

Kenya - ASSESSING TRANSFERABILITY OF HEALTH KIOSKS IN COMMUNITY MARKETS FOR CARDIOVASCULAR DISEASE PREVENTION AND HEALTH PROMOTION SERVICES IN KENYA.

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Overview

Identification

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DDI-KEN-JARIM-CVDPvention-2023-V1.0

Version

VERSION DESCRIPTION

PRODUCTION DATE

2025-09-26

NOTES

N/A

Overview

ABSTRACT

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Background: Health kiosks provide an opportunity to community members with inadequate access to health care a more accessible way to take control of their health and health information.

The critical component when it comes to transferability is whether a measured effectiveness of an applicable intervention can be achieved in another setting. Health kiosks provide an opportunity to community members with inadequate access to health care a more accessible way to take control of their health and health information.

Objective: The aim of this study is to investigate the factors that would affect the transferability of health kiosks in community markets in Vihiga and Nyeri County in Kenya.

Methods: The study will employ a convergent parallel mixed method design. It will use the conceptual Population-Intervention-Environment-Transfer Model of Transferability (PIET-T) to assess the transferability of health kiosks. The study will target 844 respondents in the two Counties that will be sampled randomly from households in Chavakali and Naromoru Wards. It will also conduct qualitative interviews with healthcare workers, community members and policy actors to assess the transferability of health kiosks. mobile electronic data collection (ODK) will be used to collect quantitative data while key Informant guide and focus group guide will be used to elicit qualitative data.

Results: The main results will include the sociodemographic characteristics and knowledge on cardio vascular diseases (CVDs), perception of health and health services and attitude towards the intervention. Findings will also capture the primary context (Vihiga) on the benefits of Health Kiosks in Market (HEKIMA) and its limitations. It will also give us a picture on the target context (Nyeri) and how the locals and the decision makers perceive HEKIMA. It will also include decision makers awareness, willingness and perception of the intervention and adoption/implementation of the intervention.

Significance of the results

The findings will help policy makers to design evidence-based strategies on how easy to access the masses in their local set up with an aim to promote health and detect NCD risk factors earlier among the population.

UNITS OF ANALYSIS

Individual :

- Adults aged 18 years and above
- Must be a resident of the six sub-locations in Chavakali and Naromoru

- Must be persons with key information on health matters in the two counties
- Persons with knowledge on physical/structural environment on health

Scope

NOTES

Quantitative and qualitative tools collecting information on existence and impact of Health Kiosks on screening and management of Cardio Vacular Diseases

- Does perception of health services affect transferability of health kiosks in community markets to other settings and contexts?
- How does intervention content affect transferability of health kiosks in community markets to other settings and contexts?
- How does local and organizational setting affect transferability of health kiosks in community markets to other settings and contexts?
- What are the factors responsible for adoption/implementation of health kiosks in community markets?

Coverage

GEOGRAPHIC COVERAGE

County coverage (Vihiga and Nyeri Counties)

UNIVERSE

Persons with key information on health matters in the two counties and those who utilize Health Kiosks Services

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

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OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
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Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
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JARIM OMOGI ODUOR	JOO	Jomo Kenyatta University of Agriculture and Technology (JKUAT)	Documentation of the DDI
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Sampling

Sampling Procedure

3.5 Sampling Procedure

3.5.1 Quantitative

3.5.1.1 Vihiga County

First, all the community health units (CHUs) in Chavakali and Mudete were listed followed by randomly sampling them. Upon randomly picking the CHUs, all the villages within the sampled CHUs were listed and sampled randomly, upon which population proportion to size was used to determine the sample in each village. Upon determining the sample per village, systematic sampling was employed to calculate the periodic interval that advised on the skipping pattern. The periodic interval was determined by dividing the number of households by the sample size per village. A kish grid was then used to randomly choose household survey respondents. This method was chosen since it avoids bias selection (Kish, 1949).

3.5.1.2 Nyeri County

According to Nyeri County Government, Kieni East facilities are averagely 5-15 KM away yet it is the largest occupying more than half the land mass hence its choice. First, all the community health units (CHUs) in Naromoru ward will be listed followed by randomly sampling them. Upon randomly picking the CHUs, all the villages within the sampled CHUs will be listed and sampled randomly, upon which population proportion to size will be used to determine the sample in each village. Upon determining the sample per village, systematic sampling will be employed to calculate the periodic interval that will advise on the skipping pattern. The periodic interval will be determined by dividing the number of households by the sample size per village. A kish grid will then be used to randomly choose household survey respondents.

