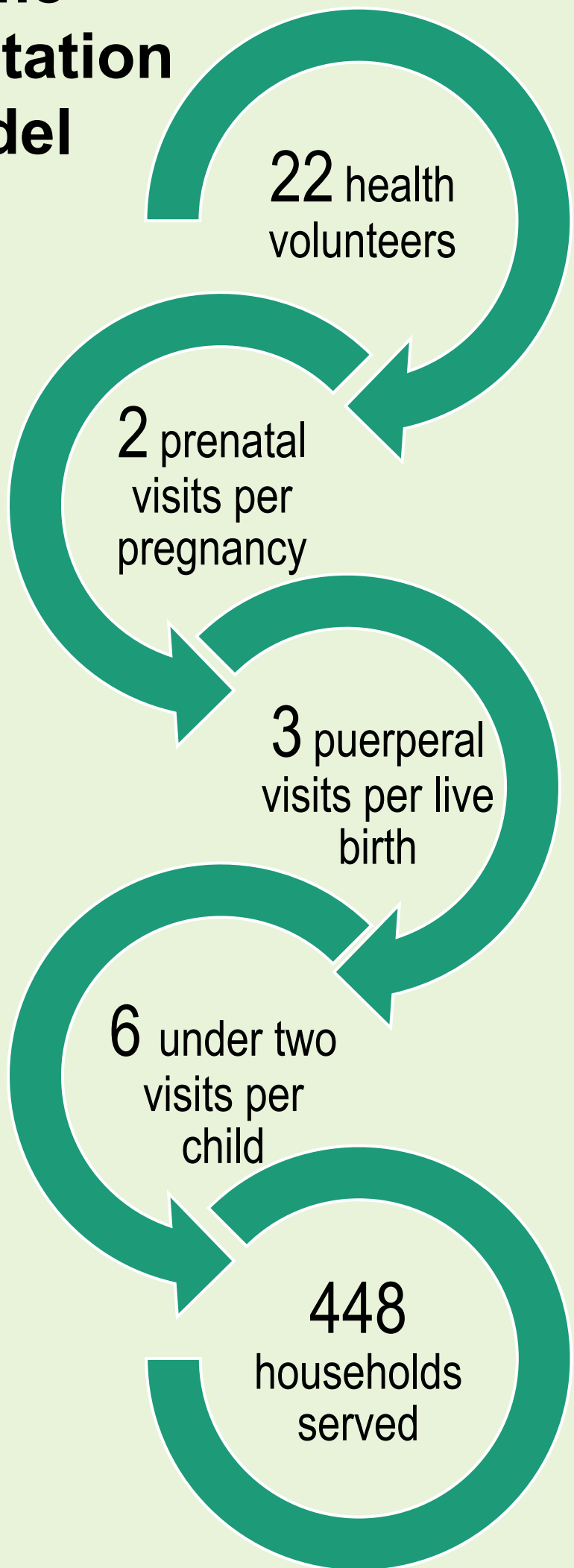# Formative Process Evaluation of Community-Based Child and Maternal Health Education in Kisii, Kenya

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Routine Home Visitation Model

- **22** health volunteers
- **2** prenatal visits per pregnancy
- **3** puerperal visits per live birth
- **6** under two visits per child
- **448** households served

