Eva; Mwanga, Daniel; Ngo, Thoai D.; Nzioki, Mercy; Ochako, Rhoun; Pinchoff, Jessie; Tidwell, Ben; White, Corinne, 2020, "Experiences among adults and adolescents during the COVID-19 pandemic from four locations across Kenya", <https://doi.org/10.7910/DVN/VO7SUO>, Harvard Dataverse, V15.

² Kenya National Bureau of Statistics. 2020. "Survey on Socio Economic Impact of COVID-19 on Households Report." <https://www.knbs.or.ke/?wpdmpromo=survey-on-socio-economic-impact-of-covid-19-on-households-report-wave-two>

- What are the gendered effects of the COVID-19 mitigation measures on adolescent girls' time use, experience of SGBV, mental health, nutrition and food security, and timing of pregnancy and marriage approximately 18 months after the start of the pandemic?
- What are the pathways and drivers of the pandemic's effects on girls' schooling outcomes?
- Did participation in girls' empowerment programmes prior to the COVID-19 pandemic increase resilience during the pandemic?

These questions will be answered by leveraging and adding to four existing cohorts of adolescents and adults in their households. The proposed research builds on five years of data collection from pre-COVID-19 experiments to evaluate the impact of girls' empowerment programmes, as well as two rounds of data collected in rapid response efforts during the first year of the pandemic. With one additional round of data collection as part of the proposed research, we will be able to answer the research questions above. These are cohorts of vulnerable girls from urban informal settlements and remote rural areas in Kenya, ensuring a focus on inclusion and generating research that will meet the needs of the most marginalised.

This research will fill critical knowledge gaps on resilience and girls' education in crises. To our knowledge, there are no other datasets that are able to track cohorts of adolescents, that include pre-COVID-19 data on education outcomes, learning skills (literacy and numeracy), self-efficacy, social support, mental health, SRH behaviour, pregnancy and marriage, which are linked to short- and medium-term experiences and effects during the first year of the COVID-19 pandemic in Kenya, as well as data on a paired adult in the household. While there have been numerous projections on the effects that COVID-19 will have on girls' educational enrolment, attainment and learning skills, there is little empirical, quantitative data to track and test those projections. Furthermore, there is little data from prior crises to help predict which adolescent girls are most vulnerable to the impacts of COVID-19 and what are the individual, household and community factors that may mitigate potential harmful effects. Therefore, the proposed research, building on our unique, existing datasets, will fill gaps in a timely manner that will both support short-term policy and programme development to ensure that vulnerable adolescent girls are not left behind during the COVID-19 recovery period. Furthermore, this data will contribute to an evidence base that could be drawn upon in future crisis situations.

3) Characteristics of research organisation and/or and research team (600 words)

Track record of the organisation, composition of research team, qualifications of researchers and expertise (CVs for all research team members to be annexed). This section must provide sufficient evidence of the research team's technical merit. 585 words

As a local non-governmental research organisation with a local and regional scope, PC Kenya conducts programme and policy relevant research to improve educational, health, social and economic outcomes for vulnerable and marginalised populations. Over the last decade we have established a large body of high-quality evidence that is informing education programmes in Kenya and the region. Most recently we:

- (1) Led the randomized controlled trial (RCT) of the FCDO-funded Adolescent Girls Initiative-Kenya (AGI-K) (2014–2022) to evaluate the effect of a multisectoral intervention package on key girls' wellbeing outcomes including school enrolment and financial literacy. We are now working with select counties to support the application of these interventions within adolescent programmes.
- (2) Evaluated *The Nia Project*, a study of over 140 primary schools in Kenya, to determine whether providing girls with reproductive health education and menstrual hygiene products positively impacts their education and well-being (2016-2020).
- (3) In collaboration with the Ministry of Education, Kenya, UNESCO, UNFPA, and the Sexual Reproductive Health and Rights Alliance developed national guidelines for school re-entry in early learning and basic education.³
- (4) As a key contributor to the COVID-19 National Emergency Response Committee we:
 - a. In collaboration with the Government of Kenya (GoK), are leading a longitudinal COVID-19 cohort study (March 2020 – April 2021) to understand the effects of the pandemic on adolescent girls and their households.
 - b. Are evaluating the impact of cash transfers on school re-enrolment for vulnerable adolescents⁴ following prolonged school closures due to COVID19 lockdowns in Kenya (October 2020 - June 2021). This study will inform education policies and guidance in Kenya and other countries in the region in response to the COVID-19 pandemic.

Our Kenya-based team has a well-established track record of generating and promoting the use of high-quality evidence to solve challenges in education, as well as generating academic outputs.

³ Ministry of Education. 2020. "National guidelines for school re-entry in early learning and basic education." Nairobi: Ministry of Education, Republic of Kenya.

⁴ <http://www.isrctn.com/ISRCTN12792822>

Dr. Karen Austrian, Ph.D., MPH, study Principal Investigator, is a globally recognised expert in adolescent health and development who has successfully led adolescent research programmes (£500K - £10 million value) in East and Southern Africa for almost 20 years. She has designed and managed several research studies including the FCDO-funded AGI-K programme and a seven-year Adolescent Girls Empowerment Programme RCT in Zambia, whose results are informing the development of effective sustainable approaches to keeping girls in school. Karen is currently leading PC Kenya's work on the effects of COVID-19 on adolescents and serves as the evidence partner to the Gender Advisor in the Executive Office of the President on COVID-19 and adolescents in Kenya. She will provide strategic leadership and technical direction of the study, manage the relationship with Tetra Tech and key stakeholders, and oversee the timely and high-quality delivery of the project outputs.

Dr. Beth Kangwana, Ph.D., MPharm, study Co-Investigator, has over 10 years of experience in designing and carrying out robust studies in sub-Saharan Africa, including on improving adolescent wellbeing. As a co-investigator on PC Kenya's impact evaluations of complex interventions to improve the health and well-being of adolescents, Beth informs the development of research uptake strategies such that activities and outputs respond to evidence gaps and decision-maker needs. In addition, she is currently leading PC Kenya's work to improve access to adolescent mental health services in urban informal settlements in Kenya.

The study will be supported by a **Data Manager (Eva Muluve)**. In addition, a **Project Coordinator (Janet Munyasa)** and a **Finance Manager (Edwick Orengo)** will be responsible for day to day operations on the study to ensure quality delivery and effective technical and financial reporting to the donor.

4) Approach and methodology (1200 words)

Include gender and inclusion considerations; detail innovations in approach. 1,188 words

Our proposed approach leverages four ongoing cohorts of vulnerable adolescents, and the adults in their households, in four counties in Kenya. These cohorts reflect diverse geographic settings, including 1) urban informal settlements in **Nairobi County** – characterized by high population density, lack of access to clean water, shared sanitation facilities, and located in the epi-centre of COVID-19 cases in Kenya; 2) rural **Wajir County** – a pastoralist setting, as well as one of the most under-developed, socially conservative counties in Kenya with low school enrolment rates for girls and high rates of child marriage; 3) rural **Kilifi County** – a remote rural setting in the coastal region of Kenya with high rates of SGBV and early pregnancy; and 4) urban slums and peri-urban areas in **Kisumu County** – a high HIV-prevalence setting in western Kenya.

PC Kenya established and followed cohorts of vulnerable adolescents in each of these cohorts prior to COVID-19 – including three randomized controlled trials and two quasi-experimental studies – to evaluate the impact of adolescent programs. At the start of the pandemic, the National Emergency Response Committee (NERC) asked PC Kenya to conduct a knowledge, attitudes and practices (KAP) survey to generate data to help inform their responses. Our research team sampled from two of these cohorts across five informal settlements in Nairobi. As the pandemic evolved and evidence requests from government stakeholders in Kenya increased and evolved, we expanded the COVID-19 data collection to include adolescents and adults in the household, as well as additional counties. We conducted qualitative in-depth interviews with adolescent girls, boys, parents and key community stakeholders in each of the sites in November 2020 to understand in-depth the perceived impacts of COVID-19 on education, time use, mental health, teenage pregnancy and early marriage. A second round of quantitative data collection is taking place in February 2021.

Table 1: Description of four COVID-19 cohorts

	Setting	Cohort	Dates Survey Data Collected*	Adult Sample	Adolescent Sample
Nairobi	Urban informal settlements	AGI-K ⁵ NISITU ⁶	July 2019 March - June 2020** February 2021	n=2009 1260 women 759 men	n=1022 859 girls 163 boys
Wajir	Rural (remote/pastoralist); 79 villages in the sub-counties	AGI-K ⁹	August 2019 July 2020 February 2021	n=1322 898 women 424 men	n=1234 754 girls 480 boys
Kilifi	Rural (remote); clusters of 140 primary schools	Nia ⁷	December 2019 August 2020 February 2021	n=1288 782 women 506 men	n=1063 774 girls 289 boys

⁵ <https://www.popcouncil.org/research/adolescent-girls-initiative-action-research-program>

⁶ <https://www.popcouncil.org/research/nisitu-testing-the-effects-of-implementing-girl-centered-programming>

⁷ <https://www.popcouncil.org/research/evaluating-the-nia-project>

	in three sub-counties				
Kisumu	Urban informal settlement; peri-urban	DREAMS ⁸	May 2018 August 2020 February 2021	n=858 721 women 137 men	n=602 428 girls 174 boys

* only date of last pre-COVID-19 round of data collection (each cohort has 2-3 waves of pre-COVID-19 data)

** four rounds of data were collected in Nairobi with adults (monthly from the start of the pandemic), and one round with adolescents (June 2020)

The proposed study will leverage these four cohorts to:

1. Conduct another round of phone-based surveys in each of the four counties in August and September 2021, providing insight into the longer-term effects on education outcomes almost one year after the start of the re-opening of schools. This data collection will focus on school enrolment, attendance and performance, as well as a range of related possible outcomes including time use, mental health, nutrition, work, pregnancy, marriage, and SGBV.
2. Administer a short household survey to the adult in the adolescent's household to assess changes in household income and other related outcomes in order to link household factors with adolescent outcomes.
3. Repeat literacy and numeracy tests used in pre-COVID-19 data collection with a smaller subset of the cohorts for comparison to pre-COVID-19 skills.
4. Conduct an additional round of qualitative data collection in October 2021 in each of the four counties to further understand the pathways that led to the outcomes seen in the survey data.

The proposed study would also allow for time among the research team to more fully analyse this rich and multi-faceted dataset, maximizing its value.

In each of the cohorts, about two-thirds of the adults and two-thirds of the adolescents sampled are female. This allows for sufficient power to explore pregnancy, family planning, and SGBV, while at the same time being able to make gender comparisons between women and men, girls and boys. In many respects, having both boys and girls in the sample, as opposed to only girls, allows for stronger gender considerations in the analysis. In addition, due to the large pooled sample size, we can look at a range of inclusivity issues in the analysis by conducting sub-analyses of how particularly marginalised groups, for example adolescents in remote rural areas, with disabilities, or in female headed households, compare to the mean.

We will pilot and refine each instrument before implementation. Research assistants will be re-trained prior to data collection, including review of phone-based interviewing techniques and a question-by-question review of the tool to ensure quality of the phone interview. The enumerators have prior experience interviewing marginalised adolescents, improving the quality of the data.

This study has both international and Kenyan ethics approvals and permits, and the new data collection will be added as an amendment to the existing protocol, allowing for a quick start to the research. We will verbally collect informed consent (parental/guardian consent for adolescents) on the phone before beginning the survey, and conduct the same ethical process as an in-person survey, ensuring participants understand the risks, the option to end the survey at any time, and that we will ensure their privacy. All data will be de-identified prior to analysis. We will routinely check the data for quality and adapt as necessary as the COVID-19 situation unfolds.

We will first tabulate descriptive statistics, exploring key outcomes by gender, age, education, and county. We will implement linear regression analysis to determine factors associated with key outcomes of interest, controlling for demographic characteristics, and stratifying by gender for some models. We will estimate respondent-level random-effects to compare key variables over time. Given that the data is drawn from four diverse settings in Kenya, external validity is strengthened and the lessons learned will be relevant for the wider region. However, we do note that our sample is limited to adolescents reachable by phone, possibly leading to differential attrition favouring the less marginalised. To adjust for that limitation we will weight the sample using pre-COVID-19 characteristics.

The proposed approach is innovative as it makes use of data from before the COVID-19 pandemic, 3-6 months, one year and 18 months into the pandemic. Furthermore, having data on both adolescent girls and boys allows for gender comparisons, and having data on adults and adolescents in the same households allows for understanding the role of household factors in adolescent education and wellbeing outcomes, as well as additional gender considerations, such as differences between male and female headed households. Finally, adolescents in these cohorts had been exposed to empowerment programmes prior to COVID-19, and therefore this is an opportunity to also see if the positive impact from these programmes was sustained during COVID-19, and possibly helped to mitigate some of the negative

⁸ <https://www.popcouncil.org/research/reducing-hiv-risk-among-adolescent-girls-and-young-women-DREAMS>

effects of the pandemic. This is a one-of-a-kind study as to our knowledge, there is no other dataset like this one in the region.

5) Planned outputs (300 words)

Include all outputs planned and how they relate to activities and dissemination plans. 291 words

Output 1: Generate new high-quality evidence on girls education in crisis settings: Through generating evidence, planned outputs will include the four site-specific survey tools and datasets, as well as the qualitative guides and transcripts. In our commitment to open science, we have been and will continue to make our questionnaires, code and data available on the open source data-sharing web application [Dataverse](#). As the de-identified dataset will contain a wide range of data, it will be a valuable public good, both in Kenya and globally, that can be used for additional analysis to understand a diverse set of impacts of COVID-19 on adolescent outcomes that can inform current responses to COVID-19, as well as future pandemics.

Output 2: Develop communication products for target audiences: Shortly after data collection is completed we will develop county-specific and multi-site results and policy briefs and accompanying summary power point presentations, which will serve as reference documents that stakeholders can easily digest and quickly draw on in their work. A longer report will synthesise the data for each site and make comparisons across sites. We will also produce manuscripts for peer-reviewed publication so that the evidence will become a part of the global body of work to be drawn on for how to mitigate harmful effects of the current and future pandemics on adolescent girls' education and wellbeing outcomes in Kenya and other LMICs.

Output 3: Dissemination and engagement to inform programming and policy: We will couple the products above with in-person and virtual meetings to catalyse engagement with the results. In particular we will meet with GEC II implementing partners (IPs) in Kenya, Ministry of Education (MoE), MoH, Executive Office of the President, and other key stakeholders, making our key findings immediately available and actionable.

6) Dissemination and engagement (300 words)

Dissemination plans to contribute to advancing knowledge in the field, broader learning and policy engagement. 300 words

During the grant's inception phase there will be thorough engagement with stakeholders at local and national levels to understand their needs and interest in this research. We will determine what evidence we can generate for Kenyan GEC II IPs to most effectively help them support resilience among their programme beneficiaries. County government stakeholders from the four sites will also be consulted to share findings to date and get their input on additional information that can shape their response to ensure that girls are not left behind. At the national level, the MoE, NERC, and PASU will be consulted. Due to PC Kenya's local presence and extensive network, these local and national level relationships are already in place and this proposed study will be able to leverage years of working relationships with these contacts.

Once the preliminary data has been collected and analysed we will organise a forum with the GEC II implementing partners in Kenya, as well as in each of the counties involved, to share preliminary results and engage them in the development of policy and programme recommendations. We will also hold one-on-one meetings with senior government officials to brief them on the results, as well as hold a national consultation on COVID-19 and girls education, which will showcase not only the results from this study, but the experiences of GEC partners and other key actors in the girls education field in Kenya. In addition, we will leverage the global GEC network to share regionally relevant findings.

Finally, we will use growing online platforms to host virtual workshops to disseminate the data at a global level so that the lessons can be of use in the region and beyond. The global research audience will be reached by leveraging presence at international conferences and making peer-reviewed publications available open access.

7) Contribution to GEC II learning and uptake (400 words)

Identify how the research is planned to contribute to the GEC II learning and uptake, either at a country, regional and global level. 395 words

The research will first and foremost respond to the needs of GEC II IPs and FCDO in Kenya, especially as there are active GEC projects in each of the four counties in Kenya where the proposed research is located. At the start of the research project, PC Kenya will develop a Learning, Communication and Dissemination Plan, with particular attention to ensuring that the GEC II independent evaluation audiences will be reached. We will engage GEC II IPs, as well as key government and funding stakeholders in Kenya, to better understand critical questions related to girls'

experiences during COVID-19, with a particular focus on education outcomes and the impact of school closures. In addition, we will consult on the particular sub-groups that GEC IPs focus on, for example girls with disabilities or living in pastoralist settings, to ensure that we understand the impacts of COVID-19 on the most marginalised groups in Kenya.

For example, data on how out-of-school adolescents were impacted by COVID-19 may help the Education for Life programme, which targets out-of-school adolescents to design COVID-19 recovery to address emerging needs of this particularly vulnerable population. The Wasichana Wetu Wafaulu programme led by the Education Development Trust has been targeting marginalised girls in urban slums and the arid and semi-arid lands (ASAL) in Kenya. As both of these geographic settings are included in the proposed COVID-19 cohorts, the research will generate data to understand the unique effects on these sub-segments of girls, understand the potential harms to learning outcomes, and help guide the support they provide to improve education outcomes for girls in the WWW programme.

Once preliminary results are available, we will reconvene with GEC II IPs, as well as national government stakeholders and donors funding education work in Kenya, to share the initial results and get their input into the interpretation of the data, including policy and programme recommendations. We will quickly turn around the results so that GEC II can use the data in their COVID-19 response programmes. In addition, we will coordinate with Tetra Tech and the GEC fund manager to coordinate opportunities for us to share the findings with the non-Kenyan GEC IPs, regionally and globally, in the format they determine most appropriate. Finally, given that the datasets will be available open access, all GEC II teams will have access to the data in order to answer future questions of interest.

8) Monitoring and learning (200 words)

Outline the key elements of the proposed monitoring framework for your research and provide examples of the type of indicators you would include. 200 words

We will provide quality assurance by establishing a monitoring framework and a learning, communication and dissemination plan (LCDP) that we will use to track progress on a monthly basis against the following outcome indicators such as:

- pre- data collection engagements held with GEC II IPs in Kenya
- survey instruments finalized
- de-identified dataset including adolescent and adult data in each of the four counties made publicly available
- county-specific results briefs developed
- results brief summarizing findings and recommendations across counties developed
- technical reports published
- manuscripts submitted for peer-reviewed publications
- dissemination meetings held with GEC II IPs, county and national stakeholders
- county, national and global dissemination events held

In addition, we will follow up with the stakeholders outlined in the LCDP so that we can measure progress on key outcomes such as:

- GEC II IPs and county and national stakeholders have and use evidence to shape their COVID-19 response policies and programmes to support adolescent girls, in particular with a focus on their education outcomes
- Global actors in girls education have and use rigorous evidence from Kenya as a case study on how girls' education has been impacted during COVID-19 and what policies and programmes can be put in place to address them

9) Timeline and milestones

Gantt chart with clearly identified milestones for research process, outputs and dissemination.

Population Council Kenya. Girls Education Challenge Rapid Research Learning Fund May 2021 – April 2022														
Activities and outputs	Person(s) Responsible	Q1			Q2			Q3			Q4			Key Deliverables
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Output 1: New evidence generation														
Obtain research ethics approval from the Population Council IRB and the AMREF Ethics in Science Research Committee, as well as research permits from the National Council on Science, Technology and Innovation	Co-Investigator													Ethical approval letter; research permit(s)
Study methodological report including a detailed research plan and instruments,														Study methodological report
Develop quantitative adolescent and household survey tools	Principal Investigator													Finalized survey tool
Quantitative data collection in four counties	Data Manager													Raw data set; Field Report/Presentation of progress
Quantitative data cleaning	Data Manager													Clean data set
Quantitative data analysis	Co-Investigator													Analysis code
Develop qualitative in-depth interview guides for interviews with adolescent girls, boys, parents, educators and key informants	Principal Investigator													Finalized interview guides
Qualitative data collection	Data Manager													Audio recordings of all in-depth interviews; Field Report/Presentation of progress
Qualitative data translation, transcription and coding	Data Manager													Qualitative transcripts, in English, coded
Qualitative data analysis	Co-Investigator													Summaries of key themes

Population Council Kenya. Girls Education Challenge Rapid Research Learning Fund May 2021 – April 2022														
Activities and outputs	Person(s) Responsible	Q1			Q2			Q3			Q4			Key Deliverables
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Output 2: Communication products developed														
Develop learning, communication and dissemination plan developed														Learning, communication, and dissemination plan
De-identified quantitative data set made publicly available	Data Manager													Dataset
County specific results and policy briefs published – one per county	Principal Investigator													Results briefs
Multi-site results and policy brief published	Principal Investigator													Results brief
Draft technical report submitted	Principal Investigator													Draft final report
Final technical report published	Principal Investigator													Final report
Four-page briefing paper published														Four-page briefing paper
Manuscripts for peer-reviewed publications submitted (minimum of two)	Principal Investigator													Manuscripts
Output 3: Dissemination of high-quality evidence and engagement with stakeholders to facilitate learning														
Pre-data collection meetings with GEC II IPs in Kenya	Principal Investigator													Meeting summary report
Pre-data collection meetings with key stakeholders at county and national levels	Principal Investigator													Meeting summary report
Meetings with GEC II IPs and county and national stakeholders to discuss preliminary findings	Principal Investigator													Meeting summary report
County dissemination meetings – one in each county (four in total)	Principal Investigator													Meeting summary report; power point presentations
National dissemination meetings for policy and programme audiences	Principal Investigator													Meeting summary report; power point presentation

Population Council Kenya. Girls Education Challenge Rapid Research Learning Fund May 2021 – April 2022														
Activities and outputs	Person(s) Responsible	Q1			Q2			Q3			Q4			Key Deliverables
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Global dissemination (webinars, participating in international conferences, etc.) of evidence and learnings	Principal Investigator													Meeting summary report; power point presentations; participation in webinar or dissemination event

10) Risks and risk management (200 words)

Identify any risks and explain how your organisation will be able to mitigate them. 200 words

Risk 1: There will be a higher than anticipated non-response rate or differential attrition such that hard to reach sub-segments of the cohort will be reached at lower proportions. **Mitigation:** frequent contact with cohort to ensure updated contact information. In addition, the multi-year follow up of these cohorts has built trust, which makes follow up rates high. Finally, imbalance in the sample can be adjusted for with weighting during analysis.

Risk 2: There will be a decline in interest in our evidence, making the proposed research less policy and programme relevant. **Mitigation:** a strong engagement plan throughout the project so that key stakeholders not only know the data is forthcoming, but have also contributed to what data is being generated. Also, as a Kenyan institution, we have ongoing, long-term relationships with county and national stakeholders, reducing the risk that the research will be seen as coming from the “outside”.

Risk 3: Exposure to COVID-19 may impact our ability to collect data. **Mitigation:** shift data collection processes to phone-based methodology. In cases where we might have in-person contact, adhere to internal COVID-19 risk mitigation review policies and follow prevention measures, including washing/sanitizing of hands, wearing face masks and maintaining physical distance.

COMPLIANCE SECTIONS

11) Approach to research ethics and safeguarding (300 words)

Explain your approach to research ethics and safeguarding, as per the criteria set out in the ToR. If your organisation has an ethics and safeguarding policy, please add it as an annex. 298 words

Based on our experience, we will apply and adhere to ethical principles in the design and delivery of the study to ensure that participants are not exposed to harm and to ensure participant safety and confidentiality. The proposed research is of minimal risk to the respondents, with the main risk being discomfort in answering some of the questions raised. We will obtain signed consent from parents or guardians of all minors and assent from adolescents. We aim to conduct in person interviews as the quality of the data is better. However, if the protocols around in-person data collection at the time of the survey mandate phone-based interviews to protect against the spread of coronavirus, we will proceed in that regard and apply the same ethical process ensuring participants understand the risks, the option to end the survey at any time, and that we will ensure their privacy. All data will be de-identified prior to analysis. The amended study protocols will be reviewed by an international (US) and local Institutional Review Board in Kenya. All staff will receive training on research ethics and conduct, including confidentiality.

PC Kenya has a zero-tolerance policy (see attached safe-guarding policy) for bullying and sexual abuse, harassment, and exploitation to ensure we can respond to and prevent safeguarding incidents from occurring. Based on our experience delivering similar projects, we will implement rigorous safeguarding measures and reporting systems including detailed training on the projects’ safe-guarding and child protection measures to all staff who are likely to have any interaction with the participants. All project staff will be strictly held accountable to our safeguarding standards. Our experienced Co-Investigator will be responsible for ensuring all project staff comply with our policies and will conduct spot checks to review and verify activities at the community and institutional level.

12) Duty of Care (300 words)

Describe how your organisation or team will conduct duty of care, particularly in the case of conducting fieldwork. 290 words

The Principal Investigator will be responsible for Duty of Care, ensuring appropriate systems and plans are developed and applied specific to the study. We fully appreciate and understand the additional challenges involved in conducting research across the various study sites in Kenya during the protracted COVID19 pandemic and have extensive measures to ensure the safety of staff and equipment. Where applicable, we will provide travel briefings for study personnel; monitor and share relevant online travel updates. We will adapt our organisation’s COVID-19 risk management plan to study needs. Should direct data collection be feasible, the study team will closely review the day to day activities that must occur and how each can be implemented safely, in-line with government and PC Kenya COVID-19 safeguarding guidelines. Staff training will include measures to minimise risk from exposure, proper hygiene and quality control measures when engaging with participants. Meetings, group gatherings and/or staff

trainings will be conducted in appropriate outdoor or open environments. Attention will be paid to the number of participants per meeting. Masks and sanitizer will be provided.

Duty of care measures will be adapted should staff need to travel to Wajir county which has experienced past flare ups of insecurity due to clan disputes and political unrest. These include: 1) advance detailed movement plans for all travel outside of Wajir town; 2) conferring with NGOs based in Wajir with security surveillance teams on known security threats; 2) provision of security briefings; 3) and, liaising with government security forces based in Wajir town to request regular security updates. In our experience, prior insecurity flare ups have generally occurred over a short-periods of time, often for not more than a month. It is therefore unlikely that project activities will be delayed significantly.

13) Conflict of interest statement (200 words)

Bidders must disclose in their Tender any circumstances, including personal, financial and business activities that will, might, or may be perceived to, give rise to a conflict of interest by taking part in this Procurement Process or undertaking the proposed activities if successful. If there is NO conflict of interest, this must be explicitly stated.

We confirm that we are not aware of any circumstances, including personal, financial and business activities that will, might, or may be perceived to, give rise to a conflict of interest by taking part in this procurement process or undertaking the proposed activities if successful.

14) Budget (200 words)

Commercial workbook completed with required detailed and explanation analysing the proposal's value for money. 199 words

Economy – The research leverages four established cohorts, enabling savings on start-up costs. Our research assistants (RAs) have already collected data via phone surveys in these sites, saving on training time, ensuring high quality data, and minimizing field errors. Our locally based team reduces potential travel costs and ensures familiarity with local context.

