

1 TITLE

Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2)

Short title: CCG2 Siaya follow-up study

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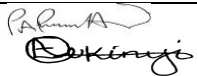
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ABBREVIATIONS

AGYW:	Adolescent girls and young women
ANC:	Antenatal clinics
ART:	Antiretroviral therapy
BV:	Bacterial Vaginosis
FGD:	Focus group discussion
GAD:	Generalized Anxiety Disorder
HBTS:	Home-based testing service
HDSS:	Health and demographic surveillance system
HIC:	High income countries
HIV:	Human immunodeficient virus
HSV-2:	Human simplex virus-2
ITT:	Intention to Treat analysis
IDI:	In-depth interview
HTS:	HIV Testing Service
MCH:	Maternal child health
MHM:	Menstrual hygiene management
MHH:	Menstrual health and hygiene
MH:	Menstrual health
MoH:	Ministry of Health
mSRH:	Mental, and sexual and reproductive health
PCL:	PTSD Checklist
PHQ:	Patient Health Questionnaire (PHQ-9-A, adjusted 9 questions used)
PP:	Per Protocol analysis
PPE:	Personal protection and equipment
RCT:	Randomised controlled trial
SRH:	Sexual and reproductive health
STI:	Sexually transmitted infections
SES:	Socio-economic status
WASH:	Water, sanitation, and hygiene
WHO:	World Health Organization

AMENDMENTS

Date	Version	Amendments	Signatures
30Mar 2022	v0.3	Initial submission to KEMRI CSC	
4Apr 2022	V0.4	Revision following CSC feedback	
10July 2022	V0.5	Revision following SERU and LSTM	

3 ABSTRACT

This research will follow-up adolescent girls and young women (AGYW) enrolled in a prior 4-arm (investigating menstrual cups, cash, cups plus cash, against controls) school-based randomised-controlled trial (SERU #3215) to measure if prior interventions provided to secondary schoolgirls

have a sustained, complementary, or lag effect on sexual and reproductive health (SRH), mental health, and social equity as AGYW transition into adulthood after trial closure.

It will examine if gains are lost or if outcomes converge to those of AGYW who received no prior interventions. The follow-up will evaluate if positive lag effects occur. Additional outcomes such as mental health, community perceptions of trial outcomes, continued use and safety of menstrual cups, and COVID-19 impacts will be evaluated. We aim to re-enrol ~90% of original cohort of 4137 participants and conduct two biomarker, socio-behavioural and mental health surveys, between July 2022 and December 2024. Measures will evaluate if prior interventions effect the incidence of HIV, HSV-2, gender-based violence, mental health, age at first marriage, age-equitable partners/husbands, age at first birth, contraceptive use and fertility, maternal, neonatal and child outcomes, such as proportion of low birth weight, stillbirth and neonatal mortality, and health decision-making, such as health care seeking and vaccination status. Facility records will be interrogated to capture and validate outcomes. We will examine socio-economic outcomes e.g. families' wealth quintile, employment, partners' educational level, and income. Focus group discussions and in-depth interviews will provide contextual data to interpret quantitative findings. Cost-benefits analyses and returns on investment of prior trial interventions on health and social equity will be measured. Outcomes will contribute evidence for decision-making on investments to support gender equality for AGYW. Findings, methods, and tools will be widely disseminated to inform the community, researchers, and stakeholders.

4 LAY SUMMARY

Studies have been conducted to evaluate the benefits of keeping girls in school on their sexual and reproductive health and productivity. These suggested that most improvements occur if girls complete secondary education, with additional gains in child marriage and pregnancy for each extra year of school attended. They also noted that girls completing secondary school earn up to 5-fold more, have a one-third reduction in total fertility, increased contraception use by a third, and a ~25% reduction in child stunting compared with girls with no education. However, few follow-up studies have examined these effects and whether they have any longer term effect as AGYW reach adulthood. There are conflicting results on lasting effects of school-based interventions when girls are followed up for about 2 years after finishing school, with one study showing a continued reduction in pregnancy rates, while another shows no difference in HIV rates compared with girls who had not received any school-based intervention. Our UK funded trial among 4138 Kenyan secondary schoolgirls, providing cash, a menstrual cup, or both, examined if interventions reduce school dropout, HIV, HSV-2, and SRH harms compared with girls not provided interventions. As this trial has finished, we now aim to follow-up prior trial participants to evaluate if previous school interventions have any effects on their health and social equity as they transition to adulthood and measure the cost benefits of the prior trial interventions. The study will follow-up girls between July 2022 and December 2024, with two surveys with additional data captured through health facility record reviews. We will use a socio-behavioural survey questionnaire, ask some questions on their mental health, and offer HIV/HSV-2 testing to participants who previously tested negative, through individual follow-up of consenting girls (at home or in select community locations of their choice). Every effort will be made to follow-up AGYW who have migrated. We will examine if girls who previously received interventions have better decision making on health access, better SRH and mental health, if they have had less children, and if their children have been healthy, compared with girls who received no interventions in the past trial. We will also conduct interviews and have discussion groups with girls, and with stakeholders to understand whether they perceived the past school interventions were of value. We will continue to work with our Ministry of Health partners, expanding to other

community-based partners who will support the study design, methods used, interpretation of findings, and inputting of findings into policy and programme guidelines. The research will be disseminated widely through research and social media platforms. The study will support capacity building, through one to one mentoring, workshops to develop new skills, and by utilising data generated for post-graduate studies and co-authored publications.

5 INTRODUCTION

Background: Adoption of the Sustainable Development Goals (SDGs) has elevated adolescent health needs to the global stage, calling for action to support their physical and mental health, SRH, and a reduction in HIV incidence, injuries and substance misuse.^{1,2} While the overall disease burden among adolescents has reduced globally, in low and middle-income countries (LMIC) gender inequity and non-completion of secondary education among female adolescents remains a driver of poor health.¹ The worst adolescent health outcomes occur in sub-Saharan Africa (SSA) with a mortality rate (243 per 100,000), twice other regions,³ and with rising mental ill-health a growing concern.¹ A systematic review examined the prevalence of child and adolescent mental health problems in sub-Saharan Africa in 37 studies published since 2008,⁴ found between a quarter and a third of adolescents experienced depression and anxiety disorders, with 4 in 10 reporting emotional and behavioral problems, and 1 in 10 suicidal ideation.⁴ Adolescents in LMIC increasingly face a triple health burden,^{1,5} with high levels of diseases of poverty (HIV and other STIs, infectious diseases, maternal morbidities, undernutrition), injury and violence, and noncommunicable diseases.⁶ One in 8 adolescents grow up in ‘injury excess’ countries, characterised by high persisting levels of unintentional injury or violence, and in countries with high adolescent birth rates due to continued unmet need for contraception.^{5,6} Global adolescent-specific fertility rates have declined by ~12% over the past 20 years(y), but pregnancy complications remain a leading cause of death among 15-19 year olds,⁷ contributing to the 66% of the 296,000 maternal deaths worldwide occurring in SSA in 2017.⁸ Girls becoming pregnant before 18y are also more likely to experience interpersonal violence than older peers and women.⁹ Babies born to mothers aged <20y face higher risks of low birth weight (LBW), preterm delivery, and severe neonatal conditions, while rapid repeat pregnancy compounds health risks for mother and the child.⁵ Interventions that benefit adolescent girls education and health, build healthy trajectories into adulthood, and support healthy offspring, are recognised as critical for breaking the cycle of poor health and poverty, with some 70% of premature adult deaths reflecting behaviours started or reinforced during adolescence.^{2,5} While under-5 child deaths have reduced globally, neonatal and post-neonatal infant deaths in SSA have not declined proportionately, contributing to 91% of under-5 deaths.¹⁰ Projections through to 2040 suggest communicable, maternal, neonatal and nutritional disease (CMNN) will account for >50% of all years of life lost in SSA.¹¹

Policy priority relevance: To avert negative CMNN projections in LMIC, attention must be placed on modifiable drivers of health for AGYW; by i) reducing fertility rates (through key social determinants e.g. secondary education completion, retainment in education, training or employment, improved income, contraception access and uptake); ii) improving mortality and morbidity of neonates and infants (by reducing LBW, short gestation, child wasting), and iii) reducing poor sanitation, unsafe water supply, household air pollution.¹¹ Interventions aimed at modifiable drivers of adolescent health strengthen WHO’s AA-HA,⁵ and Global Strategy for Women’s, Children’s and Adolescents’ Health,¹² which guide member states on interventions for health, empowerment, and AGYW rights that promote the SDGs. The Kenya Health Policy 2014-2030 prioritises maternal health, HIV, mental health, substance use disorders and injuries, aims to eliminate communicable disease, halt and reverse rising non-communicable diseases, reduce the burden of violence, minimise exposure to health risk factors, and provide essential health care.¹³

Evidence to date: World Bank cross-sectional multi-country studies support the triple dividend theory that interventions provided to AGYW impact their health and social equity with benefits continuing into adulthood and to their children.¹⁴ Data suggest each year of secondary education lowers the risk of child marriage and teen pregnancy by ~7%; school completers have a third lower total fertility, a 25% reduction in offspring's stunting, and up to 5-fold increased earnings.¹⁴ However, cross-sectional studies have inherent biases, confounding, and an inability to interpret causal associations, necessitating validation through longitudinal studies examining the effectiveness of school-based interventions such as cash transfer (CT), to determine if such interventions do protect AGYW both during school, and after as they transition to adulthood.

Evidence from post-trial follow-up studies: School-based trials have largely focused on the effect of interventions on the SRH of AGYW's, measuring HIV, HSV-2, and teen pregnancy as key outcomes, with **cash transfer** (CT) the intervention of choice. A small number of these have followed-up AGYW to evaluate the SRH and social equity effects of CT post-trial.¹⁵⁻¹⁷ In Malawi, CT reduced incidence of HIV, HSV-2, and SRH outcomes including teen pregnancy by trial end,¹⁵ but 2 years after cessation no prolonged benefit to AGYW or their infants health, wellbeing, per capita household consumption, earnings or empowerment were found.¹⁶ Post-trial *convergence* in outcomes was reported where AGYW previously receiving CT had a rebound in pregnancies with higher fertility rates compared to controls, and CT-associated reductions in child marriage and wellbeing were lost post-trial.¹⁶ In contrast, two CT studies in Kenya and Bangladesh found *sustained* effects of school-based CT after school completion.^{17,18} In Kenya, schoolgirls given CT for 2 years had reduced dropout and teen pregnancy compared with controls during school and, after 5 years follow up, fertility rates did not rebound, implying fertility was not 'bottled-up' during intervention and then 'released' post-trial.¹⁷ Girls previously given CT plus HIV education had 20% lower rate of HSV-2 infection but not HIV, with authors concluding that CT helped to break the cycle of poverty by sustaining a significant impact on AGYW's fertility and SRH.¹⁷ No data were reported on their health and employment in adulthood.¹⁷ In Bangladesh a cash stipend programme provided to schoolgirls over two decades found girls who received cash for 2 to 5 years at school had a higher age at first birth and first marriage, and lower fertility rates after reaching adulthood.¹⁸ Demographic and health survey follow-up found their children were less stunted compared with similar girls not receiving CT; they also had more autonomy in decision-making for health, making household purchases and visiting relatives, were more likely to work in the formal sector and had married more educated and age-equitable partners. No significant differences in outcomes were found between those receiving CT for 5 versus 2 years, with a decline in effect and diminished return on investment after 2 years. Authors noted that benefits for AGYW *evolved* after transition to adulthood with a sustained effect on fertility, child health, decision-making and employment, concluding that school-based interventions have important longitudinal effects on gender empowerment and equity.¹⁸ Lastly, a trial in rural S. African schoolgirls did not reduce HIV or HSV-2 incidence through CT, but found CT protected against IPV, frequent sex partners and unprotected sex; and found transactional sex was the strongest predictor of HIV.¹⁹ A 2 year post-trial follow-up found this association was lost as AGYW aged, and concluded that HIV infection clusters in younger girls who exhibit risky sexual behaviour, with incidence converging as AGYW age.²⁰ No medium-term maternal, child health or social equity effects were reported.

6 PROBLEM STATEMENT

Few school-based trials have followed-up AGYW to evaluate the SRH and social equity effects of CT post-trial,¹⁵⁻¹⁸ and in these studies data generated are conflicting e.g. one showing a lasting effect, and one showing a 'boomerang' effect where post-school fertility among girls provided

school interventions catches up with girls not provided interventions. There are also no longitudinal studies to evaluate the use of menstrual cups. Further, data on girls' health and employment as they transition into adulthood is particularly sparse.¹⁷ Policy-makers need research data to inform whether the cost of interventions provided in school have benefits to AGYW in low-income settings, while in **secondary** school, and after they transition into adulthood.

7 JUSTIFICATION FOR THE STUDY

Research is needed to understand if effects of school interventions are sustained as AGYW transition to adulthood. If sustained, complementary, or lag effects occur the return on investment over time must be adjusted to reflect these gains (Figure 1). However, if convergence is seen and gains are lost once interventions stop this has important economic and policy implications for programmes seeking to support women's health and social equity. These questions remain highly relevant for school-level trials demonstrating no statistically significant effects, as a lag effect may occur due to evolving behaviour change, slow intervention uptake, or inability of a trial to capture all outcomes contemporaneously. Thus, statistical significance of the primary outcome may not be reached, but interventions may be modifying behaviour which would have subsequent impact on critical outcomes. None of the known past longitudinal studies evaluated the return on investment of post-trial effects. Mental health has not been evaluated in prior trials or longitudinal studies although systematic reviews have noted that sociodemographic, health factors and adverse adolescent experiences contribute to poor mental health in adolescents.^{4,21} Mental health is also identified as a major contributor to compliance with health recommendations,²² and a highly relevant standalone health outcome. A clearer understanding of mental health of prior trial participants, and any potential benefits of school-based interventions as they transition into adulthood would contribute toward the very limited data, as well as to public health policies. No longitudinal studies have been conducted on the use, safety, and effectiveness of menstrual cups despite the expansion of menstrual cup programmes across LMIC settings.²³ No studies have examined community perspectives on the value of trial outcomes among AGYW. The trial platform also offers a unique opportunity to examine the health and social effects of COVID-19 on AGYW transitioning into adulthood. The trial platform also offers a unique opportunity to examine the health and social effects of COVID-19 on AGYW transitioning into adulthood.²⁴ During the trial we found that girls experiencing COVID-19 were at much higher risk of SRH harms and had a tripled risk of dropping out of school; longitudinal data on the long-term implications of external shocks on girls' health and schooling is warranted.

Although the effectiveness of interventions provided in the CCG trial have not yet been published, we can justify the importance of following up the participants for all three different scenario's shown in Figure 1: i) there were significant trial effects, ii) there were non-significant trial effects, and iii) there are essential additions in terms of knowledge gaps, which are of timely and of public health significance e.g. on mental health, effects of COVID-19,²⁴ and longer use of menstrual cups. Understanding of community perceptions of the effects of the prior trial will also be valuable for global research on school-based interventions.

Figure 1 - Consideration of potential effects that the prior CCG school-based intervention trial may have among AGYW transitioning into adulthood

Significant Trial Effects Sustained Effects: Are significant intervention effects sustained, lost, or is there a <i>convergence</i> after trial cessation? Complementary Effects: Are there additional intervention effects on AGYW reaching adulthood (i.e. maternal, neonatal & infant health, employment outcomes)? Continued Return on Investment: What is the ROI at medium term follow-up?	Non-significant Trial Effects Lag Effects: Do delayed positive trial outcomes emerge over the medium term? Medium-term Effects: Are there unmeasured social equity effects (i.e. <i>complementary</i> protection as AGYW mature)? New Returns on Investment: Are there previously undetected or new evolving ROI of school-based intervention effects that can be detected at medium term follow-up?	Essential Additions Mental Health: Effects: Unmeasured longitudinal mental health associations and those related to gender-based violence in LMICs Essential AGYW outcomes: What short/medium term outcomes most resonate with AGYW, communities and stakeholders? Menstrual Cup Monitoring: Never-before conducted follow-up to evaluate continued cup use, need for replacement, and safety COVID Effects: What are the COVID-related effects on AGYW health and social equity (pre/post cohort)?
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8 NULL HYPOTHESIS

As the cohort follow-up study is exploratory in nature it does not have a pre-specified hypothesis.

9 GENERAL OBJECTIVES

Follow-up adolescent girls and young women (AGYW) previously enrolled in a school-based randomised-controlled trial, to measure if prior interventions have a sustained, complementary, or lag effect on health and social equity outcomes after trial closure.

10 METHODOLOGY

10.1 AIM

Evaluate what effect school interventions have on AGYW sexual and reproductive health (SRH), mental health and social equity as they transition to adulthood after the CCG trial closure and determine if there are additional returns on prior trial investments.

10.2 OBJECTIVES

Both quantitative and qualitative follow-up data generated among AGYW who were in the prior CCG trial cohort will be gathered and examined to compare outcomes between prior intervention groups:

- i. To determine the medium-term health outcomes of AGYW and their children
- ii. To evaluate menstrual product use after the trial ended
- iii. To evaluate AGYW's post-school occupations, employment, and financial independence
- iv. To examine health-decision making among AGYW for themselves and their children
- v. To determine the medium-term cost-benefit of prior trial interventions
- vi. To explore community perceptions of the value of the prior trial interventions over time
- vii. To determine other key health events that are prevalent in the cohort, e.g., effects of COVID-19 on mental health, maternal and infant health, IPV.

10.3 STUDY DESIGN

Longitudinal study following up a cohort of participants in a prior school-based trial (see Box, 10.3.1 below).

10.3.1 Prior trial that is the basis for this cohort follow-up study

This box summarises the prior trial design. The published protocol provides further details.²⁵

- **Protocol approval:** SERU (# 3215), LSTM (# 15-005) Trial registration [NCT03051789](#).
- **Design:** Single site, 4-arm, cluster randomised controlled trial in Siaya County, western Kenya. Schools were the unit of randomisation with girls as the unit of measurement.²⁵
- **Eligibility:** Schools were eligible if day schooling, inclusive of girls; girls were eligible if attending one of 96 study schools, reached menarche, were not pregnant, and had no disability preventing participation.
- **Intervention allocation:** Schools were randomly allocated into 4 arms with a 1:1:1:1 ratio and block randomisation to minimise bias. Interventions arms were: i) a reusable menstrual cup, ii) CT of \$15/term directly to girls, iii) a reusable menstrual cup and CT, and iv) control.
- **Primary objective:** Determine the impact of menstrual cups, CT, or both on the incidence of a composite outcome composed of HIV, HSV-2, and school dropout.
- **Key secondary objectives:** i) measure age-specific differences in the acquisition of HIV and HSV-2 infections in schoolgirls and risk factors for incident HIV and HSV-2 infections; ii) determine the risk, risk factors and reasons for dropout and other school indicators; iii) determine the cost effectiveness of menstrual cup and CT programmes; iv) determine the safety of menstrual cups; v) determine factors affecting how CT is spent; vi) determine adverse outcomes associated with CT and evaluate risk mitigation; vii) determine effect of interventions on sexual behaviours.
- **Primary outcomes:** Incident HIV, HSV-2, and school dropout as a composite measure.
- **Secondary outcomes:** School dropout, HIV, HSV-2, sexual behaviour (e.g. age at sexual debut, age-discordancy of partners, coercive and transactional sex, number of sexual partners, pregnancy, condom use, modern contraceptive use), school indicators (absence, national exam results, grade repetition, re-enrolment), mental health, cost-effectiveness of trial interventions.
- **Safety endpoints:** Primary: adverse events associated with interventions, toxic shock syndrome, and violence associated with interventions; secondary: *E. coli* growth on sampled cups, any emergent harms occurring with provision of interventions.
- **Data capture:** Baseline, midline and endline biomarker and socio-behavioural surveys captured incident HIV, HSV-2, and secondary outcomes. Dropouts were verified through community follow-up. Study nurses, focal point teachers, health facilities, and beneficiaries provided information on adverse events, and any trial concerns.
- **Timeline:** Field implementation began February 2017. Participants were followed to outcome, or 10 academic terms, over ~3 years. Follow-up of participants was completed June 2021.

10.4 STUDY SITE

The study will be conducted in the prior trial population who lived in Siaya County and attended the 96 secondary schools in the county.²⁵ KEMRI's health and demographic surveillance system (HDSS) is in Siaya County.²⁶ Siaya County is an impoverished rural region in western Kenya comprising mainly Luo subsistence farmers and fisherfolk, living in polygamous family structures.²⁶ The population are uniquely identified, with longitudinal evaluation of demographic shifts (migration, births, mortality) through the HDSS bi-annual census, morbidity surveillance at Siaya County Referral Hospital and ~54 health clinics, biennial evaluation of socio-economic status, and mortality ascertainment through verbal autopsy.²⁶ Adolescent girls and young women experience high morbidity and mortality with rates of HIV, TB, malaria, gender-based violence, and maternal mortality greater than national averages.²⁷ In prior HDSS surveys we found ~20% of

girls <20y are cohabiting or married, and among 62% of girls reporting ever pregnant, the highest rates were among those with minimal schooling, child-brides, and those with violent partners.²⁸ A study on maternal mortality in the HDSS study area revealed that 36% of deaths occurred among AGYW before 25 years of age, and that the majority (80%) of all deaths occurred among those who had not reached secondary education.²⁹

10.5 STUDY POPULATION

10.5.1 Participant eligibility criteria: inclusion

AGYW: AGYW who were enrolled as schoolgirls in the prior CCG trial

Others: Stakeholders who live and/or work in the area of the prior CCG trial

All AGYW who were previously enrolled into the CCG trial and did not withdraw consent to participant will be eligible for this study and invited to participate in the study activities described below

Eligible stakeholders will only be invited participate in the qualitative component of this studye.g. to join a focus group discussion or an in-depth interview (see section 10.7). Stakeholders comprise 'community' stakeholders such as teachers, parents/guardians, village chiefs and church/mosque leaders, and 'health' stakeholders such as local ministry officials, health facility staff, community health volunteers (CHVs) and Non-Governmental Organisations (NGO) / Community Service Organisations (CSO) providers.

10.5.2 Participant eligibility criteria: exclusion

AGYW who were not enrolled into the prior CCG trial

AGYW who were in the prior trial but withdrew their consent

AGYW who were in the prior trial who refuse consent to take part in follow-up studies

Others: Stakeholders living and/or working outside the study area

10.6 STUDY OUTCOMES

10.6.1 Outcomes

In the prior trial, the primary outcome was a composite comprising incident HIV, HSV-2, and all-cause school dropout. As school attendance will have ceased with AGYW transitioning into adult life, only disaggregate outcomes are plausible. These will be key outcomes for health, and social equity, replicating the few other studies that have followed AGYW beyond school.

10.6.2 Health Outcomes

These comprise secondary outcomes that are cumulative from the prior trial, and new outcomes, solely gathered post-trial. If COVID-19 transmission waves occur during study, frequencies of the below metrics will also be examined during, and outside covid-19 'waves'.

Cumulative during and post-trial

- Number **of** and incidence of pregnancies
- Number **of** and incidence of HIV
- Number **of** and incidence of HSV-2
- Age sexual debut
- Number of sex partners
- Age at time of first born
- Age at marriage
- Number **of** and incidence of intimate partner violence
- Number of participant deaths

- Reported PHQ-9-A score at survey

Post-trial health

- Number and incidence of live births
- Number and incidence of stillbirths
- Number and incidence of abortions
- Number and incidence of neonatal, post-natal, infant deaths
- Number and incidence of low birth weight (LBW) babies
- Number and incidence of infant / child stunting
- Other reported mental health scores (GAD, PCL)
- Number and prevalence of cigarette smokers
- Number and prevalence of alcohol drinkers
- BMI score and weight status (underweight[<18.5], healthy[18.5-24.9], overweight[25-29.9], obese[30>])
- Number and prevalence of clinically obese
- Number and prevalence of anemia (retrieved from health records)

Health seeking behaviours

- Number of ANC visits during pregnancy
- Place of delivery of offspring
- Number and prevalence of offspring with infant vaccinations given
- Resorts to health care if sick (Index depicting healthcare-seeking behaviour)

Covid-19 related metrics

- Number and prevalence having covid-19 vaccine
- Number and incidence of covid infections
- Number and proportion who have been vaccinated
- Number and prevalence of AGYW reporting covid-related changes in behaviours
- Number and prevalence of AGYW reporting covid-related changes in income and employment

Number and prevalence of menstrual cup use

10.6.3 Social Equity Outcomes

These comprise secondary outcomes that are cumulative from the prior trial, e.g. capturing any further education and attainment reached among girls that returned to complete schooling, and new outcomes, solely gathered post-trial.

Cumulative during and post-trial

- Number and prevalence of prior dropouts who returned to school
- Attainment (KCSE grade)
- Participant educational level reached (incomplete secondary, completed secondary, tertiary)

Post-trial social equity

- Partner or husbands' education level (grade reached)
- Employed (occupation; part-time, full time)
- Annualised own / family income

10.7 SAMPLING POPULATIONS

10.7.1 Sample size determination

10.7.1.1 Participant follow-up

The 4137 secondary schoolgirl participants that were enrolled into the prior school trial form the basis of the sample for this cohort follow up. As this cohort follow-up study is exploratory in nature and does not have a pre-specified hypothesis, no formal sample size calculation is necessary.

10.7.1.2 Qualitative studies

Focus group discussions (FGD) each comprising ~6-10 participants per FGD among (a) Eight among AGYW, one per prior intervention group and up to four by key outcome (e.g. in a group of AGYW who dropped out of school, who completed, who married/cohabit and have children, and who are in current formal employment); (b) Eight stakeholder FGD, four with community stakeholders to document their perspectives on the prior trial interventions and outcomes, and four FGD with health stakeholders to discuss the needs of AGYW as they transition into adulthood. We anticipate these FGD will generate sufficient contextual information but will conduct more FGD among any of the groups should saturation not be reached. Where required FGD will be repeated toward the end of the study findings generated from the survey requiring clarification and insights.

In-depth interviews: these will be conducted among ~15 adult health stakeholders (e.g. experienced local MoH, health facility, CHVs, NGO providers), ~15 AGYW, and ~15 community stakeholders (e.g. teachers, parents/guardians, village chiefs, church/mosque leaders) to document their experiences, knowledge, perceptions of the prior trial and explore the needs of AGYW. Further IDI will be conducted if saturation is not reached.

10.7.2 Sampling procedures

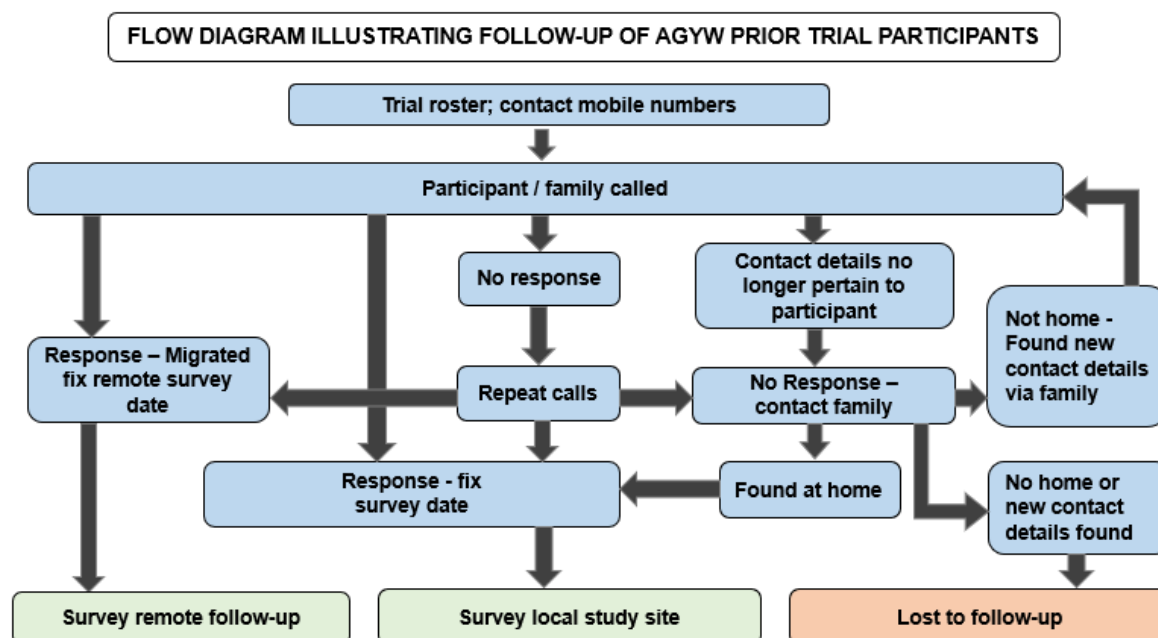
10.7.2.1 Sampling for Girls surveys

We have retained locational data on all participants' homes and contact mobile numbers that were used throughout the trial. All AGYW in the prior trial, who did not withdraw, will be listed, and telephone communication established, to inform them that a follow-up study is proposed, introduce the project, and invite them to join. All those agreeing to join will be invited to attend an event in a location close to their homes / prior school. Those preferring their home or at another location will be surveyed there. Field staff already have experience in conducting the survey at group and individual household level but will be re-trained prior to embarking on field activities. Prior trial participants are now all 18y or older and will be consented prior to the survey. The meeting will provide further clarifications of the project and through one-to-one consultation, with female field staff reading through the PIS/consent form with participants to ensure they fully understand. AGYW who expressed their wish to join but did not attend the meeting will be phoned again to arrange a more suitable time and place for further discussion of the study activities and the consenting process. An individual follow-up at household level will be arranged for those unable to attend. The below figure illustrates the method of sampling the participants. As in prior studies, we have found girls do not always answer their phones immediately, e.g. because they are in the shamba working or doing chores, we will call them up to 5 times to attain contact.

All participants will receive a CCG2 Members Pack, comprising their CCG2 Members card [including ID number]; depending on the covid situation, this can be a locally made 'designer' cloth face mask or small bowl or cup, hand sanitiser or washing soap and a small towel. The **consent** will list relevant staff mobile numbers and outline events that we request participants'

share with us during follow-up e.g. changes of address, new mobile number, births, and hospitalisations. All SMS that provide requested information will be reimbursed with KSh 100 per SMS by MPesa. Our core field staff will follow up each SMS to validate, document changes on ID logs. Births, hospitalisations, and (infant/child) deaths will be followed-up at the facility used.

Figure 2 Approach to girls survey follow-up of prior trial participants



10.7.2.2 Qualitative studies

Purposive and then convenience sampling will be used to recruit participants for FGD and IDI. Recruitment of prior trial participants will be guided through the consenting process. AGYW that are interested and agree to join a FGD or an IDI by ticking a box on their main consent form, will be approached at their home by a female field staff member. Should the AGYW still wish to participate on this follow-up visit, the time and place of the activity will be shared with her. A separate consent form will be completed to verify the continued interest and agreement to participate, ensuring that they are informed there is no obligation to take part, and can refuse if they no longer wish to participate. Recruitment of health and community stakeholders for FGD and IDI will be through phone communication, the telephone calls are only made to inform the stakeholders about the proposed study and to secure appointments for meetings with stakeholders. The sampling of parents will be by prior trial study arms. Purposive sampling of stakeholders will occur, to represent different experiences, e.g. persons who work with the ministry, schools, NGOs, church, and village chiefs).

10.8 RESEARCH PROCEDURES

10.8.1 Partner workshops

We will conduct a series of partners' workshops which will include local NGOs, ministry officials, teachers, community leaders, business, AGYW and health facility staff. The size of the workshops and method of convening will be determined by the local COVID-19 situation. An *initial workshop* will guide project design, community approaches, safeguarding, and SOP for COVID-19. An *interim workshop* will evaluate study progress, check safeguarding procedures are in place, and review capacity strengthening procedures. The *endline workshop* will review and interpret survey and qualitative findings, policy implications, and review dissemination plans. Siaya County MoH meetings will be held for support on liaising with ANC, maternal, and HIV care services, methods of capturing birth outcomes, and participant referral.

10.8.2 Cross-sectional girls surveys

Two cross-sectional surveys will be conducted among the consenting prior trial participants during the project. They will follow the same procedure as surveys conducted in the prior trial. Details of this are presented below. The survey comprises the socio-behavioural, mental health, and biomarker components, as below.

10.8.2.1 *Socio-behavioural questionnaire*

The socio-behavioural questionnaire for AGYW in the prior trial will be a similar format, and use the same methodology, as the prior trial, thus all participants will be familiar with this. Where possible, AGYW within the same location will meet in one place that is convenient to them. Where not possible, individuals will be surveyed in a place they state they feel comfortable and have privacy, such as their own home. Eligible girls who have consented will be provided with an electronic tablet, with a refresher briefing on how to use the instrument, to answer the survey questions. The questions will be in the local language Luo, as well as English, as these same girls preferred these two languages in the prior trial. Questions cover their personal and home characteristics, health (mental, sexual, and reproductive), about their pregnancies maternal outcomes, and children's health, and use of health facilities, and employment and income. As in the prior trial survey, questions on covid-related effects will be included (see below). Data will be uploaded daily to KEMRI and LSTM servers to prevent loss.

10.8.2.2 *Mental health questions*

The mental health of participants will be evaluated during the survey, utilising tools that have been successfully used in another KEMRI-LSTM study among out-of-schoolgirls (SERU #4197). Tools will include the PHQ-9-A (adjusted),³⁰ GAD7,³¹ and PCL³² (see tools in appendix).

10.8.2.3 *Biospecimens*

As with the prior trial, participants will be invited to provide a blood specimen, obtained through fingerprick to test for HIV and HSV-2, during the survey. Participants will be reminded of the procedure prior to collection. Participants who previously tested positive in the trial will be informed in private there is no need to repeat the test. All blood taking and counselling will be conducted by a dedicated team of qualified HIV Testing and Counselling staff, done in privacy on a one to one basis to ensure confidentiality. We will follow the national HIV testing service (HTS) strategy for home-based testing services (HBTS), using approved rapid HIV antibody testing kits, requiring ~600uL of blood from a fingerstick blood sample.^{33,34} Participants with a negative test will be counselled on sexual risk taking and risk of HIV infection and informed we will invite them to be retested in any further survey. Participants with a positive result will be counselled in private about behaviours and ART, and the importance of treatment and care, and referred to the nearest HIV care facility. Participants will provide 1.5ml of blood for HSV-2 through fingerprick, stored and transported in Microtainer EDTA tubes for analysis. HSV-2 will be examined using Kalon gG2 ELISA test kits (Kalon Biologicals Ltd, Guilford, UK). Among migrated AGYW, should feasibility of blood draw and diagnosis through laboratories in Kisumu be logistically unfeasible, we will provide referral and pay for test costs e.g. through vouchers at a reputable clinic within their area, as this was successfully done among AGYW followed up by Duflo et al,¹⁷ in a similar follow-up study post-schooling. Participants who are HSV-2 positive/indeterminate will be counselled and informed about the potential for symptoms of primary and recurrent genital herpes and referred for care if symptomatic.

10.8.3 Antenatal, maternal and hospital facility records

Antenatal, maternal and hospital/clinic facility record follow-up will be conducted to validate self-reported data on SRH, maternal and infant outcomes, mental health, and other events including coronavirus. Consent/assent/CCG2 Fact Sheet, PIS will describe this component in the study. In the consent/assent participants will confirm that they agree to sharing this data with CCG2. These data will be captured from participants in two ways: i) from the surveys where questions will be

asked on their health, health seeking behaviours, facilities attended, and health outcomes, and ii) health events that have been recorded through the CCG2 Event Update SMS system. Any health event reported by participants in the survey will be clarified with the participant if needed, and valid events followed-up at the facility and cross-referenced against the health record. All SMS messages sent by participants to CCG2 and referring to an event will be followed up with a return call by a trained CCG2 female staff member, to clarify any message sent. Based on the details provided, a CCG2 staff member will make a follow-up visit to the health facility reported as the attending health service, or when appropriate, call by mobile. This will enable CCG2 to verify the participants reported information and add any missing details, e.g., for birth of a baby, capturing details on birth outcomes, date, gestational age, weight, and other clinical observations.

10.8.4 Health economics

The aim of this component is to contribute to the scientific evaluation of the prior trial and to provide national and international policy makers with sound economic evidence in support of decisions related to wider implementation of the trial and follow-up findings. The objectives of the economic analyses are 1) to estimate the societal cost consequences and the societal cost-effectiveness of the intervention packages, including the health services perspective, as compared to the current situation in western Kenya (controls), where effects were evidenced, and 2) to inform policy makers on the attractiveness of the approach. The expectation is that prior trial interventions will a) be cost-effective in terms of cost per dropout and SRH harm averted compared to the control arm, and that b) the prior trial, and subsequent follow-up will show a zero net long-term societal cost change or a societal return on investment from the intervention packages, and that the resulting economic evidence will c) support wide-scale implementations in similar settings. In addition, secondary outcomes will be evaluated. The implementation and societal costs of the three prior interventions will be costed using 'real life' costs incurred outside of the research system, including other factors that are likely to drive up costs if imported on the local market. These will be compared and used along with the outcomes to perform empirical cost consequences and cost-effectiveness analyses, supplemented by the estimated long-term economic outcomes as estimated by the World Bank model on investing in girls (estimated as US\$ 27,415 per Kenyan girl not dropping out of secondary school.³⁵

10.8.5 Qualitative studies

Our FGD and IDI will follow the same methods as the prior trial. As it is a cohort already engaged previously, there will not be a 'baseline' prior to the start of any activities. We nevertheless will engage participants at an early stage in the follow-up in the first study year, to gather experiences since the trial finished, as well as conducting FGD and IDI in the final study year at the end of the cohort follow-up.

10.8.5.1 FGD

FGD guides will be developed to discuss topics of importance to the study objectives, with probes to build further knowledge. However, they will be flexible to allow for issues of importance to participants to emerge, also for survey findings to be explored as required. Before starting participants will provide their written informed consent (see consenting section, below). Participants will be informed of 'ground rules' where they agree that information discussed is confidential and will not be discussed outside of the FGD. They will be asked if they approve of audio-recording of the FGD before it is switched on. Each FGD will take approximately 1.5 hrs. Note takers and moderators will be female in the AGYW FGD. Participants will be given numbers with no names mentioned, and any personal identifiers will be removed from transcripts. Food and refreshments will be provided, and the discussions will adhere to coronavirus-related safety measures if applicable, e.g. use of PPE, physical distancing, and be conducted in a well-ventilated space.

10.8.5.2 *In-Depth Interviews*

IDI will be conducted on a one-to-one basis, using an IDI guide, covering topics like those covered in the FGD, enabling individuals to describe their knowledge, perceptions, and experiences. It will be conducted in a private safe place chosen by the participant. We anticipate each IDI will take approximately one hour. Like the FGD, all participants will be informed they can miss out answering any questions or stop the interview at any time. Some occupational and socio-demographic information will be collected, but no names will be recorded to maintain anonymity.

10.8.6 *Menstrual cup follow-up*

Participants who had received a menstrual cup during the trial will be questioned on whether they continue to use it, and any issues they have faced with longer-term use. Participants will be asked to bring their cups to the survey so that they can be physically examined, to assess viability. Should the cup show clear evidence of use, but is unsafe due to damage, a replacement will be given. If the cup is not used, discussion around reasons for not using, and arrangement for training to support use can be given. Should a cup be unsafe due to damage, with clear evidence of participant continued use, we will replace with a locally sourced high standard menstrual cup (e.g. Ruby Cup).

10.8.7 *Verbal autopsy and death registration*

Every reported death, from the prior trial through to the end of this study will be recorded, with a detailed review of cause of death. We will set up a mortality register for all participants of the prior trial. First, we will log in all details on any participant who died during the prior trial and was reported in our SAE Report form. Where verification of cause of death is needed, we will cross-check our SAE Report against verbal autopsy (if in HDSS) or civil registration records. During the process of CCG2 follow-up we will record any deaths retrospectively and prospectively, with a follow-up using the existing SAE Report Form. On an annual basis we will also cross-check all deaths in the HDSS using the HDSS Verbal Autopsy database. Hospital and civil registration registers for participant and offspring deaths will be examined if available, where verification of cause of death is required.

10.8.8 *Rush University overlap study*

A Rush University, LSTM and Nyanza Reproductive Health Society study, approved by Maseno University (#01021/21) has started in same aged girls in our study area. Girls enrolled will not be excluded from CCG2. To prevent overburdening we will combine survey visits and use the CCG2 questionnaire. Girls have consented to the Rush study so only need to consent to CCG2.

11 DATA MANAGEMENT

11.1 DATA COLLECTION

11.1.1 Variables to be collected

11.1.1.1 *Girls survey*

Questions will include AGYW's residence and her household members, marital status, and socio-economic status. All AGYW will also be asked details of their prior and current type of employment and income, financial independence, and their husbands' educational level and employment. We will request information on AGYW's SRH history (e.g. sexual debut, partners, contraceptive and condom use, transactional or coerced sex, menstrual health), fertility (history and current pregnancy), and maternal history (antenatal and maternal care [place, persons attending TBA/SBA], and birth outcomes including stillbirths, abortions, neonatal/infant deaths, maternal complications). Other health concerns and harms will be asked, such as smoking and

alcohol use, and if they have been diagnosed with any disease (and which facility was attended) or encountered trauma/injuries or gender-based violence We will ask them to self-report their mental health using standard scales (PHQ-9-A, GAD7, PLC). Health of their babies and children will include questions on vaccination status, illnesses, and outcomes. The survey also offers a unique opportunity to examine the health and social effects of COVID-19 on AGYW. COVID-19 related stress effects are included within the survey questionnaire. Questions will ask if participants have experienced changes in work, income, violence or sexual harassment, quality of relationships, worries related to covid infection, becoming infected and vaccination status. Coronavirus infection and any long-term sequelae will be recorded. Access and uptake of COVID-19 vaccines will be added along with any reasons given for vaccine refusal. Among AGYW who bring their menstrual cups, female staff will observe and document: colour of cup, general wear and tear, damage to the cup or tail, tail length, presence of detritus and smell. AGYW will report if the cup was used in the prior period, challenges encountered, about handwashing, and cup cleaning, if anyone else used it, and if it was dropped in the latrine.

11.1.1.2 *Health records*

Reviews will be conducted to validate self-reported data on AGYW participant's SRH, maternal, mental health, and other events, such as malaria in pregnancy, TB or other communicable diseases, and hospitalised injuries. Maternal, neonatal, and fetal outcomes from existing maternal registers will be captured.^{36,37} These will include maternal age, gravidity, type of delivery, birth complications, mortality, and for the baby the gestational age, birth weight, sex, 1 minute Apgar score, and birth outcome, using standard definitions (see box). We will also record data on AGYW's children's vaccination history, and if covid-19 vaccination was available and accessed

Definitions of maternal, neonatal, birth outcomes

Delivery: normal (vaginal), forceps, caesarean section, ventouse cap, other

Maternal outcome: prepartum, postpartum hemorrhage, puerperal sepsis, death

Gestational age (GA) in weeks: using standard definition of pre-term babies < 37 weeks

Birth weight in grams: using standard definition of low birth weight (LBW) <2500g

Live birth: born with signs of life (non-0 Apgar score at birth), >500gm or if no weight >24w GA.

Abortion (product of): fetus born weighing <500gm, or if no birthweight recorded a GA of <28w

Stillbirth: early fetal death <28w, versus late $\geq$ 28w fetal death

Maceration: evidence that stillbirth died antenatally, e.g. signs of skin, soft tissue damage

11.1.1.3 *Verbal autopsy and death registration*

The standardised HDSS Verbal Autopsy form will provide data on time, place, and cause of death, whether hospitalised, signs and symptoms reported by the key informant, and the algorithm-based postulated 'cause' of death. Civil registration data on deaths will provide data on time and place of death, hospital/clinical diagnoses, or key informant reported cause of death.

11.1.1.4 *Health economics*

Data on the incremental financial and economic costs of prior interventions will be collated. Where resources (e.g. staff) are shared between more than one element, costs will be allocated using a suitable proxy. Costs for research activities will be excluded. Financial costs will be obtained from project expenditure records. Economic costs (including financial expenditure and donated resources) will be identified from project records and via social science activities, with a value for donated resources being imputed from market rates. Capital costs will be annualized over their useful life (financial costing) and annualized at a discount rate of 3% in the economic costing. The numbers of HIV and HSV-2, and poor maternal outcomes averted in prior intervention groups compared with the prior control group will be used to calculate disability adjusted life years (DALYs) averted using standard methods.³⁸ If the epidemiological data suggest an effect on other health and child outcomes, this will also be included in the DALY calculations.

11.1.1.5 Qualitative studies

FGD and IDI will generate data to build an understanding of AGYW health, and social status. Guides will follow a similar pattern of open discussion on topics questioned in the survey. This will include on AGYW's health and health of their children; experiences they have had with pregnancy and delivery of babies, and health of their children. Issues around accessing health services will be probed to document if AGYW consider they are empowered to seek help and their ability to navigate the health system successfully. We will also ask questions around employment opportunities and income generation. Layered over these questions will be probing around perceptions of interventions provided in the trial, and (for those able) whether staying on through to Form 4 graduation has influenced ability to transition into adulthood successfully.

11.1.2 Study tools

11.1.2.1 Girls survey tools

Survey tools are presented in the Appendix. The behavioural and health survey tools are based on those used in the trial, with some adaptations to reflect nearly all AGYW are no longer school-based. The questionnaire will be self-completed using electronic tablets, which all participants previously used in the prior trial. Field staff will retrain AGYW on use to ensure participants are confident using the tools. Field staff will also have electronic tablets, to document participants seen and those who are unavailable or who have moved. Female staff will complete an electronic form for each participant presenting with their menstrual cups and observed findings. Logs will be kept on the biospecimen **survey in** participants. Separate confidential results forms will be completed, with one copy shared with participants, and another stored in a locked cabinet at KEMRI.

