

Participatory Rural Appraisal



Matongo Catchment Kisii County, Kenya 2020

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Table of Contents

LIST OF TABLES	4
LIST OF FIGURES/IMAGES.....	4
ABBREVIATIONS	4
PRA OVERVIEW	5
BACKGROUND OF AREA	5
METHODOLOGY.....	6
VENN DIAGRAM	7
<i>Purpose</i>	7
<i>Methodology</i>	7
<i>Results</i>	8
SEASONAL CALENDAR	12
<i>Purpose</i>	12
<i>Methodology</i>	12
<i>Results</i>	13
PROBLEM TREE ANALYSIS	14
<i>Purpose</i>	14
<i>Methodology</i>	14
<i>Results</i>	14
GENDER DAILY CALENDAR	16
<i>Purpose</i>	16
<i>Methodology</i>	16
<i>Results</i>	16
TRANSECT WALK	18
<i>Purpose</i>	18
<i>Methodology</i>	18
<i>Results</i>	18
VOTING CHARTS	22
<i>Purpose</i>	22
<i>Methodology</i>	22

<i>Results</i>	23
DISCUSSION	27
<i>Sustainability</i>	27
<i>Incentivization</i>	28
<i>Key organizations in the area</i>	28
<i>Calendar of activities</i>	29
<i>Community problems</i>	30
<i>Gender roles in daily activities</i>	31
<i>Community opportunities</i>	32
<i>CHV, Promoter, CGV, and Neighbor Women Satisfaction</i>	32
LIMITATIONS	33
CONCLUSION.....	33
REFERENCES.....	34
APPENDICES.....	35
<i>Appendix I</i>	35
<i>Appendix II</i>	36
<i>Appendix III</i>	39
<i>Planning Document References</i>	72

List of Tables

Table 1 – 2018 KIKOP Census Data for common livelihood indicators

Table 2 - Role of the currently active organizations within Matongo catchment as described by Venn Diagram activity participants

Table 3: Matongo PRA transect walk observations

Table 4: Community Health Volunteer Voting Chart

Table 5: Care Group Volunteer Voting Chart

Table 6: Neighbor Woman Voting Chart

Table 7: Promoter Voting Chart

List of Figures/Images

Figure 1 – Group 1 Venn Diagram

Figure 2 – Group 2 Venn Diagram

Figure 3 – Group 1 Seasonal Calendar

Figure 4 – Group 2 Seasonal Calendar

Figure 5 – Group 1 Problem Tree Analysis

Figure 6 - Group 2 Problem Tree Analysis

Figure 7 – Group 1 Gender Daily Calendar

Figure 8 – Group 2 Gender Daily Calendar

Figure 9 – Transect walk participants observing their community

Figure 10 – Neighbor women doing the voting chart activity

Abbreviations

PRA – Participatory Rural Appraisal

CHV – Community Health Volunteer

CGV – Care Group Volunteer

MOH – Ministry of Health

POL – Popular Opinion Leader

TBA – Traditional Birth Attendant

UHC – Universal Health Care

PRA Overview

Participatory Rural Appraisal (PRA) is an evaluation and learning (Participatory Rural Appraisal, 2018) qualitative research methodology that empowers communities by allowing them to participate in decision-making and implementation of interventions in the entirety of the project cycle (Raut, n.d.). This requires the use of a 5-tiered implementation plan that entails: 1.) Conducting a needs assessment; 2.) Discussing PRA objectives with local leaders and obtaining consent to conduct activity; 3.) Data collection; 4.) Data analysis; and 5) Action plan creation and implementation. Apart from data collection, PRA is also done to establish relationship between an implementing organization and the target community by allowing the community to decide which areas are of greatest need and the best way to go about addressing them. This allows the community to become solution agents instead of relying on external parties to create change for them (Narinder, 2014). This methodology is best described by Chambers who states that PRA is “a growing family of approaches, methods, attitudes and behavior’s to enable and empower people to share, analyze and enhance their knowledge of life and conditions, and to plan, act, monitor, evaluate and reflect” (Fredu et. al, 2006). In line with this definition, KIKOP conducted a PRA to assess Matongo community’s daily activities, resources, challenges and desired solutions.

The objectives were to:

- 1.) Identify the resources found within Matongo community;
- 2.) Identify the community’s and Ministry of Health (MOH) perception on how Kisii Konya Oroiboro Project’s (KIKOP) interventions have influenced maternal and child outcomes in the area over the past three years, and
- 3.) Identify the community’s priority problem areas and desired solutions.

Background of Area

Matongo Catchment is located in the Kitutu-Chache South Sub-County of Kisii, Kenya. This is one of the nine sub-counties within Kisii County and it constitutes of a total area of 104.4 square kilometers. The sub-county has 5 wards, 7 locations, and 14 sub-locations (Kisii County Government, 2017) with a population of approximately 154,175 people (KNBS, 2019 November). The catchment is part of Mogusi Sub-location in Bogeka ward which covers an area of 14.3 square kilometers and has a population of 15,954 people; of this population, 8,261 are women and 7,693 are men (KNBS, 2019 December). Baseline census of the catchment conducted by KIKOP garnered a population of 10,405 people whose primary language is Kisii; although the official languages of Swahili and English are also used. Geographically, the catchment is characterized by hilly topography and a river that traverses the valley troughs. Settlement in the area is scattered, with most families practicing small-scale agriculture as their major source of income. The fertile volcanic red soil found in the area supports exceptional farming and production of crops such as sugarcane, bananas, maize, beans, and Napier grass. These small-scale farmers also rear livestock including cattle, goats, sheep and poultry.

Table 1: 2018 KIKOP Census Data for common livelihood indicators

Indicator	Percentage of Households Present
Concrete Floor	28%
Improved Latrine	20%
Improved Water Source	98%
Wood and Charcoal for Cooking	98%
Handwashing Station	5%
Vehicle	12%

The majority of homes in the area are built using cow manure, soil, wood, iron sheet roofing, and earthen floors, though there are a few permanent houses built with brick and cement flooring. Most families use firewood for cooking, depend on natural springs and rain as their water sources and use unimproved pit latrines for their sanitation needs. The main mode of transportation is by foot, but there are motorbikes available at an affordable price. Access to homes is through footpaths, but the main roads that traverse the catchment are marram roads. Transportation by car is possible, but often challenging given the poor conditions of the roads which get ruined by the rains that are a common occurrence in this highland equatorial climate (Kisii County Government, 2017).

Methodology

This PRA exercise began with a review of literature to determine the best tools to utilize in achieving the desired objectives. Information garnered from literature was then utilized to create a PRA implementation plan (see Appendix III) that would guide our encounters with the community. A preliminary visit to the village was conducted to discuss PRA objectives with the area chief and obtain consent to conduct the PRA. He was given an update on the work KIKOP has been doing in the community, educated on the PRA process, and his support requested in selecting popular opinion leaders that would participate as key informants in the Venn Diagram and Problem Tree Analysis activities. We also requested his support in identifying the most convenient location to conduct this activity. He selected the chief's camp where we conducted the first activity but had to change locations due to community members complaining that the chief's camp was too far and that they would prefer to meet at the health facility. All subsequent PRA activities were conducted at the Matongo Health Facility.

Following the chief's consent, popular opinion leaders interviewed were purposively selected, while the rest of the informants were randomly selected using the excel random sampling function and an online randomizer tool. Since there are 22 villages in this catchment, 11 participants were selected to participate in each group activity. The motive for using these

sample sizes was to avoid repetitive data and to stick within the activity's financial constraints. Selected participants were contacted via phone call, informed about the activity, and requested to present on a selected location, date and time. If a participant was not accessible, an alternate participant was selected from the PRA backup participants list. PRA activities were conducted by two KIKOP affiliated personnel and extended over a period of 17 days, commencing on 2/26/20 and culminating on 3/27/20 (see Appendix I for activity breakdown by date). The PRA approaches utilized were Venn diagram, seasonal calendar, problem tree Analysis, gender daily calendar, transect walk, and voting charts. All activities, except the transect walk and promoter voting charts were done by two separate groups in an effort to establish triangulation. The activities were scheduled to begin at 10:00 AM daily and run through 1:00 PM except for days where two groups were scheduled on the same day; activities on these days began at 9:00 AM. On the day of the activity, attendance was taken prior to beginning the activity, followed by prayer, introduction of KIKOP, a general overview of PRA methodology, and an extensive explanation of the selected PRA activity for the day. Room was provided for any questions and a consent form was signed prior to beginning data collection activities.

Once all necessary data was collected, data analysis and cohesion was completed. This entailed analyzing the information garnered and documenting it in form of a report for action plan creation and future reference. This document is the output of this data analysis and cohesion step and is to be followed by adoption and implementation. This entails presenting the report to the community during a baraza and to MOH stakeholders on a one-on-one basis, creating an action plan for the community and stakeholders, and ensuring that the community and stakeholders take charge based on the decided-on action plan.

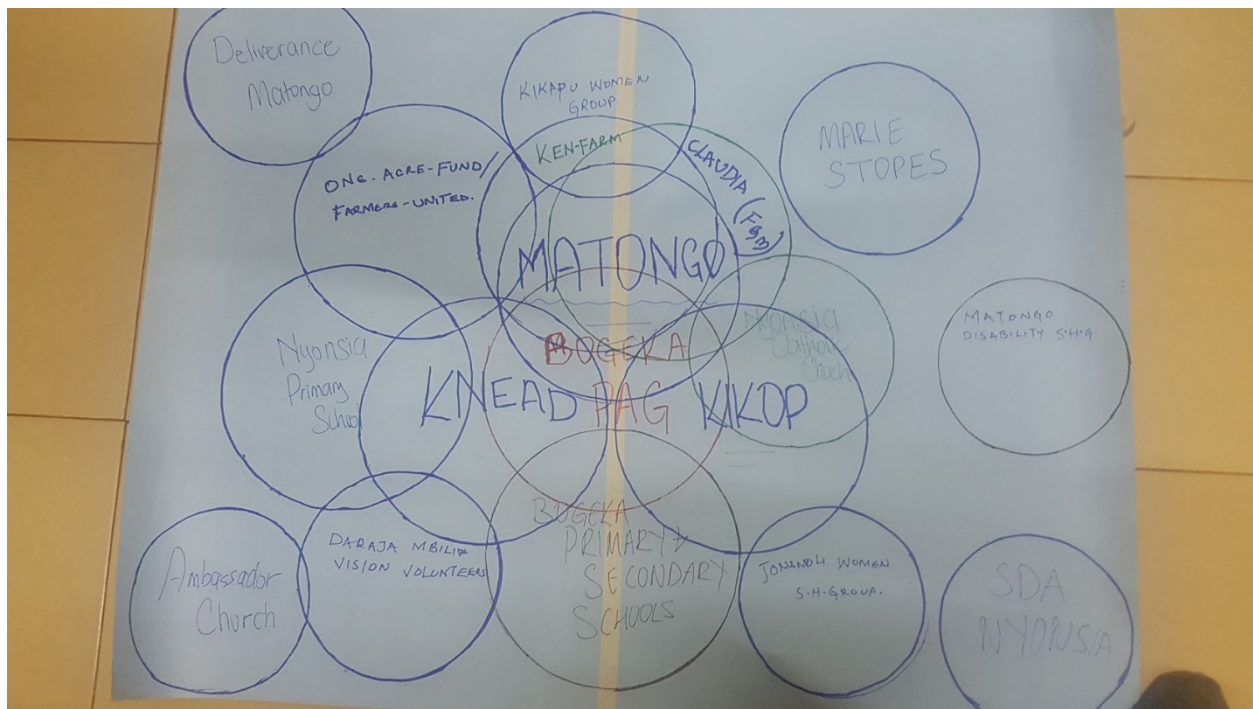
Venn Diagram

Purpose. The purpose of using the Venn Diagram tool as part of this PRA was to identify the key organizations in the Matongo community, the reasons for their effectiveness, how they work with other organizations and their importance in comparison to other organizations in the area. The goal was to identify if there are any organizations that KIKOP can partner with in an effort to improve the maternal and child health indicators.

