

SOCIAL ACCOUNTABILITY

KWALE COUNTY

ABOUT OUR SOCIAL ACCOUNTABILITY EXERCISE

In 2023, DSW Kenya conducted the social accountability exercise, under the Youth for Health (Y4H) project. Y4H is designed to contribute to improved governance and accountability in health in Kwale and West Pokot Counties.

DSW Kenya trained 30 adolescent champions (15 Kwale and 15 West Pokot (12M 18F)) on the social accountability exercise; how to use community scorecard tool to identify ASRH issues, rationale of advocacy and youth friendly services. This was done to ensure adolescents take lead during the annual gender-sensitive social accountability sessions at community level, with a focus on SGBV and vulnerable adolescents.

After the training, the adolescents engaged in community scorecard exercise in four (two Kwale and two West Pokot) public health facilities and generated key ASRH issues through focus group discussions (FGDs), key informant interviews (KIs) and interface meetings. During the interface meetings, each facility developed action plans.

WHAT IS SOCIAL ACCOUNTABILITY?

Social accountability is citizen-led action to hold public officials and service providers to account for the use of public resources and services delivered. It provides an avenue for citizens to exercise their constitutional right to participate in decisions and processes concerning their own development. Social accountability processes are critical in ensuring that government services are delivered as planned and budgeted are of quality and good value for money for citizens.

Under the Y4H project, the Community Score Card was one of the social accountability tools selected.

A community scorecard is a tool applied in a participatory process to rate public services and the performance of a service provider (for example, health, education facilities) using scores defined by the community. It aims at identifying failures and gaps in service delivery and provide feedback to the provider in order to improve the quality, efficiency, accessibility, relevance, and accountability in the delivery of public services.

The process brings together the users and providers of a service to identify problems and jointly develop solutions to resolve them. They can be particularly useful in monitoring the quality of local service delivery at service delivery points and measuring the impact of a project.

ABOUT Y4H

Youth for Health (Y4H) is a three-year initiative that will work to expand access to life-changing adolescent sexual and reproductive healthcare and rights (ASRHR), with a focus on reaching the poorest and most marginalised adolescent girls, including those with disabilities, in rural and hard-to-reach areas of Ethiopia, Ghana, Kenya, Sierra Leone, Tanzania, and Zambia. By unlocking demand and access and contributing towards changes in favour of supportive policies and funding environments, Youth for Health will increase and sustain access to ASRHR for girls and young women.

MSI Reproductive Choices has joined with seven partners, Deutsche Stiftung Weltbevölkerung (DSW), Centre for the Study of Adolescence (CSA) Kenya, Health Alert Sierra Leone (HASiL), Youth Advocates Ghana (YAG), Sikika, Restless Development Zambia and Youth Network for Sustainable Development (YNSD) Ethiopia. Each partner brings a wealth of experience working with, and for, adolescents, including in youth-friendly services; youth-led accountability and participation in governance; youth leadership, especially of young women; youth mobilisation; and community engagement; as well as long-standing media and communication experience.

HOW THE SOCIAL ACCOUNTABILITY EXERCISE WAS CONDUCTED

(METHODOLOGY)

The social accountability exercise targeted 4 health facilities (two in each county) through purposeful sampling; Vitsangalaweni Dispensary and Muhaka dispensary in Kwale County and Kapenguria County Referral Hospital (KCRH) and Kacheliba Sub-county Hospital in West Pokot County.

In Kwale county, 4 FGDs were conducted in each facility, targeting Youth (boys and girls aged 15-24years], adults (men and women of reproductive age) and Service Providers.

The tools applied in data collection included a Focused Group Discussion/CSC Guide, Key Informant Interview Questionnaires, an Input Planning Matrix, and Action Planning Template.

A five-point rubric scale was used to analyse Community Score Card data – where 1 represented “Very poor/Very dissatisfied”, 2 represented “Poor/Dissatisfied”, 3 represented “Fairly satisfied”, 4 represented “Good/Satisfied”, and 5 represented “Very good/Very satisfied”.

FINDINGS

AVAILABILITY OF FAMILY PLANNING SERVICES

Vitsangalaweni Dispensary

Both adult and youth female reported that the most preferred FP methods is injectable, but it they are not available.

Young people reported that condoms are not available within the designated picking points, and that they are also not comfortable picking from facility dispensers.