Matango field officer and community health volunteers
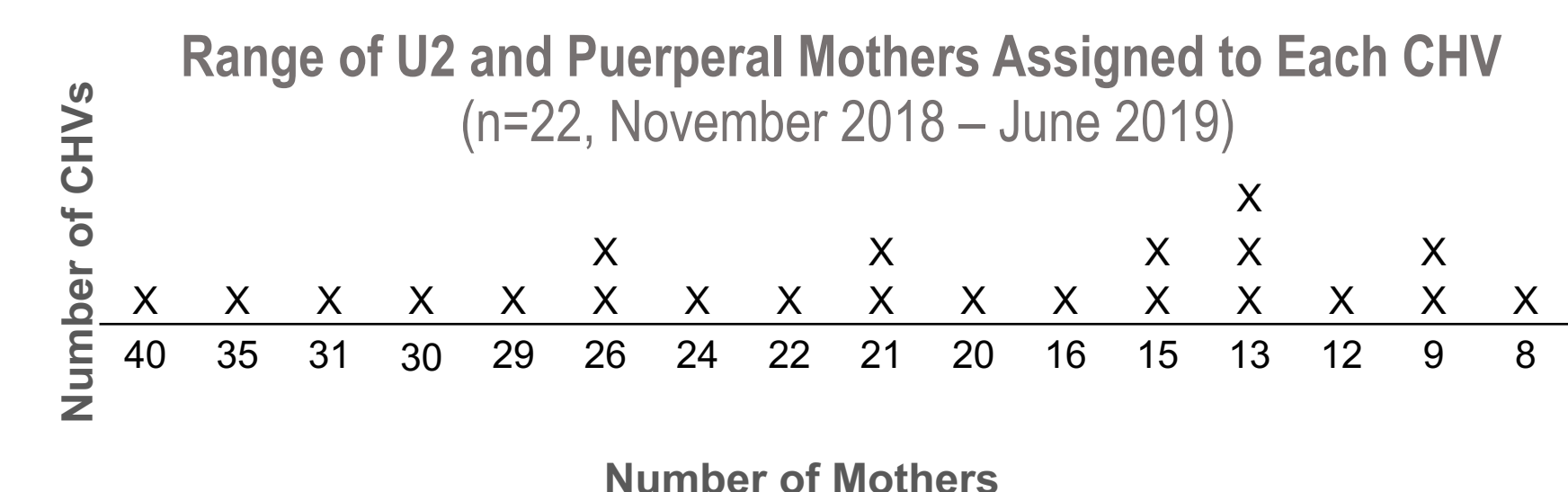