11.1.2.2 Antenatal and hospital/facility record reviews

Ministry of Health registers will be used to validate AGYW participant and offspring self-reported hospitalised health events.

Records will be abstracted from the MoH registers, including MOH-301-IPD register, MOH-333-Maternity register, and the MOH-404-ANC register, and vaccine records

11.1.2.3 Verbal autopsy and death registration

The prior trial SAE Form will detail events around the individual AGYW's death. The standardised HDSS Verbal Autopsy form will be able to contribute additional data on time, place, and cause of death, whether hospitalised, signs and symptoms reported by the key informant, and the algorithm-based postulated 'cause' of death. Civil registration data on deaths will provide data on time and place of death, hospital/clinical diagnoses, or key informant reported cause of death.

11.1.2.4 Health economics

Spreadsheets will be designed to record all costings related to prior trial study interventions, and to capture costs relating to health and social outcomes (see 11.3.2 for details below).

11.1.2.5 Qualitative methods

In parallel with the survey, we will conduct focus group discussions (FGD) and in-depth interviews (IDI) with participants, health and community stakeholders, to provide contextual data to enhance and explain survey, care-seeking, costings outcomes, and to understand participant and community perceptions of the value and outcomes of the prior trial. Guides have been prepared for FGD and IDI, based on prior trial materials, adapted for AGYW as they transition into adulthood.

11.2 DATA STORAGE

11.2.1 Database management

KEMRI data servers are routinely used to manage and store research data under strict protocols and procedures. Data inputted in the field onto tablets will be uploaded real time onto the encrypted designated KEMRI server, backed-up on a continuous basis on an encrypted secure server at LSTM, Liverpool, with an additional standalone encrypted backup. Data will be stored electronically in csv format on a password-protected study dedicated computer at KEMRI. Logs will be digitised, and password protected. To minimize the risk of loss or disclosure of qualitative data, audio, and written, data will be uploaded in a password protected designated site (e.g. restricted Dropbox) once transcription and checks have been completed. All staff will receive briefings on the principles of confidentiality, data management and protection. The research data will be stored for the long-term in the original electronic format, in a unified large database and a public database that contains all research data other than participant identifiable data. The public database will be updated when needed if software becomes obsolescent to achieve long-term preservation. The data will be preserved in this way for 3 years or longer if still being accessed at that stage.

Quantitative data will be collated into a common dataset using a statistical package (e.g. SAS, Stata or SPSS). All data will be anonymized using unique anonymized participant identifiers. Place names which might result in participant identification will only name the large administrative unit. Both raw and cleaned data at each institution will be stored on a server with password protection allowing authorized users to access the study databases. Each database will be secured with its own password, with access to the data for analysis overseen by the study PI. All potential identifiable data will be removed.

11.2.2 Software to be used for data entry

Robust android tablets applicable for field use will be used for self-completed data entry by the participants. Prior tablets successfully used for field work among adolescent girls in this setting, and available for this study are Altatel One touch Pixi 3.8" LTE 4G (9022x) Tablets. We estimate having ~50 Tablets available, allowing multiple use in the home-based survey. Data entry of qualitative data would utilise Olympus DS-2500 Professional Dictation Machines. These have proven to be highly efficient in recording focus group discussions and in depth interviews and allow for efficient transcription. We anticipate requiring the use of ~4 dictation machines, for the various participatory studies.

11.3 DATA ANALYSIS

11.3.1 Quantitative analyses

Primary analyses will follow the intent to treat principle, with secondary analyses conducted on the **trial** per protocol population. Generalized linear mixed models (GLMM) will be used to analyse outcomes. The models will include treatment as a fixed effect, and quadruplets (groupings of four schools that were matched on school size and subcounty for allocation of trial interventions), and cluster within quadruplets as random effects. For GLMM analysis of a binary outcome (e.g. HIV/HSV-2), binomial distribution and log link functions will be used. The relative risk for having an outcome and its 95% confidence interval (CI) will be derived from the model. For GLMM analysis of a continuous outcome, normal distribution and identity link functions will be used. Mean difference and its 95%CI will be derived. For GLMM analysis of recurrence of events (e.g. gender-based violence), Poisson distribution and log link functions will be used, and incidence rate ratio and its 95%CI will be derived. For analysis of a time-to-event outcome, the cumulative event rates by treatment arm will be displayed using Kaplan-Meier plots and compared using log-rank test. Cox model will be used to calculate hazard ratio and its 95%CI.

Covariate adjusted analysis of outcomes will also be performed within the GLMM framework with the pre-specified covariates added to the above GLMM models. Continuous variables will be summarised by number of observations, means (SD) or medians (IQR); categorical variables will be summarised by the number and percentage of events. Detailed statistical analyses will be described in the statistical analysis plan. Results will be reported following CONSORT and STROBE guidelines, as necessary. Data will be analysed using several statistical packages, e.g. SAS 9.4, and StataSE 14.0 (StataCorp LP, College Station, TX USA).

Factorial analysis will support secondary analyses of the primary and secondary outcomes with collapsed arms (e.g. the prior cash arms, v non-cash arms). While not a perfect factorial design, this will allow a broader range of analyses. Secondary analysis of the primary outcome will be conducted using ‘at the margins’ (as opposite the ‘inside-the-table’ analysis used in the primary analysis) analysis of the pooled effect of prior cash vs no cash and prior cups vs no-cups taking the factorial design into account by comparing the efficacy in clusters who received cups (cups alone or cups plus cash) vs clusters that did not receive cups (no cash-no cups [control] or cash, no-cups). We will compare the effect of prior cash overall by comparing the risk in clusters that received cash vs those that did not. Analysis will explore the interaction between the effects of cups and CT to determine if the effect of cash modifies the effect of cups or vice versa in which case the at-the-margins effects should be interpreted with caution.

11.3.2 Health economics

An economic evaluation will be conducted to provide evidence for the cost-effectiveness of the prior trial interventions. The participant-related and programme costs of the regimens will be compared and used along with the outcome data to perform cost-effectiveness analyses. The economic evaluation will extend the approaches outlined above, including the intention-to-treat analysis and the subgroup and covariates analyses, with adjustments for SES, given the chosen primary and secondary group outcomes for participants followed across the three intervention arms, using empirical individual data on the enrolled girls, resource use and unit cost. The societal and health care perspectives, including health service costs in all arms will be compared over the trial horizon in a probabilistic approach, using Monte Carlo bootstrapping methods in STATA and @Risk software. The outcome measure will be the median estimate, confidence interval of the average cost in each arm, including (limited) health service cost off-sets. The reference case will be the comparison of the combined arm (cups plus cash) with the prior two single intervention arms and participants in the prior control group, and will include changes in resource use, number of dropouts, other SRH harms, and quality-adjusted life years gained using standard probabilistic sensitivity analyses and standard discount rates.^{39,40} This approach allows for different case-mix and avoids the stochastic fallacy and will determine if CCG will be as or more cost-effective compared to the current standard of care.

Cost-benefits analysis and return on investment analyses will be conducted using incident health and employment data generated, against intervention costs incurred in the prior trial. This will enable us to measure the cost-benefit and return on investment of trial interventions on health outcomes and estimate the cost-benefit and return on investment of trial interventions on social equity, agency and social capital. The estimated long-term economic outcomes as estimated by the World Bank model on investing in girls will be used. The total costs of intervention will be compared with the total economic benefits achieved among participants who completed schooling. The odds-ratio from the estimation model (described under ‘cost-outcome analysis’) will be useful for estimating the economic benefits of having prevented school dropouts due to the prior interventions (cups, cash transfer, and cups plus cash transfer). For measuring the economic benefits, we shall employ data on economic loss (averted) due to school-drops (prevented) from other secondary sources in absence of such data in Kenya. The model will be data-driven using individual data on the girls, age-standardized for the region, and providing the

uncertainties and sensitivity analyses of the long-term estimates, according to GMP.^{39,40} Interventions with higher return than investment should be recommended for scale-up.

Cost-effectiveness analyses: Incremental cost-effectiveness ratio (ICER) of interventions comparing the prior four groups (control, cash, cups and cups with cash) will be estimated. ICER will capture what additional costs are involved in achieving additional outcomes through the interventions in comparison with each other. ICER will find out the effective intervention alternatives which can contribute to expected outcomes with the costs of interventions. A model-based probabilistic cost-effectiveness analysis using TreeAge software will be used. A TreeAge model will be constructed based on the available literature and existing country information to compute the number of life years surviving. As the outcomes depend on quality-of-life and other wellbeing changes, no adjustments will be made for survival nor will additional (disease) severity stages will be included in the three trial arms with the control arm, using the original participant-level trial data and data from the control cohort. The reference case will be the comparison of interventions between arms and will include changes in resource use against the historical data, number of deaths, and life years gained using standard probabilistic sensitivity analyses and standard discount rates.^{39,40}

11.3.3 Qualitative analyses

For FGD and other participatory activities, data will be transcribed and coded using inductive and deductive approaches to reach study objectives and enable voiced issues of importance to the girls themselves as well as stakeholders to emerge. Transcripts will be managed using Nvivo 11 (QSR International, Doncaster, Australia). For quality control, all transcripts will be reviewed by the lead qualitative research scientist and a portion of them will be back translated for quality control evaluations. Findings will be analysed thematically with triangulation of results between different groups and across time to provide a comparison across as well as an overview of key issues.

12 ETHICAL CONSIDERATIONS

12.1 ETHICAL OVERSIGHT

Full informed consenting for all activities will take place prior to initiation of research activities. All prior girls trial participants will be 18 years and older by the start of this study and will not require parental consent. Female field research staff will read through the content with participants to ensure they fully understand. If at the time of the proposed meeting date the person considers all information has been made available and all questions answered during the consenting process, then the individual can sign the consent. If a person wishes to read the consent on their own before deciding, they will be given 5 working days to make a decision. The research assistant would then return to meet them at a location of their choice in approximately 5 working days (taking into account the persons' own commitments) to complete the consenting process or to accept decision to decline. All groups will be informed they are free to refuse or withdraw should they wish to do so. Consents will be stored in a locked cabinet, accessed only by authorised staff. LSTM will be the *sponsor*, providing governance and oversight. Standard ethical procedures will be upheld, including reviews of protocol, tools, and consents by LSTM and KEMRI's ethical review boards, and annual feedback and renewal to ensure adherence to the highest standards. We will register study and receive approval from NACOSTI prior to initiation.

12.1.1 Participant confidentiality

Participant data will be collected using standardized case reporting forms on electronic tablets, using Open Data Kit (ODK) software. All personal identifying data will be anonymized at the source with ID numbers. Stored data will be stripped of names and password protected for use by

named research staff only. All data storage will be encrypted, and password protected. Qualitative data will be anonymized using IDs without names appended to individuals who have participated.

12.1.2 Risks and safeguarding

AGYW in the community are potentially vulnerable requiring safeguarding procedures to be in place.⁴¹ Project activities will be evaluated in workshops with stakeholders prior to study start, mid-way, and at study end to identify any safeguarding issues and how research staff and community partners can mitigate these. Prior to study commencement we will identify *in situ* safeguarding mechanisms to support AGYW's and support improved mechanisms to ensure their safety. A priori, critical safeguarding can already be introduced at the start of the project, for example, only female staff will survey AGYW in their home, activities such as FGD will be held in 'safe space' environments and completed before dusk. Any provisions for AGYW will be provided by female staff, and participants will be reminded that these are free. Participants will be given a CCG2 Members Pack, including guidance on who to communicate with should the need arise. Unscheduled spot checks will be conducted by senior staff to monitor security. Any event will be reported to LSTM's safeguarding hotline to seek expert support. Staff are trained, and detailed guidelines on COVID-19 prevention activities are provided in the protocol, consents, and assents to minimise risks. Safeguarding for staff will also be in accordance with KEMRI policy, e.g. males will not interview AGYW alone, and no staff will work after dusk, or during any political turmoil. Staff will be protected against covid-19 through use of PPE at times of transmission. See safeguarding mapping tool (p 28).

Should any participant feel distressed by the survey or other study activity or be found to be suffering depression or report other mental health problems such as suicidal ideation, we will provide initial counselling with our female counselling staff, and then refer to the Siaya services identified to support AGYW who require counselling for mental health. These services are listed in the safeguarding mapping document. For all such cases we will liaise with our MoH Siaya collaborator to ensure best practice.

The risks of taking blood from AGYW through fingerpricks are small. Very rarely the skin area that was used for taking blood may become infected. Blood sampling may be inconvenient and may cause minor discomfort and bruising and local infection if not conducted adequately. The volume of blood collected from each participant will be 600uL of blood for HIV, and 1.5ml for HSV-2 through fingerprick each time. Well-trained nurses and laboratory staff employed on the study will perform blood-sampling tasks. New and sterile disposable fingerprick needles will be used for blood sample collection. Universal precaution measures for blood handling and disposal will be observed and used needles and other waste will be safely disposed immediately after use.

12.1.3 Benefits for participants

Participants will not receive any further interventions, now the trial is completed. They will receive items in the CCG2 Members Pack (hygiene materials depending on the covid situation such as face mask or a small bowl, hand sanitiser or soap, and a small hand towel). Participants knowledge of their health status (HIV, HSV-2) will contribute to their improved health and social outcomes. Participants are thought likely to benefit from improving their self-esteem and autonomy by contributing to the study.

12.1.4 COVID-19

We will follow the Government of Kenya and KEMRI public health directives on minimizing COVID-19 exposure to participants and staff, in our community-based study activities. The consent forms will describe COVID-19 related risks and how the study will mitigate harms; those uncomfortable with these precautions or unwilling to participate will be assured they are entitled to refuse or withdraw and will continue to receive all standard health care services. Staff will be trained on

COVID-19 spread prevention measures before any fieldwork commences. On arrival at participant venues, in a well-aerated room or outside open space, selected by the participant to be safe, comfortable, and private, we will request they wear a mask, and provide them with hand sanitizer for use during the study activity. Staff will wear appropriate PPE and maintain physical distancing of about 1.5 meters. Any staff or participants with positive symptoms will be transferred to the KEMRI-MoH track and trace system, and referral for care.

12.1.5 Local project management committee

A local project management committee comprising of the project PI's, co-investigators and some members of the field research team will be formed. It will meet every two months to oversee day-to-day running of the study and guarantee timely study outputs. Stakeholders will be invited should a particular topic be raised for discussion. Impromptu meetings will be held as required for project management.

12.1.6 Independent external project advisory committee

An external project advisory committee comprising representatives from research and public health practice will be formed, meeting once to twice a year, based on need, to guide technically and assess study progress.

13 EXPECTED APPLICATION OF RESULTS

The study site typifies rural settings across SSA allowing generalizability. Results from the study will influence decision-making in the short and medium-term, quantifying the value of the provision of school-based interventions on AGYW's health and social equity, as they transition to adulthood, and providing multi-sectoral indicators that address gender equity. Findings will strengthen development agencies policies and resourcing CT, and programme support for provision of sustainable menstrual products. Evidence on SRH and risk of maternal and infant health outcomes monitored longitudinally will inform the direction of causality relating to child marriage, school dropout, and pregnancy. Data will build local knowledge on prevalence of under-reported maternal (e.g. stillbirths, abortions, obstetric fistula) and other (e.g. mental health, gender violence) outcomes, and define who requires targeted health and social services, or continued interventions *after* school completion. Findings will support understanding of post-trial effects; both for significant or non-significant trial effects, providing critical evidence on the value of school interventions for AGYW beyond their school years. Other inadequately evaluated effects e.g. mental health, will contribute valuable information on AGYW.

Change-makers: 1) *AGYW and their community:* will gain insights on population health and social inequity and the impact of (trial) interventions. Evidence-based demand for services and resources will help support change. 2). *Kenyan MoH and MOE* stakeholders will lead interpretation of health and education outcomes and use data to inform local and national decision making; findings from our research to date have contributed to national guidelines, with trial researchers advising on ministry committees. 3). *International development agencies* who support CT programmes e.g. World Bank, will be provided findings to inform their policy analyses, to support and strengthen AGYW programmes. 4) *Researchers* who have generated data,^{16,17} and others planning CT studies will use findings to update their theories of change to include medium-term outcomes. 5) *Local and international agencies* who provide menstrual health and adolescent health guidance will be provided results to inform their return on investment models on school interventions and experiences of continued use of menstrual cups. 6) *SRH and menstrual health researchers* and advisory experts will use findings for their research and programme planning and strengthen research uptake.

Social impact: Community awareness will be raised on the importance of girls transitioning to healthy and productive adults, to empower their lives. We cannot predict medium-term outcomes, but our research will impact out-moded social norms by encouraging communities and stakeholders to further embrace education for all, and the rights of AGYW to make healthy choices, e.g. seek contraception, and birth-spacing, and to improve their access to antenatal, maternal, and infant/child health services.

14 TIMEFRAME AND DURATION OF THE STUDY

	Year 1	Year 2	Year 3
Protocol Development	■		
Review and Approval		■	
Data collection		■	■
Data analysis		■	■
Report preparation		■	■
Dissemination			■

The official start date is April 2022. We anticipate starting procedures for the field work in July 2022, once KEMRI and LSTM ethical approvals received. Depending on local circumstances given there are national elections, the field survey start may be delayed until Sept/October 2022. We expect to complete the study in December 2024.

15 BUDGET

15.1 BUDGET SUMMARY

The Kenyan budget estimate for this project is GBP (£)1,006,367 (Ksh 150,955,088). The summary breakdown of costs is shown in the below table UK grant is in GBP.

Budget Item	GBP budget
KEMRI staff	439,404
Participants	18,396
Equipment	3,000
Supplies	56,739
Travel: local	80,459
Travel: other	5,970
Operational	220,648
Contingency	26,738
Regulatory	1,500
Overheads	153,514
Grand Total	1,006,367
Exchange 1GBP=Ksh150	150,955,088

15.2 BUDGET DETAILS

Personnel (£439,404) this comprises a cost allocation for salaries, and benefits of co-investigators, project manager, field supervisors, nurses, qualitative team, field workers, and office staff. Participants (£18,396) this supports ~4000 participants' travel and refreshments, and covid protection (masks, soap), and support reimbursement of SMS messaging of vital events. Equipment (£3,000) will cover costs of 2 laptops and accessories (£3000). Supplies (£56,739) includes office supplies and other consumables (£7,000), airtime and communications (£5,880) and the remainder is designated to covid-related protection for staff, sanitation for vehicles, temperature guns, disposable equipment (£43,859). The contingency budget, which is currently ~3% (£26,738) allows for uncosted and unforeseen events requiring budgetary support. Local travel (£80,459) expenditure covers all field-related travel including travel to locate AGYW who have left Siaya. A small budget of £5,970 has been allocated to international travel and accommodation. Operational (£220,648) will support staff training and stakeholder workshops (£3,000), cost of lab tests for HIV and HSV2 (£193,648), and an annual £8,000 contribution to support KEMRI's HDSS (£24,000). Regulatory (£1,500) this covers NACOSTI registration fee and SERU costs for reviewing the protocol. A budget of 18% on the total study costs (£153,514) has been set aside for overheads.

16 BUDGET JUSTIFICATION

The **Kenyan** budget allocation above was awarded by the UK funder follow-up AGYW who were previously in the Cups or Cash for Girls trial. The budget items listed above allow for full coverage of all aspects of the study. We have allowed for full salary support for up to 8 KEMRI office and field staff salaries as well as contributing to co-investigators salaries. The budget will provide support to HDSS so that it can help to identify and follow-up AGYW, with adequate travel to allow for problems that may arise with regard to difficulty in locating AGYW and requiring repeat visits. We allocate a large resource for supplies and the operational budget to allow for expenses with field and lab costs, and unknown needs relating to covid-19. Should the latter not all be required it will be repurposed to add to the contingency, to support unexpected costs, such as broken electronic tablets, expensive field travel to find migrating AGYW, and extra communication costs.

17 ROLE OF INVESTIGATORS

Prof Penelope Phillips-Howard, PhD, is Professor of Public Health Epidemiology at the Liverpool School of Tropical Medicine (LSTM), UK. She is the Co-PI of this study and will support the KEMRI Co-PI, in the design and development of the protocol. She is responsible for LSTM related documentation such as ethical approval, finances, and contracts, and reporting to the UK funders. She will provide oversight on data collection tools, methods, safeguarding, interpretation of findings, and manuscript preparation.

Ms Elizabeth Nyothach, MA, is a senior research officer at KEMRI/CGHR. She is the Co-PI of this study and will be responsible for the development of the site-specific protocol, standard operating procedures (SOPs), training of personnel, recruitment of study participants, liaison with field and laboratory staff, and with community leaders. She will oversee the qualitative research activities and lead analyses. She will provide all the onsite oversight coordination of this study and its conduct, data collection, interpretation, and manuscript preparation.

Dr Annemieke van Eijk, MD PhD, is a senior clinical lecturer at LSTM. She will provide technical support on the evaluation of the sexual, reproductive, and maternal health of participants. She

will support the cleaning and preparation of data, and participate in analysis, interpretation, and preparation of manuscripts.

Dr Daniel Kwaro, MD, a principal research officer, at KEMRI/CGHR. He will participate in providing clinical guidance throughout the project related to HIV and HSV2, training on clinical components of the study, and support liaison with the Ministry of Health. Care to study participants and supervision of clinical officers and other study staff. He will participate in interpreting data and manuscript preparation.

Dr Linda Mason, PhD, is a senior lecturer at LSTM. She is a social scientist and menstrual research expert; she will support Ms Nyothach and the KEMRI team on the design and development of qualitative components of the study including tools, data collection analysis and interpretation.

Mr David Obor, MPH, is a senior research officer and head of the HDSS KEMRI/CGHR. He will lead all activities involving linkage with HDSS, and provide technical support and guidance on data collection, data management, and participate in analysis, interpretation, and manuscript preparation.

Ms Garazi Zulaika MPH is a technical officer at the LSTM, based in Kisumu Kenya. She provides field epidemiological and technical support for sampling, mapping, and follow-up of participants, and will draft the statistical analysis plan. She provides support on logs, collection of clinic records, electronic tablet questionnaires, data management, and analysis. She participates in manuscript preparation.

Dr Eve Worral, PhD is a health economist at LSTM. She will lead the health economics component and provide support in design and development of tools, analysis and interpretation of economics data. She will participate in manuscript preparation.

Prof Duolao Wang is a Professor of Biostatistics at the LSTM and is chief statistician for this study. He will provide guidance on the statistical analysis plan and lead the statistical analysis, linking data with the prior trial.

Non-engaged collaborators

Ms Eunice Fwaya, BPharm, is the Director of the Director Medical and Biomedical Services and acting chief officer health Ministry of Public Health, Siaya. She will provide guidance and liaison with hospital and clinical services and will advise on local health needs. She will participate in interpretation of findings and dissemination.

Prof Philip Spinhoven, PhD, is a Professor of Clinical Psychology at Leiden University, The Netherlands. He will provide guidance on mental health components of this study.

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19 APPENDICES

19.1 APPENDIX I. SAFEGUARDING MAP

The below map of safeguarding will be reviewed in the first Stakeholder engagement workshop, adding further details on referral and best care practices.

SAFEGURADING MAPPING TOOL - v 0.3 30 th Mar 2022						
LSTM Dept.	DOCS	Title	Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2)			
Summary	This project will follow-up adolescent girls and young women (AGYW) enrolled in a prior school-based randomised-controlled trial (SERU #3215; LSTM #15-005) to measure if prior interventions have any medium-term effects on AGYW sexual and reproductive health (SRH), mental health, and social equity as they become adults. Measures will evaluate if prior interventions effect the prevalence of HIV, HSV-2, gender-based violence, mental health, age at first marriage, age-equitable partners/husbands, age at first birth, contraceptive use and fertility, maternal, neonatal and child outcomes, such as proportion of low birth weight, stillbirth and neonatal mortality, and health decision-making, such as health care seeking and vaccination status. Focus group discussions and in-depth interviews will provide contextual data to interpret quantitative findings. Cost-benefits analyses and returns on investment of prior trial interventions on health and social equity will be measured. Outcomes will contribute evidence for decision-making on investments to support gender equality for AGYW, and results will be widely distributed through multiple channels.					
Start Date	07/2022	End date:	12/2024	Country	Kenya	
PI	Phillips-Howard	Programme Manager	Elizabeth Nyothach		Funder	MRC UK
LSTM code of conduct		LSTM will be sponsor		Does the programme use volunteers?		No
Collaborating partners		Kenya Medical Research institute (KEMRI), Liverpool School of Tropical Medicine, Leiden University and Ministry of Health (MoH).				
Safeguarding Risk Identification		What are the risks			How will the risks be mitigated/managed?	
1. Potential safeguarding/protection risks for beneficiaries that may occur within/as a result of undertaking the research?		AGYW: (1) They may be impoverished and feel obligated to join the study for incentives (2) Participation by AGYW may not be welcomed by others in family or community. (3) AGYW may form attachments with staff, expect or hope for favours (4) AGYW may give away ‘secrets’ requiring safeguarding actions (5) Loss of confidentiality of answers			(1) Clarify any reimbursements relate to study travel, refreshments during study activities. (2) chief local meetings first, ensure the study purpose is explained to ‘heads of household’ /family to minimise any possible conflicts plus parent-guardian consent. KEMRI partners / field researchers will minimise this risk by being culturally attuned and sensitive to the community and population. Our research field staff will be receive a refresher training to remind them of this during training. (3) Staff training to maintain professional boundaries. (4) Contact details provided for social support in local area; if needed further referral support through project stakeholders, to other services. (5) Participant trained to keep their personal information private; staff trained to ensure confidentiality and anonymity maintained	

	(6) Distress relating to prior school dropout (7) COVID-19 transmission	(6) We believe based on prior experience in this population and questioning on this in routine census surveys this would be minimal; however, study nurses will be available to make house visits to provide support should any distress be caused. (7) Staff are trained, and detailed guidelines on COVID-19 prevention activities are provided in the protocol, consents, and assents to minimise risks
2. Potential safeguarding risks for staff, students, volunteers, contractors, consultants or visitors?	(1) Research assistants in the field may be at risk if they work alone or work late after dusk. (2) Covid 19 infection is a risk due to interactions with participants. (3) Staff may be exploited by locals working in partnership. (4) Male staff may be blamed for taking advantage of girls, sexual favours (5) COVID-19 transmission	(1) Ensure research only takes place during the day and strictly not after working hours. (2) Full PPE and protection upheld, staff trained; (see consent for details) (3) Staff to discuss with manager at early stage to prevent occurrence (4) Males trained to prevent this, no male works alone without female staff accompanying (5) Staff are trained, and detailed guidelines on COVID-19 prevention activities are provided in the protocol, consents, and assents to minimise risks
3. Safeguarding issues that could arise unrelated to the research activity?	(1) AGYW at high levels of gender based violence in this area (2) Local and national unrest that can affect staff. (3) COVID-19 transmission risk to staff	(1) Contact details provided for social support in local area; if needed further referral support through project stakeholders, to other services. (2) KEMRI contingency plan for safe working; if unrest, field work stops (3) KEMRI COVID-19 prevention in protocol.
Additional Information		
<i>International and national legislation/guidance documents in relation to safeguarding, protection of girls in Kenya</i>		
Guidelines for Conducting Adolescent Sexual and Reproductive Health Research in Kenya 2015		
National AIDS and STI Control Programme (NASCO)		
National Plan of Action Against Sexual Exploitation of Children (2013-2017)		
The National Children Policy Kenya 2010		
Child Rescue Kenya (Child Protection Policy)		
HAART's Child and Vulnerable Adult Protection and Safeguarding Policy 2018		
<i>Services available locally as part of victim response for child / vulnerable adult protection</i>		
Centre for Health Solutions, Siaya County Referral Hospital is a one stop centre has psychological counselling service (offering medical, psychological and legal services) with an onsite psychologist, which is accessible for adolescent girls and young women, for sexual and gender based violence provides HIV prevention and care, other counselling needs, e.g. types of mental health including for depression, post exposure prophylaxis, emergency contraceptive services, STI treatment, counselling, police follow-up).		
Siaya County Referral Hospital has a second point of care for psychological counselling, covering hospice care and other psychological counselling needs which is open to girls and young women.		
LVCT Health (Nairobi and Kisumu) to offer HIV testing services, care and treatment.		
JEVA Community-based organization in Siaya, Gem sub-county provides safe space and refuge for girls, GBV counselling.		

DREAMS programmes (Impact Research and Development Organization (IRDO), Catholic Medical Missions Board (CMMB) and Community Initiative Support Services (CISS) in Siaya, including Gem sub county, provide SRH information/education on SRH, hygiene, life-skills, GBV, and counselling services for adolescent girls.
KEMRI health service provide health support, covid testing for KEMRI staff
Action Plan. (What additional action (if any) do you now need to take to mitigate the risks identified)?
Safeguarding of AGYW will be discussed at the first stakeholder engagement workshop to ensure process in place for referrals, and best practice of care can be given, linking with above to ensure local referral in situ. We will develop a SOP on steps on how to proceed with supporting psychological counselling needs of participants

19.2 APPENDIX II. INFORMED CONSENT AND ASSENT FORMS

Version of forms:

Informed Participant Consent: **Girls** Main study – English

Informed Participant Consent: **Girls** Main study – Luo

Informed Participant Consent: Girls Focus Group - English

Informed Participant Consent: Girls Focus Group - Luo

Informed Participant Consent: Girls Interview - English

Informed Participant Consent: Girls Interview - Luo

Informed Participant Consent: Stakeholder focus groups - English

Informed Participant Consent: Stakeholder focus groups - Luo

Informed Participant Consent: Stakeholder focus groups - Kiswahili

Informed Participant Consent: Stakeholder Interview - English

Informed Participant Consent: Stakeholder Interview - Luo

Informed Participant Consent: Stakeholder Interview - Kiswahili

19.2.1 Informed Participant Consent: Girls Main study (English)

Today's Date □□/□□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2), Siaya, western Kenya

Investigators: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK.. Study reviewed by LSTM and KEMRI Ethical Review Committees

Introduction

We are visiting you today because you were previously enrolled in a school-based randomised-controlled trial. You are being invited to take part in a follow-up study to find out if interventions previously provided to you when in school have any continued positive effect as you transition to adulthood. This information sheet will tell you more about the study and your part in it. Please listen carefully. Feel free to ask any questions. This study will be conducted by KEMRI/CGHR among about 4,000 girls.

Background

As girls become young adults, many changes occur in their lives: they leave school and may leave home, make new friends, and may marry, have children, seek employment, and participate in different activities which were not so possible during their time in school. While many of these things are positive as they become adults, some may result in health or financial difficulties. In this follow-up study we are keen to understand if the support given to you while at school, in our prior trial, may have had longer-lasting effects that could help you move into adult life. We also wish to understand whether covid has an effect on you and your family. We are meeting with you today to gain your permission to participate in this follow-up.

Voluntary Participation

You are free to choose to take part in this study or not. If you do not want to participate it will not affect any of your rights. If you agree to participate you can change your mind at any time and withdraw from the study. If you withdraw you will not be contacted again, and no further information from you collected. Information collected before this will be included in our analysis unless you tell us you wish it to be deleted.

Purpose of the Study

This study will look at what effect the prior interventions provided to girls in school could have after leaving school on their health, wellbeing, and employment, and the health of any children they may have.

Duration of the study:

This study will start in July 2022 and is expected to finish by the end of 2024.

Procedure and activities to be followed

If you give your permission to be in the study, you will be visited and invited to complete a questionnaire survey at two times during the study, at the end of 2022-early in 2023, and in 2024. Following on from the prior trial, we will also continue to invite you during the survey to have a test to check if you have become HIV-positive or have HSV-2 since the end of the trial. Just like before, we will take 2ml (about half a teaspoon) of blood using a finger stick. We will be able to give you the result of the HIV test at the time of this visit as we now use the government's home-based rapid test. The lady counsellor will discuss taking the test and your result in private. If you are positive for HIV, she will counsel you about treatment and care, and link you to the local HIV care facility. Results for the HSV2 test will be reported back to you by the lady counsellor after approximately one month. The lady counsellor will phone you to arrange where and when you would like to meet to discuss this. If you had tested positive for HIV or HSV2 in the trial, there is no need to repeat that test.

The survey will ask you questions about your behaviours, health (including sexual, reproductive, mental, maternal and your baby's health), what health services you use, and on your employment, and income, and ask you about how you were able to use the previous school trial inventions. This will include asking girls who received a menstrual cup to bring this, to see if it still working. It will last approximately one hour. You may choose not to answer any question and can withdraw at any time.

We wish to follow-up and check on any health events that required hospitalisations, and also any maternal health services received. To ensure we are able to accurately record important information, we will ask you to let us know, using SMS text services, if important events have occurred during the study. We request all participants to send us a SMS message (0797562680) if:

- You have had a baby
- You have been hospitalised (with overnight stay in hospital)
- You are diagnosed with covid
- Your baby or child has been hospitalised (with overnight stay in hospital)
- Your baby or child has died
- You change your place of residence/address
- You have a new mobile number

You will be reimbursed KS 100/= per SMS reporting of each event. We would also wish to follow-up and check on the health of any babies that have been born to you, so we will go to health facilities to check your records on when babies were born, and information about their birth and their health.

As well as completing the survey, you may also be asked if you would like to take part in the group discussion to talk about these things or complete an interview. Separate forms will be provided for you to consent to this if you are selected.

Study Eligibility

You can take part in the CCG2 study if you were previously enrolled in the prior CCG school-based randomised controlled trial.

Potential harms, injuries, discomforts, inconvenience, or risks of you taking part

Some risks are expected from this study. Some questions in the survey may be sensitive or upsetting. A female nurse or counsellor will be available should you wish to talk about this and we will link you with local counselling services if needed. If your answers to some

questions show you need counselling then we will help with referring, you to ensure you see a trained counsellor as soon as possible. Similarly, some discomfort may occur when blood is drawn for testing for HIV and HSV2. When we advise you of the results, we will provide counselling and will link you with the appropriate local health facility for treatment and care according to national guidelines. You could worry if you have health problems, therefore we will ensure a female staff member can help to refer you to the appropriate health professional for consultation.

You may be at risk of getting COVID-19 if you interact with staff or health facility personnel during study activities. We will put the following measures in place to reduce this risk:

- i. Train our staff on appropriate infection prevention measures to mitigate COVID-19 spread in line with government directives before they embark on any fieldwork.
- ii. Staff will wear appropriate personal protective equipment.
- iii. We will provide hand sanitizer for you to use during study activities.
- iv. We will request you wear a face mask during the study activities.
- v. We will conduct the study activities in a well-aerated room or in an open area where you feel comfortable and maintains privacy.
- vi. We will maintain physical distancing of about 1.5 meters between all participants and staff or other individuals present.
- vii. We will disinfect any equipment used before each participant interaction.

Potential benefits of the study

You will have the benefit of being tested for HIV/HSV2 to ensure you has access to treatment and care facilities, and by receiving support from counsellors for any health issues discussed.

Confidentiality

What you say, and any records kept will be confidential. We will keep your study records strictly private, and information will be stored securely. Nobody but the researchers will see your records. Your name will not be in any publication written from this study. The report will be shared but no information will be included which identifies you.

Data Protection

We will not sell, licence, or trade your personal data to any third party. We share data in line with legal compliance regulations such as for crime prevention

Reimbursement

We will reimburse you 100/= for each new reported event, as described above. If you are requested to go to a location for any of the study activities, we will reimburse you an average of Ksh 100 to 400 reimbursement costs for local transport if there is required travel to and from the location. This will be given to you at the time of the study activity. If greater distance travel is required between towns, we will discuss this with you to clarify the travel cost and reimburse you to support this journey.

Contact

If you have any questions or concerns KEMRI and the LSTM are the study coordinators. If you have any questions, please contact Elizabeth Nyothach at the KEMRI/CGHR office at Kisian (Tel: 0797562680).

If you want to talk to someone not involved in the study, please contact the Head, KEMRI Scientific and Ethics Review Unit, P.O. Box 54840 00200, Nairobi; Tel: 0717719477.

Safeguarding

The study team and data collectors are expected to behave ethically and responsibly at all times and follow the LSTM/KEMRI code of conduct. This means that they must not ask you for any financial, physical, or sexual favours in return for taking part in this research. If you experience any abuse, harassment, or neglect by a study team member you can contact the study Safeguarding Lead - Ms Elizabeth Nyothach on tel: 0797562680. You may call this number at any time. You may also raise a safeguarding concern directly with LSTM Designated Safeguarding Officer Philippa Tubb on +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. LSTM's safeguarding commitment is described on LSTM Safeguarding webpage (<https://www.lstmed.ac.uk/safeguarding>).

Consent and signature options

Participant Consent

My signature confirms that I have been told about the study and understand what will take place. I agree to part. I understand I will not be named or identified in any report.

By signing below, I agree that (tick if agree):

- I have read this consent form or had it read to me. ☐
- I have had the chance to ask questions and they have been answered. ☐
- I understand that my taking part in this study is my free choice. ☐
- I give permission to collect and use my health and research data as described ☐
- I can withdraw at any time with no penalties or consequences. ☐
- I understand the risk related to COVID-19 and that KEMRI is taking all possible precautions. ☐
- I will receive a signed copy of this consent form. ☐

Authorization to Participate in the CCG2 Study

Name of study participant/ adolescent (please print):

First name.....Middle name.....Last name.....

Phone number:

Signature.....Date / /

If you agree to be included in the review of the survey questions, please tick the box and provide your signature: ☐

Signature..... Date / /

If you agree to assent for your HDSS data to be linked please tick the box, and provide your signature: ☐

Signature Date / /

I would also like to be considered to join a focus group discussion (tick box if yes) ☐

I would also like to be considered to have an in-depth interview (tick box if yes) ☐

If you are selected for one of these activities, we would like to contact you by phone to
organise a time to meet. ☐

Please tick this box if you are happy for us to phone you to arrange this ☐

Please record the mobile number where we can reach you

Name of Witness:

Signature..... Date / /

Name of Person who collected consent.....

Date / /

Signature:

19.2.2 Informed Participant Consent: Girls Main study (Luo)

Today's Date □□/□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Pimo duoko mar kinde ma ok tin kendo ok ng'eny miyudo e kony migolo e skul e seche ma nyiri bedo jomadongo (CCG2), Siaya, Imbo mar Kenya.

Jononro: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Nonro orang kod kamiti mar LSTM and KEMRI mochung ne rango tim makare

Wach motelo

Walimi kawuono nikech nene orwak e nonro mane okwany radha radha ei skunde e yo makare. Ikwayo mondo idonji e nonro ma ibiro luwigo mondo ong'e kapo ni chenro mag migepe mane omiyi kapodi in e skul nitiere kod ber madhi nyime moro amora sama koro ibedo ng'ama duong. Obokeni biro nyisi gik moko duto kuom nonroni kod gik ma ibiro timo. Wakwayi mondo iyie ichik iti eyo makare. Bed thuolo ipenj penjo moro amora. Nonro ibiro tim kod KEMRI/CGHR kuom nyiri madirom elufu ang'wen (4,000)

Tiend wach

Seche ma nyiri bedo rowere madongo, lokruok mangeny bedo e ngimagi: giweyo skul kendo ginyalo wuok e dala, giyudo osiepe manyien kata inyalo kendgi, gibedo gi nyithindo, manyo tich, kendo gitimo yore mamoko mane ok ne nyal bedonegi mayot ndalogi mag skul. To ng'eny gigi nyalo betnegi mabeyo kagibedo joma dongo, moko nyalo goyo ngimagi kata kelo pek kata chandruoge mar yore yuto mar pesa. E nonro ma waluwoe nyirini watemo winjo makare ka kony mane omiyi kane in e skul e nonro mokalo nene nyalo bedo kod ber mangeny molooyo makonyi ka koro ibedo ng'ama duong e ngimani. Wagombo bende ng'eyo kaponi Covid (Korona) niginyalo kelo pek ei ngima mar nyiri kod oganda Waromo kodi kawuono mondo wakwayi thuolo mondo iyienwa ibedie e nonro ma iluwogo nyirini.

Yie bedo e nonro maonge achune

In kod thuolo mar yiero mondo ibedi kata itamri bet e nonroni. Ka ok idwar mondo ibed e nonro ok bi loko ratiro mari moro amora. Ka iyie mondo idonj e nonro podi inyalo loko pachi e saa asaya kendo iwuok e nonro. Ka iweyo nonro okwabigochochi kendo, to onge weche moro amora mawabiro kawo kendo. Weche manewachoko motelo wabiro nono manakapo inyisowa ni okidwar towabiro rucho.

Gima omiyo itimo nonro

Nonroni biro rango ni gin rach kata ber mane iyudo e nonro mokalo, kuom gigo mane imiyi e skul kendo gima ginyalo kelo e ngimagi bang weyo skul, kuom ngimagi mapile, tijegi, kod ngima nyathi moro amora ma inyalo betgo.

Kinde mag nonro

Nonroni biro chakre due mar Abiriyo 2022 kendo igeno ni obiro rumo e giko mar 2024.

Okange kod gigo mitimo ei nonro monego lu

Ka ichiwo thuolo mari kendo iyie donjo e nonro ibiro limi kendo gweli mondo iduok penjo mag nonro diriyo e kinde mag nonro, e giko mar 2022-chakruok mar 2023, kod 2024. Koluore gi nonro mane watimo chon, wabiro bedo ka wakwayi e seche mag nonro mondo

opimi ing'e chalni mar kute mag ayaki (HIV) kod tuo mamako dhood nyuol(HSV-2) mar mine mondo ging'e ka niseyudo tuohegi nyaka ne nonrocha rum.

Mana kaka en mokalo, wabiro kawo 2ml (madirom kijko nus mar chae) mar remo kitiyo gi lith lwedo. Wabiro nyalo miyu dwoko mar pim mag ayaki e kinde mwabiro timo limbeni, kaka sani watiyo gi chenro mag serikal mar pimo kute mag ayaki e dala. Jahochi mamiyo biro wacho kodi weche mag pim kod duoko kama opondo, obiro puonji e weche mag thieth kod ritruok, chwali e migape mag dala mag ritruok. Duoko mar pim mar HSV2 ibiro miyi gi jahochi ma miyo e kinde madirom dwe achiel. Jahochi ma miyo biro gochoni mondo upang kanye gi kar ang'o madiher mondo urom utwak/ ulos e wachni. Kaponi ne oyudi gi kute mag ayaki kata HSV2 e nonro. Okwabinuoyo pimi kendo.

Nonro biro penji penjo ewi timbeni, ngimani (moriwo terruok, yore nyuol, paro, e thuolo mar bedo gi ich nyanka bang nyuol kod ngima nyathini), yore mage mag thieth ma otiyogo, kendo kuom kaka ondiki tich, yoreni mag yuto, kod penji kaka ne itiyogi gik mane omiyi e skul. Mae biro riwore kanyakla gi kwayo nyiri mane oyudo okombe mar dwe duok penjo moro amora kendo inyalo weyo e saa asaya.

En gombo marwa mondo waluw kendo rango kadibed gi tuo moro amora e ngimani manyalo dwaro ni olorni e wod mar osiptal, kod yore mag nyuol moro amora mane iyudo e ngimani. Mondo wane ni wandiko piny maler weche duto mimiyo pek mane wadwaro yudo, wabiro kwayo mondo inyiswa, kiluwo kod ote machuok (sms), kaponi weche maumiyo pek otimre ndalo nonro. Wakwayo ni jok manitiere ei nonro tee oorwna ote machuok (sms) kaponi:

- Isebedo gi nyathi
- oserwaki e wuod mar osiptal (bedo otieno tee ei osipital)
- Oyudi ka Covid omaki
- nyathini oseruaki e wod mar osiptal (bedo otieno tee ei hospital)
- nyathini kata nyathi osetho
- iloko kama idakie/addresni
- in gi simu ongwe yamo manyien (mobile phone)

Ibiri duokni maromo siling mia achiel (100/=) kuom andika mar simo(sms) mani kare. Dwaher mondo waluw kendo wang'e ngima mar nyathi moro amora ma onyuol gi nyiri kaka un, koro wabiro dhi e kuonde thieth mondo wang'i andikegi ni en karango mane nyithindogi onyuolie, kod weche mag nyuolgi gi ngimagi.

Koriwore kod duoko penjo ma ipenji, inyalo bende penji ka inyalo yie mondo ibedie e twak mar kanyakla mar nyiri mondo ichiwi pachi ewi gigo kata iduok penjo mamoko. Andike machielo ibiro miyi mondo ichiwe ayie ka oyieri.

Ng'ano ma oromo donjo e nonro

Inyalo donjo e nonro mar CCG2 kane orwaki e nonro mar CCG mane watimo chon e skul mane okwany radha radha ei skunde e yo makare.

Rach, hinyruok, chandruok, rocho chenro, kata pek manyalo bedo e nonro

Rach moko igeno ni nyalo bedo e nonroni. Penjo moko e nonroni nyalo bedo ma iye ahinya kata ma chwanyi. Jathieth ma sista (nurse) ma miyo kata jahochi biro bedo machiegni kadipo ni diher wuoyo e wechehi, koponi dwoko magi ewi penjo moko nyiso ni in kod dwaro mar jahochi mapiyo, to wabiro ori ir jahochi man kod lony piyo piyo kaka nyalore. lit matin nyalo bedoe seche ma ikawo remo mondo omi opim kute mag ayaki(HIV) kod tuo ma mako dhood nyuol (HSV2). Ka wawuoyo kodi e duoko, wabiro miyi hocho kendo tudi gi kuonde madwarore mag thieth kod rit mantiere machiegni kodu kaka chik mar piny mangima oketo.

Inyalo bedo gi paro ka in kod chandruok e ngimani, koro wabiro temo ni janonro mamiyo marwa okonyi e ori ir jathieth motiegi mondo okonyi.