Methodology. A series of questions was asked to participants in an effort to guide them through the creation of a Venn diagram that would reflect a response to the above-mentioned objective. To establish triangulation, this activity was done on the first two days of the community PRA exercise by two different groups made up of clan elders, popular opinion leaders, and CHVs. On day one of this activity, there were 11 participants present with 4 women and 7 men, while on day two there were 10 participants present with 3 women and 7 men. Participants were asked to mention all organizations in the Matongo community that they could think of. These organizations were then listed on a manila paper as the participants mentioned them. Once all organizations had been listed, a large circle was drawn on the center of a separate manila paper and the word Matongo written in the circle. This circle served as the

representation of Matongo community. We then went through each of the organizations individually and asked participants to describe the role of the organization and consider their perceptions of the organization's importance in their community. Participants were given time to discuss so as to come to a consensus followed by designating the organization's importance using circle size. Various circle sizes were used to represent participant's organizational importance designations. A large circle was utilized to signify the organizations that were deemed to be important, while a small circle was used to signify the organizations that were deemed to be unimportant. Following the importance designation, participants were then allowed time to discuss the organizations effectiveness in their community. Distance from the central Matongo circle was used to designate organizational effectiveness. Therefore, an organization that was deemed to be highly effective was drawn near the central circle, while less effective organizations were drawn further away from this circle. Consideration was also given for how organizations work together with those working together placed close to each other. Lastly, suggestions were garnered for which organizations participants thought would be a good fit for KIKOP to partner with.

Figure 1: Group 1 Venn Diagram



Results. On day one of this activity, 19 organizations were described, listed (Table 1) and drawn as being important, active, and effective in this catchment (Figure 1). Discussions about most listed organizations were civil with consensus achieved after minimal discussion. Unfortunately, one organization represented by a present popular opinion leader in-charge of disability services in the sub-county was the exception to this. After mentioning his organization and its work in the community, other participants were skeptical claiming that all his organization did was exploit disabled people and swindle their money. This discussion was extensive with

	lines at health facility. Also conduct sanitation education in homes and deworming campaigns in schools.
Marie Stopes	Provide family planning education and services. Comes to the community quarterly.
PAG (Pentecostal Assemblies of God) Bogeka**	Gifted land for the hospital, primary and secondary schools to be built on. Has saved the souls of many people.
Deliverance Church Matongo	Has saved the souls of many people. Supports meetings by giving free seats to community members when they have meetings.
Nyonsia Ambassador Church**	Has saved the souls of many people.
Nyonsia Catholic Church**	Has saved the souls of many people. Choir helps with funerals and weddings. Helps unite community. Many community members go to this church – good to use when spreading message in community.
Nyonsia SDA Church**	Has saved the souls of people. Conducted jigger eradication campaign. Teach youth in their pathfinder program.
Bogeka PAG Primary and Secondary Schools**	Educates students. Good means of passing information to the community. Sponsored by the Bogeka PAG church.
Nyonsia Primary**	Educates children. Good means of passing information. Affiliated with the Catholic church.
KIKAPU women group**	Educates farmers on how to milk cows, boil milk, preserve milk, and make yoghurt. Sells milk and yoghurt to community. Gives free seminars to farmers. Rents seats to community members for events. Has a merry-go-round for registered members.
Farmers United/ONE Acre Fund**	Equips farmers with free agriculture education and providers members with supplies on loan. Tools include charcoal cooking stove (jiko), tarp for drying corn, fertilizer, seeds, lights, and iron sheets (mabati)
Disability organization	Works to help individuals with disabilities by organization disabled people into merry-go-round groups (10 people per groups). Registration is 200ksh. Conducts seminars for the disable and works with the government to support disabled individuals in the community.

Jona Moli Womens group	10 women who rear chicken, farm Napier grass, and do table banking. 4 of these women have delivered at Matongo since KIKOP started. Located in Nyonsia F village.
Ken Farm	Specializes in animal feeds and production. Gives agricultural loans to farmers and educates them on how to take care of their livestock.
Daraja Mbili Volunteers	Non-profit organization that focuses on youth empowerment through provision of education on sexual reproductive health. Conducts HIV testing. Comes to the community at least annually.
CLAUDIA	Non-profit organization that teaches parents about the dangers of FGM. Widely known in the community. Also teaches women and men about domestic violence prevention.
Red Cross	NGO that conducts education on various topics including TB, cancer, how to build toilets, adolescent SRH and HIV prevention treatment and stigma reduction. Has trained CHV's how to handle HIV positive patients. Runs programs in community occasionally.
Village Welfare Groups (at least one group in every village within the catchment)	Helps with funeral arrangements. Have tents, plates, cups, mugs, and loudspeaker which are given to community members for free and on a rental basis for non-members.
Nyabondo PAG	Has saved the souls of community members.
Nyabondo Truth International	Has saved the souls of community members. Has school that caters to orphans and disabled kids. Provides seats for rent.
Nyagwansu Group	Money lending group. Loans money at a high (15%) interest rate.
Irianyi Full Gospel church	Has saved the souls of community members.
Nyakoe Farmers Society	Facilitates trainings for tea and coffee farmers. Sells tea and coffee seedlings.
Administration – (Nyumba kumi initiative, chief's, and clan elders)	Maintain peace and order. Ensure children go to school. Reduce theft. Promote conflict resolution and reconciliation.
Matongo Health Center	Provide health services to community members. KIKOP partner facility. Public hospital. Most services are free.

St Barbaras Mission Hospital	Private hospital. Provides all health services at a cost.
Siara Power Hive	Provides solar power services in the form of a loan. Sells solar powered motorbikes/tuk-tuks which can also be bought on loan.
Kenyoro women group	Table banking women's group. Loans decorative fabrics for guests and clothes for weddings. Sells traditional vegetables.
Crossroad Investments	Free consultation for students who are entering career world. Creates job access by providing attachment placement. Gives no-interest loans for education.
Nyambunua Youth Group	Poultry farming group established in 1997. Supplies eggs and chicken for sale. Conducts trainings on poultry farming.
Mogusii CU (community unit) – CHEW in charge of this	Covers the entire region of Mogusi, including Matongo. Promotes health in communities, barazas and health facilities. Creates awareness by disseminating information from the health facility to the community. All health campaigns in the community must be approved and carried out through the CU. CHV's fall under this umbrella.

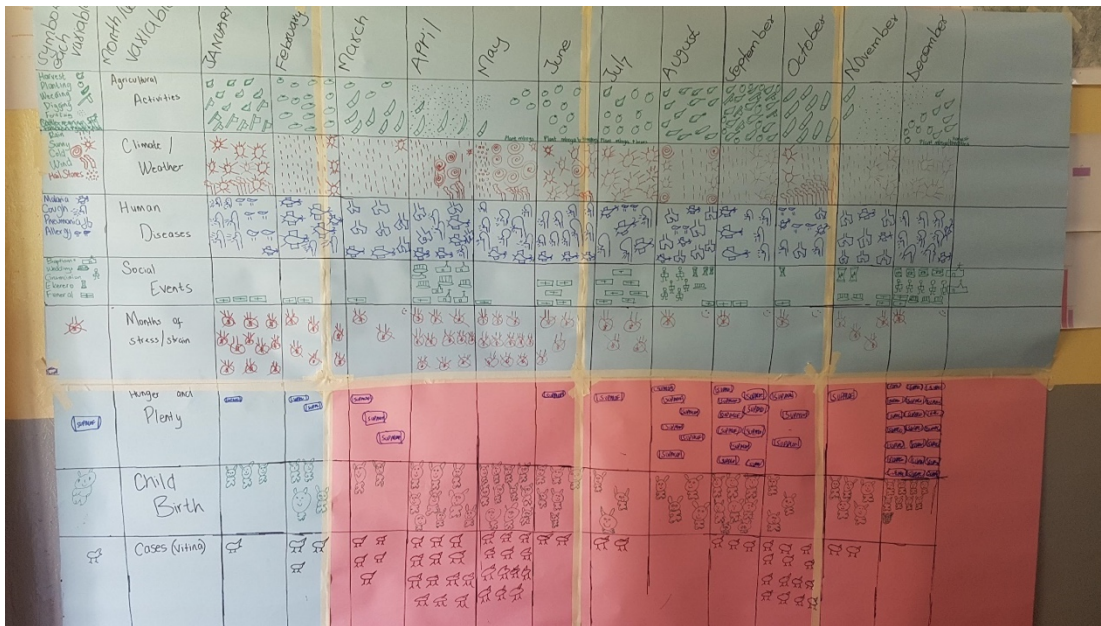
**These organizations were listed by both group 1 and group 2 participants

Seasonal Calendar

Purpose: Day three and four of the PRA group activity entailed creation of a seasonal calendar in an effort to identify the main activities and trends that take place within the Matongo community in an annual cycle.

Methodology. We began the seasonal calendar activity by determining when the year begins for the community. This was followed by creating symbols for pre-established variables that community members generally participate in and also giving participants room to add any pertinent variables that may have been left out. The pre-established variables were agricultural activities, rainfall and temperature, income generating activities, human diseases, social events, months of stress/strain, months of happiness, quantity/type of food consumed, and number of deaths. Participants in this activity were community members who were randomly selected from the Matongo baseline household data. Six female and five male participants were selected to participate for the first day, however, six women and three men presented. On the second day, six male and five female participants were selected to participate, however, three women and three men presented.

Figure 3: Group 1 Seasonal Calendar



Results. General consensus was garnered that the community follows the January to December calendar year. The calendar was completed horizontally, focusing on one variable at a time for the entire timespan of the year. Use of a symbol multiple times indicates high incidence of that activity in that specified time period, while use of a symbol minimally indicates that it takes place in low occurrence. Figure 3 and figure 4 below represent the seasonal calendars as completed by the two groups of participants.

Figure 4: Group 2 Seasonal Calendar



Problem Tree Analysis

Purpose. The objective of conducting the problem tree analysis was to identify the main problems in Matongo catchment, their causes and potential solutions.

Methodology. This activity was done by two different groups made up of clan elders, popular opinion leaders (POL's), traditional birth attendants (TBAs) and CHVs over a period of two days; day five and day six of the PRA activities. The first group was made up of five men and three women, while the second group was made up of six men and three women. On day 1, two participants present could only speak Kisii; one clan elder and 1 TBA. The clan elder was able to read and write in Kisii, but the TBA was illiterate. In an effort to include them, discussions with the first group were mainly held using the Kisii language. Problem Tree analysis began with verbalizing and listing all problems that participants think exist in their community. This was followed by asking participants to determine five of the listed problems that they would consider priority. Participants took time to discuss amongst themselves until consensus was reached on what five problems were most pertinent. A tree was drawn on a manila paper with its roots representing the causes, the stem representing the problems, and the leaves/branches representing the effects of the selected problems. The tree was filled in by sharing and writing down every problem's causes and effects. Completion of the tree was then followed with discussion on solutions that participants would recommend to mitigate these problems.

Results. The top four problems listed by both groups were poverty, poor roads, alcohol and drug abuse and diseases. The first group selected lack of a community ambulance as the fifth problem, while the second group selected lack of knowledge as the fifth problem. Causes of poor roads mentioned include politics, rains, enmity between leader and community, corruption, poor engineering, poor relationship between national and county government leaders, and large produce and construction trucks that ruin the roads. Poor roads prevent mobile access, making it difficult to transport sick patients to health facility which leads to increased incidence of death, poor business due to difficulty transporting goods, food going bad before reaching the market, and increased occurrence of diseases as people avoid having to use the bad roads to come to the health facility. Participants stated that the poverty problem is caused by small portions of land remaining, idleness, joblessness, alcohol abuse, diseases, increased population, and community members selling land to send children to school.

