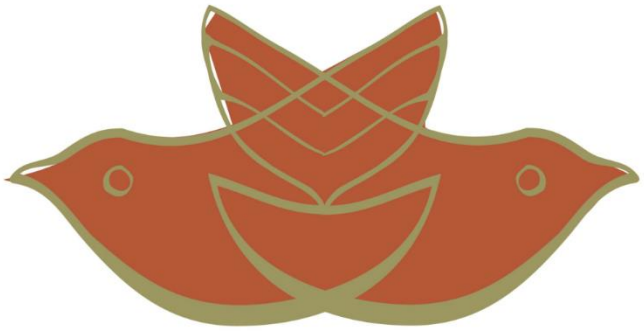


Evaluation Report on Care Group Training Cascade

Iranda and Nyagoto Catchments

Kisii, Kenya

By Meki Shewangizaw
July 2020

Executive Summary

The following mixed-methods report assesses the intervention delivery of Care Groups, a community-based health education initiative, in the Iranda and Nyagoto catchments. The report aims to identify the strengths and weaknesses of the intervention and to gain an understanding of the experiences of Care Group participants at the different levels of the program's cascading structure. Data collection was conducted by the KIKOP staff in Kisii, Kenya, guided by the leadership of Project Coordinator Kevin Kayando and Project Supervisor Anne Kerubo. The research process was guided by Curamericas Global Program Manager Barbara Muffoletto. Data analysis and interpretation was conducted by the practicum student in North Carolina, U.S. The report is divided into two sections, with Part A containing the quantitative analysis and Part B presenting results of the qualitative study.

Contents

Abbreviations

KIKOP – Kisii Konya Oroiboro Project

FO – Field Officer

CGV – Care Group Volunteer

NW – Neighbor Women

QIVC – Quality Improvement Verification Checklist

FGD – Focus Group Discussion

HV- Home Visit

Introduction

Background

(Background and Curamericas sections are from Curamericas' 2019 Operational Research Report by Dana Corbett)

Maternal and infant mortality have remained significant global public health problems for decades. Women and infants around the world have consistently struggled to access the resources they need for adequate prenatal, postnatal, obstetric, and infant care to remain safe and healthy during pregnancy and childbirth. The burden of maternal and infant mortality falls disproportionately on vulnerable populations, such as individuals living in low-resource settings both in the United States and around the world.

Maternal death refers to the death of a woman while pregnant or within 42 days of the termination of her pregnancy from any cause related to, or aggravated by, the pregnancy or its management (WHO, 2020). In 2015, it was estimated that 303,000 maternal deaths occurred globally, most of which could have been prevented (WHO et al, 2015). Although maternal mortality decreased by approximately 44% between 1990 and 2015, underserved communities such as those in low-income countries and rural areas continue to be more heavily burdened by maternal death. In fact, the maternal mortality ratio in developing countries is almost 20 times greater than the rate in developed countries, and 99% of maternal deaths occur in developing countries such as those in sub-Saharan Africa and South Asia (WHO et al, 2015). The most common direct and indirect causes of death for mothers include hypertension, hemorrhage, unsafe abortion, and infections (WHO, 2019). Many deaths result from complications both during and following pregnancy and childbirth and are preventable since they can be managed and treated with proper obstetric and perinatal care. However, women living in underserved communities who lack access to health resources remain at risk for these complications and subsequent death despite the availability of life-saving resources elsewhere.

Infant mortality refers to the death of a child within his or her first year of life (CDC, 2019). Major causes of newborn death worldwide include preterm birth, birth asphyxia, infections, and birth defects (WHO, 2020). Infants born and raised in developing countries are more heavily burdened with infant mortality. In 2017, the infant mortality ratio in low-income countries was over 10 times greater than the ratio in high-income countries (48.6 and 4.6 deaths per 1,000 live births, respectively; CIA, 2020). Furthermore, 75% of all child deaths under the age of five occur within the first year of life, indicating the importance of access to quality care during infancy (WHO, 2020).

Skilled birthing attendants including doctors, nurses, and midwives are invaluable during deliveries due to their ability to identify and manage life-threatening complications. It is well-understood that maternal and infant deaths are less likely when deliveries occur in the presence of skilled birthing attendants. Still, less than half of all women in Africa deliver with the help of a skilled professional compared to 99% in high-income countries (USAID, 2017). Women living in rural parts of developing counties experience even greater difficulty in accessing the care they and their infants need to have a safe and healthy delivery. Rural areas often experience health worker shortages, and the infrastructure connecting individuals in rural areas to health facilities is often poor or inadequate (APP, 2010). As a result, up to 75% of mothers in parts of sub-Saharan Africa deliver their babies at home without the assistance of a skilled birth attendant, thus putting themselves and their infants at risk of complications and possible death (Kifle et al, 2018).

Many maternal and infant deaths can be prevented with proper obstetric and post-delivery care, yet utilization is low as women and infants often experience four types of delays which impact their access to care and increase their risk of death: 1) delay in recognizing complications, 2) delay in deciding to seek care, 3) delay in reaching a health facility, and 4) delay in receiving quality and appropriate care at the facility (The Partnership, 2006). Because of the first two common delays, a mother's ability to recognize complications and decide when it is appropriate to seek care is essential to her and her infants' health during pregnancy, childbirth, and postpartum. Providing mothers with antenatal care not only screens for pregnancy-related complications, but also educates mothers on proper care for themselves and their newborns such as proper diet, exclusive breastfeeding, identifying danger signs during pregnancy and in newborns, and developing a birth plan for the day of delivery (The Partnership, 2006).

Like much of sub-Saharan Africa, Kenya is burdened by high levels of maternal and infant mortality. As of 2017, the reported maternal mortality ratio in Kenya was 342 deaths per 100,000 live births – over 25 times greater than the maternal mortality ratio in developed countries (CIA, 2020). Currently, the reported infant mortality rate in Kenya is 29.8 per 1,000 live births (CIA, 2020). Contributing to these poor maternal and infant mortality rates is the

fact that 62% of women in Kenya give birth without a skilled birth attendant and are less likely to visit the health facility within 48 hours of delivery – a window which is critical to identify and treat complications (USAID, 2017).

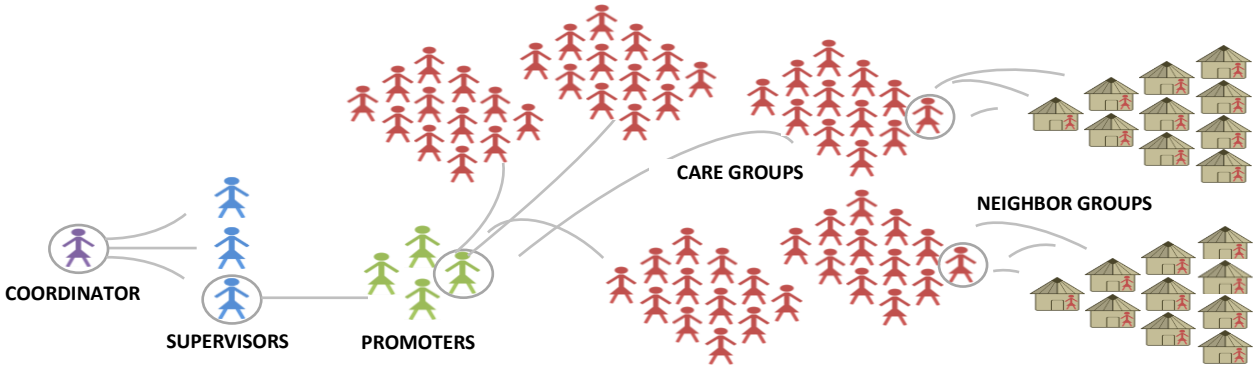
Curamericas Global and the KIKOP Project

Curamericas Global, Inc. (Curamericas) is a non-religious, apolitical nonprofit organization based in Raleigh, North Carolina. In 2018, Curamericas partnered with the Ministry of Health (MoH) in Kisii County, Kenya to improve rates of maternal and infant mortality through a project called the Kisii Konya Oroiboro Project (KIKOP). KIKOP utilizes the community-based, impact-oriented (CBIO) methodology to address the most critical health issues in partner communities. Through this methodology, communities are closely studied prior to program implementation to identify their most pressing health needs. A house-to-house census is conducted to identify individuals in each household, evaluate nutritional status, and determine the prevalence of household health infrastructure (e.g. hand washing stations). This data collection enables the design of evidence-based programs tailored to the community's current health needs. Following program implementation, programs are monitored by tracking health service utilization and health status. Family health data is collected through routine home visitation, the review of health records, surveys, and group meetings. Throughout programs, vital events are monitored to provide data-driven action plans and quality improvement. In this way, interventions can be modified to meet the evolving needs of the community.

KIKOP implemented the Care Group training cascade in the Iranda catchment in July 2019 and in February 2020 for the Nyagoto catchment. Care Groups offer a series of lessons that are intended to encourage health facility deliveries and facilitate health behavior change at the household level. This structure of health education has been proven to improve maternal health, child health, and nutritional outcomes. These lessons include topics such as prenatal care, nutrition, breastfeeding, danger signs during pregnancy and in newborns, and how to develop a birth plan.

Health information begins at the level of paid KIKOP staff known as field officers (FOs). FOs help develop and teach lessons to promoters who then teach 1-2 Care Groups. Each Care Group consists of 10-15 community-based volunteer health educators, known as Care Group Volunteers (CGVs). Each CGV is then responsible for regularly meeting with and teaching Neighbor Groups – a group 10-15 pregnant women and mothers of children under two, (collectively known as Neighbor Women [NW]) within their own community. The structure of Care Groups facilitates behavior change within households through the passage of health information from FOs, to promoters, to CGVs, to NW. In this way, Care Groups create a multiplying effect through which a small number of paid project staff disseminate information on critical health matters to hundreds of women. The diagram below demonstrates the multiplying effect offered by the Care Group structure.

Structure of the Care Group Training Cascade



The **Coordinator** (paid staff) is responsible for 3 to 6 Supervisors (FOs).	Each **Supervisor** (FO) (paid staff) is responsible for 4 to 6 Promoters.	Each **Promoter** (paid staff) supports 1 to 2 Care Groups.	Each **Care Group** has 10 to 15 Care Group Volunteers that are elected by Neighbor Group members.	Each **Care Group Volunteer** shares lessons with 10 to 15 **Neighbor Women** and their families, known as a **Neighbor Group**. (There is a maximum of 15 Neighbor Women in each
Each Promoter reaches about 500 to 1,200 women.				

Every month, two lessons are provided from FOs to promoters, from promoters to CGVs, and from CGVs to NW. Promoters and CGVs also conduct home visits after each meeting to review the lesson information, answer any questions mothers have, and ensure the health behaviors in households match the best practices taught at the group lessons. In addition to learning the information from promoters, CGVs also teach bimonthly lessons and conduct home visitations to members of their Neighbor Groups. Because there are two group meetings per month, promoters and CGVs are expected to make two home visits. If a CGV or NW misses a group lesson, then the promoter or CGV is expected to make an additional home visit to review the information missed at the lesson, as well as discuss the reason for her absence and brainstorm solutions for any barriers they foresee to future attendance. Both CGVs and promoters are responsible for practicing the healthy behaviors taught in the lessons to set a good example for those they teach. This peer support is an essential component of the training cascade, as healthy behaviors are more likely to be adopted into households when women have a positive relationship with their FO, promoter or CGV. Through this system of home visitations, group lessons, and role-modeling, Care Groups facilitate neighbor-to-neighbor peer support and foster a community-wide interest in and desire to improve maternal and infant health.

As a form of continuous quality improvement, FOs and promoters regularly attend group lessons led by other facilitators (promoters and CGVs) and fill out Quality Improvement Verification Checklists (QIVCs). These checklists document whether facilitators remain friendly and polite, provide accurate information, ask the right questions, and collect appropriate health data from mothers.

Context

Kisii county is located in southwestern Kenya. As of 2019, the county had a population of approximately 1.3 million residents (Kenya National Bureau of Statistics, 2019). KIKOP staff and volunteers completed a house-to-house census for the Iranda catchment in June 2019 and December 2019 for the Nyagoto catchment.

Iranda

At the time of the census, the catchment had a total population of 14,351 individuals living in 3,491 households. A total of 1,526 children were under the age of five, with 553 children under the age of two, and 291 under the age of one.

In 2018, 316 live births were recorded. There were three maternal deaths, equating a maternal mortality ratio of 949 deaths per 100,000 live births. A total of 28 stillbirths and 101 miscarriages were reported. Twenty five of the 316 children that were born died within the first year, equating an infant mortality rate of 79 deaths per 1,000 live births. A total of 116 deaths were reported that year, 28 of whom were of children under the age of five.

Nyagoto

The catchment has a total population of 11,204 individuals living in 2,913 households. A total of 1,256 children were under the age of five, 461 of whom were under the age of two and 225 under the age of one. In 2018, 222 live births were reported, 14 of which were 14 stillbirths. A total of 28 miscarriages were reported.

When breaking down reported deaths, 14 were under the age of five and 13 were under the age of two. Nyagoto reported 12 deaths of children under the age of one, making its infant mortality rate 54.1 deaths per 1,000 live births. Nyagoto's maternal mortality rate in 2018 was 900 per 100,000 live births.

Curriculum

The curriculum for the intervention program is listed below. At the time data was collected for this report, CG/NGs in the Iranda catchment completed all lessons up to Module 3 Lesson 1 before switching over to lessons focusing on COVID-19. Because the Nyagoto catchment launched Care Groups in February 2020, participants completed the two lesson plans under the Care Group Orientation before having to switch to the COVID-19 focused lessons. In addition, because Nyagoto's lessons have mainly been COVID-19 focused, they have received more incentives during meetings, such as soaps and facemasks. This will be important to keep in mind for the focus group discussions.

Care Group Orientation Lesson 1: Introduction to the KIKOP Program Lesson 2: Creating Change	*Module 3* Lesson 1: Making a Birth Plan Lesson 2: Preventing Childhood Choking Lesson 3: Newborn Danger Signs Lesson 4: Home Sanitation and Hygiene Lesson 5: Abortion Dangers Lesson 6: Postpartum Care
Module 1 Lesson 1: Healthy Nutrition for Mother and Child Lesson 2: Malaria Dangers and Prevention Lesson 3: Dehydration dangers and Prevention Lesson 4: Feces disposal, latrines and deworming Lesson 5: Handwashing and Tippy Taps Lesson 6: Treating Childhood Choking	*Module 4* Lesson 1: Healthy Birth Spacing Lesson 2: Family Planning Lesson 3: HIV and AIDs Lesson 4: Childhood Vaccination Lesson 5: Child Nutrition & Vitamin A Lesson 6: Danger Signs During Delivery
Module 2 Lesson 1: Immediate and Exclusive Breastfeeding Lesson 2: Complementary and Active Feeding for 6-12 Month Infants	*Module 5* Lesson 1: HIV Lesson 2: Fecal-Oral Transmission Lesson 3: Soil-Transmitted Worms

Lesson 3: Pregnancy Danger Signs and Seeking Care Lesson 4: The Importance of Antenatal Care and Immunizations Lesson 5: Pregnancy Danger Signs and Seeking Care Lesson 6: Safe Water	Lesson 4: Taking Care of Yourself During Pregnancy Lesson 5: GBV Lesson 6: Pneumonia

Part A - Quantitative Report

Research Summary

The quantitative process evaluation aims to measure the delivery of Care Groups in Iranda and Nyagoto. The report provides feedback to program staff and management of how well participants are carrying out their roles and if the intervention is operating as it was intended. The study was guided by the following research questions:

- Are field officers facilitating meetings twice a month as planned?
- Are promoters facilitating meetings twice a month as planned?
- Are promoters completing the required home visits?
- Are CGVs completing the required home visits?
- What percent of CG lessons have an attendance rate of 80% or higher?
- What percent of NG lessons have an attendance rate of 80% or higher?
- To what extent are promoters completing the most important aspects of CG meetings?
- To what extent are CGVs completing the most important aspects NG meetings?
- Are CGVs completing the most important aspects of home visits?
- Are promoters conducting quarterly QIVCs of NG meetings and home visits?