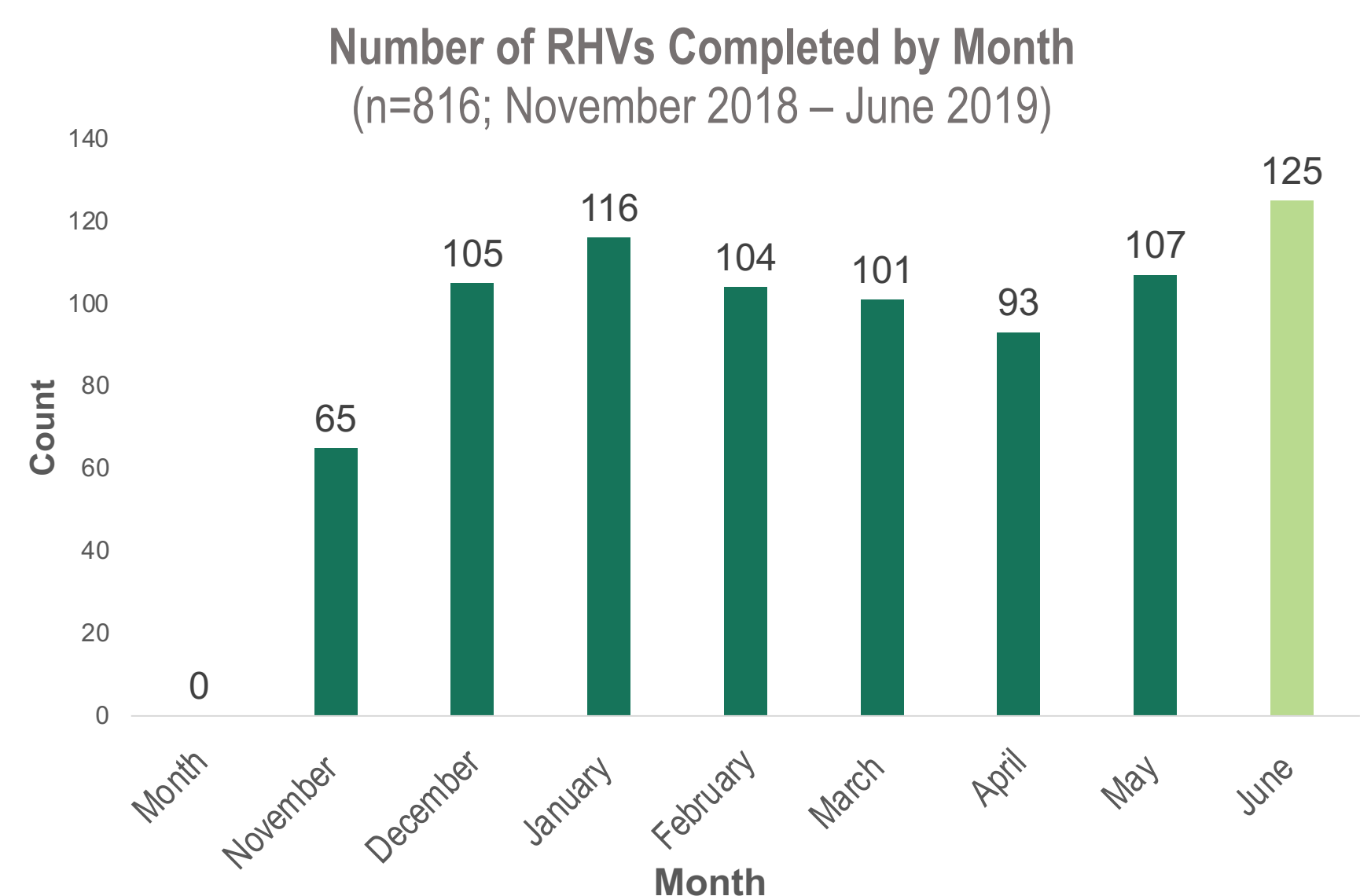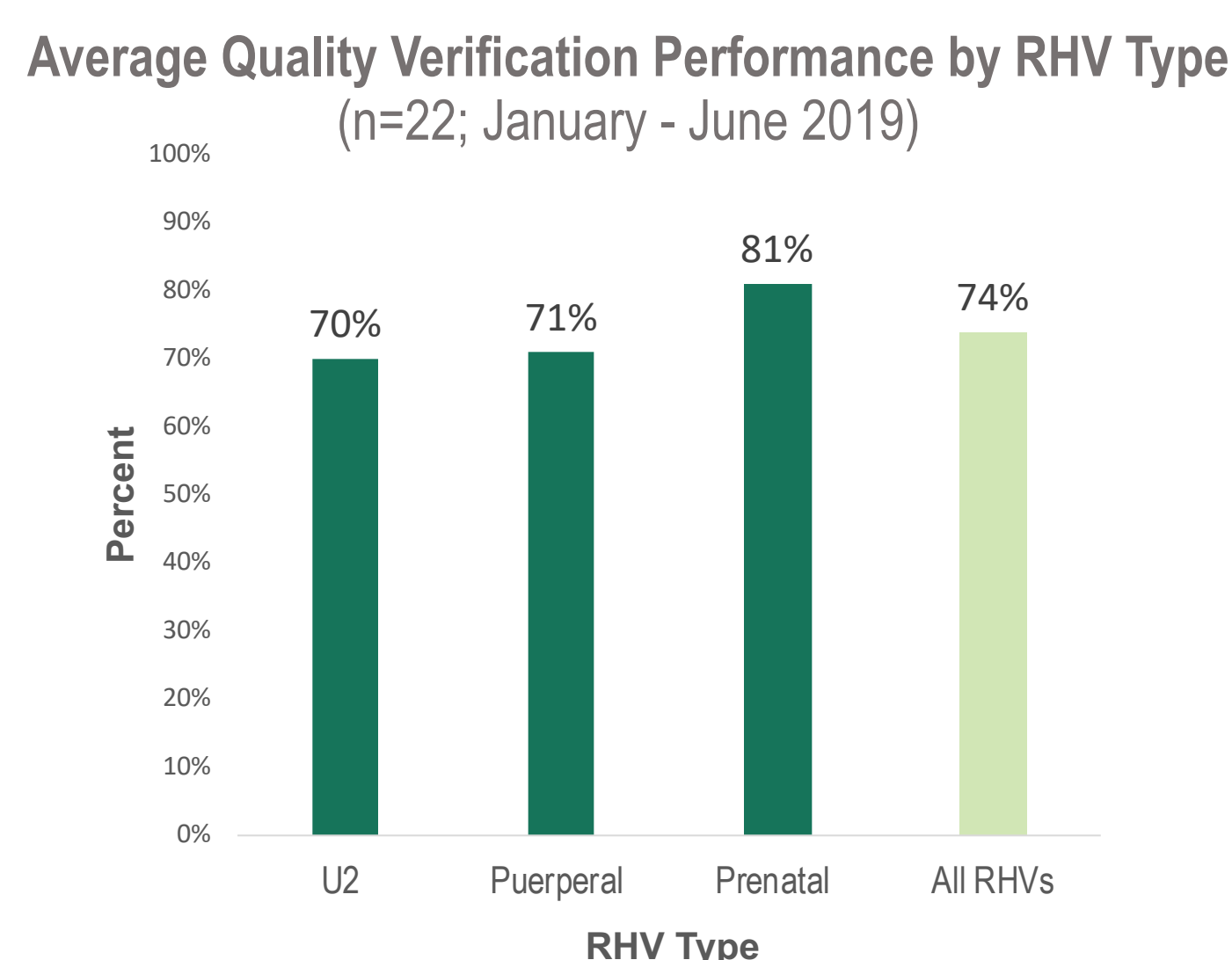*Photo credit: Dana Corbett, MPH candidate*