These causes of poverty lead to poor health due to lack of good nutrition, poor relationships between family members, higher incidences of domestic violence, lack of peace, hinderance of community progression due to lack of resources, theft, children dropping out of school, prostitution, isolation by other community members, and divorce. The problem of alcohol abuse was attributed to a high number of brewers in the community - especially in Nyonsia village, peer pressure, stress, genetic predisposition, lack of going to church which provides social support, traditional practices, child abuse and idleness due to lack of jobs.

function. Participants stated that they recently requested a community ambulance, but the government is yet to provide them with one. This lack of a community ambulance was credited to poor governance and failure of an NGO to have mercy on the community to provide an ambulance. Participants stated that community members would be willing to maintain the ambulance once it's provided, but that it's the responsibility of elected officials to provide the vehicle. The lack of a community ambulance has led to death, and delays in seeking health services. Lack of knowledge was the final problem identified as a key problem in the community. This is caused by poverty, ignorance, witchcraft, inheritance, drunkards, dropping out of school, arrogance and teen pregnancy. A lack of knowledge affects the community because it contributes to poor management of personal items, seeing all things as good, fear, poverty, lack of interest in education, isolation from extended family, shame, and poor character.

Once the top five problems were selected, participants were asked to narrow down their selection to the problem that they believe most severely affects their community. Both groups discussed these problems extensively with major difficulty arriving a consensus on the major issue. After much deliberation, voting was utilized to select poverty as the key problem. When asked how KIKOP could help alleviate poverty in this area, various suggestions were provided including creation of an income-generating industry, formation of groups to educate community members on how to conduct poultry and dairy farming, establishing table banking groups, providing education on health promotion and disease prevention, and giving each community member money they can use to pull themselves out of poverty.

Gender Daily Calendar

Purpose. Gender roles have a great impact on how families, communities and even society as a whole operates. In many contexts, there is assignment of household roles for both men and women. The goal of conducting this activity with Matongo catchment community members was to identify the nature, type and duration of the work activities that the men, women and children in the community undertake daily. This would better help the project understand how best to serve community members, especially the women, by ensuring that no meetings are scheduled during time periods where the mother experiences great stress in the home.

Methodology. This activity took place on day eight and nine of the PRA exercise with both groups of participants made up of five men and five women. A pre-written schedule matrix was used, and the male and female participants were asked to share the activities they perform on a daily basis from the time they awaken in the morning to the time they shut their eyes in the evening. Symbols were then created for each activity and these symbols utilized to fill out the schedule matrix (Figure 7 and Figure 8). At the end of the activity, participants were given the opportunity to share any compliments, concerns, or questions.

Results. Participants shared that a typical day begins between 5:30 am and 6:00 am for both genders. In general, women have more work to do during the day than the men. They are busy

from the time they wake up to around 10:00 am. They then have a brief break between 10:00 am and 12:00 pm, then they must prepare lunch for their families. They are busy again until 2:00 pm, where they get a brief break before having to resume their evening work which extends up to bedtime at 11:00 pm. On the other hand, men are busy from the time they wake up until 10:00 am. After this, they have no household obligations until later in the evening at around 8:00 pm. Participants in this activity raised concern about delivery incentives missing at the health facility, lack of adequate medical supplies and desire for community development interventions that target men.

Figure 7: Group 1 Gender Daily Calendar

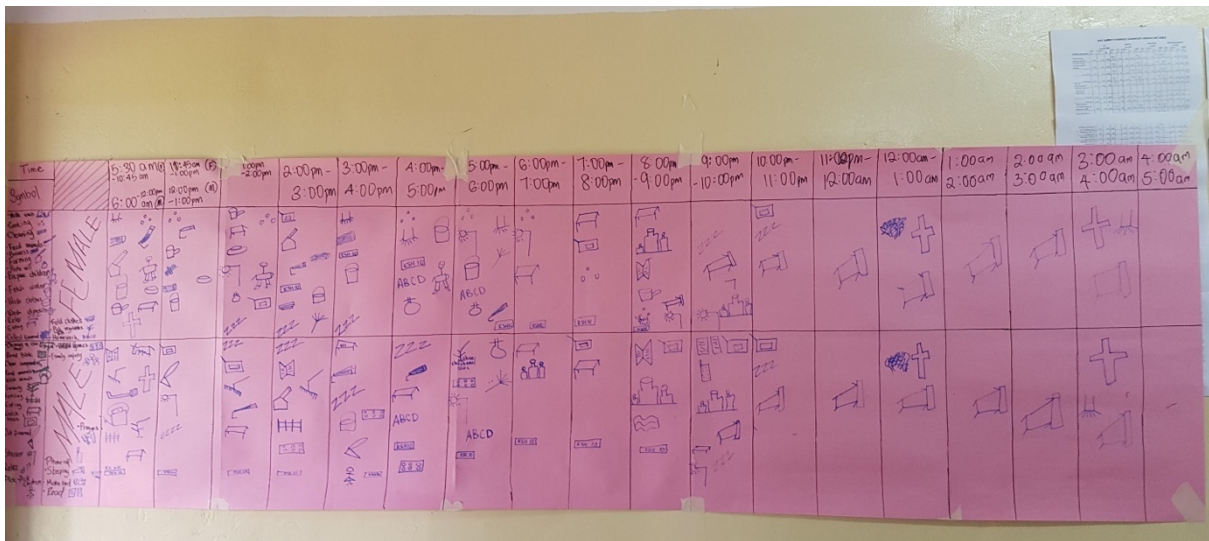


Figure 8: Group 2 Gender Daily Calendar



Transect Walk

Purpose. The purpose of the transect walk was to observe natural resources and day-to-day activities, in a selected area of the catchment, with the goal of determining what problems, solutions, and opportunities exist within the community.

Methodology. Twelve participants presented and were given the freedom to select the area of the catchment to walk through; having been given strict guidelines to select an area in the community with the greatest diversity. The transect walk was done between 11:00 am and 1:00 pm in an area near the health facility because participants stated that this area would serve as an adequate representation of the rest of the community (Mogusi Area). Once consensus on the area to be observed was garnered, participants were split into observation groups of two or three and given a paper to document detailed notes of their observations during the walk (Table 3). The key focus of observations was on the problems, opportunities and recommendations available for agricultural and socio-economic activities. Bush paths were used to access the natural water spring where the walk began. This was followed by walking up-hill to the main road into the market, through the Bogeka PAG church, primary and secondary schools and finally back to the Matongo Health Center. We encountered a few community members who were curious about what we were doing and what organization was responsible. Some even asked if KIKOP was providing employment opportunities.

Figure 9: Transect walk participants observing their community.



Results. Given that this activity was focused on identifying problems, opportunities and potential solutions, some of the problems mentioned by participants included the lack of adequate supplies at the health facility, open meat being sold at the market, the market not being fenced, poor roads, children loitering, soil erosion, bushy paths, small piece of lands, poor

drainage, poor housing, unfinished market structure, poor roads and a need for employment activities for market idlers. Poor roads were identified as a major hinderance to maternal and child well-being by contributing to home deliveries because of a delay in seeking care, staff arriving at work late, accidents, delay of medical supply delivery, and potential insect/reptile bites. The recommended solutions for observed problems include improving road access, providing piped water access within the facility, ensuring constant supply of medical commodities, and protecting water springs. Of note is a solution that was already in place in one household that we walked by where the owner was tilling her cucumber garden. This was particularly interesting because this is not a crop that is commonly grown in this region. Participants expressed that this product is a high economic return product that would be of benefit to more community members.

Table 3: Matongo PRA transect walk observations

<i>Drawing of walk</i>	<i>Spring</i>	<i>Up-hill from spring</i>	<i>Road</i>	<i>Market</i>	<i>Bogeka PAG church, Primary and Secondary Schools</i>	<i>Matongo Health Facility</i>
<i>Topography and roads</i>	<i>Spring is located at bottom of a hill,</i>		<i>Marram road – flat with poor draining and portholes – muddy</i>	<i>Marram road</i>		<i>Slight incline towards facility, poor road, muddy</i>
<i>Vegetation/crops</i>	<i>Sugarcane farm around spring, trees, napier grass, coffee, gum trees, grass-reeds,</i>	<i>Bananas, wover, pumpkin, Sukuma, avocado, cassava, blakeria, papaya, gum trees, traditional vegetables, tea, cypress trees, coffee along path, flowers, chikayaba,</i>	<i>Tea, mango, maize, cucumber, coffee, loquate, avocado, sukuma garden,</i>	<i>Grass, trees, avocado trees, pumpkin, maize Sukuma, flower garden, trees in nursery, baby banana trees,</i>	<i>Grass field for playing, tree farm/nursery behind high school for students</i>	<i>Spinach, Sukuma, avocado, mago, loquats</i>

		<i>maize, beans planted inside maize</i>				
Soil Type	<i>Clay/Sand</i>	<i>Loam</i>	<i>Loam, sand</i>	<i>Loam</i>		<i>Loam</i>
Water	<i>Protected spring</i>			<i>Tippy-tap outside shop,</i>	<i>Water tank at primary school,</i>	<i>Water tanks</i>
Toilet facilities		<i>Improved latrine, unimproved latrine</i>	<i>Pit latrine</i>	<i>Improved latrine,</i>	<i>Pit latrine</i>	<i>Latrine</i>
Transportation Tools		<i>Motorbike, walking</i>				
Socio-economic indicators (Income Generating activities/Daily household activities by gender/house type/schools/market, etc.)	<i>Man slashing some grass, another man digging, man collecting firewood, child sitting around and watching – eating guava</i>	<i>Cowshed, chicken shed, semi-permanent homes, DSTV, temporary structure, permanent house, electricity base, solar panels on mud house, charcoal burning, livestock, children playing outside, child washing dishes, clothes hanging outside to dry, woman</i>	<i>Woman digging in cucumber farm, Women walking - transporting bananas to market by carrying them on their heads, man using wheelbarrow to transport bananas to market, motorbike, 2 men walking – 1 with walking stick – 2 men on their way to the market stopped us to ask what we are</i>	<i>Temporary electricity structure, duck shade, woman selling bananas, cow eating, shops, buying and selling, maize on sell, people walking, mother selling bananas, avocado, tomatoes and githeri under tree, man making hen shade, carpentry, large lights</i>	<i>Cow grazing, permanent buildings, handball post, car shade, outside dining area, two girls tending to the school garden/nursery, men walking across school field with clasher and pesticide spray tank, women walking across field with firewood – one has baby on back, school has canteen,</i>	<i>Kitchen dishrack, lady digging, mother carrying baby home, hospital signpost, yoghurt/milk shop on the way to health facility, septic tank</i>

		<p><i>cleaning outside her house, permanent and mud houses, electricity poles,</i></p>	<p><i>doing – not familiar with KIKOP, boy herding cows,</i></p>	<p><i>for security, shop selling mattress, photocopy shop, old house, hotels, posho mill, maize drying, selling tables, welding, hardware, washroom facility locked, bar, utensils dish rack, old trees around, bill board, butchery, transformer, saloon, chemist, selling of cereals. Boda boda shade, DSTV on game-house roof,</i></p>	
<p>Problems</p>	<p><i>Dirty stream around spring, poor drainage, bushy path to access stream, spring is poorly maintained</i></p> <p><i>Some houses not well maintained, children walking barefoot, chewed sugarcane thrown on path attracting ants</i></p> <p><i>Soil erosion, muddy road, it's sunny and hot</i></p> <p><i>Selling building not complete, market is not well-fenced, some of the houses/shops around market are dilapidated, no water in the market, people idling around market, market toilets always stay closed and have no water,</i></p>				




	<i>No gate in school, some classroom have no windows, open meat, children loitering, soil erosion, bushy walking paths, small pieces of land, poor roads, open cooking,</i>
Opportunities	<i>Land, Small scale farming, good soil for crops, good weather, good access to feeder roads, hospital with birthing center, fertile lands, dairy farming, schools, churches, school field can be used as stadium, accessible roads, banana industry, market easily accessible, cheap labor available – idlers need something to do – some even asked us if we had work to give them, KIKOP staff for guidance</i>

Voting Charts

Purpose. The voting chart tool was utilized as an opportunity to garner the opinions of the community members involved most intimately with the project. The main objective of this tool was to determine the KIKOP activities that CHVs, Promoters, Care Group Volunteers (CGVs) and Neighbor women consider most important.