Research Methods

The development of the research questions began with pulling questions from last year's process evaluation report. The initial 21 questions were revised by the practicum student and cut down to 10 research questions, which were then reviewed by the US-based and Kenya-based staff. After implementing feedback from staff, the research questions were finalized and approved on June 10th.

The data was collected by KIKOP staff in Kisii, Kenya and analyzed by the practicum student using Microsoft Excel. Two data sources were used for each catchment: 1) a supervisor report that details attendance of CG/NG meetings and completion of home visits and 2) a QIVC report of promoters and CGVs that details the performance scores for group facilitations and home visits. The Iranda supervisor report recorded data for October 2019 – May 2020, while Nyagoto contained data for March 2020 – May 2020. The QIVC report for both catchments contained data from January 2020 – June 2020. New summary tables were completed to measure indicators that were not already calculated in the reports.

CG Research Questions and Indicators

Focus	#	Research Question	Indicator
Dose Delivered	1	Are field officers facilitating promoter meetings twice a month as planned?	Percent of lessons delivered to field officers
Dose Delivered	2	Are promoters facilitating CG meetings twice a month as planned?	Proxy indicator: average attendance of CG meetings
Dose Delivered	3	Are promoters completing the required home visits? -After each lesson (2x a month)	Average percent of first lesson home visits completed
			Average percent of second lesson home visits completed
Dose Delivered	4	Are CGVs completing the required home visits? -After each lesson (2x a month)	Average percent of first lesson home visit completed
			Average percent of second lesson home visits completed
Reach	5	What percent of CG lessons have an attendance rate of 80% or higher?	Average attendance rate across all meetings held
			Percent of meetings with 80% attendance
			What percent of postpartum women attended at least 1 CG meeting in the last month?
Reach	6	What percent of NG lessons have an attendance rate of 80% or higher?	Average attendance rate across all meetings held
			Percent of meetings with 80% attendance
Fidelity	7	Are the promoters completing the most important activities during the CG meetings including collection of vital events, recap of last lesson, commitment confirmation, lesson plan, and discussion of barriers?	Meetings: Average QIVC score across promoters on check list items: 1-9, 11-14, 19,21,24 across promoters
			Average QIVC score for each promoter.
Fidelity	8	Are promoters conducting quarterly QIVCs for NG meetings? Are promoters conducting QIVCs for home visits?	Percent of QIVCs completed for NG meetings.
			Percent of QIVCs completed for home visits.
Fidelity	9	Are the CGVs completing the most important aspects of the neighbor group meetings including collection of vital events, recap of last lesson, commitment confirmation, lesson plan, and discussion of barriers?	Average QIVC score across promoters on check list items: 1-9, 11-14, 19,21,24 across all CGVs
			Average QIVC score for each CGV
Fidelity	10	Are the CGVs completing the most important aspects of the home visits including inquiry about health changes, reviewing the lesson materials, overcoming barriers, scheduling follow up visits?	Average QIVC score across CGVs on check list items: 10-17 across CGVs
			Average QIVC score for each CGV

Results

Iranda

Home Visits

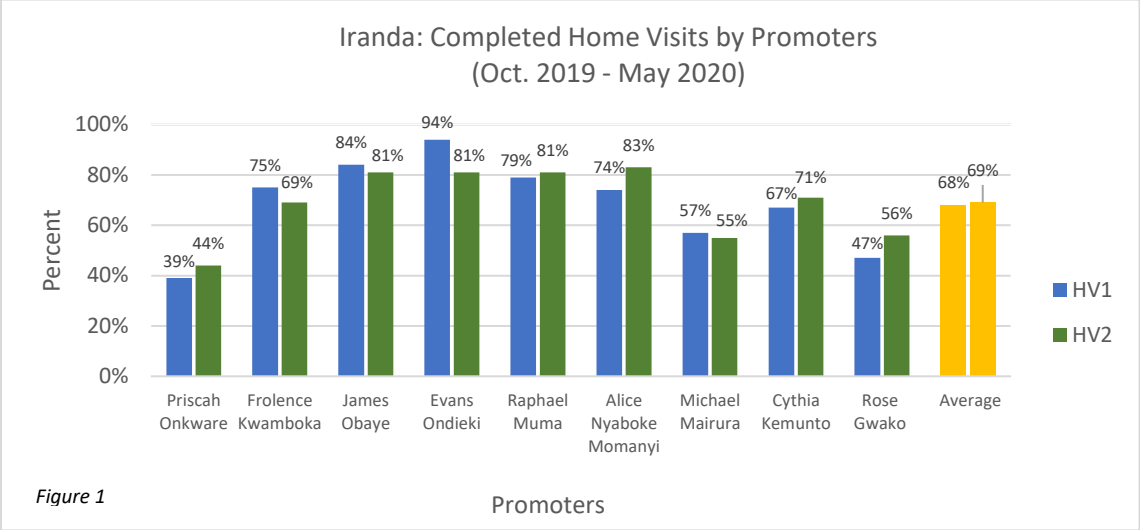


Figure 1

Figure 1 depicts the average of completed home visits by each promoter in Iranda during the eight months. Overall, promoters performed below the 80% benchmark goal for both home visits. Promoters completed 68% of the intended first home visits. Promoter Evans Ondieki had the highest average of completed first home visits (94%) while Priscah Onkware had the lowest average (39%).

Promoters completed 69% of the intended second home visits with Alice Nyaboke Momanyi averaging the highest (83%) and Priscah Onkware completing the lowest average (44%). Of the nine promoters, two met the 80% benchmark goal for both first and second home visits.

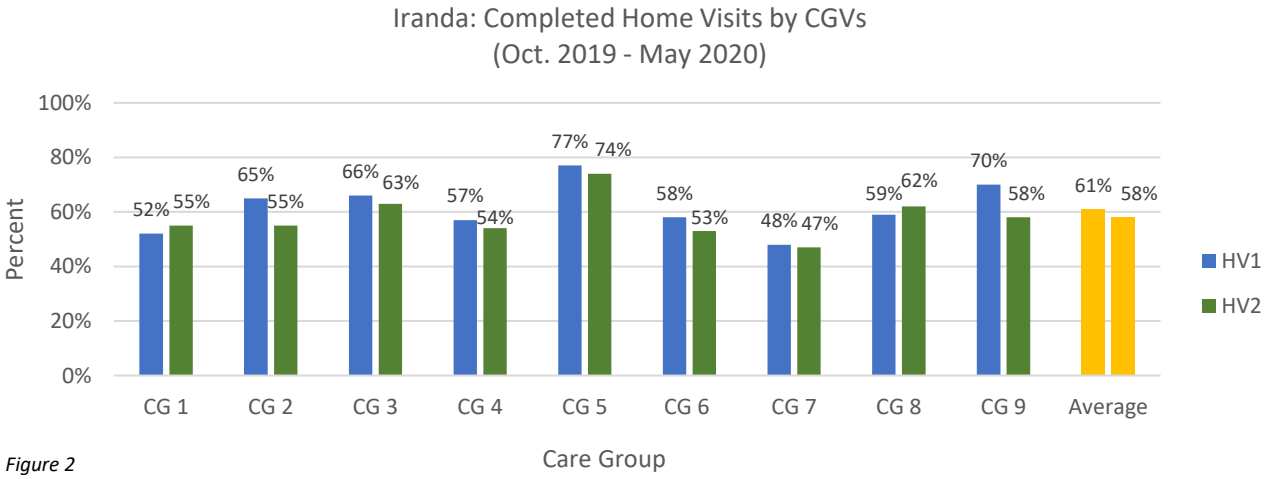


Figure 2

All CGVs performed below the 80% benchmark goal for both first and second home visits. The averages of completed first home visits for CGVs across all nine care groups was 61% and 58% for second home visits. CGVs in CG 5 had the highest average completion for both home visits, while CGVs in CG 7 had the lowest.

CG and NG Meetings

Attendance records for CG and NG meetings served as a proxy to assess whether or not promoters and CGVs held CG and NG meetings twice a month. All promoters and CGVs in Iranda facilitated the intended two CG/NG meetings per month.

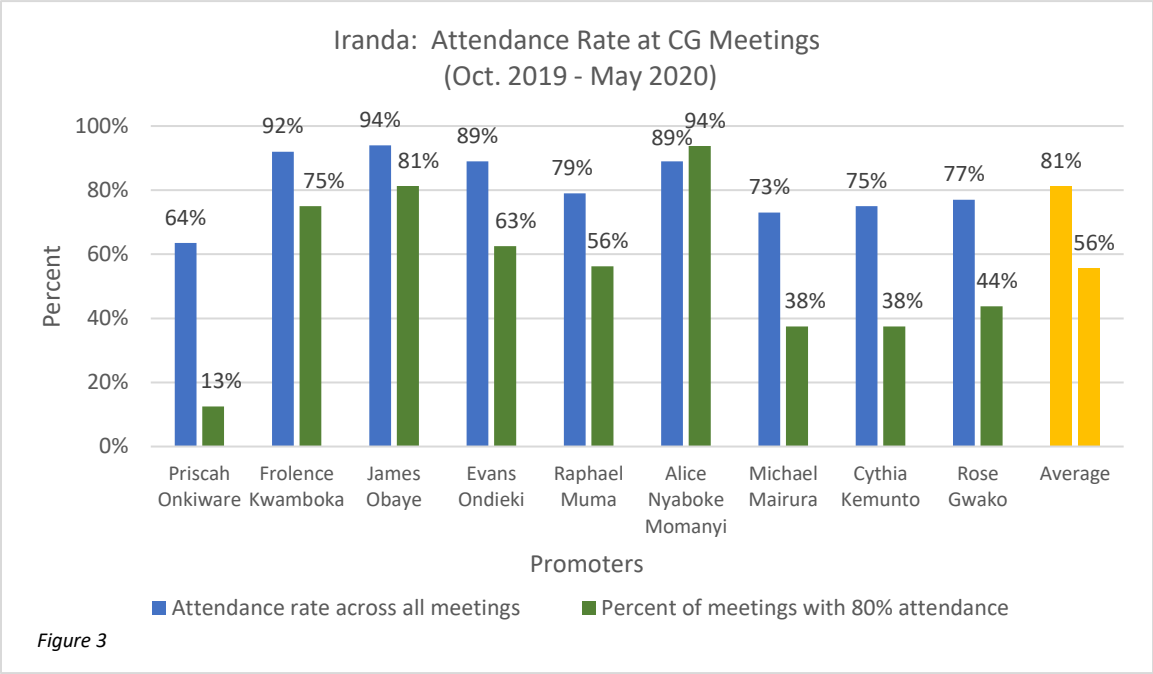


Figure 3

The average attendance rate across all CG meetings from October 2019 to May 2020 was 81%, which meets the 80% benchmark goal. James Obaye, had the highest attendance among the promoters, with an average of 94%. Of all the CG meetings held in the eight months, 56% achieved an attendance rate of 80% or higher.

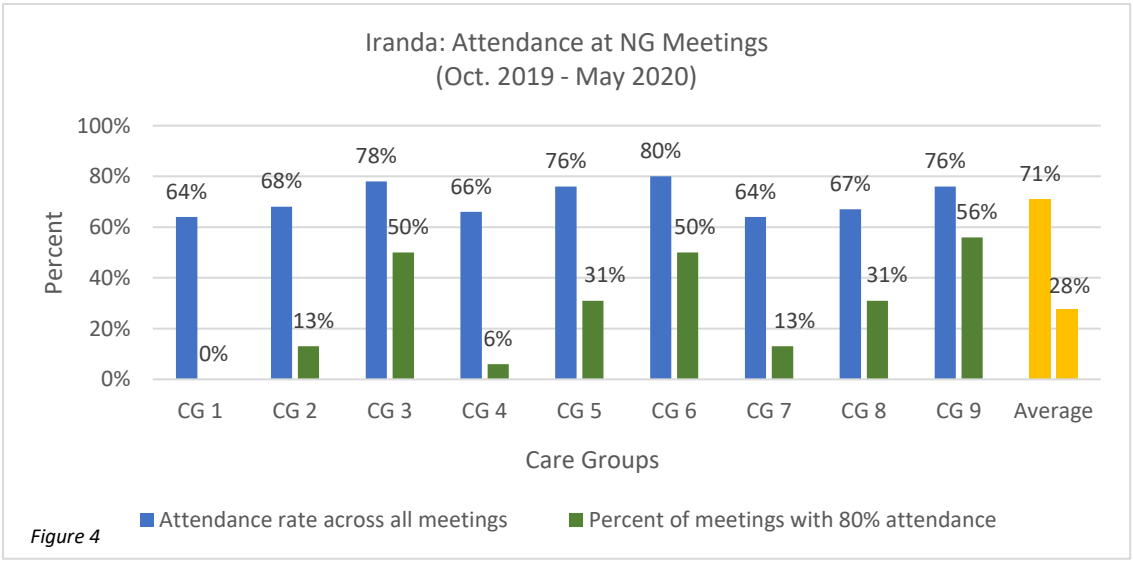


Figure 4

In comparison, NG meetings had a lower attendance rate with an average of 71% across all nine care groups. CGVs in CG 6 had the highest average attendance (80%), followed by CGVs in CG 3 (78%). Additionally, 28% of the NG meetings held during the eight months had an attendance rate of 80% or higher.

CG Attendance by Postpartum Women

KIKOP has a second intervention program operating in Iranda and Nyagoto called Routine Home Visitations (RHV). In this intervention, trained Community Health Volunteers (CHVs) serve mothers that are pregnant, recently gave birth or have children under two years of age. During routine home visits, the CHVs collect vital data of households in order to monitor health outcomes. CHVs conduct three puerperal home visits per live birth: 1) within the first 48 hours 2) after 7-14 days and 3) after 30-60 days. One of the questions CHVs ask during their scheduled visits is if the mother has attended a CG meeting in the previous month. The following figures are from data collected during the third puerperal home visit (HHV 3) and details the total number of CG meetings that mothers from the RHV program attend.

Iranda: Attendance of Care Group Meetings in the Previous Month		
Quarter	HHV 3	CG Meetings Attended
Q1 (Jan-Mar)	50	50
Q2 (Apr-Jun)	40	41
TOTAL	90	91

CHVs completed a combined total of 90 HHV3s for both quarters. During the eight months, the women attended 91 CG meetings.

Iranda: Summary of CG Attendance		
	Q1	Q2
1+ CG Meeting	70%	80%
0 Meetings	30%	20%

In Iranda, the percentage of mothers who reported attending at least one CG meeting in the last month increased from 70% in quarter one to 80% in quarter two.

Program Reach

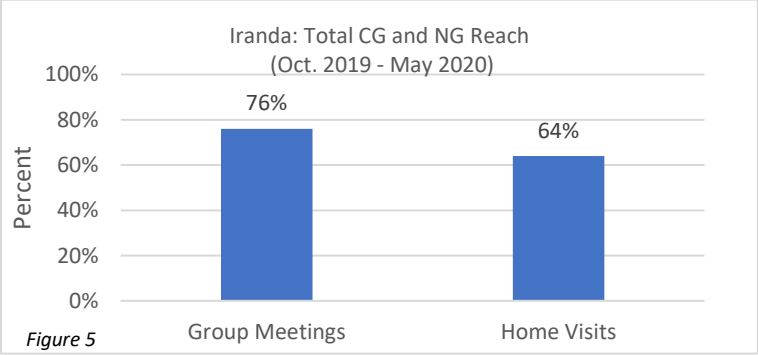


Figure 5

The average attendance of all CG/NG meetings and completion of home visits serve as a proxy to assess the program's reach. Both group meetings and home visits performed below the benchmark goal of 80%, with group meetings averaging at 76% and home visit completions averaging at 64%.

QIVC Performance

The QIVC analysis focused on three performance measurements for group lesson facilitation and one performance measurement for home visits.

Group Lesson Facilitation (Appendix 3a):

- **Meeting facilitation skills**: The average QIVC scores for checklist items #1-9 assess facilitation skills, including encouragement of participation, ability to facilitate discussion, attentiveness and content presentation.
- **Essential group meeting indicators:** The average QIVC scores for checklist items #11-14, 19, 21 assess the completion of group meeting goals, including inquiry of vital events, discussion of barriers, review of previous lesson content and confirmation of commitments.
- **Mastery of lesson content:** The average QIVC scores for checklist item #24 assess the lesson content for correctness, relevance and completeness.