Efficiency – Leveraging previously collected data allows for analysis of trends beyond the scope of this specific project period. Our streamlined data collection process enables us to rapidly convert data into research products tailored for policy makers and programme managers.

Cost-Effectiveness – Our close working relationships with national and county stakeholders ensures results will be used by policy makers and programme implementers in Kenya to inform their support to adolescent girls education and wellbeing during the COVID-19 recovery period.

Equity – We promote social inclusion by 1) collecting data in marginalised populations– e.g., urban slums, poor rural areas and pastoralist settings; 2) collecting gender disaggregated data for a nuanced understanding of the gender differentiated impacts, highlighting possible sub-populations that are most affected and need targeted intervention; and 3) the study is led by a Kenya-based research team, promoting local ownership of the data and building leadership capacity for Southern researchers.

The proposed research team will comply with FCDO and Tetra Tech policies listed in Section 16 of the ToR and must meet compliance requirements as set out in Section 9 (tick the box if the research agrees to comply).

Annexes:

1. Curriculum Vitae
2. Population Council, Kenya Safeguarding Policy

KAREN AUSTRIAN, PhD, MPH

Study Principal Investigator. Population Council, Kenya

Summary of Relevant Experience:

Dr. Karen Austrian is a globally recognized expert in adolescent health who has led adolescent research and programmes in East and Southern Africa for almost 20 years. She develops, implements, and evaluates programmes that build adolescents’ protective assets, such as financial literacy, sexual and reproductive health information and services, social safety nets and access to education. With expertise in evidence-based design, adaptation and scale of programmes that reach vulnerable populations, Karen has provided technical leadership on large complex country and multi-country research programmes with strong monitoring and evaluation components, including the £9.9M DFID-funded Adolescent Girls Initiative-Kenya and the Adolescent Girls Empowerment Programme in Zambia. Both of which have delivered results that are shaping the understanding of girls programming globally and consistently received high scoring on donor annual reviews and external evaluations. Karen has proven expertise in qualitative, quantitative, mixed-methods, RCTs and operational research, in communicating research findings and supporting the translation of research into practice. Karen has forged and sustained longstanding partnerships with the scientific and donor communities, policymakers, and programme managers in Kenya and regionally to use evidence to strengthen policies, programmes and systems for adolescent girls and young women. In addition, she works closely with local, regional and international technical advisory groups and multi-disciplinary teams to provide strategic direction to research programmes. She has also provided technical assistance on young women and girls’ programmes and policies to the World Bank, the UK Department for International Development, the Nike Foundation, and international, national, and community organizations.

Professional Experience

- 2018 to date: **Senior Associate, Poverty, Gender & Youth Programme**, Population Council, Nairobi, Kenya
 Principal Investigator on several studies that rigorously evaluate the impact of multi-component, multi-level interventions for adolescents in East and Southern Africa. These include the: (1) DFID-Funded Adolescent Girls Initiative-Kenya – a randomized, controlled trial that tests combinations of initiatives—in health, violence prevention, wealth creation, and education—to determine which improve girls’ lives most; (2) The Evaluation of the Nia Project - a randomized controlled trial involving more than 3,500 adolescent girls in 140 primary schools in Kilifi, Kenya, to determine whether providing girls with reproductive health education and menstrual hygiene products positively impacts their education and well-being. Represents the Council on global and national forums on adolescent wellbeing, including working group on research ethics with very young adolescents. Mentors and supervises a team of junior and mid-level Kenyan researchers. Facilitates research uptake with global and local audiences – including government officials, donors and implementing organizations.

- 2015-2017 **Associate II, Population Council, Poverty, Gender & Youth Programme**, Population Council, Nairobi, Kenya
 Led multiple impact evaluation studies of multi-component interventions for adolescent girls in East and Southern Africa – including the Adolescent Girls Initiative – Kenya. Developed relationships with donors and fundraised for the expansion of existing studies and addition of new studies. Prepared dissemination materials for both research and policy audiences. Represented the Council in government forums in Kenya.

- 2011-2014 **Associate I, Population Council, Poverty, Gender & Youth Programme**, Population Council, Nairobi, Kenya
 Principal Investigator on the seven year, randomized controlled trial – the Adolescent Girls Empowerment Programme; led design of intervention, research and dissemination of findings to key government and implementing stakeholders in Zambia. Fundraised for and led evaluation of a scale up of savings programme for girls in Kenya.

- 2007-2010 **Staff Associate, Poverty, Gender & Youth Programme** Population Council, Nairobi, Kenya
 Assessed the impact of combined sexual and reproductive health education and savings accounts for adolescent girls in urban areas in Kenya and Uganda. Worked with bank to design girl-friendly savings accounts and with community partners to development appropriate training material. Facilitated a learning exchange network of organizations working with adolescent girls. First authored tool-kit on girl-centered programme design.

- 2004-2005 **CARE Coordinator, Women's Prison Association, Brooklyn, NY**
Ran a women's health and HIV education programme in one of New York State's women's prisons. Supervised team of incarcerated women who worked as peer educators on women's health and HIV topics. Supported HIV+ women to plan for their release back into the community. Trained women in the prison to become certified in HIV testing and counselling.
- 2002-2004 **Co-Founder and Director, Binti Pamoja (Daughters United) Center.**
Established and managed a center for adolescent girls in Kibera, one of Nairobi's largest informal settlements. Developed initial programme design and training content. Recruited and trained girls, fundraised and transferred leadership of the center to Kenyan women.

Education

Ph.D., Public Health, Ben Gurion University, Beersheva, Israel. 2014

Masters in Public Health, Reproductive and Adolescent Health, Columbia University, New York. 2007

B.A., Women's and Gender Studies, minor in psychology, Columbia University, New York, NY. 2002.

Countries of Professional Experience

Kenya, Uganda, Zambia, Tanzania, Ghana, Liberia, Nigeria, Mozambique

Select Publications

1. **Austrian, K.**, and Psaki, S. (2021). Remember the fundamentals as we build back better in girls' education. Education Plus Development. Brookings Institute. <https://www.brookings.edu/blog/education-plus-development>
2. Kangwana, B., Muthengi, E., and **Austrian, K.** 2020. Intra-grade variability in educational and psychosocial competencies of school going adolescent girls, in the coastal region of Kenya: implications for school-based interventions. BMC Public Health, 20 (1), 1-9.
3. **Austrian, K.**, Soler-Hampejsek, E., Behrman, J. R., Digitale, J., Hachonda, N. J., Bweupe, M., & Hewett, P. C. (2020). The impact of the Adolescent Girls Empowerment Programme (AGEP) on short and long term social, economic, education and fertility outcomes: a cluster randomized controlled trial in Zambia. BMC public health, 20(1), 1-15.
4. **Austrian, K.**, Pinchoff, J., Tidwell, J. B., White, C., Abuya, T., Kangwana, B., ... & Ngo, T. D. (2020). COVID-19 related knowledge, attitudes, practices and needs of households in informal settlements in Nairobi, Kenya.
5. Hewett, P. C., Willig, A. L., Digitale, J., Soler-Hampejsek, E., Behrman, J. R., & **Austrian, K.** (2020). Assessment of an adolescent-girl-focused nutritional educational intervention within a girls' empowerment programme: a cluster randomized evaluation in Zambia. Public Health Nutrition, 1-14.
6. Quaife, M., Van Zandvoort, K., Gimma, A., Shah, K., McCreesh, N., Prem, K., ... & **Austrian, K.** (2020). The impact of COVID-19 control measures on social contacts and transmission in Kenyan informal settlements. BMC medicine, 18(1), 1-11.
7. Muthengi, E. and **Austrian, K.** 2018. Cluster randomized evaluation of the Nia Project: study protocol. Reproductive Health. 15:218.
8. Austrian K. (2018). Improving the lives of adolescent girls: a case study in rural and urban Kenya. The Conversation. <https://theconversation.com/improving-the-lives-of-adolescent-girls-a-case-study-in-rural-and-urban-kenya-101408>
9. Muthengi, E. and **Austrian, K.** 2017. The Case for A Multi-Sectoral Approach to Preventing Child Marriage and Early Childbearing in Sub-Saharan Africa. In: Global Perspectives on Women's Sexual and Reproductive Health Across the Lifecourse, edited by Shonali, Choudhury, Jennifer Toller, Erausquin and Mellissa Withers. Springer International Publishing.
10. Hewett, PC., **Austrian, K.**, Soler-Hampejsek, E., Behrman, J., Bozzani, F., Jackson-Hachonda, N. 2017. Cluster randomized evaluation of Adolescent Girls Empowerment Programme (AGEP): Study protocol. BMC Public Health: 17: 386. DOI: 10.1186/s12889-017-4280-1
11. **Austrian, K.** J. Bruce and M. C. Maternowska. 2016. Early Empowerment: The Evolution and Practice of Girls' 'Boot Camps' in Kenya and Haiti". In: Women's Empowerment and Global Health: A Twenty-First-Century Agenda, edited by Shari Dworkin, Monica Gandhi, and Paige Passano. Berkeley, CA: University of California Press.

BETH KANGWANA, PhD, MRPharmS, MSc Global Health Science
Co-Principal Investigator. Population Council, Kenya

Summary of Relevant Experience

Beth Kangwana is an epidemiologist with over 10 years of experience working in public health research both in developing and developed countries. In her role as Senior Programme Officer at Population Council Kenya, she is currently involved in evaluating COVID-19 knowledge, attitudes and practices of adults and adolescents residing in urban slums in Kenya to inform policy in Kenya. She is a Principal Investigator on a study evaluating the feasibility of integrating mental health sessions into an adolescent asset-building programme, and a co-investigator on other studies evaluating ways to improve adolescent health and well-being, also in Kenya. Previously, Beth has worked in various research roles at Population Services International; Imperial College, London; at the Centre for Infection Prevention and Management; and, at the Kenya Medical Research Institute (KEMRI)-Wellcome Trust Research Programme. She holds a PhD in public health epidemiology from the Open University, a Masters in Global Health Science from the University of Oxford and a first class honors MMasters degree in Pharmacy.

Professional Experience

- 01/2018-present **Senior Programme Officer, Population Council Kenya, Nairobi, Kenya**
Provide intellectual input to the data collection tools and briefs and evaluate data for a COVID-19 Knowledge, Attitudes and Practices longitudinal survey in urban slum settings in Nairobi on behalf of the Kenyan Ministry of Health. Work closely with intervention staff and partners to ensure that intervention components of the study are being implemented at a high quality and with fidelity to the research design. Provide technical support for the design and implementation of research projects in Kenya and in the region by contributing to the preparation of study protocols and tools. Manage research activities by recruiting, training and supervising research consultants, and overseeing data collection. Provide technical expertise in data management and high-level analysis and in the preparation of reports, and publications of papers in high-impact peer reviewed journals.
- 01/2017-12/2017 **Director and Founder, JSN Research Africa, Nairobi, Kenya**
Established a research organisation that was responsible for carrying out market research. Responsibilities included hiring staff, designing and implementing data collection activities, analysing data and writing reports for the client. Recommendations that came from the report were implemented by the organisation and improved efficiency of their services.
- 09/2015-12/2016 **ACTwatch Senior Research Analyst, Population Services International, Nairobi, Kenya**
Supervised five research analysts to ensure timely and high quality data cleaning, analysis and delivery of nationally representative retail outlet surveys, focusing on malaria treatment in Nigeria and DRC Congo. Successfully cleaned and analysed a nationally representative retail audit dataset (which focused on malaria treatments) from Benin and Nigeria, and drafted the outputs into a high quality reference report that was submitted to the governments. Cleaned and analysed nationally representative fever case management data collected from public and private hospitals in Uganda. The data was drafted into a report that was submitted to the government of Uganda.
- 09/2013-10/2014 **Research Associate, Imperial College London, Centre for Infection and Prevention Management, London, UK**
Led in the design and implementation of caesarean section surgical site infection surveillance systems at Imperial College Healthcare NHS Trust and Butare Referral hospital, Rwanda. Used advanced forecasting analytical methods on a large radiology dataset of routinely collected hospital data to forecast local influenza outbreaks.

Worked as an epidemiologist on the Mechanisms of Severe Acute Influenza Consortium (MOSAIC) study which was established to perform a detailed hospital-based investigation of the clinical, viral, host genetic, immunological and molecular events underlying severe influenza infection. This included analysing data and drafting a manuscript for publication.

05/2011-12/2012 **Post-Doctoral Researcher, Kenya Medical Research Institute-Wellcome Trust Research Programme, Nairobi, Kenya.**

Completed comprehensive reviews on improving access to medicines and research methodologies. Independently implemented data collection activities by budgeting and working within given budgets and timelines; designing work contracts, data collection and data entry tools, and training manuals; implementing strategies to improve data quality; and interviewing, hiring and managing 60 field staff; training field workers.

Countries of Professional Experience

Kenya, United Kingdom, Rwanda

Education

PhD, Open University, United Kingdom, 2012

MSc, Global Health Science, University of Oxford, Oxford, UK, 2007

MPharm, University of London, School of Pharmacy, London, UK, 2004

Select Publications

1. Quaife, M., Van Zandvoort, K., Gimma, A., Shah, K., McCreesh, N., Prem, K., ..**Kangwana, B...** & Austrian, K. (2020). The impact of COVID-19 control measures on social contacts and transmission in Kenyan informal settlements. *BMC medicine*, 18(1), 1-11.
2. **Kangwana, B.**, Muthengi, E., & Austrian, K. (2020). Intra-grade variability in educational and psychosocial competencies of school going adolescent girls, in the coastal region of Kenya: implications for school based interventions. *BMC Public Health*, 20(1), 1-9.
3. Austrian K, Soler-Hampejsek E, **Kangwana B**, Dibaba Wado Y, Abuya B, Maluccio J. *Impacts of two-year multi-sectoral interventions on young adolescent girls' education, health, and economic outcomes: Adolescent Girls Initiative-Kenya randomized trial*. Plos one (under review)
4. Austrian K, Pinchoff J, Tidwell J, White C, Abuya T, **Kangwana B**, Ochako R, Wanyungu J, Muluve E, Mbushi F, Mwanga D, Nzioki M, Ngo T. *COVID-19 related knowledge, attitudes, practices and needs of households in informal settlements in Nairobi, Kenya* (work in progress)
5. Pinchoff J, Austrian K, Rajshekhar N, Abuya T, **Kangwana B**, Ochako R, Tidwell J, Mwanga D, Muluve E, Mbushi F, Nzioki M, Ngo T. *The short-term gendered social, health and economic effects of the COVID-19 pandemic and social distancing policies in informal settlements in Nairobi, Kenya* (work in progress)
6. Austrian K, **Kangwana B**, Muthengi E, Soler-Hampejsek. *Effects of sanitary pad distribution and reproductive health education on primary school attendance and reproductive health attitudes in Kenya: a cluster randomized controlled trial* (work in progress)
7. Austrian, K., Soler-Hampejsek, E., **Kangwana, B.**, Maddox, N., Wado, Y. D., Abuya, B., ... & Maluccio, J. A. (2020). Adolescent Girls Initiative–Kenya: Endline evaluation report. Population Council.

EVA MULUVE**Data Manager. Population Council, Kenya**

Summary of Relevant Experience:

Public health expert with over 12 years demonstrated experience providing technical leadership for multi-disciplinary teams of researchers and programme implementors and assisting in the design and implementation of rigorous research and intervention programmes related to children, adolescents and key populations. I have extensive knowledge and experience in training and capacity building research field teams and programme implementors, conducting data management and analysis, monitoring and evaluation, research and programme coordination, development of quality assurance protocols for large-scale surveys and programmes, designing and implementing complex monitoring systems for programme implementors. I am well versed in STATA, SPSS, R, Open Data Kit, TaroWorks, Perseus Mobile Survey, Salesforce, Power Bi, Arc GIS, Mubiotrics, Atlas.ti and RDSAT.

Professional Experience**2018–present Programme Officer II, Population Council, Nairobi**

Offer technical leadership in the implementation of large scale longitudinal randomized control trial research programmes on adolescent sexual reproductive health and rights, education, menstrual health management and economic strengthening. Provide technical input on the development of training content for young adolescent’s programming including education and sexual and reproductive health content. Provide capacity building to hundreds of field data collectors, safe spaces mentors, community facilitators and programme implementing partners (both INGOs, national level NGOs and CBOs). Offer leadership in the design and implementation of monitoring and evaluation processes for adolescent programmes within the Poverty, Gender and Youth Unit. Direct and design the implementation of several MIS systems used to collect data on tens of thousands of children and adolescents in both urban and rural settings for large-scale survey programmes with strong MEL objectives. Coordinate research and programme activities and monitor and evaluate intervention activities for multiple project sites in Kenya. Direct the development of study processes, protocols and data management and analysis procedures, manage all research and programme monitoring data and conduct data cleaning and analysis, execute data quality assurance and monitoring protocols, provide technical oversight on all electronic data collection and programme platforms/ systems and prepare monitoring and evaluation reports.

2014-2017 Programme Officer I, Population Council, Nairobi

Oversaw data collection for large-scale quantitative surveys and qualitative studies including household listings, geo-mapping surveys, school quality surveys, tracking surveys, baseline and midline surveys in marginalised and rural settings in Kenya (Kibera, Wajir, Kilifi, Huruma, Kariobangi, Nakuru, Mathare, Dandora). Conduct training and capacity building to hundreds of data collectors and partners across multiple project sites. Oversee the design, development and execution of biometrics school attendance data collection to thousands of adolescents in over 250 primary schools in Kenya. Built capacity for Save the Children, Plan International, IECE and REPACTED partners on data management and analysis. Monitoring and evaluation and use of MIS and electronic data capture on (Open Data Kit, TaroWorks, Mobile biometrics) and management of programme system dashboards (Salesforce, Mubiotrics).

2011-2014 Study Coordinator, National AIDS & STI Control Programme, Nairobi

Offered technical leadership and oversight in the implementation of the Test and Link to Care for Injecting Drug Users Study; (A collaboration of New York University (NYU) and MOH-National AIDS and STI Control Programme -NAS COP) aimed at reducing HIV/HCV transmission among People who Inject Drugs. Led the recruitment and training of study staff (data managers, nurse team leaders and counsellors, clinical officers, research assistants and administrative staff). Coordinated behavioral and biomedical research data collection

activities, conducted data cleaning, analysis and report writing. Acted as a key communication liaison between NYU, NASCOP and implementing partners. Coordinated and facilitated the Data Safety Monitoring Board (DSMB) and community advisory board meetings (CAB) meetings. Worked with NASCOP and partners to offer technical assistance in the design and implementation of an integrated biometric system for Electronic Medical Records.

2006-2011 **Data Coordinator, Population Council, Nairobi**

Oversee data entry and cleaning for multiple studies in the Population Council office. Programmed data collection tools on portable hand-held computers and mobile devices, programmed data entry screens, managed electronic data platforms, conducted monitoring and evaluation of project indicators, offered data security by creating on-line and off-line back-up strategies, maintained all the IT infrastructure – servers, computers, fingerprint scanners and data bases.

Countries of Professional Experience

Kenya

Education

MPH, Epidemiology, Moi University, Kenya, expected 2021

BA, Sociology and Public Administration, University of Nairobi, Kenya, 2007

Languages: English; French; Kiswahili

Selected Publications

1. **Muluve E**, Austrian K, Awori Q, Owiti P, Osuka D, Serembe J. "Using Mobile Biometrics and Management Information Systems to Enhance Quality and Accountability of Cash transfer in a Girls' Empowerment Programme in Rural and Urban Poor Settings," 2020 IST-Africa Conference (IST-Africa), Kampala, Uganda, 2020, pp. 1-11.
2. Austrian, K., Pinchoff, J., Tidwell, J.B., White, Corinne., Abuya, T., Kangwana, B., Ochako, R., Wanyungu, J., **Muluve, E**, Mbushi, F., Mwangi, D., Nzioki, M., Ngo, T., 2020. "COVID-19 Related Knowledge, Attitudes, Practices and Needs of Households in Informal Settlements in Nairobi, Kenya.
3. Timothy Abuya, Karen Austrian, Adan Isaac, Beth Kangwana, **Eva Muluve**, Faith Mbushi, Daniel Mwangi, Thoi D. Ngo, Mercy Nzioki, Rhouna Ochako, Jessie Pinchoff, Ben Tidwell, John Wanyungu, Corinne White. 2020. "Experiences among adults and adolescents during the COVID-19 pandemic from four locations across Kenya. Study Description
4. Maluccio, J., Hussein, M., Abuya, B., **Muluve, E.**, Muthengi, E., and Austrian, K. 2018. "Adolescent Girls' Primary School Mobility and Educational Outcomes in Urban Kenya." *International Journal of Educational Development*. 62:75-87.
5. Macharia P, **Muluve E**, Musyoki H. Public Health and Harm Reduction: Principles, Perceptions and Programmes; Medication Assisted Therapy Integrating Mobile Phone Technologies. Novo Publishers, Public Health in the 21st Century 2015. ISBN: 978-1-63482-203-9
6. Macharia P, **Muluve E**, Lizcano J, Cleland C, Kurth A, and Cherutich P. Open Data Kit, A Solution Implementing a Mobile Health Information System to Enhance Data Management in Public Health. IST – Africa 2013 Conference Proceedings, Paul Cunningham and Miriam Cunningham (Eds). International Information Management Corporation 2013. ISBN: 978-1-905824-38-0

FAITH MBUSHI

Field Coordinator. Population Council, Kenya

Summary of Relevant Experience:

Public health expert with over 12 years demonstrated experience providing technical leadership for multi-disciplinary teams of researchers and programme implementors and assisting in the design and implementation of rigorous research and intervention programmes related to children, adolescents and key populations. I have extensive knowledge and experience in training and capacity building research field teams and programme implementors, conducting data management and analysis, monitoring and evaluation, research and programme coordination, development of quality assurance protocols for large-scale surveys and programmes, designing and implementing complex monitoring systems for programme implementors. I am well versed in STATA, SPSS, R, Open Data Kit, TaroWorks, Perseus Mobile Survey, Salesforce, Power Bi, Arc GIS, Mubiotrics, Atlas.ti and RDSAT.

Professional Experience

2018–present **Assistant Programme Officer, Population Council, Nairobi**

Oversee research study data collection and logistics including: Develop and execute data entry, monitoring and quality assurance tools and protocols. This includes providing accurate and regular updates on study monitoring data; preparing monitoring and evaluation reports on activities and supporting field teams with evidence-based solutions to data collection exercises. Prepare and manage data before, during and after data collection. This includes using data to plan effective data collection activities, monitoring data sent to the server for accuracy, compiling a log of data inconsistencies and challenges that could impact the quality of the data, effecting steps to improve the quality of the data and data cleaning to prepare data for analysis. Provide financial management of data collection budgets, including coordinating payments for team members, preparing budgets for field activities, and continually updating the budgets.

2017-2017 **Research Coordinator (Consultant), Population Council Kenya**

Oversee data collection for the AGI-K Midline Survey and Nia School Attendance, supervising field study coordinators, team leaders and research assistants. Periodic monitoring and evaluation for the AGI- K Midline Survey and Nia School Attendance. This included preparing field reports on activities, monitoring data collection goals to ensure that project targets are met and supporting programme staff with further analyses as appropriate. Execute data quality assurance and monitoring protocols. Financial Management including insuring value for money.

2016 **Intern, Population Council Kenya**

Study coordinator for two qualitative studies: 1) Nia Project formative study which involved in-depth interviews with adolescent girls and parents to determine perceptions regarding menstruation and barriers to school attendance and completion, 2) AGI-K qualitative study which entailed focus group discussions with parents, community facilitators, mentors, school heads and teachers and key informant interviews with local administration in Kibera and Wajir to evaluate and assess the implementation of AGI-K programme.

2014-2015 **Project Manager, Maisha Kara Children Foundation**

Provide leadership of all Maisha Kara Children Foundation (MKCF) Projects including working as the secretariat for the child outreach network (COK) activities (an association of 30 faith based organizations and church leaders). Write grant proposals for all MKCF projects (developed a proposal that was funded by Kenyatta University) including preparing quarterly donor reports. Identify viable partnership for COK and work towards retention of the partners through frequent and timely communication. Oversee general administrative functions including procurement, filing and logistical support for project implementation.

Countries of Professional Experience

Kenya

Education

MA, Social and Public Policy, University of York (in progress)

BA, Environmental Studies (Community Development). Kenyatta University. June 2006

Languages: English; Kiswahili

Selected Publications

Muthengi, E., **Mbushi-Njagah, F.**, & Austrian, K. 2016. Listen Up! Amplifying Girls' Voices through Sanitary Pads and Health Information: Literature Review and Formative Assessment Report." New York: Population Council.

Austrian, K., Pinchoff, J., Tidwell, J.B., White, Corinne., Abuya, T., Kangwana, B., Ochako, R., Wanyungu, J., Muluve, E, **Mbushi, F.**, Mwanga, D., Nzioki, M., Ngo, T., 2020. "COVID-19 Related Knowledge, Attitudes, Practices and Needs of Households in Informal Settlements in Nairobi, Kenya.

Timothy Abuya, Karen Austrian, Adan Isaac, Beth Kangwana, Eva Muluve, **Faith Mbushi**, Daniel Mwanga, Thoai D. Ngo, Mercy Nzioki, Rhoun Ochako, Jessie Pinchoff, Ben Tidwell, John Wanyungu, Corinne White. 2020. "Experiences among adults and adolescents during the COVID-19 pandemic from four locations across Kenya. Study Description.

EDWICK ORENGO, MBA

Financial Officer

Summary of Relevant Experience:

Edwick Orenge is a results-driven highly qualified financial professional with over 10 years of experience in project management of donor funded projects. Notable success in providing technical support in project budgeting process, budget utilization and monitoring deliverables with hands-on experience in managing donor audits, preparation of donor reports for UNHCR, WFP, ECHO, SIDA PRM and DANIDA. He has strengthened internal controls, streamlined business processes for efficiency and provided best value for money to donors and to the targeted beneficiaries.

Professional Experience

11/18 – Present **Finance Officer**, Population Council, Nairobi, Kenya

Financial Accounting and Reporting: Vouching of payment documents for accuracy and completeness before being processed; Posting of processed payments while ensuring accuracy in coding, correct allocation of project and office expenditures; ensure all prepayments are accurately allocated and accruals are made appropriately. Responsible for the preparation of monthly expense report and resolution of any outstanding queries and ensure adequate availability of funds for smooth operations.

Management and monthly reconciliation of accounts payable: Ensure that payment periods are adhered to and the Council is in good standing and does not hold large amounts of unpaid liabilities. Ensure that all receivables are tracked, paid and correctly accounted for in a timely manner. Manage office liquidity position in order to ensure adequate funds are available for smooth office operations. Act as a liaison person with banking and financial services providers.

Compliance and Asset Management: Leads in the preparation and timely submission of monthly and annual statutory returns i.e. PAYE, Withholding tax, Withholding VAT, NSSF, NHIF, NITA and HELB. Take lead in coordination of office and project audits in consultation with the DFA and local audit firms and implementation of audit recommendations.