Methodology. These charts were completed over the last three days of the PRA exercise, with each group of participants completing a simple questionnaire. All six promoters responsible for conducting CGV training and supervision were present for this voting chart activity. They were each given a voting chart to complete on their own with feedback from these forms later reviewed and compiled together (Table 7). Two separate groups of CHV’s were interviewed, one consisting of six participants and the other five participants. Two separate groups of CGVs, majority of whom were young women in their 20s to 30s, completed the voting charts; one with eight participants and the other with ten participants. For the CHV’s and CGV’s, all statements were read out loud to participants in English and translated to Kisii and Kiswahili as requested. Lastly, two groups of neighbor women completed the charts; one group had seven participants and the other had ten. Unlike the other voting groups, this one was conducted in a more interactive manner as a means to accommodate the varying literacy levels among the women. The three facial expressions were drawn on a manila paper and placed on the wall at the front of the room. Participants were then each given three sticky notes with different colors; each color representing one of the facial expressions. Each statement on the questionnaire was then read to participants in both English and Kisii, then they were asked to place the appropriate sticky note color on the facial expression that best suited their response (Figure 10). The sticky notes allocated to each face were then counted and jotted down (Table 5) before proceeding to the next statement. Facial expression emojis were used to establish satisfaction; with slots for three facial expressions present. A smiling emoji represents contentment, a flat face emoji represents neutrality, and a frowning emoji represents dissatisfaction. Below are four tables that reflect the responses obtained from all informant groups. The data obtained from the two different samples of each informant group has been combined and the number of votes allocated to each statement is listed below the designated facial expression.

Table 4: Community Health Volunteer Voting Chart




			
I enjoy working as a CHV	11		
I am satisfied with the motivation I am provided as a CHV (stipend, bags, shirts, name badge, etc.)	9	2	
I feel adequately equipped to conduct routine home visits	11		
The monthly trainings improve my knowledge of maternal and child health topics	10	1	
The monthly trainings improve my knowledge on topics I can share with mothers during routine home visits	11		
The monthly meetings are held at a convenient time and day	8	3	
The monthly meetings are a good use of my time	9	2	
KIKOP staff are always available to address my questions and concerns	10		1
I feel supported by KIKOP staff	10	1	
I feel accepted and respected by my community*	10		

*1 CHV did not respond to this statement

Results. Following completion of the voting chart, we reviewed each statement with the participants and requested them to verbalize or write down any additional information as desired. Participants expressed enjoying providing education to and learning from fellow community members. They also shared that the lessons are also beneficial to them and their families. When asked about their contentment with the motivation they are given, the CHVs requested for gumboots, umbrellas, formal CHV shirts and better-quality bags. One participant stated that the last bag CHVs were given did not even last two months. Given that this activity was conducted in the wake of corona, participants also requested googles, gloves, masks and hand sanitizer to protect themselves when conducting home visits. They also requested an increase in the monthly stipend from the current value to 5,000 Ksh. Concerns for mosquito net integrity was also expressed with participants stating that families with torn nets often request them for nets when they are conducting home visits. Request was made for the CHVs to be provided with nets that they can distribute to these homes. The CHV's highly commended KIKOP staff, stating that they are always available to address their concerns. Requests were made for the monthly trainings to continue and to include comprehensive training on first aid, coupled with the provision of first aid kits. They also requested to be given the capacity to distribute basic medications such as paracetamol and albendazole. On the whole, the CHV's

expressed gratitude regarding the work KIKOP has done in improving the health of their community.

Table 5: CGV Voting Chart

			
I enjoy working as a CGV	18		
I feel adequately equipped to conduct lessons to neighbor women	15	3	
The trainings improve my knowledge on maternal and child health topics	18		
The trainings are held at a convenient time	16	2	
The trainings are held at a convenient day	15	1	2
The lessons are difficult to understand	6	4	8
The trainings are a good use of my time	17	1	
My promoter is always available to address my questions and concerns	16	1	1
I feel supported by my promoter	17		1
I feel accepted and respected by the women I serve	9	5	4
My promoter is always well-prepared for lessons	17		1
The lessons are easy to understand	16	2	
I have a good relationship with the women I serve	14	2	2
I feel accepted by my community*	17		

*1 CGV did not respond to this statement * Another CGV did not vote, but instead gave her feedback in writing

Care group attendance and lack of incentives were expressed as the major challenges faced by CGV's. They expressed that many women don't attend lessons because they are not given anything to take home after the lesson. When these women get home, their husbands ask them why they are spending time getting lessons with no incentives. Some even said that when they try to do home visits, some husbands chase them away because they come empty-handed. Some CGV's expressed that even their husbands ask them what payment they are being given for using their time to teach. When the CGVs go to invite mothers to join their Care Group, they shared that some women would ask for food to give their children, while others ask for money. The assumption in some communities is that the CGVs are being paid and are pocketing that money instead of sharing it. These participants requested for both CGVs and neighbor women to be given incentives such as lesos, basins, diapers, or soap. In addition, participants requested that CGV's be given monetary motivation. These incentives would at

least encourage the mothers to come for lessons and prevent CGV spouses from questioning the time they spend teaching. Low care group attendance was also attributed to meeting locations that may not be favorable for children and change of weather that prevents some women from coming to the meetings and also makes outside meeting spaces uncomfortable. Overall, the CGV's expressed happiness with the work KIKOP is doing and requested for more lessons so they can continue to empower their community.




Figure 10: Neighbor women doing the voting chart activity



Neighbor women verbalized that care group attendance is a challenge because some women refuse to attend group without an incentive; these women want to be given some money as motivation for care group attendance. Participants stated that this is often demotivating for the CGVs and those who want to attend lessons. Timekeeping by both CGVs and neighbor




women was expressed as another challenge. In some groups, the CGVs don't keep time which frustrates the neighbor women who have left their work at home to come for lessons. In other groups, some of the neighbor women don't keep time, which forces the CGV to wait for them before starting lessons. Lastly, some women stated that the location where their groups meet for lessons is far from where they live. This often discourages them from attending the group meetings, especially when it has rained. Participants congratulated KIKOP for the work it has done in improving the health of their community and requested lessons on corona virus.

Table 6: Neighbor Women Voting Chart

			
I enjoy meeting with fellow women	20		
I enjoy learning about how to take care of my health and my family's health	18	2	
My Care Group Volunteer is friendly and supportive	20		
My Care Group Volunteer is always prepared for lessons	20		
My Care Group Volunteer presents lesson in a fun, engaging way	20		
Lessons always start on time	8	12	
The lessons are enjoyable	20		
The lessons are easy to understand	20		
I can apply what I learn in the lessons to my day-to-day life	20		
The lessons are difficult to understand			20
I find it difficult to apply what I learn in the lessons to my day-to-day life		1	19
The time and day we meet for Care Group is convenient	20		
The CHV teaches me new lessons during routine home visits	20		
I feel supported by my CHV (Community Health Volunteer)	20		

The promoters were all dressed in their KIKOP shirts and were very positive about their work. They expressed satisfaction in knowing that their work has contributed to the health and well-being of their community. Some even stated that they feel proud when community members refer to them as the "village doctor". Failure of CGV's to keep time and lack of rain boots and umbrellas in the rainy season were expressed as the two major challenges. The promoters requested the provision of new bags, rainboots, umbrellas and an extra shirt to alternate with the one they currently have.

Table 7: Promoter Voting Chart

			
I enjoy working as a Promoter	6		
I am satisfied with the motivation I am provided as a Promoter (stipend, bags, shirts, name badge, etc.)	6		
I feel adequately equipped to conduct trainings for CGV's	6		
The monthly trainings improve my knowledge of maternal and child health topics	6		
The monthly trainings are a good use of my time	6		
The monthly trainings are held at a convenient time and day	6		
I have a good relationship with the CGV's I serve	6		
KIKOP staff are always available to address my questions and concerns	6		
I feel supported by KIKOP staff	6		
I feel accepted and respected by my community	6		

Discussion

Sustainability

All participants interviewed expressed contentment with the work that KIKOP is doing in their community. KIKOP was commended for not only capacity building the Matongo health facility, but also for its community empowerment and mobilization success. The community-based CBIO approach was termed wholesome, trail-blazing, and in-line with the MOH's mission and UHC agenda. Given this success, participants continually verbalized a desire for KIKOP to mobilize resources that would enable continued work in current catchments and scale-up of its interventions across the entire county. Extended KIKOP support was expressed during the Venn diagram activity where participants articulated various organizations that had previously worked in the catchment but left. Given this knowledge, one would assume that participants would more readily desire interventions that would promote the use of local resources instead of depending on external support. Government up-take of interventions would be the most appropriate means of ensuring impact sustainability, however, there was repeated mention of financial constraints as a hinderance to intervention uptake. One can therefore deduce that participants do not have faith in the ability of the government to uptake interventions. Organically, the health facility-based interventions have the potential to continue, although at a lesser quality given the commodity and staff challenges that the MOH frequently experiences.

Unfortunately, this lack of sustainability planning would completely erode community-based interventions which are currently fully managed by the project. There remains need for the ministry to establish sustainability plans that ensure continuation of project interventions without support from external donors.

Incentivization

Across the board, provision of incentives was repeatedly mentioned as a desired KIKOP responsibility. Community members interviewed requested KIKOP to provide everyone with money to alleviate poverty, begin income-generating activities in the catchment or provide basic household items after project-related meetings. CHVs, CGVs, and Neighbor women also expressed a desire for monetary motivation to be increased or initiated. Notwithstanding the fact that participants are informed about KIKOP's work, they still perceive the project as a sort of bank that can readily gift everyone money. Although gratitude was expressed for the work the project has done in improving health outcomes, monetary value seemed to be a more important contribution. I was surprised to learn that many women and men perceived receiving health education for free as a waste of time. The notion that they must be paid in order to show up to receive education may be indicative of a lack of intervention ownership by community members. In addition, their perception of free education being of no value may be reflective of the fact that participants may perceive showing up for lessons as being more beneficial to the project than it is to them as individuals. Another potential contributor to this perception may be the prior existence of projects that served the community for a few years, then exited. The exit of these organizations often signified the exit of interventions as well which may have sent a message to community members that the key benefit one should garner from non-profit projects is financial capital. There is no inherent desire among community members for the project's interventions to continue without KIKOP. This is indicative of an assumption that project interventions and impact cannot take place in the absence of the implementing organization. In light of this, efforts must be made to educate community members on the importance of education on their well-being. Efforts must also be made to ensure that community members do not perceive participating in project activities as a favor to KIKOP, but instead as a benefit to their community's health and well-being.

Key organizations in the area

The Venn diagram activity was conducted as a means to establish the importance and effectiveness of the various organizations found within the community. Although ranking varied between the two groups, the organizations that were deemed most important and effective by both groups are KIKOP, KNEAD, Bogeka PAG, and Matongo Health Facility. There were eight churches mentioned, making it the largest organizational group in the area, but only one was accoladed for conducting community development activities apart from the provision of salvation. Given this large number of churches in the area, one would assume that their religion also motivates them to be involved in the day-to-day well-being of their members. Unfortunately, participants repeatedly discussed the importance of salvation, indicating that they didn't have expectations that their churches should be involved in other community development activities.