Home Visits (Appendix 3b):

- **Essential home visit indicators (only used for CGVs):** The average QIVC scores for checklist items #10-17 assess the inquiry of health status, review of group lesson content, discussion of barriers and scheduling of follow-up visits.

Average QIVC performance:

- **Group Facilitation:** The average QIVC scores of all group lesson facilitation checklist items, including ones not mentioned above.
- **Home Visits (only used for CGVs):** The average QIVC scores of all home visit checklist items, including ones not mentioned above.

QIVC Scores of Promoters

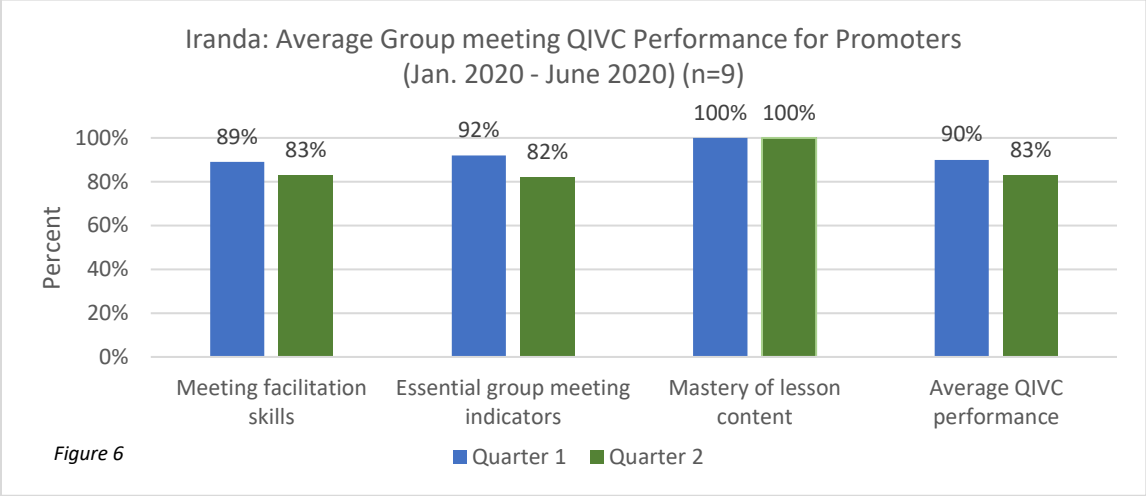


Figure 6

The QIVC performance scores for Iranda promoters and CGVs are divided by quarter one (January 2020 - March 2020) and quarter two (April 2020 to June 2020). The figure depicts high performance averages across all three categories. The average QIVC performance scores met the 80% benchmark goal for both quarters.

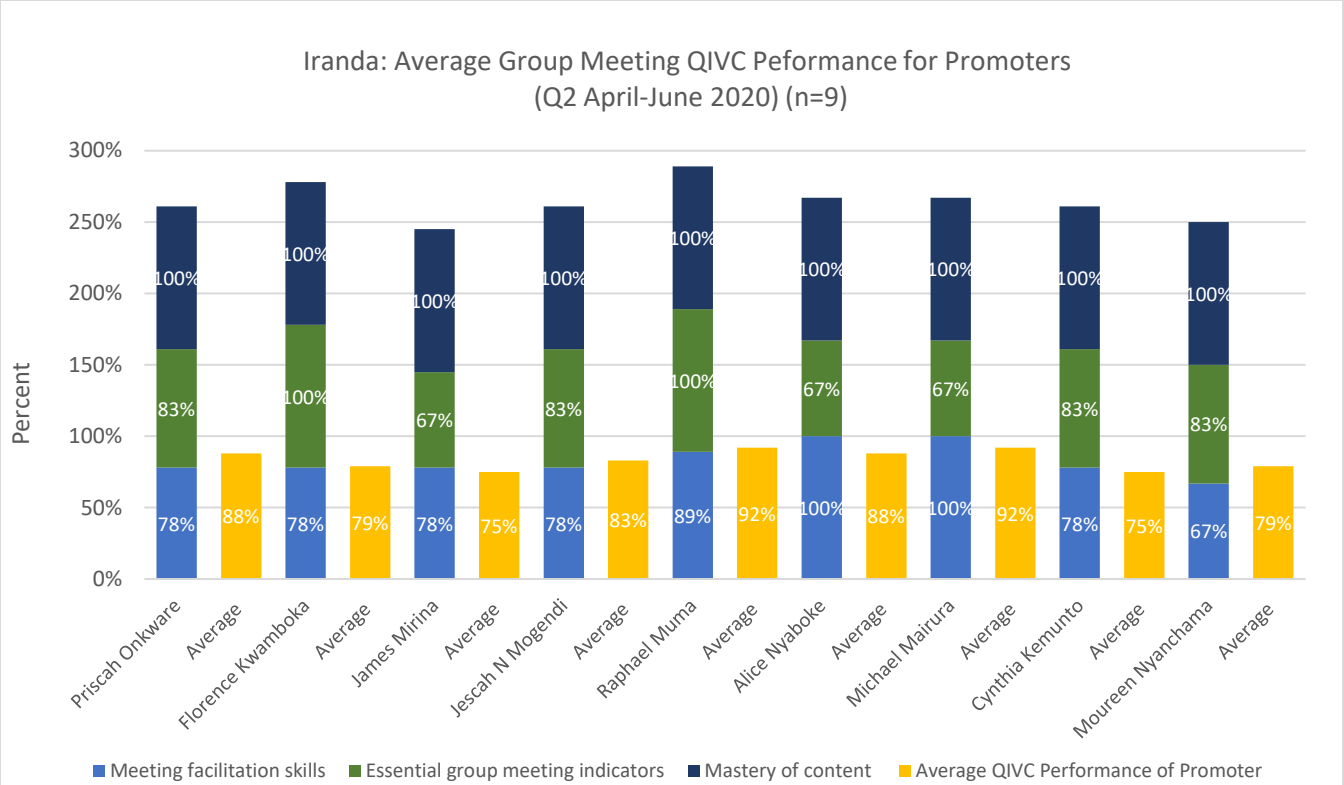


Figure 7

QIVC performance scores were further broken down to assess each of the nine promoters. Because quarter one had data for only two of the nine promoters, quarter two data was used for further analysis. Promoters Raphael Muma and Michael Mairura had the highest overall average scores, both receiving a QIVC performance score of 92%.

QIVC Scores of CGVs

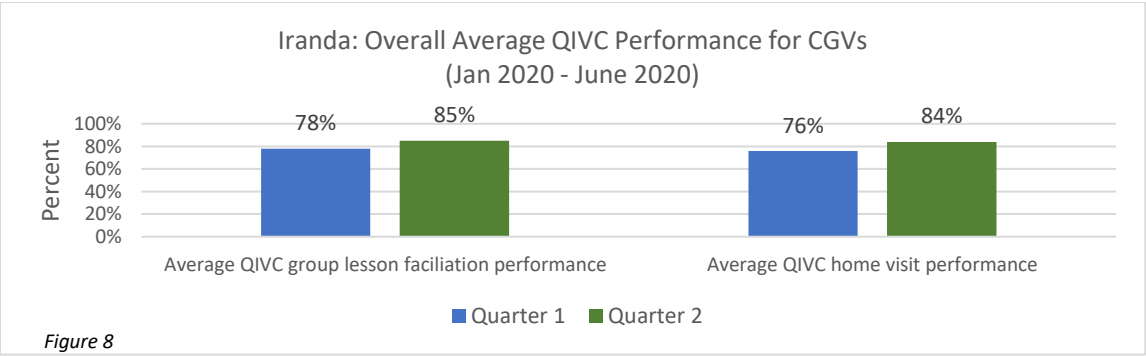


Figure 8

For CGVs, QIVC scores for home visits were also included in the performance analysis. Promoters in Iranda completed 93% of QIVCs for home visits conducted by CGVs in quarter one and 96% in quarter two. To assess performance facilitation of NG meetings, promoters in Iranda completed 96% of QIVCs for both quarter one and quarter two.

Overall QIVC performance averages increased from 78% to 85% for group lesson facilitation. Average QIVC scores for home visits increased from 76% in quarter one to 84% for quarter two.

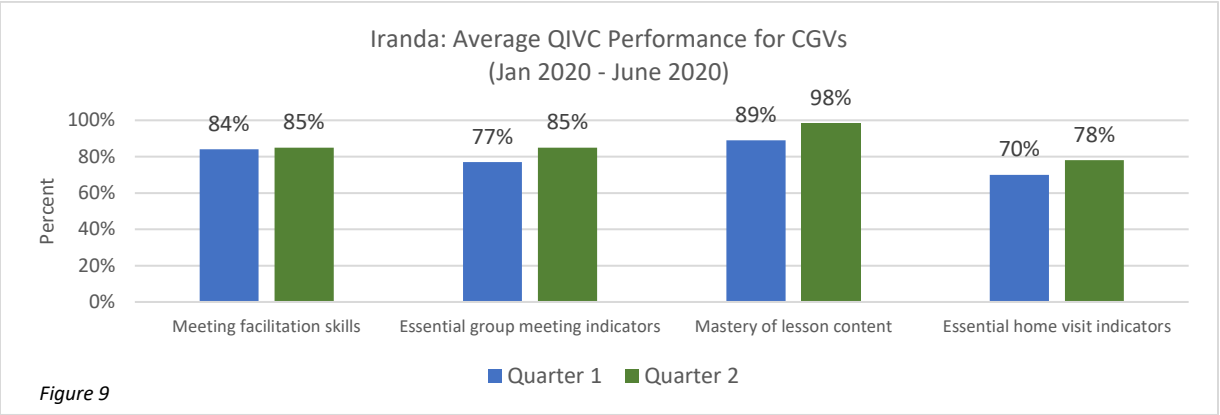


Figure 9

When taking a closer look at the performance indicators, meeting facilitation skills and mastery of lesson content met the 80% benchmark goal for both quarters. With the exception of an 85% score in quarter two for essential group meeting indicators, the remaining categories scored below the benchmark goal.

Iranda: Quarter 2 (April 2020 – June 2020) QIVC Performance Scores for CGVs

Care Group Number	Group Lesson Facilitation QIVC Score (Q2 April 2020 – June 2020)	Home Visit QIVC Score (Q2 April 2020 – June 2020)
Care Group 1		
1. BOABENE A	83%	82%
2. BOABENE B	87%	88%
3. BOABENE C	83%	82%
4. BOABENE D	87%	88%
5. BOABENE E	83%	82%
6. BOGEKA 1 A	87%	88%
7. BOGEKA 1 B	74%	76%
8. BOGEKA 2- A	87%	94%
Overall Average: 84%		
Care Group 2		
9. BOMEROGA A	74%	88%
10. BOMEROGA B	78%	81%
11. NYABOGOTU A	78%	81%
12. GETABO A	78%	81%
Overall Average: 80%		
Care Group 3		
13. OMOKO A	87%	88%
14. RIATEBA A	83%	82%
15. RIATEBA B	83%	82%
16. NYAGISAI MOKOBA A	83%	82%
Overall Average: 84%		
Care Group 4		
17. EBATE A	91%	81%

18. NYANSA GA 1-A	83%	94%
19. NYANSA GA 1-B	83%	75%
20. NYANSA GA 2 & 3 A	87%	88%
21. NYANSA GA 2 & 3 B	N/A	N/A
Overall Average: 85%		
Care Group 5		
22. BOGETA ORIO 1-A	78%	82%
23. BOGETA ORIO 1-B	78%	76%
24. BOGETA ORIO 1-C	83%	88%
25. BOGETA ORIO 1-D	83%	88%
26. BOGETA ORIO 1-E	87%	88%
27. BOGETA ORIO 2-A	87%	82%
28. BOGETA ORIO 2-B	83%	81%
29. BOGETA ORIO 2-C	83%	82%
30. ITIBO 2-A	83%	75%
31. ITIBO 2-B	78%	94%
32. ITII 1-A	91%	88%
33. ITII 1-B	91%	81%
34. ITII 1-C	87%	94%
35. ITII 1-D	91%	88%
Overall average: 85%		
Care Group 6		
36. NYAKEO GIRO I-A	91%	88%
37. NYAKEO GIRO I-B	91%	88%
38. NYAKEO GIRO 2-A	91%	81%
39. NYAKEO GIRO 2-B	91%	94%
40. ITIBO 1-A	91%	88%
41. ITIBO 1-B	91%	88%
42. ITIBO 1-C	91%	88%
Overall Average: 89%		
Care Group 7		
43. MWONC HIRI 1-A	88%	88%
44. MWONC HIRI 1-B	91%	88%
45. MWONC HIRI 1-C	N/A	N/A
46. MWONC HIRI 2-A	87%	82%
47. MWONC HIRI B	91%	82%
48. ITII 2-A	83%	88%
49. ITII 2-B	87%	94%
50. ITII 2-C	83%	76%
Overall Average: 86%		
Care Group 8		
51. NYANDI BA 2 A	78%	76%
52. NYANDI BA 2 B	87%	76%
53. NYANDI BA 2 C	91%	75%
54. BOMBET A 1 A	83%	88%
55. BOMBET A 2 A	83%	82%
56. BOMBET A 2 B	83%	81%
57. BOMBET A 2 C	83%	88%
58. NYANDI BA 1 A	91%	82%
59. NYANDI BA 1 B	87%	75%

Overall Average: 83%		
Care Group 9		
60. NYAKOB ARIA- A	83%	75%
61. NYAKOB ARIA B	87%	88%
62. MEKONGONYONI 1 – A	87%	82%
63. GETERI- A	78%	82%
64. GETERI B	91%	88%
65. MEKONGONYONI 2- A	83%	82%
66. NYANGWETA-A	87%	88%
67. NYANGWETA – B	87%	82%
68. NYANGWETA – C	83%	75%
69. NYANGWETA – D	N/A	N/A
Overall Average: 84%		

**It is important to note that the number of CGVs in each CG in the supervisor report and in the QIVC report is not consistent. For example, the supervisor report states there are 10 CGVs in CG 5, however the QIVC report states that there are 14 CGVs in CG 5. In addition, the supervisor report states there are 67 CGVs, while the QIVC reports there are 69. The CG structures in this section follows the CG numbers from the QIVC report.*

The highest and lowest QIVC scores were highlighted for both group lesson facilitation and home visits. The highest performance score for group lesson facilitation was 91% and the lowest score was 74%. For home visits, the highest and lowest scores were 94% and 75% respectively.

When looking at the overall performance scores of the care groups, they all received averages that met the 80% benchmark goal. CG 6 had the highest average with a score of 89%, while CG 2 had the lowest score with an average performance score of 80%.

