**County Level Dissemination cum Advocacy Meeting**

Jumuia Hotel Kisumu

16th October 2014

Event Report

**"Empowering Marginalized Community Groups for Inclusive Governance in Kenya's Health Service Delivery (Emacighes)"**



Organized by CUTS Nairobi
Web: http://www.cuts-international.org/ARC/Nairobi/

## Introduction

Consumer Unity and Trust Society (CUTS), Nairobi with the support from Akiba Uhaki Foundation organized a county level dissemination and advocacy workshop after incorporating the feedback gathered from the activities under the project titled "Empowering marginalized Community groups for inclusive governance in Kenya's health service delivery (EMACIGHES)" in Kisumu during the 16th October 2014.

**Background:**
Good governance is one of the pathways to achieve the vision of Consumer Unity & Trust Society (CUTS) and so it has been continuously working for improving status of governance at all levels of government through the use of various methods and approaches. CUTS Nairobi has been utilizing various social accountability approaches for enhancing client power and engagement in the processes of implementation.

CUTS Nairobi implemented a project 'Empowering marginalized Community groups for inclusive governance in Kenya's health service delivery'. Through the implementation of various

research activities and use of social accountability tools like Citizen Report Card and Community Monitoring under the project for the duration of 1year now, the project has come up with concrete findings related to the delivery of health services at the national level and county level with focus on Kisumu county, and the findings as well as the advocacy points drawn out of evidence were disseminated through County Level Dissemination cum Advocacy Meeting.

**Objective**

The overall objective of dissemination was to advocate for making changes and engaging community in the implementation procedure for the improved service deliveries at the Public Health facilities and also to present the results and show effectiveness of citizen report card and community monitoring done as a project activities for better outcomes and cooperation among the service providers and service recipients.

**Participants**

The event experienced participation of around 65 relevant stakeholders including Media houses, Public Health Officers, Community Health Service Providers, Nurses, Public Health Management Committee Members, and the vulnerable community members.

## Details of the Proceeding

### Media Briefing: Daniel Asher

The first session of the event comprised Media briefing on the project, findings and recommendation. The media included local radio stations, television, print and online stations. This then allowed for the proceedings with other stakeholders after media had left.

### Welcome and Introduction, Mrs. Yunivensia Odiemo (KCO)


The introduction was led by Madam Yunivensia Odiemo of Kenya Consumer Organisation who also led the participants in prayers.

### Overview of the project: Daniel Asher

Participants were then taken through the overview of the project entailing the project objectives and activities such as the community empowerment/ social accountability training, the study

component consisting of the national health budget analysis, the community monitoring and citizen report card. This session then led to the presentation of the county study finding.

**Presentation of the Study Findings, Daniel Asher**


Daniel Asher, Project Coordinator, CUTS Nairobi, presented the key findings emerging out of the various research activities and information gathered through the use of social accountability tools like Citizen Report Card and Community Monitoring card. The findings were categorized into two namely the national level and the Kisumu County Level and were as follow:

*Country (National) Level*

- National health budgetary allocation has been increasing but is still way below the Abuja declaration target of 15 percent of total national expenditure. This has seen many public health facilities lacking in terms of basic essential infrastructures, facilities, equipments, prescription medications/drugs, poor remuneration to health workers leading to frequent national strikes as public health facilities and general reluctance of public health workers.
- Actual national health expenditures are much lower than the approved expenditures. This implies possible inefficiencies either in the financial system that hinders release of funds to the health programmes, or the government is not effectively implementing their program work that ensures all expenditures are exhausted.
- All the 47 counties in Kenya are below the country's targeted doctor's population ratio of 36 doctors per 100,000 populations. The country is still stuck at 8,600 registered medical doctors – for the more than 40 million populations when only 4500 of those doctors in the payroll as per the medical practitioners and dentists board records.
- Most of the county health budgets are lacking in terms of adequacy of data on the actual requirements for quality health services as they were drawn in record time just to facilitate allocation of funds without effective consultation on the information on the real demands that informs the policy development process at the county level.

- Health service devolution to county governments has been rushed without effective stakeholders consultation on the priority health needs of the community and in disregard to the time frame stipulated in the constitution. Other issues raised include nepotism in the hiring of new doctors, frozen promotions and reduced or delayed salaries.
- Expectant women continue to receive cruel treatment by health service providers at Public Health Facilities Across the country.