They ranked their churches as being some of the least important and least effective organizations within the community. Bogeka PAG was repeatedly described in high regard due to their role in providing the land where the primary school, secondary school, and health facility sit. Surprisingly, the NGOs present in the area were designated as being more important and effective than the churches. This may be attributed to the financial stamina often held by NGO's which are funded by external donors in comparison to churches which are funded by local community members. Discussions on organizations that were previously active in the catchment shed light on the participants' expectation and knowledge that KIKOP will eventually leave. Unfortunately, the interventions that were implemented by these organizations are no longer palpable in the community. It was alarming to listen to participants describe the great work an organization used to do, followed by "they left". No further discussions were had about the current management and promotion of those interventions. This discussion should serve as a lesson for KIKOP to establish proper sustainability planning and system memory that when the project exits, the impact will not also exit.

Calendar of activities

The seasonal calendar was created in an effort to understand the activities that take place within the community on an annual basis. The two different groups created calendars with slightly different allocations of events, but a similar general pattern. Funerals, hunger, stress, and extreme heat and drought characterize the month of January. During this time, community members recover from the celebrations that characterize the month of December and also send their children back to school for a new year. A new school year entails purchasing of new uniforms, books, and payment of school fees. This places great stress on parents who must also work in the hot sun to dig and weed their farms. It's interesting to note that because of the Christmas celebrations, people that die in December are buried in the month of January. In relation to project activities, one would expect this month to be the one in which most participants would desire provision of incentives. During this month, project partners such as CGV's would experience challenges motivating women to present for lessons. The months of February and March bring hope to the new year as stress lifts, food is planted and weeded, and rainfall blesses the earth. Unfortunately, this rainfall brings with it a high incidence of malaria and pneumonia. These are the months were education on mosquito vector control, use of mosquito nets, malaria treatment and pneumonia prevention and control is needed. In relation to project activities, mothers may refuse to come to care group meetings due to hinderance by the rains or fear of exposing their babies to disease. The month of April brings with it an abundance of babies, social events, and financial stress. The rains subside and usher in cold weather which increases the incidence of pneumonia and colds. The social events that include circumcision, weddings, baptisms, and welcoming of babies along with illnesses contribute to financial strain within the family. This is also the month when domestic disputes skyrocket. Given the communal nature of the culture, it is safe to assume that community members may choose to attend these social events instead of attending to project activities. A higher incidence of maternal and child illness should also be expected; therefore measures must be put in place to ensure that quality health services are given to the mothers and the babies born during this

time. The month of May is characterized by minimal farm work, persistence of cold weather and upper respiratory diseases, more babies and more domestic disputes. The increase in domestic disputes during this month can be attributed to idleness, since most people are not busy on the farm. Harvest time is just around the corner, so most families find themselves experiencing hunger during this month as their stock of grain is low or runs out. This is also a period characterized by financial hardship since there is limited amount of produce to send to the market. There is need for community members to be educated on how to store foods so that the staple foods are available for consumption throughout the year. Alternatively, community members can be taught not to rely on one crop as their main source of food. Of note is the participant's description of hunger as the periods during the year when maize is available in low quantities. Despite this, the climate in which this catchment is located is suitable for planting of foodstuffs on a year-round basis. Cultural diet practices should be enhanced through the promotion of nutrition that is balanced and diverse.

In the months of June and July, the sun shines, diseases decrease, and community members begin harvesting and sell their produce. These are months of happiness and minimal financial stress. The number of babies born decreases, but surprisingly the number of funerals increases. The number of domestic disputes also decrease as people are now busy harvesting and selling their crop. These are months of plenty and happiness. CHVs and GGVs are likely to have an easy time visiting mothers during this time because they have plenty. Demands for incentives are likely to be low and community members are more likely to be receptive to new ideas. This would be a good time to initiate a new activity since opposition is more likely to be less since people are happy. The harvest season extends to the month of August as the rainy season begins and incidence of malaria increases. The rains continue into the month of September where community members begin tilling their land in preparation for planting in the month of October. The months of August, September, and October are months of plenty as community members enjoy the fruit of their harvest. There is a surge in childbirth during the month of September. Similar to the previous rainy season, measures must be taken to prevent malaria infection. Mothers and children should be especially encouraged to sleep under a net during this time and get rid of any mosquito vectors around their homes. In the month of October, weeding begins and with it increases the number of domestic disputes. The rains decrease and with that the occurrence of malaria also decreases. In the months of November and December, the sun shines with occasional rainfall. Social events and financial gratification are the order of the day. In general, there is need for community members to be educated on the importance of preserving resources instead of using everything at once. For example, the December celebrations render January to be a tough month. Education on resource conservation would ensure that community members can experience a semblance of abundance throughout the course of the year.

Community problems

The major problem in this catchment is poverty. Participants repeatedly ascribed poverty as the causative factor for the community's lack of development. For every problem listed,

poverty was listed as either a resultant or causative factor. Suggestions provided for alleviating poverty include giving all community members seed money, establishing income-generating activities, conducting a community action day, provision of employment opportunities for youth, provision of health education, and spiritual support. Of all the solutions to poverty provided, only one solution ascribed the community as the change agent. This solution is the conducting of a community action day where participant would clean common areas in the community, open road drains, and assist old community members in cleaning their home. The other solutions provided are reliant on an external change agent coming to improve their plight for them. This indicates that community members do not view themselves as capable of changing their community, instead, an external party must do this for them. Failure to view themselves as capable of driving change forces the community to continue living in abject situations as they await their Savior, instead of finding small ways to use local resources to improve their condition. Their experience with external community development organizations may have also sub-consciously communicated the impression that change is only possible when driven by someone else. There is room for educating the community on the capability they have to improve their situation. This would entail organizations like KIKOP ensuring that communities take ownership of interventions right from the project initiation phase. In addition, the views of community members must be constantly requested and utilized in an effort to show them that they are capable of driving their own development.

Poverty was also implicated as the contributing factor for a lack of an emergency transport system. This problem was mentioned during the problem tree analysis and transect walk activities. Participants stated that they had submitted a request for the government to provide them with a community ambulance but were still yet to receive it. They expressed a desire to maintain and fuel the vehicle but expressed that purchasing the vehicle would be a major challenge because of their financial capacity. Participants also stated that they would be open to an NGO donating them an ambulance. When CHV's were asked what measures could be taken by the community to establish their own emergency system, suggestions were made for monetary contributions to made by various organizations, community leaders and community members. This would entail either the purchasing of a motorbike or a vehicle. Despite the question asking for an endeavor that community members could support on their own, they did not seem to think it possible for them in their financial status to raise money toward a motorbike. The assumption that external organizations and government officials are better equipped to provide them with this tool may contribute to community members not contributing toward the cause. In addition, given their already strained fiscal situation, community members may be hesitant to put money in a pool they are not sure will ever be fruitful.

Gender roles in daily activities

Results from the gender daily calendar activity indicate that the women carry the household duty burden. In light of this, any activities that target women, such as care groups and routine home visits, must be scheduled during her free times between 10:00 am and 12:00 pm or between 1:00 pm and 3:00 pm. The clear division of roles also indicates that the

members of this community still uphold the traditional beliefs that childbearing, rearing and homemaking is a woman's role, while providing for the family is the man's role. Unfortunately, women in this community continue to uphold their end of the bargain, while men seem to have relegated their fate to enjoying life. It's interesting to note that taking care of the children is strictly the woman's responsibility; despite the fact that men have more free time. This idleness experienced by men indicates a need for income-generating activities that target men to be established within this community. This gender role division also sheds light into some of the household activities female CHVs may be leaving in order to do KIKOP work. It affirms their request for an increased stipend that they can use to pay the person they leave to do their household chores when they go to do KIKOP work.

Community opportunities

The natural resources and day-to-day activities observed during the transect walk presented various problems and opportunities that exist within the Matongo community. The problems identified during the transect walk are similar to those identified during the problem tree activity and can all be attributed to poverty. Interestingly, the activities that we observed community members perform during the walk confirmed the sentiments shared by the gender daily calendar group. Various opportunities were observed during the walk, however, discussions regarding these opportunities relegated responsibility to external support sources. For example, participants noted that the area has lots of bananas which presents an opportunity for establishment of a banana processing plant. However, community members were quick to note that they lacked the capability to do this on their own and would need external support. As mentioned previously, the relegation of community development to someone else outside self is a belief that needs to be eradicated. The banana processing plant opportunity may seem large, but the mindset alone prevents the community from taking advantage of the opportunities that may well be within their reach. Of note are some young men we encountered during our walk who asked which organization we were a part of. They stated that they had never heard about KIKOP but would be open to any employment opportunities the organization had available. Their inquiry informed us that there is a need for community sensitization regarding KIKOP because not every member is aware of the project's presence. In addition, their inquiry indicated that the young men idling in the community was more a matter of circumstance than choice. Again, provision of income-generating activities was highlighted as a great need of the members in this community.

CHV, Promoter, CGV, and Neighbor Women Satisfaction

Completion of the voting charts was a simple exercise for all participants. Despite the language barrier, participants were able to understand what the facial expressions indicated and select the one that best fit their perception of the various statements. Majority of CHVs selected the smiling face for all statements, while all promoters selected the smiling face for all statements. CGV's had varying responses for every statement, with great variation on the statement about the difficulty of the lessons. This variation in responses shows that this is an area that KIKOP may want to focus on improving, especially since many of the CGV's have

difficulty reading and writing English. The responses among the neighbor women were also positive, apart from the statement regarding lessons starting on time. Here, neighbor women expressed great time keeping challenges either by their CGV or by fellow neighbor women. In light of this, there is need for refresher training on timekeeping to be conducted with the CGVs who can then share this training with their neighbor women.

Limitations

PRA guidelines recommend that PRA activities should be done by individuals whose affiliation is not known by the community. In our case, all PRA activities were conducted by individuals affiliated with the KIKOP project. This may have introduced bias since participants may have been influenced to only say nice things about KIKOP, given their knowledge that we are affiliated with the project. Selected participants were contacted by a KIKOP staff member and by CHVs in cases where the staff member was unable to reach them. In cases where the CHV was unable to reach the randomly selected community member, we had no way of verifying if the individual sent was indeed the one selected. Some participants also stated that the CHVs told them to present at least two hours prior to the scheduled meeting time. This may explain why some participants were missing because they may have presented early and got tired of waiting. Of those that did present, those with a higher level of education tended to speak up more and may have intimidated those of lesser educational status from sharing critical information. Language barrier was a major issue among many participants and despite translation to the local language, some information may have been lost in translation. Lastly, these PRA meetings should've been held in open areas of the community where they would attract other community members. Unfortunately, we were unable to do this since selected participants were receiving a stipend for participating.

Conclusion

The goal of this study was to identify the Matongo community and MOH perception of KIKOP's interventions on maternal and child health outcomes over the past three years of project implementation. This goal was accomplished by conducting a PRA evaluation of the catchment area. Overall, our findings indicate that MOH personnel and community members are pleased with the work KIKOP is doing in their community and desire continued support and expansion to additional communities within Kisii county. As delineated by the PRA implementation plan, the next step in this process is presentation of this report to the community during a baraza and to MOH stakeholders on a one-on-one basis. This would be followed by creation of an action plan for the community and stakeholders and ensuring that the community and stakeholders take charge based on the decided-on action plan.