Nyagoto

Home Visits

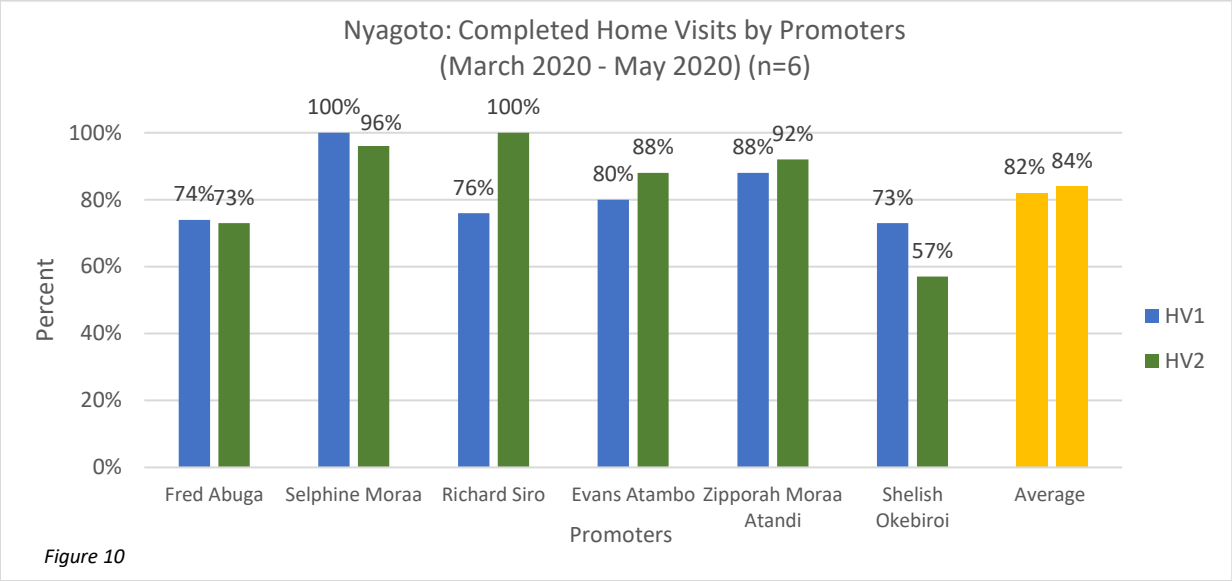


Figure 10

Promoters in Nyagoto met the benchmark goal for both home visits, with a completion average of 82% for first home visits and 84% for second home visits. Selphine Moraa had the highest average of completed first home visits (100%), while Shelish Okebiroi completed the lowest (73%). For second home visits, Richard Siro had the highest average (100%) and Shelish Okebiroi had the lowest (57%). Of the six promoters, three met the 80% benchmark goal for both first and second home visits.

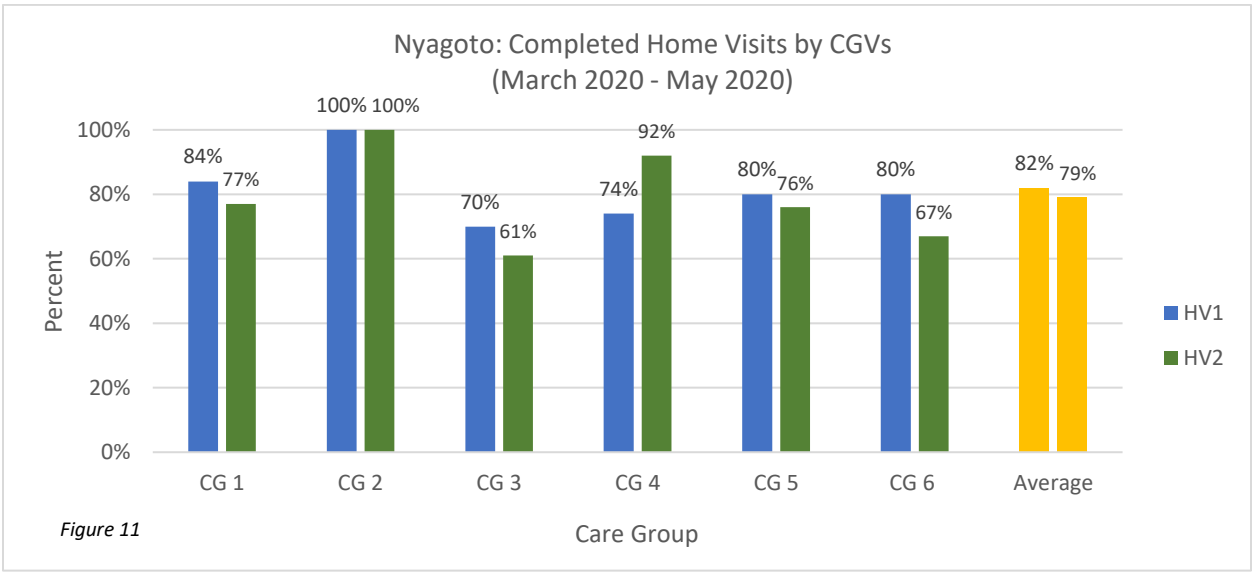


Figure 11

CGVs in Nyagoto completed 82% of their first home visits and 79% of their second home visits. CGVs in CG 2 had the highest completion with an average of 100% for both home visits.

CG and NG Meetings

Attendance records for CG and NG meetings served as a proxy to assess whether or not promoters and CGVs held CG and NG meetings twice a month. All promoters and CGVs in Nyagoto facilitated the intended two CG/NG meetings per month.

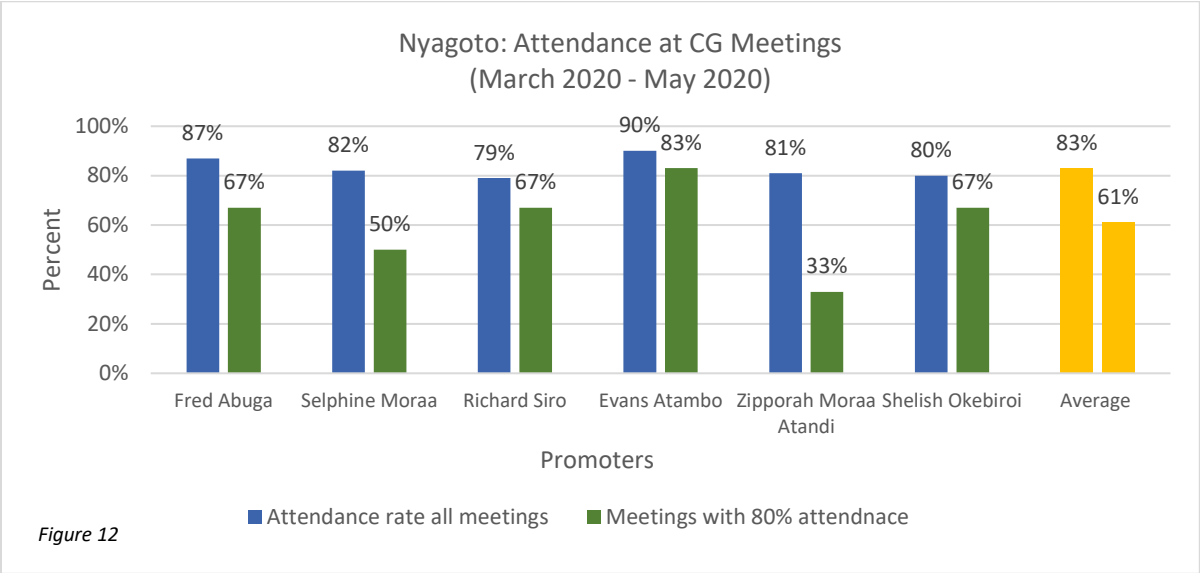


Figure 12

The average attendance rate for all CG meetings held from March 2020 to May 2020 was 83%. Five of the six promoters had an average attendance rate that was higher than the program goal of 80% attendance or higher. Promoter Evans Atambo had the highest attendance rate (90%), while Richard Siro had the lowest (79%). Of the CG meetings held during the three months, 61% had an attendance rate of 80% or higher.

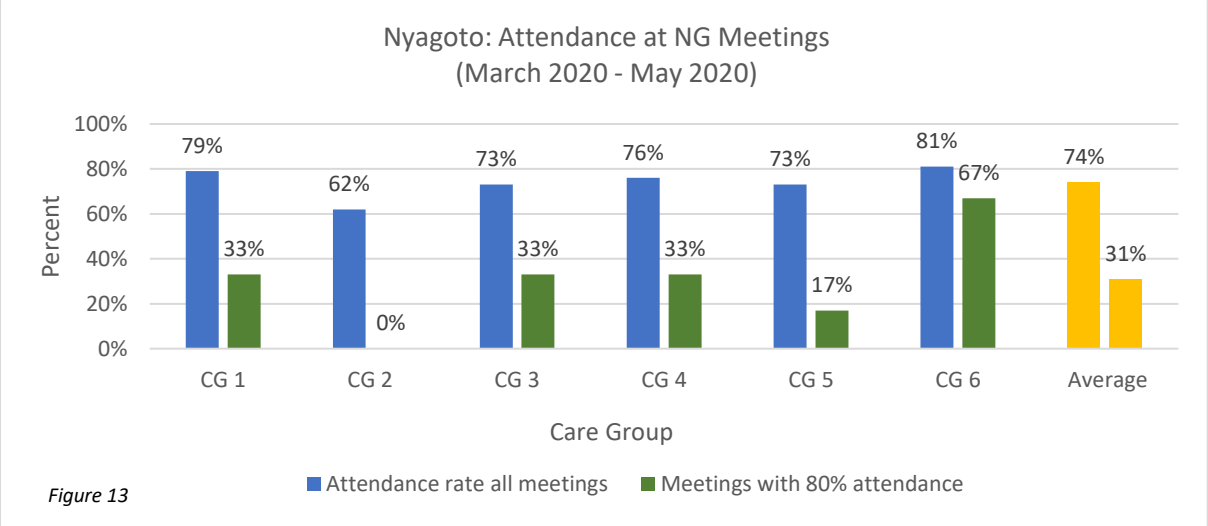


Figure 13

NG meetings performed below the benchmark goal with an average attendance of 74% across all six care groups, with 31% of these meetings achieving an attendance rate of 80% or higher. Only one CG had an average attendance rate that met the program goal, which was CG 6 (81%). CG 2 had the lowest average, with an attendance rate of 62%.

CG Attendance by Postpartum Women

Nyagoto: Attendance of Care Group Meetings in the Previous Month		
Quarter	HHV 3	CG Meetings Attended
Q1 (Jan-Mar)	39	5
Q2 (Apr-Jun)	30	37
TOTAL	69	42

Because Nyagoto started Care Groups in February, quarter two is a better indicator of the number of CG meetings the women attended. Between April 2020 and June 2020, CHVs completed 30 HHV3s and the women reported attending a total of 37 CG meetings.

Nyagoto: Summary of CG Attendance		
	Q1	Q2
1+ CG Meeting	10%	80%
0 Meetings	90%	20%

In Nyagoto, 80% of the women that CHVs visited in quarter two reported attending at least one CG meeting the previous month.

Program Reach

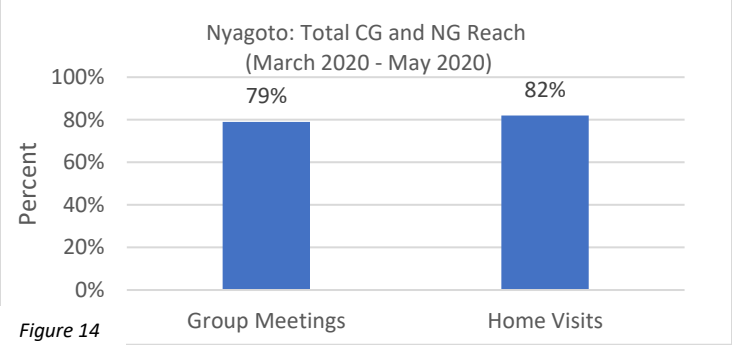


Figure 14

The average attendance of all CG/NG meetings and completion of home visits serve as a proxy to assess the program's reach. Figure 14 depicts an average attendance of 79% across all group meetings and 82% completion of home visits. Although Care Groups in Nyagoto were launched this year, early data shows that they are performing above the benchmark goal for home visits and are just shy of reaching the goal for group meetings. The figures serve as a proxy to the program's reach so far.

QIVC Scores of Promoters

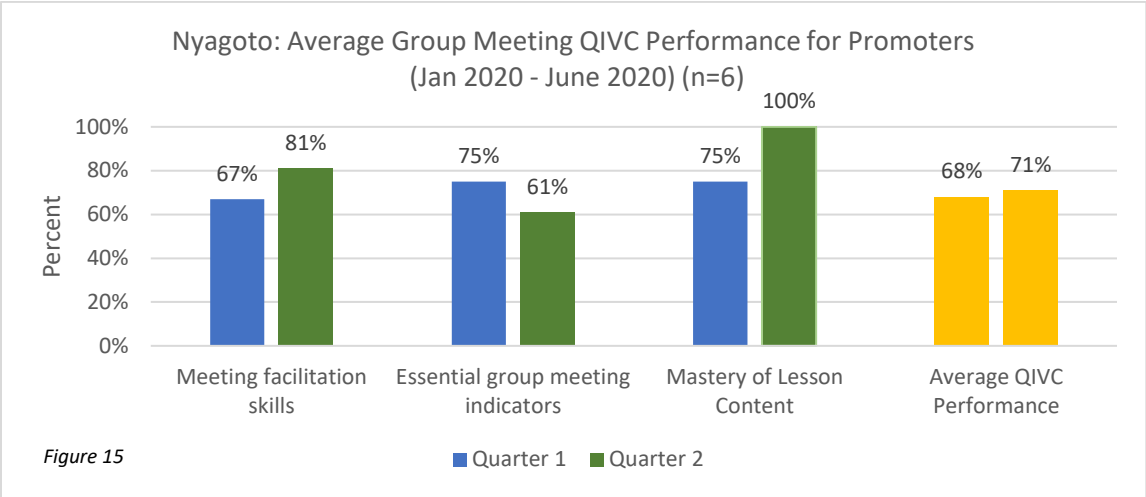


Figure 15

Because Nyagoto launched Care Groups in February, quarter one (January 2020 to March 2020) does not have a complete record of data. Average QIVC scores were collected for four of the six promoters during quarter one and three of the six promoters in quarter two. Quarter one had an overall average QIVC score of 68%, performing below quarter two which averaged at 71%.

