

SOCIAL ACCOUNTABILITY

WEST POKOT 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 West Pokot 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. In addition, 4 KIs were conducted in each sub-county targeting health facility in-charges, County AYP/AYSRH Coordinator, County RH coordinator and Health director.

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

Kapenguria County Referral Hospital

All demographics experienced commodity stock outs, with the youth saying their preferred methods - injectable and condoms - are unavailable at the facility and adult women saying they are forced to use alternative methods that are not of their choice.

Adult women also noted that younger women are sometimes denied preferred method of family planning e.g pills even if they are available.

Adult men noted the unavailability of alternative methods, stating that most of them do not prefer vasectomy while married men do not prefer condoms.

All groups noted lack of privacy and confidentiality when receiving FP services, which discourages them from accessing services.

Kacheliba Sub-county Hospital

All groups reported unavailability of Family planning commodities, with young people saying that continuous stock outs discourages them from visiting the facility for the services.

Adult women noted that they are sometimes charged for removal of contraception such as implants, thus contributing to low uptake of the commodity.

Service providers acknowledged the lack of short term methods such as the injectables and pills, stating that they are the most preferred method by women of reproductive age. They also noted that only one service provider has experience in inserting IUD, resulting in poor uptake of the commodity.

AVAILABILITY OF FAMILY PLANNING INFORMATION

Kapenguria County Referral Hospital

Community members noted a lack of FP information, with young people stating that male adults do not access FP services due to lack of information.

Service providers pointed out that the community has low knowledge of modern contraction leading to low uptake. They indicated that myths and misconception contribute to this.

Kacheliba Sub-county Hospital

Both adult men and women noted that they do not receive FP counselling at the facility, making it difficult for them to understand the benefits and side effects of the FP options available, thus affecting their ability to choose their preferred method.

PROVISION OF YOUTH FRIENDLY SERVICES

Kapenguria County Referral Hospital

Young people reported the lack of privacy in accessing SRHR and FP services. They also noted that some clients are given priority, thus discouraging them from seeking services

Service providers acknowledged that young people need services in a friendly private room and not at the Maternity and Child health wing.

Kacheliba Sub-county Hospital

Young people reported a lack of private spaces for them to access SRHR and FP services. Consequently, they shy away from seeking services due to fear of being seen, thus contributing to poor health seeking behaviour and low uptake of FP. They also noted that health providers at the maternity wing are unfriendly.

Service providers noted that the staff is not trained specifically on provision of Youth Friendly Services, affecting the uptake of services by young people.

FINDINGS

PROVISION OF SGBV SERVICES

Kapenguria County Referral Hospital

Adult women reported the lack of specific SGBV rooms to access SGBV-related services. They stated that survivors needs privacy and urgent services.

Service providers reported that the community are afraid of reporting SGBV and accessing SGBV services due to stigma.

Kacheliba Sub-county Hospital

Young people noted that the community lacks awareness of SGBV services available at the facility and are unaware of the referral pathways, thus affecting their ability to seek healthcare services on time.

Adult men and women reported unavailability of specific staff to serve SGBV survivors. Sometimes the available staff are constrained to different departments, affecting service provision.

Service providers noted that the facility is forced to do referrals of FGM survivors who seek delivery services to well-equipped facility due to complications. This has contributed to misunderstanding of quality of services provided and competence of the health workers

RECOMMENDATIONS

West Pokot County government should invest in strengthening the healthcare system. There is need to:

- 01 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.
- 02 Invest capacity building of healthcare workers for youth friendly service provision, including by initiating programs aimed at transforming healthcare professional mindset through skill enhancement
- 03 Prioritise the establishment of safe and conducive spaces where youth can access sexual and reproductive services with privacy confidentiality and comfort
- 04 Invest in public awareness campaigns to dispel myths and misconception about family planning and sexual reproductive health and rights
- 05 Strengthen male engagement on family planning through community Health strategy
- 06 Establish a holistic approach to address Gender-Based Violence (GBV) by implementing a community health strategy that not only creates awareness but also focuses on strengthening the reporting, referrals, and management of GBV incidents.

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



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