*Kisumu County Level*

- The community members are over burdened by curative diseases at 47.26 percent followed by child health at 26.71percent.
- Despite pre natal clinic registration, only about 41 percent made substantive visits of between 4 to 9 times to prenatal clinics before delivery with majority of about 30 percent making only 4 visits.
- About 11 percent of the expectant women were not taking the supplements in spite of attending prenatal services.
- Despite attending the prenatal clinic, 19.23percent of women were not exposed to any laboratory check up for blood or urine related tests regardless of its benefits in detection of possible infections including HIV and other medical complications such as high sugar/protein level and opportunity for earliest possible medical intervention.
- Over 19 percent of community members do not have the knowledge on membership of community health committees.
- Over 37 percent of community members reported absence of prescribed medication at the facilities.
- Over 47 percent of community members are either dissatisfied of partially satisfied with public health service delivery in Kisumu County.
- Over 7 percent confirmed having engaged in payments of bribes to secure health services at the public health facility.


- About 69 percent of the bribe payment was demanded by health service providers while 31 percent were voluntary bribe to facilitate action by health service providers.
- Majority of respondents (over 33 percent) paid Kshs. 100 for bribe, 20 percent paid Kshs. 500 whereas over 13 percent paid Kshs. 200 for health services. The remaining component of respondents paid varied amount in the range of kshs.50- 450 for the health services.
- There is general apathy by community members on the issue of complaints as majority (over 73 percent) have never complained about poor health services provision in the county. This general apathy may be attributed to lack of awareness or lack of confidence by community members on the existing institutions or systems of redress relating to health service issues.

- Over 52 percent of the complaints either had delayed or non response from the relevant officers.
- There is greater preference (94 percent) to public health facilities by community members as opposed to other alternatives (5.97 percent) in the neighborhood.
- Over 38 percent of the respondents held the feeling that medical equipments within public health facilities are either inadequate or not good enough to perform their functions.
- Irregular water supply or existence of dry taps is a major challenge to most of the public health facilities in the county.
- Communication system remains a challenge among many public health facilities at the county. Over 80 percent of the health facilities either lacked the telecommunication equipments or they were out of order or relied on personal mobile phones for health service providers.
- Emergency preparedness remained a key challenge to most of the public health facilities as they continue to be deficient of basic necessities including gloves, post delivery sanitary pads, ambulance facility, under five years vaccine and their storage facility/ fridges, lacked proper waste disposal mechanisms.
- Some health facilities were lacking on basic requirements in terms of sick bed, inpatient's beds, laboratory and its equipments and reagents.
- Either there was no clear information displayed on charts or they were not displaying sufficient information enough to properly guide patients on the services offered and where to get them at the facilities.
- Existing information chart failed sort in defining the ministry's, core functions, services offered, commitments, obligations, customer's rights and obligations, mechanisms for complaint and redress for any dissatisfied community member.
- The health system also suffers from lack of properly trained and compensated community health workers despite the key role they play in reaching out to patients, including children, informing them about health care options, and convincing them to seek health care for themselves or children in their care.
- User fees for tests, drugs, and medical procedures are another obstacle for many patients1 in access to health services at both county and national levels.
- Serious structural imperfections in Kenya's health system as access to health care are often compromised by a dysfunctional referral system between health facilities.
- Poverty as another major challenge to access of health services by majority of the population.
- User fees for tests, drugs, and medical procedures are another obstacle for many patients in access to health services at both county and national levels.

**Presentation of Study Recommendation and Proposed Health Service Delivery Model: Mr. Eugene Ornella Jernigan – CUTS.**

[1] http://www.hrw.org/news/2011/04/14/kenya-submission-government-health-budget

In his presentation, Mr. Eugene Jernigan made a number of observations on the status and challenges in the health service delivery together with a raft of measures towards addressing the challenges in the health service delivery at both national and county government. These included the following:


**County Level Recommendations:**

- Based on the principles of good governance that require public service delivery to be performed with integrity and high level of transparency and accountability and the object of devolution requiring participation of the people in the exercise of the powers of the State and in making decisions affecting them; to recognize the right of communities to manage their own affairs and to further their development. Therefore, the county assembly need to prioritize community involvement in the whole process of health service delivery through the following actions:-

- County assembly need to develop programme for routine meeting with members of community to educate them on their health rights, responsibilities and to gather their views in relation to quality of health service delivery, challenges and views on addressing those issues to promote standards of public health service delivery and to improve the general state of the health facilities.

- County assembly to set aside minimal resource allocation by county government to facilitate capacity development on good governance and social accountability tools to the community and routine implementation of community health report card and health facility monitoring report to keep on check the quality and level of absence of health service. This will therefore provides a rigorous basis and a proactive agenda for communities, civil society organization or local governments to engage in a dialogue with service providers to improve the delivery of public services.