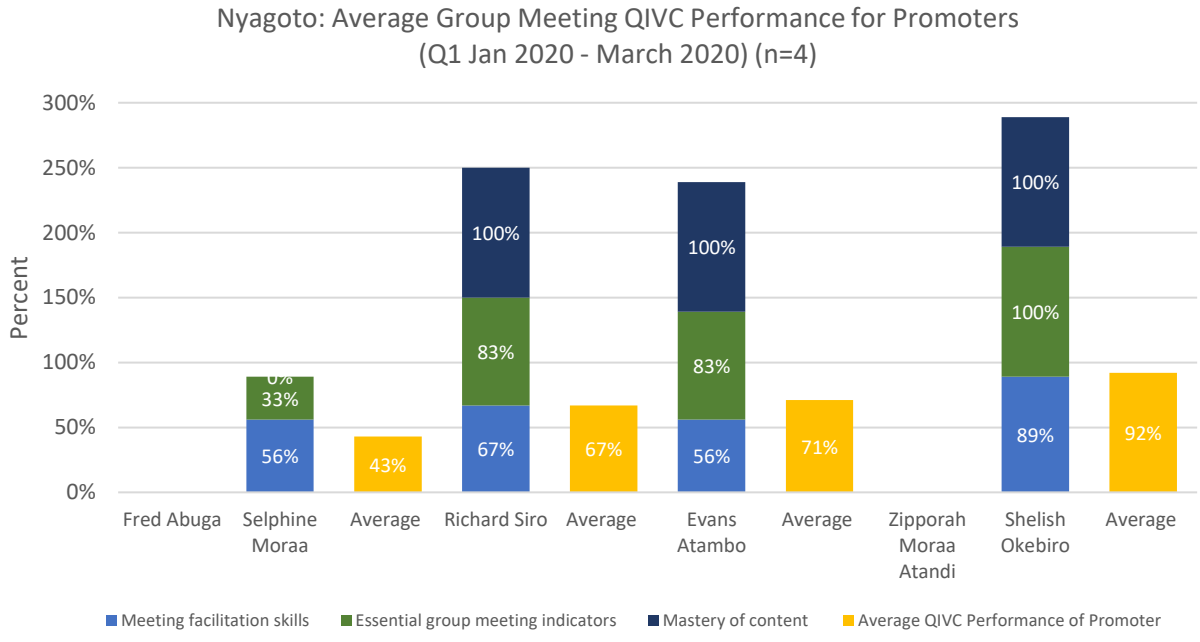


Figure 16

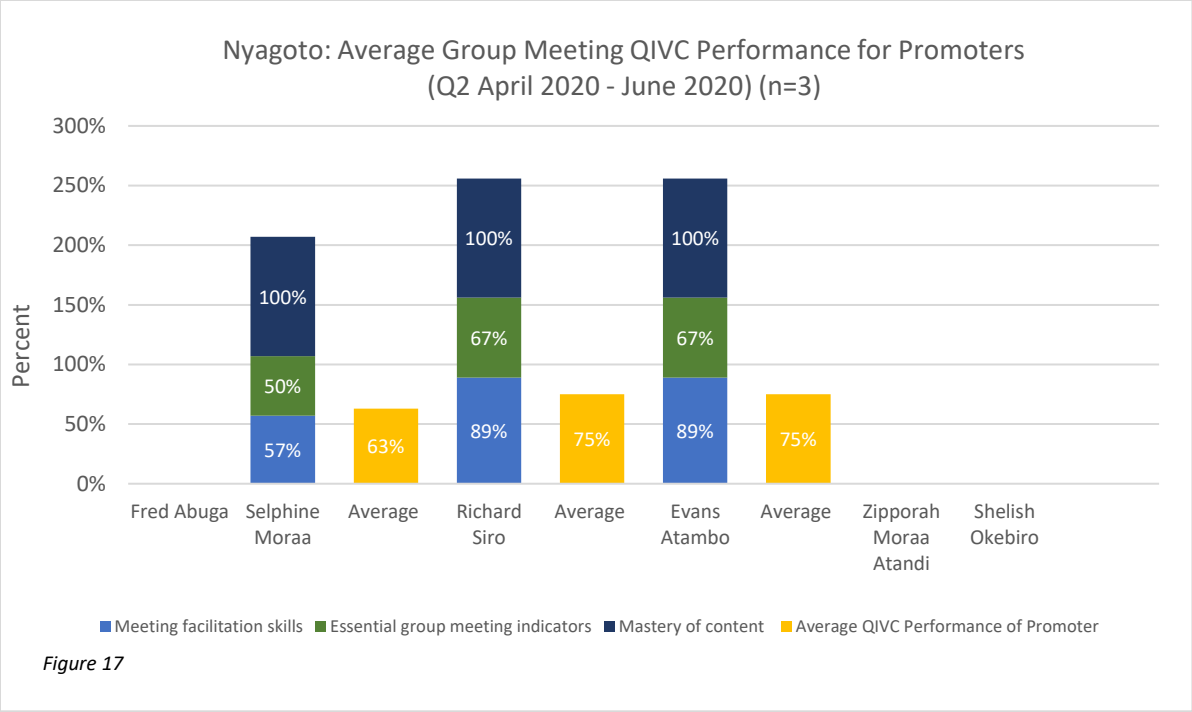


Figure 17

QIVC performance scores were further broken down to each of the promoters. In quarter one, Shelish Okebiro had the highest overall performance score with an average of 92%, while Selphine Moraa had the lowest with an average score of 43%. Promoters Fred Abuga and Zipporah Moraa Atandi were not evaluated.

For quarter two, promoters showed the highest proficiency in mastery of content with a consistent score of 100%. Both Richard Siro and Evans Atambo received an overall average performance score of 75%, while Selphine Moraa received an average score of 63%. Promoters Fred Abuga, Zipporah Moraa Atandi and Shelish Okebiro were not evaluated for this quarter.

QIVC Scores of CGVs

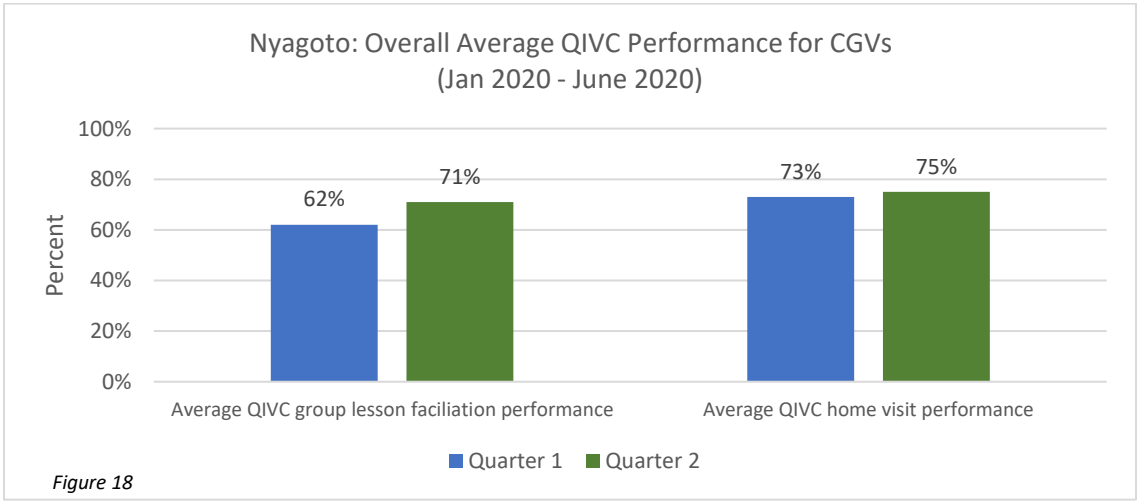


Figure 18

In Nyagoto, promoters completed 50% of their QIVCs to assess CGV facilitation of NG meetings in quarter one and 87% in quarter two. Promoters completed 13% of their QIVCs to assess CGVs on their home visits for quarter one and 73% for quarter two.

Average QIVC group lesson facilitation scores across all CGVs in Nyagoto were below the 80% benchmark with a score of 62% in quarter one and 71% in quarter two. Average QIVC scores for home visits performed below the benchmark goal with a score of 73% for quarter one and 75% for quarter two.

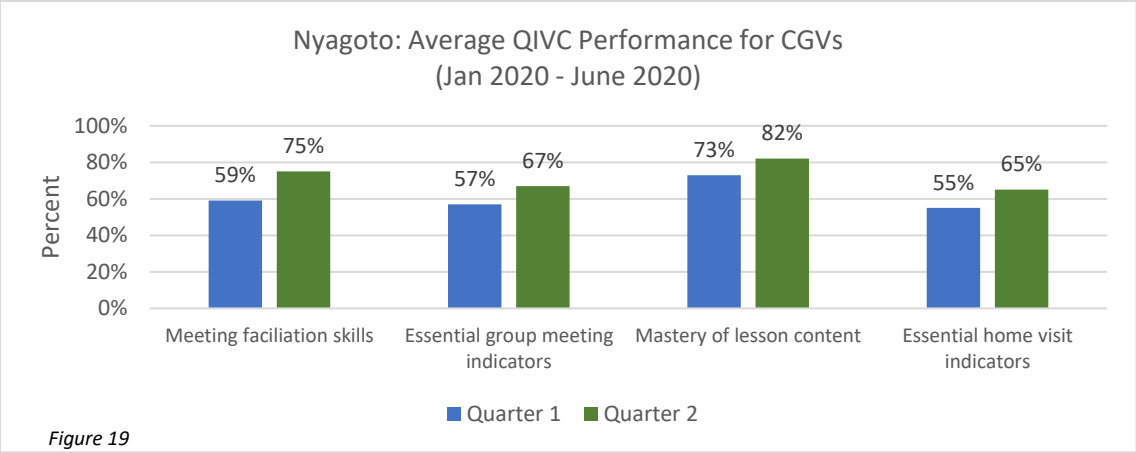


Figure 19

A breakdown of QIVC scores by each category revealed that CGVs received the highest performance scores for mastery of lesson content and the lowest performance scores for essential home visit indicators.

Nyagoto: Quarter 2 (April 2020 – June 2020) QIVC Performance Scores for CGVs

Care Group Number	Group Lesson Facilitation QIVC Score (Q2 April 2020 – June 2020)	Home Visit QIVC Score (Q2: April 2020 – June 2020)
Care Group 1		
1. NYAGOTO – 1.A	91%	88%
2. MWABARAKE 1&2- 1.B	91%	88%
3. NYAGESAI - 1.C	83%	94%
4. NYAGESAI - 1.D	96%	88%
5. KARISEBE - 1.E	87%	75%
6. KARISEBE - 1.F	91%	88%
7. BOMONDO - 1.G	91%	75%
8. BOMONDO – 1.H	96%	76%
9. ENGOTO B – 1.I	96%	94%
10. ENGOTO B – 1.J	96%	82%
11. NYANGOSO – 1.K	N/A	N/A
Overall Average: 88%		
Care Group 2		
12. MWANYAKUNDI KEMANKO - 2.A	48%	56%
13. MWAMWEBI MASONGO – 2.B	52%	50%

14. SIARA 1 – 2.C	48%	56%
15. MAGUTI – 2.D	52%	56%
16. MAGUTI – 2.E	48%	59%
17. MWANYAGOTUGA 1 - 2.F	57%	56%
18. MWANYAGOTUGA 1 - 2.G	48%	53%
19. MWANYAKUNDI 1 – 2.H	52%	59%
Overall Average: 53%		
Care Group 3		
20. MWAMAOBE B - 3.A	78%	76%
21. MWAMAOBE B - 3.B	74%	88%
22. BOTABORI 1 – 3.C	83%	82%
23. BOTABORI 2 – 3.D	78%	65%
24. NYABIRUNDU – 3.E	83%	82%
25. SIARA 2 – 3.F	70%	82%
26. MWAMAOBE 1 – 3.G	65%	76%
Overall Average: 77%		
Care Group 4		
27. MWANYAKUNDI BORABU – 4.A	83%	81%
28. NYANTARO - 4.B	74%	88%
29. NYANTARO - 4.C	83%	81%
30. MWAMWEBI EBATE – 4.D	78%	82%
31. MWAMWEBI BORABU- 4.E	83%	88%
32. MWANYAGOTUGA 2 – 4.F	78%	81%
33. MWANYAGOTUGA 2 - F.G	78%	76%
34. MWAMWEBI ONDIRI – 4.H	70%	82%
Overall Average: 80%		
Care Group 5		
35. NYAMARIBA – 5.A	61%	71%
36. EMANYI – 5.B	N/A	N/A
37. C	N/A	N/A
38. GETIONKO – 5.D	N/A	65%
39. NYAMARIANYI – 5.E	N/A	N/A
40. NYAMARIBA 2 – 5.F	N/A	71%
41. NYAMARIBA 2 – 5.G	N/A	N/A
42. MWABARAKE BORABU – 5.H	61%	71%
Overall Average: 67%		
Care Group 6		
43. MORARA 1 – 6.A	65%	N/A
44. MORARA 1 – 6.B	73%	59%
45. KENYONI 1 – 6.C	65%	N/A
46. KENYONI 1 – 6.D	52%	N/A
47. NYABIKONDO 1 – 6.E	52%	N/A
48. NYABIKONDO 1 – 6.F	52%	N/A
49. NYABIKONDO 2 – 6.G	70%	N/A
50. MORARA 2 – 6.H	61%	N/A
51. MORARA 2 – 6.	52%	N/A
52. KENYONI 2 – 6.	57%	N/A
Overall Average: 60%		

**It is important to note that the number of CGVs in each CG in the supervisor report and in the QIVC report do not match. The supervisor report indicates that there are 51 CGVs while the QIVC report states there are 52. The CG structures in this section follows the CG numbers from the QIVC report.*

The highest performance score for group lesson facilitation was 96%, while the lowest was 48%. The highest and lowest scores for home visits were 94% and 50% respectively. Of the six CGs, two had an overall QIVC average performance score that met the 80% benchmark goal. CG 1 received the highest score of 88%, while CG 2 received the lowest score of 53%.

Discussion and Recommendations

Using average attendance of group meetings and completion of home visits as a proxy, the program's reach is performing below the intended goal for the Iranda catchment. In Nyagoto, the program's reach meets the benchmark goal for home visits, with 82% completion, while group meetings are just shy of reaching the benchmark goal with a 79% attendance rate.

Average home visit completion rates by Iranda promoters and CGVs are below the benchmark goal, while promoters and CGVs in Nyagoto are meeting the 80% completion of home visits. Home visits ensure that mothers are following health behaviors that were taught during group lessons and gives mothers the opportunity to ask any questions that they may have. It would be in the best interest of Curamericas and KIKOP staff to address any barriers that prevent participants from completing their home visits.

The attendance rate of CG meetings is higher when compared to NG meetings for Iranda and Nyagoto. For both catchments, CG meetings are performing higher than the 80% benchmark goal, while NG meetings are underperforming. Because group lessons are the initial introduction to each unit of the curriculum, low attendance can affect subsequent steps of the intervention. A missed group lesson requires the facilitator to make an additional home visit to the mother, requiring further coordination and adding to her workload. Ensuring attendance of CG/NG meetings will make the intervention run smoothly.

Promoters in Iranda received high QIVC scores for quarter one and two with average scores of 90% and 83% respectively. QIVC data for Nyagoto is missing assessments for two promoters, making it difficult to make a proper evaluation of their performances.

Across all QIVC categories, CGVs in both catchments showed an increase of performance scores from quarter one to quarter two. This positive development indicates that the more experience CGVs have in their role, the better the quality of their performance.

The table depicting average QIVC scores of CGVs by each CG helps highlight which groups are performing well and which may need more training.

Part B- Qualitative Report

Research Summary

An operational research study utilizing focus group discussions was conducted in May 2020 to gain insight on the experiences of participants; understand motivation and barriers to participation; and identify potential programmatic changes through the following six research questions:

- How do promoters, CGVs and NW feel about their involvement with Care Groups?
- How do promoters, CGVs and NW feel about the lessons they receive and the support they are provided with?
- What do promoters and CGVs think about their facilitation of CG and NG meetings?
- What do promoters, CGVs and NW think about the content and structure of the Care Group lessons?
- How do promoters, CGVs and NW feel about the current state of home visits?
- How do promoters and CGVs feel about their ability to collect and manage project data?

Research Methods

Both catchments had two FGDs for CGVs and NW and one FGD for promoters for a total of 5 FGDs in each catchment. Each FGD had 6 participants. Participants were selected purposively, with each promoter recruiting one to two NW and CGV to participate so that all CGs were represented, and through convenience sampling, KIKOP staff chose participants who were available and able to come for the FGD.

In preparation of the FGDs, KIKOP and Curamericas staff reviewed and revised the interview guides, which were in English. An hour-long refresher training was provided on FGDs and best practices such as guiding conversation, probing and effective notetaking. Participants were then placed in focus groups to practice facilitation skills. The interviewees also practiced stating the interview questions in English and translating them to Kisii/Swahili.

The FGDs were held from May 19 to May 21 and were mainly conducted in the native language (Kisii/Swahili) of the participants, while a few were held in English. The FGDs were facilitated by KIKOP staff Douglas Nyakundi, Davis Nyaberi, Carolyne Adera and Ingrid Kemunto. During the FGDs, notes were taken by Serone Emanuel, Bethsheba Moraa, Opuka Bethany and Annah Okar and later summarized and uploaded in Dropbox. Each FGD took approximately 30-90 minutes to complete. Prior to beginning each FGD, participants were informed of the purpose of the study and given time to ask any questions. They were assured that their answers would remain anonymous and kept confidential. They were also informed that their participation was voluntary and those who wished to continue were asked to sign consent forms.

After FGDs were completed, audio files were transcribed by KIKOP staff Cyprian Ondieki and Ingrid Kemunto into English and uploaded in Dropbox. A deductive approach was used to analyze the transcripts based on the six research questions, resulting in a total of 12 thematic codes and nine sub codes (Appendix 2). The transcripts were analyzed through the software platform Dedoose. An initial read-through of the transcripts and notes were completed before being coded. The responses were analyzed and paired with the corresponding research question.

Results

Roles and responsibilities

Both CGVs and promoters displayed a clear understanding of their responsibilities and the cascading structure of the Care Group program. In both the Iranda and Nyagoto catchments, promoters explained the necessity to attend biweekly lessons facilitated by FOs in order to train CGVs; conduct home visits; collect registers from CGVs; and complete QIVC forms. When CGVs were asked about their role in the program, they discussed their responsibility to pass down information they learned from promoters to NW; conduct home visits and complete NG registers.

> *"My work as a promoter is to train the CGVs and the Neighbor Women, take a register of the attendees and those that miss the meeting, I make a follow the up and train them to ensure that no one is left behind. I also make follow-up to find whether they are putting into practice the lessons that they have received."*
>
> *-Promoter from Nyagoto*

"My role as a CGV from what we have learnt from KIKOP is to bring together the neighbor women and teach them what we were taught by the promoters. Whatever good we have learnt we teach them too so that there is a change in the community from what they have learnt."