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Appendices

Appendix I

PRA Daily Activities Outline

Date	Activity	Key Informants
2/26/20	MOH Satisfaction Interview CHV Satisfaction Interviews	Iranda Matron Iranda CHV's – 2 groups
2/27/20	CHV Satisfaction Interviews	Matongo CHV's – 2 groups
2/28/20	MOH Satisfaction Interview CHV Satisfaction Interviews	Nyagoto In-Charge Nyagoto CHV's – 2 groups
3/3/20	MOH Satisfaction Interview	Kitutu-Chache North Sub-County MOH
3/4/20	MOH Satisfaction Interview	Kitutu-Chache South Sub-County MOH
3/9/20	MOH Satisfaction Interview	County Reproductive Health Coordinator
3/10/20	MOH Satisfaction Interview Obtain PRA Consent	County Minister for Health Matongo Catchment Chief
3/11/20	Venn Diagram	Matongo Community Members
3/12/20	Venn Diagram	Matongo Community Members
3/13/20	Seasonal Calendar	Matongo Community Members
3/16/20	Seasonal Calendar	Matongo Community Members
3/17/20	Problem Tree Analysis	Matongo Community Members
3/18/20	Problem Tree Analysis	Matongo Community Members
3/19/20	MOH Satisfaction Interview Gender Daily Calendar	Matongo In – Charge
3/20/20	Gender Daily Calendar	Matongo Community Members
3/23/20	Transect Walk	Matongo Community Members
3/24/20	Voting Charts	Matongo CHV's and Promoters
3/25/20	Voting Charts	Matongo Neighbor Women
3/26/20	Voting Charts	Matongo CGVs
3/27/20	MOH Satisfaction Interview	County Director of Health

Appendix II

Gender Daily Calendar Feedback Tables

	6:00 AM – 7:00 AM	7:00 AM – 8:00 AM	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM	10:00 AM – 11:00 AM	11:00 AM – 12:00 PM
Female Activities	Milking cows, cooking, prepare children, pray, breastfeeding, cleaning	Cooking, washing dishes, farming/digging, breastfeeding	Farming/digging, wash clothes, breastfeeding	Farming/digging, pick vegetables, eat, feed animals, collect firewood, breastfeeding, fetch water	Feed animals, relax, eat, cleaning, breastfeed, family gathering, cooking, clean compound, breastfeed,	Cooking, shower, pick vegetables, relax, feed animals, collect firewood, breastfeed
Male Activities	Sleep, shower, feed animals, milk cows, pray	Take children to school, farming/digging, eating, business, pray	Business, fencing/compound cleaning, farming/digging	Farming/digging, shower, fencing/compound cleaning, eat, business	Relax, business, feed animals, farming/digging, fencing/cleaning compound	Business, watch TV, relax, shows, feed animals, pick vegetables, fetch water

	12:00 PM – 1:00 PM	1:00 PM – 2:00 PM	2:00 PM – 3:00 PM	3:00 PM – 4:00 PM	4:00 PM – 5:00 PM	5:00 PM – 6:00 PM
Female Activities	Eat, watch TV, clean compound, breastfeed, pick children from school	Wash dishes, relax, shower, breastfeed, cook, eat, shower, go to posho mill watch TV,	Relax, sleep, watch TV, fetch water, collect firewood, breastfeed, farming, feed animals, business, fold clothes, pick vegetables	Pick children from school, wash children, cleaning, assist with homework, breastfeed, go to posho mill, milk cows, business,	Go to posho mill, wash dishes, shower, wash children, pick vegetables, fold clothes/iron, eat, breastfeed, cook, milk	Milk cow, bring things from outside back into the house, fetch water, assist with homework, go to posho mill, feed animals,

				fetch water, relax	cow, business, fetch water, assist with homework,	family gathering, cook, shower, breastfeed, business,
Male Activities	Pick children from school, watch TV, eat, fence/clean compound	Relax, eat, watch tv, fencing/compound cleaning, feed animals, business	Business, games, fencing/compound cleaning, relax, read Bible, farming, fencing/cleaning compound,	Pick children from school, games, milk cow, business, eat, feed animals, relax, fetch water, cut firewood,	Relax, games, milk cow, business, feed animals, assist with homework, eat,	Games, relax, milk cow, feed animals, shower, buy vegetables, assist with homework, business

	6:00 PM – 7:00 PM	7:00 PM – 8:00 PM	8:00 PM – 9:00 PM	9:00 PM – 10:00 PM	10:00 PM – 11:00 PM	11:00 PM – 12:00 AM
Female Activities	Cook, eat, breastfeed, watch TV, shower, business	Cook, eat, watch TV, assist with homework, breastfeed, business	Cooking, relax, family gathering, watch TV, read Bible, eat, wash dishes, boil water, shower, sleep, pray, breastfeed	Watch TV, relax, wash dishes, sleep, bring things from outside back into the house, family gathering, pray, eat, breastfeed, shower	Watch TV, relax, read Bible, pray, breastfeed, sleep	
Male Activities	Relax, bring things from outside	Eat, watch TV, assist with	Eat, relax, shower, watch TV, sleep,	Watch TV, relax, sleep, eat, bring things from	Watch TV, relax, shower,	

	back into the house, watch TV, family safety, business	homework, business	pray, read Bible, family gathering, make bed, business	outside back into the house, read, pray, phone calls, sleep, shower	pray, read Bible, sleep	
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Please note: Some participants wake up between 12:00 – 1:00 AM and again from 3:00 – 4:00 AM for prayers.

Appendix III

Matongo Participatory Rural Appraisal (PRA) Plan

Purpose: To identify the community's perception of KIKOP's interventions over the past three years on maternal and child health outcomes, identify the gaps that still exist and identify the community's desired solutions.

Methods:

- MOH Satisfaction One-on-One Interviews
- CHV Satisfaction Focus Group Interviews
- Venn Diagram
- Seasonal Calendar
- Problem Tree Analysis
- Gender Daily Calendar
- Transect Walk
- Voting Charts

Key Informants

- Community Health Volunteers
- Key Ministry of Health Personnel
- Community Members
 - o Neighbor Women
 - o Care Group Volunteers
 - o Chief/s
 - o Clan Elders
 - o Neighbor Women Partners
 - o Community members who are not recipients of project interventions

Selection Criteria

Random and purposive sampling using excel and online randomizer tool.

<https://www.randomizer.org/>

Implementation Plan

1. Preliminary Visit/Village Meeting
 - a. Discuss PRA objectives with local leaders
 - b. Obtain consent to conduct PRA from community leaders (Chief/Sub-Chief/Clan Elders)
 - c. Select key informants with assistance of community leaders
2. Conduct PRA
 - a. Including data ranking
 - i. Have them rank problems through discussion and voting

- b.** Brainstorm opportunities
 - i. What does the community foresee as potential solutions to the ranked problems?
 - ii. Rank selected solutions through discussion and voting
 - iii. Establish an action plan
- 3. Data Analysis
 - a. Transcribe, combine data, and establish themes
 - b. Identify key problems mentioned
- 4. Adoption and implementation
 - a. Present the data collected to the community during a Baraza
 - b. Create action plan for community and stakeholders
 - c. Community and all stakeholders take charge based on action plan

MOH Satisfaction - Consent Form

Hello, my name is _____ (name of speaker) and this is _____ who will be helping me with the interview. We work with the Kisii Konya Oroiboro Project (KIKOP) which has partnered with the Kisii Ministry of Health (MOH) to “create a sustainable, community-based health care system free of maternal and child deaths”. Thank you for your willingness to speak with us. The information you provide will enable us to understand the extent of MOH partner satisfaction with the project and provide insight into opportunities for continuing and future partnerships.

Participation is voluntary and consists of one interview that will last approximately one-hour. This interview will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. You have a right to terminate the interview at any time.

While there is no compensation or direct benefit to participants, your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying partnership areas that need improvement.

There are no risks associated with participating in this study. A summary of the results will be available to you upon request.

Please contact interviewer with any questions or concerns.

Interviewee Signature

Interviewer Signature



MOH Satisfaction Interview Guide

Date:

Data collector:

Project: MOH Satisfaction Evaluation/Matongo PRA

Informant:

Interview Format: In-depth interview

Date of interview:

Introduction: Hello. Thank you for taking the time to speak with us today. (*Introduce facilitator and note taker*). The purpose of this interview is to understand the extent of MoH partner satisfaction and involvement in project activities and perception of continued and future involvement.

The information you provide will enable us to understand the extent of MOH partner satisfaction with the project and provide insight into opportunities for continuing and future partnerships.

Participation is voluntary and consists of an interview that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying partnership areas that need improvement.

Do you have any questions or concerns?

Do you consent to continue with the interview? If so, please take a few moments to complete this consent form.

-Give interviewee consent form-

Thank you for signing the consent form. I will now begin with the interview questions.

Research Question 1: How are MOH personnel involved in project implementation?

1. What opportunities have you had, as an individual, to work with the KIKOP project?
2. What have been your commitments and contributions?

Transition: Thank you for your response. It's a pleasure to hear that you have had the opportunity to work with KIKOP in the effort of improving the lives of mothers and children. Now I'd like us to talk about the partnership between KIKOP and the MOH.

Research Question 2: How are project partners working together to reduce maternal and child mortality?

1. How have project partners worked together in facility capacity strengthening? Probe about staffing, equipment, supplies, managing of complications, etc.
2. How have project partners worked together in community mobilization? Probe about encouraging facility deliveries, home visits, CHV involvement, etc.

Transition: Now I will ask you about your opinion on the success of our partnership.

Research Question 3: What are the pros and cons of KIKOP's partnership model?

1. In your view, how would you define "success" with our partnership model?
2. In what ways has this partnership been successful in implementation and operation?
3. In what partnership areas is there room for improvement?
 - a. Who should be responsible?

Transition: Thank you for your feedback. As you are already aware, our partnership also involves cost-sharing. I'd like us to talk about this.

Research Question 4: What is the effect of cost-sharing on interventions/project operations?

1. How are costs shared among partners? If not mentioned, probe about facility upkeep, purchasing of medical and non-medical supplies and staffing.
2. Are you of the opinion that this cost-sharing has been successful and fair?
 - a. If yes, how?
 - b. If no, why?
3. How can we make cost-sharing fairer and more effective?

Transition: Thank you! In addition to cost-sharing, our project relies on joint management between partners. I would like to hear your view on this.

Research Question 5: In what ways has KIKOP and the MOH practiced joint management, decision-making and conflict resolution?

1. In what ways has the project and the MOH practiced joint management and decision-making?
2. In what ways has the joint management and decision-making been successful and fair?
3. In what ways have they (joint management and decision-making) not been successful and fair?
4. What disagreements have taken place between the two partners?

- a. Were the conflicts handled in a fair, professional, manner?
5. How can we improve management, decision-making and conflict resolution?

Transition: Thank you. Now I will ask you about KIKOP's mission and how the MOH is promoting it.

Research Question 6: Are project implementation and partnership activities in accordance with KIKOP's mission?

1. What is KIKOP's mission?
2. In your view, is the current partnership between KIKOP and the MOH in accordance with this mission?
 - a. If yes, how?
 - b. If no, how?

Transition: Thank you for your response. I would now like to ask you what your expectations and hopes for this partnership are.

Research Question 7: What opportunities are there for continuing and future partnership?

1. Has the partnership between the community, KIKOP, and the MOH fulfilled your expectations?
 - a. If yes, how?
 - b. If no, why?
2. What opportunities do you see for continued and future partnership?

Transition: Do you have any final comments or recommendations?

Thank you for your time and agreeing to participate in this interview. Your views will be considered as we strive to improve our work and the health of the communities we serve.