Works across programmes to ensure Council policies and procedures and donor requirements are met in execution of project activities and allocation of project expenses. Maintains inventory register; works with the System Administrator and Administrative Officer to ensure all new purchases and disposals are updated in the register and inventory lists and insurance for all assets is up to date.

01/17-11/18 **Finance Controller**, Danish Refugee Council, Kenya.

Review and control cashbooks from all field locations ensuring accurate coding of cost and timely upload into Navision Accounting System. Review payment vouchers from the Field Offices and country office to ensure that they are executed according to the Operations Handbook and other requirements and give relevant feedback to the Field Offices. Review bank account and daily cashbox reconciliations for the country office and field offices. Monthly review project expenditure against budget ensuring that variance does not exceed approved donor limit, variance explanations provided, and corrective actions taken. Review and take corrective action on partners finance reports, partner budgets and proposal. Ensure timely disbursement of funds to partners and timely reconciliation of disbursements against partner's instalment plan to ensure partners have adequate funds for implementation. Review fund requests from Field Offices to the country office to ensure approved liquidity level is maintained at the field office.

Ensure timely request of funds from DRC HQ in Copenhagen to Country Office and requesting field offices. Coordinate the preparation and review of donor financial reports

from the field offices ensuring they are done in time, are complete, accurate and in line with DRC financial policy and donor regulations. Liaise with HQ Accountant and/or Finance Business controller on cashbook reviews Coordinate dissemination of monthly expenditure reports (BFU, TDLs) by field finance officers. Administration of all balance sheet entries ensuring correct balances in Navision accounting system and periodic aging analysis to ensure long outstanding balance sheet entries are settled.

12/12 – 12/16

Finance Officer, Danish Refugee Council, Kenya

Successful implementation of Decentralization of financial functions from HQ to the Country office; Played a key role in the Merger of DRC and DDG operation in Kenya.

Achieved timely review, upload and posting of field cashbooks into Navision as per DRC requirement. Achieved timely and accurate preparation and submission of donor reports for UNHCR, PRM, USAID and ECHO. Achieved good Audit rating by ensuring compliance with DRC and donor rules and regulations are followed. Achieved 100% budget review and set up into Navision for all donor budgets. Identified and set up into Navision all Co-Funding budget lines for PRM and ECHO funded projects. Ensured 95% burn rate for all donor projects by ensuring timely meeting with programme staff to provide financial update of individual projects.

10/08-11/12

Accountant, World Vision, Kenya

Coordinated annual development of the annual budget for the ADP and Grants, ensuring that these meet the appropriate programme support to expenditure ratios.

Navision Upgrade: Led the upgrade of the Navision Accounting Software for the country office to a higher version that promised optimized processing and provided fixes to known weaknesses of the existing version.

Global Budgeting Tool: Supported the implementation of the global budgeting tool, a new template that changed the way budgets are prepared in the country office including the provision of online training on how the new budgeting tool works by HQ staff, ensuring that all budgets are converted to the new tool and training field staff on how to prepare budgets using the new tool.

Education

MBA, Finance

Nairobi University, Kenya December 2018

BA Business Administration

Maseno University, Kenya December 2008

Additional Trainings and Certifications

ECHO Financial Training

Security Training- RedR UK

Personal Security and Safety training-DRC

Navision Training-DRC

Global Budgeting Tool Training-DRC

Achieving, thinking, relational and self management capabilities training- World Vision Kenya

Gender Advocacy training- World Vision Kenya

Channels of Hope Training (COH)- World Vision Kenya

JANET MUNYASYA**Project Coordinator****Summary of Relevant Experience:**

Janet Munyasya is a trained and experienced project coordinator with a background in office administration within the international non-governmental organizations (INGO) sector. She has more than 18 years of working experience coordinating and implementing project activities and communication and advocacy strategies for development programmes. Janet is well versed with various donor requirements due to the experience gained over the years working with projects funded by donors such as USAID, DFID, Gates Foundation, CIDA Sida, among others. Before joining Population Council in 2005, she worked as a Development Communication Assistant at the World Agroforestry Centre (ICRAF), Nairobi where she managed different projects funded by Swedish International Development Cooperation Agency (Sida). Ms. Munyasya has a Higher National Diploma in Business (Management) from Arden University and has attended several short courses in communication, management and administration.

Professional Experience**2012–present Programme Coordinator, Population Council, Nairobi, Kenya**

Coordination of communication and administrative activities for various local and multi-county projects. The administrative function involves keeping in close contact with all project teams, monitoring budgets and activities and maintaining a reporting structure to enable decision making and projections. Under the communication function, this includes branding of new projects; layout of publicity materials; collection, packaging and distribution of information required for progress reporting and publicity of project activities. In liaison with Population Council Headquarter communications and project teams, develop communication strategies and work to ensure that the organization, or specific project branding guidelines are adhered to.

2005–2012 Communications Assistant, Population Council, Nairobi, Kenya

Supported the Population Council Nairobi Office with development of communication materials through collection of information from projects, layout and formatting into different communication media such as research reports, manuals, brochures, flyers, posters and CD-ROMs. Coordinated the printing and dissemination of all project reports and IEC materials for over 20 projects run from the Nairobi office.

2001–2005 Development Communications Assistant, World Agroforestry Centre (ICRAF), Nairobi

Coordination of communication activities for the Regional Land Management Unit (RELMA), a project funded by the Swedish International Development Cooperation Agency (Sida) and run by the World Agroforestry Centre (ICRAF). My main responsibilities included collection of information from the field for preparation of project updates such as newsletters, updates to stakeholders through various distribution fora including conferences and email lists. In charge of distribution of project reports through contracted distribution stores, coordination of donations to learning institutions and government agencies.

1998-2001 Administrative Assistant, Regional Land Management Unit (RELMA/Sida), Nairobi

Coordinated the Project's administrative responsibilities including travel bookings, staff advances and field allowances tracking, conference coordination, publications distribution, management of project budgets, coordination of contracting and subawards.

1996–1998 Administrative Secretary, Regional Soil Conservation Unit (RSCU/Sida), Nairobi

Supported the organizations Executive Administrator in running the office through overseeing project communication and reporting; following up consultants' reports; attending external meetings on behalf of the organization and reporting; filing and cataloguing of the organization's books in the library.

Countries of Professional Experience

Kenya, Uganda, Zambia, Ethiopia, Rwanda, South Africa

Education

MA, Communication (Development Communication) Daystar University, Nairobi, Ongoing

BA, Business, Anglia Ruskin University, UK, 2016

HND, Business (Management), Arden University, UK, 2013

Languages: English; Swahili; basic French

Other professional skills

Proficient in desktop publishing programmes namely; Adobe CS (Adobe Illustrator, Photoshop, Indesign), Pagemaker, Filemaker, Autoplay Media professional and MS Office environment

Population Council Kenya Safeguarding Policy

Introduction

The Population Council Kenya conducts research and identifies solutions to address critical health and development issues. Our work allows couples to plan their families and chart their futures, helps people avoid HIV infection and access life-saving HIV services, and empowers girls to protect themselves and have a say in their own lives. Our research identifies cost-effective, practical, and long-term interventions and policy change to ensure sustainable programmes serving the most vulnerable populations in the countries where we work. Some of our research focuses on sensitive, and sometimes controversial, issues related to family planning, reproductive health, HIV prevention, gender norms, and the social, economic, and educational development of adolescent girls.

This safeguarding policy demonstrates our commitment to promotion of welfare of vulnerable groups by protecting them from maltreatment, preventing impairment of their health or development, and removing the risk of discrimination.

I. Safeguarding Policy`

Safeguarding is at the heart of the Population Council Kenya since we work with the vulnerable adults and children as key population. Population Council Kenya, therefore, has zero-tolerance for all forms of exploitation including sexual abuse, harassment, bullying, and neglect, and it is our policy to ensure the safety of and protection from such behaviors. The purpose of this policy is to;

- Provide the management a strategy to prevent abuse and protect the vulnerable populations in the course of our work;
- Protect our staff and partners from unfair practices and processes; and
- To provide our staff and partners with clear guidelines on what to do in the case they have safeguarding concerns

Definitions

- **Child Abuse** is defined as all forms of physical abuse, emotional ill-treatment, sexual abuse and exploitation, neglect or negligent treatment, commercial or other exploitation, and includes any actions that result in actual or potential harm to the child and vulnerable.
- **Sexual Abuse** is defined as the actual or threatened sexual exploitation including all forms of sexual activity such as rape, incest, and pornography.
- **Physical Abuse** is defined as the actual or likely physical injury of a vulnerable person or a failure to prevent physical injury or suffering.
- **Neglect** is defined as the persistent or severe neglect of the vulnerable, the failure to protect a them from exposure to danger including cold or starvation, and the failure to carry out important aspects of care resulting in the impairment of their health or development.
- **Emotional Abuse** is defined as the actual or likely severe adverse effect on the emotional and behavioural development of the vulnerable population caused by persistent or severe emotional ill-treatment or rejection. All abuse involves emotional ill-treatment.

In the context of this policy, the vulnerable population includes: -

- Children, women and older people
- People of a particular sexual orientation
- People living with disabilities
- Survivors of sexual exploitation
- Those with mental illness
- People from minority groups and marginalised communities

- Pregnant women, or have recently had or adopted children
- Carers for people classified as vulnerable
- Refugees, internally displaced persons, or affected by a humanitarian crisis
- People who are disadvantaged economically
- People living with HIV

The policy will be implemented through safeguarding measures, reporting, and monitoring procedures that are incorporated in our research and programme interventions. All Population Council Kenya full-time and part-time employees, interns, seconded staff and fellows (“Staff”) and all other parties working on Council projects, including sub-awardees, contractors, vendors, consultants, and others with whom we collaborate (“Collaborators”) must abide by this policy.

In addition, other Council policies and procedures such as whistleblowing; recruitment; research ethics; risk management; child protection; anti-discrimination, harassment, and retaliation; bullying; anti-trafficking; and conflict of interest supports its implementation.

Behavior that is considered to be exploitative, abusive, discriminatory and harassment includes but not limited to;

- Child abuse, neglect or humiliation
- Treating people differently based on race, color, religion, sex, national origin, sexual orientation, age, disability
- Making derogatory jokes or comments that target a specific group, racial epithets, ethnic slurs;
- Inappropriate physical contact or assault;
- Displaying derogatory posters, cartoons, photos, etc., or making derogatory gestures;
- Posting or distributing items like the above on social media, e.g. Facebook, Twitter, etc

II. Prevention

a. Preventive Measures

Population Council Kenya believes that everyone has a responsibility to promote the welfare of all vulnerable populations, to keep them safe and to practice in a way that protects them. The following preventive measures have been put in place:

- We ensure that all our staff and collaborators are properly vetted and continue to demonstrate the highest ethical standards and behaviour.
- We provide training on safeguarding during orientation sessions with new staff, renew annual signatures for all staff of receipt and continued understanding of our safeguarding policy, and require refresher training on safeguarding and global conduct policies, including whistle blowing. We maintain a record of training.
- We ensure that all our staff and collaborators are informed about and understand the consequences of violating the Safeguarding Policy (see Section IV. below).
- We provide collaborators with which the Council has an agreement the procedure and contact information on how to report safeguarding concerns.
- Adherence to our safeguarding policy is included in the terms of sub agreements/contracts with downstream partners. All our partners participate in their own mandatory training on safeguarding.

b. Staff Members’ responsibility in safeguarding

Every staff should avoid actions or behavior which may constitute poor practice or potentially abusive behavior. As a precaution, all Population Council Kenya staff members are required to;

- Always familiarize themselves with this policy and adhere to it
- Ensure that they have completed the all the necessary safeguarding trainings
- Treat everyone with respect regardless of race, color, gender, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
- Ensure the safety and wellbeing of the vulnerable population who are part of their research and ensure that another adult is present when working in the proximity of children
- Immediately disclose all charges, convictions and other outcomes of an offence, which occurred before or during his/her association with Population Council Kenya that relates to exploitation and abuse
- Be vigilant and report safeguarding concerns as appropriate

c. Supervisors' responsibilities for safeguarding

All Council staff who have a supervisory role are required to:

1. Act as a positive example for all Staff and ensure that all persons within the scope of their supervisory responsibilities have read, understood, and confirmed the contents of the policy.
2. Ensure that staff under their supervision complete mandatory safeguarding training.
3. Maintain a culture of openness to enable the discussion of issues or concerns around sexual abuse, harassment, or exploitation, and ensure accountability of staff so that potentially abusive behaviour is addressed according to the procedures described here.
4. Monitor the workplace to ensure adherence to the policy, recognition of potential abusive behaviour, and initiation of appropriate investigative action.
5. Handle any concerns raised by staff expeditiously and with objectivity, sensitivity, confidentiality, and fairness in accordance with this policy.
6. Inform the Council's Human Resources Director about reports of actual or threatened violations of this Policy.

d. Human Resources Officer's responsibility for safeguarding

The Human Resources Officer will be is the organization's safeguarding lead. The Human Resources Officer will ensure that the Policy is consistently applied across the organization, handle reports and investigations of violations of the Policy, and maintain a central Council safeguarding register. The Human Resources Officer will keep the Safeguarding Officer (defined below) regularly updated about safeguarding matters.

e. Safeguarding Officer's oversight responsibility for safeguarding

The Country Director is the executive level officer (Safeguarding Officer) with overall responsibility for the Council's Safeguarding Policy and will keep the other members of the Council senior management team and Board of Trustees regularly updated about safeguarding matters.

III. Reporting, investigation, and response

The Population Council Kenya ensures that safe, appropriate, accessible means of reporting and investigating safeguarding concerns are made available to its staff and collaborators. This includes the following measures:

1. Information about abuse or breach of the Safeguarding Policy may come from anyone involved in our work, including project participants, project staff, mentors, community members, or project Collaborators. Anyone concerned or informed of concerns about the safety of an individual has several options for reporting. All Collaborators will be informed of the reporting options outlined below.
2. Any Staff or Collaborator who wants to make a good faith report about a concern or suspicion related to sexual exploitation, abuse, or harassment related to the Council's work should report this to their immediate supervisor, Project or Programme Director, Country Director (if applicable), or an executive

team member. The supervisor who receives such a report must inform the Council's Human Resources Officer no more than one day (24 hours) after receipt of the report. Failure to report in a timely manner will result in disciplinary action.

3. Individuals may make their reports in writing, in person, by telephone, or by email.
If an individual wants to make a good faith report about a concern or suspicion related to child safety related to the Council's work, he/she has the option to remain anonymous and contact the Council's external ethics and compliance support firm, Navex Global. Navex Global implements a 24 hour per day, 7 day per week, platform that allows Representatives to report information anonymously. Navex Global will then create electronic reports based upon the individual's replies to specific questions. These reports are forwarded to the appropriate person at the Council.
This service can be accessed via the web portal found at this: [link](#).
4. In consultation with the Human Resources Officer, the Country Director and/or Programme Director, as applicable, relevant Council staff will take all appropriate and reasonable steps to protect the individual involved as an immediate course of action.
5. Following this, the HR officer, the Director of Finance and Administration and the Country Director will decide on a course of investigation, mindful of the legal framework in the Kenya. Indications of illegal activity will be directed to the appropriate body in the country, including law enforcement. Infractions or indiscretions which are legal but violate the Council's safeguarding policy will be investigated internally, or in collaboration with downstream partners, as appropriate. An independent panel may be appointed to undertake a situation review and report back findings and recommendations. Based on the findings of an internal or collaborative investigation, or the recommendations of an independent review panel, disciplinary measures may be taken against individuals found in violation of this policy. In the case of Council staff, contractors, vendors, consultants, interns, fellows, the Human Resources Officer, Country Director, Programme Director, and/or Director of Finance and Administration, if and as appropriate, will take necessary disciplinary measures, including but not limited to verbal or written warnings, suspension, or termination. In the case of personnel working for suppliers or downstream Collaborators through a Council subaward, the Council will hold the relevant employer accountable to take the necessary disciplinary action(s) and may terminate the partnership or other business relationship if this does not occur. The process undertaken for all concerns and allegations will be documented in the Council's Safeguarding Register.
6. Staff and Collaborators who have been brought under investigation by Population Council Kenya or by official law enforcement authorities for the sexual abuse, harassment, or exploitation of an individual may be suspended and shall have no access to the vulnerable participants in Council projects during the investigation. The employee will be informed of the charges and given an opportunity to respond to either law enforcement or the review team, as appropriate based on the situation.

IV. Confidentiality

It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need to know basis only and should always be kept secure. However, subject to applicable local laws, Population Council reserves the right in the event an employee is discharged for proven abuse, to disclose such information, if requested by a prospective employer.

V. Associated Council policies and procedures Include::

- Code of Conduct
- Bullying
- Discrimination, Harassment, and Retaliation
- Disclosure of Malpractice in the Workplace (Whistle Blower policy)
- Child Protection
- Recruitment
- Research Ethics
- Anti-trafficking
- Conflict of Interest
- Enterprise Risk Management

APPENDIX I

1. Measures to Implement the Policy

Implementation of the policy at Population Council Kenya is the responsibility of all the staff. The Country Director, Director of Finance and Administration (DFA), HR Officer, line managers and project leads will have specific roles in ensuring adherence to the policy. The following steps will be taken to ensure implementation;

- **Staffing-** Safeguarding policy to be taken into consideration during recruitments, orientation and annual performance reviews. Safeguarding champions will be appointed in every project or programme.
- **Prevention and awareness measures-** Includes staff training on the new policy, risk analysis and incorporation of the policy into the existing systems at Population Council Kenya.
- **Reporting measures-** Ensuring that all the staff, interns, fellows, consultants and partners are aware of the reporting procedures for any safeguarding concerns.
- **Implementation and review-**Monitoring, reporting and review of the new policy implementation progress.
- **Budget-** Budget allocation for the safeguarding policy implementation

In addition to the measures outlined above, this implementation action plan outlines the safeguarding objectives, the activities to be undertaken and the responsible staff to ensure smooth implementation of the policy.

2. Implementation Action Plan

This action plan outlines the activities to guide the implementation of the safeguarding policy and team responsibilities.

Safeguarding Objective	Activity	Responsibility	Target Group
Embed the safeguarding policy into existing internal processes, culture and leadership	<ul style="list-style-type: none"> Maintain a culture of openness to enable the discussion of issues or concerns around sexual abuse, harassment, discrimination or exploitation, and ensure accountability of staff The SMT to be trained on safeguarding and ensure that they demonstrate organizational ownerships and visibility to Population Council's commitment to safeguarding 	Country Director/ Director of Finance and Administration	SMT
Train all Population Council staff and collaborators on the new safeguarding policy	<ul style="list-style-type: none"> Train all current staff on safeguarding and maintain a record of training. Incorporate the safeguarding policy into the orientation sessions with new staff, interns and fellows, and during training for the research assistants and consultants. Ensure that all staff and collaborators are informed and understand the consequences of violating the safeguarding policy Support all partner organization by including safeguarding and technical advice to build their capacity regarding safeguarding children and vulnerable adults. Incorporation of the safeguarding policy into the annual appraisal reviews to encourage staff to discuss issues on safeguarding including training received in the year, safeguarding incidents and suggestions on policy and procedure improvements Appoint safeguarding champions across Population Council Kenya programmes. These are the staff who will work closely with the HR Officer and the DFA to ensure adherence to policy Refresher safeguarding training to be offered to staff and council partners biannually The policy to be translated where applicable especially when working with a partner whose primary language is not English 	HR Officer	All staff
Ensure that all Staff and Collaborators are properly vetted during recruitment and before signing agreements and that they continue to demonstrate commitment to the highest ethical standards and behaviour.	<ul style="list-style-type: none"> The Council's safeguarding commitment to be included in job adverts, Job description and as part of the interview questions Safeguarding policy to be included as an appendix to consultants, contractors and partner contracts and agreements 	HR Officer, Line Managers and Project Leads	All Staff, contractors and partners

	Ensure that all Council staff, interns, consultants and partners are aware of the safeguarding incident reporting procedures	<ul style="list-style-type: none"> All Population Council Kenya staff, interns, consultants and collaborators to be provided with the procedure and contact information on how to report safeguarding concerns. Ensure that the incident reports are kept confidential and investigations done thoroughly to encourage the staff and partners to report safeguarding concerns 	HR Officer, Line Managers and Project leads	All staff and partners
	Safeguarding risk analysis	<ul style="list-style-type: none"> Safeguarding risk analysis to be carried out during project proposal stage or during inception to identify any safeguarding issues and propose actions to mitigate these risks, prior to the activities taking place. All staff whose jobs or projects involve working with children or vulnerable adults to undergo additional safeguarding training 	HR Officer and Project leads	
	Safeguarding policy Implementation monitoring and review	<ul style="list-style-type: none"> The policy implementation will be monitored on a regular basis by the HR officer and the DFA Annual report which includes all reported incidents and suggestions for review to be submitted to the SMT A full policy review to be done every 3 years as per the existing Council guidelines 	HR officer, SMT	SMT
	Safeguarding implementation budget	<ul style="list-style-type: none"> Population Council Kenya should set aside a budget to facilitate the training of staff and general implementation of the policy 	Country Director and DFA	SMT

ANNEX II: SURVEY TOOLS

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU																																																																								
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																					
REP	<p>Hello, my name is [NAME] and I am calling from Population Council. We are a health research organization who is working in partnership with the government on the response to Coronavirus. You were interviewed last year about your experiences with the Coronavirus and we wanted to follow up and ask some additional questions about the Corona virus and how it has been affecting your life. There are no right or wrong answers and the answers you provide will not lead to any direct benefits or penalties for your household. The answers that you give provide us a better understanding of what people in your community are experiencing so that the government and other partners can better respond. There are no risks or benefits to participating in this survey. You can stop the interview at any time if you do not wish to continue. Some of the questions may be personal and sensitive, so we advise you to find a private place to be while we are completing this survey. Your parent/guardian has already agreed for you to participate, however the decision is yours if you'd like to continue. After completing the survey we will send your parent/guardian 200/ via Mpesa on your behalf to compensate you for your time, even if you stop in the middle. The interview may take 45 minutes to 1 hour</p> <p>Hello, Jina langu ni [INA] na ninakupigia simu kutoka Population Council. Sisi ni shirika la utafiti wa afya na tunashirikiana na serikali kuhusu virusi vya Korona. Ulihojiwa mwaka uliopita kuhusu uliyoyapitia kutokana na virusi vya Korona na twataka kufuatilia na tutilize maswali mengine kuhusu Korona na vile imekuwa ikiathiri maisha yako. Hakuna majibu yaliyo sawa na majibu utakayotoa hayatakuwa na manufaa au hukumu ya moja kwa moja nyumbani kwenu. Majibu unayotoa yanatulezesha kuwa yema zaidi kile kilie watu walio katika jumuiya yenu hupitia ili serikali na washirika wake waweze kutoa msaada unaofaa. Hakuna manufaa au athari zozote kwa kushiriki katika utafiti huu. Unaweza kusitisha mahojiano wakati wowote uliwa hataki kuendelea. Basithi ya maswali yanaweza kuwa ya kibinazi na yanaweza kuwa nyeti, kwa hiyo tungekuomba utafute mahali pa faragha tunapotanya utafiti huu. Mzazi wako/mzee wako tayari amekubali ushiriki, hata hivyo utotoa umuzi ikiwa utapenda kuendelea na mahojiano. Baida ya kumaliza utafiti huu tutamtumia mzazi wako/mzee wako Shilingi 200 kupitia Mpesa kama shukrani kwa muda wako hata kama utacha mahojiano yakawa katikati. Mahojiano yanaweza kuchukua dakika 45 hadi saa 1.</p> <p>Alo, nyingya [NYINGI] kando agochoni kuowak na migao mar Population Council. Wan nruwak ma timo nonro mar thirth ma tyo kanyaka kod sirikal e kedo kod Korona. Ne openji penjo moko higa mokalo kuom kaka Korona osemulo ngimani kendo de waher penjo mamoko kuom Korona kod kaka osetedo ka omulo ngimani. Onge duoko mabeyo kata marcho kendo duoko ma ichivo ok bi kelo tir ber kata kum moro amora ne odi. Duoko ma ichivo niyo wang'yo mabeer gima jona ne ogandau ongyo mondo okony sirikal kod nruwoge ma otudorego timo gima owiroje. Onge rach kata ber mar bedo e nonroni. Inyalo chungo penjoji saa asaya ka ok idwar dhi mbele. Penjo moko nyalo bedo ma iye kendo ma muli, omiyu wang adoni</p>																																																																							
REP	If you have any questions about the survey in the future, please feel free to contact our office. I have the phone number and can give it to if you would like. Ukiwa na maswali kuhusu utafiti huu, tafadhali jisie huru kuwasiliana na ofisi yetu. Niko na nambari ya simu naweza kukupata ikiwa utataka.																																																																							
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Friends	Marafiki	10																																																																						
Boyfriend/Girlfriend	Rafiki wa kiume/Rafiki wa kike	11																																																																						
Spouse	Mwenzi wa ndoa	12																																																																						
Own sons/daughters	Vijana wangu/Mabinti zangu	13																																																																						
Nephew/Niece	Bin	14																																																																						
Other non-relative		14																																																																						
Other (specify)	Wengine(lafanua)	77																																																																						
105	3	The last time we interviewed you, the household was located in [Previous Location]. Are you still living there? Mara ya mwisho tulipokuhoji ulikuwa ukilishi [Previous Location]. Je, bado waiishi huko? E kindie mane wapenji penjo mogik, ne idak [R1 Location]. Pod idak kanyo?	No 0 Yes 1	202																																																																				
106	4	Where are you living now? Unaishi wapi kwa sasa? Idak kanye sani? Read answer options	Other rural same county 1 Other urban same county 2 Mji mwingine kaunti ile ile Other rural different county 3 Other urban different county 4 Mji mwingine kaunti tofauti Boma/taon e kaonti mpopogoo Other 9																																																																					
107	5	Did you move with your entire household, part of the household or on your own? Je mililima miwasi wote katika nyumba yenu, wachache au ulihama peke yako? Ne idar gi joodu duto, moko kuom joodu koso kendi?	Entire household 1 Part of the household 2 Basithi ya walio nyumbani Mababu kuom simu On your own 3																																																																					
108	6	When did you move? Ulihama lini? Ne idar karand'o?	MONTH (Dropdown) YEAR (2020 or 2021)																																																																					
201	7	What is the main reason that you moved? Sababu kuu iliyokufanya uhamu ni ipi? En wach mane maduong' mane omiyu idar?	a. For school Kwa sababu ya shule Ne wach sikul 1 b. Parents moved because of job loss/economic reasons Wazazi walihama kwa sababu ya kupoteza kazi/mambo ya kiuchumi Jonyaul ne odar nikech tich norumo/weche yuto 2 c. Parents moved because of other family/personal reason Wazazi walihama kwa sababu nyingine ya kijamii/kibinazi Jonyaul ne odar nikech wach machielo mar joo/makende 3 d. Parents sent me to live elsewhere Wazazi walinipeleka kuishi pahali pengine Jonyaul ne odara dak kamachielo 4 e. Pregnancy /I got someone pregnant Pregnancy /I got someone pregnant 5 f. Personal job/economic reasons 6 g. Marriage 7 h. Other 99																																																																					
202	8	What is your main FEMALE caregiver's current working situation Hali ya kazi ya mleezi wako mkuu wa KIKE wa sasa ni gani? En tich mane ma jatinu maduong' MA MYO timo sani? Read	a. Working for pay 1 b. Not currently working for pay 2 c. Not currently 3 d. Retired 4																																																																					