Inyalo bedo e thuolo man malo mar yudo tuo mar COVID-19(Korona) kaponi itudori kata ibedo machiegni kod jatij nonro kata jathieth mar osiptal e kinde ma nonro dhi nyime. Wabiro neno ni okange machalo kama oketi mondo oduok piny rach manyalo bedoe.

- i. Timo tiegruok ne jotijwa mag nonro e wi yoo mong'ith/makare mar geng'o tuoche mondo okonyi kuom landruok mar tuo COVID-19(korona) kaluwore kod chik mar serikal, kapok gichako timo tich moro amora mar nonro.
- ii. Jotij nonro biro rwako gigo mageng'o dendgi e yoo makare(PPE).
- iii. Wabiro miyi pi yath mar golo chilo e lwado (sanitizer) ni mondo itigo seche mag nonro.
- iv. Wabiro kwayi mondo irwaki raboo mar dhok kod e kinde mar nonro.
- v. Wabiro timo nonro e ot ma oyangore maber kendo man kod muya maler kata oko kama in kod thuolo maber kama nitie thuolo kendo rito malingling mari.
- vi. Wabiro rito bedo mochwalore e kind ji madirom mita achiel kod nus e kind ji manie e nonro kod janonro kod jok mamoko mantiere kanyo.
- vii. Wabiro golo chilo e yor yweyo kata luoko maler gigo duto mawatiyogo bang tudruok kod ng'at manie nonro.

Ber ma iyudo ka ibet e nonro

Ibiro yudo ber mar yudo pim mar kute mag ayaki kod tuo mamako dhoo nyuol mar mine(HIV/HSV2) mondo one ni iyudo thieth kod rit maber e kuonde thieth, kod yudo jol kuom johochu kuom weche duto mag ngimani ma osewuoye.

Rito weche mopondo

Gima iwacho kendo ondiki, ibiro kan mopondo. Wabiro kano weche mopondo kendo wecheni ibiro kan kama oriti. Onge ng'ato mak mana joma tiyo e nonro ema biro neno wecheni ma osekan. Nyingi ok bi bedo e andike moro amora ma owuok e nonroni. Ripot mar nonroni ibiro chiwne ji to onge wach moro amora manyiso ni en in mibiro wachnegi.

Rito weche mag nonro

Ok wabiuso, chiwo lesen kata timo ohala kod weche ma owuok kuomi kumachiolo. Wasumo weche mag nonro kaluwore kod chike matayo weche machalo kaka geng'o mahundu.

Duoko pesa mar wuoth

Wabiro duokoni siling mia achiel (100) kuom weche manyien, kaka oseler malo kanyo. Ka okwayi mondo idhi e kar romo nikech tudruok mar nonro, wabiro chuli/duokoni pesa machiegi siling 100-400 kaluwore kod bor mar kuma iaye kod koa e kar twak. Ma ibiro miyi e seche mag yore mag nonro. Kaponi nitie dwaro mar wuodhe maboyo oko mar bombe kuma iaye ni weche mag nonro, wabiro wacho kodi mondo walerni bech wuoth kendo duokoni pesa mondo okonyi e yor wuodhno.

Tudruok

Kaponi in kod penjo moro amora kata weche mamoko, KEMRI kod LSTM ema siro nonroni. Kaponi in kod penjo moro amora, yie itudri kod Elizabeth Nyothach e ofis mar KEMRI/CGHR ma nitie Kisian e namba simu (0797562680).

Kaponi idwaro wuoyo kod ng'ato ma ok otudre kod nonroni, yie itudri kod Jatelo (Head), KEMRI Scientific and Ethics Review unit, P.O. Box, 54840 00200, Nairobi; Namba simo: 0717719477.

Arita ma geng'o hinyruok.

Jotij nonro gi jochok weche nonro idwaro mondo obed kod timbe maluwore gi kaka tich dwaro kendo ka gidimbire ndalo duto ka giluo ratiro mag tich mar LSTM/KEMRI. Ma nyiso ni

kik gi kwayi pesa kata gik ringruok kaka terruok mondo idonj ei nonro. Ka ineno hinyruok moro amora, chandruok kata ka ojwang'i gi jatij nonro inyalo tudri kod ng'ama otelo e arita ma geng'o hinyruok– Ms Elizabeth Nyothach e namba mar simu: 0797562680. Inyalo goyo namba ni saa a saya. Inyalo bende golo ywakni moriere ne afisa ma ochung' ne arita ma geng'o hinyruok ei migao mar LSTM Philippa Tubb e +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. Chiuruok mar LSTM ne arita ma geng'o hinyruok oler e webpage (tudruok e yo mbuyi) mar LSTM (<https://www.lstmed.ac.uk/safeguarding>).

Yiero chiwo ayie kata seyi

Ayie mar jakanyo

Seyi mara siro ni osenyisa kuom nonro kendo awinjo gik mabiro timre. Ayie mondo abed e nonro. Ang'eyo ni ok bi luong nyinga kata yanga e ripot moro amora.

Keto seyi mar ayie mara pinyka nyisoni (yier miyiego piny kae):

- Asesomo oboke mar ayie kata asewinjo ka osomna go. ☐
- Aseyudo thuolo mar penjo penjo kendo aseyudo duoko. ☐
- Ang'eyo ni donjo e nonro en yiero mara. ☐
- Achiwo thuolo mar kawo, tiyo kendo lalruok e wi weche ngimana kata moyud kuoma, kaka oler e obokeni. ☐
- Anyalo wuok e saa asaya ma onge gik maricho mabiro timorena bang'e. ☐
- An kod ng'eyo rach ma otenore kod tuo mar Korona kendo Migawo mar KEMRI Kawo thuolo duto mar rito chike duto mar geng'o Korona (COVID-19). ☐
- Abiro yudo oboke ma ogoye seyi ma chal gi obokeni mar donjo e nonro. ☐

Chiwo ayie mar donjo e nonro mar CCG2

Nying ng'at manie nonro/Rawera (Yie indik madongo)

Nying mokuongo..... nying juok..... Nying mogik.....

Namba simu.....

Seyitarik ☐☐/☐☐☐☐/☐☐☐☐

Ka iyie mondo oketi e rango matut mar penjo mag nonroni, yie igweth sanduku mantie piny kaeni kendo ket seyi mari kata alama: ☐

Seyitarik ☐☐/☐☐☐☐/☐☐☐☐

Ka iyie chiwo thuolo mari mondo otud wechene mag nonro kod nonro mar HDSS to yie igweth sanduku mapiny kae, kendo iket seyi kata alama mari: ☐

Seyitarik ☐☐/☐☐☐☐/☐☐☐☐

Daher mondo anbe oyiera mondo abed e twak (gweth box ka ee) ☐

Daher mondo anbe oyiera mondo abed e penjo matut (gweth sanduk, ka ee) ☐

Kane oyieri e achiel kuom gik nonrogi dwaher mondo wagoni simu mondo walos seche ma wabiro romo. ☐

Wakwayi ni iyie igweth sanduku ka imor mondo waabiwa gochni mondo walos ☐

Yie indik namba simu ma wanyalo yudigo.....

Nying

janeno.....seyi.....tarik ☐ ☐ / ☐ ☐ ☐ / ☐ ☐ ☐ ☐

Nying jachok

obokeyi.....tarik ☐ ☐ / ☐ ☐ ☐ / ☐ ☐ ☐ ☐

seyi.....

19.2.3 Informed Participant Consent : Girls focus groups (English)

Today's Date □□/□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

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Investigators: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK.. Study reviewed by LSTM and KEMRI Ethical Review Committees

My name is (*insert name*) and I work for KEMRI/CGHR in Kisumu. I am going to give you information and invite you to be part of some research. If you do not understand, please stop me at any time and I will explain and answer any questions you have.

Voluntary Participation

You are free to choose to take part in this study or not. If you do not want to participate it will not affect any of your rights. If you agree to participate you can change your mind at any time and withdraw from the study. If you withdraw you will not be contacted again, and no further information from you collected. Information collected before this will be included in our analysis unless you tell us you wish it to be deleted.

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Duration of the study

This study will start in July 2022 and is expected to finish by the end of 2024.

Procedure and activities to be followed

We are recruiting 6 – 10 participants in each focus group, in the first and last year of the study.

What are we asking from you?

We are inviting you to take part in a focus group discussion of up to 10 people. The group discussion will last up to 2 hours. A trained person will ask for your thoughts and opinions about the trial, health of girls who were in the trial, experiences they have had with pregnancy and delivery of babies, use of health services, and health of their children. We will also ask questions around employment opportunities and income generation and any effects of covid on health and security. Another trained person will help and take notes. We will audio tape the discussion and write everything down for a report.

Potential harms, injuries, discomforts, inconvenience, or risks of you taking part

The risks to you are low. There is a very small risk your opinions would not be kept private if someone from the group shares information discussed. We have trained all persons who are leading the study and they will remind participants talk about girls of their age in general and

not about themselves. We will also ask everyone who takes part in the discussion to respect everyone else's opinion and not to discuss what other people have said, outside of the group.

You may be at risk of getting COVID-19 if you interact with staff or health facility personnel during study activities. We will put the following measures in place to reduce this risk:

- i. Train our staff on appropriate infection prevention measures to mitigate COVID-19 spread in line with government directives before they embark on any fieldwork.
- ii. Staff will wear appropriate personal protective equipment.
- iii. We will provide hand sanitizer for you to use during the focus group discussion.
- iv. We will request you wear a face mask during the focus group discussion.
- v. We will conduct the study activities in a well-aerated room or in an open area where you feel comfortable and maintains privacy.
- vi. We will maintain physical distancing of about 1.5 meters between all participants and staff or other individuals present.
- vii. We will disinfect any equipment used before each participant interaction.

Potential benefits

You will have the benefit of receiving support from counsellors for any health issues discussed.

Confidentiality

While we request all participants keep all information confidential and do not share outside the discussion group we cannot guarantee confidentiality. All the information and tapes will only be shared with study staff and will be stored securely. Tapes will be destroyed after three years. Your name will not be in any publication written from this study. The report will be shared but no information will be included which identifies you.

Data Protection

We will not sell, licence, or trade your personal data to any third party. We share data in line with legal compliance regulations such as for crime prevention.

Reimbursement

If you are requested to go to a location for any of the study activities, we will pay you an average of Ksh 100 to 400 reimbursement costs for local transport if there is required travel to and from the location. This will be given to you at the time of the study activity. If greater distance travel is required between towns, we will discuss this with you to clarify the travel cost and reimburse you to support this journey.

Contacts

If you have any questions or concerns KEMRI and the LSTM are the study coordinators. If you have any questions, please contact Elizabeth Nyothach at the KEMRI/CGHR office at Kisian (Tel: 0797562680)

If you want to talk to someone not involved in the study, please contact the Head, KEMRI Scientific and Ethics Review Unit, P.O. Box 54840 00200, Nairobi; Tel: 0717719477.

Safeguarding

The study team and data collectors are expected to behave ethically and responsibly at all times and follow the LSTM/KEMRI code of conduct. This means that they must not ask you for any financial, physical, or sexual favours in return for taking part in this research. If you experience any abuse, harassment, or neglect by a study team member you can contact the

study Safeguarding Lead - Ms Elizabeth Nyothach on tel: 0797562680. You may call this number at any time. You may also raise a safeguarding concern directly with LSTM Designated Safeguarding Officer Philippa Tubb on +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. LSTM's safeguarding commitment is described on LSTM Safeguarding webpage (<https://www.lstmed.ac.uk/safeguarding>).

Consent and signing options

Participant Consent

My signature confirms that I have been told about the focus group and I understand what will take place. I agree to take part in today's discussion. I agree to be audio-taped. I understand my name will not be used in the report and no other information that could identify me will be used.

Witnessed Consent: Focus Group Discussion

The following will be read to participants and their written consent sought (tick if agree).

- I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked. ☐
- I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate. I can leave at any time. ☐
- All the questions I had about this study have been answered. ☐
- I understand that I can request the tape recorder to be switched off at any time. ☐
- I agree to take part in this focus group. ☐
- I agree to quotes without my name arising from my comments in the study. ☐
- I understand the risk related to COVID-19 and that KEMRI is taking all possible precautions. ☐
- I will receive a signed copy of this consent form. ☐

Name of participant:

First name..... Middle name..... Last name.....

Participant Signature

Date //

Name Witness.....Signature.....

Date //

Name of Person who collected consent

Date //

Signature:

19.2.4 Informed Participant Consent: Girls focus groups (Luo)

Today's Date □□/□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Pimo duoko mar kinde ma ok tin kendo ok ng'eny miyudo e kony migolo e skul e seche ma nyiri bedo jomadongo CCG2), Siaya, Imbo mar Kenya

Investigators: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Nonro orang kod kamiti mar LSTM and KEMRI mochung ne rango tim makare

Nyinga en (ket nyingi) kendo atiyok kod migawo marKEMRI/CGHR ei Kisumu. Adhi miyi ler kendo gweli mondo iyie ibed e achiel e nonro. Kapo ni wach moro ok donjni, to yie ichunga e esaa asaya kendo abiro leri kendo duoki penjo moro amora ma in go.

Yie bedo e nonro maonge achune

In thuolo, mar yiero mondo ibed kata itamri bet e nonroni. Ka ok idwar mondo ibed e nonro ok bi loko ratiro mari moro amora. Ka iyie mondo idonj e nonro podi inyalo loko pachi e saa asaya kendo iwuog e nonro. Ka iweyo nonro okwabigochoni kendo, to onge weche moro amora mawabiro kawo kendo. Weche manewachoko motelo wabiro nono manakapo inyisowa ni okidwar towabiro rucho.

Gima omiyo itimo nonro

Nonroni biro rango ni gin rach kata ber mage mane nyiri neno e nonro mokalo kuom gigo mane imiyogi e skul kendo nyalo kelo e ngimagi bang weyo skul, kuom ngimagi, bedogi makare, tijegi kod ngima nyathi moro amora ma onyalo betgo.

Kinde mag nonro

Nonroni biro chakre due mar Abirio 2022 kendo igeno ni obiro rumo e giko mar 2024.

Okange kod gigo mitimo ei nonro monego lu

Warwako nyiri 6-10 e kanyakla mar twak ka twak, e higa mokuongo kod mogik mag nonro.

En ang'o mawakwayi kuomi?

Wabiro rwako nyari/ nyako ma irito mondo odonj e twak motingo machiegni ji 10. Twak biro kawo machiegni sechi ariyo (2). Ng'at ma otiegi biro penjo nyari/ nyako ma irito ewi pache kod kaka oneno, ewi nonro, ngima nyiri manenitiere e nonro, gigo magisekaloe kaluwore kod ting'o ich nyaka chop nyuol mar nyithindegi, tiyo kod lony michiwo mag rito ngima, kod ngima mar nyithindegi. Wabiro bende penjo penj motenore kod tij andika mayudore kod yore mag yudo pesa, kod chandruok moro amora mar covid e ngima kod arita.

Ng'at machielo motiegi biro konyo e ndiko piny wechegei. Wabiro mako duol e kinde mag twak kendo ndiko piny gikmoko duto e ripot.

Rach, hinyruok, chandruok, rocho chenro, kata pek manyalo bedo e nonro

Rach madiyudi tin ahinya. Nitie rach matin ni pachi migolo ok bi kan mopondo kaponi ng'ato e riwruogni nyalo wacho weche manowachi e twak. Wasetiego ji duto matayo twak kendo

gibiro parone nyiri mondo owuo kuom nyiri mambesegi to ok gin giwegi. Wabiro bende kwayo ji duto manie twak mondo ochiw luor ne paro mar jowadgi kendo kik giwuo/ twagi kuom gik ma jomoko osewacho oko mar puonj.

Inyalo bedo e thuolo man malo yudo tuo mar COVID-19(Korona) kaponi itudori kata bedo machiegni kod jatij nonro kata jathieth mar osiptal e kinde ma nonro dhi nyime. Wabiro neno ni okange machalo kama oketi mondo oduok piny rach manyalo bedoe.

- i. Timo tiegruok ne jotijwa mag nonro e wi yoo mongith/makare mar geng'o tuoche mondo okony kuom landruok mar tuo COVID-19(korona) kaluwore kod chik mar serikal, kapok gichako timo tich moro amora mar nonro.
- ii. Jotij nonro biro rwako gigo magengo dendgi e yoo makare (PPE).
- iii. Wabiro chiwo pi yath mar golo chilo e lwado (sanitizer) mondo itigo seche mag twak.
- iv. Wabiro kwayi mondo irwaki raboo mar dhok kod um e kinde mar nonro.
- v. Wabiro timo nonro e ot ma oyangore maber kendo man kod muya maler kata oko kama in kod thuolo maber kama nie thuolo kendo rito malingling mari.
- vi. Wabiro rito bedo mochwalore e kind ji madirom mita achiel kod nus e kind ji manie e nonro kod janonro kata jomoko mantiere kanyo.
- vii. Wabiro golo chilo e yor yweyo kata luoko maler gigo duto mawatinyo bang tudruok kod ng'at manie nonro.

Ber ma iyudo ka ibet e nonro

Ibiro yudo ber mar yudo jol kuom johochu kuom weche duto mag ngimani ma osewuoye.

Rito weche mopondo

Kata obedo ni wakwayo ji duto manie nonro mondo okan weche duto mopondo kendo kik gol wach moro amora oko mar twak ma kanyakla, ok wanyal singo ni wechego dhi bedo mopondo. Gik moko duto ma owachi kod duol ma omaki ibiro mana ne gi jotij nonro kendo ibiro kan mopondo. Wabiro ketho duol mo maki bang higni adek . Nyingi ok bi bedo e andike moro amora ma biro wuok e nonroni. Ripot mar nonroni ibiro chiwne ji to onge wach moro amora manyangi.

Rito weche mag nonro

Ok wabiuso, chiwo kata timo ohala kod weche ma owuok kuomi kumachiolo. Wasumo weche mag nonro kaluwore kod chike matayo weche machalo kaka geng'o mahundu.

Duoko pesa mar wuoth

Kaponi okwai mondo idhi e kar romo nikech tudruok mar nonro, Wabiro chuli machiegni siling 100-400 kaka pesa miduokoni ne wuodhe ma e aluora kadwarore mondo iaye kata koa e aluorau. Ma ibiro miyi e seche mag chenro mag nonro. Kaponi nitie dwaro mar wuodhe maboyo oko mar kuma iaye ikind bombe ni weche mag nonro, wabiro wacho kodi mondo walerne bech wuoth kendo duokoni pesa mondo okonyi e yor wuodhno.

Tudruok

Kaponi in kod penjo moro amora kata weche mamoko, KEMRI kod LSTM ema siro nonroni. Kapo ni in kod penjo moro amora, yie itudri kod Elizabeth Nyothach e ofis mar KEMRI/CGHR ma nitie Kisian e namba simu (0797562680)

Kaponi idwaro wuoyo kod ng'ato ma ok otudre kod nonroni, yie itudri kod Jatelo (Head), KEMRI Scientific and Ethics Review unit, P.O. Box, 5484000200, Nairobi; Namba simo: 0717719477.

Arita ma geng'o hinyruok.

Jotij nonro gi jochok weche nonro idwaro mondo obed kod timbe maluwore gi kaka tich dwaro kendo ka gidimbire ndalo duto ka giluo ratiro mag tich mar LSTM/KEMRI. Ma nyiso ni kik gi kwayi pesa kata gik ringruok kaka terruok mondo idonj ei nonro. Ka ineno hinyruok moro amora, chandruok kata ka ojwang'i gi jatij nonro inyalo tudri kod ng'ama otelo e arita ma geng'o hinyruok- Ms Elizabeth Nyothach e namba mar simu: 0797562680. Inyalo goyo namba ni saa a saya. Inyalo bende golo ywakni moriere ne afisa ma ochung' ne arita ma geng'o hinyruok ei migao mar LSTM Philippa Tubb e +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. Chiuruok mar LSTM ne arita ma geng'o hinyruok oler e webpage (tudruok e yo mbuyi) mar LSTM (<https://www.lstmed.ac.uk/safeguarding>).

Yiero chiwo ayie kata seyi

Ayie mar jalony mar jakanyo

Seyi mara siro ni osenyisa kuom twak mar kanyakla kendo awinjo gik mabiyo timre. Ayie mondo abed e twak makawuono. Ayie mondo omak duonda. Ang'eyo ni nyinga ok bi luong kata yanga e ripot moro amora kendo onge gomoro amora mayanga ok bi tigo.

Ayie mar janeno: Twak mar riwruok

Wehegi ibiro som ne jokanyo kendo ayie margi ma ondiki ibiro dwar (yier miyiego piny kae):

- Asesomo oboke mar ayie (kata asewinjo ka osomna go) ma lero gima omiyo watimo nonro, kod gik ma ibiro kwaya mondo atim. ☐
- Ang'eyo ni en thuolo mara mondo ayier ka ayie kata atamora donjo e nonro, kendo onge achune ma ibiro ketna mondo abed e kanyakla. Anyalo weyo e saa asaya. ☐
- Penjo duto mane ang'o ewi nonro aseyudo duoko. ☐
- Ang'eyo ni anyalo kwayi mondo olor gir mako duol e saa asaya ☐
- Ayie mondo abed e achiel kuom jomanie twak mar kanyakla. ☐
- Ayie ka iwacho gik manawacho ka nyinga ok oluongi ☐
- Ang'eyo rach duto mag COVID 19(Korona) to gi chenro duto ma KEMRI Oketo mondo ogeng rachgi. ☐
- Abiro yudo oboke ma ogoye seyi ma chal gi obokeni mar donjo e nonro. ☐

Nying ng'at manie nonro

Nying mokuongo.....nying juok.....Nying mogik.....

Seyi mar ng'at manie nonro.....Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying janeno.....Seyi.....

Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying ng'at mane ochoko oboke.....

Seyi..... Tarik ☐☐/☐☐☐☐/☐☐☐☐

19.2.5 Informed Participant Consent: Girls Interview (English)

Today's Date □□/□□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2), Siaya, western Kenya

Investigators: PA Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, AM Van Eijk¹, G Zulaika¹, D Wang¹, P Spinhoven³. Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University; Sponsor: LSTM. Funding Organisation: Medical Research Council, United Kingdom. Study reviewed by LSTM and KEMRI Ethical Review Committees

My name is (*insert name*) and I work for KEMRI/CGHR in Kisumu. I am going to give you information and invite you to allow your daughter/ward to be part of some research. If you do not understand, please stop me at any time and I will explain and answer any questions you have.

Voluntary Participation

You are free to choose to take part in this interview or not. If you do not want to participate it will not affect any of your rights. If you agree to participate you can change your mind at any time and withdraw from the interview. If you withdraw you will not be contacted again, and no further information from you collected. Information collected before this will be included in our analysis unless you tell us you wish it to be deleted.

What is the purpose of this study?

This study will look at what effect the prior interventions provided to girls in school could have after leaving school on their health, wellbeing, and employment, and the health of any children they may have.

Duration of the study

This study will start in July 2022 and is expected to finish by the end of 2024.

Procedure and activities to be followed

We are recruiting around 15 girls to interview, in the first and last year of the study.

What are we asking from you?

We will invite you to take part in an interview, which will last up to one hour. If you agree, a trained person will ask you for your thoughts and opinions about the trial, health of girls who were in the trial, experiences they have had with pregnancy and delivery of babies, use of health services, and health of their children. We will also ask questions around employment opportunities and income generation and any effects of covid on health and security. Another trained person will help and take notes. We will audio tape the interview and write everything down for a report.

Potential harms, injuries, discomforts, inconvenience, or risks of you taking part

The risks to you are low. There is a very small risk your opinions would not be kept private if someone overheard your interview. We have trained all persons who are leading the interview and they will take every precaution to make sure it is private and confidential.

You may be at risk of getting COVID-19 if you interact with staff or health facility personnel during study activities. We will put the following measures in place to reduce this risk:

- i. Train our staff on appropriate infection prevention measures to mitigate COVID-19 spread in line with government directives before they embark on any fieldwork.
- ii. Staff will wear appropriate personal protective equipment.
- iii. We will provide hand sanitizer for you to use during the interview.
- iv. We will request you wear a face mask during the interview.
- v. We will conduct the study activities in a well-aerated room or in an open area where you feel comfortable and maintains privacy.
- vi. At the visit we will take your temperature with a non-contact thermometer.
- vii. We will maintain physical distancing of about 1.5 meters between all participants and staff or other individuals present.
- viii. We will disinfect any equipment used before each participant interaction.

Potential benefits

You will have the benefit of receiving support from counsellors for any health issues discussed.

Confidentiality

What you say, and any records kept will be confidential. All the information and tapes will only be shared with study staff and will be stored securely. Tapes will be destroyed after three years Your name will not be in any publication written from this study. The report will be shared but no information will be included which identifies you.

Data Protection

We will not sell, license, or trade your personal data to any third party. We share data in line with legal compliance regulations such as for crime prevention

Reimbursement

If you are requested to go to a location for any of the study activities, we will pay you an average of Ksh 100 to 400 reimbursement costs for local transport if there is required travel to and from the location. This will be given to you at the time of the study activity. If greater distance travel is required between towns, we will discuss this with you to clarify the travel cost and reimburse you to support this journey.

Contacts

If you have any questions or concerns KEMRI and the LSTM are the study coordinators. If you have any questions, please contact Elizabeth Nyothach at the KEMRI/CGHR office at Kisian (Tel: 0797562680)

If you want to talk to someone not involved in the study, please contact the Head, KEMRI Scientific and Ethics Review Unit, P.O. Box 54840 00200, Nairobi; Tel: 0717719477.

Safeguarding

The study team and data collectors are expected to behave ethically and responsibly at all times and follow the LSTM/KEMRI code of conduct. This means that they must not ask you for any financial, physical, or sexual favours in return for taking part in this research. If you experience any abuse, harassment, or neglect by a study team member you can contact the study Safeguarding Lead – Ms Elizabeth Nyothach on tel: 0797562680. You may call this number at any time. You may also raise a safeguarding concern directly with LSTM Designated Safeguarding Officer Philippa Tubb on +44 (0)151 705 3744,

safeguarding@lstmed.ac.uk. LSTM's safeguarding commitment is described on LSTM Safeguarding webpage (<https://www.lstmed.ac.uk/safeguarding>).

Consent and Signature options

Participant Consent

My signature confirms that I have been told about the study and I understand what will take place. I agree to take part in today's interview. I agree to be audio-taped. I understand my name will not be used in the report and no other information that could identify me will be used.

Witnessed Consent: Interview

The following will be read to participants and their written consent sought (tick if agree).

- I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked. ☐
- I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate. I can leave at any time. ☐
- All the questions I had about this study have been answered. ☐
- I understand that I can request the tape recorder to be switched off at any time. ☐
- I agree to take part in this interview. ☐
- I agree to quotes without my name arising from my comments in the study. ☐
- I understand the risk related to COVID-19 and that KEMRI is taking all possible precautions. ☐
- I will receive a signed copy of this consent form. ☐

Name of participant:

First name.....Middle name.....Last name.....

Participant SignatureDate

Name Witness.....Signature.....

Date

Name of Person who collected consent

Date

Signature:

19.2.6 Informed Participant Consent: Girls Interview (Luo)

Today's Date / /	LocationID: - - Fieldworker:
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Flesch-Kincaid Grade Level 7.2

Pimo duoko mar kinde ma ok tin kendo ok ng'eny miyudo e kony migolo e skul e seche ma nyiri bedo jomadongo (CCG2), Siaya, Imbo mar Kenya.

Jononro: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Nonro orang kod kamiti mar LSTM and KEMRI mochung ne rango tim makare

Nyinga en (ket nyingi) kendo atiyo kod migawo marKEMRI/CGHR ei Kisumu. Adhi miyi ler kendo gweli mondo iyie ibed e achiel ei nonro. Kaponi wach moro ok donjni, to yie ichunga e esaa asaya kendo abiro leri kendo duoki penjo moro amora.

Yie bedo e nonro maonge achune

In thuolo, mar yiero mondo ibedi kata utamru bet e nonroni. Ka ok idwar mondo ibed e nonro ok bi loko ratiro mari moro amora. Ka iyie mondo idonj e nonro podi inyalo loko pachi e saa asaya kendo iwuog e penjo.

Gima omiyo itimo nonro

Nonroni biro rango ni gin rach kata ber mane nyiri neno e nonro mokalo kuom gigo mane imiyogi e skul kendo nyalo kelo e ngimagi bang weyo skul kuom ngimagi mapile, tijegi kod ngima nyathi moro amora ma onyalo betgo. Ka iweyo nonro okwabigochoni kendo, to onge weche moro amora mawabiro kawo kendo. Weche manewachoko motelo wabiro nono manakapo inyisowa ni okidwar towabiro rucho.

Kinde mag nonro

Nonroni biro chakre due mar Abirio 2022 kendo igeno ni obiro rumo e giko mar 2024.

Okange kod gigo mitimo ei nonro monego lu

Warwako machiegni nyiri apar (15) e penjo, e higa mokuongo kod mogik mag nonro.

En ang'o ma wakwayo kuomi?

Wabiro rwaki mondo idonj e penjo, mabiro kawo machiegni saa achiel (1). Ka iyie Ng'at ma otiegi biro penji ewi pachi kod kaka oneno, ewi nonro, ngima nyiri manenitiere e nonro, gigo magisekaloe kaluwore kod ting'o ich nyaka chop nyuol mar nyithindegi, tiyo kod lony michiwo mag rito ngima, kod ngima mar nyithindegi. Wabiro bende penjo penj motenore kod tij andika mayudore kod yore mag yudo pesa, kod chandruok moro amora mar covid e ngima kod arita.

Ng'at machielo motiegi biro konyo e ndiko piny wechehi. Wabiro mako duol e kinde mag twak kendo ndiko piny gikmoko duto e ripot.

Rach, hinyruok, chandruok, rocho chenro, kata pek manyalo bedo e nonro

Rach mari tin. Nitie rach matin, ni pachi migolo ok bi kan mopondo kapo ni ng'ato olidho winjo weche mane iwacho e penjo. Wasetiego ji duto matayo nonro kendo gibiro rito chike mondo weche okan e siri mamalo.

Inyalo bedo e thuolo man malo yudo tuo mar COVID-19 (Korona) kaponi itudori kata bedo machiegni kod jatij nonro kata jathieth mar osiptal e kinde ma nonro dhi nyime. Wabiro neno ni okange machalo kama oketi mondo oduok piny rach manyalo bedoe.

- i. Timo tiegruok ne jotijwa mag nonro e wi yoo mongith/makare mar geng'o tuoche mondo okony kuom landruok mar tuo COVID-19(korona) kaluwore kod chik mar serikal, kapok gichako timo tich moro amora mar nonro.
- ii. Jotij nonro biro rwako gigo magengo dendgi e yoo makare (PPE).
- iii. Wabiro chiwo pi yath mar golo chilo e lwado (sanitizer) ni mondo itigo seche mag penjo.
- iv. Wabiro kwayi mondo irwaki raboo mar dhok kod um e kinde mar nonro.
- v. Wabiro timo nonro e ot ma oyangore maber kendo man kod muya maler kata oko kama in kod thuolo maber kama nie thuolo kendo rito malingling mari.
- vi. Wabiro rito bedo mochwalore e kind ji madirom mita achiel kod nus e kind ji manie e nonro kod janonro kata jomoko mantiere kanyo.
- vii. Wabiro golo chilo e yor yweyo kata luoko maler gigo duto mawatiyogo bang tudruok kod ng'at manie nonro.

Ber ma iyudo ka ibet e nonro

Ibiro yudo ber mar yudo jol kuom johochu kuom weche duto mag ngimani ma osewuoye.

Rito weche mopondo

Gima iwacho, kod andike duto ibiro kan mopondo. Gik moko duto ma owachi kod duol ma omaki ibiro mana ne gi jotij nonro kendo ibiro kan mopondo. Wabiro ketho duol mamaki bang higni adek. Nyingi ok bi bedo e andike moro amora ma biro wuok e nonroni. Ripot mar nonroni ibiro chiwne ji to onge wach moro amora mayangi mibiro wachi.

Rito weche mag nonro:

Ok wabiuso, chiwo lesen kata timo ohala kod weche ma owuok kuomi kumachiolo. Wasumo weche mag nonro kaluwore kod chike matayo weche machalo kaka geng'o mahundu.

Duoko pesa mar wuoth

Kaponi okwai mondo idhi e kar romo nikech tudruok mar nonro, Wabiro chuli machiegni siling 100-400 kaka pesa miduokoni ne wuodhe ma e aluora kadwarore mondo iaye kata koa e aluorau. Ma ibiro miyi e seche mag chenro mag nonro. Kaponi nitie dwaro mar wuodhe maboyo oko mar kuma iaye ikind bombe ni weche mag nonro, wabiro wacho kodi mondo walerni bech wuoth kendo duokoni pesa mondo okonyi e yor wuodhno.

Tudruok

Kaponi in kod penjo moro amora kata weche mamoko, KEMRI kod LSTM ema siro nonroni. Kapo ni in kod penjo moro amora, yie itudri kod Elizabeth Nyothach e ofis mar KEMRI/CGHR ma nitie Kisian e namba simu (0797562680).

Kaponi idwaro wuoyo kod ng'ato ma ok otudre kod nonroni, yie itudri kod Jatelo (Head), KEMRI Scientific and Ethics Review unit, P.o. Box, 5484000200, Nairobi; Namba simo: 0717719477.

Arita ma geng'o hinyruok.

Jotij nonro gi jochok weche nonro idwaro mondo obed kod timbe maluwore gi kaka tich dwaro kendo ka gidimbre ndalo duto ka giluo ratiro mag tich mar LSTM/KEMRI. Ma nyiso ni kik gi kwayi pesa kata gik ringruok kaka terruok mondo idonj ei nonro. Ka ineno hinyruok moro amora, chandruok kata ka ojwang'i gi jatij nonro inyalo tudri kod ng'ama otelo e arita ma geng'o hinyruok- Ms Elizabeth Nyothach e namba mar simu: 0797562680. Inyalo goyo namba ni saa a saya. Inyalo bende golo ywakni moriere ne afisa ma ochung' ne arita ma geng'o hinyruok ei migao mar LSTM Philippa Tubb e +44 (0)151 705 3744,

safeguarding@lstmed.ac.uk. Chiuruok mar LSTM ne arita ma geng'o hinyruok oler e webpage (tudruok e yo mbuyi) mar LSTM (<https://www.lstmed.ac.uk/safeguarding>).

Yiero chiwo ayie kata kaka iketo seyi

Ayie mar jalony kata jakanyo

Seyi mara siro ni osenyisa kuom nonro kendo awinjo gik mabiro timre. Ayie mondo abed e twak makawuono. Ayie mondo omak duonda. Ang'eyo ni nyinga ok bi luong kata yanga e ripot moro amora kendo onge gimoro amora mayanga ma ibiro tigo.

Ayie mar janeno: penjo

Wehegi ibiro somni kendo ayie mari ma ondiki ibiro dwar (yier miyiego piny kae):

- Asesomo oboke mar ayie (kata asewinjo ka osomna go) ma lero gima omiyo watimo nonro, kod gik ma ibiro kwaya mondo atim. ☐
- Ang'eyo ni en thuolo mara mondo ayier ka ayie kata atamora donjo e nonro, kendo onge achune ma ibiro ketna. Anyalo weyo e saa asaya. ☐
- Penjo duto mane ang'o aseyudo duoko. ☐
- Ang'eyo ni anyalo kwayi mondo olor gir mako duol e saa asaya ☐
- Ayie mondo abed e achiel kuom jomanie nonro ☐
- Ayie ka iwacho gik mane awacho ka nyinga ok oluongi ☐
- Ang'eyo rach duto mag COVID 19(Korona) to gi chenro duto ma KEMRI oketo mondo ogeng rachgi. ☐
- Abiro yudo oboke ma ogoye seyi ma chal gi obokeni mar donjo e nonro. ☐

Nying ng'at manie nonro

Nying mokuongo.....nying juok.....Nying mogik.....

Sei mar ng'at manie nonro.....Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying janeno.....Seyi.....Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying ng'at mane ochoko oboke.....

Tarik ☐☐/☐☐☐☐/☐☐☐☐

Seyi.....

19.2.7 Informed Participant Consent: Stakeholder focus groups (English)

Today's Date □□/□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2), Siaya, western Kenya

Investigators: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Study reviewed by LSTM and KEMRI Ethical Review Committees

My name is (*insert name*) and I work for KEMRI/CGHR in Kisumu. I am going to give you information and invite you to be part of some research. If you do not understand, please stop me at any time and I will explain and answer any questions you have. If you would like longer to decide we will leave you these forms and return in 5 days to invite you to join the study.

Voluntary Participation

You are free to choose to take part in this study or not. If you do not want to participate it will not affect any of your rights. If you agree to participate you can change your mind at any time and withdraw from the study. If you withdraw you will not be contacted again, and no further information from you collected. Information collected before this will be included in our analysis unless you tell us you wish it to be deleted.

What is the purpose of this study?

A trial was conducted among adolescent girls attending secondary schools in Siaya County. Girls in some schools were provided an item (menstrual cup) to help their monthly period, some were provided cash as pocket money each term, some received both, and some were 'controls'. This study will look at what effect the prior interventions provided to girls in school could have after leaving school on their health, wellbeing, and employment, and the health of any children they may have. We also wish to understand whether covid has an effect on the lives of girls and the community.

Duration of the study

This study will start in July 2022 and is expected to finish by the end of 2024.

Procedure and activities to be followed

We are recruiting 6-10 stakeholders and community members in each focus group, in the first and last year of the study.

What are we asking from you?

We are inviting you to take part in a focus group discussion of up to 10 people. The group discussion will last up to 2 hours. A trained person will ask for your thoughts and opinions but not anything personal about the trial, health of girls who were in the trial, experiences they have had with pregnancy and delivery of babies, use of health services, and health of their children. We will also ask questions around employment opportunities and income generation and any effects of covid on health and security. Another trained person will help and take notes. We will audio record the discussion and write everything down for a report.

Potential harms, injuries, discomforts, inconvenience, or risks of you taking part
The risks to you are low. There is a very small risk your opinions would not be kept private if someone from the group shares information discussed. We have trained all persons who are leading the focus groups and they will remind participants to talk in general and not about themselves. We will also ask everyone who takes part in the discussion to respect everyone else's opinion and not to discuss what other people have said, outside of the group.

You may be at risk of getting COVID-19 if you interact with staff or health facility personnel during study activities. We will put the following measures in place to reduce this risk:

- i. Train our staff on appropriate infection prevention measures to mitigate COVID-19 spread in line with government directives before they embark on any fieldwork.
- ii. Staff will wear appropriate personal protective equipment.
- iii. We will provide hand sanitizer for you to use during the focus group discussion.
- iv. We will request you to wear a face mask during the focus group discussion.
- v. We will conduct the study activities in a well-aerated room or in an open area where you feel comfortable and maintains privacy.
- vi. We will maintain physical distancing of about 1.5 meters between all participants and staff or other individuals present.
- vii. We will disinfect any equipment used before each participant interaction.

Potential benefits

You will have the benefit of understanding the challenges faced by young women and adolescents in your area and gain knowledge about what support they may need.

Confidentiality

While we request all participants keep all information confidential and do not share outside the discussion group we cannot guarantee confidentiality. All the information and tapes will only be shared with study staff and will be stored securely. Tapes will be destroyed after three years Your name will not be in any publication written from this study. The report will be shared but no information will be included which identifies you.

Data Protection

We will not sell, license, or trade your personal data to any third party. We share data in line with legal compliance regulations such as for crime prevention.

Reimbursement

If you are requested to go to a location for any of the study activities, we will pay you an average of Ksh 100 to 400 reimbursement costs for local transport if there is required travel to and from the location. This will be given to you at the time of the study activity. If greater distance travel is required between towns, we will discuss this with you to clarify the travel cost and reimburse you to support this journey.

Contacts

If you have any questions or concerns KEMRI and the LSTM are the study coordinators. If you have any questions, please contact Elizabeth Nyothach at the KEMRI/CGHR office at Kisian (Tel: 0797562680)

If you want to talk to someone not involved in the study, please contact the Head, KEMRI Scientific and Ethics Review Unit, P.O. Box 54840 00200, Nairobi; Tel: 0717719477.

Safeguarding

The study team and data collectors are expected to behave ethically and responsibly at all times and follow the LSTM/KEMRI code of conduct. This means that they must not ask you for any financial, physical or sexual favours in return for taking part in this research. If you experience any abuse, harassment or neglect by a study team member you can contact the study Safeguarding Lead - Ms Elizabeth Nyothach on tel: 0797562680. You may call this number at any time. You may also raise a safeguarding concern directly with LSTM Designated Safeguarding Officer Philippa Tubb on +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. LSTM's safeguarding commitment is described on LSTM Safeguarding webpage(<https://www.lstmed.ac.uk/safeguarding>).

Consent and signing options

Participant Consent

My signature confirms that I have been told about the focus group and I understand what will take place. I agree to take part in today's discussion. I agree to be audio-taped. I understand my name will not be used in the report and no other information that could identify me will be used.

Witnessed Consent: Focus Group Discussion

The following will be read to participants and their written consent sought (tick if you agree).

- I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked. ☐
- I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate. I can leave at any time. ☐
- All the questions I had about this study have been answered. ☐
- I understand that I can request the tape recorder to be switched off at any time. ☐
- I agree to take part in this focus group discussion. ☐
- I agree to quotes without my name arising from my comments in the study. ☐
- I understand the risk related to COVID-19 and that KEMRI is taking all possible precautions. ☐
- I will receive a signed copy of this consent form. ☐

Name of participant:

First name.....Middle name.....Last name.....

Signature or Thumbprint

Date //

Name Witness.....Signature.....

Date //

Name of Person who collected consent

Date //

Signature:

19.2.8 Informed Participant Consent: Stakeholder focus groups (Luo)

Today's Date □□/□□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Pimo duoko mar kinde ma ok tin kendo ok ng'eny miyudo e kony migolo e skul e seche ma nyiri bedo jomadongo (CCG2), Siaya, Imbo mar Kenya.

Jononro: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Nonro orang kod kamiti mar LSTM and KEMRI mochung ne rango tim makare.

Nyinga en (ket nyingi) kendo atiyo kod migawo mar KEMRI/CGHR ei Kisumu. Adhi miyi ler kendo gweli mondo iyie ibed e achiel e nonro. Kapo ni wach moro ok donjni, to yie ichunga e esaa asaya kendo abiro leri kendo duoki penjo moro amora ma in go. Ka idwaro kinde malach mondo ipar mondi, wabiro weyi kod atase gi kendo duogo bang' ndalo abich mondo gweli mondo idonjie nonro.

Yie bedo e nonro maonge achune

In thuolo, mar yiero mondo ibed kata itamri bet e nonroni. Ka ok idwar mondo ibed e nonro ok bi loko ratiro mari moro amora. Ka iyie mondo idonj e nonro podi inyalo loko pachi e saa asaya kendo iwuog e nonro. Ka iweyo nonro okwabigochoni kendo, to onge weche moro amora mawabiro kawo kendo. Weche manewachoko motelo wabiro nono manakapo inyisowa ni okidwar towabiro rucho.

En ang'o ma omiyo itimo nonro?

Nonro ne otim e kind nyiri manie sekundari e sikunde ma Siaya County. Nyiri manie sikunde ma moko ne omi gimoro (okombe mar dhie dwe), mondo okonygi e dhi malo margi nitie, moko ne omi pesa kaka pesa mar ofuko tam ka tam, jomoko ne oyudogi te to jomoko ne gin (control), onge gima ne omigi. Nonroni biro rango ni gin rach kata ber mage mane nyiri neno e nonro mokalo kuom gigo mane imiyogi e skul kendo nyalo kelo e ngimagi bang weyo skul, kuom ngimagi, bedogi makare, tijegi kod ngima nyathi moro amora ma onyalo betgo. Wagombo bende ng'eyo kaponi Covid (Korona) niginyalo kelo pek ei ngima mar nyiri kod oganda

Kinde mag nonro

Nonroni biro chakre due mar Abirio 2022 kendo igeno ni obiro rumo e giko mar 2024.

Okange kod gigo mitimo ei nonro monego lu

Warwako jokanyo 6-10 kod jogweng e kanyakla mar twak ka twak, e higa mokuongo kod mogik mag nonro.

En ang'o ma wakwayi kuomi?

Wabiro rwaki mondo idonj e twak motingo machiegni ji 10. Twak biro kawo machiegni sechi ariyo (2). Ng'at ma otiegi biro penji ewi pachi kod kaka ineno to ok gima ni kuomi iwuon ewi nonro, ngima nyiri manenitiere e nonro, gigo magisekaloe kaluwore kod ting'o ich nyaka chop nyuol mar nyithindegi, tiyo kod lony michiwo mag rito ngima, kod ngima mar nyithindegi. Wabiro bende penjo penj motenore kod tij andika mayudore kod yore mag yudo pesa, kod chandruok moro amora mar covid e ngima kod arita. Ng'at machielo motiegi biro konyo e

ndiko piny wehegi. Wabiro mako duol e kinde mag twak kendo ndiko piny gikmoko duto e ripot.

Rach, hinyruok, chandruok, rocho chenro, kata pek manyalo bedo e nonro

Rach madiyudi tin ahinya. Nitie rach matin ni pachi migolo ok bi kan mopondo kaponi ng'ato e riwruogni nyalo wacho weche manowachi e twak. Wasetiego ji duto matayo twak kendo gibiro parone jokanyo mondo owuo kuom gik matimorega to ok kuom gin giwegi. Wabiro bende kwayo ji duto manie twak mondo ochiw luor ne paro mar jowadgi kendo kik giwuo/ twagi kuom gik ma jomoko osewacho oko mar twak.

Inyalo bedo e thuolo man malo yudo tuo mar COVID-19 (Korona) kaponi itudori kata bedo machiegni kod jatij nonro kata jathieth mar osiptal e kinde ma nonro dhi nyime. Wabiro neno ni okange machalo kama oketi mondo oduok piny rach manyalo bedoe.