Service providers reported that health facilities have frequent stock out of FP commodities.

Muhaka dispensary

Young people stated that FP are available but service providers are not giving guiding and counselling.

Adult women noted that injectables, particularly depo provera, and pregnancy test kits were unavailable.

Service providers acknowledged the lack of short term methods such as injectables and pills, stating that they are the most preferred method by women of reproductive age.

AVAILABILITY OF FAMILY PLANNING INFORMATION

Vitsangalaweni Dispensary

Community members reported a lack of FP information, with adults indicating that education on FP is usually done through Barazas, thus many adults often skip the meetings due to cultural sensitivity of having joint meeting with young people on sexuality issues.

Service providers pointed out that male perceptive towards family planning as hinderance for women accessing FP at health facilities due to fear of intimate partner violence.

Muhaka dispensary

The Service providers noted that most community members lack knowledge of family planning. Members of the community have a preferred FP method, thus making it difficult to be counselled.

They also stated that there's a low acceptance of FP among men, driving fear in women that marriages will break when they take up family planning.

PROVISION OF MATERNITY SERVICES

Vitsangalaweni Dispensary

All groups reported that they are not satisfied with maternity services at the dispensary.

They noted that both mother and child's lives are put in danger due to lack of service providers at night, lack of transport services, and shortage of water in the maternity ward.

Service providers acknowledged that they are few and they work long hours resulting in burnout.

Muhaka dispensary

All groups rated provision of maternity services as low, highlighting the lack of maternity services at night, lack of or referral only ambulance services, and frequent blackouts and lack of power back-up as some of their priority concerns.

All groups also noted the lack of Linda Mama services, which forces community to pay for maternity services out of pocket.

FINDINGS

PROVISION OF HIV SERVICES

Vitsangalaweni Dispensary

Adult men and women rated confidentiality in HIV testing very high.

Health care providers reported that inadequate staff affect the provision of HIV testing services. They also notes that there is HIV stigma in the community, affecting service provision.

Muhaka dispensary

Young people noted that their age mates have no confidence in HIV testing. They also indicated that they do not receive counselling before HIV testing.

Adults rated the lack of awareness on HIV testing services as high, saying it increases risks of infections among youth.

All groups reported the lack of or low supply of test kits, with service providers saying this discourages adolescents and young people from testing when they need to, thus they continue engaging in risky sexual behaviour leading to new HIV infections.

RECOMMENDATIONS

Kwale county government should invest in strengthening the healthcare system. There is need to:

- 01** Address human resource gaps in service delivery to young people and pregnant women, including training service providers on Youth Friendly package and long acting contraceptive methods.
- 02** Develop a comprehensive strategy to prevent commodity stock out within the county, emphasising on the importance of efficient management and consistent availability of essential commodities.
- 03** Conduct policy review and development to invest reproductive health funds in Reproductive health services.
- 04** Prioritise the improvement of healthcare infrastructure including back up power supply, water supply and ambulance services.
- 05** Invest in public awareness campaigns to dispel myths and misconception about family planning and sexual reproductive health and rights

ABOUT DSW

DSW is a global development organisation that envisions a world where all youth - especially girls and young women - live free from disease and make independent and informed choices over their sexual and reproductive lives with full access to sexuality education, health services and modern contraceptives. We do this by advocating with policy makers for investment in domestic resources and policies for youth-friendly SRHR, through multisectoral approaches.

Through the DSW Youth Empowerment Strategic Approach (YESA), and the Young Adolescent Empowerment Strategy (YAES), we work with young people to raise their awareness on sexual reproductive health and rights, gender equality and access to modern contraceptives and to strengthen their livelihoods. The DSW lifeyangu.com online platform provides access to accurate, reliable SRHR information to young people, and connects them to health facilities



Deutsche Stiftung Weltbevölkerung (DSW) Kenya

Head Office

Hatheru Court | Hatheru Road (Lavington),
PO BOX 2438-00202,
Nairobi.
Tel. +254 20 3572302, +254 736 616491.

Mombasa Office

Sheetal Plaza | 5th Flr | Moi Avenue,
Mombasa.
Tel: +254 772 099656

Kitale Field Office

Africa Theological Seminary,
Section 6 Estate | Waterworks Rd,
Kitale.

 www.dsw.org

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