CHV Satisfaction - Consent Form

Hello, my name is _____ (name of speaker) and this is _____ who will be helping me with the interview. We work with the Kisii Konya Oroiboro Project (KIKOP) which has partnered with the Kisii Ministry of Health (MOH) to “create a sustainable, community-based health care system free of maternal and child deaths”. Thank you for your willingness to speak with us. The information you provide will help us understand the best way to support you as you work with us to improve the lives of mothers and children in your communities. It will also enable us to determine your opinion on the role of village health communities and the best way to assist the community in developing an emergency transport system.

Participation is voluntary and consists of one group interview that will last approximately one-hour. This interview will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. You have a right to terminate the interview at any time.

There are no risks associated with participating in this study. A summary of the results will be available to you upon request.

Please contact interviewer with any questions or concerns.

Interviewee Signature

Interviewer Signature



CHV Satisfaction - Group Interview Guide

Date:

Data collector:

Project: CHV Satisfaction Evaluation/ Matongo PRA

Informant:

Interview Format: Focus Group Interview

Date of interview:

Introduction: Hello. Thank you for taking the time to speak with us today. (*Introduce facilitator and note taker*). The purpose of this interview is to understand the extent of CHV satisfaction with their involvement in project activities.

Participation is voluntary and consists of a group interview that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying areas that need improvement.

Do you have any questions or concerns?

Do you consent to continue with the interview? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.
- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will respond to the questions honestly.
- If we do not understand a question, we will request clarification.
- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.

I will now begin with the interview questions.

Research Question 1: What is the perception of CHV's with their involvement and responsibilities in project implementation?

1. What are your responsibilities as a CHV working with the KIKOP project?
2. What has been the most enjoyable aspect of supporting KIKOP as a CHV?
3. Are you content with the work you do?
 - a. If yes, how?
 - b. If no, in what areas do you feel like you could do more?
4. In your opinion, when is the best time to hold our monthly meetings?

Transition: Thank you for your response. It's a pleasure to hear that you have had the opportunity to work with KIKOP in the effort of improving the lives of mothers and children. Now I'd like us to talk about the partnership between KIKOP staff and CHV's.

Research Question 2: How are KIKOP staff and CHV's working together?

1. Do you feel supported by your KIKOP supervisor?
 - a. If yes, how?
 - b. If no, how would you like to be supported?
2. How are KIKOP staff receptive to your complaints and concerns?
3. Have the trainings you have received so far been adequate in enabling you to do your work as a CHV?
 - a. If yes, how?
 - b. If no, what areas do you feel you need additional training in?

Transition: Now I will ask you about your opinion on the motivation you receive.

Research Question 3: Apart from money and material things, what other motivational strategies should KIKOP utilize?

1. How is the motivation (t-shirts, bags, name-badge, monthly stipend, etc.) you are given sufficient for the work you do?
2. Apart from money and material things, what other motivational strategies should KIKOP use?

Transition: Thank you for your feedback. It is important to us that you know you are appreciated for the work you do. Let's now go to the next section.

Research Question 4: What is the understanding of CHV's on the role of VHC's?

1. In your understanding, what is the role of the Village Health Committee?
2. In your opinion, who in your community should be responsible for supervising the work you do?
3. How would you feel about being supervised by your area Chiefs and Clan Elders?

Transition: Lastly, I would like for us to talk about the emergency transport system in our community.

Research Question 5: How can the community improve its emergency transportation system?

1. How are medical emergencies handled in your community?
 - a. Is there a vehicle that can transport mothers and children to the health facility?
2. Without external interference, such as asking for money from civic organizations and local and regional government officials, how can your community improve its emergency transport system?
 - a. What can be done to help mothers who live in remote regions get to hospital quickly during emergencies?

Transition: Do you have any final comments or recommendations?

Thank you for your time and agreeing to participate in this interview.

Your views will be considered as we strive to improve our work and the health of the communities we serve.

Participatory Rural Appraisal - Consent Form

Hello, my name is _____ (name of speaker) and this is _____ (note taker) who will be helping me with the interview. We work with the Kisii Konya Oroiboro Project (KIKOP) which has partnered with the Kisii Ministry of Health (MOH) to “create a sustainable, community-based health care system free of maternal and child deaths”. Thank you for your willingness to speak with us. The information you provide will enable us to identify Matongo community’s perception of KIKOP’s interventions over the past three years on maternal and child health outcomes, identify the gaps that still exist and identify the community’s desired solutions.

Participation is voluntary and consists of a semi-structured interview or activity. The interview/activity may be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. You have a right to terminate participation at any time.

While there is no compensation or direct benefit to participants, your input will help us continue to provide health interventions that are tailored to the needs of our communities.

There are no risks associated with participating in this study. A summary of the results will be available to you upon request.

Please contact interviewer with any questions or concerns.

Interviewee Signature



Interviewer Signature

Venn (Chapati) Diagram Interview Guide

Purpose: Identify the key organizations that provide maternal and child health in the community, reasons for their effectiveness and importance in comparison to other organizations, and how they work with other organizations in the area.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants: Two representatives for each of the 22 villages in the area. Will need a mixed group – people who have received services from the varied organizations in the area – different gender, age, income level, different areas/sections of the community etc. Will be done twice to allow for comparison.

Interview Format: Semi-structured Group Interview

Date of interview:

Introduction: Hello. Thank you for taking the time to speak with us today. (*Introduce facilitator and note taker*). The purpose of this interview is to identify the key organizations that provide maternal and child health in the community, reasons for their effectiveness and importance in comparison to other organizations, and how they work with other organizations in the area.

Participation is voluntary and consists of a semi-structured group interview and activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying areas that need improvement.

Do you have any questions or concerns?

Do you consent to continue? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.

- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will actively participate and respond to the questions honestly.
- If we do not understand a question, we will request clarification.
- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.

I will now begin with the interview.

Question 1: Which organizations are working in Matongo with a focus on maternal and child health?

Allow participants time to mention all the organizations they can think of. Notetaker will write these on notes paper, while interviewer also writes this on board (any writing substance that will be visible to all participants).

Following listing of organizations, explain to participants procedure for Venn Diagram creation.

Question 2: What is the community’s perception of the importance of each organization?

I will now ask one of you to come to the board and draw a large circle on the center of the board and write Matongo in the circle. Give volunteer time to draw circle on board. This circle will be representative of our community – Matongo.

Next, we will go through each of the organizations you listed. I will ask if you consider the organization as “more important” or “less important” and give you time to discuss and decide as a group.

Select the first organization and have them decide as a group if it’s “more important” or “less important”. For “more important” have them pick a big circle and for “less important” have them pick a small circle. Write the name of the organization within each selected circle.

Question 3: Why do you consider (selected organization) as “more important” or “less important”?

Allow time for participants to provide reasons.

Repeat for each listed organization.

Question 4: What is the effectiveness/accessibility of the services the organization provides?

Now we will go through each organization and determine how effective it is. I will ask you to take each circle and place it near to or away from the large circle we drew at the center of the board at the beginning of the activity. When you place an organization's circle close to the large circle, that means it's very effective. When you place an organization's circle far from the large circle, that means it's less effective.

Allow time for participants to determine effectiveness of each organization and place circle within desired proximity of the large Matongo circle.

Question 5: Why do you consider (selected organization) as “more effective” or “less effective”?

Allow participants time to respond.

Now let's move to the last question.

Question 6: How do these organizations work with each other?

We will do this by moving the circles of the organizations that are working together close to each other – ensuring that the circles touch.

Allow participants time to respond and redirect as needed.

Thank you for your time, we have reached the end of the interview.

Do you have any final comments or recommendations?

Thank you for your time and agreeing to participate in this interview.

Your views will be considered as we strive to improve our work and the health of the communities we serve.

Seasonal Calendar Interview Guide

Purpose: Identify the main activities and trends that take place within Matongo community during the annual cycle.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants: Need a mixed group – different gender, age, income level, different areas/sections of the community etc. (10-12 participants). Two separate groups to allow for triangulation.

Date of activity:

Introduction: Hello. Thank you for taking the time to be here today. (*Introduce facilitator and note taker*). Together, we will perform a calendar making exercise whose purpose is to identify the main activities that take place in Matongo every month of the year.

Participation is voluntary and consists of a group activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying the best times to implement project interventions.

Do you have any questions or concerns?

Do you consent to continue with the activity? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.
- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will actively participate and respond to the questions honestly.
- If we do not understand a question, we will request clarification.
- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.

We will now begin with the exercise.

Provide an explanation of the exercise to the participants. Allow them time to ask questions before beginning activity.

The exercise you are about to undertake involves creating an annual calendar for Matongo community. That is why we are assembled here today. We will create a calendar that shows the key activities that take place seasonally and monthly in this community. I have a few tools (i.e. paper, pens, markers, etc.) that I brought with me that you can use to create the calendar.

Before we begin, you have two options. You can either choose to create a calendar that shows the activities of the community based on seasons. Or you can choose to create a calendar that shows the activities of the community on a monthly basis. Which one would you prefer?

Allow participants time to discuss among themselves and select an option. Record selected option.

Now let's begin. May I request a volunteer to draw a table with 14 rows and 10 columns.

Thank volunteer.

Question 1: When does your year begin?

Allow participants time to discuss among themselves. Once they have come to a consensus, have volunteer write that on second column of calendar... and continue on until calendar is complete?

Question 2: When do key activities take place during the year?

May I request a volunteer to write on the calendar the topics we will be discussing.

On the first column, have volunteer write on the calendar the variables to be evaluated as written below.

-Agricultural activities, climate, income-generating activities, human diseases, social events, months of stress/strain, months of happiness and quantity/types of food consumed.

Ask participants if there are any other variables they would like to add to the calendar.

Question 3: How much of each activity takes place?

We will now create symbols for every activity. Use of the symbol once will indicate that it happens at a small amount, while use of the symbol five times indicates that this activity occurs at a large amount.

May I have a volunteer to draw the symbols in the table?

Allow participants to select symbol for all 10 variables.

Thank you!

Now we will begin with the first activity (agricultural activities). We will indicate how much of this activity happens during the different seasons/months of the year. Remember, use of the symbol once indicates it happens at a small amount during this season/time of year while use of the symbol five times indicates that it happens at a large amount during this season/time of year.

Repeat for every variable until calendar is completed.

Allow participants time to respond and redirect as needed.

Thank you for your time, we have reached the end of the interview.

Do you have any final comments or recommendations?

Thank you for your time and agreeing to participate in this interview.

Your views will be considered as we strive to improve our work and the health of the communities we serve.

Symbol for each variable	Month/ Season	Janu ary	Febr uary	Mar ch	Ap ril	M ay	Jun e	Jul y	Augu st	Septe mber	Octo ber	Nove mber	Dece mber
	Variables												
	Agricultural Activities												
	Rainfall and temperature												
	Income-generating activities												
	Human Diseases												
	Social events												
	Months of stress/ strain												
	Months of happiness												
	Quantity/ Type of food consumed												
	Number of Deaths												
	Add variables suggested by participants												

Gender Daily Calendar

Purpose: Identify the nature, type and duration of the work activities that the men, women, and children of Matongo undertake daily.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants: Separate groups of men, women, and children (6-10 participants each)

Type of interview: Activity/Semi-structured interview

Date of activity:

Introduction: Hello. Thank you for taking the time to be here today. (*Introduce facilitator and note taker*). Together, we will create a daily calendar whose purpose is to identify the nature, type, and duration of the work activities that the men, women, and children of Matongo undertake daily.

Participation is voluntary and consists of a group activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities. It will also assist in identifying the best times to implement project interventions. Do you have any questions or concerns?

Do you consent to continue with the interview? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.
- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will actively participate and respond to the questions honestly.
- If we do not understand a question, we will request clarification.

- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.

We will now begin with the exercise.

Provide an explanation of the exercise to the participants. Allow them time to ask questions before beginning activity.

The exercise you are about to undertake involves creating a schedule of all the activities you perform within a 24-hour period.