- i. Timo tiegruok ne jotijwa mag nonro e wi yoo mongith/makare mar geng'o tuoche mondo okony kuom landruok mar tuo COVID-19(korona) kaluwore kod chik mar serikal, kapok gichako timo tich moro amora mar nonro.
- ii. Jotij nonro biro rwako gigo magengo dendgi e yoo makare (PPE).
- iii. Wabiro chiwo pi yath mar golo chilo e lwado (sanitizer) mondo itigo seche mag twak.
- iv. Wabiro kwayi mondo irwaki raboo mar dhok kod um e kinde mar nonro.
- v. Wabiro timo nonro e ot ma oyangore maber kendo man kod muya maler kata oko kama in kod thuolo maber kama ni thuolo kendo rito malingling mari.
- vi. Wabiro rito bedo mochwalore e kind ji madirom mita achiel kod nus e kind ji manie e nonro kod janonro kata jomoko mantiere kanyo.
- vii. Wabiro golo chilo e yor yweyo kata luoko maler gigo duto mawatiyogo bang tudruok kod ng'at manie nonro.

Ber ma iyudo ka ibet e nonro

Ibiro yudo ber mar winjo pek ma ineno gi mine matindo kod nyiri marowere ie aluora maru kod yudo rieke e kuom jol magidwaro.

Rito weche mopondo

Kata obedo ni wakwayo ji duto manie nonro mondo okan weche duto mopondo kendo kik gol wach moro amora oko mar twak ma kanyakla, ok wanyal singo ni wehego dhi bedo mopondo. Gik moko duto ma iwacho kod duol ma omaki ibiro mana ne gi jotij nonro kendo ibiro kan mopondo. Wabiro ketho duol mamaki bang higni adek. Nyingi ok bi bedo e andike moro amora ma biro wuok e nonroni. Ripot mar nonroni ibiro chiwne ji to onge wach moro amora manyangi ma ibiro wachi.

Rito weche mag nonro

Ok wabiuso, chiwo lesen kata timo ohala kod weche ma owuok kuomi kumachiolo. Wasumo weche mag nonro kaluwore kod chike matayo weche machalo kaka geng'o mahundu.

Duoko pesa mar wuoth

Kaponi okwai mondo idhi e kar romo nikech tudruok mar nonro, Wabiro chuli machiegni siling 100-400 kaka pesa miduokoni ne wuodhe ma e aluora kadwarore mondo iaye kata koa e aluorau. Ma ibiro miyi e seche mag chenro mag nonro. Kaponi nitie dwaro mar wuodhe maboyo oko mar kuma iaye ikind bombe ni weche mag nonro, wabiro wacho kodi mondo walerni bech wuoth kendo duokoni pesa mondo okonyi e yor wuodhno.

Tudruok

Kaponi in kod penjo moro amora kata weche mamoko, KEMRI kod LSTM ema siro nonroni. Kapo ni in kod penjo moro amora, yie itudri kod Elizabeth Nyothach e ofis mar KEMRI/CGHR ma nitie Kisian e namba simu (0797562680)

Kaponi idwaro wuoyo kod ng'ato ma ok otudre kod nonroni, yie itudri kod Jatelo, KEMRI Scientific and Ethics Review unit, P.o. Box, 5484000200, Nairobi; Namba simo: 0717719477.

Arita ma geng'o hinyruok.

Jotij nonro gi jochok weche nonro idwaro mondo obed kod timbe maluwore gi kaka tich dwaro kendo ka gidimbre ndalo duto ka giluo ratiro mag tich mar LSTM/KEMRI. Ma nyiso ni kik gi kwayi pesa kata gik ringruok kaka terruok mondo idonj ei nonro. Ka ineno hinyruok moro amora, chandruok kata ka ojwang'i gi jatij nonro inyalo tudri kod ng'ama otelo e arita ma geng'o hinyruok– Ms Elizabeth Nyothach e namba mar simu: 0797562680. Inyalo goyo namba ni saa a saya. Inyalo bende golo ywakni moriere ne afisa ma ochung' ne arita ma geng'o hinyruok ei migao mar LSTM Philippa Tubb e +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. Chiuruok mar LSTM ne arita ma geng'o hinyruok oler e webpage (tudruok e yo mbuyi) mar LSTM (<https://www.lstmed.ac.uk/safeguarding>).

Yiero chiwo ayie kata seyi

Ayie mar jakanyo

Seyi mara siro ni osenyisa kuom twak mar kanyakla kendo awinjo gik mabiro timre. Ayie mondo abed e twak makawuono. Ayie mondo omak duonda. Ang'eyo ni nyinga ok bi luong kata yanga e ripot moro amora kendo onge gomoro amora mayanga ma ibiro tigo.

Ayie mar janeno: Twak mar riwruok

Wehegi ibiro som ne jokanyo kendo ayie margi ma ondiki ibiro dwar(yier miyiego piny kae):

- Asesomo oboke mar ayie (kata asewinjo ka osomna go) ma lero gima omiyo watimo nonro, kod gik ma ibiro kwaya mondo atim. ☐
- Ang'eyo ni en thuolo mara mondo ayier ka ayie kata atamora donjo e nonro, kendo onge achune ma ibiro ketna mondo abed e kanyakla. Anyalo weyo e saa asaya. ☐
- Penjo duto mane ang'o ewi nonro aseyudo duoko. ☐
- Ang'eyo ni anyalo kwayi mondo olor gir mako duol e saa asaya ☐
- Ayie mondo abed e achiel kuom jomanie twak mar kanyakla. ☐
- Ayie ka iwacho gik manawacho ka nyinga ok oluongi e nonroni. ☐
- Ang'eyo rach duto mag COVID 19(Korona) to gi chenro duto ma KEMRI Oketo mondo ogeng rachgi. ☐
- Abiro yudo oboke ma ogoye seyi ma chal gi obokeni mar donjo e nonro. ☐

Nying ng'at manie nonro

Nying mokuongo.....nying juok.....Nying mogik.....

Sei kata alama mar lith lwedoTarik ☐☐/☐☐☐☐/☐☐☐☐

Nying janeno.....Seyi.....

Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying ng'at mane ochoko oboke.....

Seyi..... Tarik ☐☐/☐☐☐☐/☐☐☐☐

19.2.9 Informed Participant Consent: Stakeholder focus groups (Swahili)

Today's Date □□/□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Kupima athari za kipindi cha muda wa kati za juhudi zilizohusishwa shuleni wakati wasichana wanapoingia kwa utu uzima (CCG2), Siaya, Magharibi mwa Kenya.

Wachunguzi: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Utafiti uliopitiwa na LSTM na kamati za ukaguzi wa maadili ya KEMRI

Jina langu ni (Ingiza Jina) na ninafanya kazi na KEMRI/CGHR ya Kisumu. Ninaenda kukupea habari na kukualika kushiriki katika utafiti. Ikiwa haelewi, tafadhali nikatize wakati wowote na nitakueleza na kukujibu maswali yoyote unayo. Ikiwa ungependa kupewa muda mrefu wa kukatashauri tutakuacha na fomu hizi na kurudi baada ya siku tano ili kukualika kujiunga na utafiti.

Ushiriki wa hiari

Uko huru kuchagua kushiriki katika utafiti au la. Ikiwa hutaki kushiriki, haitaathiri haki yako yoyote. Ukikubali kushiriki unaweza kubadilisha wazo lako wakati wowote na kujiondoa katika utafiti. Ukijiondoa hatutawasiliana na wewe tena, na hakuna taarifa yeyote tutachukua kwako tena. Taarifa ambayo iliyochukuliwa hapo awali itajumuishwa kwa uchambuzi wetu isipokuwa ukituambia unatamani ifutwe.

Sababu/Kusudi ya utafiti

Utafiti ulifanywa miongoni mwa wasichana waliokuwa katika shule ya upili kaunti ya Siaya. Wasichana katika baadhi ya shule walipata vifaa (kikombe cha hedhi) vya kuwasaidia wanapo enda hedhi, baadhi yao walipewa pesa, pesa mfukoni. Wengine walipokea zote mbili na wengine walikuwa 'control' walikuwa wana dhibiti utafiti. Utafiti huu utaangalia ni athari gani juhudi ambazo wasichana walipewa shuleni hapo awali s inaweza kuwa baada ya kuacha shule kwa afya yao, ustawi na ajira na afya ya watoto wowote wanaoweza kuwa nao. Tungetamani pia kuelewa kama Covid (korona) iko na athari kwa maisha ya wasichana na jamii.

Muda wa utafiti

Utafiti huu utaanza Julai 2022 na unatarajiwa kukamilika mwisho wa 2024.

Taratibu na shughuli zinazopaswa kufuatwa

Tunawasajili wadau na wanajamii 6-10 kwa kila kikundi cha mjadala kwa mwaka wa kwanza na wa mwisho wa utafiti.

Ni nini tunauliza/tunaomba kutoka kwako

Tunakualika kushiriki katika mjadala wa kikundi ya idadi ya watu 10. Kikundi kitadumu kwa masaa mawili. Mtu aliyefundishwa atauliza kuhusu fikra na maoni yako na wala sio jambo lolote la kibinafsi, kuhusu utafiti, maisha ya wasichana walioshiriki katika utafiti, wayoyapitia wakati wa uja uzito wau na kujifugua watoto wao, matumizi ya hudumaza afya na afya ya

watoto wao. Pia tutaauliza maswali kuhusu nafasi za ajira na njia za kupata pesa na athari yoyote ya korona kwa afya na usalama.

Mtu mwingine aliyefundishwa atasaidia na kuyanukuu. Pia tutanakili mazungumuzo kupitia kanda ya sauti na kuandika kila kitu kwa ajili ya ripoti.

Madhara yanayoweza kupatikana, jeraha, kusumbuka, au hatari za wewe kushiriki Hatari kwako ni ndogo. Kuna hatari ndogo sana maoni yako haitawekwa kwa faragha iwapo mtu mmoja atayasikia mahojiano yako. Tumewafundisha wale wote wanao ongoza vikundi vya majadiliano na watachukua tahadhari kuhakikisha ni salama na ya faragha. Unaweza kuwa hatarini kuambukizwa ugonjwa wa korona iwapo utashirikiana na wafanyikazi wa utafiti au wahudumu wa afya wakati wa utafiti. Tutayaweka mikakati ifuatayo ili kupunguza hatari hii:

- i. Kuwafundisha wafanyikazi wa utafiti jinsi mwafaka wa kujikinga ili kupunguza kuenea kwa ugonjwa wa korona, tukifuata mwelekeo wa serikali kabla ya kuanza kazi za nje.
- ii. Wafanyi kazi wa utafiti watavaa mavazi maalum ya kujikinga.
- iii. Tutakupea viyeyusi vya kutakasa mikono (sanitaiza) atumie wakati wa majadiliano ya kikundi.
- iv. Tutakuomba uvae barakoa wakati wa majadiliano ya kikundi.
- v. Tutafanya kazi za utafiti katika chumba kilicho na hewa ya kutosha au nje mahali ambapo utajihisi huru na kudumisha usiri.
- vi. Tutadumisha umbali wa kutangamana wa karibu mita 1.5 kati ya washiriki na watu wengine waliopo.
- vii. Tutatakasa vifaa ambavyo vimetumika kabla ya kuingiliana na kila mshiriki

Faida zinazoweza patikana katika uafiti

Utakuwa na manufaa ya kuelewa changamoto zinazowakumba wanawake wachanga na wanaobalehe katika eneo lako na kupata kuelewa kuhusu usaidizi wanayo weza kuhitaji.

Usiri

Ingawa tunawauliza washiriki wote kuyaweka taarifa zote kwa siri na kutoshiriki nje ya majadiliano ya kikundi, hatuwezi kuwahakikishia usiri huo. Habari zote na kanda itashirikiwa na wafanyikazi wa utafiti pekee na itaifadhiwa salama. Kanda zitaharibiwa baada ya miaka mitatu. Jina lako halitakuwepo katika uchapishaji wowote ulioandikwa kutokana na utafiti huu. Ripoti hiyo itashirikishwa lakini hakuna habari itakayojumuishwa ambayo itakutambulisha.

Kulinda Taarifa

Hatutauza, kupeana leseni au taarifa yako ya kibinafsi kwa wahusika wengine, tunashiriki taarifa za utafiti kulingana na kanuni za sheria kama vile kuzuua uhalifu.

Ulipaji

Ikiwa utaulizwa kuenda katika eneo kwa shughuli yoyote ya utafiti tutakulipa Ksh 100 hadi 400 malipo ya nuli kwa eneo ya nyumbani ikihitajika kuja na kutoka hapo. Hii utapewa wakati wa tukio la utafiti. Ikiwa usafiri wa mbali utahitajika kati ya miji, tutajadili hii na wewe ili kuhakikisha gharama ya nuli na kukulipa ili kuiwezesha safari hii.

Mawasiliano

Ikiwa una maswali au wasiwasi yoyote KEMRI na LSTM ndio waratibu wa utafiti huu. Kama una maswali yoyote, tafadhali wasiliana na Elizabeth Nyothach katika ofisi ya KEMRI / CGHR katika Kisian (tel : 0797562680).

Ikiwa unataka kuzungumza na mtu asiyeshiriki katika utafiti tafadhali wasiliana na Mkuu, kitengo cha ukaguzi wa sayansi na maadili ya KEMRI, S.L.P. Box 54840 00200, Nairobi ; Tel : 0717719447.

Kulinda

Timu ya utafiti na wanaokusanya data wanatarajiwa kuishi kimaadili na kwa uwajibikaji wakati wote na kufuata kanuni za maadili za LSTM/KEMRI. Hii inamaanisha kuwa hawapaswi kukuuliza usadizi wowote wa kifedha, wa mwili au wa kijinsia kwa kushiriki kwa utafiti huu. Ikiwa unapata dhuluma yeyote, unyanyasaji au kupuuzwa na mshiriki wa timu ya utafiti unaweza kuwasiliana na Kiongozi wa Utafi-i - Bi. Elizabeth Nyothach kwa simu: 0797562680. Unaweza kupiga nambari hii ya simu wakati wowote. Unaweza peana malalamishi yako moja kwa moja kwa Afisa Uhifadhi Mteule wa LSTM Philippa Tubb kwa nambari +44 (0) 151 705 3744, safeguarding@lstmed.ac.uk. Kujitolea kulinda LSTM, kunaelezwa kwenye ukurasa wa tovuti wa LSTM (<https://www.lstmed.ac.uk/safeguarding>)

Chaguo la idhini na sahihi

Idhini ya mshiriki

Sahihi yangu inahakikisha ya kuwa nimeambiwa kuhusu majadiliano ya kikundi na ninaelewa kile kitakacho fanyika. Ninakubali kushiriki katika majadiliano ya leo. Ninakubali kurekodiwa. Ninaelewa jina langu halitatumika katika ripoti na hakuna habari nyingine inayoweza kunitambulisha itatumika.

Sahihi iliyoshahidiwa: Majadiliano ya kikundi

Yafuatayo yatasomwa kwa washiriki na kibali kutafutwa(chagua uliyokubali nayo hapachini)

- Nimeisoma fom hii ya habari (ama nimeelewa habari iliyonenwa) ambayo inaelezea sababu ya utafiti, na taratibu nitakayo ulizwa. ☐
- Ninaelewa ya kuwa niko huru kuchagua ikiwa ninataka kushiriki au la, na sitawekewa shinikizo lolote ili nishiriki. Ninaweza kujiondoa wakati wowote. ☐
- Yale maswali yote niliyokuwa nayo juu ya huu utafiti yamejibiwa. ☐
- Ninaelewa ya kuwa ninaweza kuagiza kinasa sauti kizimwe wakati wowote. ☐
- Ninakubali kushiriki katika majadiliano hii ya kikundi ☐
- Ninakubali kunukuliwa bila jina langu kutokea kutokana na maoni yangu katika utafiti. ☐
- Ninaelewa hatari inayohusiana na ugonjwa wa corona (COVID 19) na KEMRI inachukuwa tahadhari yote. ☐
- Nitapokea nakala ya fom hii ya idhini iliyotiwa sahihi. ☐

Jina la anayeshiriki

Jina la kwanza.....Jina la kati.....Jina la mwisho.....

Sahihi ama alama ya kidole

Tarehe //

Jina la shahidi.....Sahihi.....

Tarehe //

Jina la anayepokea ridhaa.....

Tarehe //

Sahihi.....

19.2.10 Informed Participant Consent: Stakeholder Interview (English)

Today's Date □□/□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Measuring the medium-term impact of school-based interventions as girls transition into adulthood (CCG2), Siaya, western Kenya

Investigators: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK.. Study reviewed by LSTM and KEMRI Ethical Review Committees

My name is (*insert name*) and I work for KEMRI/CGHR in Kisumu. I am going to give you information and invite you to be part of some research. If you do not understand, please stop me at any time and I will explain and answer any questions you have. If you would like longer to decide we will leave you these forms and return in 5 days to invite you to join the study.

Voluntary Participation

You are free to choose to take part in this study or not. If you do not want to participate it will not affect any of your rights. If you agree to participate you can change your mind at any time and withdraw from the study. If you withdraw you will not be contacted again, and no further information from you collected. Information collected before this will be included in our analysis unless you tell us you wish it to be deleted

What is the purpose of this study?

A trial was conducted among adolescent girls attending secondary schools in Siaya County. Girls in some schools were provided an item (menstrual cup) to help their monthly period, some were provided cash as pocket money each term, some received both, and some were 'controls'. This study will look at what effect the prior interventions provided to girls in school could have after leaving school on their health, wellbeing, and employment, and the health of any children they may have. We also wish to understand whether covid has an effect on the lives of girls and the community.

Duration of the study:

This study will start in July 2022 and is expected to finish by the end of 2024.

Procedure and activities to be followed

We are recruiting around 15 stakeholders and community members to interview, in the first and last year of the study.

What are we asking from you?

We are inviting you to take part in an interview which will last up to one hour. A trained person will ask for your thoughts and opinions but not anything personal about the trial, health of girls who were in the trial, experiences they have had with pregnancy and delivery of babies, use of health services, and health of their children. We will also ask questions around employment opportunities and income generation and any effects of covid on health and security. Another trained person will help and take notes. We will audio record the interview and write everything down for a report.

Potential harms, injuries, discomforts, inconvenience, or risks of you taking part
The risks to you are low. There is a very small risk your opinions would not be kept private if someone overheard your interview. We have trained all persons who are leading the interview and they will take every precaution to make sure it is private and confidential.

You may be at risk of getting COVID-19 if you interact with staff or health facility personnel during study activities. We will put the following measures in place to reduce this risk:

- i. Train our staff on appropriate infection prevention measures to mitigate COVID-19 spread in line with government directives before they embark on any fieldwork.
- ii. Staff will wear appropriate personal protective equipment.
- iii. We will provide hand sanitizer for you to use during the interview.
- iv. We will request you to wear a face mask during the interview.
- v. We will conduct the interview in a well-aerated room or in an open area where you feel comfortable and maintains privacy.
- vi. We will maintain physical distancing of about 1.5 meters between all participants and staff or other individuals present.
- vii. We will disinfect any equipment used before each participant interaction.

Potential benefits

You will have the benefit of understanding the challenges faced by young women and adolescents in your area and gain knowledge about what support they may need.

Confidentiality

What you say, and any records kept will be confidential. All the information and tapes will only be shared with study staff and will be stored securely. Tapes will be destroyed after three years Your name will not be in any publication written from this study. The report will be shared but no information will be included which identifies you.

Data Protection

We will not sell, licence, or trade your personal data to any third party. We share data in line with legal compliance regulations such as for crime prevention.

Reimbursement

If you are requested to go to a location for any of the study activities, we will pay you an average of Ksh 100 to 400 reimbursement costs for local transport if required travel to and from the location. This will be given to you at the time of the study activity. If greater distance travel is required between towns, we will discuss this with you to clarify the travel cost and reimburse you to support this journey.

Contacts

If you have any questions or concerns KEMRI and the LSTM are the study coordinators. If you have any questions, please contact Elizabeth Nyothach at the KEMRI/CGHR office at Kisian (Tel: 0797562680)

If you want to talk to someone not involved in the study, please contact the Head, KEMRI Scientific and Ethics Review Unit, P.O. Box 54840 00200, Nairobi; Tel: 0717719477.

Safeguarding

The study team and data collectors are expected to behave ethically and responsibly at all times and follow the LSTM/KEMRI code of conduct. This means that they must not ask you for any financial, physical or sexual favours in return for taking part in this research. If you

experience any abuse, harassment or neglect by a study team member you can contact the study Safeguarding Lead - Ms Elizabeth Nyothach on tel: 0797562680. You may call this number at any time. You may also raise a safeguarding concern directly with LSTM Designated Safeguarding Officer Philippa Tubb on +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. LSTM's safeguarding commitment is described on LSTM Safeguarding webpage (<https://www.lstmed.ac.uk/safeguarding>).

Consent and signing options

Participant Consent

My signature confirms that I have been told about the interview and I understand what will take place. I agree to take part in the interview. I agree to be audio-taped. I understand my name will not be used in the report and no other information that could identify me will be used.

Witnessed Consent: Interview

The following will be read to participants and their written consent sought (tick if you agree).

- I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked. ☐
- I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate. I can leave at any time. ☐
- All the questions I had about this study have been answered. ☐
- I understand that I can request the tape recorder to be switched off at any time. ☐
- I agree to take part in this interview. ☐
- I agree to quotes without my name arising from my comments in the study. ☐
- I understand the risk related to COVID-19 and that KEMRI is taking all possible precautions. ☐
- I will receive a signed copy of this consent form. ☐

Name of participant:

First name.....Middle name.....Last name.....

Signature or Thumbprint

Date //

Name Witness.....Signature.....

Date //

Name of Person who collected consentDate //

Signature:

19.2.11 Informed Participant Consent: Stakeholder Interview (Luo)

Today's Date □□/□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Pimo duoko mar kinde ma ok tin kendo ok ng'eny miyudo e kony migolo e skul e seche ma nyiri bedo jomadongo (CCG2), Siaya, Imbo mar Kenya.

Jononro: P Phillips-Howard (PI)¹, E Nyothach (co-PI)², D Kwaro², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Nonro orang kod kamiti mar LSTM kod KEMRI mochung ne rango tim makare

Nyinga en (ket nyingi) kendo atiyo kod migawo mar KEMRI/CGHR ei Kisumu. Adhi miyi ler kendo gweli mondo iyie ibed e achiel e nonro. Kapo ni wach moro ok donjni, to yie ichunga e esaa asaya kendo abiro leri kendo duoki penjo moro amora ma in go. Ka idwaro kinde malach mondo ipar mondi, wabiro weyi kod atase gi kendo duogo bang' ndalo abich mondo gweli mondo idonjie nonro.

Yie bedo e nonro maonge achune

In thuolo, mar yiero mondo ibed kata itamri bet e nonroni. Ka ok idwar mondo ibed e nonro ok bi loko ratiro mari moro amora. Ka iyie mondo idonj e nonro podi inyalo loko pachi e saa asaya kendo iwuog e nonro. Ka iweyo nonro okwabigochoni kendo, to onge weche moro amora mawabiro kawo kendo. Weche manewachoko motelo wabiro nono manakapo inyisowa ni okidwar towabiro rucho

En ang'o ma omiyo itimo nonro?

Nonro ne otim e kind nyiri manie sekundari e sikunde ma Siaya County. Nyiri manie sikunde ma moko ne omi gimoro (okombe mar dhie dwe), mondo okonygi e dhi malo margi nitie, moko ne omi pesa kaka pesa mar ofuko tam ka tam, jomoko ne oyudogi te to jomoko ne gin (control), onge gima ne omigi. Nonroni biro rango ni gin rach kata ber mage mane nyiri neno e nonro mokalo kuom gigo mane imiyogi e skul kendo nyalo kelo e ngimagi bang weyo skul, kuom ngimagi mapile, bedogi makare, tijegi kod ngima nyathi moro amora ma onyalo betgo. Wagombo bende ng'eyo kaponi Covid (Korona) niginyalo kelo pek ei ngima mar nyiri kod oganda.

Kinde mag nonro

Nonroni biro chakre due mar Abirio 2022 kendo igeno ni obiro rumo e giko mar 2024.

Okange kod gigo mitimo ei nonro monego lu

Warwako jokanyo machiegni apar (15) kod jogweng mondo wapenj penjo, e higa mokuongo kod mogik mag nonro.

En ang'o ma wakwayo kuomi?

Wakwayi mondo idonj e penjo mabiro kawo machiegni saa achiel (1). Ng'at ma otiegi biro penji ewi pachi kod kaka ineno to ok gima ni kuomi iwuon. Ng'at machielo motiegi biro konyo e ndiko piny wechegi, ewi nonro, ngima nyiri manenitiere e nonro, gigo magisekaloe kaluwore kod ting'o ich nyaka chop nyuol mar nyithindegi, tiyo kod lony michiwo mag rito ngima, kod ngima mar nyithindegi. Wabiro bende penjo penj motenore kod tij andika mayudore kod yore mag yudo pesa, kod chandruok moro amora mar covid e ngima kod arita.

Wabiro mako duol e kinde mag twak kendo ndiko piny gikmoko duto e ripot.

Rach, hinyruok, chandruok, rocho chenro, kata pek manyalo bedo e nonro
Rach madiyudi tin ahinya. Nitie rach matin ni pachi migolo ok bi kan mopondo kaponi ng'ato
olidho winjo weche mag penjo. Wasetiego ji duto matayo penjo kendo gibiro temo keti chike
mondo gine ni entie kama opondo kendo kod arita makare.

Inyalo bedo e thuolo man malo yudo tuo mar COVID-19(Korona) kaponi itudori kata bedo
machiegni kod jathij nonro kata jathieth mar osiptal e kinde ma nonro dhi nyime. Wabiro neno
ni okange machalo kama oketi mondo oduok piny rach manyalo bedoe.

- i. Timo tiegruok ne jotijwa mag nonro e wi yoo mongith/makare mar geng'o tuoche
mondo okony kuom landruok mar tuo COVID-19(korona) kaluwore kod chik mar
serikal, kapok gichako timo tich moro amora mar nonro.
- ii. Jotij nonro biro rwako gigo magengo dendgi e yoo makare (PPE).
- iii. Wabiro chiwo pi yath mar golo chilo e lwado (sanitizer) mondo itigo seche mag twak.
- iv. Wabiro kwayi mondo irwaki raboo mar dhok kod um e kinde mar nonro.
- v. Wabiro timo nonro e ot ma oyangore maber kendo man kod muya maler kata oko
kama in kod thuolo maber kama ni thuolo kendo rito malingling mari.
- vi. Wabiro rito bedo mochwalore e kind ji madirom mita achiel kod nus e kind ji manie e
nonro kod janonro kata jomoko mantiere kanyo.
- vii. Wabiro golo chilo e yor yweyo kata luoko maler gigo duto mawatiyogo bang tudruok
kod ng'at manie nonro.

Ber ma iyudo ka ibet e nonro

Ibiro yudo ber mar winjo pek ma ineno gi mine matindo kod nyiri marowere ei aluora maru
kod yudo rieko kuom jol magidwaro.

Rito weche mopondo

Gima iwacho, kod andike duto ibiro kan mopondo. Gik moko duto ma iwachi kod duol ma
omaki ibiro mana ne gi jotij nonro kendo ibiro kan mopondo. Wabiro ketho duol mamaki
bang higni adek. Nyingi ok bi bedo e andike moro amora ma biro wuok e nonroni. Ripot mar
nonroni ibiro chiwne ji to onge wach moro amora manyangi ma ibiro wachi.

Rito weche mag nonro

Ok wabiuso, chiwo lesen kata timo ohala kod weche ma owuok kuomi kumachielo. Wasumo
weche mag nonro kaluwore kod chike matayo weche machalo kaka geng'o mahundu.

Duoko pesa mar wuoth

Kaponi okwai mondo idhi e kar romo nkech tudruok mar nonro, Wabiro chuli machiegni
siling 100-400 kaka pesa miduokoni ne wuodhe ma e aluora kadwarore mondo idhiye kata
koa e aluorau. Ma ibiro miyi e seche mag chenro mag nonro. Kaponi nitie dwaro mar wuodhe
maboyo oko mar kuma iaye ikind bombe nkech weche mag nonro, wabiro wacho kodi mondo
walerni bech wuoth kendo duokoni pesa mondo okonyi e yor wuodhno.

Tudruok

Kaponi in kod penjo moro amora kata weche mamoko, KEMRI kod LSTM ema siro nonroni.
Kapo ni in kod penjo moro amora, yie itudri kod Elizabeth Nyothach e ofis mar KEMRI/CGHR
ma nitie Kisian e namba simu (0797562680)

Kaponi idwaro wuoyo kod ng'ato ma ok otudre kod nonroni, yie itudri kod Jatelo, KEMRI
Scientific and Ethics Review unit, P.o. Box, 5484000200, Nairobi; Namba simo: 0717719477.

Arita ma geng'o hinyruok.

Jotij nonro gi jochok weche nonro idwaro mondo obed kod timbe maluware gi kaka tich dwaro kendo ka gidimbire ndalo duto ka giluo ratiro mag tich mar LSTM/KEMRI. Ma nyiso ni kik gi kwayi pesa kata gik ringruok kaka terruok mondo idonj ei nonro. Ka ineno hinyruok moro amora, chandruok kata ka ojwang'i gi jatij nonro inyalo tudri kod ng'ama otelo e arita ma geng'o hinyruok- Ms Elizabeth Nyothach e namba mar simu: 0797562680. Inyalo goyo namba ni saa a saya. Inyalo bende golo ywakni moriere ne afisa ma ochung' ne arita ma geng'o hinyruok ei migao mar LSTM Philippa Tubb e +44 (0)151 705 3744, safeguarding@lstmed.ac.uk. Chiuruok mar LSTM ne arita ma geng'o hinyruok oler e webpage (tudruok e yo mbuyi) mar LSTM (<https://www.lstmed.ac.uk/safeguarding>).

Yiero chiwo ayie kata seyi

Ayie mar jalony

Seyi mara siro ni osenyisa kuom penjo kendo awinjo gik mabiro timre. Ayie mondo abed e penjo makawuono. Ayie mondo omak duonda. Ang'eyo ni nyinga ok bi tigo e ripot moro amora kendo onge gomoro amora mayanga ma ibiro tigo.

Ayie mar janeno: penjo

Wehegi ibiro som ne jokanyo kendo ayie margi ma ondiki ibiro dwar(yier miyiego piny kae):

- Asesomo oboke mar ayie (kata asewinjo ka osomna go) ma lero gima omiyo watimo
nonro, kod gik ma ibiro kwaya mondo atim. ☐
- Ang'eyo ni en thuolo mara mondo ayier ka ayie kata atamora donjo e nonro, kendo onge
achune ma ibiro ketna mondo abedi. Anyalo weyo e saa asaya. ☐
- Penjo duto mane ang'o ewi nonro aseyudo duoko. ☐
- Ang'eyo ni anyalo kwayi mondo olor gir mako duol e saa asaya ☐
- Ayie mondo abed e achiel e penjo. ☐
- Ayie ka iwacho gik manawacho ka nyinga ok oluongi e nonroni. ☐
- Ang'eyo rach duto mag COVID 19(Korona) to gi chenro duto ma KEMRI Oketo mondo
ogeng rachgi. ☐
- Abiro yudo oboke ma ogoye seyi ma chal gi obokeni mar donjo e nonro. ☐

Nying ng'at manie nonro

Nying mokuongo.....nying juok.....Nying mogik.....

Sei kata alama mar lith lwedoTarik ☐☐/☐☐☐☐/☐☐☐☐

Nying janeno.....Seyi.....

Tarik ☐☐/☐☐☐☐/☐☐☐☐

Nying ng'at mane ochoko oboke.....

Seyi..... Tarik ☐☐/☐☐☐☐/☐☐☐☐

19.2.12 Informed Participant Consent: Stakeholder Interview (Kiswahili)

Today's Date □□/□□□/□□□□	LocationID: □□□-□□□□-□ Fieldworker: □□□□
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Flesch-Kincaid Grade Level 7.2

Kupima athari za kipindi cha muda wa kati za juhudi zilizohusishwa shuleni wakati wasichana wanapoingia kwa utu uzima (CCG2), Siaya, Magharibi mwa Kenya.

Wachunguzi: P Phillips-Howard (PI) ¹, E Nyothach (co-PI) ², D Kwaro ², D Obor², E Worrall¹, L Mason¹, A Van Eijk¹, G Zulaika¹, D Wang¹; collaborators: P Spinhoven³, E Fwaya⁴ Institutes: ¹Liverpool School of Tropical Medicine (LSTM), ²Kenya Medical Research Institute, ³Leiden University, ⁴Siaya Ministry of Health. Sponsor: LSTM. Funder: Medical Research Council, UK. Utafiti uliopitiwa na LSTM na kamati za ukaguzi wa maadili ya KEMRI

Jina langu ni (Ingiza Jina) na ninafanya kazi na KEMRI/CGHR ya Kisumu. Ninaenda kukupea habari na kukualika kushiriki katika utafiti. Ikiwa haelewi, tafadhali nikatize wakati wowote na nitakueleza na kukujibu maswali yoyote unayo. Ikiwa ungependa kupewa muda mrefu wa kukatashauri tutakuacha na fomu hizi na kurudi baada ya siku tano ili kukualika kujiunga na utafiti.

Ushiriki wa hiari

Uko huru kuchagua kushiriki katika utafiti au la. Ikiwa hutaki kushiriki, haitaathiri haki yako yoyote. Ukikubali kushiriki unaweza kubadilisha mawazo yako wakati wowote na kutoKa katika utafiti. Ukijiondoa hatutawasiliana na wewe tena, na hakuna taarifa yeyote tutachukua kwako tena. Taarifa ambayo iliyochukuliwa hapo awali itajumuishwa kwa uchambuzi wetu isipokuwa ukituambia unatamani ifutwe.

Sababu/Kusudi ya utafiti

Utafiti ulifanywa miongoni mwa wasichana waliokuwa katika shule ya upili kaunti ya Siaya. Wasichana katika baadhi ya shule walipata vifaa (kikombe cha hedhi) vya kuwasaidia wanapo enda hedhi, baadhi yao walipewa pesa, pesa mfukoni. Wengine walipokea zote mbili na wengine walikuwa 'control' walikuwa wana dhibiti utafiti. Utafiti huu utaangalia ni athari gani juhudi ambazo wasichana walipewa hapo awali shuleni inaweza kuwa baada ya kuacha shule kwa afya yao, ustawi na ajira na afya ya watoto wowote wanaoweza kuwa nao. Tungetamani pia kuelewa kama Covid (korona) iko na athari kwa maisha ya wasichana na jamii.

Muda wa utafiti

Utafiti huu utanza Julai 2022 na unatarajiwa kukamilika mwisho wa 2024.

Taratibu na shughuli zinazopaswa kufuatwa

Tunawasajili wasichana karibu 15 ili kuhoji, kwa Mwaka wa kwanza na wa wa utafiti.

Ni nini tunaauliza/tunaomba kutoka kwako

Tutakualika kushiriki katika mahojiano ambayo itadumu saa moja. Mtu aliyefundishwa atakuuliza kuhusu fikra na maoni yako na wala sio jambo lolote la kibinafsi. Mtu mwingine aliyefundishwa atasaidia na kuyanakili, kuhusu utafiti, maisha ya wasichana walioshiriki katika utafiti, wayoyapitia wakati wa uja uzito wau na kujifugua watoto wao, matumizi ya hudumaza afya na afya ya watoto wao. Pia tutauliza maswali kuhusu nafasi za ajira na njia za kupata pesa na athari yoyote ya korona kwa afya na usalama.

Pia tutanakili mazungumzo kupitia kanda ya sauti na kuandika kila kitu kwa ajili ya ripoti.

Madhara yanayoweza kupatikana, jeraha, kusumbuka, au hatari za wewe kushiriki Hatari kwako ni ndogo. Kuna hatari ndogo sana maoni yako hayatawekwa kwa faragha iwapo mtu atasikia mahojiano yako. Tumewafundisha wale wote wanao ongoza mahojiano na watachukua tahadhari kuhakikisha ni ya faragha na ya siri.

Unaweza kuwa hatarini kuambukizwa ugonjwa wa korona iwapo utashirikiana na wafanyikazi wa utafiti au wahudumu wa afya wakati wa utafiti. Hata hivyo tutayaweka mikakati ifuatayo kupungua hatari hii:

- i. Kuwafundisha wafanyikazi wa utafiti jinsi mwafaka wa kinga ili kupungua kuenea kwa ugonjwa wa korona, tukifuata mwelekeo wa serikali kabla ya kuanza kazi za nje.
- ii. Wafanyi kazi wa utafiti watavaa mavazi maalum ya kujikinga.
- iii. Tutakupea viyeyusi vya kutakasa mikono (sanitaiza) utumie wakati wa mahojiano.
- iv. Tutakuomba uvae barakoa utumie wakati wa mahojiano.
- v. Tutafanya kazi za utafiti katika chumba kilicho na hewa ya kutosha au nje mahali ambapo utajihisi huru na kudumisha usiri.
- vi. Tutadumisha umbali wa kutangamana wa karibu mita 1.5 kati ya washiriki na watu wengine waliopo.
- vii. Tutatakasa vifaa ambavyo vimetumika kabla ya kuingiliana na kila mshiriki

Faida zinazoweza patikana katika uafiti

Utakuwa na manufaa ya kuelewa changamoto zinazowakumba wanawake wachanga na wanaobalehe katika eneo lako na kupata kuelewa kuhusu usaidizi wanayo weza kuhitaji.

Usiri

Utakayo sema na kumbukunbu yoyote iliyohifadhiwa itawekwa kwa siri. Habari zote na kanda itashirikiwa na wafanyikazi wa utafiti peke yake na itahifadhiwa salama. Kanda zitaharibiwa baada ya miaka tatu. Jina lako halitakuwepo katika uchapishaji wowote ulioandikwa kutokana na utafiti huu. Ripoti hiyo itashirikishwa lakini hakuna habari itakayojumuishwa ambayo itakutambulisha.

Kulinda Taarifa

Hatutauza, kupeana leseni au taarifa yako ya kibinafsi kwa wahusika wengine, tunashiriki taarifa za utafiti kulingana na kanuni za sheria kama vile kuzuua uhalifu.

Ulipaji

Ikiwa utaulizwa kuenda katika eneo kwa shughuli yoyote ya utafiti tutakulipa Ksh 100 hadi 400 malipo ya nauli ya eneo ya nyunbani ikihitajika kuja na kutoka hapo. Hii utapewa wakati wa tukio la utafiti. Ikiwa usafiri wa mbali utahitajika kati ya miji, tutaijadili hii nawe ili kuhakikisha gharama ya nauli na kukulipa ili kuiwezesha safari hii.

Mawasiliano

Ikiwa una maswali au wasiwasi yoyote KEMRI na LSTM ndio waratibu wa utafiti huu. Kama una maswali yoyote, tafadhali wasiliana na Elizabeth Nyothach katika ofisi ya KEMRI / CGHR katika Kisian (Tel : 0797562680)

Ikiwa unataka kuzungumza na mtu asiyeshiriki katika utafiti tafadhali wasiliana na Mkuu, kitengo cha ukaguzi wa sayansi na maadili ya KEMRI, S.L.P. Box 54840 00200, Nairobi ; Tel : 0717719447.

Kulinda

Timu ya utafiti na wanaokusanya data wanatarajiwa kuishi kimaadili na kwa uwajibikaji wakati wote na kufuata kanuni za maadili za LSTM/KEMRI. Hii inamaanisha kuwa hawapaswi kukuuliza usadizi wowote wa kifedha, wa mwili au wa kijinsia kwa kushiriki kwa utafiti huu. Ikiwa unapata dhuluma yeyote, unyanyasaji au kupuuzwa na mshiriki wa timu ya utafiti unaweza kuwasiliana na Kiongozi wa Utafi-i - Bi. Elizabeth Nyothach kwa simu: 0797562680. Unaweza kupiga nambari hii ya simu wakati wowote. Unaweza peana malalamishi yako moja kwa moja kwa Afisa Uhifadhi Mteule wa LSTM Philippa Tubb kwa nambari +44 (0) 151 705 3744, safeguarding@lstmed.ac.uk. Kujitolea kulinda LSTM, kunaielezwa kwenye ukurasa wa tovuti wa LSTM (<https://www.lstmed.ac.uk/safeguarding>)

Chaguo la idhini na sahihi

Idhini ya mshiriki

Sahihi yangu inahakikisha ya kuwa nimeambiwa kuhusu mahojiano na ninaelewa kile kitakacho fanyika. Ninakubali kushiriki katika mahojiano. Ninakubali kurekodiwa. Ninaelewa jina langu halitatumika katika ripoti na hakuna habari nyingine ambayo itanitambulisha itatumiwa.

Sahihi iliyishahidiwa: Mahojiano (chagua uliyokubali nayo hapachini)

Yafuatayo yatasomwa kwa washiriki na kibali kilichoandikwa kutafutwa

- Nimeisoma fomu hii ya habari (ama nimeelewa habari iliyonenwa) ambayo inaelezea sababu ya utafiti, na taratibu nitakayo ulizwa. ☐
- Ninaelewa ya kuwa niko huru kuchagua ikiwa ninataka kushiriki au la, na sitawekewa shinikizo lolote ili nishiriki. Ninaweza kujiondoa wakati wowote. ☐
- Yale maswali yote niliyokuwa nayo juu ya huu utafiti yamejibiwa. ☐
- Ninaelewa ya kuwa ninaweza kuagiza kinasauti kizimwe wakati wowote. ☐
- Ninakubali kushiriki katika hii mahojiano ☐
- Ninakubali kunukuliwa bila jina langu kutokea kutokana na maoni yangu katika utafiti. ☐
- Ninaelewa hatari inayohusiana na ugonjwa wa corona (COVID 19) na KEMRI inachukuwa tahadhari yote. ☐
- Nitapokea nakala ya fomu hii ya idhini iliyotiwa sahihi. ☐

Jina la anayeshiriki:

Jina la kwanza.....Jina la kati.....Jina la mwisho.....

Sahihi ama alama ya kidole

Tarehe ☐☐/☐☐☐☐/☐☐☐☐

Jina la shahidi.....Sahihi.....

Tarehe //

Jina la anayepokea ridhaa.....

Tarehe //

Sahihi.....

19.3 APPENDIX III. QUALITATIVE GUIDES

19.3.1 Girls - Focus Group Discussions (English)

MODERATOR: Document required information as appropriate for each FGD using the formats provided below. Date: ____/____/____

Initials: Moderator: ____ Note Taker ____ Recorder Number: ____ Folder/File Name (location on recorder): ____

Interview location (Venue): ____

FGD Group: ____ FGD Number: ____

Time Start: ____ Time stop: ____ No. Participants at start of FGD: ____ No. Participants at the end of FGD: ____

Demographic information for every FGD participant [to be completed on a one-to-one basis, immediately after consent is obtained]

Participant number	Age in completed years	Current Location	Marital status	School attended during the study	School completion status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS – reasons for withdrawal, refusal, ambience of FG, level of interest, disagreements, etc

Introduction

Thank you so much for your willingness to take part in this group discussion. My name is [Name]. I am from the KEMRI/CGHR. We are doing a research study that will look at what effect the previous/earlier interventions that you were given when you were in school, could have on you in terms of your health, wellbeing, and employment, and the health of any children that you may have after completing/leaving high school.

We are interested in hearing from you about what it is like to be have completed/left secondary school, and whether being part of the study has made any difference to you and your peers. You have been invited to this discussion because you were previously enrolled in the Cups or Cash study. This study was done in 96 secondary schools in Siaya County. There were different interventions offered to girls based on the arm that their school was randomised in. You may have received one menstrual cup (Mooncup®) with hand wash soap termly; cash transfer (girls' pocket money) with financial literacy; A combination of cup and Cash transfer interventions; and 'Usual practice' (control) with hand wash soap termly.

Often people from outside think they know what you think regarding these issues when they really do not. To us, you are the real experts, and there is a lot we can learn from you. So today we would like to hear your views. This is very informal; you can talk about anything you think is important for us to know. I also want to remind you that everything we talk about today is confidential. No one will hear this tape except for people working on the project. Whenever we write a report, we will use numbers so no one can identify you. If there are any questions you would rather not answer, just let me know - that's fine.

Your frank responses and discussion will be most helpful to us as we try to really understand these issues. Remember, your answers to our questions will not be considered "right" or "wrong", because we want to know about what people think. They are merely information you will provide based on your experiences, observations, or feelings. Everyone's views are equally important. It's fine to disagree with other people's views, but if you do, it's important to disagree in a respectful and polite manner. It's important for you to talk in turns to speak, because if you all speak at once, we will not have a clear recording. If you disagree with something anyone says, you can say 'I disagree' and then wait for them to finish before you speak.

- Explain the role of note-takers and tape-recorder
- Give a few minutes for answering any questions regarding the FGD

Please note the questions here:

**Perception on
prior Study and
Schooling**

What did you like about the CCG study?

What didn't you like about the CCG study?

What was the perception of the village members/people in your locality on the study then? (probe on the effects that it may have had on them in terms of participation or how you behaved)

What made it difficult for girls like yourself, to remain at school? (find out what this is, why it is a problem and what they think would help)

Is completing school considered beneficial, what are good and bad things arising from this?

What happens to girls if they did not complete schooling?

What happens afterwards to girls who completed school – what are their options for work, male partners, having families etc. – does finishing school help a girl achieve her career goals or attain a happy and more fulfilled life?

Is there more pressure on you now that out of secondary school? (probe to find what the pressures are – college work / jobs / family / friends / chores / relationships etc. and how they affect the girls)

Looking back do you wish you had (either) stayed at school to completion/or left earlier? Why?

