

IMPROVING FAMILY PLANNING SERVICES THROUGH SOCIAL ACCOUNTABILITY IN MOMBSA COUNTY



ABOUT OUR SOCIAL ACCOUNTABILITY PROJECT

In July 2020, Deutsche Stiftung Weltbevölkerung (DSW) Kenya commenced the implementation of Uadilifu: community scorecard Initiative, a 24-month project designed to contribute to improved governance and accountability in health in Mombasa County.

'Uadilifu: community scorecard Initiative' is a two-year project aimed at improving governance and accountability in health by strengthening youth-led community actions for health governance and accountability in Mombasa County (Jomvu and Changamwe sub-counties).

The project aims at contributing to improved governance and accountability in health in Mombasa County by:

1. Improving leadership and coordination of youth-led groups in governance and accountability engagements.
2. Increasing capacity among young people in evidence generation for governance and accountability.
3. Creating a conducive environment for meaningful participation of youth in governance and accountability processes created

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.

Examples of social accountability mechanisms and tools, that can be applied and adapted to serve different purposes and contexts:

Community Score Cards
Social Audits
Public Expenditure Tracking Surveys (PETS)
Independent Budget Analysis
Gender Responsive Budget Analysis
Public Revenue Monitoring
Citizen Charters
Citizen Report Cards
Public Hearings

For Uadilifu, the social accountability tool selected was the **Community Score Card**.

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, jointly develop solutions to resolve the service delivery problems identified. They can be particularly useful in monitoring the quality of local service delivery at service delivery points and for measuring the impacts of a project.

The County Governance Toolkit: <https://countytoolkit.devolution.go.ke/social-accountability#CommunityScoreCards>

ABOUT OUR SOCIAL ACCOUNTABILITY PROJECT

In 2021, a youth-led social accountability exercise through a community scorecard process was conducted in Chaani and Jomvu Model Health facilities. Through the process there have been tremendous gains in service delivery, SRH services uptake in the two facilities have improved. There has been establishment and operationalisation of the Youth-friendly Centres in Chaani and Mikindani, the establishment of Youth focal persons in the 2 health facilities and integration of YFS in health facilities within Mombasa County.

In 2022, DSW scaled up the social accountability exercise by mapping out 2 more facilities; Jomvu Model and Magongo Health facilities for assessment and implementation of the community scorecard.

The specific objectives for the social accountability exercise scale up were:

1. To assess the community members' satisfaction with the SRH/FP services provided in Jomvu and Changamwe sub-counties by the respective county governments.
2. To support communities to identify gaps in budget allocation, expenditure and the quality of services provided.
3. To generate a community scorecard on SRH/FP service provision for increased service demands and accountability on FP/SRH budget expenditure and provision of quality services in Jomvu and Changamwe sub-counties.
4. To document lessons learnt and best practices and to provide recommendations for improved SRH/FP service delivery and utilization in Jomvu and Changamwe sub-counties.

HOW THE SOCIAL ACCOUNTABILITY EXERCISE WAS CONDUCTED (METHODOLOGY)

The social accountability exercise targeted 2 health facilities through purposeful sampling; one from each sub-county -Jomvu Model Health facility in Jomvu and Magongo Health Facility in Changamwe.

In each facility, 5 FGDs were conducted targeting different groups (Youth- boys [15-24 years], Youth- girls [15-24years], mixed-gender PWDs of reproductive age, men and women of reproductive age and Service Providers). In addition, 5 KIIs were conducted in each sub-county targeting health facility in-charges, County AYP/AYSRH Coordinator, County RH coordinator and Health director. Thus, in the two counties, 10 FGDs and 5 KIIs were conducted.

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 analyze 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".

*The study needed public health facilities in Changamwe and Jomvu. The two selected facilities needed to be: High volume facilities, facilities which have a pharmacy, and facilities which offer family planning and reproductive health services.

FINDINGS

AVAILABILITY OF FAMILY PLANNING SERVICES

Magongo Health Facility (Changamwe sub county)

All clusters agreed that the health facility provides Youth-friendly services and short-term FP services however, PWDs noted that there is a lack of PWD response in services delivery. The service providers noted that short term FP methods are available with specific days allocated for AYP services every month with successful outcomes. Availability of Long-term FP method was rated good however youth boys, youth girls and men noted that not all long-acting methods are available. All groups agreed there is the segmentation of groups when offering SRH/FP services apart from male boys who felt that services have left the boys out. The facility has outreaches targeting specific groups the use of CHVs. The outreach data is usually high.

However, all respondents are not aware of government plans with regards to FP/SRH services at the facilities due to a lack of involvement in the planning process.

Jomvu-model Health Facility (Jomvu Sub County)

Overall availability of short term and long-term contraceptives was rated good especially condoms apart from PWD who face challenges accessing them because of their various conditions. The service provided added that the uptake is high since most clients prefer short-term methods.