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			e. I have no main f. Don't know, no	5 6
203	9	What is your main MALE caregiver's current working situation Hali ya kazi ya mizi wako mkuu wa KIUME wa sasa ni gani? En tich mane ma jarini maduung' MA DICHWO timo sani? Read	a. Working for pay b. Not currently working for pay, but seeking a job c. Not currently d. Retired e. I have no main f. Don't know, no	1 2 3 4 5 6
108	10	Do you have your own mobile phone?	No Yes	0 1
	1_R3	Do you have access to the internet at home (whether on a computer, smartphone, or other device)? Jei Vaweza kupata mitandao nyumbani (wa kwa barakishi, simu jarjira, au kifaa kingine)? Bende inayote yudo inasani data (podi e komputa, simu, kata gimachete)?	No La Ooyo Yes	0 1
	2_R3	Do you have access to a smartphone (a phone that connects to the internet)?	Yes, I have my own smartphone Ndoyo, niko na simu jarjira yangu mwenyewe EE, an gi simba awuon ma nysani	0 1 2
	3_R3	How has the amount of time you spend on a daily basis on social media platforms changed since the start of the pandemic? Je, muda unaoitumia kila siku kwenye mitandao ya kijamii umebadilika vipi tangu kuanza kwa janga hili? Thuoilo ma ikawo pile kuonde tudruok gi ji mamoko oselokore machal nade nyaka ne tuo ni muoji?	Increased Umeongezeka Omedore Stayed the same Umebaki sawa Odong' machaire Decreased Umepungua Odok chien I have never been on social media platforms Sijawahi kuwa katika mitandao ya kijamii Pok abedo kuonde tudruok gi ji mamoko e mbui	0 1 2 3

COVID-19 KNOWLEDGE, RISK PERCEPTION, STIGMA									
				Very true hat true	Somew hat true	Not vey true	Not at all true		
115	12	Which of the following statements are true for you? Tell me if very true, somewhat true, not very true or not at all true Ni habari gani kati ya zifuatazo ni kweli kukuhusu? Ni habari gani kati ya zifuatazo ni kweli kukuhusu? Ni habari gani kati ya zifuatazo ni kweli kukuhusu? Je, mudi unaoitumia kila siku kwenye mitandao ya kijamii umebadilika vipi tangu kuanza kwa janga hili? Je, muda unaoitumia kila siku kwenye mitandao ya kijamii umebadilika vipi tangu kuanza kwa janga hili? Thuoilo ma ikawo pile kuonde tudruok gi ji mamoko oselokore machal nade nyaka ne tuo ni muoji? En wash mane kuom maluwogi ma adieri kuom? Njisa ka en adieri ahinya, bet adieri, ok adieri ahinya kata ok adieri kata matin	a. Thinking about the Coronavirus (COVID-19) makes me feel threatened, concerned, scared, or anxious. Kufikiria kuhusu virusi vya Corona (COVID-19) kuanifanya nijihisi kutishwa, kuhangaishwa, kuogopa, au kuwa na mkazo wa khisia. Paro kuom Korona (COVID-19) miyo abedo gi buok, luoro, kata parruok. b. I am not worried about the Coronavirus (COVID-19) Sina wasiwasi kuhusu virusi vya Corona (COVID-19) Aonge gi paruok kuom Korona (COVID-19) c. I am worried that I or people I love will get sick from the Coronavirus Nina wasiwasi kuwa naweza au watu ninaowapenda watakuwa wagonjwa kutokana na virusi vya Corona. An gi paruok ni an kata joma ahero bedo matuo nikedh Korona. d. I am stressed around other people because I worry I'll catch the virus Ninapokuwa karibu na watu wengine ninakuwa na mkazo wa khisia kwa sababu naogopa nitaambukizwa virusi vya Corona Pacha chandore ka an e kind ji nikedh aparona ni abiro gamo kute Korona I have avoided going out of the house or being near other people because I am afraid of catching the Coronavirus (COVID-19). Nimekuwa nikijizula kutoka nje ya nyumba au kuwa karibu na watu wengine kwa sababu naogopa kuambukizwa virusi vya Corona (COVID-19). Asaweyo wuok oto mar oi kata bedo machiegni gi jomamoko nikedh aluro gamo kute Korona (COVID-19)	0 0 0 0	1 1 1 1	2 2 2 2	3 3 3 3		
116	13	Do you think your chance of getting infected with Corona is low, medium, or high, or do you have no risk at all? Je, unafikiri uwezekano wako wa kuambukizwa Corona ni ,mdogo, katikati juu au huna hatari yoyote? Ipari ni nyaloni mar yudo Korona ni piny, diere, koso malo, koso longe nyalruok mar yudo?	Low Mdogo Piny Medium Kati Diere High Mubwa Malo No risk Hakuna hatari yoyote Ongi nyalruok Already had Coronavirus Tayari nimepata virusi vya Korona Nasayudo Korona Don't know, no response Sijui, hakuna jibu Akia, onge duoko					1 2 3 4 5 88	118 120
117	14	Why do you think you are not at high risk? Kwa nini unafikiri uwezekano wako wa kupata Korona hauko juu? Ang'o momijo iparo ni ok in gi nyalruok ma malo? Do NOT read answer categories out loud Note: Probe - anything else? Taarifa: Hoji zaidi - jambo lolote lingine? Record all mentioned	a. I'm young Mimi ni mdogo b. God protects me Mungu ananikinga c. The hot weather/climate Hali ya hewa yenye joto d. COVID is not in Africa/Kenya COVID haiko Kenya/Afrika e. I haven't travelled Sijasafiri g. COVID is a lie/gov't just trying to get money COVID ni uwongo/ serikali inajaribu tu kupata pesa h. Don't know anyone with Corona Simuji mtu yeyote aliye na Corona i. I have been staying at home Nimekuwa nikikaa nyumbani I have been adhering to government guidelines Nimekuwa nikifuata maagizo ya serikali Practice social distancing/staying 1-2 meters apart/not shaking hands/interacting with people Nimekuwa nikikaa mbali na Have been washing hands with soap and running water/using sanitizer Nimekuwa nikihawa mikono kwa sabuni/nikutumia viezi o. Have been wearing a face mask Nimekuwa nikivaa barakoa (maski/kfunika uso) p. I am healthy Nina alya bora q. I'm not going to school now Siendi shuleni kwa sasa r. I already got Covid Nimeshawahi shikwa na Covid s. I have been vaccinated Nimepata chanjo i. Other k. Don't know/no response Sijui/hakuna jibu	0 0 0 0 0 0 0	1 1 1 1 1 1 1				ALL 120
118	15	Why do you think you are at high risk? Kwa nini unafikiri uwezekano wako wa kupata Korona uko juu? Ang'o momijo iparo ni in gi nyalruok ma malo? Do NOT read answer categories aloud	a. Have been in contact with someone who is infected Nimewasiliana na mtu aliye mgonjwa b. Travelled recently Nilisafiri hivi karibuni c. Health care worker Mhudumu wa alya d. I interact with a lot of people every day Nashirikiana na watu wengi kila siku e. Ride public transportation a lot Natumia usafiri wa umma sana	0 0 0 0 0	1 1 1 1 1				

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Probe: Anything else	f. Am not able to wash my hands/wear mask/follow government guidelines <i>Sivezi kuosha mikono/kuwa baraka/kufata maagizo ya serikali</i> 0 1 i. Live in a place with crowded living conditions/shared toilets <i>Ninaishi katika mahali penye msongamano wa watu/tunatumia choo kimoja watu wengi</i> 0 1 j. Handle cash <i>Kushughulikia pesa</i> 0 1 k. Am sick/have a health condition <i>Mimi ni mgonjwa/nina tatizo la kiafya</i> 0 1 l. Someone in my household is high risk (for any reason) <i>Mtu fulani katika nyumba yangu ana uwezekano mkubwa wa kupata maambuzi (kwa sababu yoyote ile)</i> 0 1 m. Live in or near a hotspot/place with many confirmed cases <i>Ninaishi pahi au karibu na penye watu wengi waliohibitishwa</i> 0 1 n. I have gone back to school <i>Nimerudi shuleni</i> 0 1 o. I am not vaccinated. <i>Sija chanjwa Pok ochanja</i> 0 1 p. I have pre-existing medical conditions. <i>Nina magonjwa iliyokuwepo awali an gi tuochi ma asebedo ga go</i> 0 1 q. Other (specify) <i>Lingine</i> 0 1	Swahili translation
120	17	The last time you left your home, did you do any of the following: (Read all answer options and select all that apply) Mara ya mwisho ulipotoka nyumbani kwenu, je ulifanya yoyote kati ya mambo haya: (soma majibu yote kwa sauti na uweke alama kwa yote yanayohusika) <i>Kinde moji mare iwoku dabu, bende nitimo achiel kuom gigi? (Som duoko duto matek kendo tyier duto ma dorjore)</i>	NO YES a. Wear a mask or cloth over your nose and mouth <i>Kuwa baraka (mask) au kitambaa kufunika pua na mdomo</i> <i>Rwako mask ma umo umi gi dhogi</i> 0 1 c. Keep at least 1-2 meters away from people <i>Kukaa angalau umbali wa mita 1-2 kutoka kwa watu wengine</i> <i>Baido mabgor gi jomamoko ma ok tin ne mita 1-2</i> 0 1 d. Wash your hands 0 1 e. Ride public 0 1	
REP	4_R3	Please tell me if you think each of the following statements is true, false, or you're not sure. Tafadhali niambie ikiwa unafikiri kila moja ya kauli zifuatazo ni kweli, uongo, au huna uhakika. <i>Yie inyas ka iparo ni wach ka wach maituwoji en adier, mirambo, kata ok in gi adier.</i>	True=1 False=0 Not sure=88 a. You cannot 1 0 88 b. Being vaccinated makes it less likely 1 0 88 c. You can still 1 0 88 d. Almost everyone 1 0 88 e. If there was a new 1 0 88 f. Natural immunity 1 0 88 g. The side effects of 1 0 88 h. Vaccines are not 1 0 88 i. Covid vaccines 1 0 88 j. If you already had 1 0 88	
208	26	People in my community who might be sick with the Coronavirus (COVID-19) are feared and discriminated against. Wouid you say: Very true, somewhat true, not very true, not true at all. <i>Watu katika jumua yetu ambao huenda wanagusa virusi vya korona (COVID-19) huogopwa na habugatiwa. Je, wawez kusema: Kweli kabisa, kwele kasi, sio kweli sana, sio kweli hata kidogo</i> Joma nie gweng wa manyalo bedo ni ngi tu Korona (COVID-19) yi oluro kendo kwedo. Diwach ni adieri ahinya, bet adieri, ok adieri ahinya, ok adieri kata matin.	a. Very true <i>Kweli kabisa</i> 1 <i>Adieri ahinya</i> b. Somewhat true <i>Kweli kiasi</i> 2 <i>Bet adieri</i> c. Not very true <i>Sio kweli sana</i> 3 <i>Ok adieri ahinya</i> d. Not true at all <i>Sio kweli hata kidogo</i> 4 <i>Ok adieri kata matin</i>	
124	22	Have you ever been tested for the Coronavirus? Je umewahi kupimwa virusi vya Corona? <i>Bende osepini ne kute Korona?</i>	No 1 Yes 2 Ndiyo	
REP		Please note that this does not refer to the temperature test. Tafadhali kumbuka kuwa hi haimaanishi upimaji wa joto. <i>Yie ipar ni ma ok nys pim mar liet del.</i>		
122	20	Do you know anyone personally (friends, family or neighbors) who has been infected with the Coronavirus, including yourself? Wouid you say: Je, unajua mtu yoyote (marafiki, familia au majirani) ambaye ameanbukizwa virusi vya Corona? Je, ungesema: <i>Bende ing'eyo ng'ato ang'ata in iwoun (osiepe, joodu kata jirende) ma osegamo kute Korona, koriwi iwoun?</i> <i>Diwach ni:</i>	a. Yes, I know someone who tested positive <i>Ndiyo, namjua mtu ambaye amepimwa na ako na virusi vya Korona</i> 1 <i>Ee, ang'eyo ng'ama nopim moyud gi tuo</i> b. Yes, I know someone who is/was suspected of being positive but hasn't gone/Didn't go for a test <i>Ndio namjua mtu ambaye anajishukwa kama na virusi vya Korona lakini hajeenda/hakuenda kupimwa. Ee, ang'eyo ng'ama nel'ichich godo ni tuo to pok'ok'ochi e pin</i> 2 c. No, I don't know 3	13_R3
123	21	Who had Coronavirus? Ni nani aliyekuwa na virusi vya Corona? <i>Ng'a mane ngi Korona?</i>	No Yes a. Me <i>Mmi An</i> 0 1 b. Someone in my family <i>Mtu fulani katika familia yangu</i> 0 1 <i>Ng'ato kuom joodwa</i> c. Someone in a friend's family <i>Mtu fulani katika familia ya rafiki yangu</i> 0 1 <i>Ng'ato kuom jood gi osiepina</i> d. Someone in my neighborhood/community <i>Mtu fulani katika kitongoji changu/jamii yangu</i> 0 1 <i>Ng'ato e aluorawa/gweng wa</i> g. My friend <i>Rafiki yangu</i> 0 1 <i>Osepina</i> h. Co worker <i>Manyakazi mwenza</i> 0 1 <i>Jatich wadwa</i> e. Someone at my child's school <i>Mtu fulani shuleni mwa mwanangu</i> 0 1 <i>Ng'ato e skund gi nyathina</i> f. Someone else <i>Mtu mwingine</i> 0 1 <i>Ng'amachielo</i>	
REP	5_R3	In general, for the people you just listed who had Covid 19, how many had a COVID-19 test at that time? Wouid you say most, some, or a few (if you're not sure, please give a best guess) <i>Kwa ujumla, kwa watu uliowarodhesha hivi punde, ni wangu wakiuwa na kipimo cha COVID-19 wakati huo? Je, unaweza kusema wengi, wengine, au wachache (ikiwa huna uhakika, tafadhali toa kisio bora zaidi)</i> <i>Thothne, ne joma la kwano go, adi mane oseyudo pim mar COVID-19 e kindeno? De iwach ni ng'enygi, moko, koso</i> Select one.	Refuse <i>Kataa kujibu</i> <i>Otanore duoko</i> Most <i>Wengi</i> 0 <i>Ng'enygi</i> Some <i>Wengine</i> 1 <i>Moko</i> A few <i>Wachache</i> 2 <i>Manok</i>	
	6_R3	Were any of the people you listed hospitalized due to having COVID-19? Je! Yoyote kati ya watu uliowarodhesha alilazwa hospitalini kwa sababu ya COVID-19? <i>Bende ng'ato ang'ata kuom ma ichano go ne owak ospitali rikech COVID-19?</i>	3	
	7_R3	Were you/any of the people you just listed unable to receive hospital care for COVID-19, despite a doctor or other medical personnel recommending it? Je! Hakuweza/yoyote kati ya watu uliowarodhesha hivi punde hakuweza kupata huduma ya hospitali dhidi ya COVID-19, licha ya daktari au wahudumu wengine wa matibabu kupendekaza? <i>Nkinyalo/moro amora kuom jogo ma ia chano go nokonyalo yudo rit mar thieth ne COVID-19, kata obed ni laktar kata jathiehi machielo ne ojwo mondo iyudi?</i>	No <i>La</i> <i>Ooyo</i> Yes <i>Ndiyo</i> <i>Ee</i>	9_R3
	8_R3	Were you/any of the people you just listed unable to receive oxygen or medicines to treat COVID-19, despite a doctor or medical personnel recommending it? Je! Hakuweza/yoyote kati ya watu uliowarodhesha hivi punde hakuweza kupata oksijeni au madawa ya kutibu COVID-19, licha ya daktari au wahudumu wengine wa matibabu kupendekaza? <i>Nkinyalo/ng'ato ang'ata kuom jogo ma ia chano nokonyalo yudo oksijen kata yethe ne dhicho COVID-19, kata obed ni laktar kata jathiehi machielo ne ojwo mondo iyudi?</i>	No <i>La</i> <i>Ooyo</i> Yes <i>Ndiyo</i> <i>Ee</i>	
REP	9_R3	Did anyone you knew well pass away from COVID-19? Je, kuna yoyote uliyemfahamu vyema aliyefariki kutokana na COVID-19? <i>Bende ng'ato ang'ata mane ing'e maber ne otho gi COVID-19?</i>	No Yes	13_R3
	10_R3	I'm very sorry for your loss. Can you tell me who passed away from COVID-19? [Probe after each response: Anyone else?] Pole sana kwa msiba wako. Je, unaweza kuniambia ni nani aliyefariki kutokana na COVID-19? [Chunguza baada ya	a. Your mother	

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU MARCH 2022			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
11_R3	<p>kila jibu: Kuna mtu mwingine yeyote?] Mos ahinya kuom kuyo manyudo. Bende inyalo nyisa ni en ng'a mane otho nkech COVID-19? [Non matut bang' duoko ka duoko: Ng'ito ang'ata machielo?]</p> <p>Don't read out; select all that apply</p> <p>What month/year did the death(s) happen? (If you can't remember exactly, please give your best guess) Je! Kilo(vifo) hivyo vilifanyika mwazi/mwaka up? (Kama huwezi kukumbuka vyema, tafadhali kadiria vyema uwezavyo) The ya oimire avelhwa maia? (Ka ok invil' doro e waino. - We ileik maber kaka invalo) [only permit up to 3 entries]</p>	<p>b. Your father</p> <p>c. your sibling(s)</p> <p>d. Your grandparent(s)</p> <p>e. Your spouse/partner</p> <p>f. Your child/children</p> <p>g. Someone else living at home</p> <p>h. Someone in a friend's family Mtu fulani katika familia ya rafiki yangu</p> <p>i. Someone in my neighborhood/community Mtu fulani katika ujirani</p> <p>j. My friend Rafiki yangu</p> <p>k. Someone at my school Mtu shuleni kwetu</p> <p>l. Someone else Mtu mwingine</p> <p>Death-1 [MONTH/YEAR]</p> <p>Death-2 [MONTH/YEAR]</p> <p>Death-3 [MONTH/YEAR]</p>	
12_R3	<p>In the months following your loss, how often did you experience the following thoughts, feelings, or behaviors related to your loss? Katika mwezi ilivufuata mshia wako, ni mara nani ulikuwa na fikira hicia, au tabia zilizotozwa zinazohusiana na mshia</p> <p>a.</p> <p>b. 1</p> <p>c.</p> <p>d.</p>	<p>1 Not at</p> <p>2 Several</p> <p>3 More</p> <p>4 Nearly</p>	

VACCINATION				
REP	13_R3	<p>Have you had at least one dose of a COVID-19 vaccine? Je, umeapata angalau dozi moja ya chanzo ya COVID-19? Bende iseyudo kata dos achiel mar chanzo mar COVID-19?</p> <p>No</p> <p>Yes</p> <p>Ndiyo</p> <p>Es</p>	16_R3	
REP	14_R3	<p>If a vaccine to prevent COVID-19 were offered to you today for free, and you were eligible, would you choose to get vaccinated? Ikiwa chanzo ya kuzuia COVID-19 ingetolewa kwako leo bila malipo, na ukastahiki, ungechagua kupata chanzo? Ka de miji chanzo mar gengo COVID-19 kawuono maonge chudo, kando ne itromo yude, bi dyiler mondo ochanj?]</p> <p>Read each answer option aloud</p> <p>Select all that apply</p>	<p>1 Yes, definitely Ndiyo, bila shaka Ee, maonge kiawa</p> <p>2 Yes, probably Ndiyo, pengine Ee, samoro</p> <p>3 No, probably not La, pengine siyo Ooyo, ok apar</p> <p>4 No, definitely not La, bila shaka Ooyo maonge kiawa</p> <p>[Note: we prefer not to have a don't know option here]</p>	19_R3 19_R3
REP	15_R3	<p>Which of the following, if any, are the reasons that you wouldn't choose to get a COVID-19 vaccine? Je, ni zipi kati ya zilizotazwa, kiwa zipi, ni sababu ambazo hungechagua kupata chanzo ya COVID-19? En wach mane kuom magje, ka nite, ma de mi kik iyer mondo ochanj? ne COVID-19?</p> <p>Read each answer option aloud</p> <p>Select all that apply</p>	<p>a. I am concerned about possible side effects of a COVID-19 vaccine Nina wasiwasi kuhusu madhara yanayowezekana ya chanzo ya COVID-19 An gi parnuok kuom gik maricho ma nyalo wuok kuom chanzo mar COVID-19</p> <p>b. I don't know if a COVID-19 vaccine will work Siji kama chanzo ya COVID-19 itafanya kazi Akia ka chanzo mar COVID-19 biro syo</p> <p>c. My parents/caregivers or partner wouldn't want me to get the COVID-19 vaccine Wazazi/walezi wangu hawangitaka nipate chanzo ya COVID-19 Jonyuolina/jorina ok de yena yudo chanzo mar COVID-19</p> <p>d. I don't believe I need a COVID-19 vaccine Siimini ninahitaji chanzo ya COVID-19 Ok an gi yie ni adarero chanzo mar COVID-19</p> <p>e. I'm waiting for a different type of vaccine to be available Ninasubiri aina tofauti ya chanzo ipatikane Arto mondo kido machielo mar chanzo oyudre</p> <p>f. I don't like vaccines Sipendi chanzo Ok ahero chanzo</p> <p>g. I had a previous bad reaction to/experience with a vaccine Nilikuwa na mwitiko/uzoefu mbaya kutokana na chanzo hapo awali Ne asekale okang' marach gi chanzo e kindo mokaloo</p> <p>h. I don't like/fear needles Sipendi/naogopa sindano Ok ahero/aluoro sandene</p> <p>i. I plan to wait to see if it's safe and may get it later Ninapanga kusubiri kuona kiwa ni salama na ninaweza kupata baadaye Achano nito mondo ane ka oonge hinyuok kendo anyalo yude bang'e</p> <p>j. I think other people need it more than I do right now Nadhani watu wengine wanahitaji kuniliko kwa sasa Apara ni jamaoko diwara motoya gi sana</p> <p>k. I am concerned about the cost of a COVID-19 vaccine Nina wasiwasi kuhusu gharama ya chanzo ya COVID-19 An gi parnuok kuom nengo mar chanzo mar COVID-19</p> <p>l. It is against my religious/cultural/moral beliefs Inakuika imani yangu ya kidini/kitamaduni/maadili</p> <p>m. I will get the vaccine since I have an appointment Nitapata chanzo kwa kuwa nina miadi Abiro yudo chanzo nkech osechanna cheng' ma ayude</p> <p>n. I can't get an appointment Siwezi kupata miadi</p> <p>o. Other (specify) Nyingine (taja) Machielo (ier)</p>	ALL 21_R3
REP	16_R3	<p>How many doses of the vaccine have you had? Je, umeapata dozi ngapi za chanzo? Isayudo dos adi mag chanzo?</p> <p>select one</p>	<p>1</p> <p>2</p> <p>3 doses Dozi 3 Dos 3</p>	
REP	17_R3	<p>Where did you receive your vaccination from? Je! Ulipata chanzo yako kutoka wapi? Ne ochanj? kanye?</p> <p>Select all that apply</p>	<p>a. Government hospital Hospitali ya serikali Osipand sirikal</p> <p>b. Private hospital Hospitali ya kibinafsi Osipand ng'ato/praivat</p> <p>c. Private clinic Zahanati ya kibinafsi Klinik mar ng'ato</p> <p>d. Health camp Kambi ya aya Kambi mar weche ngima</p> <p>e. Workplace/office Pahali pa kazi/afisini Kar tich'ofis</p> <p>f. At home by health workers Nyumbani na wahudumu wa aya Dala gi jothieth</p> <p>g. In my neighbourhood by health workers Mtaani kwetu na wahudumu wa aya E gweng' wa gi jothieth</p> <p>i. Other (specify) Nyingine (taja) Machielo (ier)</p>	
REP	18_R3	<p>[Skip if 16_R3=2/3]</p> <p>You said you have taken the first dose of COVID-19 vaccine. What is the main reason you have not gone for the second dose of the vaccine? Ulisema umeapata dozi ya kwanza ya chanzo ya COVID-19. Je, ni sababu gani kuu ambayo imekufanya haujaenda kupata dozi ya pili ya chanzo? Niwacho ni iseyudo chanzo mkuungo mar COVID-19. En wach mane maduung' ma omiyo pok idhi ne chanzo mar aryo?</p> <p>Read out and select all that apply</p>	<p>a. I have appointment for second dose of the vaccine Nimepangiwa miadi ya kupata dozi ya pili ya chanzo</p> <p>b. I can't get an appointment for second dose Siwezi kupata miadi ya dozi ya pili Ok nyal' channa yudo dos mar aryo</p> <p>c. I am concerned about possible side effects of a second dose Nina wasiwasi kuhusu madhara yanayowezekana</p> <p>d. The first dose is enough to protect me from COVID-19 Dozi ya kwanza imetoshwa kunikinga dhidi ya COVID-19 Dos mokuungo oromo geng'a ne COVID-19</p> <p>e. My parents/caregivers or partner don't want me to get the second dose Wazazi/walezi wangu hawataki nipate dozi ya pili Jonyuolina/jorina ok dwar ni ayud dos mar aryo</p> <p>f. I'm waiting for a different type of vaccine to be available Ninasubiri aina tofauti ya chanzo ipatikane Arto mondo kido machielo mar chanzo oyudre</p> <p>g. I didn't like first dose of vaccine/I had a previous bad reaction to/experience with a vaccine Sikupenda dozi ya kwanza ya chanzo/nikuwa na mwitiko/uzoefu mbaya kwa chanzo hapo awali Ne ok ahero dos mokuungo mar chanzo/ ne akale okang' marach gi chanzo kindo motolo</p> <p>h. I plan to wait and see if it is safe and may get my second dose later Napanga kusubiri nione kama ni salama na ninaweza kupata dozi yangu ya pili baadaye Achano nito mondo ane ka oonge hinyuok kendo anyalo yudo dosna mar aryo bang'e</p> <p>i. I am concerned about the cost of another dose of the vaccine Nina wasiwasi kuhusu gharama ya dozi nyingine ya chanzo An gi parnuok kuom nengo dos machielo mar chanzo</p>	ALL 21_R3

