

**COMMUNITY STAKEHOLDERS' DISCUSSIONS AND WORKSHOPS IN THE LAKE VICTORIA
REGION**

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Summary

Stakeholder participation in the AF 91 project was realized through focus group discussions and workshops held with primary community stakeholders in the Lake Victoria Region. In these forums the stakeholders were encouraged to play an active role and articulate their knowledge, values and preferences regarding vulnerability and adaptation to climate-induced malaria and cholera in the Lake Victoria Region. The paper describes the workshop's formats.

FOCUS GROUP DISCUSSIONS (FGDS)

The FGDS took the form of informal and conversational interviews comprising of 5-10 participants in general. Focus group discussions provide a good complement to Semi-structured interviews (SSIs) since the information derived from SSIs can be used as a springboard to more extensive discussions in focus groups. Following completion of the SSIs, a preliminary analysis was conducted in order to ascertain the key issues raised regarding vulnerability and adaptability to malaria and cholera, and these were then probed in greater depth through focus group discussions and other participatory methods. The following issues were discussed in the FGDS:

- Indicators of wealth
- Knowledge of disease
- Attitude, practice and impact of disease
- Vulnerability and adaptability of disease
- Interventions (both government and non-government)

A total of 14 FGDS were conducted with communities where the SSIs had already taken place. Although deliberate efforts were made to have same-sex FGDS a few of the FGDS comprised of both male and female participants. The interaction and group dynamics of the participants appeared to enhance group cohesiveness, which is an important step towards community adaptation.

A number of exercises were also employed during the FGDs such as:

- Mapping
- Wealth Ranking
- Role Play
- Ranking Exercises
- Participatory Monitoring and Evaluation (PME) Table

Mapping

For Cholera

Participants were requested to draw a map showing the location of the household, distance from the lake/river, toilets, and health units in the area.

For Malaria

Participants were requested to draw a map showing the location of the household, and whether it is on the valley bottom, hillside, or hilltop; indicate the presence of stagnant water sites and swamps, and health units in the area.

This exercise, which was undertaken before the start of the FGDs, was a good ‘ice-breaker’ and helped to generate lively discussions. However mapping is time consuming and can significantly increase the length of the FGD if not properly managed.

Wealth Ranking

Following a discussion of what the participants perceived as indicators of wealth, participants were requested to use these indicators to categorise richest to poorest groups of the community. This helped to triangulate the wealth indicators collected in the SSIs.

Role Play

A total of ten role-play exercises were carried out in the FGDs. Groups were asked to act out the coping mechanisms employed during an outbreak of a cholera or malaria epidemic in a role-play. Role plays are particularly useful for acquiring a deeper understanding of those groups most at risk in the communities.

Ranking Exercises

Following a discussion of the coping mechanisms used in their communities, participants should use the wheel ranking tool to rank these in order of importance. This information is particularly useful for selecting the preferred adaptation strategies to be implemented in the pilot communities.

Participatory Monitoring and Evaluation (PME) Table

Following a discussion of the various programmes targeting either malaria or cholera in their communities, participants were requested to carry out a participatory monitoring and evaluation (PME). The participants expressed their feelings on whether they were very happy, moderately happy or very unhappy with the interventions by the government, the NGO’s and the private clinic. This exercise is useful in informing policy on malaria or cholera epidemics.

PARTICIPATORY MONITORING AND EVALUATION TABLE

	Ministry of health i.e. dispensary, health centres etc.	Local administration e.g. chief	Private facility e.g. mission hospital	NGO (s)
Very happy				
Moderately happy				
Unhappy				
Why very happy				
Why moderately				

happy				
Why unhappy				

STAKEHOLDERS’ WORKSHOPS

A total of six community stakeholders workshops were conducted in the Lake Victoria Region for malaria and cholera sites. At each site a group of about 10-12 persons were identified as opinion makers by their society. The identified persons will be engaged in the project as stakeholders. Using participatory approaches with these persons an assessment of risk groups in the community, coping mechanisms, and adaptation strategies was undertaken. They will also be the link to the community for awareness creation on disease. The community stakeholder group will also identify the alternative strategies that can accommodate the possible changes in risk. The same group (together with the researchers in the project) will design and implement strategic action plans for the preferred adaptation strategies.

During these workshops it was possible to:

- Identify (in consultation with community stakeholders):
 - risk groups in the community;
 - coping mechanisms; and
 - adaptation strategies for cholera/malaria epidemics.
- Identify alternatives strategies that can accommodate the possible changes in risk for cholera/malaria epidemics.
- Select preferred adaptation strategies for cholera/malaria epidemics.
- Get the participation and engagement of stakeholders of the community stakeholder group in designing and implementing strategic action plans for the preferred strategies for cholera/malaria epidemics.

CONCLUSION

The focus group discussions and workshops held with primary community stakeholders in the Lake Victoria Region helped to make the project more inclusive and infused a sense of community ownership thus increasing the prospect of its sustainability.