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Community and Stakeholder Engagement Strategies: Lessons from the Child Health
and Mortality Prevention Surveillance Network Site in Kisumu, Kenya

By

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Degree to be awarded: Master of Public Health

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Abstract

Community and Stakeholder Engagement Strategies: Lessons from the Child Health and Mortality Prevention Surveillance Network Site in Kisumu, Kenya

By Meara Bowe

The Child Health and Mortality Prevention Surveillance (CHAMPS) Network was designed to address gaps in cause of death data by establishing a network of sites globally to understand and track causes of under-five mortality using verbal autopsies and minimally invasive tissue sampling. A partnership mapping and analysis project was proposed to better understand the potential for collaboration and impact to solve issues in child health that will be identified by CHAMPS' research. The purpose of this thesis is to describe the engagement of potential partner organizations by CHAMPS in Kisumu, Kenya. In depth interviews were held with 16 current or potential partner organizations from June to July 2018. Findings suggest that partners have valuable feedback on the implications of CHAMPS' methodologies and that these organizations have the potential to assist CHAMPS in addressing child mortality in Kisumu. Stakeholder engagement is vital to the success of CHAMPS and should be expanded moving forward.

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Table of Contents

Introduction	1
Context	1
Background and Significance	3
Purpose and Objectives	6
Methods	7
Findings	9
Discussion	14
Limitations	18
Conclusion	19
Appendices	20
Appendix A- Questionnaire	20
Appendix B- List of Organizations Interviewed	22
References	23

Introduction

Context

Child mortality continues to be a concerning health issue, particularly in Sub-Saharan Africa where 50% of all under-five deaths annually occur.¹ In Kisumu, Kenya the under-five mortality rate is 79 per 1000 children.² The majority of these deaths can be attributed to preventable causes such as pneumonia, diarrhea, malaria, malnutrition and preterm birth that can be addressed through interventions.¹ In settings such as Kisumu, children often die at home without seeing a medical professional and are buried before cause of death has been determined. Even for those that die in healthcare facilities it is often difficult to track a patient's medical history, and due to the presence of comorbid illnesses the final cause of death can be difficult or impossible to determine.³ These limitations in determining cause of death lead to inaccurate estimates of disease burden and result in improper allocation of resources and interventions.

The World Health Organization (WHO) recommends verbal autopsies as a non-invasive method to determine a more accurate cause of death, however due to diseases sharing similarities in clinical symptoms this too often cannot capture the full picture.³ To address these imperfections, the minimally invasive tissue sampling (MITS) procedure was developed to extract tissue from organs for examination.³ The MITS procedure is quicker, less expensive and less invasive than a traditional autopsy, which may increase acceptability by the community.³

The Child Health and Mortality Prevention Surveillance (CHAMPS) Network was designed to address gaps in cause of death data by establishing a network of sites

globally to understand and track causes of under-five mortality using verbal autopsies and MITS.³ Data provided by CHAMPS will provide information to guide the efforts of organizations and governments working to reduce under-five mortality. CHAMPS is a shared effort of more than 135 partners worldwide including governments, non-governmental organizations, universities, Centers for Disease Control and Prevention (CDC), International Association of National Public Health Institutes, the Task Force for Global Health, Public Health Informatics Institute, the Emory Global Health Institute, and other large-scale agencies. In Kisumu, Kenya site leadership consists of the Kenya CDC, Kenya Medical Research Institute (KEMRI) and the Kisumu County Health Department.

The leadership of the County Health Department would not have been possible prior to 2010, as provision of healthcare services and administration was delegated to districts under direct leadership of the National Ministry of Health.⁴ A new Kenyan Constitution was put into place in 2010 that called for decentralization of the government to prevent corruption and increase the efficiency and quality of social services.⁵ This devolution established 47 new counties and county governments to provide services for their residents.⁵ The challenge for this complex transition is to ensure that these new governments can provide the same level of services that were provided at the national level.⁴ Since County leadership was only established in 2010, it has not yet reached its full capacity. It is important to involve other organizations in developing solutions to the problems in child health that the county is unable to address alone. Recently, the Kisumu County Health Director and CHAMPS

programmatic staff developed the idea for a partnership mapping and analysis project in order to better understand the potential for collaboration and impact. In order to begin the process of identifying partners, a qualitative case study was proposed.