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		j. The type of vaccine only required one dose (like J&J). Aina ya chanzo lilitaji dozi moja pekee (kama vile J&J) Kido mar chanzo ni dwaro mana dos achiel (kaka J&J) L I have not been notified to go and take the second dose? Sijajulishwa niende kuchukua dozi ya pili k. Other (specify) Nyingine (taja) Machielo (ler)	0 1 0 1	
REP	[This question and next are for respondents who have not been vaccinated but express willingness (yes definitely or yes probably)] [ASK IF 14_R3=1/2] 19_R3 Would you be willing to take any type of vaccine offered to you? Je, ungependa kuchukua aina yoyote ya chanzo inayotolewa kwako? Bende ds likiri kawo iki chanzo moro imora ma omii?	0 No La Ooyo 1 Yes Ndyo Ee		21_R3
REP	20_R3 Which of the following vaccines would you NOT be willing to take? Ni chanzo gani kati ya zilizotazo ambayo HAUINGEKUWA tayari kupatia? Ewe, pamoja na PMU, iki likiri kwamba ni kweli ambavyo? Read out and select all that apply	0 Astra Zeneca 1 Moderna 2 Johnson and Johnson 3 Pfizer Vaccine 4 Sinopham 5 Sputnik 9 Unsure/dont know Sina uhakika/sijui Ok an gi adieri/akia		
REP	21_R3 [For ALL respondents] How important do you think it is that the Government ensure everyone can get vaccinated as soon as possible? Je, unadhani kuna umuhimu gani kwa Serikali kuhakikisha kuwa kila mtu anaweza kupatia chanzo haraka iwezekanavyo? En gima nigi tiende marom nade mondo Sirkal one ni ngato ka ngato iriyato chanj mapio kaka nyaloro?	0 Not at all important Sio muhimu hata kidogo Ongo tiende kata matini 1 Somewhat important Muhimu kwa kiasi futani Bet nigi tiende 2 Very important Muhimu sana Nigi tiende ahinya		
212	33 Which best describes the situation for your schooling right now? Je, ni jambo ligi linakololeza vizuri sana hali ya masomo yako kwa sasa? Ere ma lero maber molojo chal mar sombi ma san? Read answer options aloud. Soma chaguzi za jibu zinazoruhusiwa. Som ytero mag duoko ma oyiego. [NOTE: LAST TERM = JANUARY -MARCH 2022. NEXT TERM REFERS TO MAY 2022]	EDUCATION j. Was in school last term and planning to go back next term Nilikuwa shuleni muhula uliopita na napanga kurudi muhula ujo Ne an e skul tam mokalo kendo achano dok tam manyen k. Was in school last term but not planning to go back next term Nilikuwa shuleni muhula uliopita lakini sipangi kurudi muhula ujo Ne an e skul tam mokalo to ok achan dok tam manyen l. Was not in school last term but I am planning to go back next term Sikuwa shuleni muhula uliopita lakini napanga kurudi muhula ujo Ne ok an e skul tam mokalo to achano dok tam manyen m. Was not in school last term and not planning to go back next term Sikuwa shuleni muhula uliopita na sipangi kurudi muhula ujo Ne ok an e skul tam mokalo kendo ok achan dok tam manyen n. I have completed my education Nimemaliza masomo yangu Aseteko somba O. I have never attended school since Covid 19 started Sijawahi kwenda shuleni tangu Covid 19 lanze Pok ne achi skul nyaka ne Covid 19 chakre I was not in school pre-Covid Sikuwa shuleni kabla ya Korona Ne ok an e skul motelo ne Korona		219 133 133 133
213	34 How many days in a week did you go to school during the school term that just ended (January- March 2022)? Utienda shuleni mara ngapi kwa wiki katika muhula wa shule ambao umekamilika hivi karibuni? (Januari-Machi 2022)? Ne idhi skul didi e juma e tam ma oa rumo ni (Januar-Mach 2022)?	(restrict to 1-7)		
214	35 What class/form/level of school were you in during the school term that just ended (January- March 2022)? Ulikuwa katika darasa/kidato/kiwango gani katika muhula wa shule ambao umekamilika hivi karibuni? (Januari-Machi 2022)? Ne in e klas/form/ang'iny mane e tam ma oa rumo ni (Januar-Mach 2022)?	1 Primary School Shule ya msingi Primari 2 Secondary School Shule ya upili Sekondari 3 Technical/Vocational School Shule/chuo cha kufundi Teknikol 4 College Chuo Kolej 5 University Chuo kikuu Mbatariany 6 Other (specify) Nyingine (taja) Machielo (ler)	CLASS DARASA FORM KIDATO	
219	40 I am going to read you a few statements about your experience in school since they have re-opened after the Coronavirus closures. For each one please tell me if it is very true, somewhat true, somewhat false or very false Nitakusomea kauli chache kuhusu ufyoypitia shuleni tangu zifunguwiwe tena baada ya kufungwa kwa ajili ya virusi vya Korona. Kwa kila moja tafadhali niambe ikwa ni kweli kabisa, kweli kiasi, uongo kiasi au uongo kabisa Adhi somoni weche manok kuom gik ma isikale e skul nyaka ne yepi bang' lor mag kute Korona. Ne moro ka moro ye injisa ka en adieri ahinya, bet adieri, bet mirambo kata mirambo ahinya Read each statement aloud Soma kila kauli kwa sauti Som wach ka wach matek	a. There are more than 40 students in my classroom Kuna zaidi ya wanafunzi 40 katika darasa leu Nitie jopunje molojo 40 e klaswa b. There is a place at school that I can easily access to wash my hands with soap Kuna pahali shuleni ambako naweza kufikia kwa urahisi kunawa na sabuni Nitie kama anyalo chope majot e skul mondo aloji gi sabun c. I am/was happy to be back in school Ninafurahia/niliifurahia kurudi shuleni Amoniamor dik e skul d. I am/was worried that I will get Coronavirus in school Niko/nilikuwa na wasiwasi kuwa nitaambukizwa virusi vya Korona shuleni Aparoraparora ni abiro yudo kute Korona e skul e. Most of my classmates that I was in school with before Coronavirus have not returned to school Wengi wa nilikuwa nao darasani kabla ya virusi vya Korona hawakurudi shuleni Ng'enyi jikaswa mane wan godo e skul motelo ne Korona ok odugoo e skul	VT ST SF VF 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4	4 4 4 4 4
220	41 Has the Coronavirus (COVID-19) pandemic mainly had a positive, negative, or no effect on your ability to pay attention in class? Jif Janga la Korona (COVID-19) lilikuwa na athari nzuri, mbaya, au halikuwa na athari katika uwezo wako wa kuwa makini darasani? Bende muoch mar kute Korona (COVID-19) osemulo kaka inyalo kete pachi e klas e yo maber, marach to koso ok omule?	Negative effect Kuathiri vibaya Omulo marach No effect Hakuna athari Ok omulo Positive effect Kuathiri vizuri		1 2 3
22_R3	Please let me know if you agree or disagree with the following statements: Tafadhali njulishe ikwa unakubaliana au hukubaliani na kauli zifuatazo: Ye injisa ka iye kata ok iye gi wehegie: a. When I returned to school after the school closures (in January 2021) I felt I had forgotten some of what I had learned before b. My school offered me help to catch up in my learning once schools re-opened in January 2021 Shule yangu ilinisaidia kufikia kiwango kilichostahili cha masomo yangu shule zilipofunguliwa mmamo Januari 2021 Skunda nokonya juko somba ka ne oyepei e Januar 2021 c. I did extra work at home to catch up in school after schools re-opened in January 2021 Nilifanya kazi ya ziada nyumbani ili nitikie kiwango kilichostahili cha masomo yangu shule zilipofunguliwa mmamo Januari 2021 Ne atimo tije momedore gi dala mondo ajuk somba ka ne oyepei e Januar 2021	Agree Dis		2 2 2

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		d. I now feel like I am caught up with learning to where I was before the COVID-19 school closures Sasa natisi kuwa nimefikia kiwango cha masomo kama ilivyokuwa kabla ya kufungwa kwa shule kwa ajili ya COVID-19 Sani awiryo ka asechopo e okang mane somba nitite motelo ne loro skunde nikech COVID-19	1	2	
23_R3		Please let me know if you agree or disagree with the following statements: Tafadhali njulishe ikiwa unakubaliana au hukubaliani na kauli zifuatazo: Ya inyisa ka iyle kata ok iyle gi wechegie: a. I have been able to keep up with what the teacher is currently teaching (January - March 2022) Nimeweza kufuatilia yale ambayo mwalimu analunza kwa sasa (Januari - Machi 2022) Asebedo ka alwiro gik ma japuoni puonjo sani (Januar - Mach 2022) b. I feel left behind and do not understand what the teacher is currently teaching (January - March 2022) Ninahisi nimeachwa nyuma na sielewi kile mwalimu anachofundisha kwa sasa (Januari - Machi 2022) Awiryo ni adong' chien kendo ok awirj gima japuoni puonjo gi sani (Januar - Mach 2022) c. I am frustrated by the current (January - March 2022) teaching pace and I cannot keep up with the workload Ninahisi niwihadharwa na kasi ya mafunzo ya sasa (Januari - Machi 2022) na sielewi kumaliza kazi niliyo niyo Awiryo ka churya ol gi okang' mar puonjo ma sani (Januar - Mach 2022) kendo ok anyal tiko tije ma an godo. d. If we had more time to revise what we are learning I would catch up with the others in class Kama tungekuwa na muda zaidi kurudia tunayojifunza ningewafikia wengine darasani Ka de wabed gi thuolo momeadore mar nuoyo gik ma wapuonjore to de ajuko jowetena e klas e. I feel like I am not learning anything as I am so behind in understanding what the teacher is currently teaching (January - March 2022). Ninahisi kuwa sijifunzi chochote kwa vile niko nyuma sana kuelewa kile mwalimu anachofundisha kwa sasa (Januari - Machi 2022). Awiryo ni ok apuonjra gimoro amora nikech an chien ahinya e wiryo gima japuoni puonjo gi sani (Januar - Mach 2022).	Agree	Disagree	
24_R3		Please let me know if you agree or disagree with the following statements: The questions refer to the January - March 2022 Term. Tafadhali njulishe ikiwa unakubaliana au hukubaliani na kauli zifuatazo: Maswali yanazungumzia Muhula wa Januari - Machi 2022. Ya inyisa ka iyle kata ok iyle gi wechegie: Penjo wuoyo kuom Tam mar Januar - Mach 2022. a. I no longer participate in discussion groups with my classmates due to COVID 19 Sishiriki tena katika vikundi vya kujadiliana na wenzangu darasani kutokana na COVID19 Ok abed kendo e grube mag twak gi joklaswa nikech COVID 19 b. I no longer participate in sports activities with my school mates to help me catch up with my school work Sishiriki tena katika shughuli za michezo na wanafunzi wenzangu ili kunisaidia kumaliza kazi yangu ya shule c. I no longer have time to play with my friends after school as I need to complete my homework Sina muda tena wa kucheza na marafiki zangu baada ya shule kwani ndiwa kumaliza kazi yangu ya ziada Aonge thuolo kendo mar tugo gi osiepena bang' skul nikech dwareni ni atiek tije milimo gi dala d. I am happy with the extra time I take outside school to catch up with my school work Ninaturahia muda wa ziada ninatapata nje ya shule ili kurivezesha kufuatilia kazi yangu ya shule Amor gi thuolo ma omedore ma sikawo oko mar skul mondo ajuk tijeja mag skul e. I have someone to help me with my school work at home Ninaye mtu wa kunisaidia kufanya kazi yangu ya shule nikiwa nyumbani An gi ng'ama konya timo tjena mag skul gi dala f. I have someone to help me with my school work at school Ninaye mtu wa kunisaidia kazi yangu ya shule nikiwa shuleni An gi ng'ama konya timo tjena mag skul gi e skul	Agree	Disagree	
222	43	How likely is it that you will return to school at the start of the 2022 school year? Would you say very likely, somewhat likely, somewhat unlikely or very unlikely. Je, kuna uwezekano gani kwamba utarejea shuleni mwanzoni mwa mwaka wa shule wa 2022? Je, unaweza kusema yawezekana sana, yawezekana kiasi, haiwezekani kiasi au haiwezekani sana. Nitite nyaluok machal nade ni biro dok skul e chak hik skul mar 2022. Diwach ni nyalore ahinya, bet nyalore, bet ok nyalre koso ok nyalre ahinya.	a. Very likely Yawezekana sana Nyalore ahinya	1	
			b. Somewhat likely Yawezekana kiasi Bet nyalore	2	
			c. Somewhat unlikely Haiwezekani kiasi Bet ok nyalre	3	
			d. Very unlikely Haiwezekani sana Ok nyalre ahinya	4	
			e. Don't know Sijui Akia	5	

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NO.	QUESTIONS AND FILTERS		CODING CATEGORIES

TIME USE/ECONOMIC ACTIVITY

I want to ask you now a few questions about the time that you spend doing various activities, including what you may be doing to earn money.
 Sasa nataka kukauliza maswali machache kuhusu wakazi unachukua kufanya mambo tofauti tofauti, pamoja na mambo ambayo husaidia unafanya kuchuma pesa.
 Koro adwa penji penji manok kuom thulo ma kawo ka ilimo gik ma opogore opogore, ka orwo gima nyalo bedo ni ilimo mondo lyud pesa.

133	45	Yesterday, how much time did you spend doing household chores, such as cooking, cleaning, taking care of children, washing clothes, collecting firewood, water? Jana ulitama muda gani kufanya kazi za nyumbani, kama vile kupika, kuwasafisha, kuwatunza watoto, kufua ng'ao, kukusanya kuni, kuchota maji? Nyoro, ne ikawo thulo marom nade ka ilimo tije ot, kaka tede, keto ler, rito nyithindo, luoko lewini, moto, umbo?	a. HOUR [0-24] b. MINUTES [0-59] DONT						
134	46	Would you say this is more or less time than you spent on these activities before Corona started? Unaweza kusema unatumia muda mwingi zaidi au muda mchache zaidi kufanya mambo haya kwa kulinganisha na kabla ya kuanza kwa virusi vya Corona? Diwach ni thulonni ng'eny koso tin moloyo mane ijakawo ka ilimo tijeje kane Korona pok ochakore?	a. More Zaidi Moloyo b. Less Kidogo Matin c. About the same Karibu kiasi sawa Madwa romre	1 2 3					
135	47	In the past one month, have you been doing any activities to earn money - this could be a formal job, day work, piece work, or informal activities once in a while? Katika mwezi mmoja uliopita, je umekuwa ukifanya jambo lolote ili kupata pesa - hi inaweza kuwa kazi rasmi, kibarusi cha siku, kazi ndogondogo, au kazi zisizo rasmi mara moja moja? Kuom dwe achiel mokalo, bende isibeko ka ilimo tije moko mag yudo pesa - ma nyalo bedo tich ma ondkie, amal, tich matin, kata tije mapore kadchiel?	No Yes Nydo E..	0 1					137
136	48	Which of the following is true about your current situation Kati ya mambo yafuatayo ni ipi ililo kweli kuhusu hali yako kwa sasa? Ere ma adieni kuom chalni ma sani kuom magie? Re	b. I have looked for work in the past six months but have not been successful Nimokuwa nikilataza kazi kwa mezzi sita iliyopita lakini sijafuuli Asemanyo tich kuom dweche auchiel mokalo to pok ayudo c. I have not tried to earn or look for money in the past six months Sijajaribu kupata mapato au kutafuta pesa katika miezi sita iliyopita Pok atemo yudo kata manyo pesa kuom dweche auchiel mokalo	0 0	1 1				139
137	49	Are you earning more or less than before Corona? Je, unapata pesa zaidi au kidogo kuliko kabla ya Korona? Yutonni ng'eny koso tin moloyo kane Korona pok omouch?	a. More Zaidi Moloyo b. Less Kidogo Matin c. About the same Karibu kiasi sawa Madwa romre	1 2 3					
224	51	Do you have more or less control over what you do to earn money as compared to before Corona? Je una uwezo wa umuzi zaidi au kidogo zaidi kwa mambo unayofanya ili kupata pesa kwa sasa kuliko ulivyokuwa kabla ya kuanza kwa virusi vya Corona au huenda hazijathirika. Kwa kila moja fikiria ikiwa ni zaidi, kidogo au vilevile ukilinganisha na kabla Koronaianza. Magi weche manok kuom migepo mopogore mag ngimani ma dipo ni Korona omulo kata okomulo. Ne moro ka moro, par ane ka oloyo, otin, koso dwe romre kipimo gi kindi mane pok Korona ochakore.	c. About the same Kiasi kilekile a. More Zaidi Moloyo b. Less Kidogo Matin c. About the same Karibu kiasi sawa Madwa romre	3 1 2 3					

SOCIAL INTERACTIONS

140	53	Here are few statements about different aspects of your life that may have been affected by Corona, or may have not been. For each one think about if it is more, less or about the same as compared to before Corona started. Hapa kuna kauli chache kuhusu hali mbalimbali katika maisha yako ambazo zaweza kuwa zimeathirika tangu kuanza kwa virusi vya Corona au huenda hazijathirika. Kwa kila moja fikiria ikiwa ni zaidi, kidogo au vilevile ukilinganisha na kabla Koronaianza. Magi weche manok kuom migepo mopogore mag ngimani ma dipo ni Korona omulo kata okomulo. Ne moro ka moro, par ane ka oloyo, otin, koso dwe romre kipimo gi kindi mane pok Korona ochakore.	MOR E LE SS SAME							
		a. The amount of time I spend with friends Muda ninachukua pamoja na marafiki Thuolo ma akawo gi ostipe b. The amount of time I spend in the house Muda ninachukua ndani ya nyumba Thuolo ma akawo ei ot d. Crime or violence in my neighborhood Uhalifu au ukatili katika mtaa wangu Mahundu kata ang'enge e aturawa e. Tensions in my house Mawitano ndani ya nyumba yetu Chwenyuko e dwe f. My parents/guardians or other adults in the household arguing Wazazi/walezi wangu au watu wazima wengine katika nyumba yetu wanabishana Dondruok e kind jonyuolna/jorina kata jomamoko madongo e ot g. People being hit or beaten in your home? Watu kugongwa au kupigwa nyumbani kwenu Goyo ji e dalau?		1 1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3 3 3				IF LIVE ALONE SKIP SKIP SKIP

HEALTH

Now I'm going to ask a few questions about the food you eat and other health related issues
 Sasa nitakuuliza maswali machache kuhusu chakula unachokula na mambo mengine yanayohusu aya
 Koro adni penji penji manok kuom kit chiamo ma ichamo kod weche moko motudore kod ngima

141	54	How frequently are you skipping meals or eating less. Would you say every day, a couple times a week, once a week or never? Je umekosa kula, au kula chakula kidogo mara nyingi kadiri gani? Unaweza kusema kila siku, mara kadhaa kwa wiki au mara moja kwa wiki au kamwe? Didi ma iryo kech kata ichiemo matin. Diwach ni pile pile, di manok e juma, dichiel e juma koso ok iri kech? Read aloud the Options	a. Never b. Every day Kila siku c. A couple times a week Mara kadhaa kwa wiki d. Once a week Mara moja kwa wiki Dichiel e juma	1 2 3					144
142	55	Would you say that you are skipping meals or eating less food more, less or about the same as compared to before Corona started? Kwa kulinganisha na kabla ya kuanza kwa virusi vya Corona, unaweza kusema kuwa unakosa kula au unakula chakula kidogo mara nyingi, mara chache au karibu kiasi sawa? Diwach ni iryo kech kata ichiemo mang'eny, matin koso madwa romre kipimo gi ndalo motelo ne Korona?	a. More Zaidi Moloyo b. Less Kidogo c. About the same Karibu kiasi sawa	1 2 3					
144	58	Over the last 2 weeks, how often have you been bothered by any of the following problems. For each one, tell me about how many days. Katika kipindi cha wiki mbili zilizoita, ni mara ngapi umesumbuliwa na tatizo lolote kati ya haya. Kwa kila moja, niambie ni kama siku ngapi hivyo? Kuom jumbwe anyo mokalo, nyadidi ma moro amora kuom gigie osechandi? Ne moro ka moro, nyisa ni madirrom ndalo ad.	0 1-7	1 2					

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		[DO NOT READ OPTIONS]	8-12 13 or REFU SE	3 4 5
145 REP	59	Feeling down, depressed, or hopeless <i>Kuvunjika moyo, kuhuzunika au kukata tamaa</i> Bedo gi chuny mool, mokuyo, kata ma onge geno [DO NOT READ OPTIONS]	0 1-7 8-12 13 or REFU SE	1 2 3 4 5
REP 227	60	Feeling nervous, anxious or on edge <i>Kuwa na uwoga, wasiwasi au mahangaliko</i> Bedo maluur kata ma parore	0 days <i>Siku 0</i> 1-7 days <i>Siku 1-7</i> 8-12 days <i>Siku 8-12</i> 13 or 14 days <i>Siku 13 au 14</i> REFUSE TO ANSWER KATAA KUJIBU	1 2 3 4 5
REP 228	61	Not being able to stop or control worrying <i>Kutoweza kuwacha au kudhibiti wasiwasi</i> Bedo ma ok nyal weyo kata gayo paruuruk	0 days <i>Siku 0</i> 1-7 days <i>Siku 1-7</i> 8-12 days <i>Siku 8-12</i> 13 or 14 days <i>Siku 13 au 14</i> REFUSE TO ANSWER KATAA KUJIBU	1 2 3 4 5
REP	229	62 Since the start of the pandemic, have you sought help from family or friends because you felt low, anxious or stressed? <i>Tangu janga la Korona (COVID-19) lianze, umewahi kutafuta msaada kutoka kwa familia au marafiki kwa sababu ulihisi kuvunjika moyo, kuwa na wasiwasi au kutadhaika?</i> <i>Chwacha kutafuta msaada kutoka kwa familia au marafiki kwa sababu ulihisi kuvunjika moyo, kuwa na wasiwasi au kutadhaika?</i> Nyaka ne Korona (COVID-19) muoji, bende isemanyo kony kuom jodu kata osipe nikech ne ibedo gi chuny mool kata paruuruk?	No <i>La</i> Ooyo Yes <i>Ndiyo</i> Ee Don't know <i>Sijui</i> Akia Refuse to answer <i>Kataa</i> Kujibu Tamore duoko	1 2 3 4
	25_R3	F ALL 58,59,60 and 61=0(No) DO NOT ASK 25_R3 How else have you coped with these feelings of being low, anxious or stressed? Jei Umekabiliana vipi na hisia hizi za kuvunjika moyo, kuwa na wasiwasi au kutadhaika? <i>Chwacha kutafuta msaada kutoka kwa familia au marafiki kwa sababu ulihisi kuvunjika moyo, kuwa na wasiwasi au kutadhaika?</i> Do not read answers aloud. Check all that apply. Probe 'anything else?'	a. I engage in b. I watch TV, c. I exercise d. I turn to my faith/ask God for help e. I concentrate on f. I start new hobbies/set new goals g. I look for helpful resources/ join support groups on the internet h. I talk with a i. I take medication j. Other k. I haven't done anything to cope with these feelings l. I don't feel depressed or anxious, so I have not done any of the strategies mentioned above	NO YES 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
	26_R3	During the COVID-19 pandemic, in general how often have you felt isolated or lonely? Wakati wa janga la COVID-19, kwa ujumla ni mara ngapi umejishit kutengwa au mpweke? E kinde mar muuch mar COVID-19, ere kaka isebedo ka iwinjo ka qwangi kata in kende ka ing'yo yore duto?	Never Hardly ever Nadra Ok thor timore Some of the time Wakati mwingine Sache moko Often Mara nyingi Thoro timore Very often	1 2 3 4 5
	27_R3	In general, how has the feeling of isolation/loneliness changed since BEFORE the pandemic? Kwa ujumla, hisia ya kutengwa/ mpweke imebadilikaje tangu KABLA ya janga? King'yo gi moko duto, ere kaka iwinjo ka qwangi/in kende oselokore chake MOTELO ne muuch mar tuo?	Less isolation/loneliness than before the start of the pandemic. <i>Kutengwa/ mpweke mchache kuliko kabla ya kuwiza kwa janga</i> Jeana/bedo kendo masiri moyo motelo ne chakruuk mar muuch tuo The same as before the start of the pandemic. <i>Sawa na kabla ya mwanzo wa janga</i> Marom gi motelo ne muuch mar tuo More isolation/loneliness than before the start of the pandemic. <i>Kutengwa/ mpweke mwingi kuliko kabla ya kuwiza kwa janga</i> Jeana/bedo kendo masiri moyo motelo ne chakruuk mar muuch tuo There have been many ups and downs in my isolation/loneliness Kumelewa na mizozo/ubwaga katika kutengwa/ mpweke wangu Lokruuga masiri osebeto e janga/bedo kendo mara	1 2 3 4
			IF MALE --> SKIP	150
148	63	In the past three months, have you had difficulty getting sanitary pads? Katika miezi mitatu iliyopita, umekuwa na shida ya kupata pamba za wanawake? Kuum dweche adek mokalo, bende isebedo gi chandruuk mar yudo lep nis?	No La Ooyo Yes Ndiyo Ee	1 2
149	64	Why couldn't you obtain [product from above]? Kwa nini hungeweza kupata [product from above]? Ang'o momiyo ne ok nyal yudo [product from above]? Do not read answers aloud. Check all that apply. Probe 'any other reason?' Weka alama kwa sababu zote zinazotajwa. Hiji zaidi 'sababu nyingine?'	a. Schools are closed <i>Shule zimefungwa</i> b. I don't have enough money <i>Sina pesa za kutosha</i> c. My parents/relatives/friends don't have enough money <i>Wazazi wangu/watu wangu wa uko/marafiki zangu hawana pesa za kutosha</i> d. The shops are closed <i>Maduka yamefungwa</i> e. The shops are out of stock <i>Vifaa hivyo vimeisha madukani</i> f. I don't see the people who used to give me the product anymore <i>Siwaoni tena watu waliokuwa wakinpata vifaa hivyo</i> g. NGO that was supporting us with the product closed <i>Shirika lililokuwa la serikali lililokuwa likitusaia lililungwa</i> h. Other (specify) <i>Nyingine (fafanua)</i>	NO YES 0 1 0 1 0 1 0 1 0 1 0 1
150 REP	65	Was there a time in the past month that you were sick, needed a health service, medicine or product and you did not get it? Katika kipindi cha mwezi mmoja uliopita, je kumekuwa na wakati ambapo umekuwa mgonjwa, umehitaji huduma za kiafya, dawa au kifaa kingine na hukupata? Bende nitie kinde moro e dwe mokalo mane ituo, idwaro kony mar thieeth, yath kata gir thieeth to ne ok iyudo?	No Yes	0 1
151 REP	66	What is the main reason that you skipped health services? <i>Ni sababu gani kuu iliyokufanya ukakosa kwenda kupata huduma za afya?</i> <i>En wach mane maduoni mane omiyo ilewo ne kony mar thieeth?</i> Do NOT read answer options aloud. Select only one Chagua moja tu	a. My parents didn't have time <i>Wazazi wangu hawakuwa na muda</i> b. I didn't have time <i>Sikuwa na muda</i> c. My parents cannot afford the cost of health care services right now <i>Wazazi wangu hawawezi kumudu gharama ya matibabu kwa sasa</i> d. The clinics are closed because of Coronavirus <i>Kliniki zimefungwa kwa sababu ya virusi vya Corona</i> e. People will think I have Corona if I go to the clinic <i>Nikienda kwenye kliniki watu watafikiri nina virusi vya Corona</i> f. I am scared that I will get infected with Coronavirus if I go to the clinic <i>Ninaogopa kuwa nitaambukiwa virusi vya Corona nikienda kwenye kliniki</i> g. I cannot afford the cost of health care services right now <i>Siwezi kupata pesa za kulipia huduma katika kliniki kwa sasa</i> h. I did not want to leave the house because of the curfew <i>Sikutaka kutoka kwa nyumba kwa sababu ya kafyu</i> i. The health facilities do not have the medication I need <i>Maeneo ya matibabu hayana madawa ninayohitaji</i> j. The health facilities are only seeing a small number of patients each day <i>Maeneo ya matibabu yanawashughulikia wagonjwa wachache tu kila siku</i> k. I used to get health care at school and now schools are closed <i>Nilikuwa nikipata huduma za matibabu shuleni na kwa sasa zimefungwa</i> l. I can't leave the house <i>Siwezi kutoka nyuma ya nyumba</i> m. Other (specify) <i>Lingine (fafanua)</i>	YES 1 2 3 4 5 6 7 8 9 10 11 12 13

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			n I was not able to receive services because of the health workers strike	
152 REP	67	<p>Which health care/services/medicines have you given up? Ni huduma gani ya kiafya/madawa ambayo umeacha? Gin arita/kony/yedhe mage mag thieti ma iseweyo?</p> <p>Read all answer categories aloud</p>	<p>a. Check/medicine for malaria Kuchunguzwa/kupata madawa ya malaria Pimo/yadh malena</p> <p>b. Check/medicine for stomach/digestive problems Kuchunguzwa/ kupata dawa kwa ajili ya tumbo/mataizo ya chakula kusagika tumbo Pimo/yadh chandruok mar ich/chieno e ich</p> <p>c. Check/medicine for diabetes/blood pressure Kuchunguzwa/kupata madawa ya ugorjwa wa kisukari/msongo wa damu Pimo/yadh diabetes/ng'we remo</p> <p>d. Care for any acute illness; Uzunaji wa ugorjwa wowote wa ghafa Rito tuo moro amora mabiro apoya;</p> <p>e. Refills of any other regular medications you may take; Kuongezwa kwa madawa ya kawaida unajoyewa kutumia; Medo yath moro amora ma jia tyogo;</p> <p>f. Immunizations/nutrition services for children; Chanjo/huduma ya ishe ya watoto Chanjo/weche chiamo mag nyithindo</p> <p>g. Check/medicine for pre-natal care (only women) Kuchunguzwa/kupata dawa kwa ajili ya uja uzito (kwa wanawake pekee) Pimo/yadh rit mar ndalo motelo/ma bang' nyuo (mine kende)</p> <p>h. Family planning (only women) Mpango wa uzazi (kwa wanawake pekee) Yore mag komo nyuo (mine kende)</p> <p>i. Other Nyingine Machielo</p>	<p>NO YES</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p>
RESILIENCE				

I'm now going to ask you some questions about how the COVID pandemic has affected your life in the last year. For some things in your life, the pandemic may have had a negative effect on some things, and a positive effect on other things. Or, it may not have had any effect!
Sasa naenda kukuuliza maswali kadhaa kuhusu jinsi KORONA imeathiri maisha yako katika mwaka uliopita. Kwa vitu vingine maishani mwako, huenda janga limekuathiri vibaya, na kukuathiri vizuri kwa vitu vingine. Au huenda haikuwa na athari yoyote.
Koro adhi penjo moko kuum kaka muoch mar KORONA osemul ngimani e higa ma okalo. Ne gik moko e ngimani, muoch mar tuo nyalo bedo ni osemul marach, kendo e gik manoko nyalo bedo ni osemul maber. Kata, nyalo bedo ni pok omul e yo moro amora.