	Do girls stay in Siaya County – who ... Why do other girls leave Siaya county after finishing school? (probe whether there are good or bad places to go to, or good / bad situations that girls end up in) or better opportunities in terms of health needs, school needs or employment needs
Reproductive health issues	Did girls in your school access the HIV testing and counselling? Was this useful/ how? Do girls access services for HIV testing and counselling after completing or dropping out of school? If yes where? were there avenues for getting Sexual and reproductive health (SRH) information when you were in school; what are the avenues for getting SRH information now that you are out of school? (probe what info they get, how useful, what is missing, how best to receive information) What type of services SRH services are available for girls after leaving school? (probe on family planning, contraceptives, STI services, abortion services) If girls had left school early would they get the same type of services ? (probe why yes/ no)
Intervention use	Cup users Share with us anything that you know about the Mooncup Please tell us what girls in your school thought/their perception about the Mooncup when it was issued to girls in your school? (probe on positive and negative aspects) What did the girls in your school share about the Mooncup use while you were at school (probe on use, emptying, storage, WASH facilities)? Share some of the experiences that girls have with the Mooncup now that they have completed or dropped out school? (probe on use, emptying, storage, WASH facilities) Do you think that having a Mooncup made any difference to your life back then? (What / how / why) What about now?

	Looking back now, we gave you a Mooncup as part of the study - do you think we should have done this, or anything differently? What / why etc Cash users Please tell us what girls in your school thought/their perception about the cash transfer that was given to girls in your school? (probe on positive and negative aspects) Did the Cash transfer help with your needs while at school? (Probe on what they thought it helped with, and what it did not help with) What did you think of how it was disbursed and what do you think would make it better? Did girls sometimes run out of money after their cash transfer was used up that term, what did they do when it was finished? were there items they liked to buy and needed to find money elsewhere? Tell us about this? Is the financial literacy you got useful to you now (probe on budgeting, saving, choice of expenditure)? Share with us your experiences on how you managed without the cash transfer when you finished school/dropped out? Cash and Cups (Combined) Users Share with us your experiences of getting both the Mooncups and the cash Please tell us what girls in your school thought/their perception about the interventions when it was issued to girls in your school? (probe on positive and negative aspects)? Did having the Mooncup have an effect on how you managed your cash while in school? (Probe on how) Did having the Mooncup and the cash make any difference in your life while at school? (Probe on how) What was better for you while you were at school, the Mooncup or the cash, or were both important? (Probe on reasons why) Looking back do you think we could have done anything differently when it came to training, distribution and monitoring use of both interventions? (Probe on how)
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	What about since you left school – do you think having the interventions has given you any long term benefits? (probe on reasons why) Share with us your current experiences on use of the Mooncup and your experiences of having no cash transfer. Did any of the trainings you received e.g. puberty and hygiene lessons, Mooncup use, financial literacy useful to you now that you have left school? (Probe on how) Control arm Share your thoughts on the puberty and hygiene education? Was it useful then/ how about now? What did you think about the soap you were given while at school? How are you coping without the supply of soap? Do you think being in the study benefited girls in any ways, what were these, do you think even though the study is finished they still have benefitted, in what ways?
Menstrual Hygiene Issues	Puberty and hygiene education was offered to girls during the study, do you think this was useful then? What about now? Did the puberty and hygiene education change the way you view menstruation? (self-stigma, ability to talk about menstruation) Please share with us some of the cultural expectations from the community now that you are young adults who have completed high school? (probe on participation in social settings, bathing, cooking, or religious practices while menstruating) What are some of the menstrual related barriers that you face now? Do you face discrimination when you are having your menses e.g. discrimination at work place? What sort of things do you face? Where do you get support on issues of menstruation now that you are out school? Who makes decisions on your menstrual health needs?
Targeted probes for specific trial outcomes (e.g. child marriage,	Please share your experiences with Marriage (child marriage/ early marriage, early pregnancy) Are girls quickly married after leaving school – which girls and why? Do many girls become pregnant soon after completing school or dropping out of school, who and why? (Probe on pregnancy outcomes, cultural/societal expectations)

drop out, teen pregnancy)	Who is mainly responsible for girls’ pregnancies (boyfriends, older men, family members) when in school? How about when they complete school or drop out? What are some of the good and bad things when this occurred? What do you think led to school drop out of your class mates? Share any challenges that you experienced with any of the following procedures that were conducted in school: HIV and HSV2 testing, school dropout, questions on sexual behavior and quality of life Looking back what would you have done differently in terms of schooling and sexual behavior? Looking forward did the project have a long-term effect on you and / or other girls?
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19.3.2 Girls - Focus Group Discussions (Dholuo)

Guide 1 - FOCUS GROUP DISCUSSION FOR GIRLS_DHOLUO

TWAK MAR KANYAKLA MAR NYIRI

JA TAA TWAK: Andike ni dwaro wecheu makare ne twak ma kanyakla duto ka iluwo kaka ondik piny kanyo. Tarik: ____/____/____

Ranyis nying: Ja taa twak: ____ Ja ndiko ____ Namba gir mako duol: ____ Namba fael (kama omakie duol): ____

Kama otimie twak: ____

Grup mar twak: ____ Namba mar twak: ____

Saa chako: ____ Saa tieko: ____ Namba jomanie twak saa chako: ____ Namba jomanie twak saa tieko: ____

Weche mag nond ng'ato mar ng'ato ka ngato mobire twak [indiko e achiel ka chiel ng'ato bang' nyawadgi, tok ka ayie mar andike osekau]

Namba mar ngama obire twak	Hike	Kama odakie sani	Chal mar kenya	Sikul mane osome ndalo nonro	Chal mar tieko sikul
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Wach mowuok – Gima omiyo owuok, tamruok, chal mar twak, rang'iny mar dwaro, koso winjruok, mamoko

Yangruok

Erokamano uru ahinya kuom yie mondo ubedi e twak makawuononi. Nyinga en [nying]. Awuok KEMRI/CGHR. Watimo nonro ma wadwa ng'eyogo ber mang'eny mane nonro mokalo kata machon mane omiu kane pod uni e sikul, nene nyalo kelonu, kaluwore kod ngimau, bedou makare, tijeu mar andika kod ngima mar nyithindo mane unyalo bedogo bang' tieko/weyo sekondari sikul.

Wan gi mor/ilo mar winjo kuomu chal mar tieko/weyo sekondari sikul, kod ka bedou e nonro osekelo lokruok moro amora kuomu kendo kuom mbeseu. Ogwelu e twak ni nikech ne waruakou e nonro mar okombe kata pesa. Nonro ni ne otim e sikunde sekondari 96 ei County ma Siaya. Nenitie chiwo mopogore opogore mane imiyo nyiri koluware gi bat mane sikundu oluarie. Nyalo bedo ni ne uyudo okombe mar dwe achiel (Mooncup) kod sabun mar logo tam ka tam, pesa (pesa mar ofuko mar nyiri) kod puonj mar kaka itiyo kod pesa; mich moriwo okombe kod pesa kod tiyo gi gigo ma pile pile (control), kod sabun mar logo tam ka tam.

Ngenyne jogo ma oko paro ni gin kod ng'eyo kuom gigo ma uparo koluware kod wehegi, to adieri en ni ok en kamano. Kor ka korwa, unie jolony, kendo nitiere weche mangeny ma wanyalo somo kuomu. Koro kawuono dwaher winjo pachu. Mae en twak moyangore, unyalo wuoyo e gimoro amora ma uparo ni ber ka wangeyo. Kendo adwaro paronu ni gimoro amora ma wabiro wuoyo e kawuono dhi bedo mpondo. Onge ng'at mabiro winjo duol ma omaki to mak mana jogo manie nonro ni. To kinde ka kinde ma wabiro ndiko andike, wabiro tiyo kod nembni kata nying ma ok gin adiera, koro onge ngat manyalo fuenyo ni mano in. Koponi nitiere penjo ma ok inyal duoko, yie mondo iketnwa ler, mano ni kare.

Duoko mari ma oyangore kod twak biro miyowa kony ka watemo winjo matut wehegi. Parni, duoko mari e penjo ma wan godo ok bi rang kaka kare kata rach, nikech wadwaro mana ngeyo gima ji paro. Gin mana weche go ma ubiro chiwo kaluwore kod, gigo ma usekaloe, uneno kata kaka uwinjo e chunyu. Pach ji tee waruako. Nikare mondo kik wayie kod pach ng'ato, to kaponi itimo kamano en kare mondo kik iyie e yoo ma ok nyis lour kata gi muolo. Ber ka wawuoyo achiel ka chiel, nikech ka watee wawuoyo dichiel, ok wabi yudo mako duol mani kare. Koponi ok iyie kod gima ngato owacho, wach mana ni ok ayie, aeto, rit otiek wuoyo kapok iwuoyo.

- Ler gima ng'atno ma kawo andike timo kod gino mar mako duol
- Chiw kinde matin mar duoko penjo moro amora mar twak

Yie indik penjo go kae:

**Paro e wi nonro
maneosetim kod
dhi sikul**

Gin ang'o mane uhero kuom nonro mar CCG?

Gin ang'o mane ok uhero kuom nonro mar CCG?

En paro mage mane jogweng'u / ji nenigo ewi nonroni ndalo go? (Non matut kuom ber /rach mane ginyalo neno kuom donjo /bedo e achiel kata kaka jononro ne timore)

Gin gik mage mane okelo pek ne nyiri kaka un, bedo e sikul? (non matut ni ne en ang'o, en chandruok nang'o kendo ang'o ma giparo ni nyalo konyo.)

Bende tieko sikul ineno ka ni kod ber, gin ber kata rach mage mawuok kuom mae?

Ang'o ma timore ne nyiri ka ok gitieko sombgi?

Ang'o matimore bang'e ne nyiri mane otieko sikul- gin gi yiero mane kuom tich, joheragi ma chuo, bedo kod familia kod mamoko-bende tieko sikul konyo nyiri chopo lek margi mar tich kata bedo mamor kod ngima maber e ndalo mabiro?

Be nitie dwaro mangeny kuomu sani makoro usewuok e sekondari sikul? (Non matut mondo iyud ni ngin dwaro mage-tije mag kos/tich/familia/osiepe/tije ot/ng'iyu mamoko) kod gima gikelo ne nyiri.

Ka irango chien bende ugombo ni dine ubet e sikul nyaka itieko kata weyo sikul chon? Nang'o?

	Bende nyiri dak e County ma Siaya-Ng'ano... ang'o ma omiyo nyiri moko wuok e County ma Siaya bang' tieko sikul? (Non matut ka nitie kuonde mabeyo kata maricho ma ginyalo dhie/ gigo maricho ma nyiri yudore) kata thuolo mabeyo modok kor ka dwaro mar ngima, dwaro mar sikul kata dwaro mar tich.
Weche mag ngima mar nyodo	Bende nyiri mane nie sikundu bende ne oyudo thuolo mar ng'eyo chalgi kor ka kute mek ayaki kod hocho? Bende mae ne okonyo? nade? Bende nyiri yudo kony kor ka pim kod hocho mar kute mag Ayaki bang' tieko kata weyo sikul? Ka ee, kanye? Bende ne nitie yore mag yudo weche e wi terruok kod ngima mar nyodo (SRH) kane unie sikul Gin yore mage mag yudo weche mag ngimau mar terruok kod nyodo sani makoro un oko mar sikul? (non matut ni gin weche mage magiyudo, nokonyo machalo nade, en ang'o ma onge/koso, yoo maberie molooyo mar yudo weche) Gin yore mage mar kony mag ngima terruok kod nyodo mayudore ne nyithindo ma nyiri bang' weyo sikul (non matut pango familia, yore komo nyuol, thieth mag tuoche terruok, golo iye) Kaponi nyiri ne diwe sikul chon bende dine giyud jol machal gimagi? (non matut nang'o ee/ooyo)
Tiyo kod mich mar nonro	Cup users Joma tiyo kod okombe mar dwe Nyiswae gimoro amora ma ungeyo kuom okombe mar dwe Yie unyiswae gima nyiri mane nie sikundu ne paro/ pachgi e wi okombe mar dwe kane omi nyiri e skundu? (Non matut matut gigo mabeyo kod maricho.) En ang'o mane nyiri manie sikundu newacho kuom tiyo kod okombe mar dwe kanepod unie sikul? (Non matut kuom tiyo kode, puke, kane, rito ler mare) Nyiswae lony ma nyiri nigo sani kuom okombe mar dwe sani magisetieko/ weyo sikul? (Non matut kuom tiyo kode, puke, kane, gik rito ler mare)

	Bende iparo ni bedo kod okombe mar dwe ne okonyo ngimau ndalo go? (Ang'o, nade, nang'o) To sani to? Kawa ngiyo chien, ne wamiyou okombe mar dwe kaka jogo mane odonjoe nonro- bende uparo ni ne onego watim ma, koso gimoro ma opogore? (Ang'o, nade, nang'o mamoko) Jogo manetiyo kod pesa Yie unyiswae gima nyiri mane nie sikundu ne paro/ pachgi ewi pesa mar ofuko mane omi nyiri e skundu? (Non matut matut gigo mabeyo kod maricho.) Bende pesa mar ofuko ne okonyo dwarou kane unie skul? (Non matut gima ne giparo nine okonyogi godo, kod gima ok ne okonyo gigodo) Ere paro ma in go kuom kaka pesa no ne ochopo nu kod ere kaka inyalo time maberie moloyo? Bende nyiri samoro ne bedo maonge pesa kane gisetieko tiyo kod pesa mar ofuko e tam, ang'o manegitimo ka pesa oserumo? Bende nitie gik madine giher nyiewo kendo chuno mondo gidwar pesa kumachielo? Nyiswae wachni? kaka ne opuoju tiyo kod pesa pod konyi sani (Non matut kuom goyo kwan kod kaka itiyo pesa, kano pesa, yiero gima itimo kod pesa)? Nyiswauru bedo maru kaka ne unyalo timo maonge pesa kane utieko sikul/uweyo sikul? Jogo matiyo kod okombe mar dwe kata pesa Nyiswauru bedo mar ngimau kane uyudo okombe mar dwe kod pesa mar ofuko
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	Yie unyiswa gima ne nyiri manenie sikundu ne oparo/pachgi e wi mich mane omiu kane ichiwe ne nyiri e sikundu, (non matut gigo mabeyo kod maricho)? Bende bedo kod okombe mar dwe ne okelo pogruok kod kaka nene utiyo kod pesa kane pod unie sikul? (Non matut ni nade). Bende bedo gi okombe mar dwe kod pesa ne okelo pogruok moro amora e ngimau kane unie sikul? (Non matut ni nade). En ang'o mane ber berie kane unie sikul, Okombe mar dwe kose pesa, kose gite negiber? (Non matut gimomiyo) Ka ung'iyo chien, bende uparoni dine watimo gimoro mopogore kodok kor ka puonj, chiwo kendo luwo mich go duto mag nonro? (Non matut ni nade.) To en nade nyaka ne uwe sikul- bende uparoni bedo kod mich mar nonro osekelonu ber moro amora madhi malach? (Non matut gimomiyo) Nyiswae kaka uneno sani bedo kod okombe mar dwe kod bedo maonge kod pesa mar ofuko. Bende puonj moro amora mane uyudo, kuom ranyisi lokruok mar del ka ng'ato bedo ng'ama duong' kod puonj kor ka rito ler, tiyo kod okombe mar dwe, puonj mar tiyo kod pesa konyou sani makoro useweyo sikul? (Non matut ni nade) Tiyo gi gik mapile pile Miwa pachu ewi puonj mar lokruok mar del ka ng'ato bedo ng'ama duong' kod rito ler? Bende ne okonyo ndalogo/ to sani to? Ne un kod paro mane ewi sabun mane omiu kanepod unie sikul? Ere kaka utimo/udhach sani maonge sabun mane imiyou?
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	Bende uparo ni bedo e nonro ne okelo ne nyiri ber e yo moro amora, ne gin mage, bende uparo ni kata obedo ni nonro ne orumo, pod nene uyudo ber, e yore mage?
Weche rito ler kinde dhi malo	Puonj mar lokruok mar del ka ng'ato bedo ng'ama duong' kod rito ler nene omi nyiri ndalo mane ginie nonro, bende uparo ni ne okonyo ndalo go? To sani? Bende puonj mar lokruok mar del ka ng'ato bedo ng'ama duong' kod rito ler ne oloko kaka uneno ewi dhi malo? (akwede ma iketo kuomi, bedo ni inyalo wuoyo kuom dhi malo) Yie unyiswae moko kuom geno ewi timbe mag ogandau mag gweng'u sani makoro ulokoru jomadongo ma osetieko sekondari sikul? (non matut ewi dhie galamoro, luokruok, tedo kata kaka ubedo e lamo e kinde ma unie dwe). Gin obadho mage ma uneno sani koluware kod dhie dwe? Bende uyudo akweda moro amora seche ma udhie dwe kuom ranyisi e kar tich? Gin gik machalo nade ma uneno? En kanye ma uyudoe kony ewi weche mag dhi e dwe sani makoro ok udhie sikul? En ng'ano ma ng'ado rieke kotenore kod dwaro maru mar dhie dwe?
Penj matut ma oketi (machalo kaka kenya mar nyithindo, Weyo sikul, Nythindo ma mako ich)	Yie unyiswae kaka uneno ewi bedo e kenya (kenya mar nyathi/kenya machon, mako ich chon) Bende nyiri ikendo piyo piyo bang' weyo sikul- gin nyiri mage kendo nang'o? Bende nyiri mangeny mako ich mapiyo bang' tieko sikul kata ka giweyo sikul, gin ng'ano kendo nang'o? (Penj e wi mako ich, dwaro mar timbe/chike oganda)

	Gin ng'ano gini mathoro miyo nyiri ich (osiepe gi majowuoyi, chuo madongo, jo familia) kapod ginie sikul? To seche ma gisetieko sikul kata giweyo sikul? Gin gik mage moko mabeyo kata maricho seche ma mae ne otimore? Uparo ni en ang'o mane omiyo nyiri mane un go e klas achiel oweyo sikul? Nyiswae pek moro amora mane uneno kuom chenro mane itimo e sikul: Pim mar HIV kod HSV2, weyo sikul, penjo e wi timbe mag terruok kod ndadhu mar ngima. Ka ung'iyi chien en ang'o mane de utimo mopogore kor ka somo kod timbe mag terruok? Kungiyi mbele bende nonroni ne nigi ber ma nyime kuomu kod kata nyiri ma moko?
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19.3.3 Girls In-Depth Interviews (English)

- Tell me about what it was like for you going to school? (Like / not like, dropped out/completed)
- Can you remember any difficulties you had in your life while you were a student (what, did anything help?)
- Can you remember being part of the CCG study – what did this involve? (like / not like, training, interventions)
- Did being in the study have any effect on your life while you were at school (what / why / why not)
- Do you think it has had any effect on your life since leaving school (what / why / why not)?
- Why did you leave school (how did you feel about this?)
- What have you done in your life since leaving school?
- Can you describe a day in your life now you have left school (start with getting up, what time do you do this, what do you do first, then...?)
- Is there anything that makes your life difficult at the moment (what, what would help to make it easier?)
- Is there anything that you would like to have done in your life but have not done so far (what / why haven't you / what would help you to achieve?)
- Who are your most important relationships with at the moment? (Why are they important, is there anything that could make them better?)
- Do you have any menstrual health needs (what, are these different to any you had while you were at school...in what way...)
- What about having any money issues (what, why, how do these affect your life)
- Do you have any concerns to do with your sexual or reproductive health? (What, why, what would help, where do you go for information / advice / services? any concerns about pregnancy, childbirth, health services?)

19.3.4 Girls In-Depth Interviews (Luo)

Indepth Interview (IDI) FOR GIRLS-DHOLUO

TWAK MATUT MAR NYIRI

- Nyisae kaka nene chalo ndaloni mane idhi e sikul? (kaka/ ok kaka, weyo sikul/ tieko sikul)
- Bende inyalo paro chandruok moro amora mane ingodo e ngimani kane in nyathi sikul (en ang'o, bende gimoro amora ne okonyo?)
- Bende inyalo paro bedoni achiel e nonro mar Ccg- mae nene oting'o ang'o? (kaka/ not like, puonj, mich mag nonro)
- Bende bedoni e nonro ne okeloni pogruok moro amora e ngimani kane intie e sikul (en ang'o/ nang'o/ ang'o momiyo ok kamano)
- Bende iparoni osekeloni pogruok moro amora e ngimani nyaka nene iwoug e sikul (en ang'o/ nang'o/ ang'o momiyo ok kamano)
- En ang'o mane omiyo nene iweyo sikul (ere kaka iwinjo kuom mae?)
- En ang'o ma isetimo e ngimani nyaka nene iwe sikul?
- Bende inyalo lero odiechieng' e ngimani sani ma koro iseweyo sikul (chak gi ka ichiew, en saa adi ma itimoga mae, en ang'o ma itimoga mokuongo, aeto...?)
- Bende nitiere gimoro mamiyoga ngimani bedo matek gi e seche gi (en ang'o, en ang'o manyalo konyo mondo omi obed mayotie?)
- Bende dibedie gimoro mane dihero mondo ne itim e ngimani to pok itimo nyaka sani(en ang'o/ ang'o ma omiyo pok itimo/ en ang'o manyalo konyi mondo iyude)
- En ng'ano ma in godo e ng'iyo maberie moloyogo gi e seche gi? (nang'o gin maberie, bende dibedie gima nyalo miyo gibed maber moloyo)
- Bende in kod dwaro moro amora mar ngimani korka dhi e dwe (en ango, magi gin mopogore gi mane ingo kane in e sikul...e yoo mane...)
To korka bedo gi weche mag pesa (en ang'o, nang'o, ere kaka magi chando ngimani)
- Bende intie kod dwaro mondo inge gimoro amora korka terruok kata ngimani mar nyodo? (en ango, nango, en ango mayalo konyo, en Kanye ma idhiyoga yudo wach/yudo paro/yore konyruok ?dwaro ngeyo gimoro amora korka mako ich, nyuolo nyathi,yore konyruok mar ngima)
- Inyalo wacho ni in seche mangeny imor kod ngimani gi seche gi (nang'o/ ang'o momiyo ooyo, en ango mamiyi mor, en ango mamiyo ok imor, bende diher yudo kony moro amora, en kony machalo nade manyalo kelo pogruok. bende ingeyo kama inyalo dhiye mondo iyud kony...)
- Bende ngimani ne berie moloyo kane intie e skul kose sani? (nang'o?)

19.3.5 Stakeholders Focus Group Discussions (English)

MODERATOR: Document required information as appropriate for each FGD using the formats provided below.				Date: ____/____/____	
Initials: Moderator: ____ Note Taker ____ Recorder Number: ____ Folder/File Name (location on recorder): _____					
Interview location (Venue): _____					
FGD Group: _____				FGD Number: ____	
Time Start: _____		Time stop: _____		No. Participants at start of FGD: ____ No. Participants at the end of FGD: _____	
Demographic information for every FGD participant [to be completed on a one-to-one basis, immediately after consent is obtained]					
Participant number	Age in completed years	Gender	Institution/Organization/area of work/designation	Current Location	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS – reasons for withdrawal, refusal, ambience of FG, level of interest, disagreements, etc

Introduction

Thank you so much for your willingness to take part in this group discussion. My name is [Name]. I am from the KEMRI/CGHR. We are doing a research study that will look at what effect the previous/earlier interventions that your daughter/ward/student was given when she was in school, could have on her, in terms of her health, wellbeing, and employment, and the health of any children that she may have after completing/leaving high school.

You have been invited to this discussion to share your views on the Cups or Cash study. This study was done in 96 secondary schools in Siaya County. There were different interventions offered to girls based on the arm that their school was randomised in. Girls were randomized into four arms as follows: one menstrual cup (Mooncup®) with hand wash soap termly; cash transfer (girls' pocket money) with financial literacy; A combination of cup and Cash transfer interventions; and 'Usual practice' (control) with hand wash soap termly.

We're interested in hearing from you about what it is like for girls to have completed/left high school, and whether being part of the study has made any difference to her and her peers.

Often people from outside think they know what you think regarding these issues when they really do not. To us, you are the real experts, and there is a lot we can learn from you. So today we would like to hear your views. This is very informal; you can talk about anything you think is important for us to know. I also want to remind you that everything we talk about today is confidential. No one will hear this tape except for people working on the project. Whenever we write a report, we will use numbers so no one can identify you. If there are any questions you would rather not answer, just let me know – that is fine.

Your frank responses and discussion will be most helpful to us as we try to really understand these issues. Remember, your answers to our questions will not be considered "right" or "wrong", because we want to know about what people think. They are merely information you will provide based on your experiences, observations, or feelings. Everyone's views are equally important. It is fine to disagree with other people's views, but if you do, it's important to disagree in a respectful and polite manner. It's important for you to talk in turns to speak, because if you all speak at once, we will not have a clear recording. If you disagree with something anyone says, you can say 'I disagree' and then wait for them to finish before you speak.

- Explain the role of note-takers and tape-recorder
- Give a few minutes for answering any questions regarding the FGD

Please note the questions here:

Perception on prior Study and Schooling

Do you have any thoughts about the CCG study?

What makes it difficult for girls to stay at school to complete their education (find out what this is, why it is a problem and what they think would help)

Is completing school considered beneficial to girls (probe on reasons why it is considered beneficial and reasons why it is not beneficial)

What happens to girls if they do not complete schooling in your community?

What happens afterwards to girls who completed school – what are their options for work, male partners, having families etc. – does finishing school enable a girl to reach her potential?

Do girls mostly stay in Siaya County, what about migration - Why do girls leave Siaya county after finishing school? (probe whether they get better opportunities or not, what they pursue after leaving the county)

What role would you wish to play in future school intervention studies? Or 'What should be the role of 'people like you' (who?) and also in relation to what?

Reproductive health issues	We would like to explore issues around sexual and reproductive health among AGYW with regard to sexual education, contraceptives, antenatal and intrapartum and postnatal care, abortion, HIV, STI, violence against women and traditional practices towards sexual health. Let us talk about issues that girls went through in relation to sexual and reproductive harms when they were in school? What were they / why? What about after leaving school? Do problems differ from when they were in school? What type of services are available for them in school? (probe on abortions, still births, contraceptives/family planning services, STI services) What about when they leave school? Do girls become pregnant or get married soon after leaving school, who and why? (Probe on pregnancy outcomes and who they think are responsible, boyfriends, older men, relatives) Please share with us your thoughts on child marriage. Do you think that girls who complete school protected from teenage pregnancy / child marriage? What is the reaction of parents or guardians for girls who get married after leaving secondary school and are still at home? (probe if they are stigmatised) Is it a common practice for girls to stay at home or move to husband's home after marriage? Are the babies of girls who complete school any healthier than those who dropout? How/why not? Are girls able to make their own decisions that affect their lives in terms of their sexual and reproductive health (SRH) after completing school? (if not, who makes decisions, why, what are the consequences)
Intervention use	I mentioned earlier about interventions that girls received during the school study: What do you think about these interventions? Do you think these interventions may have been useful to girls while in school? Why / why not? (probe on retention, use of money, menstruation, and sexual behaviour) Do you think that girls that received cash are able to cope without it when they leave school?

	What do you think you can participate in, so as to ensure that the interventions reach the girls who need them? Are you aware of any trainings that girls who were in this study received? (if they all say no then move to the next question) Are the life skills that they learnt while in school beneficial to them (probe on puberty and hygiene education, financial literacy, HIV counselling) What type of life skills or training do you think they need now?
MHM Issues and mental health	Please share with us your perception on some of the cultural expectations/challenges that girls may face after leaving school? (probe on participation in social settings, bathing, cooking, or religious practices while menstruating) Where do they get support on issues of menstruation now that they are out school? Who makes decisions on their menstrual health needs? What are some of the menstrual related barriers that they face now? What are some of the ways that these girls can be helped? What type of interventions do you think are useful to girls in school? Why? What about those that have left school? Why? Are there particular things girls really need after completing school, that would really help them as they move into adulthood? Have you heard of cases where girls are stressed, have anxiety while at school? What about girls who have left school? Are counselling services available to girls these girls?

19.3.6 Stakeholders Focus Group Discussions (Dhouo)

Guide 2 - FOCUS GROUP DISCUSSION FOR STAKEHOLDERS-DHOLUO

TWAK MAR KANYAKLA MAR JOKANYO

JA TAA TWAK: Andikeni dwaro wcheu makare ne twak makanyakla dutu ka iluwo kaka ondik piny kanyo. Tarik: ____/____/____

Ranyis nying: Ja taa twak: ____ Ja ndiko ____ Namba mar gir mako duol: ____ Namba fael (kama omakie duol): ____

Kama otimie twak: ____

Grup mar twak: ____ Namba mar twak: ____

Saa chako: ____ Saa tieko: ____ Namba jomanie twak saa chako: ____ Namba jomanie twak saa tieko: ____

Weche mag nond ng'ato mar ng'ato ka ngato mobire twak *indiko e achiel ka chiel ngato bang nyawadgi tok ka ayie mar andike osekau*

Namba mar ngama obire twak	Hike	Chal mar chwech	Kar tich/Migawo/kama itiye/Tich ma isomo	Kama iyudie
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Wach mowuok – Gimaomiyo owuok, tamruok, chal mar twak, rang'iny mar dwaro, Koso winjruok, mamoko

Yangruok

Erokamano uru ahinya kuom yie mondo ubedi e twak makawuononi. Nyinga en [nying]. Awuok KEMRI/CGHR. Watimo nonro ma wadwa ng'eyogo ber mangeny mane nonro mokalo kata machon mane nyari/nyako ma idakgo/ japuonjre nene omi kane pod enie sikul, nene nyalo kelone, kaluwore kod ngimane, bedone makare, tijene mar andika kod ngima mar nyithindo mane onyalo bedogo bang' tieko/weyo sekondari sikul.

Ogwelu e twak ni mondo ugol pachu e nonro mar okombe kata pesa. Nonro ni ne otim e sikunde sekondari 96 ei County ma Siaya. Ne nitie mich mag nonro mopogore opogore mane imiyo nyiri koluware gi bat mane sikundgi oluarie. Nyiri ne oyier e bede ang'wen machalo kaka: okombe mar dwe achiel (Mooncup) kod sabun mar logo tam ka tam, pesa (pesa mar ofuko mar nyiri) kod puonj mar kaka itiyo kod pesa; mich moriwo okombe mar dwe kod pesa kod tiyo gi gigo ma pile pile (control), kod sabun mar logo tam ka tam.

Wan gi mor/ilo mar winjo kuomu chal mar nyiri tieko/weyo sekondari sikul, kod ka bedogi e nonro osekelo lokruok moro amora kuomgi kendo kuom mbesegi.

Ngenyne jogo ma oko paro ni gin kod ng'eyo kuom gigo ma uparo koluware kod wehegi, to adieri en ni ok en kamano. Kor ka korwa, unie jolony, kendo nitiere weche mangeny ma wanyalo somo kuomu. Koro kawuono dwaher winjo pachu. Mae en twak moyangore, unyalo wuoyo e gimoro amora ma uparo ni ber ka wangeyo. Kendo adwaro paronu ni gimoro amora ma wabiro wuoyo e kawuono dhi bedo mpondo. Onge ng'ato mabiro winjo duol ma omaki to mak mana jogo manie nonro ni. To kinde ka kinde ma wabiro ndiko andike, wabiro tiyo kod nembni kata nying ma ok gin adiera, koro onge ngat manyalo fuenyo ni mano in. Koponi nitiere penjo ma ok inyal duoko, yie mondo iketnwa ler, mano ni kare.

Duokou ma oyangore kod twak biro miyowa kony ka watemo winjo matut wehegi. Parni, duoko mari e penjo ma wan godo ok bi rang kaka kare kata rach, nikech wadwaro mana ngeyo gima ji paro. Gin mana weche go ma ubiro chiwo kaluwore kod, gigo ma usekaloe, uneno kata kaka uwinjo e chunyu. Pach ji tee waruako. Nikare mondo kik wayie kod pach ng'ato , to kaponi itimo kamano en kare mondo kik iyie e yoo ma ok nyis lour kata gi muolo. Ber ka wawuoyo achiel ka chiel, nikech ka watee wawuoyo dichiel, ok wabi yudo mako duol mani kare. Koponi ok iyie kod gima ngato owacho, wach mana ni ok ayie, aeto, rit otiek wuoyo kapok iwuoyo.

- Ler gima ngatno makawo andike timo kod gin mar mako duol
- Chiw kinde matin mar duoko penjo moro amora mar twak

Yie indik penjogo kae:

Paro ewi nonro mane osetim kod jo sikul	Bende un kod paro moro amora e wi nonro mar CCG? En ang’o ma kelo pek ne nyiri bedo e sikul nyaka gitiek sombgi? (Rang ni en ang’o, ang’o ma omiyo okelo pek kendo ang’o ma giparo ni nyalo konyo) Bende tieko sikul ikawo ka gima ber ne nyiri (non matut gima omiyo ineno ni en gima ber kendo gima omiyo inene be ni ok ober) Ang’o matimore ne nyiri ka ok gitieko sombgi e gweng’u? Ang’o matimore bang’e ne nyiri mane otieko sikul- gin gi yiero mane kuom tich, joheragi ma chuo, bedo kod familia kod mamoko- bende tieko sikul konyo nyiri chopo lek margi? Bende nyiri dak mangeny e County ma Siaya, Un gi wach mane kuom wuok margi oko -En ang’o momiyo nyiri wuok oko mar Siaya County bang’ tieko sikul? (Non matut ka giyudo thuolo mabeyo kata ooyo, gigo ma gimanyo bang’ wuok e County)? Duher bedo ang’o e nonro mabiro mag sikul machiwo kony? Kata ji kaka un onego bedni timo ang’o (ng’ano) kendo ka otenore kod ang’o?
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Weche mag ngima mar nyodo	Dwaher mondo warang weche motenore gi terruok kod ngima mar nyodo e kind rowere ma nyiri kod mine matindo ka wangiyo puonj mar terruok, gigo mag komo nyuol, rit mar ngima mar mine kanigi ich, kaginyuol kod bang' nyuol, wuok mar ich, Ayaki, tuoche terruok, lweny ma mine yudo kod timbe oganda mag ngima mar terruok. Koro wawuo kuom rach mane nyiri okaloe motenore kod ngima mar terruok kod mar nyodo kane pod gisomo? Ne gin ang'o/Nang'o? To koro bang tieko sikul? Bende chandruok pogore kod kinde maneginie sikul? Gin yore mage mag konyruok mayudore negi ka ginie sikul (non matut kuom ich mawuok, nyuolo nyathi motho, yore komo nyuol/pango familia, yore konyruok mag tuoche terruok), to en nang'o kagiweyo sikul? Bende nyiri mako ich kata dhi tedomapiyo piyo bang' weyo sikul, ng'ano kendo nang'o? (Penj matut e chal mar mako ich kendo en jomage magiparo ni chiwo iye, osiepe mayawuoyi, chuo madongo, wede) Yie unyiswae pachu e kenya mar nyithindo. Bende uparo ni nyiri ma otieko sombgi ogeng mako ich machon/ dhi e kenya Kagin nyithindo. Ere kaka jonyuol kata jorit mag nyiri kawo wach mag nyiri madhi katedo bang' weyo sekondari sikul to pod gin dala? (Non matut ka gikaloe akwede) Bende en gima thoro timore ne nyiri bedo dala kose dhi korgi dichuo bang dhi katedo? Bende nyithindo mag nyiri ma otieko sombgi ni kod ngima maber moloyo nyithind nyiri ma oweyo sikul? Nade/ Ango ma omiyo ok kamano? Bende nyiri nyalo ng'ado rieko negin giwegi kotenore kod ngima gi mar terruok kod nyodo bang' tieko sikul? (ka ok kamano, en ngano ma ng'ado rieko, nang'o, ang'o manyalo wuok bang'e)
Tiyo kod mich mar nonro	Ne awacho motelo kanyo mich mar nonro mane nyirigi ne oyudo kaneginie sikul: Un kod paro mage e wi mich mag nonro gi? Bende uparo ni mich gi ne okelo kony kane nyiri podnie sikul? Nang'o/ nang'o ok kamano? (non matut kuom bedogi e sikul, tiyo kod pesa, dhi malo, kod timbe mag terruok.)

	Bende uparo ni nyiri mane oyudo pesa nyalo ng'iyoy maonge pesa kagiweyo sikul? Uparo ni ang'o ma unyalo timo, mondo une ni mich ma ichiwo ochopo ne nyiri ma onego chopnegi? Bende un kod ngeyo mar puonj moro amora mane nyiri manie nonro ne oyudo? (Koponi gi tee giwacho ni ooyo, to dhie penjo machielo) Bende chenro mag rito ngima mane gipuonjore ka pod ginie sikul ne okonyogi (non matut kuom puonj mar lokruok mar del ka ng'ato bedo ngama duong' kod mar rito ler, lony e wi tiyo kod pesa, hocho kuom tuo mar Ayaki) En yore tiegruok mag ngima kata puonj ma uparo ni onego giyud sani?
Weche rito ler ndalo kinde dhi malo kod ngima mar paro	Yie inyiswae moko kuom geno/chandruoge moluwore kod timbe mag oganda manyalo yudo nyiri bang' weyo sikul? (non matut ewi dhie galamoro, luokruok, tedo kata kaka ubedo e lamo e kinde ma unie dwe). En kanye ma giyudoe kony ewi weche mag dhi e dwe sani makoro gionge e sikul? En ng'ano ma golo paro kotenore kod dwaro margi mar dhie dwe? Gin obadho mage ma gineno sani koluware kod dhie dwe? Gin yore mage ma inyalo kony go nyirigi? Gin mich mag nonro mage ma uparo ni nyalo konyo nyiri manie sikul? Nang'o? To moko ma oweyo sikul? Nang'o? Bende nitiere gigo ma nyiri nyalo dwaro ahinya bang' tieko sikul, ma nyalo konyogi ahinya ka gibedo joma dongo? Bende usegawinjo nyiri mabedo kod paro mang'eny, mabedo kod chuny machandore kaginie sikul? To nyiri ma osewuok e sikul? Bende nitiere chenro mag hocho ne nyiri nyirigi?

19.3.7 Stakeholders Focus Group Discussions (Kiswahili)

Guide 2 - FOCUS GROUP DISCUSSION FOR STAKEHOLDERS- SWAHILI

MAHOJIANO YA KIKUNDI YA WADAU

MSIMAMIZI WA MAHOJIANO: Habari inayohitajika inavyofaa kwa mahojiano ya kundi kwa kutumia fomati iliyotolewa hapa chini. Tarehe: ____/____/____

Herufi ya mwanzo: Msimamizi wa mahojiano: ____ Anaye andika ____ Nambari ya kinasauti: ____ Nambari ya faeli (Eneo kwenye kinasauti): ____

Pahala pa mahojiano): _____

Kundi la mahojiano: _____ Nambari ya mahojiano: ____

Wakati wa kuanza: _____ Wakati wa kumaliza: _____ Idadi ya walioanza mahojiano: _____ Idadi ya waliokamilisha mahojiano: _____

Taarifa za washiriki wa mahojiano [kukamilishwa moja kwa moja mara tu baada ya idhini kuchuliwa]

Nambari ya aliye kwenye mjadala	Umri kwa mwaka	Jinsia	Taasisi/Ushirika/Eneo la kazi/Uteuzi	Eneo la sasa
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

11				
12				

Maoni – Sababu ya kujiondoa, kukataa, hali ya mahojiano, kiwango cha ushiriki, kutokubaliana, nakadhalika

Utangulizi

Asante sana kwa kukubali kushiriki katika majadiliano ya kikundi. Jina langu ni **[Jina]**. Ninatoka KEMRI/CGHR. Tunafanya utafiti ambao utaangazia afua za awali ambapo binti wako/unayemlea/mwanafunzi wako alipewa alipokuwa shuleni, zingekuwa na matokeo gani kwake kuhusu afya yake, kunawiri kwake na kuajiriwa kwake, na afya ya mtoto yeyote ambaye angekuwa nayo baada ya kumaliza/kuacha shule.

Mmealikwa kwenye mjadala huu ili kushiriki maoni yenu kuhusu utafiti wa CCG. Utafiti huu ilifanywa katika shule 96 ya sekondari katika kauti ya Siaya. Kulikuwa na afua tofauti zilizotolewa kwa wasichana kulingana na kikundi ambao shule yao iliwekwa. Wasichana waliwekwa kwenye vikundi vinne kama ifuatayo, kikombe komoja cha hedhi (Mooncup®) na sabuni ya kunawa mikono kila muhula, fedha (fedha ya matumizi ya wasichana) na mafunzo ya kutumia fedha, mchanganyiko wa kikombe cha hedhi na fedha na kutumia vitu vya kawaida kusitiri hedhi (Control) pamoja na sabuni ya kunawa mikono kila muhula.

Tungependa kusikia kutoka kwako jinsi inavyokuwa kwa wasichana waliokamilisha/wacha shule za sekondari, na pia ikiwa kushiriki katika utafiti ulileta mabadaliko yoyote maishani mwake na rika zake.

Mara mingi watu kutoka sehemu zingine hufikiri wanaelewa mawazo zenu kuhusu mambo haya ilhali hawaelewi. Kwetu, nyinyi ndio watalaam wa kweli, na kuna mambo mengi tunaweza jifunza kupitia kwenu. Sasa leo tungependa kusikiliza maoni yenu. Mazungumzo haya sio ya kirasmi, unaweza zungumzia chochote unadhani ni muhimu kwetu kuyajua. Pia ningependa kuwakumbusha kuwa kila kitu tunachokizungumzia ni siri. Hakuna atakaye sikiliza kanda hili isipokuwa watu wanaofanya kazi katika utafiti huu. Kila tunapoandika taarifa, tutatumia nambari na kwa hivyo, hakuna atakaye kutambua. Ikiwa kuna maswali hungependa kuyajibu, tafadhali nijulishe, ni sawa.

Majibu na majadiliano yako ya uwazi yatatusaidia sana tunapojaribu kuelewa mambo haya. Kumbuka majibu yako kwa maswali yetu hazitazingatiwa kama sahihi au mabaya, kwa sababu tunataka kujua watu wanafikiri nini. Haya ni taarifa mtatoa kulingana na uzoefu wenu, uchunguzi, au hisia zenu. Maoni ya kila mtu ni muhimu. Ni sawa kutokubaliana na maoni ya watu wengine, lakini ukifanya hivyo, ni bora kutokubaliana kwa heshima na upole. Ni vyema

mzungumze kwa zamu, kwa sababu ikiwa mtazungumza mara moja, hatutakuwa na rekodi inayaoeleweka, iwapo hukubaliani na jambo mtu amesema, unaweza sema sikubaliani, kisha usubiri wamalize kabla hujaongea.

- Eleza jukumu la wanaochukua kumbukumbu na kinasa sauti
- Peana dakika chache za kujibu maswali yoyote ya FGD

Tafadhali andika maswali haya

Mtazamo juu ya masomo ya awali na shule

Je una mawazo yoyote kuhusu utafiti wa CCG?

Ni nini kinachofanya iwe ngumu kwa wasichana kubaki shuleni hadi wakamilishe masomo yao (tambua ni nini, kwa nini ni tatizo na nini wanafikiri inawezasaidia.)

Je kumaliza shule kinaonekana kuwa na manufaa kwa wasichana, (chunguza kwa nini kina manufaa na ni kwa nini hakina manufaa)

Ni nini hufanyikia wasichana ambao hawajakamilisha elimu yao katika jamii yenu?

Ni nini hutokea baadaye kwa wasichana ambao wamemaliza elimu yao – ni chaguzi gani za kazi, wachumba zao, kuwa na familia na menginezo- je kumaliza masomo inawezesha wasichana kufikia malengo zao?

Je wasichana mara mingi hukaa katika Kaunti ya Siaya? Ni vipi kihusu uhamiaji wao? Ni kwa nini wasichana uhama kutoka Siaya Kaunti baada ya kumaliza masomo yao? (chunguza ikiwa wanapata nafasi bora au la, ni nini wanatafuta baada ya kuhama kutoka kwa kaunti)

Ni nafasi gani mngesha kuchukua kwenye afua zijaazo za utafiti au ni jukumu gani inafaa ichukuliwe na watu kama nyinyi (nani?) Na pia kuhusu nini?

Maswala ya afya ya uzazi	Tungependa kuchunguza maswala yanayohusu afya ya ngono na uzazi miongoni mwa wasichana na wanawake wadogo kuhusiana na elimu ya ngono, njia za uzazi, utunzaji wa ujauzito, kuzaa na baada ya kuzaa, uavyaji mimba, Ukimwi, magonjwa ya ngono, unyanyasaji dhidi ya wanawake na mila za jadi kuhusu afya ya ngono. Tuzungumzie maswala ambayo wasichana walipitia kuhusiana na maswala ya madhara ya ngono na uzazi walipokuwa shuleni? Zilikuwa ni nini/kwa nini? Na je, kuhusu baada ya kuacha shule? Je matatizo yanatofautiana na walipokuwa shuleni? Ni aina gani ya huduma zinazowahusu zinapatikana kwa shule? (Chunguza kuhusu uavyaji mimba, watoto wanozaliwa wakifa, vidhibiti mimba/huduma za kupanga uzazi, huduma za wagonjwa ya zinaa) Inakuaje wanapotoka shuleni? Je, wasichana wanapata mimba au kuolewa tu mara wanapowacha shule, ni nani na ni kwa nini? (Chunguza matokeo ya uja uzito na ni nani wanafikiria wanawajibika, marafiki wa kiume, wanaume wazee, jamaa). Tafadhali tujulishe mawazo yako kuhusu ndoa ya utotoni. Je unadhani wasichana waliomaliza shule wamelindwa dhidi ya mimba za utotoni, ndoa za utotoni? Je, ni nini maoni ya walezi au wazazi kuhusu wasichana wanaolewa baada ya kuacha shule ya sekondari na bado wako nyumbani? (Chunguza ikiwa wananyanyapaliwa, je ni desturi ya kawaida kwa wasichana ku kaa nyumbani au kuhamia kwa mume wao baada ya kuolewa?) Je, watoto wa wasichana wanaomaliza shule wana afya bora kuliko wale ambao hawakumaliza shule? Kivipi/kwa nini sivyo? Je, wasichana wanaweza kutoa maamuzi yao wenyewe yanayo shuglikia maisha yao wenyewe kuhusi afya ya ngono na uzazi baada ya kumaliza shule? (Kama sivyo ni nani anawashawishi, matokeo yake ni nini?)
Matumizi ya afua	Nilitaja hapo awali kuhusu afua wasichana walipewa walipukuwa katika utafiti wakiwa shuleni: Mnafikiria nini kuhusu afua hizi? Je, mnafikiri afua hizi ziliweza kuwa za manufaa kwa wasichana wakiwa shuleni? Kwa nini/kwa nini sivyo? (Chunguza kuhusu kuweka, matumizi ya pesa, hedhi na tabia za ngono.)