3.5.2 Qualitative

Purposive sampling will be used to identify locals and community health volunteers for each of the FGDs that will be conducted. Community health Assistants (CHAs) will help in selecting CHVs since they report to them. Health facility in charges, market champions and NCD coordinators on the other hand will be purposively selected. The criteria to be used to select the KIs will be those directly offering services in the sector sphere and market leadership. This is because, it is believed that they have first-hand knowledge of issues surrounding provision of health at the primary health care in addition feasibility of market to be used as health kiosks mainly for the market champions.

3.6 Inclusion and Exclusion Criteria

3.6.1 Quantitative

3.6.1.1 Inclusion Criteria

- Adults aged 18 years and above
- Must be a resident of the six sub-locations in Chavakali and Naromoru

3.6.1.2 Exclusion Criteria

- The study will exclude the seriously ill patients

3.6.2 Qualitative

3.6.2.1 Inclusion Criteria

- Adults aged 18 years and above
- Must be persons with key information on health matters in the two counties
- Persons with knowledge on physical/structural environment on health

3.6.2.2 Exclusion Criteria

- Persons working at the health department in the two counties but not a decision maker on health matters in the two counties

Deviations from Sample Design

None

Response Rate

100%

Weighting

None

Questionnaires

Overview

Quantitative and qualitative tools collecting information on existence and impact of Health Kiosks on screening and management of Cardio Vacular Diseases

- i. Does perception of health services affect transferability of health kiosks in community markets to other settings and contexts?
- ii. How does intervention content affect transferability of health kiosks in community markets to other settings and contexts?
- iii. How does local and organizational setting affect transferability of health kiosks in community markets to other settings and contexts?
- iv. What are the factors responsible for adoption/implementation of health kiosks in community markets?

Data Collection

Data Collection Dates

Start	End	Cycle
2023-09-01	2023-09-28	N/A

Data Collection Mode

Face-to-face [f2f]

Questionnaires

Quantitative and qualitative tools collecting information on existence and impact of Health Kiosks on screening and management of Cardio Vacular Diseases

- i. Does perception of health services affect transferability of health kiosks in community markets to other settings and contexts?
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- iv. What are the factors responsible for adoption/implementation of health kiosks in community markets?

Supervision

3. 9 Data Management

Training of Research Assistants

Prior to conducting focus group discussion, the researcher trained three young graduates to assist in the FGD facilitation. The young graduates were persons with public health knowledge and with experience in FGD facilitation. During the training, there was a review of written informed consent in both Swahili and English, review of research ethics, facilitation of the FGD with the use of a tape-recorder to ensure that they are well prepared, and note-taking is practiced.

Undertaking Qualitative Data Collection

The focus groups in each of the two Counties were conducted until a point of saturation was achieved. All focus groups had 6-8 participants in each session and the FGDs lasted for about 30-40 minutes. For the purpose of the FGDs, the researcher was the moderator and was assisted by a note taker. The KIIs on the other hand lasted for a maximum of 30 minutes. All the participants were read to an informed consent in both English and Swahili, depending on their preference, and written informed consent was obtained from all the participants. If a participant was unable to read or write, the consent form was read to him or her and an X was marked on her/his consent, along with the signature of a witness. Participants were given a snack after the exercise. The FGD guides were translated to Swahili and participants were given a choice of whether to participate in English or Swahili. All FGDs and KIIs were recorded using a tape recorder and note taking was also conducted.

Data Storage and Retrieval

Given that this study employed use of mobile data collection, only the researcher was able to access the data. For the qualitative data, they were all stored in a password-protected computer and transcription done manually by the researcher. The transcribed data was also uploaded into NVivo which was only accessed by the researcher.

Quantitative Data Management

Quantitative data collected through ODK was stored in a password protected laptop in addition to a backup that was only accessed by the researcher. Data was later converted into MS-Excel spreadsheets while cleaning, coding and analysis was done using STATA Version 15. Quality checks for the data was maintained by pretesting while developing the tool and including the skip pattern and constraints that were in built in ODK.

Data Processing

Data Editing

Undertaking Qualitative Data Collection

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Other Processing

N/A

Data Appraisal

Estimates of Sampling Error

N/A

File Description

Variable List