28_R3		<p>Please answer whether your ability to meet the following needs was negatively affected, not affected, or positively affected by the COVID-19 pandemic, in the last year: Tafadhali jibu kowa uwezo wako wa kukidhi mahitaji yafuatayo uliathiriwa vibaya, haukuathiriwa, au kuathiriwa vyema na janga la COVID-19, katika mwaka uliopita. Yie iduk ka nyaloni mar chopo dwarogie osemul marach, pok omul, kata osemul maber gi muoch mar KORONA, e higa mokalo.</p> <p>a. Your self-esteem a. Kujithamini kwako a. Genuok kend</p> <p>b. Your ability to cope with stress b. Uwezo wako wa kukabiliana na mafadhailo b. Nyaloni mar nyagruok gi paruok</p> <p>c. Your ability to adapt to new situations c. Uwezo wako wa kukabiliana na hali mpya c. Nyaloni mar nyagruok gi okenge manyien</p> <p>d. Your motivation to accomplish goals d. Motisha yako ya kuzimiza malengo d. Miumo mar choo gik mrochan</p> <p>e. Your ability to find help when you need it e. Uwezo wako wa kutafuta usaidizi unapouhitaji e. Nyaloni mar manyo kony ma idwaro</p> <p>f. Your ability to make decisions f. Uwezo wako wa kufanya maamuzi f. Nyaloni mar ng'ado weche</p> <p>g. Your relationships with your parents g. Mahusiano yako na wazazi wako g. Tudruogegi gi jonyodhi</p> <p>h. Your relationships with your siblings h. Mahusiano yako na watoto wenu h. Tudruogegi gi nyithindu</p> <p>i. Your relationships with your friends i. Mahusiano yako na marafiki wako i. Tudruogegi gi olesepi</p> <p>j. Your relationships with intimate partner(s) j. Mahusiano yako na wenzako wa karibu j. tudruogegi gi joweteni michiegni go ahinya</p> <p>k. Your ability to find an intimate partner/meet new partners k. Uwezo wako wa kutafuta mwenzako wa karibu/kukutana na wenza wapya k. Nyaloni mar manyo joweteni machiegni/romo gi jowete manyien</p> <p>l. Your desire to complete more education (now and in the future) l. Tamaa yako ya kukamilisha elimu zaidi (sasa na siku zijazo) l. Nyaloni mar teko somo mang'eny molojo (sani kendo ndalo mabiro)</p> <p>m. Your hopes for work/profession (now and in the future) m. Matumaini yako ya kazi/tauluma (sasa na siku zijazo) m. Genoni mag tich'ony (sani kendo ndalo mabiro)</p>	<p>0 Negatively affected Umeathiriwa vibaya Osemul marach</p> <p>1 Not affected Hauathiriwa Pok omul</p> <p>2 Positively affected Umeathiriwa vizuri Osemul maber</p> <p>99 Not applicable Hatumiki Ok ti</p>	
29_R3		<p>In general, are these effects better, about the same, or worse in the last year compared with the first few months of the pandemic? Kwa ujumla, je, athari hizi ni nzuri zaidi, karibu sawa, au mbaya zaidi katika mwaka uliopita ikilinganishwa na miezi michache ya kwanza ya janga hii? King'yo gik moko te, gik mane olimoreni ne beyo molojo, dwa romre, koso richo molojo e higa mokalo kipimo gi dweche manok mokoongo mag muoch tuo.</p>	<p>Worse</p> <p>About the same</p> <p>Better</p> <p>Nzuri zaidi</p> <p>Ber molojo</p>	<p>0</p> <p>1</p> <p>2</p>
VIOLENCE				

I'm going to now ask a few questions that are a bit personal. I want to make sure that you are in a place where you have privacy and you feel comfortable answering these questions. Is it OK to proceed? Sasa nitakuuliza maswali machache ambayo ni ya kibinafsi. Nataka kuhakikisha kuwa uko mahali pailipo na usiri na utajihisi starehe kujibu maswali haya. Je ni sawa tuedeele?
Koro adhi penjo penjo manok ma bet muli. Adwa bedo gi adleri ni in kama in kendi kendo in thulo mar duoko penjogi. Be wanyalo dhi mbele?

				IF NO	
153	68	<p>In the past one month, have you personally been humiliated, insulted, or threatened? Katika muda wa mwazi mmoja uliopita, je umehutumiwa, umesukarwa au umetishwa wewe binafsi? E dwe achiel mokalo, bende osejati, oseyanji, kata osebuogi in iwuon?</p>	<p>No</p> <p>Yes</p>	<p>0</p> <p>1</p>	155
154	69	<p>Would you say that it is happening more, less or the same as compared to before Corona started? Je unaweza kusema tangu kuanza kwa virusi vya Corona linafanyika mara nyingi zaidi, mara chache zaidi au karibu sawa na hapo awali? Diwachi ni olimore molojo, matini ne koso maromre gi ndalo mane Korona pok ochakone?</p>	<p>a. More Mara nyingi zaidi Molojo</p> <p>b. Less Mara chache zaidi Matin</p> <p>c. About the same Karibu kiasi sawa Madwa romre</p> <p>d. Didn't happen at all before Corona</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	
155	70	<p>In the past one month have you personally been hit, slapped, kicked or beaten? Katika muda wa mwazi mmoja uliopita je umegongwa, kuchapwa kufi, kupigwa teke au kupigwa? E dwe achiel mokalo, bende osejati adhongi, osepami, osejweyi kata osejogi?</p>	<p>No</p> <p>Yes</p>	<p>0</p> <p>1</p>	158
156	71	<p>Have any of your sexual or romantic partners been responsible for these situations? By sexual partner I mean anyone that you have had sex with, no matter what kind of relationship. By romantic partner I mean someone that you are in an ongoing, caring, romantic relationships – but you do not necessarily have to be having sex. Je jambo hilo linafanyika na mmojawapo wa wenzako wa kingono au wapezaji? Kwa mwenzako wa kingono, namaanisha yule uliyefanya naye ngono, hajalishi ni uhusiano upi. Na kwa mwenzako wa mapezaji namaanisha yule uliye na uhusiano naye - lakini si lazima iwe mwanafanyanga ngono. Bende jiharani kata osejaji olesimo moro amora koom gige? Ka awacho ni jiharani to mano tiende ni ng'ato ang'ala ma litimogo hera, ma ok odewo ni tudruok marie kinu chad nade. Ka awacho ni olesipi to mano tiende ni ng'ama litimogo olesip - to ok ochuno ni utimo hera mar ringruok.</p>	<p>a. No</p> <p>b. Yes</p> <p>c. I have had no sexual or romantic partner in the last month Sijakuwa na mwenzi wa kingono au mpenzi katika muda wa mwazi mmoja uliopita Pok abedo gi jahera kata olesip e dwe mokalo</p>	<p>1</p> <p>2</p> <p>3</p>	
157	72	<p>Would you say that it is happening more, less or the same as compared to before Corona started? Kwa kulinganisha na kabla ya kuanza kwa virusi vya Corona unaweza kusema kuwa jambo hilo linafanyika mara nyingi zaidi, mara chache zaidi au ni kama hapo awali?</p>	<p>a. More Mara nyingi zaidi Molojo</p> <p>b. Less Mara chache zaidi Matin</p> <p>c. About the same Karibu kiasi sawa Madwa romre</p> <p>d. Didn't happen at all before Corona</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
158	73	<p>In the past one month have you personally been forced to do something sexually that you would not have wanted to do, for example, someone forced you to have sex with them or forced you to touch their genitals when you did not want to?</p> <p>Katika muda wa mwezi mmoja uliopita, je umelazimishwa kufanya jambo lolote la kingono ambalo hukutaka kufanya, kwa mifano, mtu fulani akakulazimisha kufanya ngono naye au akakulazimisha umguse sehemu zake za siri na hukutaka?</p> <p>E dwe achiel mokalo bende osechuni wuon timo tim mar ringuok ma de ok idwaro, kuom ranyisi, ng'ato nochuni riwori kode kata nochuni mulo duong'ne ka ne ok idwar?</p>	<p>No 0</p> <p>Yes 1</p>	F2
159	74	<p>Would you say that it is happening more, less or the same as compared to before Corona started?</p> <p>Kwa kulinganisha na kabla ya kuanza kwa virusi vya Corona, waweza kusema linatanyika mara nyingi zaidi, mara chache zaidi, au ni karibu sawa na hapo awali?</p> <p>Diwach ni otimore molooyo, matin ne koso maromre gi ndalo mane Korona pok ochakore?</p>	<p>a. More 1 Mara nyingi zaidi Molooyo</p> <p>b. Less 2 Mara chache zaidi Matin</p> <p>c. About the same 3 Karibu kiasi sawa Mabwa romre</p> <p>d. Didn't happen at all before Corona 4</p>	
160	75	<p>Have any of your sexual or romantic partners been responsible for these situations?</p> <p>Je mmojawapo wa wenzako wa kingono au wapenzi amekufanya mambo hayo?</p> <p>Bende jaherani kata oselep osetimo moro amora kuom gige?</p>	<p>a. No 0</p> <p>b. Yes 1 Ndiyo</p> <p>c. I have had no sexual or romantic partner in the last month 0 Sijakuwa na mwenzi wa kingono au mpenzi katika muda wa mwezi mmoja uliopita Pok abedo gi jahera kata oselep e dwe mokalo</p>	

		COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
		MARCH 2022				
NO.		QUESTIONS AND FILTERS	SEXUAL AND REPRODUCTIVE HEALTH	CODING CATEGORIES	SKIP	
F2			IF AGE <15, SKIP		F3	
161	76	<p>I'm going to ask a few questions about the nature of your current sexual or romantic relationships. You may have only one relationship or more than one, so you can answer for your different relationships. Which of the following statements best describe your current situation, you have:</p> <p>Nitakuuliza maswali machache kuhusu uhusiano wako na mwenzako wa kingono au mpenzi wako kwa sasa. Unaweza kuwa na uhusiano mmoja au mahusiano kadhaa, kwa hivyo waweza kutu jibu kwa mahusiano yako tofauti uliyoyayo kwa sasa. Ni zipi kati ya kauli zilizotazo zinazolelewa hali yako kwa sasa vyema zaidi, uko na:</p> <p>Adhi penjo penjo manok kuum chaf mar tudruok magi e yor hera mar ringruok kata osiep. Nyalo bedo ni in gi tudruok achiel kata moloyo achiel, omiyo inyalo duoko kuum tudruogeegi mopogore. Kuom wechege, ere ma lero maber moloyo chal mar ma sani, in gi.</p>	<p>a. Serious boyfriend/girlfriend Rafiki wa kuma/ke anayamnika Osiep mtogoro ma wuo/nyako</p> <p>b. Casual boyfriend/girlfriend Rafiki wa kikekume wa kawaida Osiep asiepa ma wuo/nyako</p> <p>c. Husband/wife Mume/mke Jacdi</p> <p>d. Sugar daddy/sugar mama Mwanamume mzee mpenzi/Mwanamke mzee mpenzi Jahera ma hiko njenyema distiwidhako</p> <p>e. Another kind of relationship (specify) Uhusiano wa aina nyingine (fafanua) Kit osiep machielo (ler)</p> <p>f. No relationship Hauna uhusiano wowote</p>	<p>NO YES</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p>		F3
162	77	<p>Are you currently living together with your main partner? Je kwa sasa mnaishi pamoja na mpenzi wako wa msingi? Idak gi nyawadu maduong/mongrone gi sani?</p>	<p>a. No</p> <p>b. Yes Ndivo</p>	<p>0</p> <p>1</p>	164	
163	78	<p>When was the last time you saw your main partner? Ulimwona lini mpenzi wako wa msingi kwa mara ya mwisho? Nineno osiepi mihoro tudorigo moloyo karang'o mogiki?</p>	<p>a. Within the last week Katika wiki moja iliyopita Ei juma mokalo</p> <p>b. 1-2 weeks ago Wiki 1-2 zilizopita Juma 1-jumba 2 mokalo</p> <p>c. 3-4 weeks ago Wiki 3-4 zilizopita Jumba 3-4 mokalo</p> <p>d. More than a month ago Zaidi ya mwezi mmoja uliopita Moloyo dre achiel mokalo</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>		
164	79	<p>Are you currently satisfied in your relationship with your main partner? Would you say you are: Je kwa sasa unamshika katika uhusiano na mwenzako? Je, waweza kusema: Bende iwinye ka tudruok ma in godo gi osiepi mihoro tudorigo moloyo most gi sani? Diwach ni:</p>	<p>a. Vary satisfied Nimeridhika sana Oroma ahinya</p> <p>b. Somewhat satisfied Nimeridhika kwa kiasi fulani Bet oroma</p> <p>c. Neutral - Not satisfied or unsatisfied Siegeme upande wowote - siwezi kusema kama nimeridhika au la An kanyo - ok anyel wacho ka oroma kata ok oroma</p> <p>d. Somewhat unsatisfied Sijandhika kwa kiasi fulani Bet ok oroma</p> <p>e. Very unsatisfied Sijandhika hata kidogo Ok oroma ahinya</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>		
166	81	<p>Sometimes a partner may make you feel bad about yourself in these types of relationships. During the past one month, have you been humiliated, insulted or threatened by any one of your partners? Wakati mwingine mwenzako anaweza kukufanya uhihi vbaya kujihusu katika mahusiano ya aina hii. Je, katika muda wa mwezi mmoja uliopita umehulumwa, kutukarwa au kulishwa na yeyote kati ya wenzako? Samoro osiepi nyalo miyo iwinye marach kuomi iwun e tudruok machal kamagi. E dre achiel mokalo, bende osejari, oseyanji kata osebugi gi osiepi moro amora?</p>	<p>No (Skip b)</p> <p>Yes</p>	<p>B.Does this occur more often or less often since the COVID-19 pandemic? B. Je, hili linatokea mara nyingi zaidi au mara chache zaidi langu janga la COVID-19 litokee? B. Ma timore di mang'eny koso matin moloyo nyaka ne COVID-19 muaji?</p> <p>More 1</p> <p>Less 2</p> <p>Chache 3</p> <p>Same</p> <p>Hakuna tofauti</p>		
167	82	<p>In times of crisis, or just in cases when people are in need, they are asked sometimes to do sexual things for money or other resources. Sometimes people also enter into or stay in relationships because they anticipate that they will get money or other things they need like money, rent, clothes, etc. This may also increase given the crisis of the COVID-19 pandemic. During the past one month, have you had sex in exchange for food, gifts, or money or stayed in a relationship because you thought you would get those things from your partner? Wakati wa dhara, au wakati tu ambapo watu wana mahitaji, wakati mwingine wanasomwa wadanya ngono ili wapate pesa au vitu vingine. Wakati mwingine watu huingia katika mahusiano au hukaa katika mahusiano kwa sababu wanatarajia kupata pesa au vitu vingine wanavyohitaji kama, kodi ya nyumba, nguo na kadhalika. Katika muda wa mwezi mmoja uliopita je umefanya ngono ili kupata chakula, zawadi nyingine, au pesa au ukakaa katika uhusiano na mtu kwa sababu ulihitaji kuwa upata vitu hivyo kutoka kwa mwenzako? E kinde mag chandruok, kata mana e kinde ma j i nigi dwaro, seche moko konogi mondo gitim timbe mag hera mondo gyud pesa kata gik mamoko. Seche moko bende ji dorjo kata siko e tudruok mag osiep nkech gigeno ni gibiro yudo pesa kata gik mamoko ma gidwaro kaka pes ot, lewini, gi mamoko. E dre achiel mokalo, bende isetimo hera mondo iyud chemo, mich, kata pesa kata siko e tudruok mar osiep nkech ne iparo ni dyud gigo kuwuk kuum osiepi?</p>	<p>No (Skip b)</p> <p>La</p> <p>Ooyo</p> <p>Yes</p>	<p>B.Does this occur more often or less often, or about the same, since coronavirus started Tangu kuanza kwa virusi vya Corona je jambo hili linatanyika mara nyingi zaidi, mara chache zaidi au hakuna tofauti?</p> <p>More 1</p> <p>Zaidi 1</p> <p>Mang'eny 1</p> <p>Less 2</p> <p>Chache 2</p> <p>Matin 3</p> <p>Same 3</p> <p>Hakuna tofauti</p> <p>Chaire</p>		
F3			IF MALE --> SKIP			
168	86	<p>Which statement best describes your current situation? Je Ni kauli gani kati ya zilizotazo inayolelewa vizuri zaidi hali yako kwa sasa? Ere wach ma lero maber moloyo chalni ma sani?</p> <p>Read answer categories aloud, select only one.</p>	<p>a. Currently pregnant or probably pregnant Kwa sasa mimi ni mjamzito au yawezekana kuwa niko mjamzito In gi ich sani kata dipo ni in gi ich</p> <p>b. Currently trying to</p> <p>c. Recently had a baby</p> <p>d. Not currently pregnant and do not wish to become pregnant Kwa sasa mimi si mjamzito na sangependa kushika mimba longe ich sani kendo ok idwa mako ich</p> <p>e. Can no longer have children because you or your partner are infertile Huwazi tena kupata watoto kwa sababu wewe au mwenzako ni tesa Ok inyal yudo nyithindo nkech in kata osiepi onge nyalo mar nyul</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	230 173 173	
170	88	<p>When you found about the pregnancy, did you feel: Ulipojua kuwa wewe ni mjamzito ulihsije: Ka ne ifwenyo ni in gi ich, ne iwinyo nade:</p> <p>Read</p>	<p>a. Very unhappy Ningehuzunika sana Okamor kata matin</p> <p>b. Unhappy Ninglefurai</p> <p>c. Somewhat unhappy Ningehuzunika kwa kiasi fulani Bet okamor</p> <p>d. Very happy Ninglefurai sana Amor ahinya</p> <p>e. Neither Happy or</p> <p>f. Refuse to</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>		
171	89	<p>Did you intend to get pregnant at the time that you did, want to get pregnant but at a different time, or not want to get pregnant at all? Wakati uliposhika mimba je ulikuwa unataka kushika mimba wakati huo, ulitaka kushika mimba lakini wakati mwingine tofauti, au hukutaka kushika mimba hata kidogo? Bende ne igo ni mako ich e kinde mane imake, ne idwa mako ich to e kinde mopogore, koso ne ok idwa mako ich kata matin?</p>	<p>Yes, at that time Ndoyo, wakati huo Ee, e kintendo</p> <p>Yes, but at a different time Ndoyo, lakini wakati tofauti Ee, to e kinde mopogore</p> <p>No, not at all La sikutaka hata kidogo Ooyo, ne ok adwar</p>	<p>1</p> <p>2</p> <p>3</p>		
172	90	<p>Did any of the following apply to you at the time you became pregnant: Kati ya taarifa zilizotazo ni taarifa ipi iliyoweli kukuhusu wakati uliposhika mimba: Bende moro amora kuum gigie nolomoren e kinde mane imako ich?</p> <p>READ ALL ANSWER OPTIONS. SOMA MAJIBU YOTE. SOM YIERO MAG DUOKO TE.</p>	<p>a. Couldn't access family planning because of COVID Singeweza kupata njia ya kupanga uzazi kwa sababu ya COVID Ne ok inyal yudo yore komo nyul nkech COVID</p> <p>b. Couldn't access emergency contraception because of COVID Singeweza kupata tembe za kuzua mimba za dhara kwa sababu ya COVID Ne ok inyal yudo yor geng'o ich mapyo nkech COVID</p> <p>c. Needed the money/gifts from a sexual relationship Nilihitaji pesa/zawadi kutoka kwa uhusiano wa kingono Ne idwa pesa/mich mane owuk e osiep mar ringruok</p> <p>d. Needed the money I would have spent on FP or condoms for food or other basic needs Nilihitaji pesa ambazo ningetumia kwa mpango wa uzazi au kondomu kununua chakula au mahitaji mengine Ne idwa pesa ma de ityoge e weche komo nyul kata rabo yunga mondo inyewego chemo kata gik mamoko madwarore</p>	<p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p>	ALL 97	

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU				
MARCH 2022				
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			d. More idling about in the community because schools are closed/bored Nilikuwa tu ratakasabangaiza msitari katika jami yetu kwa sababu shule zimefungwa/sikuwa na la kufanya Ibayo mang'eny e gweng' nkech olor skul / in "bored" ka longe gima tim 0 1	
			e. Spending more time with my boyfriend/partner because of COVID Nilitumia muda mwingi pamoja na rafiki yangu wa kiume/mwenzangu kwa sababu ya COVID Ikwao tuolo mang'eny gi osiepri ma wuoyi/nyawadu nkech COVID 0 1	
			f. Other (specify) 0 1	
173	91	Are you or your partner currently doing something to avoid or delay pregnancy? Je, kwa sasa wewe au mwenzi wako mnafanya lolote kuepuka au kucheleweha kushika mimba? Bende itimo kata nyawadu timo gimoro mar geng'o kata choro mako ich?	No La Ooyo Yes Ndiyo Ee	175
174	92	What method are you or your partner currently using? Kwa sasa wewe au mwenzi wako mnamtia njia gani ya kupanga uzazi? Ilyo kata nyawadu tyo gi yo mane gie sani? Do not read answer options aloud. Probe "anything else"	NO YES a. Female sterilization 0 1 b. Male sterilization 0 1 c. IUD 0 1 d. Injections 0 1 e. Implants 0 1 f. Oral contraceptive pills 0 1 g. Male condom 0 1 h. Female condom 0 1 i. Emergency contraception 0 1 j. Standard days method 0 1 k. Lactational Amenorrhea Method / Breastfeeding 0 1 l. Withdrawal 0 1 m. Don't Know 0 1 n. Abstinence 0 1 o. Other (specify) 0 1	ALL SKIP TO 230
175	93	Why are you/your partner not using a method of family planning? Kwa nini hutumii/mwenzi wako hatumii njia yoyote ya kupanga uzazi? Ang'o momyo ok iliosiepri ok ti gi yor komo nyud? Do not read answer options aloud. Probe "anything else" Do not read answer options aloud. Probe "kitu chochote kingine"	NO YES a. I am not currently sexually active/hot planning to be sexually active 0 1 b. I cannot afford a family planning method right now 0 1 c. The family planning method I use/want is not available in the pharmacy / clinic right now 0 1 d. The pharmacy / clinic where I get my family planning method is closed 0 1 e. I cannot get to the pharmacy/clinic because of the COVID measures (curfew, restrictions on movement/public transportation, etc.) 0 1 f. Fear of being infected with Coronavirus at health facilities 0 1 g. My partner does not allow me to leave the house to get a family planning method 0 1 h. My partner opposes using family planning 0 1 i. Side effects/health concerns 0 1 j. Other (specify) 0 1	
230	94	Have you experienced any difficulties getting a family planning method since Coronavirus began? Je! Umevahi kuwa na shida yoyote kupata njia ya kupanga uzazi tangu vintzi vya Korona vianze? Bende isebado gi chandruok moro amora mar judo yor komo nyud nyaka ne Korona chakre?	No La Ooyo Yes Ndiyo Ee	IF NO 97
231	95	Have these difficult	No La Ooyo Yes Ndiyo Ee	IF NO 97
232	96	What DO NOT READ OPTIONS ALOUD. Probe "anything else?" Circle all that apply USISOME CHAGUZI KWA SAUTI. Chunguza "kitu chochote kingine?" Weka alama ya duara kwa yote yanayotumika.	a. Healthcare facility or doctor's office closed, appointment not possible "Kituo cha huduma za afya au ofisi ya daktari imefungwa, miadi haiwezekani" 0 1 b. No transportation to access healthcare services Hakuna usafiri wa kufikia huduma za afya 0 1 c. Unable to access services because of government restrictions on movement Kutoweza kupata huduma kwa sababu ya viziwi vya senikali kwa matembazi 0 1 d. Unable to afford healthcare services Kutoweza kumudu gharama ya huduma za afya 0 1 e. Fear of being infected with COVID-19 at healthcare facilities Hofu ya kuambukizwa COVID-19 katika vituo vya afya 0 1 f. Other Nyingine 0 1 g. I was not able to receive services because of the health workers strike	

CHILD MARRIAGE

Sometimes girls and boys in this community get married really young. I will ask you a few questions on marriage.
 Wakati mwingine wasichana na wawulana katika jumuia hii huolewa au huca wakiva wangu wadogo sana. Nitakuuliza maswali machache kuhusu ndoa.
 Kinde moko nyiri gi yawul mania qweni ikendo kata kendo ka pod qilindo ahirya. Adhi penji panjo manok kuom keni.