Matango Health Centre
Photo credit: Lindsay Woodcock, MPH candidate

Matango field officer collects RHV data from community health volunteers
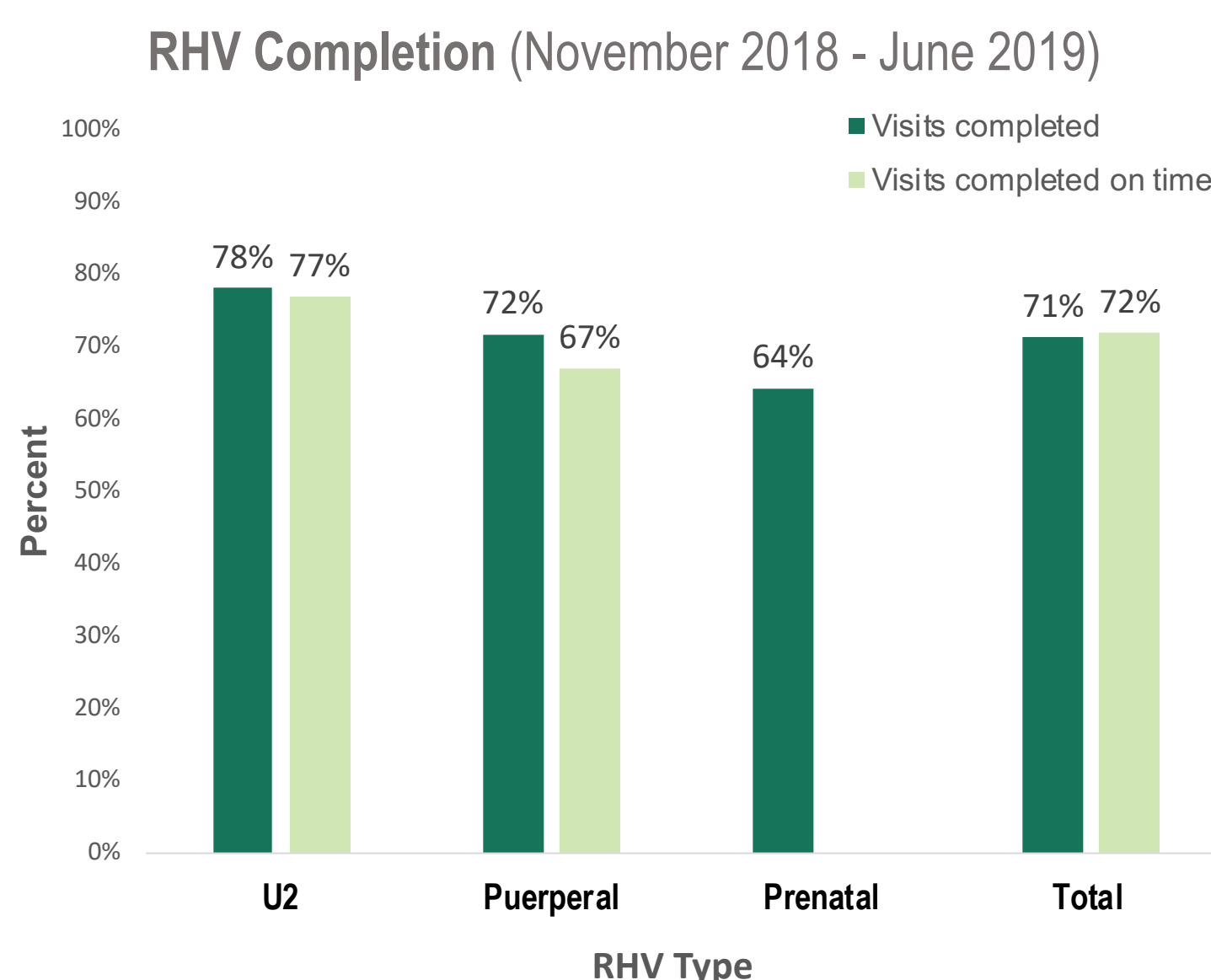*Photo credit: Dana Corbett, MPH candidate*