	Je mnafikiri kuwa wasichana ambao walipokea pesa wanaweza kustahimili bila pesa wanapomaliza shule? Mnafikiri unaweza kushiriki katika sehemu gani, ili kuhakikisha kuwa afua inawafikia wasichana wanaozihitaji? Je, mnafahamu kuhusu mafunzo yoyote ambao wasichana waliokuwa kataika ufafiti huu walipokea? Ikiwa wote wanasema la, nenda kwa swali linalofuata. Je, stadi za maisha ambazo walijifunza wakiwa shuleni zina manufaa kwao? (Chunguza kuhusu kubalehe na elimu ya usafi, ujuzi wa kifedha, ushauri kuhusu Ukimwi) Je, aina gani ya stadi ya maisha au mafunzo mnadhani wanahitaji sasa?
Maswala ya MHM na afya aya akili	Tafadhali mtuambie maoni yenu kuhusu matarajio/changamoto za kitamadunu ambazo wasichana wanaweza kukabiliana nazo baada ya kuwacha shule? (chunguza kuhusu kushirikiana katika mazngira ya kijamii, kuoga, kupika au hulka za dini wakati wa hedhi) Ni wapi wanapata usaidizi ya maswala ya hedhi sasa wakati hawaendi shule? Ni nani hufanya maamuzi juu ya maswala yao ya afya kuhusu hedhi? Je, ni baadhi ya vikwazo vya hedhi kama gani wanaokabiliana nao wakati huu? Je, ni baadhi ya njia zipi wasichana hawa wanaweza kusaidiwa? Je, ni aina gani za afua unafikiri ni mzuri kwa wasichana walio shuleni? Kwa nini? Je, na hao ambao hawaendi shuleni? Kwa nini? Je, kuna mambo mahususi ambayo wasichana wanahitaji sana baada ya kumaliza shule, ambayo yanaweza kuwasaidia sana wanapokuwa watu wazima? Je, mmewahi sikia kesi ambapo wasichana wanafedheheka, wanawasi wasi wakiwa shuleni? Ni vipi kuhusu wasichana ambao hawaendi shuleni? Je huduma za ushauri zinapatikana kwa wasichana hawa?

19.3.8 Stakeholders In-Depth Interviews (English)

- Tell me what it is that you do [for a living]?
- Can you describe a typical day for you at work
- Who are your clients? Do you work with AGYW? (how often / what proportion of your clients do they make up of)
- What sort of needs do they have
- Have any of you heard about the CCG1 study? (will you tell me what you know / I will tell you a little bit about it.....)
- Do you have any thoughts about the study or the interventions that we provided?
- Do you think these are the sort of things that schoolgirls need or are there other things they would benefit from to a) help them stay in school b) stay healthy c) for their longer term future (can you explain the reasons for your answer, what things....
- Do girls benefit from staying in school and completing their secondary education? (what are the reasons for your answer...?)
- What are the difficulties that girls face once they have left school? (what can be done / by whom / responsibility?) (what about menstrual health / pregnancy / SRH / poverty / violence / employment / wellbeing and stress....mental health issues such as depression & suicide)
- Who is responsible for girls facing these difficulties (why do you say this)?
- What would help girls facing these difficulties (who could help with this)?
- Where does your role as a [] fit in to AGYW lives (Do you / can you make any difference to these girls lives, how, would anything else help)
- Can you give any examples of AGYW that came to you for assistance (what was their situation, what did you do, do you think you could have done more, what prevented you?)

19.3.9 Stakeholders In-Depth Interviews (Luo)

Indepth Interview (IDI)- Stakeholder-Dholuo

Jokanyo IDI (kuom ranyisi jo tich mag thieth, chife, jotend gweng')

- Nyisa ni en ang'o ma itimo (tiji mar yuto)?
- Bende inyalo lero odiechieng' mari e kar tich
- Jogo ma ondiki ni ine gin jomage? Bende itiyogi rowere manyiri kata mine matindo(AGYW)? (nyadidi/kuom jok ma ineno gin dhano marom nade)
- Gin gi dwaro machalo nade
- Bende jomoko kuomu osewinjo nonro mar CCG? (inyalo nyisa gima ing'eyo/ abiro nyisi matin kuome...)
- Bende intie kod paro moro amora kuom nonroni kata mich mane okelnu?
- Bende iparoni magi e kind gik moko manyiri manie e skul dwaro kose dibed ni nitiere gik moko ma ginyalo yudoe ber a) okonygi gibed e sikul b) bedo gi ngima maber c)ne ngimagi mochualre nyime (ang'o ma omiyo duokoni en ma, gin ang'o gini.....

Bende nyiri yudo ber koa kuom bedo e sikul kendo tieko sombgi mar sekondari. (ang'o momiyo duokoni en ma...?)

- Gin pek mage ma nyiri neno ka gisewuok e sikul? (ang'o ma inyalo tim/ kod ng'a/ ting'?) (to korka ngima mar dhi e dwe/ mako ich/ terruok kod ngima mar nyodo/ dhier/ lweny/ tije andika/ngima makare kod tuo mar paro...weche mag ngima mar paro kaka paro mosiko kod derwok)
- En ng'ano ma miyo nyiri neno chandruogegi (ang'o ma omiyo iwacho kama)?
- En ang'o manyalo konyo nyiri maneno chandruogegi (en ng'ano manyalo konyo kod mae)?
- Ere kama tiji kaka donje kod ngima nyiri marowere gi jo mamine (bende in/bende inyalo kelo pogruok moro amora e ngima nyirigi, nade, bende gimoro machielo nyalo konyo)
- Inyalo miyowa kuom ranyisi moro amora mar nyiri marowere gi jo mamine mabiroga iri mondo ikonye (dwaro margi ne chal nade, nene itimo ang'o, iparo ni nene ditimone mohingo kanyo, ang'o mane omoni?)

19.3.10 Stakeholders In-Depth Interviews (Kiswahili)

IDI-Stakeholders-Swahili

Mahojiano ya kina ya wadau (Kama vile. Wahudumu wa afya, Machifu, Viongozi wa jamii)

- Niambie ni nini unafanya (ili ujipatie riziki?)
- Unaweza kuelezea siku ya kawaida kwako kazini
- Wateja wako ni akina nani? Unafanya kazi na wasichana wanaobalehe na wanawake wachanga (mara ngapi, wao ni idadi ngapi ya wateja wako)
- Ni aina gani ya mahitaji walio nayo
- Kuna yeyote kati yenu aliyesikia kuhusu utafiti wa CCG? (Unaweza kuniambia unachojua/nitakuambia mambo kidogo kiihusu.....)
- Una mawazo yoyote kuhusu huu utafiti au afua tulizotoa?
- Je, unadhani hivi ndivyo vitu ambavyo wasichana wanaoenda shule wanahitaji au kuna mambo mengine ambayo wangeweza nufaika nayo ili a) kuwasaidia kukaa shuleni b) kuwa na afya njema c) kwa maisha yao mbeleni wa muda mrefu (Unaweza kueleza sababu ya majibu yako, mambo yapi....
- Je, wasichana wanafaidika kubaki shuleni na kumaliza elimu yao ya secondary? (Ni nini sababu ya majibu yako...?)
- Ni matatizo gani inawakabili wasichana pindi wanapoacha shule? (Ni nini kinaweza fanywa/na nani/ jukumu? (je, ni vipi kuhusu afya ya hedhi/ ujauzito/afya ya ngono na uzazi SRH/ umaskini/vurugu/ajira/ustawi na kufadhaika....maswala ya afya ya akili kama vile huzuni na kujiua)
- Ni nani anayewajibika kwa wasichana ambao wanakabiliwa na matatizo haya. (Kwa nini unasema hivyo?)
- N nini kitawasaidia wasichana wanao kabiliana na matatizo haya (ni nani anaweza kusaidia katika hili)
- Ni wapi jukumu lako kama () inafaa kwenye maisha ya wasichana wanaobalehe na wanawake wachanga AGYW (Je wewe/ je unaweza leta mabadiliko kwenye maisha ya wasichana hawa, kwa jinsi gani,kuna kitu kingine chochote kingeweza saidia)
- Unaweza toa mifano yoyote ya wasichana wanaobalehe na wanawake wachanga AGYW waliokuja kwako ili uwape msaada (walikuwa kwa hali gani, ni nini ulifanya, unafikiri ungefanya zaidi, nini kilikuzuia?)

19.4 APPENDIX IV. SURVEY FORMS

19.4.1 Menstrual Cup Assessment Form (English and Luo)

LOOK

1. What colour is the Mooncup? <i>mooncup_color</i>	☐ Clear/white	☐ Pink	☐ Yellowy	☐ Green
2. General wear and tear <i>wear_tear</i>	☐ None	☐ Small from use	☐ Damaged	
3. Is the rim structure damaged <i>rim_damaged</i>	☐ Complete	☐ Smallsplit	☐ Large split	
4. Is the cup structure damaged <i>cup_damaged</i>	☐ Complete	☐ Cracked	☐ Hole/s	
5. Is the tail length correct <i>tail_correct</i>	☐ Long (no trim);	☐ Medium	☐ Short	☐ None
6. Is the tail structure damaged <i>tail_damaged</i>	☐ End smooth	☐ Endragged/split		
7. Is there detritus (faeces, paper etc) <i>deritus</i>	☐ None	☐ Grainydeposits	☐ Thick deposits	
8. Smell? <i>smell</i>	☐ None	☐ Blood	☐ Other	

ASK

1. Be nitiyo kode mane idhi e dwe mogik (Did you use for last?) <i>use_last</i>	☐ All period(nyaka atieko dhi e dwe)
	☐ Part period(ne ok atieko kode dhi e dwe))
	☐ None period(ne ok atiyo kode)
2. Be ne nitie chandruok moro amora (Were there any problems) <i>any_problem</i>	
	☐ None(ne onge) ☐ Emptying(Kipukoremo) ☐ Cleaning(ketemaler) ☐ Insertion(soye)
3. Bende ne ilwoko lweti ka nisoyo okombe (Did you wash hands when inserting cup) <i>wash_insert</i>	
	☐ Always(secheduto)) ☐ Sometimes(sechemoko) ☐ Never(oknalwoko)
4. Bende ne ilwoko lweti ka nigolo okombe (Did you wash hands when removing cup) <i>wash_remove</i>	
	☐ Always(secheduto)) ☐ Sometimes(sechemoko) ☐ Never(oknalwoko)
5. Nilwoke nade ka nisetieko dhi e dwe (How did you clean at end of period) <i>clean_period</i>	
	☐ Disinfect/Boil(ninegokute/chwake) ☐ soap/water(sabun/pi) ☐ water(pi) ☐ Nothing(onge)
6. Ng'at machielo manotiyo kode (Anyone else use it) <i>anyone_use</i>	
	☐ None(onge) ☐ Someoneelse(ng'atmachiolo))
7. Bende okombe ne olwarni kane idhi e dwe mogik (Did you drop up in last period) <i>drop_cup</i>	
	☐ Never(ooyo) ☐ Once or twice(nolwar dichiel kata diriyo) ☐ Manytimes(nolwarding'eny)

19.4.2 Mental Health Question forms (English and Luo)

Patient Health Questionnaire (PHQ-9-A; 9-items, adjusted)

Modified Patient Health Questionnaire (PHQ-13; 13-items)

Modified PTSD Checklist (PCL-C; 2,6, or 16 items)

Generalized Anxiety Disorder-7 (GAD-7)

19.4.2.1 PHQ-9-A * (English)

A. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐
Total Score ____ = ____ + ____ + ____ + ____				

B. If you have been bothered by any of the 9 problems listed above, please answer the following:How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

☐

Somewhat Difficult

☐

Very Difficult

☐

Extremely Difficult

☐

19.4.2.2 PHQ-9-A * (Luo)

A. E kinde mar wige 2 mokalo, isebedo ka pachi chandadore machalo nade koluware kod chandruoge gi

	Onge kata matin ①	Ndalo mangeny ②	Mohingo nus mar ndalo go ③	Chiegni pile pile e odiechieng ④
1. Bedo kod gombo matin kata hero matin mar timo gik moko	☐	☐	☐	☐
2. Paro mool, paro mangeny, kata onge mar geno	☐	☐	☐	☐
3. Bedo kod pek mar chako nindo/ dhi nyime gi, nindo materi aminga	☐	☐	☐	☐
4. Winjo ka ioolkata tekoni odok piny	☐	☐	☐	☐
5. Dhok marach kata chiemo mangeny	☐	☐	☐	☐
6. Ok iwinj ka imor kod kaka ichalo-kata winjo ni irem eyorenini ok idhi maber kata ni ok itim maber ne in iwuon kata iduoko joodu piny, kata chien	☐	☐	☐	☐
7. Bedo kod pek keto keto pachi e gik moko, machalo kaka somo gazet kata neno tivi.	☐	☐	☐	☐
8. Wuotho kata wuoyo mos ahinya ma ji nyalo fuenyo. Kata timo timbe mopogore kaka bedo kod dangni, bedo maonge kwe kendo wuotho mopogore gi kaka in pile	☐	☐	☐	☐
9. Bedo kod paro ni ber ahinya ka itho kata I hinyori iwuon e yore mamoko	☐	☐	☐	☐
Kwan te _____ = _____ + _____ + _____ + _____				

B. Koponi isebedo kod chandruok mar paro nikech gik moko ochiko mokwan malo kanyo, yie iduok penjogi:

En pek machalo nade ma chandruoge gi osemyo ok inyal tiyo tiji, rito gik moko e dala, kata bedo kod ji?

Onge pek pek matin Pek ahinya Pek ahinya ahinya

☐☐☐☐

19.4.2.3 Modified PHQ-9-A* (English)

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
In the past year have you felt depressed or sad most days, even if you felt okay sometimes? [] Yes [] No				
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? [] Not difficult at all [] Somewhat difficult [] Very difficult [] Extremely difficult				
Has there been a time in the past month when you have had serious thoughts about ending your life? [] Yes [] No				
Have you EVER , in your WHOLE LIFE , tried to kill yourself or made a suicide attempt? [] Yes [] No				

*Modified from the PHQ-9 Modified from PRIME-MD PHQ9 @. Copyright© 1999 Pfizer Inc. (Spitzer et al, JAMA, 1999), Revised PHQ-A (Johnson, 2002), and the Columbia DDS (DISC Development Group, 2000)

19.4.2.4 Modified PHQ-9-A* (Luo)

Ranyisi man piny kae gi osebedo ka chandi maromo nade e kinde mar wige ariyo mokalo. Kuom ranyisi ka ranyisi ket “X” e boksi manie bwo duoko, malero maberie moloyo kaka isebedo ka iwinjo

	① Onge kata matin	② Ndalo mangeny	③ Mohingo nus mar ndalo go	④ Chiegni- pile pile
1.Chuny mo ol, paro mangeny, ich mawang piyo piyo kata bedo maonge geno				
2.Bedo kod gombo matin kata timo gik moko ma ok ikete chunyi				
3.Bedo kod pek e chako nindo/nindo ma teri aminga kata nindo mageny				
4.Dhok marach,ratil modok chien kata chiemo mangeny				
5.Winjo ka iool kata tekoni tin				
6.Ok iwinj ka imor kod kaka ichalo-kata niyore ni ok dhi maber kata ni ok itim maber ne in iwuon kata ni iduoko joodu piny				
7.Bedo kod chandruok eketo pachi e gik moko, machalo kaka tije mag sikul, somo gazet Kata neno tivi				
8. Wuotho kata wuoyo mos ahinya ma ji nyalo fuenyo. Kata timo timbe mopogore kaka bedo kod dangni, bedo maonge kwe kendo wuotho mopogore gi kaka in pile				
9.Bedo kod paro ni ber ahinya kitho kata hinyori iwuon e yore momoko				
E kinde mar higa mokalo bende isewinjo ka in kod tuo mar paro kata isin ndalo mangeny, kata koponi seche moko ne iwinjo ka in kare? ☐ Eee ☐ Ooyo				
Koponi iwinjo chandruok moro amora manie oboke ni, osebedo mapek machalo nade ma chandruoge gi osekedo ni timo tijegi, rito gik moko dala kata ngiyo kod ji? ☐ Onge pek ☐ Mapek matin ☐ Pek ahinya ☐ Pek ahinya				
E kinde mar dwe mokalo, bende isebedo kod paro mar tieko ngima ni? ☐ Eee ☐ Ooyo				
Bende isega, E NGIMA NI DUTO temo negori kata deri? ☐ Eee ☐ Ooyo				

*Modified from the PHQ-9 Modified from PRIME-MD PHQ9 @. Copyright© 1999 Pfizer Inc. (Spitzer et al, JAMA, 1999)], Revised PHQ-A (Johnson, 2002), and the Columbia DDS (DISC Development Group, 2000)

19.4.2.5 Modified PCL-C * (English)

Please indicate how much you have been bothered by each problem in the past month

		Not at all	A little bit	Moderately	Quite A Bit	Extremely
PCL1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
PCL2	Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
PCL3	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
PCL4	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL5	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL6	Avoiding thinking or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
PCL7	Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
PCL8	Having trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
PCL9	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
PCL10	Feeling distant or cut off from other people?	1	2	3	4	5
PCL11	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
PCL12	Feeling as if your future somehow will be cut short?	1	2	3	4	5
PCL13	Having trouble falling or staying asleep?	1	2	3	4	5
PCL14	Feeling irritable or having angry outbursts?	1	2	3	4	5
PCL15	Difficulty concentrating?	1	2	3	4	5
PCL16	Being “superalert” or watchful or on guard?	1	2	3	4	5
PCL17	Feeling jumpy or easily startled?	1	2	3	4	5

19.4.2.6 Modified PCL-C * (Luo)

Yie mondo iket ni isebedo kod chandruok mar paro machalo nade kaluwore kod chanduoge gi moro ka moro e dwe mokalo.

		Onge kata matin	Mana matin	Manie -diere	Mangeny matin	Mangeny ahinya
PLC1	Monuoyore, paro ma machandore, kibaji kata neno ranyisi mag gigo malit mane ikaloe e kinde ma chien?	1	2	3	4	5
PLC2	Monuoyore, lek mabuoko mabiro nikech gino malit mane ikaoe chien?	1	2	3	4	5
PLC3	Apoya nono ichako timo kata winjo ka gima gigo malit ahinya mane otimore chien ochako timore kendo.(Iwinjo ka gima otimore ni sano.)?	1	2	3	4	5
PLC4	Winjo ka iyi wang ahinya ka gimoro oparoni gima lit mane otimoreni chien/kinde mokalo?	1	2	3	4	5
PLC5	Winjo lokruok e dendi (kuom ranyisi, chuny ma gwecho, gamo muya, chwero luya) sama gimoro oparoni gino malit mane otimoreni e kinde mokalo?	1	2	3	4	5
PLC6	Gengo paro, wuoyo e wi gima lit mane otimore ni e kinde ma chin kata gengo winjo gimoro machalo kode?	1	2	3	4	5
PLC7	Gengo gigo mitimo kata kuonde moko nikech negiparoni gino malit mane ikaloe e kinde ma chiengo?	1	2	3	4	5
PLC8	Bedo kod chandruok paro kuonde/gigo man kod pek kuom gima lit mane otimoreni e kinde ma chien?	1	2	3	4	5
PLC9	Lal mar bedo kod hero kata paro timo gik mane ijatimo ka i hero?	1	2	3	4	5
PLC10	Winjo ka in kendi kata ok in e achiel kod oganda	1	2	3	4	5
PLC11	Winjo ka ionge mor kata bedo kod pek nyiso hera ne jogo machiegni kodi	1	2	3	4	5
PLC12	Bedo kod winjo ni ngima ni biro ngadore ma machiegni/piyo	1	2	3	4	5
PLC13	Bedo kod pek chako nindo kata yudo nindo ma teri aminga	1	2	3	4	5
PLC14	Winjo ka iyi wang kata golo dhawo ka iyi owang matek	1	2	3	4	5
PLC15	Bedo kod pek keto pachi e gimoro	1	2	3	4	5
PLC16	Bedo mochiewo, motang kata isiko ka itimo arita	1	2	3	4	5
PLC17	Winjo ka in kod yilo kata gimoro mako dhogi, buogi ma yot?	1	2	3	4	5

19.4.2.7 GAD-7 Scale (English)

The Generalized Anxiety Disorder (GAD)-7 scale.

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	☐ 0	☐ 1	☐ 2	☐ 3
Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
Worrying too much about different things	☐ 0	☐ 1	☐ 2	☐ 3
Having trouble relaxing	☐ 0	☐ 1	☐ 2	☐ 3
Being so restless that it is hard to sit still	☐ 0	☐ 1	☐ 2	☐ 3
Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2	☐ 3
Feeling afraid as if something awful might happen	☐ 0	☐ 1	☐ 2	☐ 3
Total _____ = Add Columns _____ + _____ + _____				

19.4.2.8 GAD-7 Scale (Luo)

Generalized Anxiety disorder (GAD) -7 scale

Kuom wige ariyo mokalo, ere kaka chandruoge man kae gi osebedo ka chando pachi	Onge kata matin	Ndalo mangeny	Mohingo nus mar ndalo go	Chiegni pilepile
Winjo ka chunyi likni, ridore kata in kod luoro	☐ 0	☐ 1	☐ 2	☐ 3
Ok inyal tamo kata gengo paro mangeny	☐ 0	☐ 1	☐ 2	☐ 3
Bedo kod paro mangeny e wi gigo mopogore opogore	☐ 0	☐ 1	☐ 2	☐ 3
Bedo kod pek yweyo kata yudo thuolo	☐ 0	☐ 1	☐ 2	☐ 3
Bedo ma dangni ma ok inyal bet mos	☐ 0	☐ 1	☐ 2	☐ 3
Bedo kod ich ma wang piyo piyo	☐ 0	☐ 1	☐ 2	☐ 3
Bedo kod luoro ni gimoro marach nyalo timore	☐ 0	☐ 1	☐ 2	☐ 3

Kar kwan_____ = Riw kwan_____ + _____ + _____ + _____

19.4.3 General Girls Survey Form (English)

BIRTH DATE	DOB _____
SUBCOUNTY	SUBCOUNTY _____
DATE OF INTERVIEW (MM/DD/YYYY)	INTDATE _____
LOCATION OF SURVEY	INTLOC _____

Anything that you report on this survey is strictly confidential. Your name is not connected to the survey, and nothing that you report is told to anyone.
We really appreciate your honesty.

- CCG2.1 What is your main source of water at home?
- Pond 1
- Borehole..... 2
- Lake 3
- Pipe in house..... 4
- Rainwater 5
- River 6
- Stream..... 7
- Other 8
- SPECIFY: _____
- CCG2.2 In the past 6 months, how difficult is it to get water?
- Not difficult at all0
- Somewhat difficult.....1
- Very difficult.....2
- CCG2.3 What type of latrine do you use at home?
- Flush toilet 1
- Bush/Field 2
- Traditional pit..... 3
- Ventilated improved pit (VIP) 4
- Other 5
- SPECIFY: _____
- CCG2.4 What is used for light in your house?
- Electricity 1
- Kerosene lamp 2
- Tin lamp 3
- Candles..... 4
- Other 5
- SPECIFY: _____
- CCG2.5 What type of flooring material do you have at your house?
- Earth/sand 1
- Cement..... 2
- Dung..... 3
- Ceramic tiles..... 4

	Other	5
	SPECIFY: _____	
CCG2.6	What type of roofing material do you have at your house?	
	Mbati/Straw	1
	Tin	2
	Tiles	3
	Other	4
	SPECIFY _____	
CCG2.7	Where does your family cook at home?	
	Inside the house	1
	In a separate building	2
	Outdoors	3
	Other	4
	SPECIFY: _____	
CCG2.8	Where type of cooking fuel does your family use?	
	Wood.....	1
	Charcoal	2
	Gas cylinders	3
	Electricity <i>Sitima</i>	4
	Other	5
	SPECIFY: _____	
CCG2.9	Do you or a family member in your household have a mobile phone?	
	Yes.....	1
	No.....	0
CCG2.10	Is there a TV in your household?	
	Yes.....	1
	No.....	0
CCG2.11	Is there a radio in your household?	
	Yes.....	1
	No.....	0
CCG2.12	What is your father's occupation, that is what kind of work does he mainly do?	
	Farmer/Shamba	1
	Other	2
	Does not work.....	0
	Father not alive.....	98 (CCG2.14)
	Don't know.....	99 (CCG2.14)
CCG2.13	Is your father paid in cash or in kind for this work or is he not paid at all?	
	Cash.....	1
	In kind	2
	Cash and in kind	3
	Not paid	4
	Don't know.....	99
CCG2.14	What is your mother's occupation, that is what kind of work does she mainly do?	

	Farmer/Shamba	1
	Other	2
	Does not work	0
	Mother not alive	98 (CCG2.16)
	Don't know	99 (CCG2.16)
CCG2.15	Is your mother paid in cash or in kind for this work or is she not paid at all?	
	Cash	1
	In kind	2
	Cash and in kind	3
	Not paid	4
	Don't know	99
CCG2.16	In the past 6 months, were you working outside the home?	
	Yes	1
	No	0
CCG2.17	In the last 6 months, did you lose your job or source of income?	
	Yes	1
	No	0
CCG2.18	In the past 6 months, how has your household/family income changed?	
	Decreased	1
	Increased	2
	Stayed the same	3
	Don't know	99
	Wood	1
	Charcoal	2
	Gas cylinders	3
	Electricity <i>Sitima</i>	4
	Other	5
	SPECIFY: _____	
CCG2.19	During the past 30 days, did you worry about whether your food would run out because of lack of money?	
	Yes	1
	No	0
CCG2.20	During the past 30 days, how stressful have the COVID-related restrictions been on leaving home been for you?	
	Not at all stressful	0
	Somewhat stressful	1
	Very stressful	2
CCG2.21	During the past 30 days, how has the quality of the relationships between you and members of your family changed?	
	The quality of my family relationships is about the same	0
	The quality of my family relationships is worse	1
	The quality of my family relationships is better	2
CCG2.22	Please tell me if you agree or disagree with the following statements:	

	a.	I am very worried about getting the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	b.	I am very worried about my family or friends getting the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	c.	I am very worried about giving someone else the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	d.	I have had a hard time sleeping because of the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	e.	I have had difficulties concentrating because of the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	f.	Thinking about the coronavirus/COVID makes me anxious	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	g.	I am feeling overwhelmed by the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
	h.	I am worried about money because of the coronavirus/COVID	
		Agree.....	1
		Disagree	2
		Don't know/not sure.....	3
CCG2.23		Have you received the COVID-19 vaccine?	
		Yes.....	1
		No	0 (CCG2.26)
		Don't know	99 (CCG2.26)
CCG2.24		Which COVID-19 vaccine did you receive?	
		Pfizer-BioNTech	1
		Moderna	2
		Astra Zenecaa	3
		Johnson & Johnson	4
		Other, specify.....	5
		Don't know/not sure	99
CCG2.25		How many shots or injections of the vaccine have you received	
		One	1 (CCG2.27)
		Two	0 (CCG2.27)
		Don't know	99 (CCG2.27)
CCG2.26		What are the reason(s) [Select all that apply]	

	It has not been offered to me.....	1
	It is not available in my area.....	2
	It is inconvenient or difficult (too much time, travel, work schedule, childcare)	3
	I don't have enough information that the vaccine is effective	4
	My friends and/or family advised against it	5
	I have concern about side effects	6
	I don't have enough information that the vaccine is safe	7
	I am not at high risk of getting infected with COVID-19	8
	Other, Specify:	9
	Don't know	99
CCG2.27	Have you ever been tested for COVID-19?	
	Yes.....	1
	No	0 (CCG2.30)
	Don't know	99 (CCG2.30)
CCG2.28	Have you ever tested positive for COVID-19?	
	Yes, I have tested positive for COVID-19	1
	No, I tested negative for COVID-19	0 (CCG2.30)
	Don't know	99 (CCG2.30)
CCG2.29	How long ago did you test positive for COVID-19?	
	Within the past 2 weeks	1 (CCG2.32)
	Within the past 2-4 weeks.....	2 (CCG2.32)
	1 to 3 months ago.....	3 (CCG2.32)
	3 to 6 months ago.....	4 (CCG2.32)
	More than 6 months ago	5 (CCG2.32)
	Don't know	99 (CCG2.32)
CCG2.30	Do you think you have ever been infected with COVID-19?	
	Yes	1
	No	0 (CCG2.32)
	Don't know	99 (CCG2.32)
CCG2.31	How long ago do you think you were infected with COVID-19?	
	Within the past 2 weeks	1
	Within the past 2-4 weeks.....	2
	1 to 3 months ago.....	3
	3 to 6 months ago.....	4
	More than 6 months ago	5
	Don't know	99
CCG2.32	COVID-19 is impacting people in different ways. Some people have lost their jobs and had to find different ways to make money. In the past 6 months, have you received money or something else in exchange for having sex with someone?	
	Yes.....	1
	No	0 (CCG2.34)
	Don't know	99

- CCG2.33 What did the boy or man give you in exchange for having sex with him? Please check all that apply.
- | | |
|-----------------------------------|---|
| Money..... | 1 |
| Food/drink | 2 |
| House items | 3 |
| Pads for your monthly period..... | 4 |
| Less beatings/bad things | 5 |
| Clothes/things..... | 6 |
| Other | 7 |
- CCG2.34 In the past 6 months, has the level of violence in your village increased, decreased, or stayed the same?
- | | |
|-----------------------|----|
| Increased | 1 |
| Decreased | 2 |
| Stayed the same | 3 |
| Don't know | 99 |
- CCG2.35 In the past 6 months, has the crime in your village increased, decreased, or stayed the same?
- | | |
|-----------------------|----|
| Increased | 1 |
| Decreased | 2 |
| Stayed the same | 3 |
| Don't know | 99 |
- CCG2.36 In the past 6 months, do you feel more safe or less safe inside your home?
- | | |
|----------------|---|
| Less safe..... | 1 |
| The same..... | 2 |
| More safe..... | 3 |
- CCG2.37 What is your marital status? Cohabiting means that you are living with your partner but with no formal marriage certificate.
- | | |
|------------------------------|-------------|
| Single (not cohabiting)..... | 1 (CCG2.44) |
| Married | 2 (CCG2.38) |
| Cohabiting | 3 (CCG2.38) |
| Widowed..... | 4 (CCG2.44) |
| Other | 5 (CCG2.44) |
- CCG2.38 If you are married/cohabiting, what is partner's occupation, that is what kind of work does he mainly do?
- | | |
|----------------------|----|
| Farmer/Shamba | 1 |
| Other, specify | 2 |
| Does not work..... | 0 |
| Don't know..... | 99 |
- CCG2.39 Is your partner paid in cash or in kind for this work or is he not paid at all?
- | | |
|------------------------|----|
| Cash..... | 1 |
| In kind | 2 |
| Cash and in kind | 3 |
| Not paid | 4 |
| Don't know..... | 99 |
- CCG2.40 What is the highest level of school your partner has completed?

	Completed primary school.....	1
	Completed secondary school.....	2
	Has a university degree.....	3
	Other, specify.....	4
	Never went to school	5
	Don't know.....	99
CCG2.41	How old were you when you became married or first started cohabitating with your partner?	
	_ _ _ ENTER AGE IN YEARS	
	Don't know.....	99
CCG2.42	In which year did you get married or start cohabitating with your partner?	
	_ _ _ ENTER YEARS	
	Don't know.....	99
CCG2.43	When you got married or started cohabitating, did you want to get married and/or go live with your partner?	
	Yes.....	1
	No.....	0
	Don't know.....	99
CCG2.44	Who are the people you live with now? (Check all that apply)	
	Husband/Partner	1
	Husband/partner's family.....	2
	Own child	3
	Birth mother	4
	Grandmother	5
	Other female adults.....	6
	Birth father.....	7
	Grandfather	8
	Other male adults	9
	Younger brothers.....	10
	Older brothers	11
	Younger sisters.....	12
	Older sisters	13
CCG2.45	Do you have a baby you take care of?	
	Yes.....	1
	No.....	0 (CCG2.47)
CCG2.46	Who is the birth mother of this baby?	
	Me	1
	My partners other wife.....	2
	My mother	3
	A relative in the household.....	4
	A relative not in the household	5
	Other	6

CCG2.47	Are you normally happy at home?	
	Not happy	0
	Just	1
	Happy	2
CCG2.48	Are you currently attending school?	
	Yes, attending school	1
	No, not enrolled in school.....	0
CCG2.49	What is the last school grade/form you have completed?	
	Form 2	1
	Form 3	2
	Form 4	3
	Completed secondary school/sat KCSE	4
	University Year 1	5
	University Year 2	6
	Other, specify.....	7
CCG2.50	Have you ever attended a trade school, for example to become a hairdresser, work in hospitality, or to become a tailor?	
	Yes, completed	1
	Yes, did not complete	2
	No	3
CCG2.51	Do any of the following people drink alcohol (select all that apply)?	
	Yourself	1
	Your partner or husband	2
	Your mother	3
	Your father	4
	Other adults you live with.....	5
	Your friends.....	6
CCG2.52	Do any of the following people smoke cigarettes (select all that apply)?	
	Yourself	1
	Your partner or husband	2
	Your mother	3
	Your father	4
	Other adults you live with.....	5
	Your friends.....	6
CCG2.53	In the last 6 months, have you had sex, or been forced or tricked to have sex with a man or a boy?	
	No.....	0 (CCG2.57)
	Yes.....	1
CCG2.54	If yes, in the last 6 months did the man or boy physically hurt you in any of the following ways (check all that apply):	
	Push you, shake you, or throw something at you?	1
	Slap you?	2

Twist your arm or pull your hair? 3
 Punch you with his fist or with something that could hurt you? 4
 Kick you or drag you or beat you up? 5
 Try to choke you or burn you on purpose? 6
 Threaten or attack you with a knife, gun, or any other weapon? 7

CCG2.55 In the last 6 months has the man or boy sexually hurt you in any of the following ways (check all that apply):
Ever forced you to have sexual intercourse against your will..... 1
 Ever forced you to perform any other sexual acts against your will..... 2

CCG2.56 In the last 6 months has the man or boy emotionally hurt you in any of the following ways (check all that apply):
 Say or do something to humiliate you in front of others? 1
 Threaten to hurt or harm you or someone close to you? 2
 Insult you or make you feel bad about yourself? 3

Community violence:

CCG2.57 In the last 6 months, have you been touched indecently by a boy/man?
 Never..... 0
 Just once 1
 A few times 2
 Many times 3

CCG2.58 In the last 6 months, have you ever felt scared you would be sexually assaulted?
 Never..... 0
 Just once 1
 A few times 2
 Many times 3

CCG2.59 In the last 6 months, has anyone hit, slapped, kicked or hurt you physically?
 Never..... 0
 Just once 1
 A few times 2
 Many times 3

CCG2.59_A Were you injured?
 Yes 1
 No 0 (CCG2.60)

CCG2.59_B If yes, what was the injury? (Check all that apply)
 Broken bones 1
 Bruising..... 2
 Loss of consciousness..... 3
 Wounds 4
 Other 5
 SPECIFY: _____

CCG2.60	In the last 6 months, has anyone humiliated you in front of others?	
	Never.....	0
	Just once	1
	A few times	2
	Many times	3
CCG2.61	In the last 6 months, has anyone threatened to hurt you?	
	Never.....	0
	Just once	1
	A few times	2
	Many times	3
CCG2.62	In the last 6 months, has anyone threatened to hurt your family or friends?	
	Never.....	0
	Just once	1
	A few times	2
	Many times	3
CCG2.63	In the last 6 months, have you felt unsafe walking around your community after dark?	
	Never.....	0
	Just once	1
	A few times	2
	Many times	3
CCG2.64	In the last 6 months, have you been robbed in your community?	
	Never.....	0
	Just once	1
	A few times	2
	Many times	3
CCG2.65	In the last 6 months, have you needed to go to hospital for treatment due to an episode of violence?	
	Never	0 (CCG2.66)
	Just once.....	1
	A few times.....	2
	Many times.....	3
CCG2.65_A	What were you treated for? (Check all that apply)	
	Broken bones	1
	Bruising.....	2
	Loss of consciousness.....	3
	Wounds	4
	Other	5
	SPECIFY: _____	

Sexual exposure and harassment: in the last six months

CCG2.66	In the last 6 months, do boys or men harass girls for sex?	
	Never	0 (CCG2.69)

- A few times 1
Many times 2
- CCG2.67 If yes - is this just a few, many or most boys and men?
One person..... 0
A couple people 1
Lots of different people 2
- CCG2.68 Has harassment of girls for sex changed in the last six months?
No change in the level of harassment girls experience in the last six months 0
There is less harassment of girls for sex in the last six months..... 1
There is more harassment of girls for sex in the last six months 2
- CCG2.69 Do you remember how old you were when you first had sex or were forced or threatened into having sex?
Yes 1
No 0 (CCG2.71)
Have never had sex..... 2 (CCG2.71)
- CCG2.70 What age were you when you first had sex or were forced or threatened into having sex?
|__|__| ENTER AGE IN YEARS
Don't know..... 99
- CCG2.71 The first time you had sex (or were forced or threatened to make you have sex with) a boy or man, who was the man or boy... was he...?
Someone you had never seen before 0 (CCG2.73)
Someone you knew *Ngat* 1
Have never had sex..... 2 (CCG2.73)
- CCG2.72 If you did know him, was he...?
Boyfriend but not living with him 1
Husband but not living with him..... 2
Partner/husband after living together..... 3
Relative 4
Other person..... 5
- CCG2.73 The first time you had sex (or were forced or threatened to make you have sex with) a boy or man, did you want to have sex with this man or boy?
Yes 1
No..... 0
Have never had sex..... 2
- CCG2.74 In the past 6 months, have you been forced to have sex when you did not want to have sex?
Yes..... 1
No 0

- CCG2.75 In the past 6 months, how many boys or men have you had sex with (or been forced to have sex with)? It's ok if you can't remember...
|__|__| ENTER NUMBER
Don't know 99
- CCG2.76 Do you currently have sex with a boy or man who you consider to be your boyfriend, partner, lover or husband?
Yes..... 1
No 0 (CCG2.84)
- CCG2.77 How long have you been having sex with this person?
Less than 6 months..... 1
6-12 months..... 2
More than 1 year 3
- CCG2.78 Is he circumcised or uncircumcised?
Circumcised..... 1
Uncircumcised..... 0
Don't know.....99
- CCG2.79 Is this the only person you are currently having sex with?
Yes..... 1
No 0
- CCG2.80 In the past 6 months, has your time spent with your boyfriend or husband changed?
There has been no change in the time spent 0
We spend less time together..... 1
We spend more time together 2
- CCG2.81 In the past 6 months, has your sexual activity with your boyfriend or husband changed?
There has been no change in the frequency of our sexual activity..... 0
We have sex less frequently 1
We have sex more frequently 2
- CCG2.82 How many days ago did you last have sex? It is ok if you can't remember...
|__|__|__| ENTER NUMBER
Don't know 99
- CCG2.83 In the past 6 months, how often have you had sex when you were menstruating (during your monthly period)?
Never 0 (CCG2.86)
Rarely 1
Sometimes 2
Often 3
Always..... 4

- CCG2.84 The last time you had sex, was it during your menstruation (during your monthly period)?
 Yes..... 1
 No 0
- CCG2.85 When you have sex while menstruating do you use condoms to delay or avoid a pregnancy or sexually transmitted infection?
 Never 0
 Rarely 1
 Sometimes 2
 Often 3
 Always..... 4
- CCG2.86 In the last 6 months, how often did you have sex when your vagina is dry?
 Never 0 (CCG2.88)
 Rarely 1
 Sometimes 2
 Often 3
 Always..... 4
- CCG2.87 The last time you had sex (or were forced or threatened to have sex), did your vagina feel dry?
 Yes..... 1
 No 0
- CCG2.88 In the last 6 months, have you or your partner used condoms to delay or avoid a pregnancy or sexually transmitted infection?
 Yes..... 1
 No: not used 0 (CCG2.91)
- CCG2.89 In the past 6 months, how often did the boy or man you were having sex with (or forced or threatened to make you have sex with) use a condom?
 Never 0 (CCG2.91)
 Rarely 1
 Sometimes 2
 Often 3
 Always..... 4
- CCG2.90 The last time you had sex (or were forced or threatened to have sex), did the boy or man use a condom?
 Yes..... 1
 No 0
- CCG2.91 In the past 6 months, have you been able to get condoms when you needed them?
 Yes..... 1
 No 0
 I have not tried to get condoms 2
- CCG2.92 In the past 6 months, have you been able to get contraceptives or family planning when you needed them?

	Yes.....	1
	No	0
	I have not tried to get contraceptives	2
CCG2.93	The last time you had sex (or were forced to have sex), how many hours was it until you washed your vagina? _ _ _ ENTER NUMBER Don't know	99
CCG2.94	The last time you had sex (or were forced to have sex) was he circumcised or uncircumcised? Circumcised..... Uncircumcised	1 0
	Don't know	99
CCG2.95	In the past 30 days, have you had sex (or been forced to have sex)? Yes..... No	1 0 (CCG2.101)
CCG2.96	In the past 30 days, how many times did you have sex (or been forced to have sex)? It is ok if you can't remember... _ _ _ ENTER NUMBER Don't know	99
CCG2.97	In the past 30 days, how many boys or men have you had sex with (or been forced to have sex with)? It is ok if you can't remember... _ _ _ ENTER NUMBER Don't know	99
CCG2.98	How old is the boy or man you have sex with now? Younger than you..... About the same age	1 2
	Older than you by less than 5 years..... Older than you by 5 – 9 years	3 4
	Older than you by 10 years or more	5
	Don't know.....	99
CCG2.99	Does the boy or man give you something for having sex with him? Yes..... No.....	1 0 (CCG2.101)
CCG2.100	If yes, what? Money..... Food/drink	1 2
	House items	3
	Pads for your monthly period	4
	Clothes	5
	Phone	6

- Other, specify 7
- CCG2.101 Are you **currently** using any family planning methods? (Check all that apply)
- No method 0
- Birth control pills..... 1
- Injection 2
- Implant..... 3
- Abstinence 4
- Other 5
- SPECIFY: _____
- CCG2.102 Are you currently pregnant?
- Yes 1
- No..... 0 (CCG2.104)
- CCG2.103 If you are pregnant, where in the pregnancy do you think you are?
- Early (less than 3 months) 1 (CCG2.106)
- Middle (between 3 months and 6 months)..... 2 (CCG2.106)
- Later (more than 6 months pregnant)..... 3 (CCG2.106)
- CCG2.104 Are you currently trying to get pregnant?
- Yes 1
- No..... 0
- CCG2.105 Have you ever been pregnant?
- Yes 1
- No..... 0 (CCG2.126)
- CCG2.106 How many times have you been pregnant?
- |__|__| ENTER NUMBER
- Don't know 99
- CCG2.107 How many babies have you given birth to?
- |__|__| ENTER NUMBER
- Don't know 99
- CCG2.108 Did your first pregnancy have any of the following problems for you? [Select all that apply]
- I had a Cesarean delivery..... 1
- I had a vaginal infection during pregnancy..... 2
- I had a vaginal infection after pregnancy 3
- The baby had an infection at birth 4
- The baby was born too early/premature 5
- The baby was stillborn..... 6
- Other, specify..... 7
- No problems during first pregnancy..... 0
- CCG2.109 If you've had more than one pregnancy, did **any** of your pregnancies have any of the following problems for you? [Select all that apply]

I have only had one pregnancy.....	9
I had a Cesarean delivery.....	1
I had a vaginal infection during pregnancy.....	2
I had a vaginal infection after pregnancy	3
The baby had an infection at birth	4
The baby was born too early/premature	5
The baby was stillborn.....	6
No problems during any pregnancy	0

CCG2.110 What happened with the most recent pregnancy?

Had a miscarriage.....	1
Aborted/terminated	2
Baby born alive.....	3
Baby born alive but died	4
The baby was stillborn	5
Currently still pregnant	6
Other	7

CCG2.111 If you have a child, who does your youngest baby live with?

Me	1 (CCG2. 113)
Not me	2
Do not have a child	0 (CCG2. 124)

CCG2.112 If "not me" then who?

My parents	1
My sister or brother	2
Other family	3
The child's father.....	4
The father's family	5
Other	6

SPECIFY: _____

CCG2.113 Where did you deliver this baby?

Hospital	1
Clinic.....	2
Home.....	3 (CCG2.115)
Other, specify	4 (CCG2.115)

CCG2.114 What was the name and location of this hospital or clinic?