WAJ 1	97	Are you currently married or living with a partner? Je, umeolewa au unaiishi ne mwenzako kwa sasa? Bende okendi gie thuoiori kata idak gi jatherani?	No La Ooyo Married Nime Cohabiting Ee	0 1 2	WAJ 4
WAJ 2	98	Were you married/co-habiting before Coronavirus started? Je, uliolewa/mianza kuishi pamoja kabla ya Korona kuanza? Bende ne okendi/idak kanyakia kane pok Korona ochakore?	No La Ooyo Yes Ndiyo Ee	0 1	
233	99	What month and year did you get married/start co-habiting? Ni mwezi na mwaka uli upoolewa/mlipoanza kuishi pamoja? Ne ukendoru/chako dak kanyakia e dwe gi higa mane?	Month (January - December) Mwezi (Januari - Disemba) Year (restrict 2005-2022) Mwaka (zua 2005-2022)		

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFI/KISUMU					
MARCH 2022					
NO.		QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
WAJ 3	100	<p>I'm going to read some statements about your marriage. For each one tell me if it is true or false.</p> <p>Ninaenda kuomba mambo kutani kuhusu ndoa yako. Kwa kila moja niamble kama ni kweli au uongo.</p> <p>Adhi somo weche moko kuom kum kend mari. Na moro ka moro nyisa ka en adieri koso mitiamba.</p>	<p>I got married because schools were closed Nililolewa kwa sababu shule zilifungwa Ne okenda nikach ne olor skunde</p> <p>I got married because my family needed the money Nililolewa kwa sababu familia yangu ilihitaji pesa Ne okenda nikach joodwa ne dwa pesa</p> <p>I got married because of Coronavirus Nililolewa kwa sababu ya Korona Ne okenda nikach Korona</p> <p>It was my choice to get married Mimi ndiyo niliamua niolewe An ema ne aviero mondo okenda</p> <p>My parents decided who I would marry Wazazi wangu waliamua nitakayemua Jonyuolna ne oyero ng'ama ne dhi kenda</p> <p>My parents decided that it was the right time to get married Wazazi wangu waliamua kuwa ulikuwa wakati mwafaka kwangu kuolewa Jonyuolna ne ong'ado ni ne en thulo maber mondo okenda</p> <p>If the Coronavirus pandemic had not happened, I would not be married right now Kama janga la virusi vya Korona halingetokea, singekuwa nimeolewa kwa sasa. Kade Korona we muuch, de koro pok okenda</p> <p>h. I got married because I became pregnant /got someone pregnant h. Nililolewa kwa sababu nilipata mimba / nilioa kwa sababu nilimtungua mtu mimba h. Ne okenda nikach ne amako ich / ne akendo nikach namyo ng'ato ich</p>	<p>FALSE TRUE</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p>	<p>ALL</p> <p>31_R3</p>
WAJ 4	101	<p>Has Coronavirus changed the timing of when you think you will get married? Would you say, Yes, I'll probably get married sooner, Yes, I'll probably get married later, or No, it hasn't changed the timing.</p> <p>Je, Korona imebadilisha wakati unaochania utolewa? Je, unaweza kusema: Ndiyo, labda nitolewa mapema, Ndiyo, labda nitachelewa kuolewa, au La, hajabadili wakati.</p> <p>Bendi Korona okoko kinde ma iparo ni ibiro kandi? Diwach ni: Kamano, apari ibiro kenda chon, Kamano, apari ibiro kenda modeko, koso Ooyo, ok okoko kinde ma ageno ni ibiro kenda.</p>	<p>a. Married sooner Kulewa mapema Ibiro kenda chon</p> <p>b. Married later Kuchelewa kuolewa Ibiro kenda modeko</p> <p>c. No change Hakuna mabadiliko Ong' lekruok</p>	<p>1</p> <p>2</p> <p>3</p>	

COVID-19 - ADOLESCENT TOOL - NAIROBI/WAJIR/KILIFIKISUMU			
MARCH 2022			
NO.	QUESTIONS AND FILTERS	OPEN-ENDED QUESTION	CODING CATEGORIES
			SKIP
31_R3	We are at the end of the survey. Is there anything else you want us to know? Tuko mwishoni mwa utafiti. Je, kuna kitu kingine chochote unachotaka kujua? Wan e giko mar nonro. Bende nitee gimoro amora ma idwaro ni wang'e?	[open Interiv The	
CONCLUSION			
177	102	Thank you for your time. We've come to the end of our survey. I really appreciate your participation and sharing your experiences with me. Do you have any questions for me? Ahsante kwa muda wako. Tumelikia mwisho wa utafiti wetu. Ninahamini sana kushiriki kwako na kuniweza mambo uliyoyapitia. Je una maswali yoyote unayotaka kuniliza? Erokamano kuom thuloni. Wachopo e giko mar nonro. Ago erokamano maduong' kuom bedori kendo nyisa wecheni. Be in gi penjo moro amora ma diperja?	No 1 La Ooyo 2 Yes Ndiyo Ee
178	103	Do I have your permission to contact you again if we conduct a similar survey a couple of months from now. Je nita ruhusa yako kuwasiliana nawe tena ikiwa tutafanya utafiti kama huu tena katika muda wa miaci michache jijayo? Bende iyena tudora kodi kendo ka watimo nonro machielo ma chal gi ma bang' dweche manok koa sani?	No 1 La Ooyo 2 Yes
179	104	What would be the best phone number to reach you on in the future? Ni namba gani ya simu ingefaa zaidi tukikupigia wakati ujao? En namba simu mane maber molooyo gochorie ndalo mabiro?	
180	105	who does this phone number belong to? Nambari hii ya simu ni ya nani? Ma en simb ng'a?	Self 1 Yangu Mira Mother 2 Mama Father 3 Baba Baba Other relative 4 Mu mwingine wa ukoo Wat machielo Friend 5 Rafiki Osiep 6 Neighbor 6 Jirani Jirani Boyfriend/girlfriend 7 Rafiki wa kume/Rafiki wa kike Osiep ma wuci / osiep ma nyako Spouse 8 Mwenzi wa ndoa Spouse Other 9 Mwingine Machielo
IF SITE = KISUMU SKIP TO 106			
32_R3	Like I explained to you earlier in a few weeks from today, we will conduct a literacy and numeracy test which will be administered face to face by an interviewer. We would like to know where you currently live.	County Sub-county	1 2
33_R3	Land marks. Write in details how to get to the Household. Capture major roads, well known shops and how people refer to the respondent in the neighbourhood.		
34_R3	What would be the best phone number to reach you when that time comes?	NUMBER	
35_R3	Do you have an alternative number we can use to reach you when that time comes?	NUMBER NO ALTERNATIVE NUMBER	1 2
106	As earlier discussed, a participant reimbursement of Ksh. 200 will be sent to you through Mpesa within 2 weeks from today. Kindly provide me with your registered Mpesa details to facilitate the payment. If you do not have a registered Mpesa number you can nominate a registered number through which your compensation will be sent. Kama iliyojadiliwa hapo awali, ulipaji wa mashiriki wa Ksh. 200 zitatunwa kwako kupita Mpesa ndani ya wiki 2 kuanzia leo. Tafadhali nipe maelezo yako ya Mpesa iliyosajiliwa ili kuwezesha malipo. Iwapo huna nambani ya Mpesa iliyosajiliwa unaweza kuteua nambani iliyosajiliwa ambayo kwayo itatumwa kida. Kaka ne osewachi, chudo mar jachwirre maromo Siling' 200 ibiro or e yor Mpesa ei jumba 2 chakra kawuono. Yie ikonya gi wecheni mag Mpesa mondo wanyai timo chudoni. Ka long'e ni namba ma nie Mpesa inyalo yero namba ma nie Mpesa ma ibiro orie chudo mar.	Mpesa Registered Name Mpesa Registered Number Re-enter Mpesa Registered number for confirmation	
<p>GBV Referral for anyone who responded YES to: (153, 155, 156, 160)</p> <p>Mental health referral for anyone who responded YES to: (144 and 145)</p> <p style="text-align: center;">Literacy Numeracy Survey Consent</p> <p>In a few weeks from today, we will conduct a follow up survey with some adolescents to assess whether Coronavirus has had any impacts on learning for adolescents. The adolescents to participate in this follow up survey will be randomly selected from those we are interviewing for this KAP survey. The interview process will include administration of a literacy and numeracy test which will be administered face to face by an interviewer. The interview process will take about 25 minutes. There are no risks or benefits to participating in the survey. Participation is voluntary and one can stop the interview at any time if they do not wish to continue. There will be no direct benefits to the study. If you are selected to participate in this follow up survey, you will be given Ksh.200 to compensate for your time.</p> <p>Wiki chache kuanzia leo, tutafanya utafiti wa ufuatiliaji na baadhi ya vijana ili kutathmini kama Korona imekuwa na athari zozote katika mafunzo ya vijana. Vijana watakoashiriki katika utafiti huu wa ufuatiliaji watachaguliwa bila mpangilio kutoka kwa wale tunaowahaji kwa ajili ya utafiti huu wa KAP. Mchakato wa mahojiano utajumlisha kutolewa kwa mihani wa kusoma na kuandika pamoja na kuhesabu ambao utatolewa ania kwa ana na mhoji. Mchakato wa mahojiano utachukua kama dakika 25. Hakuna hatari au faida ya kushiriki katika utafiti. Kushiriki ni kwa hiani na mtu anaweza kuitisha mahojiano wakati wowote ikiwa hataki kuenenda. Hakutakuwa na marudaa ya moja kwa moja kwa utafiti. Mtozo wako alichaguliwa kutabiri kutoka kundi huu wa ufuatiliaji unaweka Ksh.200 ili kutabiri muda wako.</p> <p>Do you give us permission to interview you for the follow up survey if you are selected to participate?</p>			

ENGLISH

LITERACY & MATHEMATIC EVALUATION

	IDENTIFICATION										
	RESPONDENT'S ID: <table style="display: inline-table; border: 1px solid black; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

SECTION A: LITERACY EVALUATION

A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	HOUR		MINUTES					
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

Now I would like you to read this sentence to me.
 SWAHILI: Sasa ningependa unisomee sentensi hii.
 SOMALI: Haadan waxaan kaa codsani lahaa inaad ii akhrisid qoraalkaan.
 [SHOW SENTENCES TO RESPONDENT]
 [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:]
 Can you read any part of the sentence to me?
 SWAHILI: Je, waweza kunisomea sehemu yoyote ya sentensi hii?
 SOMALI: Maa ii akhrini kartaa qayb ka mid ah qoraalkaan, qayb kastaba ha ahaatee?
IF SITE=KIBERA OR HURUMA-->SKIP

B1

A1	[SENTENCE IN SWAHILI 1] Ukulima ni kazi ngumu	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3	
A1b	[SENTENCE IN SWAHILI 2] Mtoto anasoma kitabu	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3	
A2	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3	
A3	[SENTENCE IN ENGLISH 2] Farming is hard work.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3	
B1	[PARAGRAPH IN ENGLISH 1] Our flag has four colours. We learn about them in school. They tell us about our country. We love our flag very much.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE PARAGRAPH 2 READ WHOLE PARAGRAPH 3	
B2	[PARAGRAPH IN ENGLISH 2] Kibet lives in Molo. He is a farmer. He grows maize and beans. He also has many cows.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE PARAGRAPH 2 READ WHOLE PARAGRAPH 3	
B3	[PARAGRAPH IN SWAHILI 1]	CANNOT READ AT ALL 1	

	Mji wetu ni safi sana. Kila siku sisi hufagia kote. Tumepewa tuzo kwa usafi wetu. Sisi sote tuna furaha sana.	READ ONLY PARTS OF THE PARAGRAPH READ WHOLE PARAGRAPH	2 3	
B4	[PARAGRAPH IN SWAHILI 2] Kato ni mvuvi hodari sana. Yeye huvua samaki kila siku. Yeye hulima mboga pia. Kato hupata pesa kila wakati.	CANNOT READ AT ALL READ ONLY PARTS OF THE PARAGRAPH READ WHOLE PARAGRAPH	1 2 3	→ B0
<p>Now I would like you to read this story to me and answer the questions. [SHOW STORY TO RESPONDENT]</p>				
B5	[STORY IN ENGLISH] A long time ago, there was a cow. She lived in a big forest. The forest had many wild animals. Some animals used to kill and eat others. One day, the cow gave birth to a calf. She loved it very much. She did not want the animals to eat it. One morning, the cow went to the lion. She wanted him to help her. The lion roared at them. The cow and her calf ran away. They found a man outside his house. The man loved the animals. He made a cow shed for them. The cow never went back to the forest.	READ ONLY PARTS OF THE PARAGRAPH READ WHOLE PARAGRAPH	2 3	
Q1	What did the forest have?	Show answers on tablet wild animals, a cow and her calf, and a lion		
Q2	Why did the cow and her calf run away?	to protect her calf from being eaten to protect her calf, to get away from the lion/wild animals		
		DID NOT GET ANY QUESTION CORRECT GOT ONE QUESTION CORRECT GOT BOTH QUESTIONS CORRECT	1 2 3	
B6	[STORY IN KISWAHILI] Jumamosi ilikuwa siku ya soko mtaani petu. Baba Ali aliamka asubuhi na mapema kuelekea sokoni. Ilikuwa kawaida yake kupeleka vitu sokoni. Baba alimwita waandamane hadi sokoni. Siku hiyo walibeba vitu vingi. Walichukua mihogo, viazi na mbuzi wawili. Walipofika sokoni, waliwakuta watu wengi wamefika. Walisaidiana kupanga vitu na kuanza kuuza. Watu waliwaonea wivu kwa kuuza vitu haraka. Walimaliza kuuza na kuanza kurudi nyumbani. Baba alimnunulia Ali viatu kama zawadi. Ali alitamani siku ya soko ifike tena.	READ ONLY PARTS OF THE PARAGRAPH READ WHOLE PARAGRAPH	2 3	
S1	Baba aliamka mapema kuelekea wapi?	Show answers on tablet Baba Ali aliamka asubuhi na mapema kuelekea sokoni (Ali's father woke up early in the morning to go to the market) OR kuelekea sokoni (to go to the market) OR sokoni (the market) .		
S2	Kwa nini Ali alitamani siku ya soko ifike tena?	Kwa sababu mara ya mwisho walipoenda sokoni na Baba yake, alimnunulia viatu kama zawadi. (because the last time they went to the market, his father bought him shoes as a present)		

DID NOT GET ANY QUESTION CORRECT	1
GOT ONE QUESTION CORRECT	2
GOT BOTH QUESTIONS CORRECT	3

A4	RECORD THE TIME END SECTION A USE 24 HOUR TIME	HOUR	MINUTES	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

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SECTION B: MATHEMATICAL EVALUATION

[HAND THE QUESTIONNAIRE TO THE PARTICIPANT FOR THE ENTIRE MATHEMATICAL EVALUATION SECTION AND ASSIST THE PARTICIPANT IN INSERTING THEIR ANSWERS IN THE CORRECT PLACE. IF THE PARTICIPANT HAS QUESTIONS ABOUT THE PROBLEMS, YOU MAY HELP HER TO UNDERSTAND THE MEANING OF A QUESTION BUT DO NOT ASSIST HER IN FINDING THE ANSWER. LET THE RESPONDENT KNOW HOW LONG SHE WILL HAVE TO COMPLETE THE EXERCISE AND MAKE CLEAR THAT IF SHE DOES NOT KNOW AN ANSWER TO A QUESTION SHE SHOULD FEEL FREE TO MOVE ON TO THE NEXT]

B0	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	HOUR	MINUTES	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

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MATHEMATIC EVALUATION

	IDENTIFICATION			
	RESPONDENT'S ID:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
	RESPONDENT'S NAME:	_____		

RECORD TIME TAKEN TO ANSWER B1 THROUGH B17. STOP AFTER 25 MINUTES

	SECTION B: MATHEMATICAL EVALUATION			
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B1	Count and write the number:					
	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">● ● ●</td> <td style="width: 20px;"></td> </tr> </table>	● ● ●				
● ● ●						
	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">● ● ● ● ● ●</td> <td style="width: 20px;"></td> </tr> </table>	● ● ● ● ● ●				
● ● ● ● ● ●						
	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">● ● ● ●</td> <td style="width: 20px;"></td> </tr> </table>	● ● ● ●				
● ● ● ●						

● ● ● ● ● ● ● ● ●	
●	
● ● ● ● ● ● ●	

B2 Which is greater?

39 and 61
16 and 82
23 and 19
51 and 29

B3 Addition:

$\begin{array}{r} 14 \\ + 23 \\ \hline \end{array}$	$\begin{array}{r} 71 \\ + 21 \\ \hline \end{array}$	$\begin{array}{r} 57 \\ + 42 \\ \hline \end{array}$	$\begin{array}{r} 30 \\ + 50 \\ \hline \end{array}$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B4 Subtraction:

$\begin{array}{r} 67 \\ - 35 \\ \hline \end{array}$	$\begin{array}{r} 44 \\ - 21 \\ \hline \end{array}$	$\begin{array}{r} 52 \\ - 41 \\ \hline \end{array}$	$\begin{array}{r} 86 \\ - 56 \\ \hline \end{array}$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B5 Multiplication:

$2 \times 3 =$	<input type="text"/>	$5 \times 2 =$	<input type="text"/>
$4 \times 5 =$	<input type="text"/>	$3 \times 4 =$	<input type="text"/>

B6 Division:

$4 \div 2 =$	<input type="text"/>	$10 \div 5 =$	<input type="text"/>
$6 \div 3 =$	<input type="text"/>	$20 \div 4 =$	<input type="text"/>

Here are a few more questions where you can use your mathematical skills.

B7 How many half-kg packets of sugar weigh 3 kg?

B8 A baker made **5453** loaves of bread on Friday and **7874** loaves on Saturday. Find the total number of loaves which were baked in the two days.

B9 A man bought a bicycle at **KES 15,000** and sold it at **KES 20,000**. What was his profit in Kenya shillings?

B10	A tailor made a dress at a cost of KES 3,500 and sold it at KES 2,900 . In shillings, how much did she lose?	<input type="text"/>	
B11	Amina started walking from her home at 07 10 hrs and reached school at 08 20 hrs . How many minutes did it take her to reach school?	<input type="text"/> MINUTES	
B12	Find the area of a square whose length is 6 cm .	<input type="text"/>	
Here are few more problems that you can solve using your mathematical skills.			
B13	$\frac{3}{4} + \frac{1}{5} =$ <input type="text"/>		
B14	Change 0.27 into a percentage.	<input type="text"/>	
B15	Find the missing number.	<input type="text"/> x 7 = 21	
B16	If $x + 3 = 10$, what is x equal to?	<input type="text"/>	
B17	Hawa leaves KES 800 in her bank savings account for one year. The simple interest paid by the bank is 5% per year. Find the new balance of Hawa's account at the end of one year.	<input type="text"/>	
SECTION B: MATHEMATICAL EVALUATION:			
Here are a few more questions where you can use your mathematical skills.			
B18	<p>What is 99909909 written in words?</p> <p>A. Nine million nine hundred and nine thousand nine hundred and nine</p> <p>B. Ninety nine million nine hundred and nine thousand nine hundred and nine</p> <p>C. Ninety nine million nine hundred and ninety thousand nine hundred and nine</p> <p>D. Ninety nine million ninety thousand and ninety nine.</p> <p>E.</p>	<input type="text"/>	
B19	<p>What is the value of $816 / 4 + 6 (12-5)$?</p> <p>A. 11.7</p>	<input type="text"/>	

	<p>B. 246 C. 271 D. 3306</p>	
<p>B20</p>	<p>Juma was given 2 one thousand shilling notes to buy the following items:</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <p>2 kg of meat at ksh 400 per kilogram 2 kg of tomatoes at ksh 300 per kilogram 1 1/2 kg of onions at ksh 120 per kilogram 1/2 kg of potatoes at ksh 40 per kilogram</p> <p>How much money would he remain with after buying the items?</p> <p>A. 400 ksh B. 700 ksh C. 1,140 ksh D. 1,300 ksh</p>	
<p>B21</p>	<p>A motorist started her journey on Monday at 10:00 p.m. She arrived at her destination after 6 hours and 15 minutes. On what day and at what time did she arrive at her destination in a.m./p.m. system?</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <p>A. MONDAY 4:15 p.m. B. TUESDAY 4:15 p.m. C. MONDAY 4:15 a.m. D. TUESDAY 4:15 a.m.</p>	
	<p>RECORD TOTAL MINUTES RESPONDENT TOOK TO ANSWER THE MATH SECTION</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <p style="text-align: right;">[0-25]</p>	

END SURVEY: If you would like to discuss any of the questions or issues raised in this survey, please feel free to discuss this with the interviewer. The interviewer can provide information to contact a social welfare officer to discuss your concerns, or can contact the social welfare officer for you. Thank you very much for participating in this important study.

ENGLISH

LITERACY, AND MATHEMATICS EVALUATION

SECTION A: LITERACY EVALUATION		
A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HOUR <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div>
<p>Now I would like you to read this sentence to me. SWAHILI: Sasa ningependa unisomee sentensi hii.</p> <p>[SHOW SENTENCES TO RESPONDENT] [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:] Can you read any part of the sentence to me? SWAHILI: Je, waweza kunisomea sehemu yoyote ya sentensi hii?</p>		
A1	[SENTENCE IN SWAHILI 1] Ukulima ni kazi ngumu	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A2	[SENTENCE IN SWAHILI 2] Mtoto anasoma kitabu	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A3	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A4	[SENTENCE IN ENGLISH 2] Farming is hard work.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A5	RECORD THE TIME END SECTION A USE 24 HOUR TIME	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HOUR <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div>
SECTION B: MATHEMATICAL EVALUATION		
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Ba	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HOUR <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div>

Bb

RECORD THE TIME END SECTION D
USE 24 HOUR TIME

HOUR

MINUTES

MATHEMATIC EVALUATION

SECTION B: MATHEMATICAL EVALUATION

B1-B17: 25 MINUTES

B1

Count and write the number:

• • •	
• • • • • •	
• • • •	
• • • • • • • •	
•	
• • • • • • •	

Ask the girl to count the number of balls in each row and write the number in the box next to the row

B2

Which is greater?

39 and 61
16 and 82
23 and 19
51 and 29

B3

Addition:

$$\begin{array}{r} 14 \\ + 23 \\ \hline \end{array}$$

$$\begin{array}{r} 71 \\ + 21 \\ \hline \end{array}$$

$$\begin{array}{r} 57 \\ + 42 \\ \hline \end{array}$$

$$\begin{array}{r} 30 \\ + 50 \\ \hline \end{array}$$

B4

Subtraction:

$$\begin{array}{r} 67 \\ - 35 \\ \hline \end{array}$$

$$\begin{array}{r} 44 \\ - 21 \\ \hline \end{array}$$

$$\begin{array}{r} 52 \\ - 41 \\ \hline \end{array}$$

$$\begin{array}{r} 86 \\ - 56 \\ \hline \end{array}$$

B5

Multiplication:

$2 \times 3 = \square$

$5 \times 2 = \square$

$4 \times 5 = \square$

$3 \times 4 = \square$

B6

Division:

$4 \div 2 = \square$

$10 \div 5 = \square$

$6 \div 3 = \square$

$20 \div 4 = \square$

	Here are a few more questions where you can use your mathematical skills.	
B7	How many half-kg packets of sugar weigh 3 kg?	<input type="text"/>
B8	A baker made 5453 loaves of bread on Friday and 7874 loaves on Saturday. Find the total number of loaves which were baked in the two days.	<input type="text"/>
B9	A man bought a bicycle at KES 15,000 and sold it at KES 20,000 . What was his profit in Kenya shillings?	<input type="text"/>
B10	A tailor made a dress at a cost of KES 3,500 and sold it at KES 2,900 . In shillings, how much did she lose?	<input type="text"/>
B11	Kadzo started walking from her home at 07 10 hrs and reached school at 08 20 hrs . How many minutes did it take her to reach school?	<input type="text"/> MINUTES
B12	Find the area of a square whose length is 6 cm .	<input type="text"/>
	Here are few more problems that you can solve using your mathematical skills.	
B13	$\frac{3}{4} + \frac{1}{5} =$ <input type="text"/>	
B14	Change 0.27 into a percentage.	<input type="text"/>
B15	Find the missing number. <input type="text"/> x 7 = 21	
B16	If $x + 3 = 10$, what is x equal to? <input type="text"/>	
B17	Sidi leaves KES 800 in her bank savings account for one year. The simple interest paid by the bank is 5% per year. Find the new balance of Sidi's account at the end of one year.	<input type="text"/>
	RECORD TOTAL MINUTES RESPONDENT TOOK TO ANSWER THE MATH SECTION	<input type="text"/> [0-25]

ANNEX III: QUALITATIVE TOOLS

GEC RRLF ADOLESCENT IN-DEPTH INTERVIEW GUIDE

Introduction

Thank you for taking time to talk to me today. We're going to spend some time talking about the lives of adolescents in this community, with a particular focus on how different segments of adolescents, including those who are pregnant and/or young mothers, have been affected by COVID-19. Remember that there aren't any right or wrong answers, I'm just interested in your thoughts and opinions. Your responses will help us to understand better the lives of adolescents in this community and how they have been affected by COVID-19.

I would like to record this interview so that I can focus on what you are saying and later go back and write up notes and what you said. Do I have your permission to record the interview?

OK, let's begin. First, can we start off by you telling me a bit about where you come from, how long you have lived in [name of neighborhood] and your favorite thing about living in this community?