This case study had two purposes: to get a better understanding of what organizations are working in Kisumu on initiatives relating to child health and mortality; and to examine how stakeholders' interests may be affected by CHAMPS and how to form and maintain partnerships between these organizations and CHAMPS to inform the expansion of community and stakeholder engagement strategies by the CHAMPS site in Kisumu.

Background and Significance

It is necessary to involve stakeholders and partners in the planning and implementation of public health interventions to ensure ethical and inclusive programs. CSE also allows researchers to understand how to best ensure the success of their research and how interventions may potentially impact the interests of stakeholders.⁶ There has been lack of agreement on the aims and functions of CSE for global health programs and how to best design, implement and evaluate these strategies.^{6,7,8} CSE is also not clearly defined, with efforts ranging from information sharing and promoting transparency in the community, more thorough consultation prior to research implementation, and strategies to give more control or partnership to community members.⁸ Goodman and Thompson (2017) propose that stakeholder engagement can be classified into a continuum, with activities falling into either the non-participation (outreach, education), symbolic participation (coordination, cooperation), or engaged

participation (collaboration, patient-centered, community based participatory research).⁹ Evaluation of these activities is difficult since specific goals, as well as who makes up the community, are rarely defined.¹⁰ The key participants in CSE activities may range from research participants, community leaders, policy makers, organizations working in the area, physicians and anyone else who may have a direct interest or be impacted by the program in question. As biomedical and behavioral research is consistently expanding across the globe, many agencies from high income countries are seeking to conduct research in low- and middle-income settings. This expansion increases demand for the establishment and maintenance of relationships with communities and stakeholders in order to set up global research and ensure its success.¹¹

Partnerships in global health research have the possibility to be advantageous for all involved, however collaboration towards common goals can be difficult to accomplish. Each partnership must be cognizant of seven core concepts: focus, values, equity, benefit, communication, leadership and resolution.¹² Further, these partnerships allow for addressing health problems in diverse and complex settings through a multidisciplinary and comprehensive approach.¹³ The Research Fairness Initiative (RFI) was developed by the Council on Health Research for Development (COHRED) as a tool to reflect on how their processes and approaches impact and affect their partners.¹⁴ Fairness of the partnership is measured in five areas: benefit sharing, ethics, finance management, legal contracting and capacity building.¹⁵ By establishing secure and fair partnerships for collaboration, partner's interests can be identified and addressed. Once

these are determined, CSE goals can be further defined and shaped to meet the priorities of their intended population. Prior to the creation of the RFI, there was no such tool to assess and evaluate collaborations. The greater demand for CSE in programs similar to CHAMPS necessitates the need for clearer understanding of how to implement these programs and the necessity for expanding and improving CSE strategies.

CHAMPS determines cause of death based on the results of minimally invasive tissue sampling (MITS), which may be a threat to the interests of the parents of the deceased children and other important stakeholders. It is important to employ CSE as a measure to understand the perceptions of these stakeholders, increase acceptability and awareness of this method, and address the concerns of the community at large. MITS is a quicker, less invasive and less expensive alternative to traditional complete diagnostic autopsies and works by taking samples from targeted organ tissue for histopathologic and microbiologic examination.¹⁶ Deaths of children under five are consistently monitored by health facilities and CHAMPS staff are notified as soon as possible after death and dispatched to obtain consent from the family. The intention is for MITS to be done within 24-36 hours postmortem, and therefore the bodies of the deceased children may immediately be transferred to the laboratory facility after consent is given.¹⁷ MITS necessitates gathering samples during a highly sensitive time and it is important that CHAMPS' formative research and CSE activities address the threat and stress that these technologies may cause to the families' lives at such a sensitive time.

In CHAMPS' Social Behavioral Science Protocol (SBSP), researchers outline specific aims for conducting assessments of attitudes surrounding CHAMPS methodologies and community engagement strategies. The SBSP aims to assess factors associated with the acceptability, practicality and implementation of MITS on deceased children. Guided by these objectives, researchers hope to understand beliefs about death, religion, the desire to know the cause of death and other cultural factors that may have particular meaning or value to these people. An additional aim of the SBSP is to prepare researchers to respond to unexpected concerns, challenges and opportunities that activities may bring up within the community. The identification of stakeholders, barriers to engagement and useful methodologies and approaches to keep the community informed and involved is an additional aim to be addressed by the SBSP.¹⁸ This case study complements the SBSP by expanding the focus of community engagement activities in Kisumu to the examination of potential partnerships.