CCG2.114_A Hospital or clinic name:

|_|_|_|_| ENTER TEXT

Don't know..... 99

CCG2.114_B Location of hospital or clinic (subcounty):

|_|_|_|_| ENTER TEXT

Don't know 99

CCG2.115	When was your youngest baby born?	
CCG2.115_D	_ _ _ ENTER 2-DIGIT DAY	
	Don't know	99
CCG2.115_M	_ _ ENTER MONTH NUMBER	
	Don't know	99
CCG2.115_Y	_ _ _ ENTER 4-DIGIT YEAR	
	Don't know	99
CCG2.116	During any of your pregnancies have you received prenatal or antenatal care at a hospital or clinic?	
	Yes	1 (CCG2.120)
	No	2
CCG2.117	Why did you not seek health care during your pregnancies?	
	Clinic distance too far	1
	Do not know where to go	2
	Too expensive	3
	Do not trust health providers or feel judged	4
	My husband/family told me not to	5
	Other, specify	6
CCG2.118	During your most recent pregnancy how many antenatal care (ANC) visits did you complete at a hospital or clinic?	
	None	0
	One	1
	Two	2
	Three	3
	Four	4
	Five or more	5
CCG2.119	During any of your pregnancies have you received postnatal care for your infant or child?	
	Yes	1
	No	0
CCG2.120	Has your youngest child ever received any vaccinations to prevent diseases, including at a hospital or clinic or during an immunization day?	
	Yes	1
	No	0 (CCG2. 122)
CCG2.121	Does your child or children have any of the following vaccinations (check all that apply). It is ok if you can't remember...	
	BCG (tuberculosis)	1
	Polio	2
	DPT (diphtheria, pertussis, tetanus)	3
	Hepatitis B	4
	Measles	5
	Yellow fever	6
	Other, specify	7
	Don't know	99

- My child has no immunizations..... 0
- CCG2.122 When your youngest baby was born, was your baby's weight considered low, normal, or high?
- Low 1
- Normal..... 2
- High 3
- CCG2.123 Do you remember your child's height and weight when your child was born?
- |__|__| ENTER WIGHT
- |__|__| ENTER HEIGHT
- Don't know 99
- CCG2.124 In the current/most recent pregnancy – did you want to become pregnant?
- Yes..... 1
- No..... 0
- CCG2.125 Have you ever tried to get rid of (abortion / termination) a pregnancy?
- Yes 1
- No 0
- CCG2.126 Have you ever been tested for HIV?
- Yes 1
- No 0
- CCG2.127 Do you know your HIV status?
- Yes 1
- No 0 (CCG2. 135)
- CCG2.128 How did you find out your HIV status?
- I was told I had it when I was born 1
- I went and got tested before this study started 2
- I found out when this study (CCG) tested me 3
- I don't remember 9
- CCG2.129 What is your HIV status?
- Positive (I have HIV) 1
- Negative (I do not have HIV) 0 (CCG2. 135)
- CCG2.130 Do you take antiretroval (ARV) medicines or tablets for HIV?
- Yes 1
- No 0 (CCG2. 134)
- CCG2.131 Do you know the name of the ARV tablets you are being treated with?
- Yes 1
- No 0 (CCG2. 133)
- CCG2.132 If yes, please specify the name of the ARV tablets you are taking:
- ARV name: _____
- CCG2.133 Where do you go to get your treatment and care?
- Clinic/service name: _____ (CCG2. 135)

CCG2.134 Please specify why you are not on treatment:

- Did not go to the clinic to get the ARV tablets or care 1
 Did not like taking the ARV tablets 2
 Could not pay for the ARV tablets 3
 Do not need the ARV tablets for my health..... 4
 Other 5
 Specify _____

Menstruation

CCG2.135 In the past 6 weeks did you have a period?

- Yes 1
 No 0

CCG2.136 In the past 6 months have you ever used sanitary pads?

- Yes 1
 No 0 (CCG2.141)

CCG2.137 If yes, who has been the main person that provided you with pads (or money to buy pads)?

- Self 10
 Mother 1
 Other relative 2
 Boyfriend/partner 3
 Person giving money after sex 4
 Person giving pads after sex 5
 School..... 6
 Community organization..... 7
 Church 8
 Other 9

CCG2.138 Now tick any of the persons that have given you pads (or money to buy pads) in the last six months?

- Mother 1
 Other relative 2
 Boyfriend/partner 3
 Person giving money after sex 4
 Person giving pads after sex 5
 pads after sex 5
 School..... 6
 Community organization..... 7
 Church 8
 Other 9

*All the next questions are for **your most recent period***

CCG2.139 Did you use any sanitary pads to help manage your period?

- Yes: entire period 1
 Yes: part of period..... 2
 No 0

- CCG2.140 Did you use any cloth to help manage your period
- | | |
|--------------------------|---|
| Yes: entire period | 1 |
| Yes: part of period..... | 2 |
| No | 0 |
- CCG2.141 Did you use a mooncup to help manage your period?
- | | |
|--------------------------|---|
| Yes: entire period | 1 |
| Yes: part of period..... | 2 |
| No | 0 |
- CCG2.142 Did you use any tampons to help manage your period?
- | | |
|--------------------------|---|
| Yes: entire period | 1 |
| Yes: part of period..... | 2 |
| No | 0 |
- CCG2.143 Did you use any other menstrual wear to help manage your period?
- | | |
|--------------------------|--------------|
| Yes: entire period | 1 |
| Yes: part of period..... | 2 |
| No | 0 (CCG2.145) |
- CCG2.144 If yes, please specify what other item you used:
- |_|_|_|_|_|_|_|_|_|
- CCG2.145 In the past 6 months, how difficult has it been to:
- Obtain the type of sanitary product you normally use

Not difficult at all	0
Somewhat difficult	1
Very difficult.....	2
 - Obtain soap for washing and cleaning

Not difficult at all	0
Somewhat difficult	1
Very difficult.....	2
 - Access water for cleaning/menstrual hygiene

Not difficult at all	1
Somewhat difficult	2
Very difficult.....	3
 - Have personal privacy for washing, changing, etc.

Not difficult at all	0
Somewhat difficult	1
Very difficult.....	2
- CCG2.146 How many days did you bleed during your most recent period?.....
- |_|_|_| ENTER NUMBER OF DAYS
- Don't know..... 99
- CCG2.147 Was it heavy, normal or light?
- | | |
|------------|---|
| Heavy..... | 1 |
|------------|---|

- Normal 2
Light 3
- CCG2.148 Did your period stop you doing things?
Yes 1
No 0 (CCG2.150)
- CCG2.149 If yes, what did you stop doing? (check all that apply)
Work at home 1
Work outside of home 2
Other 3
SPECIFY: _____
- CCG2.150 Did you have pain or cramps?
Yes 1
No 0 (CCG2.152)
- CCG2.151 If you had pain or cramps how did you deal with this?
Had nothing for pain 0
Took medicine 1
Other: Specify 2
- CCG2.152 During your last period, were you at all itchy in your vagina?
Yes 1
No 0
- CCG2.153 During your last period, were you at all sore in your vagina?
Yes 1
No 0
- CCG2.154 During your last period, did you have any pain in your vagina?
Yes 1
No 0
- CCG2.155 During your last period, did you fear you would leak blood?
Yes 1
No 0
- CCG2.156 In the last six months, have you had any problems during your period?
Yes 1
No 0 (CCG2.158)
- CCG2.157 Please describe these problems?

|_|_|_|_|_|_|_|_|_|
- CCG2.158 In the last six months, have you needed to go to hospital due to problems with your period?
Yes 1
No 0 (CCG2.160)
- CCG2.159 Please describe why you needed to go to the hospital. (check all that apply)

Stomach pain 1
 Cramps 2
 Heavy bleeding..... 3
 Headache *Wich bar* 4
 Other 5
 SPECIFY _____

- CCG2.160 When you are NOT having your period, are you at all itchy in your vagina?
 Yes 1
 No 0
- CCG2.161 When you are NOT having your period, are you at all sore in your vagina?
 Yes 1
 No 0
- CCG2.162 When you are NOT having your period, do you have any pain in your vagina?
 Yes 1
 No 0
- CCG2.163 When you are NOT having your period, do you have any vaginal discharge?
 Yes 1
 No 0
- CCG2.164 When you are NOT having your period, do you have any lower abdominal pain?
 Yes 1
 No 0
- CCG2.165 When you are NOT having your period, do you have any pain when you urinate?
 Yes 1
 No 0
- CCG2.166 Do you have any sores or ulcers on your vagina?
 Yes 1
 No 0
- CCG2.167 During your most recent period, did you have to do things to get pads or other menstrual items?
 Yes 1
 No 0 (CCG2.169)
- CCG2.168 If yes, what? (check all that apply)
 Laundry 1
 Childcare 2
 Housework 3
 Shamba 4
 Bar work 5
 Sex 6
 Other, specify 7
- CCG2.169 Have you ever used a mooncup?
 Yes 1
 No 0
- CCG2.170 Were you provided a mooncup by this study?
 Yes 1

	No	0 (CCG2.191)
CCG2.171	Have you ever used or tried to use your mooncup?	
	Yes	1
	No	0 (CCG2.191)
CCG2.172	When you last used your mooncup, how easy was it to insert?	
	Very easy	1
	Just ok.....	2
	Not easy.....	3
CCG2.173	Was it comfortable to wear?	
	Very comfortable	1
	Just ok.....	2
	Not comfortable	3
CCG2.174	Was it painful to wear?	
	Not painful.....	1
	Just ok.....	2
	Painful	3
CCG2.175	How easy was it to take out?	
	Easy to take out	1
	Just ok.....	2
	Difficult to take out	3
	Could not take out without assistance.....	4
CCG2.176	Did you use your mooncup during your recent period?	
	Yes.....	1 (CCG2.179)
	No.....	0
CCG2.177	If no, why not? (tick any):	
	Lost	1
	Taken	2
	Do not.....	3
	Don't know how to use	4
	Afraid to use	5
	People say it is bad	6
	Other	7
CCG2.178	When did you stop using your mooncup completely?	
	During secondary school	1 (CCG2.191)
	Within one year of leaving secondary school	2 (CCG2.191)
	1-2 years after leaving secondary school	3 (CCG2.191)
	2+ years after leaving secondary school	4 (CCG2.191)
	Still use it occasionally.....	5 (CCG2.191)
	Don't know	99 (CCG2.191)

CCG2.179	For your last period, did you rinse your mooncup with water after emptying it and before reinserting it?	
	Always.....	1
	Sometimes	2
	Never <i>Podi</i>	3
CCG2.180	Did you clean your mooncup after finishing your period?	
	Yes.....	1
	No	0 (CCG2.182)
CCG2.181	If yes, how?	
	With boiling water	1
	Jik	2
	Other.....	3
	SPECIFY: _____	
CCG2.182	Did anyone else use your mooncup this last month?	
	Yes.....	1
	No.....	0 (CCG2.184)
CCG2.183	If yes, who?	
	Friend	1
	Mother	2
	Sister	3
	Aunt.....	4
	Schoolgirls	5
	School teacher	6
	Nurse.....	7
	Taken.....	8
	Other	9
	Don't know.....	99
CCG2.184	When using the mooncup, did you wash your hands before emptying?	
	Always.....	1
	Sometimes	2
	Never	3
CCG2.185	When using the mooncup, did you wash your hands after emptying?	
	Always.....	1
	Sometimes	2
	Never	3
CCG2.186	Did you have soap available to wash your hands with when using the mooncup?	
	Always	1
	Sometimes	2
	Never	3
CCG2.187	In the past 6 months, have you ever dropped your mooncup on the ground or floor when inserting or removing it?	

Several times..... 1
Once or a few times..... 2
Never..... 3

CCG2.188 How do you store your mooncup when you are not using it?

In the bag it came in 1
In a box..... 2
Somewhere else..... 3
SPECIFY: _____

CCG2.189 Any other problems with your mooncup you would like to report?

Yes..... 1
No..... 0 (CCG2.191)

CCG2.190 If yes, please describe

|_|_|_|_|_|_|_| ENTER TEXT

Cash Needs and Use

CCG2.191 In the last 6 months, how has your household chores or work changed?

I work more hours..... 1
I work less hours 2
I work the same number of hours 0

CCG2.192 Tick any tasks or household work you did last month:

Household chores 1
Look after siblings 2
Look after other family 3
Laundry/mend clothes 4
Work in the shamba..... 5
Fetch water 6

Other things 10

CCG2.193 Yesterday, how much time did you spend doing household chores, such as cooking, cleaning, laundry, collecting firewood, water?

|_|_| ENTER NUMBER OF HOURS
Don't know..... 99

CCG2.194 Aside from housework, have you done any work in the last seven days?

Yes 1
No 0 (CCG2.196)

CCG2.195 If yes, what?

|_|_|_|_|_|_|_|_|_|

CCG2.196 Do you do any form of work for which you are paid (in cash or in kind)? Bende itimo tich moro amora ma ichulie, (pesa kata mich)?

Yes1

No0

CCG2.197 Which of the following best described your employment status:

Unemployed, I have no job0

Regularly paid employment1

Employed seasonally, on short-term contract, or on a day-to-day basis2

Self-employed (paid in cash or in kind)3

Student at or finishing secondary school4

Student at college or university5

Student at trade or vocational school6

CCG2.198 What are the occupations or activities through which you earn income? (check all that apply):

None, I make no money0 (CCG2.200)

Street vendor1

Fisherwoman, beach operator2

Mechanic, factory worker3

Housekeeper, nanny4

Farmer, work on the shamba5

Shop worker6

Office worker7

Hairdresser8

Waitress, restaurant/bar worker9

Sex work10

Musician, dancer, performer11

Other, Specify:12

CCG2.116 How much do you earn on average every month?

|_|_|_| ENTER NUMBER OF KES PER MONTH

Don't know99

CCG2.199 Are you providing financial support to anyone — including family, children, and boyfriends, or romantic partners — at this time?

Yes1

No0

CCG2.200 Are there any persons who rely on you for their financial needs (e.g., food, school fees, housing, utilities), including family, children, boyfriends, or romantic partners?

Yes1

No0 (CCG2.203)

CCG2.201 How much stress does finding money for these persons cause you?

No stress..... 0
 Moderate stress 1
 A lot of stress 2

CCG2.202 In the last 6 months, how often have you had to borrow money from a friend, boyfriend/partner, or relative to survive financially?

Never 0
 Sometimes 1
 Always or almost always 2

CCG2.203 Would you say that financially your future is secure or uncertain?

Very uncertain..... 0
 Uncertain..... 1
 Secure..... 2
 Very secure 3

CCG2.204 In the past 6 months, have you needed to buy or get something important but not had enough money?

Yes1
 No0

CCG2.205 If yes, what was the thing or things you could not pay for (Check all that apply):

Sanitary pads.....1
 Lotion2
 Clothes3
 Shoes4
 Books.....5
 School fees6
 Travel.....7
 Food8
 Other9
 SPECIFY _____

CCG2.206 Have you ever had sex in order to pay for things, or get favours?

Yes1
 No0 (CCG2.209)

CCG2.207 If yes, what have you been given in return? (Check all that apply)

Money1
 Personal clothes/things.....2
 Food/drink.....3
 Phone4
 Pads for monthly period5
 Other, specify6

CCG2.211 Have you got a bank account?

Yes1
No0

CCG2.212 Have you saved, or put money aside to use at a later time?

Yes1
No0

CCG2.213 Do you currently have any money saved?

Yes1
No0

CCG2.210 Where do you usually get money? (Check all that apply):

This study0 (CCG2.214)
Parents1 (CCG2.214)
Boyfriend/partner2
Work.....3 (CCG2.214)
Other4 (CCG2.214)
SPECIFY _____

CCG2.211 If you get money from a man or boyfriend do they request sex in return?

Yes..... 1
No..... 0

CCG2.212 When was the last time you had sex or were forced or tricked to have sex with a man or boy?

Within the past 30 days1
More than 30 days ago, but less than 6 months ago2
More than 6 months ago, but less than 12 months ago3
More than 12 months ago4
Never (I have never had sex or been forced or tricked to have sex with a man or boy)0

CCG2.213 Has anyone ever hurt you to obtain your money?

Yes.....1
No.....0

CCG2.214 In the last six months have you experienced any of the following?(Check all that apply)

Accident1
Drunk alcohol2
Smoked cigarettes3
Had sex.....4
Been bullied5
Been hit or hurt6
Illness7
Went to health facility8

- CCG2.215 In the past 6 months, have you been hospitalized for any reason?
 Yes.....1
 No0 (CCG2.219)
- CCG2.216 Please describe why you were hospitalized: (check all that apply)
 Malaria.....1
 HIV2
 Pneumonia or other respiratory infection3
 Sexually transmitted infection.....4
 Pregnancy5
 Other:6
 SPECIFY _____
- CCG2.217 In the last 30 days, have you taken any antibiotics to treat an infection that is not malaria? Examples of antibiotics are amoxil, cipro, doxy, or tetracycline.
 Yes.....1
 No0 (CCG2.221)
- CCG2.218 If yes, was this to treat: (check all that apply):
 A cold or chest infection1
 A diarrheal illness2
 A urinary tract infection.....3
 A fever.....4
 An infection on your skin.....5
 A sexually transmitted infection.....6
 Other:7
 SPECIFY _____
- CCG2.219 Have you been diagnosed with a chronic condition or disease by a health professional?
 Yes, specify1
 No0
- CCG2.220 Aside from any hospitalizations previously reported during this survey, have you been hospitalized for any other reason not already mentioned in the last six months?
 Yes.....1
 No.....0 (CCG2.226)
- CCG2.221 Please describe why you were hospitalized: (check all that apply)
 Malaria1
 HIV.....2
 Pneumonia or other respiratory infection.....3
 Sexually transmitted infection4
 Pregnancy5
 Other6
 SPECIFY _____
- CCG2.222 Has being part of the CCG study made your ability to cope with your period better, worse, or the same?
 Better1
 The same2

Worse3

Depression scale:

Over the last 2 weeks, how often have you had been bothered by...

CCG2.214	Little interest or pleasure in doing things	
	Not at all.....	1
	Several days	2
	More than half the days.....	3
	Nearly every day	4
CCG2.215	Feeling down, depressed, or hopeless	
	Not at all.....	1
	Several days	2
	More than half the days.....	3
	Nearly every day	4
CCG2.216	Trouble falling or staying asleep, or sleeping too much	
	Not at all 1	
	Several days	2
	More than half the days.....	3
	Nearly every day	4
CCG2.217	Feeling tired or having little energy	
	Not at all.....	1
	Several days	2
	More than half the days.....	3
	Nearly every day	4
CCG2.230	Poor appetite or overeating	
	Not at all	1
	Several days	2
	More than half the days.....	3
	Nearly every day	4
CCG2.231	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	
	Not at all	1
	Several days.....	2
	More than half the days	3
	Nearly every day.....	4
CCG2.232	Trouble concentrating on things, such as reading the newspaper or watching television	
	Not at all	1
	Several days.....	2
	More than half the days	3
	Nearly every day.....	4
CCG2.233	Moving or speaking so slowly that other people could have noticed? Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	
	Not at all	1

Several days.....	2
More than half the days	3
Nearly every day.....	4

CCG2.234 Thoughts that you would be better off dead or of hurting yourself in some way

Not at all	1
Several days	2
More than half the days	3
Nearly every day.....	4

CCG2.235 If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all.....	1
Somewhat difficult	2
Very difficult	3
Extremely difficult	4

Quality of Life scale:

CCG2.236	It is hard for me to walk for more than 15 minutes	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always.....	5

CCG2.237	Is it hard for me to run	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always.....	5

CCG2.238	Is it hard for me to do sports activity or exercise	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always.....	5

CCG2.239	Is it hard for me to lift something heavy	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always.....	5

CCG2.240	Is it hard for me to take a bath or shower by myself	
	Never.....	1
	Almost never	2
	Sometimes	3

	Almost always	4
	Always	5
CCG2.241	Is it hard for me to do chores around the house	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.242	I hurt or ache	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.243	I have low energy	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.244	I feel afraid or scared	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.245	I feel sad or blue	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.246	I feel angry	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.247	I have trouble sleeping	
	Never.....	1
	Almost never	2
	Sometimes	3
	Almost always	4
	Always	5

CCG2.248	I worry about what will happen to me	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.249	I have trouble getting along with other teens	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always.....	5
CCG2.250	Other teens do not want to be my friend	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always	5
CCG2.251	Other teens tease me	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always.....	5
CCG2.252	I cannot do things that other teens my age can do	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always.....	5
CCG2.253	It is hard to keep up with my peers	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always.....	5
CCG2.254	I forget things	
	Never.....	1
	Almost never.....	2
	Sometimes	3
	Almost always	4
	Always.....	5

BOX B

For the following questions select the answer category that best describes you.

- | | | |
|----------|---|---|
| CCG2.255 | Mobility: Check one of the following options | |
| | I have no problems in walking about..... | 1 |
| | I have some problems in walking about..... | 2 |
| | I am confined to bed..... | 3 |
| CCG2.256 | Self-care: Check one of the following options | |
| | I have no problems with self-care | 1 |
| | I have some problems washing or dressing myself | 2 |
| | I am unable to wash or dress myself | 3 |
| CCG2.257 | Usual activities: Check one of the following options (usual activities include this like work, study, housework, family or leisure activities) | |
| | I have no problems with performing my usual activities | 1 |
| | I have some problems with performing my usual activities..... | 2 |
| | I am unable to perform my usual activities | 3 |
| CCG2.258 | Pain/Discomfort: Check one of the following options | |
| | I have no pain or discomfort..... | 1 |
| | I have moderate pain or discomfort..... | 2 |
| | I have extreme pain or discomfort | 3 |
| CCG2.259 | Anxiety / Depression: Check one of the following options | |
| | I am not anxious or depressed..... | 1 |
| | I am moderately anxious or depressed | 2 |
| | I am extremely anxious or depressed..... | 3 |
| CCG2.260 | To help girls say how good or bad a health state is, we have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by selecting the number that you feel best describes your own health. | |
| CCG2.261 | Did you complete this survey in English or in Dhuluo? | |
| | English | 1 |
| | Dhuluo..... | 2 |

Thank you for taking time to complete this questionnaire. Your participation is critical to help us understand the health and wellbeing of girls in Kenya. If you would like to speak with anyone or seek counseling regarding any topic in this questionnaire please let the research lady know.

19.4.4 General Girls Survey Form (Luo)

BIRTH DATE	DOB _____
SUBCOUNTY	SUBCOUNTY _____
DATE OF INTERVIEW (MM/DD/YYYY)	INTDATE _____
LOCATION OF SURVEY	INTLOC _____

Gimoro amoro ma iwacho ee nonro ni imoro kan kiling kiling . nyingi ok
otundoro kod nonro nikendo onge gima iwacho ma ibonyis ng'ata
ng'ata. waduoko erokamano kuom wacho adiera.

- CCG2.1 *En Kanye mauhinyo ga ome pii?*
- Yawo 1
- Kisima 2
- Nam 3
- Odundu manieot..... 4
- Pii koth..... 5
- Aora 6
- Aora matin..... 7
- mamoko..... 8
- KET LER: _____
- CCG2.2 *Kuom dweche auchiel mokalo, nitiere pek machalo nade yudo pii?*
- ok tek kata matin.....0
- chal ka gima tek.....1
- tek ahinya2
- CCG2.3 *En choo machalo nade ma itiyogo dala?*
- Choo mar pii..... 1
- Bush/Field Bungu/pap 2
- choo mar bur ma kawaida..... 3
- latrine choo bur ma kawaida ma olosne gama maber..... 4
- Other mamoko..... 5
- KET LER: _____
- CCG2.4 *En angono ma utyogo kaka taya e odu?*
- Sitima..... 1
- Taya mar mafuta 2
- Nyangile..... 3
- Misuma 4
- mamoko..... 5
- KET LER: _____
- CCG2.5 *Dier ot maru olos kod angowa?*
- lowo/kuoyo 1
- simiti 2
- chieth dhiang/owuoyo..... 3

	<i>taels</i>	4
	<i>mamoko</i>	5
	KET LER:	
CCG2.6	<i>Wi tado maru olos kod angowa?</i>	
	<i>Mbatì/Straw mabati</i>	1
	<i>Tin chuma</i>	2
	<i>Tiles Taels</i>	3
	<i>Other mamoko</i>	4
	KET LER _____	
CCG2.7	<i>Familia ni tedo Kanye dala?</i>	
	<i>Ei ot</i>	1
	<i>E ot machielo</i>	2
	<i>Oko</i>	3
	<i>mamoko</i>	4
	KET LER.....	
CCG2.8	<i>Familia ni tiyo kod yoo mane mar chwako/tedo?</i>	
	<i>Yien</i>	1
	<i>Makaa</i>	2
	<i>Gas</i>	3
	<i>Sitima</i>	4
	<i>mamoko</i>	5
	KET LER:	
CCG2.9	<i>Bende nitiere simu e odu?</i>	
	<i>Eee</i>	1
	<i>Ooyo</i>	0
CCG2.10	<i>Bende nitiere TV e odu?</i>	
	<i>Eee</i>	1
	<i>Ooyo</i>	0
CCG2.11	<i>Bende nitiere radio e odu?</i>	
	<i>Eee</i>	1
	<i>Ooyo</i>	0
CCG2.12	<i>Babau tiyo tich mane, maa nyiso ni en tich mane ma babau timo maduong?</i>	
	<i>pur/Puodho</i>	1
	<i>Mamoko</i> _____	2
	<i>Ok oti/oonge tich</i>	0
	<i>Baba osetho</i>	98 (CCG2.14)
	<i>ok ang'eyo</i>	99 (CCG2.14)
CCG2.13	<i>Bende babau ichulo pesa kata chiwo kuom tich ma otimo kose ok chule kata?</i>	
	<i>pesa</i>	1
	<i>Chiwo</i>	2
	<i>Pesa kod Chiwo</i>	3
	<i>Ok chule</i>	4
	<i>ok ang'eyo</i>	99

CCG2.14	Mamau tiyo tich mane, maa nyiso ni en tich mane ma mamau timo maduong? pur/Puodho..... 1 Mamoko 2 Ok oti/oonge tich 0 mama osetho 98 (CCG2.16) ok ang'eyo..... 99 (CCG2.16)
CCG2.15	Bende mamau ichulo pesa kata chiwo kuom tich ma otimo kose ok chule kata? Pesa..... 1 Chiwo 2 Pesa kod Chiwo..... 3 Ok chule 4 ok ang'eyo..... 99
CCG2.16	Kuom dweche auchiel mokalo, bende ne itiyo oko mar dalau? Eee 1 Ooyo..... 0
CCG2.17	Kuom dweche auchiel mokalo, bende ne iwito tiji kata yori mar yuto? Eee 1 Ooyo..... 0
CCG2.18	Kuom dweche auchiel mokalo, ere kaka yor yuto mar odu kata familiau obedo kod pogruok? Odok piny..... 1 Oidho malo 2 Odong kaka ne en..... 3 Ok an'geyo..... 99
CCG2.19	E kinde mar jumbe ariyo mokalo, bende ne in kod kibaji ni chiemo ma iyudo nyalo rumo nikech onge mar pesa? Eee 1 Ooyo..... 0
CCG2.20	E kinde mar ndalo piero adek mokalo (30), en achiedh nade/ kihondko machalo nade ma kumo wuok e dala osekeloni kaluwore kod tuo mar korona? Onge achiedh nade kata matin 0 Nitiere achiedh nade matin 1 Nitiere achiedh nade e okang ma malo..... 2
CCG2.21	E kinde mar ndalo piero adek (30) mokalo, ere kaka ngiyo e kindi kod joodu osebedo kod pogruok? Ngiyo mara kod joodwa chalre..... 1 Ngiyo mara kod joodwa rachie molooyo..... 2 Ngiyo mara kod joodwa berie molooyo..... 3
CCG2.22	Yie mondo inyisa ka iyie kata ok iyie kod weche gi: i. An kod kibaji miyo ngat machielo tuo mar korona Ayie..... 1

	Adagi	2
	Ok an'geyo/ok an kod adiera	3
j.	An kod pek mar nindo nikech tuo mar korona	
	Ayie.....	1
	Adagi	2
	Ok an'geyo/ok an kod adiera	3
k.	Ak kod pek e keto pacha e gima atimo nikech tuo mar korona?	
	Ayie.....	1
	Adagi	2
	Ok an'geyo/ok an kod adiera	3
l.	Paro tuo mar korona miyo abedo kod kihondko	
	Ayie.....	1
	Adagi	2
	Ok an'geyo/ok an kod adiera	3
m.	Awinjo mapek kata matek nikech korona	
	Ayie.....	1
	Adagi	2
	Ok an'geyo/ok an kod adiera	3
n.	An kod kibaji mar pesa nikech tuo mar korona	
	Ayie.....	1
	Adagi	2
	Ok an'geyo/ok an kod adiera	3
CCG2.23	Bende ose chanji ne tuo mar Korona?	
	Eee	1
	Ooyo.....	0 (CCG2.26)
	Ok an'geyo.....	99 (CCG2.26)
CCG2.24	En chanjo mane ma nomiye	
	Pfizer-BioNTech.....	1
	Moderna	2
	Astra Zenecaa	3
	Mamoko.....	4
	Ok an'geyo/ok an kod adiera	99
CCG2.25	Ne ochwoyi sindene adi mag chanjo ni?	
	Achiel	1 (CCG2.27)
	Ariyo.....	0 (CCG2.27)
	Ok an'geyo.....	99 (CCG2.27)
CCG2.26	Ang'o momiyo? [Select all that apply]	
	Ne ok ochiwna mano	1
	Ok oyudore e aluora na	2
	Ok yot na (kawo thuolo mang'eny, wuoth, yor tich, arita mar nyathi3	
	Aonge gi wach moromo ni chanjo ni tiyo maber	4
	Osiepe na gi jo odwa onyisa ni kik ati kode	5
	An gi kibaji ka luore gi Mrch ma nyalo wuokie	6
	Aonge wach moromo ni chanjo ni ber	7
	Ok an e thuolo ma malo mar yudo tuo mar korona	8
	Moko, Ler:	9
	Ok an'geyo.....	99

CCG2.27	Bende osepimi ne tuo mar korona?	
	Eee	1
	Ooyo.....	0 (CCG2.30)
	Ok an'geyo	99 (CCG2.30)
CCG2.28	Bende osega pimi ma oyud ni in gi tuo mar korona?	
	Eee osepima kendo oyud ni an gi tuo mar korona	1
	Ooyo osepima to oyudi ni aonge tuo mar korona	0 (CCG2.30)
	Ok an'geyo	99 (CCG2.30)
CCG2.29	Osebudho maromo nade chakre pimi tuo mar korona?	
	E kind jumbe ariyo mokalo	1 (CCG2.32)
	E kind jumber ariyo gi ang'wen	2 (CCG2.32)
	Kind dwe achiel gi adek mokalo	3 (CCG2.32)
	Kind dwe adek gi auchiel mokalo	4 (CCG2.32)
	Mohingo dweche auchiel mokalo.....	5 (CCG2.32)
	Ok an'geyo	99 (CCG2.32)
CCG2.30	Bende iparo ni isegayudi tuo mar korona?	
	Eee	1
	Ooyo.....	0 (CCG2.32)
	Ok an'geyo	99 (CCG2.32)
CCG2.31	Osebudho maromo nade ma iparo ni ne iyudo tuo mar korona?	
	E kind jumbe ariyo mokalo	1 (CCG2.32)
	E kind jumber ariyo gi ang'wen	2 (CCG2.32)
	Kind dwe achiel gi adek mokalo	3 (CCG2.32)
	Kind dwe adek gi auchiel mokalo	4 (CCG2.32)
	Mohingo dweche auchiel mokalo.....	5 (CCG2.32)
CCG2.32	Tuo mar korona kelo lokruok e ngima dhano e yore ma opogore opogore. Jomoko owito tijegi kendo ne ochuno gi mondo giyud yore ma moko mag loso pesa. Chakre ne chik makumo wuotho gotieno kod loro sikunde obedoe nikech tuo mar korona, bende osemiyo pesa kata gimoro machielo mondo mi iterori kod ngato?	
	Eee	1
	Ooyo.....	0 (CCG2.34)
	Ok an'geyo	99
CCG2.33	Koponi ee, en angono mane wuoyi kata dichuo omiyo mondo iterori kode? Yie mondo iyier duto mano timore	
	Pesa.....	1
	Chiemo/math.....	2
	gig ot.....	3
	gik skul.....	4
	konyo kodpenj.....	5
	pamba maler mar tiyo go e dwe.....	6
	chweto matin kata gik maricho	7
	nanga/gik moko.....	8
	mamoko.....	9

CCG2.34	<i>Kuom dweche auchiel mokalo, bende dhawo e gwengu omedore, odok chien kata odong kaka ne en?</i>	
	<i>Omedore</i>	<i>1</i>
	<i>Odok chien</i>	<i>2</i>
	<i>Odong kaka ne en</i>	<i>3</i>
	<i>Ok an'geyo</i>	<i>99</i>
CCG2.35	<i>Kuom dweche auchiel mokalo, bende weche mag njore e gwengu omedore, odok chien, kata odong kaka ne en?</i>	
	<i>Increased Omedore</i>	<i>1</i>
	<i>Decreased Odok chien</i>	<i>2</i>
	<i>Stayed the same Odong kaka ne en</i>	<i>3</i>
	<i>Don't know Ok an'geyo</i>	<i>99</i>
CCG2.36	<i>Kuom dweche auchiel mokalo, bende iwinjo ka arita mari makare ni malo kata ni piny ei dalau?</i>	
	<i>kare matin</i>	<i>1</i>
	<i>kaka ne an</i>	<i>2</i>
	<i>kare ma malo</i>	<i>3</i>
CCG2.37	<i>Bende osekendi koso podi? Dak kod dichwuo to onge gimoro amora manyiso ni ukendru</i>	
	<i>Pok okenda (ok adak gi dichuo)</i>	<i>1 (CCG2.44)</i>
	<i>osekenda</i>	<i>2</i>
	<i>adak kod dichuo</i>	<i>3</i>
	<i>Chi liel</i>	<i>4 (CCG2.44)</i>
	<i>mamoko</i>	<i>5 (CCG2.44)</i>
CCG2.38	<i>Ka okendi/udak, jaodi tio tich mane,ka alero en kit tich mane mahie ema otimo?</i>	
	<i>pur/Puodho</i>	<i>1</i>
	<i>Mamoko</i>	<i>2</i>
	<i>Ok oti/oonge tich</i>	<i>0</i>
	<i>ok ang'eyo</i>	<i>99 (CCG2.14)</i>
CCG2.39	<i>Bende ichulo jaodi gi pesa koso gi mich mamoko koso ok chule?</i>	
	<i>pesa</i>	<i>1</i>
	<i>Chiwo</i>	<i>2</i>
	<i>Pesa kod Chiwo</i>	<i>3</i>
	<i>Ok chule</i>	<i>4</i>
	<i>ok ang'eyo</i>	<i>99</i>
CCG2.40	<i>Jaodi osomo nyaka e okan'g mane?</i>	
	<i>Otieko klas aboro</i>	<i>1</i>
	<i>Otieko klas apar gi ariyo</i>	<i>2</i>
	<i>En gi digri mar mbalariany</i>	<i>3</i>
	<i>Mamoko, ler</i>	<i>4</i>
	<i>Ne ok odhi skul</i>	<i>5</i>
	<i>ok ang'eyo</i>	<i>99</i>

CCG2.41	<i>Kapo ni osekendi/idak kod dichuo: Ne in jahigni adiwa mane maye otimre?</i>	
	__ __ __ NDIK HIGNI ADIWA	
	ok ang'eyo.....	99
CCG2.42	<i>Ne en higa mane mane okendie kata ne ichako dak gi jaherani?</i>	
	__ __ __ KET HIGNI	
	ok ang'eyo.....	99
CCG2.43	<i>Kane okendi kata ne uchako dak ,bende ne igombo mondo okendi to/kata dhi dak gi jaherani?</i>	
	Eee	1
	Ooyo.....	0
	Ok an'geyo.....	99
CCG2.44	<i>Sani idak kod ng'awa gini? (Rang duto tee manyalo betie)</i>	
	Minwa monyuola	1
	Jaorda/Jo'ot jaherana.....	2
	dani	3
	nyiri moko madongo.....	4
	wuonwa monyuola	5
	kwaru.....	6
	yawuoyi moko madongo	7
	owetega matindo	8
	owetega madongo.....	9
	nyimine na matindo.....	10
	Older sisters nyiminega madongo	11
	nyathina.....	12
	jaoda/chuora	13
CCG2.45	<i>Bende in kod nyathi kata nyathi ma in ema ing'iyoy ngimane?</i>	
	Eee	1
	Ooyo.....	0 (CCG2.47)
CCG2.46	<i>En ng'awa ma min nyathini monyuole?</i>	
	An.....	1
	jaoda gi nyieka.....	2
	minwa	3
	watna ma ot	4
	watna mabor gi ot.....	5
	Other mamoko.....	6
CCG2.47	<i>Bende imor ga e dala?</i>	
	Ok amor	0
	ber abera	1

	amor.....	2
CCG2.48	Bende sani idhi sikul?	
	Eee, adhi sikul	1
	Ooyo, ok orwaka e sikul.....	0
CCG2.49	En klas/fom adi ma itieko e sikul?	
	Klas apar (Form 2)	1
	Klas apar gi achiel (Form 3)	2
	Klas apar gi ariyo (Form 4).....	3
	Tieko sikund sekondari/timo penj mar klas apar gi ariyo.....	4
	Mbalariany higa mokowongo.....	5
	Mbalariany higa mar ariyo	6
	Mamoko, ler.....	7
CCG2.50	Be isegadhie kos, kuom ranyisi mar bedo jalos wich kata bedo ja tweng'o mar charan?	
	Eee, natieko	1
	Eee, to nene ok atieko	2
	Ooyo	3
CCG2.51	Bende joma ni pink kae gi madho kong'o (yier duto manitie)?	
	In iwuon	1
	Jahereni kata jaodi.....	2
	Mamau.....	3
	Babau	4
	Jomamoko madongo ma idak go.....	5
	Osiepe ni.....	6
CCG2.52	Bende joma ni pink kae gi madho ndawa (yier duto manitie)?	
	In iwuon	1
	Jahereni kata jaodi.....	2
	Mamau.....	3
	Babau	4
	Jomamoko madongo ma idak go.....	5
	Osiepe ni.....	6
CCG2.53	Kuom dweche auchiel mokalo, bende iseterri kata ochuni kata owuondi mondo iterri kod dichuo kata wuoyi?	
	Ooyo.....	0 (CCG2.57)
	Eee	1
CCG2.54	Kuom dweche auchiel mokalo, bende dichuo kata wuoyi ne ohinyi e yore machalo kamae:	
	Dhiri, yiengi, kata bayi kod gimoro?.....	1
	Padi?	2
	Winyo badi kata ywayo yier wiyi?	3

Goyi kod angum kata kod gima nyalo hinyi?.....	4
Gweyi, ywayi kata goyi?	5
Temo deyi kata wangi kongeyo?	6
Bwogi kata chwoyi kod pala, bunde kata gir lweny moro amora?	7

CCG2.55	Kuom dweche auchiel mokalo, dichuo kata wuoyi ne ohinyi e yor terruok e yoo machalo kamae
	Osegachuni iterri kode ma ok iyiego
	Osegachuni timo yore ma moko mag terruok ma ok iyiego.....

CCG2.56	Kuom dweche auchiel mokalo, dichuo kata wuoyi owango iyi e yoo machalo kamae:
	Wacho kata timo gimoro mondo ojari e nyim ji?
	Bwogo hinyo ngat machiegni kodi?.....
	Yanyi kata miyo ichwanyri?