-CGV from Iranda

Promoters and CGVs demonstrated an understanding that home visits are required after each CG and NG meeting. If a participant misses a meeting, then the CGV or promoter must make an additional home visit to conduct the lesson.

"I normally make a home visit twice for those that missed the trained and one visit for those that attended the training. I make the visit to train those that did not attend and for the one that attended to whether they are putting the lessons into practice and even help them establish facilities like hand washing if I notice difficulty."

-Promoter from Iranda

"I do home visit for those who failed to show up for our meeting with or without apology. During the home visit, I teach them everything that was covered in the lessons/meeting they missed after this I visit the homes of my entire CGVs or the Neighbor Women. This visit is to find out whether they have put into practice what we learnt in the previous session, if they have not or they did not understand, I help them in putting the lessons into practice."

-Promoter from Nyagoto

"You can visit those who did not manage to come for the meeting so as to confirm what caused them not to attend the meeting."

-CGV from Nyagoto

NW also demonstrated an understanding that CGVs will make a home visit if they miss a NG meeting.

"If you were sick and could not attend the lesson they will come and teach you at home so that you can know what they taught the rest."

-NW from Nyagoto

CGVs also explained the importance of serving as role models in their communities to encourage healthy behaviors.

"Making them understand what I am doing is by teaching them and giving them example and doing practical."

-CGV from Iranda

In addition, CGVs explained that their role as facilitators has helped them create a social support group that brings a sense of community among the women. This feeling of community was reaffirmed by the NW.

"I think my work as a CGV, firstly is to create unity among the neighbor women."

-CGV from Iranda

"The Care Group is a form of small corporative group where we encourage and support each not only on the lesson on health but also financial support. This motivated me to keep participating in the Care Group because there is more to it than just health."

-NW from Nyagoto

Barriers to Meeting Responsibilities

Tardiness

All FGD participants expressed that tardiness is a significant challenge to fulfilling their responsibilities. CG and NG meetings may run longer than expected if the facilitator has to wait for more women to arrive before starting. The same problems are present at home visits if the CGV or promoter has set a time and the woman is not home, then she is required to reschedule.

> *"They do not know how to keep time. You might agree to meet at 2:00 PM but they come at 5:00 PM. When they come at 5:00 and you know my husband does not like seeing people in the compound when he comes at 5:00PM and find other men's wives there he might even beat them up, telling them that they have brought Corona. So that is also a challenge."*
>
> *-CGV from Iranda*

> *"Some of us don't keep time as agreed in meeting times. Sometime you may attend the meeting and get that you are just with the CGV and have to wait longer for others to arrive. This makes you feel like next time if you go to the meeting in time you may end up waiting like in the previous meeting. Others may not attend at altogether."*
>
> *-NW from Iranda*

Migration

Women who migrate out of the town only to return after a few weeks serve as a challenge for promoters and CGVs. Because some of the women are gone for periods of time, their CGV or promoter must meet with them to make up the missed lessons, adding an additional responsibility for them.

> *"For example, in my group I have 2 wives who are not in right now but they will be there next week so I will be required to back there next week to teach them a lesson we had already done. When they are not in I teach those who are in, when they come back I go teach them so it is a challenge."*
>
> *-CGV from Iranda*

> *"They could be having a wife this week but when you go the following week you will not find them because they migrated back to their homes therefore becoming a big challenge, migration of women from one place to the other. So I do not know how you can go about that but migration is the most rampant."*
>
> *-CGV from Iranda*

Credibility

A barrier that participants mentioned was a lack of credibility because they did not have identification to prove their involvement with Care Groups. Promoters are given uniforms, but CGVs requested them as well because it represents their roles in the program. They also explained that wearing uniforms increases their credibility to their own husbands and to the husbands they meet while conducting home visits. The uniform could be a T-shirt, a badge or a bag with the KIKOP logo that they could also carry their papers in. NW also requested uniforms to show their involvement with Care Groups.

> "Secondly, you can go and find a harsh husband who will not allow you into the compound unless you have a uniform to show that you have come to do a certain job. They can even call you a thief and it brings so much problems, it is such a big challenge."
>
> -CGV from Iranda

Involvement with Care Group Training Cascade

Motivation to Participate

The responses from the participants can be divided into internal or external motivation.

Participants cited that one external motivation is witnessing the change in the behaviors of their community members. Behavior changes that participants listed include: an increase in hospital deliveries; utilization of healthcare services for sick children; and mothers adhering to recommended visits for antenatal and postnatal care.

> *"What motivates me to continue being or serving as a Promoter is because I have witnessed tremendous changes in my village especially I have seen every woman has established a hand-washing facility in their homes, they now take their babies/children to hospital, when they have appointments for immunization, they do take their babies and the way I see CGVs attending our meetings really motivates me a lot to continue being in KIKOP."*
>
> *-Promoter from Iranda*

Witnessing these changes motivated participants to become involved with Care Groups so that they could also help their community.

> *"I used to see Community Health Volunteers (CHVs) going around our village checking on women, children and even community health. I like the way they were teaching the women and people in the village on health and through that I developed a desire to also participate in training the women on their health and that of their family."*
>
> *-Promoter from Nyagoto*

Another internal motivation that promoters, CGVs and NW expressed was the confidence they gained from their ability to take care of their families because of the lessons they learned.

> *"What motivates me to still remain in this group is because I want to continue creating change because there before we never used to maintain cleanliness and hygiene, but since I joined KIKOP I am hygienic in my house, in the community, I have known how to treat my child and give them good food, a balanced diet, how many times I am supposed to feed my child and how to know what the child is suffering from so that I can treat them before taking them to hospital."*
>
> *-CGV from Iranda*

> *"I remember I used to poorly feed my baby which in most cases made the baby to choke but thanks to what we have been learning through KIKOP I have learnt the proper way of feeding the baby."*
>
> *-NW from Iranda*

In addition, CGVs and promoters expressed that their role as educators have gained them respect in their own communities and are referred to as "daktaris" (health workers). This serves as a positive reinforcement for the women and encourages them to continue to participate.

For the participants in the Nyagoto catchment, the emergence of COVID-19 was a significant motivator for their initial interest in Care Groups. Participants expressed that involvement in the program taught them ways to protect themselves and their households from COVID-19.

> *"Our CGV visited our home and invited me for a training on COVID 19 and how we can prevent it, after the training I saw that the group was good and could be of benefit to me and that is how I started attending the Care Groups."*
>
> *-NW from Nyagoto*

> *"Through the Care Groups I am motivated to keep attending because I have been taught on how to make a mask, how to wear, hand washing and sanitizing to prevent COVID 19."*
>
> *-NW from Nyagoto*

Deterrents to Participate

Although participants expressed that they enjoy going to lessons, they listed barriers that may prevent them from participating. Many of the women cited bad weather and transportation issues as reasons for low attendance.

> *"I will say that the weather plays a role mostly in hindering us from attending the trainings for example during the COVID 19 lesson whereby we are required to have out-door classed when it rains, our classes are disrupted, this becomes challenging even to the facilitator."*
>
> *-Promoter from Iranda*

Although distance to meeting sites was not often cited as a deterrent, one CGV from Nyagoto recommended that the group lessons should be held at different locations each time to accommodate to the distances people travel.

> *"According to me, I am making a suggestion we should not be meeting at the same place every other time since some of us come from a far, having to climb those hills and sometimes it is raining becoming quite challenging. We should at least rotate, if this time we are here at Nyagoto, nest time we should be at Engoto next another lace."*
>
> *-CGV from Nyagoto*

Other barriers that were cited was having to work during the scheduled meeting or disputes with husbands. For example, a husband may claim that his wife's involvement in the program is not beneficial because she is not receiving payment for her work.

> *"Unsupportive spouses who do not see any value especially financial benefits from the meetings. So, to avoid domestic issues and squabbles at home, you may get discouraged from attending."*
>
> *-NW from Iranda*

> *"What can prevent me from attending the meetings is my husband saying that he does not see the benefits of attending them since there is no payments."*
>
> *-CGV from Nyagoto*

Participants expressed that their husbands also believed that they should be taking care of their children instead of going to meetings. As a compromise, some women may bring their children to a meeting so that they may not miss a lesson. However, they may have difficulty taking care of the children and paying attention. Consequently, she will likely miss the next meeting if she has to bring her children.

> *Some of us are forced to come with children for the trainings and these children may keep interrupting us during the trainings. Next time you may decide not to attend the training because you may fear that the baby may not give you ample time to concentrate."*
>
> *-Promoter from Iranda*

Male Involvement

Because many of the informants cited their husbands as a barrier to participation, they requested that their husbands be somewhat engaged with Care Groups so that they can see the value of it. In addition, many participants recommended that marital counseling be a lesson topic so that the women can be better equipped to deal with disputes at home. When asked if the husbands should attend the lessons, there was some disagreement.

Participants in the Nyagoto catchment have suggested that KIKOP advertise the Care Group program to increase awareness and gain support from their husbands and community.

> *"So as to have maximum support from community members and our spouses it will be prudent if KIKOP could sensitization and social mobilization via the local radio stations. This will make our spouses aware of*

KIKOP its advantage and even support us to attend the meeting thus minimizing domestic squabbles in families where the spouses wonder what we do in those Care Group Meetings."

-CGV from Nyagoto

Requests for Incentives

Promoters and CGVs explained that many of the women request items as a reward for their completion of a lesson or a home visit. Some have indicated that items that correspond to lessons plans (ex. soap during hygiene lessons) should be supplied to all participants.

In addition, monetary compensation was frequently requested from CGVs and NW. Promoters and CGVs have explained that participants complain that they leave CG or NG meetings empty handed and could have used the time spent during meetings to work and provide for their family.

"You may get that, there are those that cannot afford this like diapers, soap, basin and other things once they have delivered or have babies, it will be good if KIKOP will also chip in to support at least once in a while."

-NW from Iranda

State of Care Group and Neighbor Group Meetings

There was a general consensus that receiving lessons twice a month is ideal. The only group that disagreed is the NW from Iranda. All of the participants from this FGD agreed that they should be increased, but did not clarify by how much. They also stated that the time allotted for the delivery of each lesson plan should be increased.

When asked about things that have aided them in their ability to lead NGs, some of the CGVs mentioned that they use a merry-go-round system during their group meetings. Each member contributes a small amount of money to the woman who is hosting the meeting to provide small refreshments. The system brings a sense of community and motivates women to attend.

"For my group, we a merry-go-round with the group. After we have been taught we collect like 50/= shillings from each person we give one person. When we meet again another time we also collect and give another person. That is what impresses me in my group."

-CGV from Iranda

The use of activities and pictures during CG and NG meetings were commonly cited as a way to enhance the lesson plans. Pictures in particular were emphasized to illustrate main takeaways of each topic and were particularly helpful because of the varying literacy levels of participants.

"They use pictures and stories to explain something which makes the lesson interesting and draws our attention to participate or ask question."

-Promoter from Nyagoto

"During activities, she demonstrates practically how something like making a hand-washing facility or how proper hand washing is done, through this we are able to follow and practice and understand so as we can do it in our homes."

-NW from Nyagoto

All of the FGDs suggested that lesson materials should include more colored pictures and have fewer text. They also suggested to increase the number of activities to keep participants engaged.

"Yes they [pictures] should be increased because even if you take these pictures to the neighbor women it will be easier for them to learn by looking than from the writings. So, it is easy to learn from pictures and they should be enlarged."

-CGV from Iranda

In addition, CGVs in Iranda and Nyagoto mentioned that the meetings and lesson materials should be in Swahili or the local language to accommodate to the various literacy levels and speaking proficiency of the members.

"I would also like to add that it is not all of us who went to school to a level where we can comprehend the writings therefore I would suggest that they can give us in a language like Swahili or Ekegusii because some of us do not understand that much."

-CGV from Iranda

The women also recommended that there should be enough lesson materials for every woman in the CG and NG meeting to take home. It was added that this will allow the women to review the materials at home and share the resource with her family.

"More notes/handouts/brochures enough for each one of us should be provided so that we are able to even refer when we are back at our home. This will end scrambling for the little available or being forced to share and in the end you end up not benefiting from the information conveyed altogether."

-NW from Iranda

Current and Future Topics

When asked how participants felt about the lessons they received, there was a common consensus that every lesson was beneficial and explained how they applied the lessons at home. For the Nyagoto catchment in particular, the COVID-19 lessons have helped participants recognize symptoms, risk factors and practice preventative measures. None of the participants stated that a lesson was not beneficial.

Future topics that participants recommended included: marital counseling, growth monitoring, communicable diseases (TB, STDs) and noncommunicable diseases (high blood pressure, diabetes, cancer).

Quality of Trainings Provided by Facilitators

Facilitators of the CG and NG meetings were cited to be humble, timely, and enthusiastic. Participants stated that facilitators created a welcoming environment that encouraged participation. The women also expressed that facilitators knew each of them by name and that they felt respected and listened to.

"When my promoter teaches me, you find that they are social, they smile and laugh along with us and when they are asking us questions, they call us by our names."

-CGV from Iranda

"She is skilled in drawing our attention like when we meet, she makes us sing, pray and even trying to find out how we are faring on. This makes you even if you were stressed up, you find yourself relieved and enjoying being in the group"

-NW from Nyagoto

According to participants, facilitators demonstrated a clear understanding of the lesson topics. CGVs also noted that promoters emphasized the importance of training CGVs properly so that they correctly perform their tasks for the NW.

"They (FOs) are available to accompany us to the Care Groups and are even very supportive and correct us in a humble way even when they see us miss some points in areas we didn't understand."

-Promoter from Nyagoto

"My promoter impresses me because when she brings us information she makes sure as a CGV and teaches me how it is supposed to so that I can take it to the neighbor women."

-CGV from Iranda

Participants explained that when there was confusion, facilitators were able to explain in various ways to help them get a clear understanding. They also stated that they felt comfortable to ask questions and believed facilitators did a good job in responding to them.

"I also like them to continue with the way they train us, in that when they ask questions, even if your answer is wrong, they normally insist that there is no wrong or correct answer and that we are all in that training to learn. This is encouraging and keeps us participating in the lessons either by asking or responding to questions."

-Promoter from Nyagoto

"In that case they will not force you to answer. They will pick another person to answer, then repeat teaching on that point to make sure you have understood what he was teaching."

-CGV from Nyagoto

"We are allowed to ask questions on the topic or even whatever we have not understood."

-NW from Iranda

State of Home Visits

Promoters, CGVs and NW explained the benefit of home visits as a way to reinforce lessons learned during meetings. For promoters and CGVs, the home visits give them the opportunity to reengage with the women and confirm that they are properly following the key messages from the lesson plans.

"For instance, the lesson on Malaria it is necessary to visit them and confirm if they are using a mosquito net and if they had not done that right you help them out."

-CGV from Iranda

The one-on-one structure of the home visits helps to strengthen the relationship between the facilitator and the participant.

"Through the home visit you become better friends because when you go for the home visits you can feel like they are closer to you than when you are in a group. So it creates more friendship."

-CGV from Iranda

"Some women as I have seen in many of my home visits are free to share with me their issues and fears as compared to when we are in a group. This makes it enjoyable because you get to know more about the problems in the village and community at large."

-Promoter from Nyagoto

For CGVs and NW who are recipients of the home visits, they expressed the benefit of asking their promoter or CGV questions that they may have been hesitant to ask during large group settings.

"During the home visits you can explain to someone until they understand because they can ask questions and they are not afraid. When you are many, they can be afraid. However, during the home visit when they

are alone, they can understand better and they are free to ask questions better than when you are in a group."

-CGV from Iranda

"It is good when they come to our homes as we get to get enough time with them unlike when we are meeting in the Care Group meetings where we do not get adequate time to even ask questions or even put into practice what we learn."

-NW from Iranda

The home visits not only allow promoters and CGVs to interact with the mother, but they also allow them to engage and check on the wellbeing of the family members, as well as demonstrate to the family the benefit of Care Groups.

"During the home visit I get to notice sick family members or a condition that could be affecting family members and refer them for treatment. I would also be prompted to revisit the family to see whether the referral was successful."