Purpose and Objectives

The purpose of this thesis is to describe the engagement of potential partner organizations by CHAMPS in Kisumu, Kenya. The specific objectives are as follows: 1) Describe the goals of CHAMPS general community and stakeholder engagement strategy, 2) Describe the main elements of the partnership mapping activities, 3) Assess the overall performance of the partner engagement strategy, 4) Identify areas for improvement and expansion based on qualitative case study findings.

Methods

I conducted a qualitative case study using grounded theory data collection and analysis methods, an approach frequently used in community and stakeholder engagement case studies.^{7,10} The case study focused on partner organizations working on health initiatives that may directly affect factors contributing to child health and mortality in Kisumu, Kenya. The study was certified as exempt from review by Emory University's Institutional Review Board as well as approved by Kisumu County Department of Health (KCDH) leadership.

A list of organizations that had participated in previous stakeholder meetings organized by the KCDH in June 2014 and February 2016 served as the sampling frame for the case study. Since the results of CHAMPS cause of death investigations may directly affect resource allocation and program implementation for many of these organizations it was felt that it was important to understand better the work that they do and their interests. This list of organizations was further modified through meetings with county health department staff working in various sectors of health (i.e. Water, Sanitation and Hygiene, HIV). These prospective or current partners were chosen due to their expertise in their respective fields, their potential to be impacted by the presence of CHAMPS in the community and their ability to utilize and learn from CHAMPS findings. Due to the wide variety of illnesses that affect child health, and the underlying factors that may lead to increased susceptibility to these illnesses, it was important for the sample to be multidisciplinary .

The recruitment strategy was three-pronged. Initial contact was made through email, follow up phone calls were made, and in-person drop-in visits were made to some organizations. As the amount of contact information gathered varied by organization some of the partners only had emails or phone numbers and therefore additional follow up was not able to be done.

In depth interviews were held with 16 current or potential partner organizations from June to July 2018. These interviews were facilitated by the creation of a detailed questionnaire (See Appendix A) that sought to provide insight into the organization's scope of work, funding, current partnerships, interests and opinions surrounding CHAMPS' work and ideas on how to best keep them engaged. All interviews were conducted in English, as it is the primary language for business and government operations in Kenya. Interviews ranged from 30-60 minutes and were recorded in order to capture the most detail. As interviews progressed, the questionnaire was modified to omit questions and add additional ones based on interviewee feedback. For instance, the question "What are your thoughts on how we can best keep you engaged?" was added after interview three, after questions about how stakeholder engagement by CHAMPS will continue after the completion of this project. Another example of modification is the addition of the question "From where does your organization get information to inform the projects you implement in Kisumu?"

Responses to interview questions were transcribed from audio recordings and served as the primary source of data.

The data analysis approach was based on principles of grounded theory and qualitative description.^{19,20, 21} The combination of these techniques was selected in order to emphasize the experiences of interview participants and understand the social processes in the public health sector in Kisumu. In addition, qualitative description allows for the additional rich description of data in a language similar to the informant's own language. Analysis will seek to richly describe processes while also explaining how these may lead to an outcome of interest.⁷

The interview transcripts were coded to identify key concepts and recurrent themes. Existing indicators and concepts were constantly compared with new data which led to new concepts. This is commonly called "open" coding in grounded theory.¹⁹

Findings

16 of the 34 organizations contacted agreed to participate in the study. A full list of organizations interviewed is included in Appendix B. Many of these organizations had pre-existing working partnerships with the county department of health. International non- governmental organizations (9) made up the largest classification, followed by local non-governmental organizations (5) and then community-based organizations (2). Community based organizations are registered in Kenya under this classification and are considered to represent a community or segment of a community and work to directly meet community needs. These organizations may focus efforts in more than one health sector and may therefore be considered to specialize in multiple health sectors. The majority of organizations worked primarily in women's health (4)

and HIV (4), followed by orphans and vulnerable children (OVCs) (2), advocacy (2), water sanitation and hygiene (WASH) (2), and Nutrition (1) and Malaria (1). It is important to consider what these organizations think of CHAMPS work and how their work will be affected by detailed cause of death reports. After new data is released from research, global health organizations typically modify their interventions to meet the needs of those that they serve.

In Kisumu, the lead implementing partners for CHAMPS are the Kisumu County Health Director, KEMRI and CDC staff. A few of the interviewees questioned the capacity of the county to lead these initiatives since the county system is newly established. In addition, the CDH is responsible for providing many healthcare services with a small staff. One partner said:

The arrangement is that you resource to the government and the government implements according to their plan. But, that requires that the government has the capacity to be able to do that.