Dhao /hinyruok koa kuom jogueng:

CCG2.57	Kuom dweche auchiel mokalo, bende osemuli e yoo maak ni kare kod ngama wuoyi/dichuo?
	podu
	Dichiel kende.....
	ok ahinya
	ding'eny

CCG2.58	Kuom dweche auchiel mokalo, bende isegabedo gi luoro ni inyalo keth ratiro ni kodok kor ka weche mag trruok /nindruok?
	podu
	Dichiel kende.....
	ok ahinya
	ding'eny

CCG2.59	Kuom dweche auchiel mokalo, ngato be oseg goyi angum,padi,gweyi,kata hinyo e dendi?
	podu
	Dichiel kende.....
	ok ahinya
	ding'eny

CCG2.59_A	Bende ne ihinyori?
	Eee
	Ooyo

CCG2.59_B	Koponi ee, hinyruok ne en mane? (ngi duto manyalo betie)
	choke motur
	Ridhruok
	Lal mar paro
	Adhola
	Mamoko

KET LER: _____

- CCG2.60 Kuom dweche auchiel mokalo, bende ngato osegaji e skul?
 podi 0
 Dichiel kende..... 1
 ok ahinya 2
 ding'eny 3
- CCG2.61 Kuom dweche auchiel mokalo, bende Ngato osegabuogi ni obiro hinyi?
 podi 0
 Dichiel kende..... 1
 ok ahinya 2
 ding'eny 3
- CCG2.62 Kuom dweche auchiel mokalo, bende ngato osebuogi ni odwaro hinyo famili ni kata osiepe gi?
 podi 0
 Dichiel kende..... 1
 ok ahinya 2
 ding'eny 3
- CCG2.63 Kuom dweche auchiel mokalo, bende iwinjo ka ok iluor ka iwuotho godiechieng a gweng?
 podi 0
 Dichiel kende..... 1
 ok ahinya 2
 ding'eny 3
- CCG2.64 Kuom dweche auchiel mokalo, bende osegakwal gigi e gwen'g?
 podi 0
 Dichiel kende..... 1
 ok ahinya 2
 Many times ding'eny 3
- CCG2.65 Kuom dweche auchiel mokalo, bende isegadwaro dhie osiptal yudo thieth bang dhawo/goch?
 podi 0 (CCG2.66)
 Dichiel kende..... 1
 ok ahinya 2
 ding'eny 3
- CCG2.65_A En angono mane othiedh kuomi? (ngi duto manyalo betie)
 choke motur..... 1
 Ridhruok 2
 Lal mar paro 3
 Adhola 4
 Mamoko 5
 KET LER: _____

Yangruok e weche mag terruok kod achune: kuom dueche auchiel ma okalo

CCG2.66	<i>Kuom dweche auchiel mokalo, bende yawuoyi kata chuo chuno nyiri mondo giterre?</i>	
	<i>timre</i>	0 (CCG2.69)
	<i>samoro.....</i>	1
	<i>seche tee</i>	2
CCG2.67	<i>Kapo ni Eee maye timre gi chuo/jowuoyi matin, Chuo gi jowuoyi mange'ny, Chuo gi jowuoyi mange'ny ahinya?</i>	
	<i>Ngat auchiel.....</i>	0
	<i>jii ma ok ngeny.....</i>	1
	<i>Jii mange'ny ma opogore opogore</i>	2
CCG2.68	<i>Bende sando/chuno nyiri mondo oterore osebedo kod pogruok kuom dweche auchiel mokalo?</i>	
	<i>Onge pogruok kaka ichuno/isando nyiri mondo oterore kuom dweche auchiel mokalo.</i>	0
	<i>Nitiere achune/sando nyiri matin mondo giterore kuom dweche auchiel mokalo.</i>	1
	<i>Nitiere achune/ sando nyiri momedore mondo giterore kuom dweche auchiel mokalo.</i>	2
CCG2.69	<i>Bende iparo ne in jahigni adi chieng mokwongo mane iterori,kata nochuni kata obuogi mondo iterri?</i>	
	<i>Eee</i>	1
	<i>Ooyo.....</i>	0 (CCG2.71)
	<i>Pok naterora</i>	2 (CCG2.71)
CCG2.70	<i>Ne in jahigni adiwa chieng mokwongo mane iterri kata nochuni gi terruok?</i>	
	<i> ___ ___ HIGNI ADIWA</i>	
	<i>ok ang'eyo.....</i>	99
CCG2.71	<i>Chieng ma okuongo mane iterori (kata ne ochuni/obuogi mondo iterori kod) wuoyi/dichuo, dichwo kata wuoyi ne en ng'a...?</i>	
	<i>ngat mane pok aneno nyaka terruok</i>	0 (CCG2.73)
	<i>Someone you knew Ngat mang'eyo/nasenene kapok waterre</i>	1
	<i>Pok naterora</i>	2 (CCG2.73)
CCG2.72	<i>Chieng mokwongo: Kapo ni ning'eye, ne en.....?</i>	
	<i>Osiepna mawuoyi lakini ok wadak kamoro auchiel</i>	1
	<i>jaherana/jaoda (kapok wadak kamoro auchiel)</i>	2
	<i>Jaherana/jaoda (kane wachako dak kamoro auchiel).....</i>	3
	<i>anyuola</i>	4
	<i>ngat machielo</i>	5

CCG2.73	Chieng ma okuongo mane iterori (kata ne ochuni/obuogi mondo iterori kod) wuoyi/dichuo, bende nidwaro terri kod dichwo kata wuoyi? Eee 1 Ooyo..... 0 Pok naterora 2
CCG2.74	Kuom dweche auchiel mokalo, bende bende osehuni/obuogi mondo iterri ka into nene ok idwar terruok? Eee 1 Ooyo..... 0 (CCG2.97)
CCG2.75	Kuom dweche auchiel mokalo, gin yawuoyi adi kata chuo adi ma iseterorigo (kata osehuni/obuogi mondo mi iterri kodgi)? Ni kare ka ok inyal paro... ___ ___ KET NAMBA ok ang'eyo..... 99
CCG2.76	Bende sani iterrori kod wuoyi kata dichuo ma ikawo kaka osiepn ma wuoyi, ja badhi mapile, jaherani, kata chuori? Eee 1 Ooyo..... 0 (CCG2.84)
CCG2.77	Ka ee, usebedo kuterrere kuom kinde maromo nadi kod ng'atni? matin ne dweche auchiel.. 1 e kind dweche auchiel nyaka apar gi ariyo..... 2 molooyo higa achiel..... 3
CCG2.78	Bende otere nyagu kose k otere nyangu?..... Oter nyangu 1 Ok oter nyangu 0 Ok ang'eyo.....99
CCG2.79	Bende mae e ngato kende ma sani iterorigo? Eee 1 Ooyo..... 0
CCG2.80	Kuom dweche auchiel mokalo, bende thuolo ma ukao kanyakla kod osiepn mawuoyi kata chuori olokore? Onge lokruok moro amora kuom thuolo mwa bet kanyakla..... 0 Wan kod thuolo/saa matin kanyakla 1 Wan kod thuolo/saa mangeny 2
CCG2.81	Kuom dweche auchiel mokalo, bende kaka iterori kod osipeni mawuoyi kata chuori obedo kod pogruok? Onge pogruok moro amora kaka waterore..... 0 Wahinyo terore matin 1 Wahinyo terore mangeny..... 2

- CCG2.82 *Osekawo ndalo adi nyaka ne iterori mogik? Onge rach ka okinyal paro...*
 |___/___/___/ KET NAMBA
 ok ang'eyo..... 99
- CCG2.83 *Kuom dweche auchiel mokalo, iseterori maromo nade kinde ma idhi mali/idhie dwe?*
 Dak timre 0 (CCG2.86)
 Matin ahinya..... 1
 Seche moko..... 2
 Thoro timore 3
 Seche tee..... 4
- CCG2.84 *Chieng ma ogik mane iterrori, bende ne en kinde mane idhie dwe?*
 Eee 1
 Ooyo..... 0
- CCG2.85 *Ka iterori seche ma inie dwe bende itiyoga gi raboo yunga mondo ichor nyime kata kik imak ich kata kik iyud tuoche mag terruok?*
 Podi 0
 Ok mathoth..... 1
 Seche moko..... 2
 Dingeny..... 3
 Seche tee..... 4
- CCG2.86 *Kuom dweche auchiel mokalo, niterori ndalo marom nade kane duong'ni otwo?*
 Pok aterora 0 (CCG2.88)
 Ndalo matin 1
 seche moko 2
 Thoro timore 3
 seche tee 4
- CCG2.87 *Chieng mane mane iterori mogik (kata nochuni kata nobuogi mondo iterori bende niwinjo ka duong'ni otwo)?*
 Eee 1
 Ooyo..... 0
- CCG2.88 *Kuom dweche auchiel mokalo, bende in kod jaherani notiyo kod rabo yunga mondo ogeng' ich kata tuoche miyudo kolure gi terruok?*
 Eee 1
 Ooyo: Pok watiyo go..... 0 (CCG2.91)
- CCG2.89 *Kuom dweche auchiel mokalo, ere kaka wuoyi kata dichuo ma uterrego (kata chuni/buogi mondo iterri) ne thoro tiyo kod raboo yunga?*
 Dak timre 0 (CCG2.91)
 Matin ahinya..... 1
 Seche moko..... 2
 Thoro timore 3
 Seche tee..... 4

CCG2.90	Chieng ma ogik mane uterru, (kata ochuni /obuogi mondo iterri), bende wuoyi/dichuo ne otiyo kod raboo yunga? Eee 1 Ooyo..... 0
CCG2.91	Kuom dweche auchiel mokalo, bende isebedo kod thuolo mar yudo raboo yunga seche ma idwarogi? Eee 1 Ooyo..... 0 Pok atemo mondo ayud raboo yunga 2
CCG2.92	E dweche auchiel mokalo bende isebedo ka inyalo yudo gigo mageng'o mako ich kata yore komo nyuol seche mane idawarogi? Eee 1 Ooyo..... 0 Pok ne atemoga manyo gigo mageng'o mako ich 2
CCG2.93	Nokawo seche adi kapok iluoko duong'ni mane iterori mogik (kata nochuni kata nobuogi mondo iterori)? __ __ __ KET NAMBA ok ang'eyo..... 99
CCG2.94	Chieng ma ogik mane iterori, (kata ne ochuni/obuogi mondo mi iterri kod) wuoyi/dichuo, bende ne otere nyangu kose ok ne otere nyangu? Oter nyangu 1 Ok oter nyangu 0 Akia 99
CCG2.95	Kuom ndalo piero adek ma osekalo, bende ise terori (kata osechuni/obuogi , mondo iterori?) Eee 1 Ooyo..... 0 (CCG2.101)
CCG2.96	Ne iteroro didi (kata ne ochuni/obuogi mondo iterri) kuom due achiel mokalo? Ni kare ka ok inyal paro... __ __ __ KET NAMBA ok ang'eyo..... 99
CCG2.97	Iseterori (kata nochuni kata nobuogi mondo iterori), kod yawuoyi kata chuo adi e ndalo piero adek (30) mokalo? Onge rach ka okinyal paro... __ __ __ KET NAMBA ok ang'eyo..... 99
CCG2.98	Dichuo kata wuoyi ma uterru go sani en jahigni adiwa? Otin na 1 higni machal gi mara 2 oduogn'a gi higni mokolako abich 3 Oduong gi higini 5-9 4 oduongna gi higni mokalo apar..... 5

	ok ang'eyo.....	99
CCG2.99	Kapo ni ee, bende dichuo kata wuoyi miyi gich/gimoro bang terruok?	
	Eee	1
	Ooyo.....	0 (CCG2.101)
CCG2.100	Kapo ni ee,Ang'owa?	
	Pesa.....	1
	Chiemo/math.....	2
	gig ot.....	3
	pamba maler mar tiyo go e dwe.....	4
	leuni	5
	simu	6
	mamoko.....	7
CCG2.101	Bende sani itiyo kod yoo moro amora mar komo nyuol? (Rang dute tee manayalo betie)	
	Onge yor komo nyuol moro amora.....	0
	Yien/yath ma imuonyo mag komo nyuo.....	1
	Sindan mar komo nyuol.....	2
	Yath komo nyuol ma isoyo e bat.....	3
	Thegruok gi terruok	4
	mamoko.....	5
	NGA'WA:	
CCG2.102	Bende iyach sani?	
	Eee	1
	Ooyo.....	0 (42M.56)
CCG2.103	Koponi iyach, iparoni isechopo okang mar dweche adi?	
	Chakruok ne (matin ne dweche adek).....	1 (42M.58)
	E diere (e kind dweche adek kod auchiel)	2 (42M.58)
	Giko (mohingo dweche auchiel).....	3 (42M.58)
CCG2.104	Bende sani itemo mondo imak ich?	
	Eee	1
	Ooyo.....	0
CCG2.105	Bende isegamako ich?	
	Yes Eee	1
	No Ooyo.....	0 (42M.69.1)
CCG2.106	Kapo in Ee,didiwa?	
	___ ___ NDIK KWAN GI	
	ok ang'eyo.....	99
CCG2.107	isenyuolo nyithindo adiwa?	
	___ ___ NDIK KWAN GI	

	ok ang'eyo.....	99
CCG2.108	<i>Bende ich mane imako mokuongo neninigi chandruoge manitie piny kaegi? [Yier duto manitie]</i>	
	<i>Noyang'a ka anyuol</i>	1
	<i>Ne an gi tuo mar yor nyuol kinde many ayach</i>	2
	<i>Ne an kos tuo mamako yor nyuol bang' ich</i>	3
	<i>Nyathi neni kod tuo ka onyuole</i>	4
	<i>Nyathi ne onyol chon ka ndalone podi</i>	5
	<i>Nyathi ne onyuol ka otho.....</i>	6
	<i>Mamoko, ler.....</i>	7
	<i>Ne onge chandruok e mako ichna mokuongo</i>	0
CCG2.109	<i>Ka isemako ich mohingo dichiel, bende mako ich mari ne obedo gi chandruok moro amora kuomi? [Yie duto manitie]</i>	
	<i>Asemako mako ich dichiel</i>	9
	<i>Anyuol kokalo ei pala.....</i>	1
	<i>Ne an kod tuo e yor nyuol ndalo mana yach</i>	2
	<i>Ne an gi tuo e yor nyuol bang ich</i>	3
	<i>Nyathi ne en gi tuo konyuole</i>	4
	<i>Nyathi nonyuol ka ndalo ne podi</i>	5
	<i>Nyathi ne onyuol kotho.....</i>	6
	<i>Aonge kod chandruoge kind ma antie kod ich</i>	0
CCG2.110	<i>En ang'o'wa mane otimre gi ich mane imako mogik?</i>	
	<i>Ne abuoko.....</i>	1
	<i>Nagolo iya</i>	2
	<i>(42M.69.01)</i>	
	<i>Nonyuol Nyathi to othoo</i>	3
	<i>nonyuol mangima.....</i>	4
	<i>Nyathi ne onyuol ka otho.....</i>	5
	<i>Sani Pod ayach.....</i>	6
	<i>mamoko.....</i>	7
CCG2.111	<i>Kapo ni "Ninyuolo nyathi mangima" Nyathini odak gi ng'awa?</i>	
	<i>An.....</i>	1 (CCG2. 113)
	<i>Ok an.....</i>	2
	<i>(CCG2. 124)</i>	
CCG2.112	<i>Kapo ni "ok an" en ngawa?</i>	
	<i>Jonyuolna</i>	1
	<i>nyamera kata owadwa.....</i>	2
	<i>familia mamoko.....</i>	3
	<i>wuon nyithindo</i>	4
	<i>jokor gi wuon nyathi</i>	5
	<i>mamoko.....</i>	6
	<i>NGA'WA: _____</i>	
CCG2.113	<i>Nene inyuolo nyathini Kanye?</i>	

osiptal	1
klinik.....	2
dala	3 (CCG2.115)
mamoko.....	4 (CCG2.115)

CCG2.114 Nying kod kuma osuptal kata klinik ni niitiere iluongo nang'o?

CCG2.114_A Nying osuptal kala klinik:

|__|__|__|__| NDIK KWAN

ok ang'eyo..... 99

CCG2.114_B Kama osuptak kala klinik (sab kaunti):

|__|__|__|__| NDIK KWAN

ok ang'eyo..... 99

CCG2.115 Nyathini nonyuol kar ang'o?

CCG2.115_D |__|__|__|__| Odiuchieng

ok ang'eyo..... 99

CCG2.115_M |__|__|__|__| DWE

ok ang'eyo..... 99

CCG2.115_Y |__|__|__|__| HIGNI

ok ang'eyo..... 99

CCG2.116 E kinde ich moro amora mane imako bende ne iyudo rit mar sama ipek kata rit mar bang' nyuol e osuptal kata klinik moro amora?

Eee 1 (CCG2.120)

Ooyo..... 2

CCG2.117 En ang'o ma omiyo ne ok idhi manyo rit mar ngima kinde mane in gi ich?

Klinik e bor ahinya 1

Nene akia kama anyalo dhie 2

Bei ne ni malo ahinya..... 3

Ne ok ayie kod jok machiwo thieth kata ne aneno ni ok gibi ng'ado na bura

makare..... 4

Jaoda/familia nene otama..... 5

Mamoko, ler..... 6

CCG2.118 E makoni ich machiegni mogik gin limbe adi mane itimo ma itieko mar rit ka pok inyuol e osuptal kata klinik?

Onge..... 0

Achiel 1

Ariyo..... 2

Adek 3

Ang'wen..... 4

Abich kata mangeny..... 5

CCG2.119	<i>Ekinde mag mako ich ni moro amora bende isegayudo rit ma bang' nyuol mar nyathi mayom kata nyathi?</i>
	Eee 1
	Ooyo..... 2
CCG2.120	<i>Bende nyathin osegayudo chanjo moro amora mondo ogengne tuoche, koriwo e osuptal kata klinik kata chieng' mitimo chanjo?</i>
	Eee 1
	Ooyo..... 0 (CCG2. 122)
CCG2.121	<i>Bende nyathini kata nyithindi noyudo chanjo moro amora kuom magi (yier duto manitie). Nikare ka ok inyal paro...</i>
	<i>Chanjo mar kahera - BCG (tuberculosis)..... 1</i>
	<i>Chanjo polio - Polio..... 2</i>
	<i>Chanjo mar abach - DPT (diphtheria, pertussis, tetanus)..... 3</i>
	<i>Chanjo tuo mamko chuny B - Hepatitis B 4</i>
	<i>Chanjo mar ang'iew - Measles 5</i>
	<i>Cnajo mar yelo fiva - Yellow fever 6</i>
	<i>Mamoko, ler..... 7</i>
	<i>Ok ang'eyo..... 99</i>
	<i>Nyathina onge gi chanjo..... 0</i>
CCG2.122	<i>Kane nyathini nene onyuol be ratil mare ne one kani piny, nikare kose ni malo?</i>
	<i>Ni piny..... 1</i>
	<i>Nikare..... 2</i>
	<i>Ni malo..... 3</i>
CCG2.123	<i>Bende iparo ratil kod bor mar nyathini kane onyuole?</i>
	<i> ___ ___ NDIK LACH/BOR MARE</i>
	<i> ___ ___ NDIK RATIL MARE</i>
	<i>Ok ang'eyo..... 99</i>
CCG2.124	<i><u>E ich ma intiirego sani/ich machiegni mogik- bende nene idwaro mako ich?</u></i>
	<i>Eee 1</i>
	<i>Ooyo..... 0</i>
CCG2.125	<i>Bende isegatemo golo ich?</i>
	<i>Eee 1</i>
	<i>Ooyo..... 0</i>
CCG2.126	<i>Have you ever been tested for HIV? Bende oseg pimi kute mag ayaki?</i>
	<i>Yes Eee 1</i>
	<i>No Ooyo 0</i>
CCG2.127	<i>Bende ing'eyo chal mar ngimani kaluwo kod kute mag ayaki?</i>
	<i>Eee 1</i>
	<i>Ooyo..... 0 (CCG2. 135)</i>

CCG2.128	Ere kaka ne ifwenyo chal mar ngimani kaluwore kod kute mag ayaki? Ne onyisa ni ne an go kane onyuola 1 Nadhi ma opima ka pok nonro ni ochakre..... 2 Nafwenyo kane opima e nonro ni 3 Ok apar 9
CCG2.129	What is your HIV status?Chalni en mane koluware kod kute mag ayaki? Nitire, an kod kute mag ayaki..... 1 Onge, aonge kod kute mag ayaki..... 0 (CCG2. 135)
CCG2.130	Bende ikawo yedhe ayaki? Eee 1 Ooyo..... 0 (CCG2. 134)
CCG2.131	Be ingeyo nying yedhe mag kute mag ayaki ma ithiedhi go? Eee 1 Ooyo..... 0 (CCG2. 133)
CCG2.132	Ka ee, to yie iler nying yedhe mag kute mag ayaki ma ikao: Nying _____
CCG2.133	Koponi ee iyudo thieth kod rit Kanye? Nying od thieth _____ (CCG2. 135)
CCG2.134	Koponi ni ooyo, ango ma omiyo: Ok ne adhi e od thieth mondo ayud yath kata rit..... 1 Ok ahero muonyo yath 2 Ok ne onyal chulo yedhe mag kute mag ayaki 3 Nonyisa ni ok dwarre 4 Mamoko..... 5 NGA'WA: _____

Dhi e dwe ei skul kod oko mar skul

CCG2.135	E wige auchiel mokalo bende isedhi e dwe? Eee 1 Ooyo..... 0
CCG2.136	Bende isegatiyo kod pamba maler e dweche auchiel mokalo? Eee 1 Ooyo..... 0 (CCG2.141)
CCG2.137	Kapo ni Eee,en nga'wa ma osebedo kachiwoni pamba maler (kata pesa mar nyiewo pads)? An awuon..... 10 Minwa monyuola..... 1 Anyuola moko..... 2 osiepna mawuoyi/ngat ma waterre go 3 Ngat machieo pesa bang terruok 4 Ngat machiwo pamba maler bang terruok 5 skul..... 6

<i>Migape manitiere e gweng'</i>	7
<i>kanisa</i>	8
<i>mamoko</i>	9

CCG2.138 *Koro tik ngat moro amora mosebedo ga kamiyi pamba maler (kata pesa mar nyiewo pamba maler) kuom dweche auchiel mokalo?*

<i>Minwa monyuola</i>	1
<i>Anyuola moko</i>	2
<i>osiepna mawuoyi/ngat ma waterre go</i>	3
<i>Ngat machieo pesa bang terruok</i>	4
<i>Ngat machiwo pamba maler bang terruok</i>	5
<i>Ngat machiwo pamba maler bang terruok</i>	5
<i>skul</i>	6
<i>Migape manitiere e gweng'</i>	7
<i>kanisa</i>	8
<i>mamoko</i>	9

Benjo tee maluwo magi gin penjo e wi dhi dwe mari manyocha machiegni

CCG2.139 *Bende nitiyo kod pamba maler kane idhi e dwe?*
Natiyo go dhi e dwe nyaka orumo..... 1
natiyo mana atin..... 2
Ok natiyogo..... 0

CCG2.140 *Bende nitiyo kod nanga kane idhi e dwe?*
Natiyo go dhi e dwe nyaka orumo..... 1
natiyo mana atin..... 2
Ok natiyogo..... 0

CCG2.141 *Bende nitiyo kod okombe mar dwe kane idhi dwe?*
Natiyo go dhi e dwe nyaka orumo..... 1
natiyo mana atin..... 2
Ok natiyogo..... 0

CCG2.142 *Bende nitiyo kod Tampons kane idhi e dwe?*
Natiyo go dhi e dwe nyaka orumo..... 1
natiyo mana atin..... 2
Ok natiyogo..... 0

CCG2.143 *Bende nitiyo kod gimoro kendo ma itiyogo sama ngato dhi e dwe?*
Natiyo go dhi e dwe nyaka orumo..... 1
natiyo mana atin..... 2
Ok natiyogo..... 0 (CCG2.145)

CCG2.144 *Kapo ni Eee,ler matut*
NGA'WA:

CCG2.145 *Kuom dweche auchiel mokalo, bende pek osebedoe mar:*
e. Yudo kit gigo mag boruok ma ijatiyogo
ok tek kata matin.....0

	chal ka gima tek.....	1
	tek ahinya.....	2
f.	Yudo sabun mar luoko kod keto ler	
	ok tek kata matin.....	0
	chal ka gima tek.....	1
	tek ahinya.....	2
g.	Yudo pii mar keto ler kata rito ler koluware kod dhi malo	
	ok tek kata matin.....	1
	chal ka gima tek.....	2
	tek ahinya.....	3
h.	Yudo thuolo mar luoko, loko, kod mamoko	
	ok tek kata matin.....	0
	chal ka gima tek.....	1
	tek ahinya.....	2
CCG2.146	Dwe nodhi kuom ndalo adiwa? ___ ___ NDALO ok ang'eyo.....	99
CCG2.147	Remo mar dwe ne en-Mapek,mana makare, matin Mapek..... Mana makare Matin	1 2 3
CCG2.148	Bende dhi e dwe nomoni timo gik moko? Eee Ooyo.....	1 0 (CCG2.150)
CCG2.149	Kapo ni Eee,En ang'owa mane iweyo timo? Tije mag dala Tije mag oko mar dala mamoko..... KET LER: _____	1 2 3
CCG2.150	Did you have pain or cramps? Bende ne in kod rem kata ich kach maremo? Yes Eee No Ooyo	1 0 (CCG2.152)
CCG2.151	If you had pain or cramps how did you deal with this? Kapo ni ne intiere kod rem kata ich kach maremo? Had nothing for pain Naonge kod gima kweyo rem..... Took medicine Ne amuonyo yath Other: Specify Mamoko	0 1 2
CCG2.152	During your last period, were you at all itchy in your vagina? E dwe/dhi malo mari mogik, bende yor nyuol mari ne ili?	

- Eee 1
Ooyo..... 0
- CCG2.153 E dwe/dhi malo mari mogik,bende duongni/yor nyuol mari noridhore?
Eee 1
Ooyo..... 0
- CCG2.154 E dweni/dhi malo mogik, bende ne in kod rem e yor nyuol?
Eee 1
Ooyo..... 0
- CCG2.155 E dhi Malo/ e see mari mogik be nene ingi louro no remo be nyalo wuok oko e lawi?
Eee 1
Ooyo 0
- CCG2.156 E kinde mag dweche auchiel mokalo, bende ne intiere kod chandruoge moro amora e kinde mane idhie dwe?
Eee 1
Ooyo..... 0 (CCG2.158)
- CCG2.157 Yie iler chandruoge gi?

|_|_|_|_|_|_|_|_| KET LER
- CCG2.158 E kinde mag dweche auchiel mokalo, bende ne idwaro dhie osiptal kaluro kod chandruoge mag dhi malo?
Eee 1
Ooyo..... 0 (CCG2.160)
- CCG2.159 Yie ichiw ler gima omiyo ne idwaro dhi e osiptal.(Ngi duto manyalore).
Ich maremo..... 1
Rariw..... 2
neni malo mangeny 3
Wich bar..... 4
Mamoko..... 5
KET LER
- CCG2.160 E ndalo ni ma ok idhie dwe/malo, bende yor nyuol mari ili?
Eee 1
Ooyo..... 0
- CCG2.161 E ndalo ma ok idhie dwe/malo, bende iwinjo ridhruok/reuni/adhola e yor nyuol?
Eee 1
Ooyo..... 0
- CCG2.162 E ndalo ma ok idhie dwe/malo bende in kod rem moro amora e yori mar nyuol?
Eee 1
Ooyo..... 0

CCG2.163	Bende in kod pii pii kata nyirni mawuok e yor nyuol/duongni sama okidhi malo/dwe?	
	Eee	1
	Ooyo.....	0
CCG2.164	Bende in Kod rem Moro amora e piny iyi sama okidhi malo/dwe?	
	Eee	1
	Ooyo.....	0
CCG2.165	Bende in Kod rem Moro amora ka idhi layo, sama okidhi malo/dwe?	
	Eee	1
	Ooyo.....	0
CCG2.166	Bende in Kod ridhruok e duongni/yor nyuol?	
	Eee	1
	Ooyo.....	0
CCG2.167	E dwe mokalo machiegni,bende nochuni timo gimoro mondo eka iyud gik ma itiyogo ka idhi e dwe?	
	Eee	1
	Ooyo.....	0 (CCG2.169)
CCG2.168	Kapo ni Eee, ne en ang'owa?	
	Luoko.....	1
	Piro.....	2
	Tije ot	3
	puodho.....	4
	tij bar.....	5
	terruok	6
	mamoko.....	7
CCG2.169	Bende isega tiyo kod okombe mar dwe ?	
	Eee	1
	Ooyo.....	0
CCG2.170	Bende nomiyo okombe mar dwe ei nonroni?	
	Eee.....	1
	Ooyo.....	0 (CCG2.191)
CCG2.171	Bende isegatiyo Kata temo tiyo kod okombeni mar dwe?	
	Eee.....	1
	Ooyo	0 (CCG2.191)
CCG2.172	Mane itiyo mogik kod okombeni mar dwe, yot nenitiere marom nade soye?	
	Ne yot kabisa	1
	ne ber abera.....	2
	ok ne yot	3
CCG2.173	Bende ne en gima iwinjo kare ka iruako?	

	<i>Ne yot kabisa</i>	<i>1</i>
	<i>ne ber abera</i>	<i>2</i>
	<i>ok ne yot.....</i>	<i>3</i>
CCG2.174	<i>Bende nelit ruako?</i>	
	<i>Ok lit.....</i>	<i>1</i>
	<i>ber abera.....</i>	<i>2</i>
	<i>ok awinj makare.....</i>	<i>3</i>
CCG2.175	<i>Ne yot marom nade gole oko?</i>	
	<i>oyot golo</i>	<i>1</i>
	<i>ne ber abera</i>	<i>2</i>
	<i>Tek golo.....</i>	<i>3</i>
	<i>Ok ne nyal golo maonge kony.....</i>	<i>4</i>
CCG2.176	<i>Bende nitiyo kod okombeni mar dwe?</i>	
	<i>Eee.....</i>	<i>1</i>
	<i>Ooyo.....</i>	<i>0 (CCG2.191)</i>
CCG2.177	<i>Kapo ni Oyoo,ang'omomiyo?(Go tik miparo?)</i>	
	<i>Nolal.....</i>	<i>1</i>
	<i>nokaw.....</i>	<i>2</i>
	<i>ok ahero</i>	<i>3</i>
	<i>okia gima omiyo.....</i>	<i>4</i>
	<i>naluor</i>	<i>5</i>
	<i>jiii wacho ni orach</i>	<i>6</i>
	<i>mamoko</i>	<i>7</i>
CCG2.178	<i>Ne iweyo tiyo gi okombeni mar dwe karang'o?</i>	
	<i>E ndalo mane anie sikund sekondari.....</i>	<i>1 (CCG2.191)</i>
	<i>E kind higa achiel bang wuok e sikund sekondari</i>	<i>2 (CCG2.191)</i>
	<i>Higa 1-2 bang'wuok e sikund sekondari</i>	<i>3 (CCG2.191)</i>
	<i>Mohingo higni 2 bang' wuok e sikund sekondari.....</i>	<i>4 (CCG2.191)</i>
	<i>Pod atiyo kode seche moko.....</i>	<i>5 (CCG2.191)</i>
	<i>Ok ang'eyo.....</i>	<i>99 (CCG2.191)</i>
CCG2.179	<i>E dhi maloni mogik, bende ne ilao okombe ni mar dwe bang puke kod kapok duoke iye?</i>	
	<i>Seche tee</i>	<i>1</i>
	<i>samoro</i>	<i>2</i>
	<i>Podi</i>	<i>3</i>
CCG2.180	<i>Bende niluoko okombeni mar dwe bang'e Kane itieko dhi e dwe?</i>	
	<i>Eee.....</i>	<i>1</i>
	<i>Ooyo.....</i>	<i>0 (CCG2.182)</i>
CCG2.181	<i>If yes, how? Kaponi Ee, niluoke nade?</i>	
	<i>Pii mawalo</i>	<i>1</i>

	jik.....	2
	mamoko.....	3
	NGA'WA:	
CCG2.182	<i>Bende nitiere ngat machielo mane otiyo kod okombeni mar dwe e dwe mokalo?</i>	
	Eee.....	1
	Ooyo.....	0 (CCG2.184)
CCG2.183	<i>Kapo ni Eee,ng'awa?</i>	
	Osiepa	1
	minwa	2
	nyaminwa	3
	waya	4
	nyiri manitiere skul	5
	japuonj skul.....	6
	sista.....	7
	nokaw	8
	mamoko.....	9
	ok ang'eyo.....	99
CCG2.184	<i>Bende niluoko lweti kapok idhi golo mondo ipuki?</i>	
	chiegni seche tee.....	1
	samoro.....	2
	Ok anyal.....	3
CCG2.185	<i>Bende niluoko lweti bang puko?</i>	
	chiegni seche tee.....	1
	samoro.....	2
	Ok anyal.....	3
CCG2.186	<i>Bende nenitiere sabun ma iluoko go lweti bang'e?</i>	
	chiegni seche tee.....	1
	samoro.....	2
	Ok anyal.....	3
CCG2.187	<i>Kuom dweche auchiel ma okalo, bende isegaluaro okombe ni piny kata e dier ot, seche ma iruako kata igolo okombe?</i>	
	Nyading'eny/Ndalo mang'en	1
	Dichiel kata ndalo matin	2
	Podi	3
CCG2.188	<i>Ere kaka ikano okombeni sama ok itii kode?</i>	
	E bag mane obirogo.....	1
	Ei boksi	2
	Kamoro machielo	3
	KET LER:	
CCG2.189	<i>Chandruok moro amora machielo gi okombeni mar dwe mar idwaro nyisowa?</i>	
	Eee.....	1

Ooyo 0 (CCG2.191)

CCG2.190 Kapo ni eee,yie ichiw ler:
KET LER _____

Dwaro mag pesa kod tij pesa

CCG2.191 Kuom dweche auchiel mokalo, ere kaka tije gi mag ot kata tije ma itimo obedo kod pogruok?
Atiyo kuom seche mangeny.....1
Atiyo kuom seche matin2
Atiyo seche machal0

CCG2.192 Go tik moro amora mane itimo e dwe mokalo:
Tije mag ot1
Ngi'yo owetena kod Nyimine na2
Rito famili moro/anyuola/Jirande3
Luoko/twang'o leuni moyiech.....4
tiyo e puodho5
tuomo pii.....6
Mamoko.....10

CCG2.193 Nyoro ikawo seche adiwa ka itimo tije ot? Kaka tede,luoko ot,luoko leuni,moto,pii
|___|___| NDIK NAMBA (SECHE)
ok ang'eyo.....99

CCG2.194 Kopogore kod tije ot, bende isetimo tije moko kuom ndalo abiriyo mokalo?
Eee 1
Ooyo..... 0 (CCG2.196)

CCG2.195 Kapo ni Eee, kaka mage?
KET LER

CCG2.196 Bende itimo tich moro amora ma ichulie, (pesa kata mich)?
Eee1
Ooyo.....0

CCG2.197 En mane kuom magi ma lero maber gima itimo:
Ok ondika tich, aonge tich matimo.....0
Tich andika michudoe dwe ka dwe.....1
Tich andika ma ok pile, andike mar ndalo matin, kata tich ma ichudoe odiechieng ka odiechieng.2
An kod tija awuon, (ayudoe chudo kata mich3
An nyathi sikul kata atieko somo mar sekondari.....4
Atimo tiegruok e kolej kata asomo e mbalariany.....5
Asomoe sikunde mag tiegruok misomoe tije mag lwedo.....6

CCG2.198	<i>Gin tije mage kata yore mage ma keloni pesa? (yier tee manyalo bedo)</i>
	Onge, ok alos pesa0 (CCG2.200)
	Joma hono e nderni1
	Mama ma uso rech, jatend dho nam.....2
	Makanika, jatich motiyo e kambi3
	Jatij ot , japidi4
	Japur, tiyo e puodho5
	Jauso e duka6
	Jatij apis7
	Jalos wich8
	Jatich mar hotel kata od math.....9
	Ohala mar uso del.....10
	Jathum, jamiel, jatugo ma miyo ji mor e yor ohala11
	Mamoko, chiw12
CCG2.199	<i>En pesa adi ma iyudo e dwe ka dwe ka irango maber?</i>
	___ ___ KET KWAN MAR PERA MAR DWE KA DWE
	Ok ang'eyo99
CCG2.200	<i>Bende ichiwo kony mar pesa ne ngato angata- koriwo nyaka joodu, nyithindo, kod osiepeni ma yawuoyi, kata jogo ma ibet go e achiel-sani?</i>
	Eee1
	Ooyo.....0
CCG2.201	<i>Bende nitiere ngata ngata ma in ema nyaka imiye konyruok ne mar pesa (machalo kaka, chiemo, pes sikul, ot modakie, kod gik mamoko mag konyruok), koriwo nyaka joodu, nyithindo, osiepeni ma yawuoyi kata jogo ma ibet go e achiel?</i>
	Eee1
	Ooyo.....0 (CCG2.203)
CCG2.202	<i>En chandruok mar paro machalo, nadi ma manyo ne jogi pesa keloni?</i>
	Onge chandruok mar paro..... 0
	Chandruok mar paro ma ok lich ahinya..... 1
	Chandruok ma paro mangeny ahinya 2
CCG2.203	<i>E kinde mar dweche auchiel mokalo, isebedo ka iholo pesa machalo nade kuom osiepni, osiepni mawuoyi/ngat ma ubedogo e achiel, kata watni, mondo dwarou mar pesa odhi makare?</i>
	Ok anyal..... 0
	samoro..... 1
	seche tee kata chiegni seche tee 2
CCG2.204	<i>Bende inyalo wacho ni dwaro ni mar pesa, kingiyo ngimani mabiyo, in go kod adiera kata ok ingo kod adiera?</i>
	Ok an kod adieri kata matin 0

	Ok an kod adieri.....	1
	Ango gi adieri.....	2
	Ango gi adieri mangeny.....	3
CCG2.205	Bende nidwaro nyiewo gimoro kata yudo gimoro ma ochuno to nionge gi pesa moromo chakre tuo mar Korona bedie?	
	Eee	1
	Ooyo.....	0
CCG2.206	Kapo ni Eee, ne en gik mage mane ok inyal chulo (Rang duto tee manyalo betie):	
	Pamba maler	1
	moo miwiro.....	2
	leuni	3
	wuoch	4
	buge	5
	fees pea mar sku.....	6
	mar wuoth	7
	Chiemo/math.....	8
	mamoko-chiew ler	9
	NGA'WA:	
CCG2.207	Bende isega terri mondo iyud kaka ichulo gik moko,kata yudo mich?	
	Eee	1
	Ooyo.....	0 (CCG2.209)
CCG2.208	Kapo ni Ee,En ang'owa ma osemyi? (Rang duto tee manyalo betie)	
	Leuni maruako	1
	Nanga skul/gik moko.....	2
	Chiemo/math.....	3
	pesa.....	4
	Sabun	5
	buk	6
	simu	7
	pamba maler	8
	Noyiena kalo penj	9
	Gik ot.....	10
	Chiwo	11
	Gocho matin	12
	Moko.....	13
CCG2.209	Bende in kod Kar Kano pesa	
	Eee	1
	Ooyo.....	0
CCG2.210	Bende isekano pesa moko, kata keto pesa moko thenge mibiro tiyo go bang'e?	
	Eee	1
	Oyoo.....	0
CCG2.211	Bende in kod pesa mikano gi sani?	

	Eee	1
	Ooyo.....	0
CCG2.212	<i>Iyudo ga pesa kanye? (Rang duto tee manyalo betie)</i>	
	nonro ni.....	0 (CCG2.214)
	Jonyuol.....	1 (CCG2.214)
	osiepe mayawuoyi	2
	tich	3 (CCG2.214)
	mamoko.....	4 (CCG2.214)
	NGA'WA:	
CCG2.213	<i>Sama iyudo pesa kuom dichwoo kata osiepni mawuoyi bende gikwayo chulo kod terruok?</i>	
	Eee	1
	Ooyo.....	0
CCG2.214	<i>En chieng mane mogik mane iterori kata ne ochuni kata owuondi mondo iterri kod dichuo kata wuoyi</i>	
	Ekinde mar ndalo piero adek maokalo	1
	Mohingo ndalo piero adek mokalo, to matin ne dweche auchiel mokalo.....	2
	Mohingo dweche auchiel mokalo, to matin ne dweche apar gi ariyo mokalo....	3
	Mohingo dweche apaar gi ariyo mokalo.....	4
	Podi (pok aterora kata chuna kata wuonda mondo aterora kod dichuo kata wuoyi)	0
CCG2.215	<i>Ngato be oseg hinyi mondo okaw pesa?</i>	
	Eee	1
	Ooyo.....	0
CCG2.216	<i>Kuom dueche auchiel ma okalo bende isekaloe/winjo achiel kuom magi?</i>	
	Ajali	1
	Madho Kong'o	2
	madho ndawa.....	3
	terruok	4
	Sando ng'ato.....	5
	kata hinyruok.....	6
	tuo.....	7
	nadhi e ospital	8
CCG2.217	<i>Kuom dueche auchiel mokalo, bende isedakie osiptal nikech wach moro amora?</i>	
	Eee	1
	Ooyo.....	0 (CCG2.219)
CCG2.218	<i>Yie iler gima omiyo ne oruaki e ward, (ket te manyalo betie)</i>	
	Malaria.....	1
	AYAKI.....	2
	Athunga/tuo mar kor.....	3
	Tuoche mag terruok.....	4
	Ich	5

	Mamoko:	6
	KET LER	
CCG2.219	<i>Kuom ndalo piero adek mokalo bende isemuonyo yath moro amora mar thiedho kute mopogore gi kute mag? Kaka yedhe mag Amoxil,Cipro,Doxy kata Tetracycline. Eee</i>	1
	<i>Ooyo.....</i>	0 (CCG2.221)
CCG2.220	<i>Kapo ni Ee,ne en mar thiedho (Yier mowinjore tee): jir kod wuok othinyo e um kata tuo mamako kor.....</i>	1
	<i>Tuoche mag diep.....</i>	2
	<i>Tuo mamako yor Lach.....</i>	3
	<i>Tuo mar del machwakore</i>	4
	<i>Tuo mane omako pien dendi</i>	5
	<i>Tuo ma yudore kalure gi terruok</i>	6
	<i>Mamoko:</i>	7
	<i>KET LER</i>	
CCG2.221	<i>Bende pimi ma oyudi gi tuo moro amora ma ok thiedhre kata tuo gi jolony mag thieth? Eee, ler specify</i>	1
	<i>Ooyo.....</i>	0
CCG2.222	<i>Kopogre kod bedoe e ward ma opogore kod ma isewacho kae, bende isebedoe ward kuom yoo moro amora ma pok iwacho kuom dweche auchiel mokalo? Eee</i>	1
	<i>Ooyo.....</i>	0 (CCG2.226)
CCG2.223	<i>Yie iler gima omiyo ne oruaki e ward, (ngi te manyalo betie) Maleria.....</i>	1
	<i>AYAKI.....</i>	2
	<i>Athunga/tuo mar kor.....</i>	3
	<i>Tuoche mag terruok.....</i>	4
	<i>Ich</i>	5
	<i>Mamoko:</i>	6
	<i>KET LER</i>	
CCG2.224	<i>Bende bedonie nonro Mar CCG Omedo Konyo rituok Mari ndalo MA idhi e dwe obedo maber,marach ahinya kata onge pogruok? Ma ber beriye.....</i>	1
	<i>onge pogruok.....</i>	2
	<i>rach molooyo</i>	3

Depression scale:

E jumbe ariyo mokalo, ne ithoro bedo kod chandruok marom nadi, kuom handruoge man piny kaegi?

CCG2.225 *Gombo kata hero matin timo gik moko*

	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.226	<i>Chuny mool, chuny malig, onge geno</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.227	<i>Nindo chanda kata onge wang'a kata nindo ahinya</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.228	<i>Awinjo oolo kata an gi teko matin</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.229	<i>Dhok marach kata dhok mamit/chiero mangeny</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.230	<i>Awinjo marach-ngimana ok dhi maber iduokri chien kata iduoko joodu chien</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.231	<i>Pek keto pacha e gimoro, machalo kaka somo oboke kata rango tivi</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.232	<i>Wuotho kata wuoyo mos ma jomoko nyalo fwenyo? Kata wuotho kata wuoyo piyopiyo majomoko nyalo fwenyo- bedo gi kihondko kipangri molooyo kaka pile</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3
	<i>chiegni pile</i>	4
CCG2.233	<i>Paro n iolo itho kata ihinyri e yo moro</i>	
	<i>ok kata matin</i>	1
	<i>ndalo mangeny</i>	2
	<i>mohingo nus odiechieng</i>	3

chiegni pile.....4

CCG2.234 *Kapo ni iyiero changruoge moro amora, en pek machalo nade ma machadruogegi oseketo e tiji, loso gik moko e dala, kata winjruok gi jomoko*

ok tek kata matin1

chal ka gima tek2

tek ahinya.....3

tek ha4

Quality of Life scale:

CCG2.235 *Tek na mondo awuotho kuom dakika ma oloyo 15*

Ok anyal 1

anyalo to tek 2

samoro 3

thoro timre 4

chiegni seche tee 5

CCG2.236 *Tek na ringo*

Ok anyal 1

Almost never anyalo to tek..... 2

samoro 3

thoro timre 4

chiegni seche tee 5

CCG2.237 *Tek na tugo kata*

Ok anyal 1

anyalo to tek 2

samoro 3

thoro timre 4

chiegni seche tee 5

CCG2.238 *Tek na ting'o gima pek*

Ok anyal 1

anyalo to tek 2

samoro 3

thoro timre 4

chiegni seche tee 5

CCG2.239 *Tek na luokruok kenda*

Ok anyal 1

anyalo to tek 2

samoro 3

Almost always thoro timre..... 4

chiegni seche tee..... 5

CCG2.240 *Tek na timo tije maye ot*

Ok anyal 1

anyalo to tek 2

samoro 3

thoro timre 4

chiegni seche tee..... 5

CCG2.241	Ahinyra kata awinjo lit	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.242	An gi teko matin	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.243	Awinjo ka aluor	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.244	Awinjo ka ok amor	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.245	Iya wang'	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.246	An gi chandruok gi nindo	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	Always chiegni seche tee	5
CCG2.247	Aparora gima biro timre na	
	Ok anyal	1
	anyalo to tek	2
	samoro	3
	thoro timre	4
	chiegni seche tee	5
CCG2.248	Awinjo pek riwruok gi mbesena	
	Ok anyal	1

<i>anyalo to tek</i>	2
<i>samoro</i>	3
<i>Almost always thoro timre</i>	4
<i>chiegni seche tee</i>	5

CCG2.249 *Mbesena ok dwar bedo osiepe ga*

<i>Ok anyal</i>	1
<i>anyalo to tek</i>	2
<i>Sometimes samoro</i>	3
<i>Almost always thoro timre</i>	4
<i>Always chiegni seche tee</i>	5

CCG2.250 *Rawere moko jara*

<i>Ok anyal</i>	1
<i>anyalo to tek</i>	2
<i>samoro</i>	3
<i>thoro timre</i>	4
<i>Always chiegni seche tee</i>	5

CCG2.251 *Ok anyal timo gik ma mbesena nyalo timo*

<i>Ok anyal</i>	1
<i>Almost never anyalo to tek</i>	2
<i>samoro</i>	3
<i>thoro timre</i>	4
<i>chiegni seche tee</i>	5

CCG2.252 *Tek mondo abed marom/okang achiel gi mbesena*

<i>Ok anyal</i>	1
<i>anyalo to tek</i>	2
<i>samoro</i>	3
<i>thoro timre</i>	4
<i>chiegni seche tee</i>	5

CCG2.253 *Wiya wil gi gik moko*

<i>Ok anyal</i>	1
<i>anyalo to tek</i>	2
<i>samoro</i>	3
<i>thoro timre</i>	4
<i>chiegni seche tee</i>	5

BOX B

Kuom penjo man kaegi yier duoko maleri maber

CCG2.254	<i>Wuoth: Rang achiel kuom mondik gi</i>	
	<i>Aonge chandruok moro amora ka awuotho</i>	1
	<i>an kod chandruok ka awuotho</i>	2
	<i>anyal chung e kitanda</i>	3

CCG2.255	<i>Ritruok mari iwuon: Rang achiel kuom mondik gi</i>	
	<i>Aonge chandruok moro amora gi rituok mara awuon</i>	1

	<i>An kod chandruok/pek luokora kata ruako.....</i>	<i>2</i>
	<i>ok anyal luokora kata ruakora.....</i>	<i>3</i>
CCG2.256	<i>Gigi ma itimo pile: Rang achiel kuom mondik gi (Gik ma itimo pile machalo kaka tich,somo,tije mag ot,yuoye gi familia)</i>	
	<i>Aonge kod chandruok mar timo tije na mapile</i>	<i>1</i>
	<i>an kod chandruok timo tije na mapile</i>	<i>2</i>
	<i>ok anyal timo tije na mapile</i>	<i>3</i>
CCG2.257	<i>Rem/ma ok ni kare: Rang achiel kuom mondik gi</i>	
	<i>Ok awinj rem kata ma ok nikare.....</i>	<i>1</i>
	<i>an kod rem kod winjo ma ok ni kare matin</i>	<i>2</i>
	<i>an kod rem kod winjo ma ok ni kare ahinya.....</i>	<i>3</i>
CCG2.258	<i>Kihondko kata Tuo Paro:Rang achiel kuom mondik gi</i>	
	<i>Aonge gi kihondko kata tuo mar paro.....</i>	<i>1</i>
	<i>an gi kihondko kata tuo mar paro matin.....</i>	<i>2</i>
	<i>an gi kihondko kata tuo mar paro ahinya</i>	<i>3</i>
CCG2.259	<i>Mondo okony nyiri wacho kiwango mar ngima maber kata marach, wagoro rapim ma kiwango maber mogik opim kod 100 to marach mogik opin kod 0.Dwaher mondo ipim ber kata rach mar ngimani kawuono, kuom pachi iwuon.Yie itim mae kigoro laini koa boks manipiny kanyo kochomo kamoro amora ma nyiso ber kata rach mar ngimani kawuono.</i>	
CCG2.260	<i>Bende ne iduoko penjo/non gi dholuo kata kisungu/ dho ngere</i>	
	<i>Kisungu/ Dho ngere</i>	<i>1</i>
	<i>Dhuluo.....</i>	<i>2</i>
	<i>Erokamano ahinya kuom kawo seche gi mar duoko penjo, Bedo ni e nonro biro konyowa wabedo kod ng'eyo mar ngima kod ngima maber ne nyiri manitiere Kenya. Kapo ni diher wuoyo kod nga'to ewi chenro ni yie iwach ne nyako majanonro.</i>	

19.4.5 Hospital Record Form Survey (English)

Year	Month stayed in Hospital	Reason for Hospital care	Full Name of Hospital	Town or City of Hospital
2020				
2021				
2022				
2023				
2024				

19.4.6 Hospital Record Form Survey (Luo)

Year	Dwe mibedo ei osiptal	Gimomiyo norwaki ei osiptal mondo oriti	Nyinge tee mar osiptal	Taon kata boma mar osiptal
2020				
2021				
2022				
2023				
2024				

19.4.7 SMS report logs

Between Survey SMS text reporting any Hospital visits:

Date Hospital Stay

Date //

Hospital Name, Place (Town, City) _____

- Confidential details on reason for hospital stay will be recorded in a one-to-one call by CCG2 staff member
- Maternal and newborn outcomes will be recorded through a follow up visit by CCG2 staff member at the hospital

Between Survey SMS text reporting any Hospital visits (Luo):

Tarik mar bedo ei osiptal

Tarik //

Nying osiptal, kum entie (taon kata boma) _____

- Maling ling mar gima omiyo nibedo ei osiptal ibiro ndiki achiel ka chiel kogoni simu kod jatij noro mar CCG2
- Chal mar miyo kinde mano yach kod ndalo matin bang nyuol kod ngima nyathi ibiro ndiki kokalo kuom limbe mibiro tim kod jotij CCG2 ei osiptal