-Promoter from Iranda

"In the case where the husband is not supportive and a CGV has been skipping meeting and you happen to visit the family and get the whole family. It creates an opportunity for health education for them and when they see that the program is good, they will support the woman to attend other meeting, when arranged."

-Promoter from Iranda

"When you miss to attend the Care Group meetings, the Promoter or the CGV makes a follow-up to find out why. Sometimes if you have been denied permission maybe because your spouse doesn't see the benefits of your participation in the Care Groups, the Promoter or CGV can explain to him about KIKOP and what we do and by that the spouse becomes cooperative."

-NW from Nyagoto

That being said, many of the women believed that unsupportive husbands made it difficult to complete home visits if the promoter or CGV feels unwelcomed.

"In some homes the spouse or man of the home may be unwelcoming or unsupportive, some may not want you to even spend time with their wives claiming that they don't see any value for what we are learning. This is quite discouraging and makes you uncomfortable to share or teach the CGV or the Neighbor Woman in that home."

-Promoter from Iranda

"You might find that there are marital conflicts in a home when doing home visits. Sometimes when the husband sees you they claim that you are the one influencing their wife by putting her in groups that incite her to come and fight them in the house. Making it hard to do home visits."

-CGV from Iranda

COVID-19

Since the emergence of COVID-19, the KIKOP project has created and implemented two lessons focused on the coronavirus, including topics of identifying symptoms, preventative measures like social distancing, wearing masks, using hand sanitizer and proper hand washing. The lessons were received very well by women in both catchments and participants demonstrated a clear understanding of what they have learned.

"The topic on COVID 19 disease has been so beneficial because a majority of the community members are unable to buy masks. After we were trained, we also trained the community on making face reusable mask and for sure they have made for themselves mask and this has helped a lot in the fight against Novel Corona

Virus."

-Promoter from Nyagoto

"We were provided with sanitizer and were shown how to prepare a hand-washing facility to use at home together with the sanitizer. When the CGV visits, she/he will help you make a hand-washing facility to use at home."

-NW from Iranda

"If someone is infected with Corona, I isolate them in their room, I tell them to wear a mask as I also wear mine. I make them cornmeal (ugali) once they have been done eating, I wash their dishes with a sanitizer or soap them I ensure where they stay is clean for 14 days till they get better."

-CGV from Nyagoto

Home Visits during COVID-19

Some women have had trouble conducting home visits because families are afraid to let promoters or CGVs enter their home due to fear of contracting the virus, which has led to requests of Personal Protective Equipment (PPE) in order to conduct the visits.
(Update: As of June 7th, PPE was distributed to participants.)

"Sometime last month I was on home visit when a man in one of the home came out shouting at me that home visits were prohibited because of COVID 19, I was almost disappointed but after showing him my identification card, he calmed down and we were able to continue with the home visit even with the man also taking part in it."

-Promoter from Iranda

Collecting and Managing Project Data

Promoters demonstrated an understanding of collecting registers and completing the promoter summary sheets. When asked if they would like further training on collecting and managing data, promoters from both Iranda and Nyagoto believed that it was not necessary.

"When I go to the Care Groups, I take a register of the CGVs per a group. While doing this I get from them the vital events which I record besides each group after which I prepare a clean summary sheets from the data collected on: number of pregnancies, new pregnancies, deliveries or still births. This data I get from my care groups and then I make a summary and then I complete the Promoter Summary Sheets with the summaries from the Care Groups."

-Promoter from Iranda

CGVs demonstrated the importance of completing the NG registers and showed an understanding of what qualifies as a vital event (pregnancy, death of a child or mother, miscarriage, etc.). They acknowledged that the NG registers help them get a better understanding of the welfare of their groups.

The CGVs in Nyagoto have demonstrated a clear understanding of the purpose of the NG registers and the how to properly fill them out. When asked if they required more training, the women all indicated that they did not need it. However, the CGVs in Iranda stated that they have significant trouble with filling out the register. They described the register as being confusing and prefer to have a simpler version. They also indicated that they would like more training on how to properly fill out the register

"Those registers are the ones that pose a big problem, you find that they have a lot of boxes to be filled. You will be able to mark but since they have a lot of boxes you might be a little confused and indicate elsewhere."

-CGV from Iranda

"As a CGV I usually call the register, if Mary is in I mark them present, if Lilian is not in I mark them absent. From there I ask them questions on who has migrated, who has lost their child, who are present and how many newborns do we have in the village. From there I fill then finish."

-CGV from Nyagoto

"We do understand them because it is the first thing you mark. As soon as the mother arrives you mark before starting."

- CGV from Nyagoto

Discussion

The FGDs gave better insight on the experiences of participants and a closer analysis of each level of the cascading structure. The success of Care Groups is demonstrated through the increased knowledge of the participants and the change they have witnessed at their homes and in their communities. They have enjoyed their experience during lessons and have positive relationships with their facilitators. The FGDs have also listed barriers and challenges and revealed areas that need improvement.

A significant challenge and barrier to participation that all women in every group discussed is conflict with their husbands. As stated earlier, husband disapproval can prevent a woman from completing her responsibilities or attending a CG/NG meeting. In addition, if a woman gets into an argument with her husband before attending a home visit or CG/NG meeting it may affect her level of engagement.

Most importantly, there seems to be snowball effect. When one woman is unable to fulfill her responsibility, it impacts the woman above her in the cascading structure. For example, if a NW's husband prevents her from attending a meeting, it will cause her CGV to make an extra home visit as a substitute for the missed lesson. Because this requires the CGV to make an extra trip in order to fulfill her responsibility, her husband may disapprove, saying that she is committing too much time to the program. This can lead to other problems that the women have listed, which includes distrust from spouses if they believe she is secretly hiding payments, or the husband may say that she should use her time working instead participating in the program.

Furthermore, the husband may prevent her from attending a CG lesson herself, which will require the promoter to make a home visit so that she receives the vital information. As a result, the promoter may experience the same troubles that the CGV experiences. Although the Care Group model is targeted towards women, husbands have a significant impact on the ability of the women to fulfill their roles and can affect the success of the project. For this reason, the role and impact of the husband has emerged as a significant theme throughout the analysis.

Secondly, tardiness is a problem that both CGVs and promoters mentioned. Facilitators have tried to cope with lateness by waiting until enough women have arrived to start the meeting. However, this discourages attendees from coming to meetings on time if they know that they will have to wait. To prevent this from happening, they may also come late to the meeting, thus exacerbating the issue of tardiness.

Lastly, all of the NW and CGVs requested incentives for their involvement. Although promoters are paid for their participation, CGVs have expressed to them that they should either be paid or receive more incentives. CGVs have reported the same findings for NW in both catchments. Although KIKOP does provide some incentives throughout the program, the women have requested that it be consistent. Lack of incentives may also lead to martial disputes if the husband thinks that her involvement with Care Groups is not beneficial if she comes home empty-handed. As a result, he may prevent his wife from participating in the program in the future.

Recommendations

1. Increase the frequency of incentives given during CG/NG meetings and home visits. Distribution can be random to incentivize women to attend all appointments. Incentives can be related to lesson plans (soap, diapers, basins, etc.) and also include items that women have requested (umbrellas, rainboots, etc.).

2. Present the merry-go-round system as an option for all CG and NG meetings. Participants in the Iranda catchment have indicated that it has been effective, and implementation may encourage participation and attendance.
3. To combat tardiness, promoters or CGVs can implement a policy that if a woman is late, she must pay a small late fee. Money collected from late fees will be used only towards the CG/NG meetings like providing refreshments. This system is already in place in the Iranda catchment for promoters attending lessons with their FO.
4. Increase the use of pictures in lesson materials. Both Iranda and Nyagoto catchments indicated that pictures have been essential in understanding concepts and requested that they should be used more.
5. Lesson materials and facilitation should be in Swahili or the local language.
6. Lesson materials should be given to each participant after a CG/NG meeting that summarizes main concepts.
7. Include more activities during CG/NG meetings to engage participants.
8. Future topics should cover marital counseling, growth monitoring, communicable diseases (TB, STDs) and noncommunicable diseases (high blood pressure, diabetes, cancer).
9. A survey should be given to participants to gage if/how women would like their husbands to be involved in Care Groups. For example, one lesson can be focused on marital counseling and women can decide if husbands should attend or they attend alone and pass the information on to their husbands.
10. Provide uniforms to CGVs and NW to signify their involvement with Care Groups. The uniform can be a T-shirt, KIKOP bag or a smaller item like a badge. Some sort of marker will help establish their connection to the program and increase credibility.
11. Advertise the Care Group program around the community (posters, flyers, radio announcement, etc.) to increase awareness and gain support from the women's husbands and the community.
12. Registers and summary sheets:
    a. Conduct an additional training for Iranda CGVs on how to fill out registers
    b. Include a column that indicates if participants received a home visit when they missed a CG/NG meeting
    c. Add a column to indicate new pregnancies
    d. Clarify migration as "out migration" and add an "in-migration" column
    e. Add a column to mark women who have graduated from the program (children who are 24 months and above who leave the group)
13. Establish a policy for women who have migrated but later return to their Care Group.
14. Provide certificates for NW who have graduated from the program. CGVs and promoters should receive a certificate of training for their roles as facilitators. This can also double as an incentive for CGVs and promoters because it demonstrates the skills they have acquired and may help with future employment.

KIKOP has made significant achievements for both the Iranda and Nyagoto catchments. The cascading structure empowers mothers with the knowledge to take care of their own families and their community. Because the model's success relies on each woman fulfilling her responsibilities, the information gathered from the FGDs identify success areas and areas that need improvement. Addressing challenges and adopting these recommendations will help improve the experience of participants and lead to increased success of the program.

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Appendix

Appendix 1a. Interview Guides for Promoters

Satisfaction of Promoters with Participation in Care Groups
Interview Guide and Research Questions

Location: _____ **Facilitator**: _____

Date: _____ **Note-taker**: _____

Start/End times: __ / _____ **Interview format (FGD/KII):** _____

Informants: Promoters serving [*insert catchment name]*_____

Purpose: To collect feedback from promoters and to understand what is going well and what changes should be considered in their role. This includes the lessons they receive from field officers, their role as facilitators of Care Groups, and their work as community health volunteers.

Population: Promoters who are part of the KIKOP project serving the _____ catchment in Kisii, Kenya who both facilitate Care Groups and receive trainings from Field Officers.

Review and signing of consent form

Prior to bringing the group together, individually review the consent form with each participant and collect their signatures or fingerprints.

Introduction

Good day. Thank you all for agreeing to speak with us today. My name is _____ and this is _____ , we work as the _____ and _____ with the KIKOP project. I am interested in learning more about what is working well for the KIKOP project and what changes can be made to improve the project and the health of your communities.

I would like to ask you a series of questions about your experiences as Promoters in the Care Group training cascade. Please know that there are no right or wrong answers to my questions. I only request honest answers that truly express your opinions, observations, and beliefs. I would love for each of you to answer every question, but you are not required to do so. If you feel uncomfortable answering a certain question, please let me know and you can skip it. If someone else has already expressed what you intended to say, you can simply indicate that.

We will record your voices and take notes during the interview, but your name will not appear in any document or report and what you say will be completely anonymous. We ask that you keep confidential what others have said in this group interview as well.

- Do you understand the purpose of this interview?
- Do you have any questions before we begin?

Setting of ground rules for discussion

During our discussion we will all be sharing our personal thoughts and opinions about our experiences with Care Groups. We value your opinions and want everyone to feel comfortable sharing about their experience. To encourage this, we have set some ground rules for our conversation today:

- Treat one another with respect
    - There may be times that you disagree with others in this discussion. During these times, I encourage you to be kind to the other participants when you discuss your opinions.
    - Show respect to other members by not interrupting them when they are speaking
- Create a safe space for conversation
    - Remember not to repeat or share what others say during our conversation.
    - Speak as openly as you feel comfortable and encourage others to do the same

Are there any other ground rules you would like to have for our conversation today?

Let us begin. Feel free to interrupt me if you have any questions or do not understand something I say.

1.1 What are your responsibilities as a promoter?

1.2 What motivates you to be a health promoter?

- What made you want to start participating in Care Groups?
- What motivates you to continue participating?

Transition: Thank you, now I would like to hear from you about your experience learning the lesson materials from the Field Officers.

2.1 What are some things that the Field Officers are doing while teaching the Care Group lessons that you would like them to continue? In other words, what is going well?
- What are some ways that Field Officers make the lessons enjoyable?

2.2 In what ways do the Field Officers encourage participation during the lessons?
- What do the Field Officers do to encourage you to speak and ask questions during the lesson?
- What could the Field Officers do to make the lessons more participatory?

2.3 What could be improved about the training you receive from Field Officers?

2.4 What barriers affect your ability to participate in the group trainings hosted by the Field Officers?
- What makes it hard for you to attend meetings?

Transition: Thank you for your input. Now I would like to talk about your experience as facilitators leading Care Groups for Care Group Volunteers.

3.1 What is going well at the Care Group meetings you facilitate for Care Group Volunteers (CGVs)?

3.2 What is difficult about facilitating the Care Group meetings?
- What other challenges do you have at your Care Group meetings with CGVs?

3.3 How can KIKOP better prepare you to teach lessons to the Care Group Volunteers?
- What additional support do you need?
- Is there anything you would like additional training on in regard to meeting facilitation?

Thank you for sharing. I now would like to spend a bit more time getting your opinion on the content and structure of the lessons before we talk about your role completing home visits.

4.1 How relevant are the lesson topics to the needs of your community?
- Which topics have been the most useful?
- Which topics have been the least useful?

4.2 What topics would you like to be taught in future lessons?

4.3 How can Care Group lessons and teaching materials be improved?
- If they do not mention, ask about:
    - The number of lessons
    - The frequency of lessons
    - The length of lessons
    - The difficulty level of lessons
    - The photos/drawings in lessons
    - The activities in lessons

Transition: Thank you for sharing your ideas. Next, I would like to learn about your experiences doing home visits to your Care Group Volunteers.

5.1 In your opinion, what is the purpose of the home visits to Care Group Volunteers?

5.2 What is going well at your home visits to Care Group Volunteers?
- What helps make the home visit enjoyable for the mothers?
- What parts of the visit are easy to do?

5.3 What challenges are you currently facing at home visits to Care Group Volunteers?
- What is difficult about conducting home visits?
- What parts of the home visit are uncomfortable?

5.4 What can KIKOP do help you overcome the challenges faced during home visits?

Transition: Thank you for your input. The last subject I would like to cover is your experience collecting and managing project data.

6.1 How well how well do you understand the process of collecting vital events and attendance?

- How well do you understand the promoter summary sheets?

- How well do you understand the Care Group registers?

6.2 Do you think anything should be changed or improved on the summary sheets or Care Group registers?

6.3 Would you like any additional training on using the Care Group registers and promoter summary sheets?

- If so, is there anything specific the training should cover?

Closing:

1. Do you have any recommendations for the program that you would like to share?
2. Is there anything else you would like to share with the group before we end our discussion today?

Show appreciation: We really appreciate your input. Thank you for your time.

Appendix 1b: Interview Guide for CGVS

Satisfaction of Care Group Volunteers with Participation in Care Groups
Interview Guide and Research Questions

Location: _____ Facilitator: _____

Date: _____ Note-taker: _____

Start/End times: __ / _____ Interview format (FGD/KII): _____

Informants: CGVs serving [*insert catchment name]*_____

Purpose: To collect feedback from CGVs and to understand what is going well and what changes should be considered in their role. This includes the lessons they receive from field officers, their role as facilitators of Care Groups, and their work as community health volunteers.

Population: CGVs who are part of the KIKOP project serving the _____ catchment in Kisii, Kenya who both facilitate Care Groups and receive trainings from Field Officers.

Review and signing of consent form

Prior to bringing the group together, individually review the consent form with each participant and collect their signatures or fingerprints.

Introduction

Good day. Thank you all for agreeing to speak with us today. My name is _____ and this is _____ , we work as the _____ and _____ with the KIKOP project. I am interested in learning more about what is working well for the KIKOP project and what changes can be made to improve the project and the health of your communities.