Another issue cited is the extreme fatigue of the healthcare staff and lack of resources at facilities. Fatigued staff, poor training, and lack of supplies may also increase the number of complications and deaths seen at the healthcare facilities. One partner stated: “the biggest challenge we have as a country is the fatigue of the healthcare staff.” Another said:

It is not enough for high level facilities to have resources...the most accessible to the clients are the community-based centers and therefore they must be equipped to handle all cases and complications.

In order to further educate partners on CHAMPS' work, a few of the organizations interviewed have previously been called to listen to cases in workshops or mortality review meetings. One international NGO stated that: "the chief officer, he invited me to some of the audits, for post-mortem deaths for children. I was able to sit in a bit, it was a good, interesting, learning experience." The other organizations that were able to also attend these meetings, while a small portion of this case study sample (3), echoed this statement. It is important to evaluate the impact that the participation in the mortality review meeting may have on support for CHAMPS processes and how the opinions of these valuable partners may be influenced.

Partners also had feedback on ways that they would like to be engaged by CHAMPS moving forward. Many stated that they would value being involved in CHAMPS' community outreach and integration activities. The majority of these organizations have been working in Kisumu for at least 5 years, with many of them established for more than 20 years. An organization that cares for orphans and vulnerable children in Kisumu shared:

We work closely with the community and can use this platform to share with the families we work with to improve childcare and minimize child mortality.

An additional concept to consider is how partner organizations perceive CHAMPS' work, specifically if they have heard of it and what they think of MITS technology. A few of the organizations stated that they were shocked that autopsies

were able to be done in the communities as they had attempted to do similar projects but were unable to due to community pushback. One organization stated:

It is necessary to do this at the community level, using community health workers. This has helped community workers know that they can report a case, because it's not punishing or portioning blame to the person who did this.

Many of these organizations also had concern for the negative impact that MITS could have on the psychosocial well-being of the families. A local HIV treatment and prevention organization who also provides mental health support for their patients stated:

At some point, I felt, if you maybe had psychological counselors working with CHAMPS team from the word "go", so that even as this team approaches families, the psychosocial issues that are coming up we see how to deal with them before it goes too fast.

While organizations seemed to be surprised by the invasiveness of MITS, all spoke to the value of understanding CHAMPS' findings and applying this data to make informed decisions regarding implementation of child mortality prevention interventions. This can help organizations reassess their priorities and modify interventions to fit the needs of the community using an evidence-based approach. An international NGO further emphasized this by stating:

Our projects always evolve with time; what we were doing yesterday is not what we are doing today. We always try to address the problem of the current situation.

Another international NGO representative stated:

We normally do this so we know, what is the cause of death? How can this be avoided? How can we improve care? We review to help.

Organizations' interest in learning more about the exact causes of deaths of children under five may be due to the challenges of reducing child mortality. The challenges in implementing child mortality prevention programs cited by organizations could be broken up into 3 categories, issues with: preventative services, misplaced priorities and quality of services. For preventative services, frequently discussed topics were that immunization coverage is still not 100%, the fact that the leading causes of death for under-fives are all preventable in some way, and that the gaps in the neonatal period are the most vulnerable but not prioritized enough. One partner stated:

I would say the biggest gap is in the newborn, the neonatal period. From the time of birth to 28 days. Especially for preterm or low-birthweight babies. There isn't much investment, in terms of building the capacity or knowledge to handle the dangers. Yet, we have high impact low cost interventions that can be put in place.

Misplaced priorities were attributed to feeling that there was focus on targeting the wrong health concerns, that child health needs to be prioritized on its own, and that

many cultural practices lead to delayed care seeking. One interviewee from a project spearheaded by multiple NGOs stated:

I have been here for 11 years. And sometimes I get frustrated. Women are still dying, children are still dying, I am like, are we helping? Is there anything that we are doing?

In the last category, interviewees stated that quality of services are poor as healthcare providers are overworked, patients have a lack of access to services and that the county is ill-equipped to handle the provision of healthcare services. A representative from an international NGO stated:

You know, sometimes, we don't even have the reagents and equipment to test in the facilities for under-fives....if we can have the right diagnostic tools, and the right drugs in the right combinations available, it could be there. That would fix a good number of conditions.