City of Kisii, Kenya
Photo credit: Lindsay Woodcock, MPH candidate

BACKGROUND

The Kisii Konya Oroiboro Project (KIKOP) is a community-based public health program in Kisii County, Kenya that seeks to improve maternal and child health through culturally sensitive health education and community empowerment. To achieve these goals, KIKOP conducts routine home visitations (RHV), which allow Community Health Volunteers (CHVs) to monitor health outcomes and deliver tailored health programing to pregnant women and mothers with children under two.

Six months following the intervention's launch in the Matongo catchment, a formative mixed-methods process evaluation was initiated to measure implementation fidelity and inform program managers of possible opportunities to make programmatic adjustments. The evaluation also aimed to characterize CHV experiences conducting home visits to better understand the unique factors influencing implementation.

RESULTS

The quantitative analysis demonstrated that the RHV intervention performed at an appropriate level of fidelity with the majority of home visits carried out by CHVs as planned, and on time during its first 6 months of operation. CHVs achieved an average group-level quality verification performance score of 74% across RHV types, showing delivery of RHV activities at an acceptable standard of quality. The analysis also showed that the number of mothers serviced by individual CHVs ranges from 8 to 40, highlighting a variation in caseload.

RHV Completion (November 2018 - June 2019)

Legend: Visits completed, Visits completed on time

RHV Type	Visits completed	Visits completed on time
U2	78%	77%
Puerperal	72%	67%
Prenatal	64%	
Total	71%	72%

Average Quality Verification Performance by RHV Type
(n=22; January - June 2019)

RHV Type	Percent
U2	70%
Puerperal	71%
Prenatal	81%
All RHVs	74%

METHOD

Mixed methods
A descriptive quantitative analysis of existing program implementation data observed how volunteers carried out routine home visits.
- Selected performance indicators were guided by research questions that assessed fidelity, reach, and delivery.
- Three datasets of registry and verification checklist data were assessed using Microsoft Excel.

A qualitative study captured volunteer perceptions about caseload, facilitators and barriers to completing visits, and satisfaction with the job responsibilities
- Two semi-structured focus groups were conducted with randomly selected CHVs (n=10)
- Focus groups were led by program staff and administered in Swahili.

Seven themes emerged from the qualitative content analysis. Summarized here are the four that articulate contextual factors impacting RHV implementation.

1. *Expanded role* – Community members often view CHVs as village doctors, expanding their scope of work to include on-demand diagnosis and treatment.

2. *Workload* – CHVs believe the amount of responsibility is aligned with the prestige of the position. Mother availability and cooperativeness are the leading reasons why caseload can be challenging and time-consuming.

3. *Work strategies* - CHVs delicately balance building good rapport with data collect and health education. Mood is a strong determining factor for how well the RHV will be conducted and CHVs tread lightly to ensure that interest is not lost. Persistence has increased participation and acceptance which has made data collection easier.

4. *Barriers* - Migration is a significant barrier to data collection. Willingness to acknowledge pregnancy plays a large role in participation. Unwillingness to participate or provide sensitive information is a common occurrence, which may be the result of the desire for privacy and/or the stigma around health conditions.

Number of RHVs Completed by Month
(n=816; November 2018 – June 2019)

Month	Count
Month	0
November	65
December	105
January	116
February	104
March	101
April	93
May	107
June	125

Range of U2 and Puerperal Mothers Assigned to Each CHV
(n=22, November 2018 – June 2019)

Number of Mothers	40	35	31	30	29	26	24	22	21	20	16	15	13	12	9	8
							X		X			X	X		X	
											X	X	X			
Number of CHVs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

IMPACT

This formative process evaluation demonstrated that the design of the KIKOP-Matongo RHV intervention is working well and appears to be on track to achieve its first- and second-year health outcomes. The evaluation highlighted both system- and individual-level performance data, which may be used by program management to inform new implementation tools or strategies that target opportunities for improvement that are feasible for the context and available resources.

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