- County assembly to develop county based health service delivery citizen reporting and community monitoring toolkits to help gather community views in relation to public health service delivery to be implemented through the village council and whose reports to be made public and handed directly to county representatives in a community baraza/ forum for appropriate action. This will therefore act to enhance performance by health service providers and action on lacking equipments or poor facilities within public health centers.

**National Level Recommendations:**

- While there is increase in the amount of expenditure being allocated to the health sector, this amount is way below the Abuja Declaration target of 15 percent. There need for a strong advocacy for increased budgetary allocation that meets the 15 percent target. The health sector allocation should match and even surpass the education sector budget. For this to happen there must be political will and commitment both at the county level and national level as has been seen in the education sector.

- The health sector has a comprehensive budgetary process within the larger budgetary making process in Kenya. The sector allocations by programmes and detailed budget lines are undertaken at the sector working groups. There is need for effective stakeholders' engagement at the development stage of the health sector position paper to influence health sector allocation that positively affects women, children, disabled groups and people living with HIV/AIDs. The position paper presents an analysis of the context, sector performance,

achievements and the resource requirements for the health sector.

- In the health sector, budgetary allocation is highest in the curative and preventive and promotive health sub-programmes. These are the core programmes that deal with the health needs of women, children and PLWHAs. While the government has made tremendous efforts to prioritize the health needs of these groups, there is need to ensure improvements in child nutritional needs are catered for. This has not been well addressed in the current 2013/14 budget.

- The country has moved to a devolved system of government, however, from the programme budget approach, it would be important to disaggregate the health sector budget to what is done by the national and county government. In this way it will be possible to hold the right institution accountable for health outcomes.

- There are several institutions that play a role in ensuring accountability in the health sector. These institutions are largely involved in health services provision or providing the legislative or operational framework that will ensure the interaction of stakeholders produce positive health outcomes. However, while this is the case, none of these institutions have the mandate to enforce accountability, meaning that accountability in the health sector is largely hinged on political good will of stakeholders. There is need to for the national government to develop a more accountable framework with enforceability mechanisms to ensure greater leaps towards achievement of health related millennium development goals.

- In the realization of the constitutional provision under Article 43(1)a (2) and (3) on (2) on the health standards rights, emergency health service provision, and the need for state provision of appropriate social security to persons who are unable to support themselves and their dependants. The national government should undertake the establishment of emergency medical treatment fund to cater for the emergency health needs of the poor. This particular fund should be able to reimburse both the public and private sector for the emergency health services rendered to the deserving poor.

- In a bid to deal with the challenge of inaccessibility to quality health services resulting from disparities on income/poverty prevalence across the country, the government needs to undertake radical reform within the existing National Hospital Insurance Fund (NHIF) to become a universal national insurance scheme (a single payer system) where population health care is publicly funded by national government with both private and public delivery mechanisms. In this case, the national government becomes the primary reimburse (payer) of healthcare services as the county governments take up the primary responsibility of managing, funding, and governing healthcare with funds from national government. The county governments can either serve as the main purchasers of care from providers, or they devolve this responsibility to other entities. The national government will therefore use the national taxes to reimburse the payments of health services through counties. The full medical cover under the proposed universal national scheme should prioritize the deserving vulnerable groups of women, children, youths, the old and people with disabilities. This new system will be able to grant the choice of patients visiting public institutions or private physician for health services at predefined cost limits for each individual over time period. Those in employment can have the advantage of supplementary voluntary health insurance

provided by employers to cur son against possible time delays while seeking health services within public facilities.

**Emerging issues: Stakeholders Discussions on the Project Findings.**

After the presentations, it was time for all Participants to give their views and observation on the reports. It was evident from the remarks of all participants that the report was a true reflection of the reality at the public health facilities. Participants went further to re-affirm some of the challenges being experienced in specific health facilities and giving their views on what they feel needed to be done by their leaders. The specific emerging issues were as follows.

Nyangande Dispensary

- The quantity of medicine supplied is never enough leading to wrong accusation of nurses of possible engagement in sale of medicine at the expense of the sick community members.
- Availability of few health workers leading to delayed health services and hence dissatisfaction of community members.
- Lack of laboratory testing equipments at the facility.
- Corruption may have been misrepresented "as few bribes" instead of the obvious rampant instances just due to poverty in the community.
- Misuse of funds during construction of health facilities
- Poor questioning culture by community members.