Discussion

This case study gives a brief insight into CSE for CHAMPS in Kisumu. The pre-existing strategies detailed in the SBSP seek to increase acceptability and participation by educating the community and identifying barriers that may hinder the success of the project. Many of these CSE strategies, and certainly the partnership mapping activities, were done after CHAMPS began enrollment. This displays a greater need for expansion of the SBSP to encompass all members of the community, including families, local leaders and health organizations. It could be seen as a drawback of the CHAMPS model that partnership identification and mapping was not integrated into fundamental social

and behavioral research. It is important to recognize how global health research programs may impact the community. If this impact is negative it may hinder the ability of other organizations to implement programs for the same population or result in harm to stakeholders.

The concern with the capacity of the implementing partners could greatly impede the success of the referral of deaths to CHAMPS. The county health department leadership has only been established since 2010, and it is difficult to reach full potential for implementation of all healthcare services that were previously provided by the national government in 9 years. This does not take into account other research projects and partnerships with organizations that the county has taken on. It is important for the County leadership to ensure the highest quality of services are provided and that they act as lead for coordination of services throughout Kisumu. While the Kisumu CDH is centrally located, both KEMRI and the CDC are located outside of the city limits. This may lead to issues with familiarity and building trust within the community due to distance.

An additional issue that may affect the progress of CHAMPS is that currently the team depends on referrals from healthcare workers in order to identify deaths of children under five. Currently, Jaramogi Odinga Odinga Teaching and Referral Hospital plays the biggest role in referrals. This hospital is very high up in the cascade of care and is not the most accessible and close to the homes of many families. As the findings show, these lower level facilities are not equipped to deal with many complicated healthcare issues. It is important to ensure that CHAMPS increases

outreach to the most accessible facilities and creates partnerships for more referrals from these sites.

Due to the sensitive nature of autopsies it is crucial to examine the effects CHAMPS may have on the long-term psychosocial health of the community. Not only are families approached at a sensitive time but may feel that their ability to properly care for their children is questioned by healthcare workers. In addition, there is a possibility for friction between families and healthcare workers(HCWs) that must be properly accounted for and addressed. In Kenya healthcare workers feel that they are overworked and undervalued, and CHAMPS may place more pressure on HCWs if the broader community feels that they are mishandling the care and diagnosis of children.

The CHAMPS team should develop a clear partnership engagement plan in order to maintain contact with organizations and pave a way for collaboration. A wide variety of strategies were proposed by the organizations to continue engagement such as workshops, newsletters, participation in mortality review meetings, and collaboration in other aspects of CHAMPS. In order to address all the challenges with reducing under-five mortality it would be beneficial for the partners to gather together to review CHAMPS findings and create a plan to solve the issues identified.

Partnership mapping and analysis activities are not an aim of the global CHAMPS SBSP and have been proposed to be implemented in a select few of their focus countries. It is important to understand if these activities were successful in Kisumu and if so, will they work in different CHAMPS countries. This case study is only the beginning of capturing the broad picture of the public health community in

Kisumu. As it is a larger city and stakeholder lists were not up to date it was difficult to identify all organizations that could be included in the sample. The rationale for leading partnership mapping activities will be different depending on context. For this reason, each study site should be responsible for developing a plan to take on this arm of CSE.

It may be beneficial for CHAMPS sites to undergo a more thorough landscape analysis that compiles a list of all relevant stakeholders, including potential partners. A landscape analysis allows for identification of gaps, constraints and opportunities prior to implementation of new research or interventions.²² Through the results of this analysis CHAMPS could modify its integration strategy using feedback from stakeholders and ensure greater success from the start. Many potential partners (or lack thereof) would make a greater case for choosing one site over another as the base for study operations. While the County Department of Health in Kisumu is a valuable partner to ease the process of start up, it would be beneficial to have other well-established organizations to assist introduction into the community.

Partnership mapping and analysis is essential for building a space in which organizations work together to accomplish a common goal. Organizations in Kisumu aspire to reduce or eliminate child mortality; however, it is necessary to ensure efforts are coordinated and not duplicated. If organizations work as a collaborative entity, a greater impact will be seen. This would ensure that all areas of need are being met and that gaps are not left in services and programs. CHAMPS' role is to provide the data they gather about leading causes of child mortality and offer the space for organizations to meet and collaborate.