The FP services clustering was rated good by community groups while the facility rated very good as the facility hold in reaches targeting AYP. Youth makes felt that the clustering was poor due to the location of the condom dispensers in an open place thus lacking privacy.

All respondents are not aware of government plans on FP services in the facilities.

PROVISION OF COUNSELLING SERVICES

Magongo Health Facility (Changamwe sub county)

Availability of counselling services was rated good although the clusters noted that it is sometimes not enough to meet the patient's need.

The service providers rated the availability of Counselling services as very good. This is because they offer these services to all clients before service delivery with data on FP uptake at the facility rated number 2 in the County.

The majority of the groups were satisfied by the counselling service except for men who rated fair due to lack of Counselling as they only seek Condoms as their FP method.

Jomvu-model Health Facility (Jomvu Sub County)

Availability of counselling in the provision of FP services was rated as good at Jomvu model health facility. All except youth boys noted that counselling services are available and provide guidance on what methods are best suited for the client.

The respondents also noted that when the workload is heavy on the service provider, they do not offer the services. The facility also lacks counselling services tailored to the specific needs of the PWD.

The satisfaction with the counselling services was overall rated fair. Youth boys and men do not get counselling services thus cannot tell if it is satisfactory or not thus rated poor. PWD do not access the services as they are not customised to their needs.

AVAILABILITY OF FAMILY PLANNING INFORMATION

Magongo Health Facility (Changamwe sub county)

Community members and facility service providers noted that FP information is available at the facility as murals, IEC materials and fliers. This information was rated as satisfying to the users.

The PWD noted that for people with different disabilities i.e. blind, the information does not suit them and thus for PWD focused IEC material or translators. Information is also available through community volunteers and media (radio, online), health talks and referrals from other users.

Jomvu-model Health Facility (Jomvu Sub County)

All users ranked the availability of information on FP as fair. This is because the services are available but not satisfying and in-depth. The groups noted that awareness is mostly done through partners' outreaches thus not reaching all community members and IEC material are not adequate to reach all people.

The Service providers rated the availability of information as good and added that the information is available only in the FP room through IEC material in both national languages (English and Kiswahili). Men complained that there are not targeted with the information this rated it as very poor.

The Service providers added that due to the limited spaces available for FP, efficient service delivery is compromised.

FINDINGS

INVOLVEMENT OF YOUTH IN FAMILY PLANNING

Magongo Health Facility (Changamwe sub county)

Youth involvement in FP was rated as poor. The service provides rated youth involvement and YFS availability as poor due to lack of space as young people miss out on a lot of services that are encompassed in the youth-friendly service package.

The facility has however secured a room for YFS however it needs to be equipped and a service provider engaged. In addition, the youth are not involved in shaping the YFS however plans are underway once the youth room has been established.

The PWD face the biggest challenge due to the lack of PWD integrated service delivery, therefore, missing out on a lot of services.

Jomvu-model Health Facility (Jomvu Sub County)

Youth involvement in FP was rated as poor. Youth boys, men and PWD are not aware of YFS while women and girls felt that the facility offers youth-friendly services which are available and accessible.

All respondents do not understand what YFS are and how they are offered and thus gave a rating of poor. The service providers also noted that there is a need for capacity building on youth-friendly services which was rated average.

There is a lack or minimal involvement of the community in shaping and determining the youth-friendly service in the facility which was rated poor.

The general observation was that there is a lack of integration of PWD in service delivery. The group rated very poor on understanding of YFS, availability, satisfaction, and involvement in decision making on YFS.

QUALITY OF SERVICE PROVISION WHEN PROVIDING FAMILY PLANNING SERVICES

Magongo Health Facility (Changamwe sub county)

Service provider attitudes at Magongo health facility was rated as fair. Youth indicated that service providers were open-minded and treated users equally however the youth girls claim that depending on the time of the day and workload, sometimes the provider has moods and negative attitude that discourages them from seeking services at the facility.

The youth girls noted that not all times they find their preferred methods available, thus forced to take the alternative of seeking services from private providers.

There was a lack of inclusions in FP service plans and excludes PWDs due to various barrier like language and infrastructure and rated it poorly.

Jomvu-model Health Facility (Jomvu Sub County)

A variety of methods to choose from are available however the service providers noted that due to the high demand for Depo methods, frequent stock-outs are leading to loss of clients to private facilities.

Privacy and confidentiality were rated overall fair at the facility. The service provider however explained that this is not highly achieved as FP services are offered in the same room with other services.

Personal values on service delivery were rated good. This is because the service provider does not impose their values on the client seeking FP services.

SEXUAL REPRODUCTIVE HEALTH/FAMILY PLANNING OPERATIONAL ENVIRONMENT

Policy Environment

Mombasa County has made significant policy changes aimed at improving the quality of health service delivery since the beginning of devolved governance in 2013. The county government has adopted several policies that safeguard the implementation of the health sector goals as outlined in the County Integrated Development Plans.