Rota Dispensary

- The dispensary lack either toilet or latrine for both patients and staffs and is on the verge of being catastrophic.
- According to the chairman of Rota Dispensary management committee, there has been no distribution of medicine/drugs to Rota dispensary since the devolution took effect.
- The issue of bad attitude among nurses at the community health facilities
- The issue of poor time management by nurses who report late to work
- The distance is a growing challenge to the sick who cannot afford to walk or hire even motorbikes to reach health facilities.
- Long distance leads to expectant mothers not attending clinics.
- Roads are available but certain sections are impassable
- Lack of laid out structure to deliver messages to county leadership
- Community members have no ability to determine the expertise of those in private health facilities but they end up going there owing to challenges in accessing public health facilities
- Inhibitive religious beliefs exist among the community members hindering them from going to health facilities
- General lack of awareness on the importance of folic acid supplements to expectant mothers. Need for some awareness on this by Community health workers
- Young expectant girls are not free to discuss their problems with parent due to odd relations.
- Wanting referral system as nurses delay to refer yet they know very well that they can't treat the disease.

According to Jackline Odhiambo ( Nursing Officer Incharge Rota Dispensary), martenity unit at the facility has remained incomplete for a long time, no public transport vehicles to the facility, no motorbike/bicycle in the vicinity of the facility. Even the ambulance cannot access Rota dispensary during the rainy season. Staffs are also sick ling due to poor health condition/ lack of toilets at the facilities.

- The issues of referral to already very due expectant mothers who are not able to walk making them deliver on the road (need for a twenty four hour delivery services).
- No water at the health facility
- Few health service staffs

According to Madam Anne Ototo, a Public Health Officer, water is a major challenge at the facility coupled with inadequate staffs who are overwhelmed. Patients do not manage time well and only come to the facility late hours when nurses are already exhausted and about to close day's business despite some of them stay in the neighborhood.

- High influx of patience due to free laboratory services already being offered at the facility
- Case: a young under 18years woman got into labor and struggled to reach the health facility. She was later advised by the nurse that she was not yet due and should go back home. But on reaching home, she got overwhelmed and owing to no means of transport back, she had to deliver at home.
- Lack of water and food for delivering mothers is another bigger challenge.

Ongo Ogosa
- Inhibitive laboratory costs baring patients from reaching medication
- Few staff but many patients,
- Good services to referred clients
- Few medicines at facilities which get over and patients sent to buy from private pharmacies.
- Issue of delayed lab results after admission for inpatient
- Issues of bribes for the action to be taken
- Delayed commencement of treatment after referral
- The bridge to the facility is in bad shape and very dangerous for the lives of patients.
- Bad road not good for emergency situation.

Rabuor Health Center
- The facility is in dire need for an ambulance
- Inadequacy of health workers at the facility
- Patients' attitude against health workers/ impatient patients.
- Local leaders losing touch with community members concerning their plight in health service delivery.
- The inaccessibility of the facility due to poor road condition.
- Delayed referral by medical staffs for cases they cannot manage.
- Expensive charges for ambulance services.
- No telephone services to enable quick reach for ambulance services.

Kanyagwal Dispensary
- Poor time management by health service providers
- Absence of test before family planning
- Lack of delivery services both day and night

Kuoyo Kaila
- Absence of doctors/nurses at night yet transport is a challenge in the area
- Bribes demanded for injection/treatment
- The challenge of absence of expensive prescriptions at the public health facility

**Emerging recommendations from Participants during the dissemination workshop**

- The initiative on the social accountability need to be extended to other sub county levels for a greater impact on service delivery at the county level. This is the most appropriate way to put service providers on check to ensure quality service delivery not only to health sector but to all other key sectors that touches on people's lives.
- The issue of patients referred to district hospital reverting back to dispensaries can dealt with through sustained sensitization on referrals.
- The issues of referral to already very due expectant mothers who are not able to walk leading to most of them delivering along the roads to be addressed through a twenty four hour delivery services at the public health facilities.
- The need for suggestion boxes where there is none to report cases of poor health services
- Need to sensitize community members on the hierarchy at the facility and where to complain about poor services.
- Community members to help in the push for nurses' rights to enable them deliver quality services.
- Need for a twenty four hour delivery services at all public health facilities and absorption of more of the already trained community health workers to help in the health service delivery and referral to community health facilities.
- Patients need to manage their time well and report to the health facility in time for treatment.
- Dialogue between community members, health service providers and health management committee members at facility level to discuss on what needed to be done to enhance service delivery.
- Need for structures to motivate good staffs and address challenges at public health facilities.
- Need for rehabilitation of roads to facilitate emergency transportation services to community health facilities.
- Need to nature good relation among the stakeholders at the public health facilities
- Need for the communities to elect professionals to be in health committees at the community facilities.
- Need for Community Health Workers to refer patients where services are available/where they can get services to save lives.