An important lesson for other global health research programs is the difficulty of defining CSE. Who comprises the community is often very culturally and contextually specific and there is a need for CSE strategies to be designed to fit each program. The community consists of all individuals who are research participants, and those whose interests are affected by the conduct and outcomes of the research. In Kisumu this consists of the families, community leaders, health organizations, county leadership and others who wish to implement programs and research. CSE has been defined in many ways and the lack of a clear-cut model for implementation may speak to low prioritization of these initiatives. Formative research is often put on hold in the pursuit of producing deliverable results and statistics by delving directly into program implementation. Research program leadership needs to be cognizant of the fact that success is directly dependent on the support and participation of all relevant stakeholders. Lack of CSE can result in failure to identify and respond to important stakeholder interests and concerns. The importance of community and stakeholder involvement in all aspects of program development and rollout is evident and global health researchers need to be responsible for putting this into practice.

Limitations

This case study was conducted during a limited time frame in the field (9 weeks). In addition, only one researcher was able to conduct interviews with organizational contacts. Another limitation is that the sample was drawn from a pre-existing list of stakeholder organizations identified by the County and modified to include additional organizations identified. The fact that the sample was drawn from the County may

result in the organizations included being more aware of CHAMPS than the greater public health community in Kisumu. A final limitation of this partnership mapping activity is that it was not broadened to consider all relevant stakeholders.

Conclusion

Despite these limitations, this case study offers an insight into the interests of potential partner organizations and their opinions about CHAMPS' research model. Partnership mapping and analysis is a valuable tool for improving CSE strategies and it is important that CHAMPS continues to engage and identify partners. This case study may serve as a starting point for additional CSE activities targeting organizational partners. A framework for conducting these activities would be an additional tool that could be created to further its' potential impact.

Appendix A- Interview Questionnaire

General Information/Ice Breakers

I'd like to begin by asking some general questions to get an overview of your organization and the work that it does, as well as gain information about your position within the organization.

1. What is the name of the organization? *write not ask*
2. Ask more information about background if needed
 - a. i.e. Where did your organization start? What services did it start with? What classification does your organization fall in (i.e. local non-profit, government agency, etc.)
3. What is your position title?
4. How long have you been with this organization?
5. Please give an overview of the work that your organization does.
 - a. Probe: What area does your organization primarily focus on?

Funding

Now I would like to ask you about where your organization gets their funding and how this influences the project.

6. Where does your organization get the majority of their funding from?
 - a. Probe: Any other sources?
7. How much funding does your initiative currently have?
8. What is the projected duration of this funding?
9. Do your funding sources control what programs you can or cannot do?
 - a. Probe: For example, will they only fund programs in a certain area?

Collaboration

Let's discuss the organization's partnerships and collaborations within the community.

10. What organizations (if any) does [INSERT THEIR ORG NAME] work with in Kisumu on projects?
11. From where does your organization get information to inform the work done in Kisumu?
 - a. Probe: For instance, the ministry of health? Other organizations within the community?
12. Do you feel that your organization is influenced by others either within/outside the community? By what/who?

Wrap-Up

We are coming to the end of the interview, however I have a few more questions regarding your organization and the work that it does.

13. What challenges does your organization encounter? Internal? External?

14. Where would you say the most need is for services for children under 5?

15. Does your organization have any plans to expand services in the next few months? years?

Explain the work that CHAMPS does. i.e. CHAMPS works to identify the true cause of death for children under five through MITS (autopsy) and verbal autopsy done by talking to the caregivers. We are more than a year into data collection and will be putting out our reports soon- do you feel that if we shared this with you it would be beneficial for your organization?

What are your thoughts on how we can best keep you engaged?

Appendix B- List of Organizations Interviewed

Organization	Area of Work (Primary)	Classification
Afya Halisi	Women's Health	International NGO
CARE Kenya	Women's Health	International NGO
Child Link	Advocacy	Community Based Organization
Elizabeth Glaser Pediatric AIDS Foundation	HIV	International NGO
Family Health Options Kenya	Women's Health	Local NGO
Garden of Hope	OVCs	Community Based Organization
International Center for AIDS Care & Treatment Program	HIV	International NGO
Kenya Female Advisory Organization	Advocacy	Local NGO
Kenya Red Cross Society	WASH	International NGO
LVCT Health	HIV	Local NGO
Nyanza Reproductive Health Society	Women's Health	Local NGO
Program for Appropriate Technology in Health	HIV	International NGO
Population Services International Kenya	Malaria	International NGO
Safe Water and AIDS Project	WASH	Local NGO
SOS Children's Village International	OVCs	International NGO
UNICEF	Nutrition	International NGO

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