In the first **County Integrated Plan Implemented between 2013 and 2017**, the county planned to achieve good health as a prerequisite for enhanced economic growth. The county planned to improve infrastructure and health service delivery through construction and equipping of health centres, recruitment and training of health workers and upgrading and equipping of health facilities in the Sub Counties of Mombasa including upgrading Jomvu health centre into a hospital and Port Reitz to a referral hospital. The CIDP also planned for an expenditure of Ksh.8,000,000.00 to establish integrated and comprehensive two youth-friendly service centres in each sub-county.

The **2018-2022 County Integrated Development Plan**, the county outlined a Youth-friendly center for gender-based violence victims in Jomvu Sub County as a proposed solution for the key community issues to be resolved between 2018 and 2022.

Mombasa County Reproductive Health Act of 2017 has been instrumental in aiding policy-makers to provide regulations and management of health services in the county. The dissemination, use and understanding of the Act is, however, still restricted to the county level policy-makers and county officials. The sub-county health management teams, including service providers, youth champions and community members.

Health Budget Allocations and Expenditure

According to the County data and DSW-led budget study conducted in 2021, for FY 2018/19-FY 2021/22 health department has seen a gradual increase in financing from **Ksh.3,607, 954, 945** FY 2020/21 to **Ksh.3, 626, 149, 979**. Out of these allocations FP services have been allocated **Ksh.3,626, 149, 979** in FY 2020/20 and **Ksh.108, 864, 468** FY 2021/22 based on FP workload statistics, a 22% reduction in allocation.

Further to this, Key interviews with County and Facility workers cited challenges such as commodity shortage, low workmanship, the dependence of partners, limited budgets hence limited interventions on FP, delay in funds disbursement, and limited influence on the County budget.

These challenges continue to weigh down on the quality of service delivery and loss of clients to private facilities that are assumed to offer high-quality services.

RECOMMENDATIONS

01

Strengthening the healthcare system

Mombasa county and by extension sub-county governments should invest in strengthening the healthcare system at level 1 and 2 facilities. There is need to; i. Invest in continuous capacity building and training of health care workers on FP/SRH to improve on service delivery and aspects of Youth Friendly Service. ii. Establish and equipping youth-friendly centres and rooms within facilities to better address challenges facing young people and offer comprehensive healthcare package. iii. Address human resource gaps in service delivery to PWDs, policy review and development to re-invest reproductive health funds in Reproductive health services. Integration of FP services in Comprehensive Care Clinics and other facilities.

02

Collaborations and Partnerships

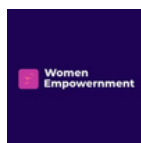
Due to the gaps in service delivery for SRH/SP, particularly youth-friendly services, CSOs in Jomvu and Changamwe sub-counties should 1) Strengthen communities and Young people to prioritise AYP/SRH Issues during public participation, 2) Foster demand for YFS by creating awareness on YFS and SRH, 3) support the Mombasa county health sector track their performance and service delivery through youth-led public expenditure tracking surveys, budget allocation studies and social accountability exercises and 4) Through advocacy and support to strengthen systems should support County Governments to establish and sustain an effective feedback loop between facilities, County Governments and KEMSA. This feedback loop should particularly focus on the timely supply of FP commodities to the county health facilities.

03

Resource allocations for FP services

The budget allocations for the health sector in Mombasa county point to a greater need for increased resource allocations for family planning services, particularly youth-friendly services including the establishment and equipping of Youth friendly centres. The youth champions and community group representatives are very vital in informing the county budgeting process of the service provision needs at the local level. To ensure a strengthened policy implementation, the county government, in partnership with Civil society organisations should embark on a dissemination and awareness creation of the existing county-level policies to ensure their understanding and implementation at the sub-county level.

'Uadilifu: community scorecard Initiative' is a project implemented by DSW Kenya in partnership with the following youth organisations



Head Office

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

Mombasa Office

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

Kitale field Office

Off Kiminini Rd (Next to KARI),
Kitale.

www.dsw.org

facebook.com/DSWDeutscheStiftungWeltbevoelkerung
[Twitter.com/DSWKenya](https://twitter.com/DSWKenya)

DSW Kenya, March 2022

Every effort has been made to verify the accuracy of the information contained in this publication. All information was believed to be correct as of July 2021. DSW Kenya does not accept responsibility for the consequences of the use of the report's contents for other purposes or in other contexts.

DSW requires all employees to conduct themselves legally and ethically in the performance of their duties and responsibilities in accordance with the DSW Code of Conduct. Please write to us at complaints@dsw.org if you have any questions or concerns about the conduct of any DSW employee. For more information regarding our Code of Conduct visit <https://www.dsw.org/en/dsws-code-of-conduct/>.



FORD FOUNDATION

'Uadilifu: community scorecard Initiative' is a two-year project implemented by DSW Kenya and funded by Ford Foundation