I would like to ask you a series of questions about your experiences as Care Group Volunteers (CGVs) in the Care Group training cascade. Please know that there are no right or wrong answers to my questions. I only request honest answers that truly express your opinions, observations, and beliefs. I would love for each of you to answer every question, but you are not required to do so. If you feel uncomfortable answering a certain question, please let me know and you can skip it. If someone else has already expressed what you intended to say, you can simply indicate that.

We will record your voices and take notes during the interview, but your name will not appear in any document or report and what you say will be completely anonymous. We ask that you keep confidential what others have said in this group interview as well.

- Do you understand the purpose of this interview?
- Do you have any questions before we begin?

Setting of ground rules for discussion

During our discussion we will all be sharing our personal thoughts and opinions about our experiences with Care Groups. We value your opinions and want everyone to feel comfortable sharing about their experience. To encourage this, we have set some ground rules for our conversation today:

- Treat one another with respect
    - There may be times that you disagree with others in this discussion. During these times, I encourage you to be kind to the other participants when you discuss your opinions.
    - Show respect to other members by not interrupting them when they are speaking
- Create a safe space for conversation
    - Remember not to repeat or share what others say during our conversation.
    - Speak as openly as you feel comfortable and encourage others to do the same

Are there any other ground rules you would like to have for our conversation today?

Let us begin. Feel free to interrupt me if you have any questions or do not understand something I say.

1.1 Can you describe your responsibilities as a Care Group Volunteer?

1.2 What motivates you to be a Care Group Volunteer?

- What made you want to start participating in Care Groups?
- What motivates you to continue participating?

Transition: Thank you for your feedback, now I would like to hear about your experience learning the lesson materials from the Promoters at Care Group Meetings.

2.1 What are some things that the Promoters are doing while teaching the Care Group lessons that you would like them to continue? In other words, what is going well?
- What are some ways that the Promoters make the lessons enjoyable?

2.2 In what ways do the Promoters encourage participation during the lessons?
- What do the Promoters do to encourage you to speak and ask questions during the lesson?
- What could they do to make the lessons more participatory?

2.3 What could be improved about the lessons you receive from Promoters?

2.4 What barriers affect your ability to participate in Care Group Meetings?
- What makes it hard for you to attend meetings?

Transition: Thank you for your input. Now I would like to talk about your experience as facilitators leading Neighbor Groups for Neighbor Women (mothers in your community).

3.1 What is going well at the Neighbor Group meetings you facilitate for Neighbor Women?

3.2 What is difficult about facilitating the Neighbor Group meetings?

3.3 How can KIKOP better prepare you to teach lessons to the Neighbor Groups?
- What additional support do you need?
- Is there anything you would like additional training on in regard to meeting facilitation?

Thank you for sharing. I now would like to spend a bit more time getting your opinion on the content and structure of the lessons before we talk about your role completing home visits.

4.4 How relevant are the lesson topics to the needs of your community?
- Which topics have been the <u>most</u> useful?
- Which topics have been the <u>least</u> useful?

4.5 What topics would you like to be taught in future lessons?

4.6 How can Neighbor Group lessons and teaching materials be improved?
- If they do not mention, ask about:
    - The number of lessons
    - The frequency of lessons

- The length of lessons
- The difficulty level of lessons
- The photos/drawings in lessons
- The activities in lessons

Transition: Thank you for sharing your ideas. Next, I would like to learn about your experiences doing home visits to your Neighbor Women.

5.5 In your opinion, what is the purpose of the home visits to the Neighbor Women?

5.6 What is going well at your home visits to the Neighbor Women?
- What helps make the home visit enjoyable for the mothers?
- What parts of the visit are easy to do?

5.7 What challenges are you currently facing at home visits to the Neighbor Women?
- What is difficult about conducting home visits?
- What parts of the home visit are uncomfortable?

5.8 What can KIKOP do help you overcome the challenges faced during home visits?

Transition: Thank you for your input. The last subject I would like to cover is your experience collecting and managing project data.

6.1 How well how well do you understand the process of collecting vital events and attendance?

- How well do you understand the Neighbor Group registers?

6.2 Do you think anything should be changed or improved on the Neighbor Group registers?

6.3 Would you like any additional training on using the Neighbor Group registers?

- If so, is there anything specific the training should cover?

Closing:

3. Do you have any recommendations for the program that you would like to share?
4. Is there anything else you would like to share with the group before we end our discussion today?

Show appreciation: We really appreciate your input. Thank you for your time.

Appendix 1c: Interview Guide for NW

Satisfaction of Neighbor Women with Participation in Care Groups
Interview Guide and Research Questions

Location: _____ **Facilitator**: _____

Date: _____ **Note-taker**: _____

Start/End times: __ / _____ **Interview format (FGD/KII):** _____

Informants: Neighbor Women serving [*insert catchment name]*_____

Purpose: To collect feedback from the mothers participating in Neighbor Groups (NGs) and to find out what is going well and what changes should be considered in their role as participants in Neighbor Groups. This study may also help to better understand why mothers are motivated to participate and what barriers they face.

Population: Neighbor Women who are part of the KIKOP project serving the _____ catchment in Kisii, Kenya who both facilitate Care Groups and receive trainings from Field Officers.

Review and signing of consent form

Prior to bringing the group together, individually review the consent form with each participant and collect their signatures or fingerprints.

Introduction

Good day. Thank you all for agreeing to speak with us today. My name is _____ and this is _____ , we work as the _____ and _____ with the KIKOP project. I am interested in learning more about what is working well for the KIKOP project and what changes can be made to improve the project and the health of your communities.

I would like to ask you a series of questions about your experiences as Neighbor Women in the Care Group training cascade. Please know that there are no right or wrong answers to my questions. I only request honest answers that truly express your opinions, observations, and beliefs. I would love for each of you to answer every question, but you are not required to do so. If you feel uncomfortable answering a certain question, please let me know and you can skip it. If someone else has already expressed what you intended to say, you can simply indicate that.

We will record your voices and take notes during the interview, but your name will not appear in any document or report and what you say will be completely anonymous. We ask that you keep confidential what others have said in this group interview as well.

- Do you understand the purpose of this interview?
- Do you have any questions before we begin?

Setting of ground rules for discussion

During our discussion we will all be sharing our personal thoughts and opinions about our experiences with Care Groups. We value your opinions and want everyone to feel comfortable sharing about their experience. To encourage this, we have set some ground rules for our conversation today:

- Treat one another with respect
    - There may be times that you disagree with others in this discussion. During these times, I encourage you to be kind to the other participants when you discuss your opinions.
    - Show respect to other members by not interrupting them when they are speaking
- Create a safe space for conversation
    - Remember not to repeat or share what others say during our conversation.
    - Speak as openly as you feel comfortable and encourage others to do the same

Are there any other ground rules you would like to have for our conversation today?

Let us begin. Feel free to interrupt me if you have any questions or do not understand something I say.

1.1 What motivates you to participate in Neighbor Groups?
- What made you want to start participating in Care Groups?
- What motivates you to continue participating?

Transition: Thank you, now I would like to hear from you about your experience learning the lesson materials from the Care Group Volunteers.

2.5 What are some things that Care Group Volunteers do while teaching the lessons that you would like them to continue? In other words, what is going well?
- What are some ways that Care Group Volunteers make the lessons enjoyable?

2.6 In what ways does your Care Group Volunteer encourage participation during the lessons?
- What do the Care Group Volunteers do to encourage you to speak and ask questions during the lesson?
- What could the Care Group Volunteers do to make the lessons more participatory?

2.7 What could be improved about the training you receive from Care Group Volunteers?

2.8 What barriers affect your ability to participate in Neighbor Group Meetings?
- What makes it hard for you to attend meetings?

Transition: Thank you for your input. Now I would like to talk about your experience as facilitators leading Care Groups for Care Group Volunteers.

3.1 How relevant are the lesson topics to the needs of your community?
- Which topics have been the **most** useful?
- Which topics have been the **least** useful?

3.2 What topics would you like to be taught in future lessons?

3.3 How can lessons and teaching materials be improved?
- If they do not mention, ask about:
    - The number of lessons
    - The frequency of lessons
    - The length of lessons
    - The difficulty level of lessons
    - The photos/drawings in lessons
    - The activities in lessons

Transition: Thank you for sharing your ideas. Next, I would like to learn about your experiences receiving home visits from your Care Group Volunteers.

4.1 In your opinion, what is the purpose of the home visits from Care Group Volunteers?

4.2 What do you like about the home visits you receive from Care Group Volunteers?
- What makes the home visits enjoyable?

4.3 What do you dislike about home visits?
- What parts of the home visit are uncomfortable?
- What makes it hard for you to receive home visits?

4.4 What can KIKOP do to address the challenges faced during home visits?

Closing:

5. Do you have any recommendations for the program that you would like to share?
6. Is there anything else you would like to share with the group before we end our discussion today?

Show appreciation: We really appreciate your input. Thank you for your time.

Appendix 2. Codebook

Topic Code	Code ID	Sub-Code	When to Apply Code
Roles and Responsibilities	T1.0		Apply this code to text relating to participants' responsibilities and/or roles as members of the Care Group training cascade that is not captured by one of the sub-codes below.
	T1.1	Care Group Volunteers	Apply this code to text describing participants' roles and responsibilities as Care Group Volunteers.
	T1.2	Promoters	Apply this code to text describing participants' roles and responsibilities as promoters in the Care Group training cascade.
Motivation	T2.0		Apply this code to text relating to any motivating factors for participating in KIKOP that is not captured by one of the sub-codes below.
	T2.1	Internal Motivation	Apply this code to text describing internal motivation of participants. For example: Feeling of pride in playing a role to improve community health.
	T2.2	External Motivation	Apply this code to text describing external motivation of participants. For example: CGVs seeing the NW successfully implementing lessons learned from meetings.
Topics of Care Group and Neighbor Group meetings	T3.0		Apply this code to text that relates to the topics of Care Group/Neighbor Group lessons that is not captured by one of the sub-codes below.
	T3.1	Current/Past Topics	Apply this code to text that describes participants' opinions about current and/or past topics taught at Care Group/Neighbor Group lessons.
	T3.2	Future Topics	Apply this code to text that describes topics that participants would like to be taught in future Care Group/Neighbor Group lessons.
State of Care Group and Neighbor Group Meetings	T4.0		Apply this code to text that describes characteristics of typical Care Group or Neighbor Group meetings including its structure, format, and attendance.
Quality of Trainings by Facilitators	T5.0		Apply this code to text that relates to participants' opinions about the quality of trainings they receive by Field Officers, Promoters, or Care Group Volunteers that is not captured by one of the sub-codes below.
	T5.1	Preparedness to Teach Material	Apply this code to text describing participants' opinions about their facilitators' readiness to teach the lessons, including their understanding of the material, ability to answer questions, and overall effectiveness as a teacher.
	T5.2	Learning Environment	Apply this code to text describing characteristics of the learning environment at Care Group/Neighbor Group lessons, including the

			friendliness of the facilitators, encouragement of discussion, etc.
State of Home Visits	T6.0		Apply this code to text that describes characteristics of a typical home visit, including its purpose, format and length.
Family or Social Network	T7.0		Apply this code to text that describes how family members or social networks influence participation in KIKOP that is not captured by the sub-code below.
	T7.1	Marriage	Apply this code to text that describes how participants' spouses affect their involvement in KIKOP.
Coronavirus	T8.0		Apply this code to text that describes participants experience during the coronavirus pandemic, including how it has affected their ability to fulfill their responsibilities and opinions on coronavirus lesson plans provided by KIKOP.
Data management and collection	T9.0		Apply this code to text that describes participants' experience collecting and managing project data, including summary sheets, registers, and QIVCs.
Challenges	T10.0		Apply this code to text that describes any challenges participants face regarding their role in KIKOP and/or challenges that prevent them from fulfilling their responsibilities.
Barriers	T11.0		Apply this code to text that describes barriers that solely prevent participation in KIKOP.
Recommendations	T12.0		Apply this code to text that describes recommendations made by participants in Care Groups and Neighbor Groups for was to improve the training cascade and/or address the barriers or challenges they face.

QUALITY IMPROVEMENT & VERIFICATION CHECKLIST
FOR CARE GROUP LESSON FACILITATION
Use to evaluate: FOs, Promoters and CGV

Date: _____ **Community**: _____

Name of person supervised: _____ **Position**: _____

Name of Supervisor: _____ **Position**: _____

#	Facilitation Skills	YES	NO
1	Did the facilitator introduce themselves and provide a warm and friendly greeting?		
2	Did the facilitator seat everyone in a circle and sit on the same level as participants?		
3	Did the facilitator speak loudly, clearly, slowly?		
4	Did the facilitator provide an engaging presentation (eye contact, energy level)?		
5	Did the facilitator encourage comments by providing eye contact, nodding, and/or smiling to show he/she was listening?		
6	Did the facilitator prevent domination of the discussion by 1 or 2 people by encouraging timid participants to speak?		
7	Did the facilitator give participants adequate time to answer questions?		
8	Did the facilitator encourage comments by paraphrasing what people said (repeating statements in his/her own words)?		
9	Did the facilitator reply to participants in a respectful way at all times?		
#	**Content**	**YES**	**NO**
10	Did the facilitator start the session with a game and collect attendance?		
11	Did the facilitator ask about vital events in the community and record responses?		
12	Did the facilitator ask participants what they remembered from the last lesson?		
13	Did the facilitator ask about their commitments from the previous lesson?		
14	Did the facilitator explain the meaning of each picture?		
15	Did the facilitator ask open-ended questions after each section?		
16	Did the facilitator reinforce the lesson by discussing relevant personal experiences?		
17	Did the facilitator lead the group in an activity?		
18	*(Promoters only)* Did the promoter have the CGVs practice facilitating the lesson?		
19	Did the facilitator ask participants about barriers to trying the new practices?		
20	Did the facilitator encourage discussion among participants to solve the barriers?		
21	Did the facilitator ask each person to make a commitment?		
22	Did the facilitator summarize the discussion?		
23	Did the facilitator thank the participants for coming to the meeting?		
24	Was the content of the educational messages correct, relevant and complete?		

Provide an overall evaluation of the facilitator's performance in the space below. Include specific observations, including comments about content/educational messages.

How many YES ____ **Signature of facilitator: _____**
How many NO ____

Total number of questions ____ **Signature of evaluator: _____**
Score ____%

Appendix 3b: QIVC Home Visit Facilitation

QUALITY IMPROVEMENT & VERIFICATION CHECKLIST
FOR CGV HOME VISIT TO NEIGHBOR WOMAN
Use to evaluate: Promoter/CGV at home visits

Date: _____ **Community**: _____ **CGV Name**: _____

Evaluator Name: _____ **Position**: _____

#	Interview Skills	YES	NO
1	Did the CGV introduce themselves and provide a warm and friendly greeting?		
2	Did the CGV encourage the mother's partner or family members to participate?		
3	Did the CGV sit at the same level as the mother?		
4	Did the CGV speak slowly and clearly?		
5	Did the CGV encourage comments by providing eye contact, nodding, and/or smiling to show he/she was listening?		
6	Did the CGV give the mother time to answer questions?		
7	Did the CGV provide the mother with helpful feedback?		
8	Did the CGV respond to and educate the mother in a respectful way at all times?		
9	When leaving, did the CGV thank the mother for her time?		
#	**Content**	**YES**	**NO**
10	Did the CGV discuss with the mother any changes in the health of the children?		
11	*If a child was sick*, did the CGV refer the child if necessary?		
12	Did the CGV review the key points from the last Neighbor Group meeting?		
13	Did the CGV ask the mother about her experiences trying to practice the new behavior(s)?		
14	Did the CGV ask the mother to share any barriers she faced?		
15	Did the CGV help the mother to identify practical ways to overcome any barriers?		
16	Did the CGV and mother agree upon at least one doable action/solution she would try?		
17	Did the CGV set the date for a follow-up visit and remind the mother?		

Provide an overall evaluation of the CGV's performance in the space below. Include specific observations, including comments about content/educational messages.

How many YES ____
How many NO ____
Total number of questions ____
Score ____%

_____ **_____**
Signature of CGV **Signature of Evaluator**