**Vote of Thanks: Daniel Asher**

In his closing remarks, Mr. Daniel Asher noted that the project objective was not only intended to bring out the findings but to bring together stakeholders including clients, service provider and county leadership in a platform where they can identify issues and solutions to the common issues affecting health service delivery in the county for the benefit of the community. He noted that it was important for the already initiated dialogue among stakeholders to be sustained in the long run not only in the health sector but to other sectors as well. He pointed out to participants that already many Kisumu county assembly members have sort for the report and promised to address the issues there- in for the benefit of the community. He then thanked all for their support during the implementation of the project activities and even for their time to come and participate in the dissemination and to give inputs on other areas for further address. He later invited all participants for lunch.

**Highlights**

- Good media coverage including Radio, Television and Electronic certainly drew attention of other relevant stakeholders who were not present in the meeting.
- Large number of relevant stakeholders including large number of media member present during the dissemination meeting.
- Despite being held up in an urgent county assembly meeting, members of county assembly sent for the report which was delivered to them at the assembly where they promised to take forward the recommended action point for the benefit of community health system.
- Participants were evidently happy with the project and sort for extension of the project to other sub-counties in a bid to reach-out to more communities members with knowledge on social accountability to enhance service delivery.
- Community members confirmed that already they have started community health dialogue within their respective facility locations where they meet together with county administrators and health service providers to talk about issues affecting them at the health facilities. These meetings are now complementing the regular barazas in the communities.

**Kisumu Citizen Report Card on Health Services**

Posted on 12:18 pm, October 17, 2014 by KNA


Over seven percent of Kisumu County residents have confirmed having engaged in bribery to secure health services at public health facilities.

This is according to a study focusing on consumer feedback on health service provision that was launched in July 2013 by a non-governmental organisation, Consumer Unity and Trust Society (CUTS) under the project 'Empowering Marginalised Community Groups for Inclusive Governance' in Kenya's Health Service Delivery (EMACIGHES) .

The findings revealed that about 69 percent of bribe payment was demanded by health service providers while 31 percent were voluntary bribes to facilitate action by health service providers.

CUTS Program Officer In-Charge of Consumer Protection and Governance, Daniel Asher told journalists in Kisumu on Thursday that a majority of respondents paid Shs. 100 for while 20 percent paid Shs. 500 as bribes

Asher pointed out that though the County Government was aware of the study, research assistants were disguised and respondents and health care staff were never aware that a study was on going.

In the report, Asher stated that community members in the county are over burdened with curative diseases at 47.26 percent followed by child health.

The study was also done at a national level where it emerged that all 47 counties are below the country's targeted doctor's population ration of 36 doctors per 100,000 people.

Asher noted that the country has a little more than 8,600 registered medical doctors of a population of more than 40 million people with only 4,500 of the doctors currently working according to the Medical Practitioners and Dentists Board.

Chapter 56 of the Constitution outlines that the state has the responsibility of putting in place affirmative action programmes designed to ensure that minorities and marginalised groups have reasonable access to health services.

Efforts to get a comment from the Kisumu County Medical director of health, Dr. Lusi Ojwang were futile as he was said to be away as he is bereaved.

By Susan Lwamba

**PROJECT DISSEMMINATION MEETING**

EMPOWERING MARGINALIZED COMMUNITY GROUPS FOR INCLUSIVE GOVERNANCE IN KENYA'S HEALTH SERVICE DELIVERY

16TH OCTOBER 2014, KISUMU COUNTY

**Programme**

| Time period | Event | By whom |
|---|---|---|
| 0830 -0900 | Arrival and Registration | Mrs. Yunivensia Odiemo (KCO) |
| 0900- 0910 | Introduction | ; |
| 0910-0915 | Remarks by AUF Representative | - |
| 0915-0930 | Overview of the project | Mr. Daniel Okendo Asher - CUTS. |
| 0930-1030 | Presentation of Study Findings | ; |
| 1030-1100 | Tea Break | |
| 1100-1200 | Presentation of Study Recommendation and Proposed Health Service Delivery Model | Mr. Eugene Ornella Jernigan - CUTS |
| 1200-1230 | Stakeholders Discussions on the Project Findings and Recommendations | 1. County Leadership,<br>2. Public Health Officers<br>3. Health Committee Representatives<br>4. Health Service Providers<br>5. Consumers of Public Health Services<br>6. Community Health Workers |
| 1230-1300 | Reflections on the Project | ▪ Yunivensia Odiemo |
| 1300-1400 | Lunch | ▪ Daniel Asher, CUTS |