PART I: WARM UP		
1.1	I would like to know more about you. Please tell me how long you have lived in this community.	<ul style="list-style-type: none"> • What do you like most about it? • What do you like least about it?
PART II: EDUCATION		
2.1	Let's now talk about your experiences since schools opened back in January 2021. Are you currently in school?	<ul style="list-style-type: none"> • If no: <ul style="list-style-type: none"> ○ Why are you not in school? ○ What are you doing with your time now that you are no longer in school? ○ What do you like about not being in school? Why? What do you DISLIKE about not being in school? Why? • If yes: <ul style="list-style-type: none"> ○ Has the learning environment/your experience at school changed for you since you came back to school after the COVID-19 related school closures? If so, how? ○ When you came back to school, did the lessons pick up where you left off when schools closed in 2020? Did you have to repeat lessons or material? Describe which material and why? ○ Do you find it easier or harder to learn now than before the COVID-19 related school closures? Why? <ul style="list-style-type: none"> - What is going well? - What is not going well? - Is it different for boys? ○ How has COVID-19 affected the way you think about school and what you want to be in future? ○ In light of COVID 19 describe how you think about your future with regards to schooling and where you want to go.

		<ul style="list-style-type: none"> ○ What challenges / barriers do you anticipate in your future based on your educational goals? Probe fees, health, external factors (parents), new responsibilities? ○ How have you been coping with the current school calendar structure? Probe – what is working well as a coping mechanism? What is not working well? ○ What support do you think you or your household may need to enable you reach your schooling goals? ○ Were there a lot of girls in your community that did not go back to school when schools re-opened? If so, about how many (a few, half, most) and why? Probe for specific examples of girls they know.
PART III: SEXUAL & REPRODUCTIVE HEALTH (SRH)		
3.1	<p>I'd like to talk a bit about how COVID-19 has impacted your life and those that you related with. Can you describe the way your relationships have changed in the last one year?</p>	<ul style="list-style-type: none"> ● How has COVID-19 impacted your relationship with your family? <ul style="list-style-type: none"> ○ It has been about two years since COVID- 19 started, what were the initial changes? Is your relationship with your family better or worse? ○ In your relationships with your family what do you miss most that you can't do anymore? ● How has COVID -19 impacted your relationship with your friends? <ul style="list-style-type: none"> ○ It has been about two years since COVID- 19 started, what were the initial changes? Is your relationship with your friends better or worse? ○ In your relationships with your friends what do you miss most that you can't do anymore? ● How has COVID -19 impacted your romantic relationships? ● Romantic relationships are relationships or friendship that can be intimate and loving but don't involve physical, emotional, romantic, or sexual attraction or interactions. <ul style="list-style-type: none"> ○ It has been about two years since COVID- 19 started, what were the initial changes? Is your romantic relationship better or worse? ○ In your romantic relationships what do you miss most that you can't do anymore? ● In the different relationships what are some of the good things that have happened – can you describe any to me? [Ask to specify which relationship they are describing] ● At the same time, I imagine that there might be things that worry you. Can you tell me what worries you the most? [Ask to specify which relationship they are describing] ● Who do you turn to for help for some of these concerns? <ul style="list-style-type: none"> ○ How have they helped you?
PART IV: MIGRATION		
4.1	<p>I'd like to now talk a bit about movement in this community. Has there been a lot of movement due to COVID-19 in your village? Describe.</p>	<p>Probes</p> <ul style="list-style-type: none"> ● Who moved? ● Why did they move? ● Was this related to Covid-19?

		<ul style="list-style-type: none"> • Has your family moved in the last one year? If yes, where did you move to? Who moved? Why did your family move? Was this related to COVID-19 in any way? Do you have plans to go back?
PART V: ECONOMIC STATUS		
5.1	I'd like to ask a bit now about the economic status of your household, how it may have been affected by the Coronavirus and the current income generating activities going on. Can you please describe for me how Coronavirus has affected the economic status of your household overall?	<ul style="list-style-type: none"> • Probe: Who has been working more or less? What different income generating activities have been taken on by adults? • Have you or any of your siblings started doing anything to earn an income since Coronavirus started? Describe. • How have the economic changes for you and your household had an impact on your life? Health? Nutrition? Tensions or violence?
PART VI: MENTAL HEALTH		
6.1	I'd like you to think a little bit about how Coronavirus may have affected your health. Can you describe some ways in which your health may have been impacted – even if not by coronavirus itself, but by some of the changes we've discussed?	<ul style="list-style-type: none"> • Probe: time when they needed health care but did not go? Feelings of sadness, stress, anxiety, depression? Hunger? • For those in school – How are your school mates affected by the compressed school calendar? What coping mechanisms are you and others employing to handle additional schooling time? • What support do you think you and your classmates need to cope well with the effects of COVID-19 on your schooling schedule?
WRAP UP		
		<ul style="list-style-type: none"> • We have reached the end of the interview. Before we finish, is there anything else that you would like to add regarding anything that we have discussed? Or anything we haven't discussed but that you want to share with me?

ANNEX IV: FIELDWORK REPORT

GEC RRLF Fieldwork Report

Submitted by Population Council Kenya

INTRODUCTION

Data collection for the Girl Education Challenge (GEC) funded research took place from January to May 2022 and had both qualitative and quantitative components. The qualitative component entailed individual in-depth interviews with a range of respondents in the four study counties and covered various topics relevant to the research objectives. The quantitative component entailed a knowledge, attitudes & practices (KAP) survey and testing for literacy and numeracy to check for any adverse educational outcomes because of the COVID-19 school closures.

This report details the data collection activities (fieldwork) for the two components of the work.

Qualitative data collection and related activities

The qualitative work was conducted in four counties namely, Wajir, Kisumu, Kilifi and Nairobi. The specific study sites for each county are detailed in Table 1 below, and the targeted respondents are outlined in Table 2. For all four counties relevant training of research assistants¹ prior to data collection was undertaken. The purpose of the training was to equip the research assistants with knowledge and skills on how to undertake the various components of the study. Separate trainings were conducted for each component of the work. The trainings covered a range of topics including but not limited to: research ethics and ethical practice in research; the study purpose; interviewing skills (both phone based and face to face); review and practise of the study questionnaires and interview guides; data quality checks and measures; general research assistant roles and responsibilities; and practical logistics related to the data collection.

The trainings were conducted by highly qualified facilitators (study coordinators) together with Population Council staff. In Wajir, the trainings happened from 2nd to 4th January at the Wajir Palace Hotel. Combined training for Nairobi, Kisumu and Kilifi sites was undertaken from 14th – 17th February 2022 at the Ngong Hills Hotel, Nairobi.

¹ Research assistants (RAs) are casual enumerators (or data collectors) - usually from the local community - who are hired on a temporary basis by the Population Council Kenya (PC-K), to collect research data for projects as and when needed. They are supervised by team leads and a study coordinator with support from PC-K staff.

Table 1: Study sites per county

County	Study sites
Wajir	Wajir East Sub-County (Jowhar and Aberqaramso villages)
Nairobi	Kariobangi and Kibera Urban Informal Settlements
Kisumu	Kolwa East and Nyalenda Sub-Counties
Kilifi	Kaloleni and Ganze Sub-Counties

Table 2: Sampling Framework for Qualitative Data Collection

Respondent type	Respondent category	Sample size			
		Kisumu & Wajir	Kilifi	Nairobi (Kibera)	Nairobi (Kariobangi)
Adolescent girls aged 10-14 years	In school pre COVID-19, in school pre & post COVID-19, out of school	3	3	3	3
Adolescent boys 15-18		3	3	3	3
Adolescent girls 15-19 (including pregnant and parenting girls)	Pregnant, parenting, not pregnant, in school, out of school & married	8	6	6	6
Parents	Mother to any adolescent girls	2	2	2	2
	Father to any adolescent girls	2	2	2	2
Key informants	Local administrator, women leader, teacher, religious leader & mentor/youth leader	5	3	3	3
Total	Target	24	20	20	20
	Reached	24	20	20	20

Data collection procedures

Prior to training, a sampling frame was established that set numbers of desired respondents in each segment (i.e. girls 10-14, mothers of adolescent girls, etc.) (See Table 2). Then, a mobilization exercise was conducted by the team leads in all the study sites in which they sampled from the quantitative sample for individuals that met the required characteristics and would be willing to participate. This involved liaising with village guides and local partners to search for the specific respondent categories as indicated above. Demographic characteristics of the respondents per study site are summarized in Table 3 below. After training, successful identification of targeted respondents and appropriate consenting; research assistants conducted in-person, in-depth interviews in all four counties. In some study sites like Wajir, the interviews with community members were conducted at a central location for practical reasons. In these sites, there were very long distances between the respondents' homesteads. It was therefore not practical or time-efficient to go and conduct the interviews in each homestead. Instead, participants were brought to a central place for the interviews and reimbursed accordingly for their transport costs.

Table 3: Summary characteristics of qualitative respondents

Adolescents									
	Male				Female				
Site	15-18 yrs		10-14 yrs		15-19 yrs		Total		
Nairobi-Kariobangi	3		3		6		12		
Nairobi-Kibera	3		3		6		12		
Kilifi	3		3		8		14		
Wajir	3		3		8		14		
Kisumu	3		3		8		14		
Mothers									
Site	30-40 yrs		41-50 yrs		>50 yrs		Total		
Nairobi -Kariobangi	2		1		0		3		
Nairobi -Kibera	0		2		1		3		
Kilifi	0		2		1		3		
Wajir	2		1		0		3		
Kisumu	1		1		1		3		
Fathers									
Site	30-40 yrs		41-50 yrs		>50 yrs		Total		
Nairobi -Kariobangi	0		2		0		2		
Nairobi -Kibera	0		2		0		2		
Kilifi	0		2		0		2		
Wajir	0		2		0		2		
Kisumu	0		1		1		2		
Key Informants									
Site	Male				Female				Total
	20-30 yrs	31-40 yrs	41-50 yrs	>50 yrs	20-30 yrs	31-40 yrs	41-50 yrs	>50 yrs	
Nairobi -Kariobangi	0	0	1	1	0	0	1	0	3
Nairobi -Kibera	0	1	1	0	1	0	0	0	3
Kilifi	1	1	1	1	0	1	0	0	5
Wajir	0	1	2	1	0	1	0	0	5
Kisumu	0	0	1	1	0	2	1	0	5

All interviews were audio-recorded. Recordings were saved in a password protected Google Drive folder that was only accessible to those directly involved in the research work. The interview recordings were subsequently transcribed and translated simultaneously. The transcripts were checked for quality by independent validators who would then upload the validated transcripts to the Google Drive folder. The validation process entailed the validator (who was conversant with the relevant local language), listening to the audio recording while reading through the translated transcript. They would then make edits (in tracked changes) where they deemed necessary. The validator would then have a discussion with the original transcriber on areas of discrepancies, and

they would agree on which translation most accurately reflected the respondents' meaning. It was only after the process of validation that the transcripts were analysed.

Data quality assurance

There was an overall study coordinator and one team leader (a member of the local community) in Wajir, Kisumu and Kilifi. Nairobi had two team leads (one per study site), as it had a much higher sample population compared to the other three counties. All these individuals played a role in ensuring quality data collection. The following measures were additionally undertaken to ensure high quality data collection:

- Hiring competent and dedicated local research assistants (RAs) who are experienced in qualitative data collection. All of these RAs have previously worked with Population Council Kenya on other research projects, and have therefore received extensive and several iterations of data collection training. They are also well conversant with the standards that are required by the organization.
- Developing a sampling framework prior to mobilization (See Table 2), and strictly identifying respondents based on this framework. This ensured that targeted and interviewed respondents met the eligibility criteria. Mobilization was also done by local village guides - who had extensive knowledge of their communities - in liaison with the local team leads, local non-governmental partners, and the study coordinator. Population Council Kenya has well-established and long-standing working relationships with various non-governmental organizations in the four counties. For this work, (as with all our projects), we worked with these ground partners for community entry and engagement and required mobilization.
- Hiring independent validators to check the transcribed and translated transcripts against the raw audio recordings and then correcting/revising the transcripts as needed. This included checking for any omissions from the transcripts. Validation ensures both accuracy and high quality of data prior to analysis.

The following measures were also undertaken to safeguard participant confidentiality as per research ethics requirements:

- Promptly uploading audio recordings to a central, online, password-protected platform (Google Drive) with accessibility limited to only the research team; and deleting audio files from the mobile recorders. This safeguards respondent confidentiality especially in the event of loss of a recorder.
- De-identifying and anonymizing all transcripts and ensuring that there can be no trace-back or linkages that can be made to a particular respondent.
- Demographic data was collected separately using hard copy forms, that were then securely stored in the Population Council Kenya offices and later archived according to institutional policies.

Challenges encountered as part of the data collection process

Most challenges were experienced in Wajir County, because of its rurality, aridity and remoteness. Wajir also borders Somalia to one side, making it more vulnerable to external threats.

- High temperatures in arid Wajir were a major challenge. Fieldwork in this county coincided with what the locals reported to be one of the hottest months on record. This county is also one of the poorest in Kenya and therefore it is difficult to find suitable facilities with equipment such as fans and/or air-conditioners. To counter this challenge and ensure that there was no disruption to the work, the team conducted interviews during early morning and evening hours when the temperatures were cooler. In situations where the respondents were not available in the morning or evening hours, the team lead arranged for interviews to be conducted in a *dash* (a local thatched dwelling) which is generally cooler than a stone-built house or building.
- Wajir is a predominantly Muslim community. Adolescent girls in Wajir spent their weekends in *Duksi* and *Madrassa* (Quran classes) which made them less accessible. The field team therefore had to wait for them to finish their classes to conduct the interviews. This in turn led to the team leaving the field late in the evening, which posed a potential safety/security threat. To ensure safety in such instances, the local authority was notified so that they were aware of the route that the team would use, and expected travel time to the next town. They would then advise the team on whether it was safe to proceed or not.
- General insecurity in Wajir East sub-county sometimes caused anxiety for the field team. However, as earlier indicated, Population Council Kenya works extensively with local/ground partners and uses local research assistants who are conversant with the study areas. This, in addition to continuous liaison with the local administration and security personnel, ensured that staff were always safe and were kept abreast of any potential security threats.
- In Kisumu, fieldwork coincided with a period of very heavy rains which hampered data collection activities. Undertaking interviews in a heavily raining environment also compromises the quality of audio-recording as it results in lots of background noise and inaudibility. To counter this the team had to reschedule some interviews. The principal investigator added the field team extra working days to account for this.

Quantitative data collection and related activities

The quantitative work was undertaken after the qualitative data collection. As with the qualitative work, requisite training of the data collectors was undertaken prior to the actual work being conducted. In Wajir, training for the KAP survey was done in person due to poor phone/internet network as a result of the county's remote location. The training was done on the 9th and 10th of May at Wajir Palace Hotel. KAP survey training for Kisumu, Kilifi and Nairobi was done virtually via Zoom on the 14th and 15th of March 2022. The quantitative work was then followed by the literacy and numeracy testing which was done

in-person in two counties (Kilifi and Nairobi). The training for the literacy and numeracy testing was also done in person simultaneously in both counties on the 6th of April 2022. This latter work was done in only two of the four counties to enable comparison, as there was existing literacy and numeracy data from these two settings from previous work undertaken by Population Council Kenya. Table 4 below shows the sampling frame for the quantitative work and the actual number reached in each of the four counties

Table 4: Sampling frame and actual reached survey respondents

	Nairobi			Kisumu			Kilifi			Wajir		
KAP Survey	Target	Reached	%	Target	Reached	%	Target	Reached	%	Target	Reached	%
Adolescents	1425	911	63.9	973	644	66.2	1178	840	71.3	1260	1017	80.7
Adults	1523	1121	73.6	858	635	74.0	1288	992	77.0	1322	1120	84.7
Total	2948	2032	68.9	1831	1279	69.8	2466	1832	74.3	2582	2137	82.8
Lit & Num	381	261	68.5	N/A	N/A	N/A	475	387	81.5	N/A	N/A	N/A

Data collection procedure

Data collection for Wajir County was done in a central place with reliable phone connectivity. The researchers converged in a designated hotel and conducted the phone interviews from this venue, which also allowed the study coordinators to provide the necessary supervision, troubleshooting and monitoring of the process. In Kisumu, Kilifi and Nairobi the researchers were trained online, and data collection was done remotely. Upon completion of the phone interviews, research assistants would upload the data to the Population Council owned server, where the data manager would access and clean the data as required.

Data quality assurance

The field study team comprised of a data manager, study coordinator, team leaders and the research assistants. The study team leaders managed an assigned number of research assistants. The team leads reported to the study coordinator, who in turn gave daily progress updates to the study's Principal Investigator and/or the relevant Population Council study staff. The data manager was responsible for producing daily data summaries and raising any data queries for action by the research assistants. Additional quality assurance measures were put in place as listed below:

- Conducting back checks - This was done by the team leaders who called 10% of interviewed respondents to countercheck their experience of the interview. As a quality check, they also (re)collected information on constant variables such as age, school status, marital status and other such variables.
- Daily data cleaning was done by an experienced quantitative data manager, to check for duplicates, wrongly coded interviews, missing questions and responses, and any data inconsistency. The data management and cleaning were done concurrently with the data collection to ensure that all data queries were raised in a prompt manner and resolved within the study period.
- The data collection tools were thoroughly tested and piloted to ensure proper functioning and sequence of the digital platform. The digital programmer was also always on standby to correct any identified errors.
- Population Council Kenya provided digital tablets to the research assistants for ease of data collection, and to promote data protection.
- The research assistants (RAs) were allocated a specific number of respondents with unique identifiers. The RAs then accounted for the status of their assigned respondents at the end of the data collection. This helped to avoid missing any respondent.

Positive experiences

- Respondents were largely responsive and cooperative

- Most respondents from the same village knew each other as they had previously participated in Population Council Kenya studies. The research team drew on this especially when trying to trace hard-to-locate participants. So, for example, at the end of each interview the RAs would ask the respondent if they knew particular targeted respondents from their village and if so, if they could notify them that the research team was trying to reach them for the purposes of an interview. This was particularly helpful where a targeted respondent did not have a phone or could not be contacted easily via phone.
- Supportive local village guides in Wajir - Although the study was purely phone based, Wajir was unique due to the network connectivity issues and lack of power. As a result, the study drew on local village guides who went to physically locate targeted respondents who could not be directly reached by phone. Once located, the RAs would use the village guide's phone to undertake the interview with the particular respondent.
- The research assistants were well conversant with the study areas as they had worked in these sites before (and with the same group of respondents). Additionally, the local village guides used had been drawn upon for previous studies and could easily remember the target households which made it easy to trace the respondents.

Challenges encountered as part of the quantitative data collection

- Respondent fatigue - Specifically in Nairobi, Kisumu and Kilifi, this was the 6th round of the quantitative survey data collection, building on previous work that started from as far back as 2015. Some of the respondents expressed that they have been interviewed for a long period of time without tangible or direct benefits to them; and that they were now tired.
- The above-mentioned respondent fatigue also occasionally resulted in some push back from target participants when contacted by the research team.
- Network challenges were a cross cutting issue across all sites and especially in the rural and peri-urban sites (Kilifi, Kisumu and Wajir).
- Silent refusals i.e. respondents agreeing to being interviewed, even agreeing to book an appointment, but then not answering the phone when called at the agreed time (even when repeatedly called).
- Managing a team of 80 research assistants was sometimes challenging for the study coordinator and the respective team leads, who had to sometimes work for very long hours to ensure that everything was running smoothly and to manage the various logistics

Specific to the in-person literacy & numeracy testing

- Respondents relocating outside of the study sites prior to the team's visit was a key challenge. Some of the respondents had resumed school which were located in faraway counties/sub-counties that could not be reached within the study period.
- Respondents sometimes gave incorrect landmarks or poor directions to their homesteads which made it difficult to locate them; especially where their phones were not working.

Recommendations/learnings from the field team

- For future quantitative surveys, the field team recommended that it would be ideal to draw on a new sample population i.e., individuals who have not participated in other longitudinal studies. This would help tackle the perceived respondent fatigue that they felt was a barrier to optimal data collection.
- It was also felt that in future, it would be preferable to work with a smaller team for a longer data collection duration; rather than work with many RAs for a short period of time. This will possibly help reduce the number of data quality errors that were identified, as well as ensure more optimal work life balance for the study team.

Conclusion

Despite the very involving nature of the GEC study, advance strategic planning including drawing on long-term local partners, appropriate leadership, good and coordinated teamwork, and adequate resources; ensured that the data collection (fieldwork) was undertaken successfully with minimal challenges and barriers.

ANNEX V: GEC RRLF RESEARCH UPTAKE AND DISSEMINATION PLAN

1. Introduction

At the beginning of the pandemic in March 2020, Population Council-Kenya was commissioned by the Executive Office of the President Policy and Strategy Unit (PASU) to track and understand the education, health, and economic impacts of COVID-19 on adolescents and adults in their households. Girls' education has been a focal area in our research, not only in studying what programmes are most likely to keep girls in school, but also how sexual and gender-based violence (SGBV), health and economic empowerment – at individual, household, and community levels – influence education outcomes. While prior to COVID-19 significant strides had been made in improving adolescent girls' education and wellbeing in Kenya, preliminary data shows that the COVID-19 pandemic and mitigation strategies may be reversing the positive trends. The education disruption due to school closures is said to be the most significant global threat to medium- and long-term recovery from COVID-19, because of a reduction in children's long-term productivity. Between July 2020 and February 2021, we completed two survey rounds with adolescents sampled from four ongoing cohorts across four counties in Kenya (Kilifi, Kisumu, Nairobi and Wajir), linking to pre-COVID-19 data.

The goal of the third round of data collection from March to April 2022 is to understand how, two years after the start of the pandemic, COVID-19 has affected education outcomes including gender dimensions. The research findings will inform responses to support girls' education during the COVID-19 recovery period, as well as provide critical information to mitigate the negative effects on girls' education in future crises.

The primary research question is: What are the gendered effects of the COVID-19 school closures and other mitigation measures on adolescent girls' school enrolment, performance, literacy and numeracy in the last two years of the pandemic?

The secondary research questions include:

- 1) What are the gendered effects of the COVID-19 mitigation measures on adolescent girls' time use, experience of SGBV, mental health, nutrition and food security and timing of pregnancy and marriage in the last two years since the start of the pandemic?
- 2) What are the pathways and drivers of the pandemic's effects on girls' schooling outcomes?
- 3) Did participating in girls' empowerment programmes prior to the COVID-19 pandemic increase resilience during the pandemic?

2. Research Uptake Goals

The research team will work to engage county, national and global level stakeholders, programme implementors and direct end-users with the aim of developing the actionable policy and programme responses. Our research uptake goals are to:

- Provide county and national level government officials with relevant evidence that they can use as they determine budget allocations and make policy decisions vis-à-vis girls' education.
- Provide donors, government stakeholders and practitioners with evidence that can shape their investments in, and work on, girls' education in COVID-19 recovery programmes – both in Kenya and globally.

The intention is to keep research uptake in mind throughout the life of the research, with the understanding that as political and social contexts change, so too must our strategy evolve. We note that it is unlikely that we will see policy and/or budget impacts during the lifetime of this specific grant, but as the work continues in the coming years we hope to contribute to that change.

3. Research Outputs Produced

The study team will produce a variety of research products to communicate research findings to key audiences. These include a blog on the Population Council website, peer-reviewed journal articles, datasets with corresponding survey instruments, policy briefs/ fact sheets and power-point presentations tailored to key individuals/ audiences. In addition, the team will host dissemination meetings at local, national, and international levels, including with governmental and non-governmental partners, representatives from the donor community and policy-makers. Finally, the study team will work with GEC implementing partners to host a national consultation on COVID-19 and girls' education which will showcase not only the results from this study, but the experiences of GEC partners and other key actors in girls' education in Kenya.

All dissemination messages and products will be tailored to the audience, including making research findings accessible to local audiences who may have a limited understanding of research and statistics. The research design proposed will allow for rigorous, nuanced, and publishable results that will make a significant contribution to moving forward the girls' education agenda.

The table below includes details on key audiences, their anticipated characteristics, needs, and/or values, an assigned tier according to priority, how we will access them, planned engagement activities and useful outputs/ publications for the audience.

Level	Type of Audience	Type of Event/Activity/Product	Timeline
County (Kilifi, Kisumu, Nairobi, Wajir)	County and sub-county gov't officials	One-on-one meetings (could be at the county level or in Nairobi): -Governor/ Senator -County Executive Committee Members (CECM) -Women's Rep	March 2022
	Development partners at county level	Policy-makers Breakfast: -top 8-12 policy-makers from different ministries. For key county-level officials, esp. CECs, to be held in Kilifi/ Kisumu/ Wajir / Nairobi Counties	End of June/ Early July 2022 October/November 2022
		Large ½ day dissemination event for all county/ sub-county officials, development partners and school leadership to present "preliminary" findings and get feedback/ recommendations	October/November 2022
National (Kenya)	Government officials (based in Nairobi)	One-on-one meetings: Ministry of Education (MOE) - Director of Policy (MOE) Ministry of Health (MOH) – Head of Department of Adolescent School Health (DASH) Ministry of Gender Council of Governors Executive Office of the President - Gender Advisor – Julie Mwabe National Emergency Response Committee – Virtual Meeting -Deputy Director Policy and Partnerships – Ann Gachoya Presentations at other national events, e.g.: - Present at Kenya Secondary School Heads Association (KESSHA) Conference – Deputy Director Policy and Partnerships – Ann Gachoya - Present at Kenya Primary School Heads Association (KEPSHA) Conference	Start in July through end of programme
	Implementers	Virtual Meeting with GEC II Implementing Partners - consultation on COVID-19 and girls' education – showcase findings + hear how it relates to experiences of GEC partners and other actors National level dissemination event including: NGOs, INGOs, civil society (e.g. RELI members) – to share learnings and programme implications	July / August 2022 November 2022
	Media	<ul style="list-style-type: none"> Pitch stories to education journalists and publications (Nation, Standard and Business Daily, Aljazeera, BBC Kenya). 	Pitching stories Target to have 2-3 journalists at key dissemination meetings

		<ul style="list-style-type: none"> • Pitch story to Conversation Africa that will be republished by the Nation and Standard • Generate COVID–19 Survey results in visually engaging formats – infographics + one pagers that can be shared easily • Engage Social Media Bloggers 	where we have key stakeholders e.g., government representatives
Global	Conferences / Events	<p>Webinar / Virtual Workshop - Leverage global GEC networks – share regionally relevant findings / Leverage non-Kenya GEC IP partners regionally & globally by sharing information so that they can then distribute through their networks</p> <p>Leverage Population Council's Girl Center Data to Action Webinar series</p> <p>Submit to present at global education conferences – for example ICGE 2022, CIES 2023, etc.</p>	September – December 2022
	International partners – donors, multi-laterals, bi-laterals, INGOS, etc. Share written products	Results and policy briefs posted on the Population Council website. These will include easy to digest summaries of the data for each county, comparisons across counties and key policy recommendations.	January/February 2023
	Academic Writing	Journal articles (1-2 prepared for submission to peer-reviewed publications). Papers will be made available open source and published online. Likely journals for submission are PLOS One (3.24), BMC Public Health (3.177), BMJ Open (2.692) and Comparative Education Review (1.815)	January 2023 - onwards