Question 1: What activities do you perform on a daily basis?

Question 2: What is the duration of each activity?

We will begin with a discussion of all the activities/work you do from the time you wake up until you go to sleep. I will request you to mention all the activities you do in a day and how long they each take. We will then have a volunteer write this down for us.

May I request for a volunteer to write down the activities listed and their duration?

As participants mention the activities, the volunteer writes them down on the pre-written matrix on the white board/white paper. The volunteer can also depict the activities with symbols if there is a challenge of illiteracy. Ensure the participants have mentioned all activities.

Symbol	Time	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	Activity																				

We will now discuss the daily routine beginning with the workload.

Question 3: How do you feel about your daily workload?

Allow participants to provide responses.

Question 4: Which time period in the day is the most stressful?

Allow participants time to provide responses. Could also ask, "During which time do you feel the most unhappy/least relaxed"?

Question 5: Which time period in the day is the least stressful?

Allow participants time to provide responses. Could also ask, "During which time of the day do you feel the most happy/relaxed"?

Question 6: When do you have free time during you day?

Allow participants time to provide responses.

Question 7: Do you feel that you spend your time well? In what way?

Allow participants time to provide responses.

Thank you for your time, we have reached the end of the interview.

Do you have any final comments or recommendations?

Thank you for your time and agreeing to participate in this interview. Your views will be considered as we strive to improve our work and the health of the communities we serve.

Transect Walk Guide

Purpose: Observation of the natural resources and day-to-day activities with the goal of determining what problems, solutions, and opportunities exist within Matongo community.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants:

Type of Interview/Activity:

Introduction: Hello. Thank you for taking the time to be here today. (*Introduce facilitator and note taker*). Together, we will conduct a transect walk whose purpose is to observe natural resources and day-to-day activities with the goal of determining what problems, solutions, and opportunities exist within Matongo community.

Participation is voluntary and consists of a group activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities.

Do you have any questions or concerns?

Do you consent to participate in this activity? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

We are now ready to begin with the activity.

Provide an explanation of the exercise to the participants. Allow them time to ask questions before beginning activity.

The activity we are about to undertake is called a transect walk. It involves learning about the characteristics of the community by walking through it and observing farm sizes, trees,

topography, household type, farm type, water points, drainage, daily activities and any other additional problems and opportunities. We will also interview the people we encounter along the road so they can give us additional information on what we have observed.

We will begin by deciding the route we will use for our walk by determining the area in our community that has the greatest diversity.

Question 1: Which area in Matongo Community has the greatest diversity? (This includes vegetation, household structure, farm size, topography, etc.)

Allow participants time to discuss among themselves and come to a consensus. Provide them with writing tools/paper so they can draw a sketch map of this area.

Question 2: What is the best route to take for our transect walk through this area of greatest diversity?

Allow participants time to discuss and outline this route on the sketch map. Encourage them to choose a route with varied topography and that passes through the most important areas in the community.

Question 3: Who is responsible for what observations?

Place participants in observation groups. Each group should have a leader and scribe. Remind scribe to write detailed notes on group observations. Groups should stop every few meters to jot down and discuss observations.

Group 1: Agriculture (including problems, opportunities, and recommendations) – including crops, soil types, livestock, water points, etc.

Group 2: Socio-economic status/daily activities (including problems, opportunities and recommendations) – What are people we see doing/wearing/etc.? What is their age? Type of houses, condition of household, households with motorbikes/cars, households with shops, etc.

Once transect walk is completed, gather groups and create transect chart together along with details notes of the observations.

Drawing of walk						
<i>Topography and roads</i>						
<i>Vegetation/crops</i>						
<i>Soil Type</i>						
<i>Water</i>						
<i>Toilet facilities</i>						

<i>Transportation Tools</i>						
<i>Socio-economic indicators (Income Generating activities/Daily household activities by gender/house type/schools/market, etc.)</i>						
<i>Problems</i>						
<i>Opportunities</i>						

Question 4: How do these observed phenomena (including problems and opportunities) affect the health of women and children in the community?

Ask participants this question and allow time for them to provide responses. Probe on how the results of the walk can be used to improve the health of women and children in this community.

Thank participants for their time and agreeing to participate in this activity.

Problem Tree Analysis (WHY?) Guide

Purpose: Identify the main problems in Matongo in order to determine their causes and potential solutions.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants:

Type of interview: Activity/Semi-structured interview

Date of activity:

Introduction: Hello. Thank you for taking the time to be here today. (*Introduce facilitator and note taker*). Together, we will identify what problems, solutions, and project activities the community considers a priority.

Participation is voluntary and consists of a group activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities.

Do you have any questions or concerns?

Do you consent to continue? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.
- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will actively participate and respond to the questions honestly.
- If we do not understand a question, we will request clarification.
- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.

We will now begin with the exercise.

Provide an explanation of the exercise to the participants. Allow them time to ask questions before beginning activity.

The activity we are about to undertake is called a problem-tree analysis. It involves brainstorming the issues being experienced by Matongo community, determining the causes, and their effects.

Let's first start by determining what problems exist in our community.

Question 1: What problems exist in Matongo Community?

Allow participants time to respond verbally (may also hand-out pieces of paper for participants to write their responses on). Write down every problem mentioned on base of board/white paper.

Question 2: Which five of these problems do you consider priorities?

Allow participants time to respond verbally (may also hand-out pieces of paper for participants to write their responses on, then count papers with each problem to determine the top five.) Circle these five problems (they were previously written on the base of board/white paper.

Question 3: Which of these top five problems is KIKOP capable of addressing?

Allow participants time to respond verbally (may also hand-out pieces of paper for participants to write their responses on, then count papers with each problem to determine the most selected one).

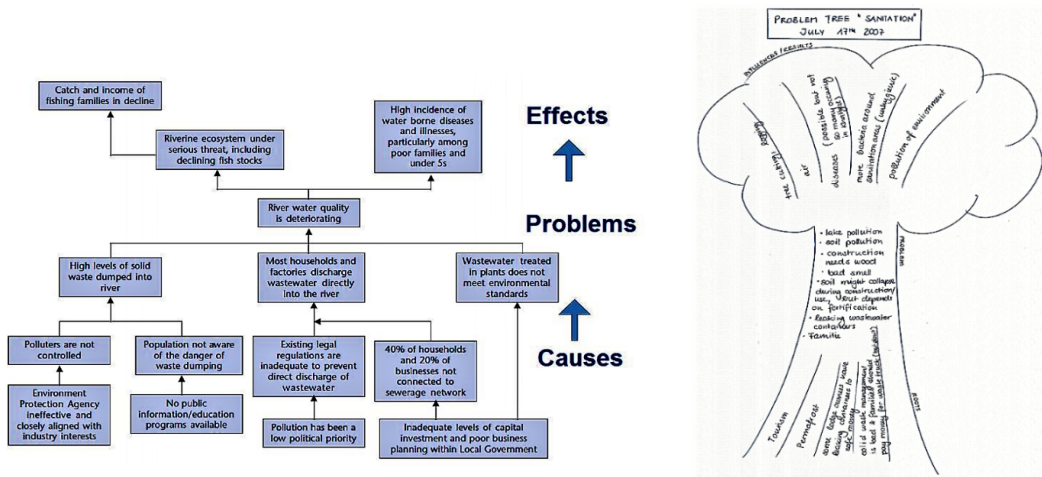
We will now create a problem tree that represents the causes and effects of this problem

Question 4: In your understanding, what are the causes of (selected problem)?

Allow participants to respond and write responses on the roots of the tree. Probe until respondents no longer have input on causes.

Question 5: In your understanding, what is the effect of this problem in Matongo community?

Allow participants to respond and write responses on the branches of the three. Probe until respondents no longer have input on effects.



Question 6: In your view, what can be done to address this problem, its causes and its effects?

Allow participants time to respond. Can also ask, "In your opinion, what solutions would you recommend for this problem?"

Ask for any additional input they may have.

Thank participants for their time and agreeing to participate in this activity.

Voting Charts Guide

Purpose: Determine what KIKOP activities CHV's, Promoters and Neighbor women consider most important.

Date:

Data collector/s:

Project: Matongo Participatory Rural Appraisal

Informants: Homogenous groups of CHV's (11 participants), Neighbor Women (***) and Promoters (7 participants)

Type of interview: Activity/Semi-structured interview

Date of activity:

Introduction: Hello. Thank you for taking the time to be here today. (*Introduce facilitator and note taker*). Together, we will identify what problems, solutions, and project activities you consider a priority.

Participation is voluntary and consists of a group activity that will be recorded and used for further analysis. The information you provide will be managed with high confidentiality and your name will not be used in any publications/reports unless otherwise requested. Your input will help us continue to provide health interventions that are tailored to the needs of our communities.

Do you have any questions or concerns?

Do you consent to continue? If so, please take a few moments to complete this consent form.

-Give each interviewee a consent form-

Thank you for signing the consent form.

Before we begin, I would like for us to agree to follow these rules:

- We will speak courteously and treat each other with respect.
- Only one person at a time will speak. We will not interrupt each other.
- We will not repeat to anyone outside this group what any of us has said.
- We will actively participate and respond to the questions honestly.
- If we do not understand a question, we will request clarification.




- We will turn off or silence our mobile phones.

Do we all agree to these rules? Are there any other rules you feel that we should add?

We are now ready to begin. If you have not already done so, please turn off or silence your mobile phone. Thank you.




We will now begin with the exercise.

CHV Voting Chart

			
I enjoy working as a CHV			
I am satisfied with the motivation I am provided as a CHV (stipend, bags, shirts, name badge, etc.)			
I feel adequately equipped to conduct routine home visits			
The monthly trainings improve my knowledge of maternal and child health topics			
The monthly trainings improve my knowledge on topics I can share with mothers during routine home visits			
The monthly meetings are held at a convenient time and day			




The monthly meetings are a good use of my time			
KIKOP staff are always available to address my questions and concerns			
I feel supported by KIKOP staff			
I feel accepted and respected by my community			

Neighbor Women Voting Chart

			
I enjoy meeting with fellow women			
I enjoy learning about how to take care of my health and my family's health			
My Care Group Volunteer is friendly and supportive			
My Care Group Volunteer is always prepared for lessons			
My Care Group Volunteer presents lesson in a fun, engaging way			
Lessons always start on time			
The lessons are enjoyable			




The lessons are easy to understand			
I can apply what I learn in the lessons to my day-to-day life			
The lessons are difficult to understand			
I find it difficult to apply what I learn in the lessons to my day-to-day life			
The time and day we meet for Care Group is convenient			
The CHV teaches me new lessons during routine home visits			
I feel supported by my CHV (Community Health Volunteer)			

Promoter Voting Chart

			
I enjoy working as a Promoter			
I am satisfied with the motivation I am provided as a Promoter (stipend, bags, shirts, name badge, etc.)			
I feel adequately equipped to conduct trainings for CGV's			
The monthly trainings improve my knowledge of			

maternal and child health topics			
The monthly trainings are a good use of my time			
The monthly trainings are held at a convenient time and day			
I have a good relationship with the CGV's I serve			
KIKOP staff are always available to address my questions and concerns			
I feel supported by KIKOP staff			
I feel accepted and respected by my community			

CGV Voting Chart

			
I enjoy working as a CGV			
I feel adequately equipped to conduct lessons to neighbor women			
The trainings improve my knowledge on maternal and child health topics			

The trainings are held at a convenient time			
The trainings are held at a convenient day			
The lessons are difficult to understand			
The trainings are a good use of my time			
My promoter is always available to address my questions and concerns			
I feel supported by my promoter			
I feel accepted and respected by the women I serve			
My promoter is always well-prepared for lessons			
The lessons are easy to understand			
I have a good relationship with the women I serve			
I feel accepted by my community			

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