

EMACIGHES PROJECT NARRATIVE REPORT

GRANTEE NAME	Consumer Unity and Trust Society- Centre for International Trade, Economics and Environment (CUTS-CITEE), Nairobi.
GRANT NUMBER	GRANT NO. 003/AUF/CFP/RA//2013
COUNTRY	Kenya, (Kisumu County)
PROJECT TITLE	Empowering marginalized Community groups for inclusive governance in Kenya's health service delivery. (EMACIGHES)
GRANT AMOUNT	Kshs. 850,000 (Eight Hundred and Fifty Thousand Kenya Shillings Only)
PROJECT START & END DATES	Six (6) Months from June 1, 2013 to November 31, 2013
REPORTING PERIOD	31 st August 2013
DATE OF SUBMISSION OF REPORT	4 th December 2013
NAME AND CONTACTS OF GRANTEE'S OFFICER SUBMITTING REPORT	Daniel Asher, E-mail: doa@cuts.org , Mobile Phone: 0733990202

INTRODUCTION

Project Goal: Ensuring equitable and quality health Service Delivery to the marginalized groups through Community Monitoring in Kenya.

Specific Objective:

- a. To enhance/empower the participation of marginalized groups (women, PWDs, PLWHAs, vulnerable youths) in demanding better governance and social accountability of public health service delivery in Kenya.
- b. To enhance equitability and quality of Public Health Service Delivery through the use of a replicable community based health service monitoring model.
- c. To establish challenges and constraints bedeviling the delivery of quality public health services and equitability in the distribution of resources in the rural public health centers in Kenya.

Implementation area

The project is being undertaken in Kisumu County with a component of Health Budget Analysis done at the national level.

The following have been achieved over the reporting period:

1. National Health Sector Budget Analysis for Kenya
2. Community-focused monitoring training workshop
3. Development and implementation of Citizens' Report Card (CRC) and Community Monitoring Card,

COMPARISON OF PLANNED VERSUS ACTUAL ACTIVITIES

Planned Activities (as per agreement/proposal)	Actual Activities Implemented	Variance/Deviations	Comments /Reasons
Health Sector Budget Analysis.	Completed over the period	No Variance	The report is ready together with recommendation for necessary change.
Citizens' Report Card (CRC) generation by asking the community members about perception/level of satisfaction on various services delivered at the PHCs.	Completed data Collection, cleaning, coding and data entry.	Pending is data analysis	To be completed by mid December 2013.
Interviews with potential beneficiaries, Policy Makers and Practitioners to understand the community members' experiences, problems faced, as well as assess the extent to which key services are being delivered effectively.	Completed at the County Level.	Pending Interviews with stakeholders at the national level to be effectively undertaken after the analysis of CRC and CMC	To do interview with some key stakeholders at the national Level by mid December 2013 after the analysis of both Citizen Report Card and Monitoring Card and finalize the report with input gathered.
Community-focused monitoring training workshop targeted at marginalized community and ethnic minority including poor women, persons with disabilities, people living with HIV/AIDs, youths, Self Help Group members, elected representatives etc.	Completed Successfully as planned in Kisumu and Report Finalized and Ready.	No variance	Was a big success with participation of all categories of planned beneficiaries
Citizen Monitoring Card (CMC) generation by noting down the absence/ presence of services at the PHCs during the survey. All the services people are entitled to get at a PHC to be mentioned in the Citizen Monitoring Card.	Completed data Collection, Cleaning, Coding and Data Entry.	Pending Data Analysis and Report Development for the same.	To finalize on data analysis and the report in readiness for dissemination.

PENDING ACTIVITIES

The following activities will be implemented in the next phase of the project:

- 1) District Level Dissemination Meeting
 - a. Finalization of State of Rural Public Health Service Provision in Kenya Report.
 - b. Identification of venue,
 - c. Invitation of key stakeholders,
 - d. Development of Dissemination programme
- 2) Advocacy for Policy & Practice Changes
 - a. Development of Health service delivery model
 - b. Development of memorandum based on key messages and associated action points
- 3) Project Review and Final submission to AUF
 - a. Final financial report review,
 - b. Final progress Report Review
 - c. Final out puts review
 - d. Final Submission

EXPECTED RESULTS AT THE PLANNING STAGE

- a) Enhanced capacity and increased participation of marginalized women, youth and disabled person in the governance process in health service provision.
- b) Enhanced vigilance of community members and accountability in leadership and better quality service delivery in Kenya's Health sector.
- c) Enhanced equity, quality and focus of health service delivery and resources to the needs of the marginalized and vulnerable community groups.
- d) General reduction in the mortality rate and increased productivity
- e) Better reflection on the specific priority needs of marginalized groups including disabled, youths and women in the national budgetary allocation and corresponding expenditure.
- f) Improved quality information on health care services in Kenya.

RESULTS IN THE PROCESS

After conducting the training on Community Monitoring and the National Health Sector Budget Analysis, the following results are in the process of being fully realized based on the feedback from participants from the training and the budget analysis report.

- a. Enhanced awareness and capacity of community beneficiaries of the training on their rights, roles, challenges and opportunities to participate in addressing their concerns through community monitoring of the health service provision process.
- b. Enhanced vigilance by beneficiary community members and accountability by county leadership and public health service providers for quality Health Service Delivery in Kisumu County.
- c. Enhanced focus and resources allocation in the health service delivery to the needs of the marginalized and vulnerable community groups at the county level - Kisumu County.

- d. Improved quality information/ knowledge on health care service financing in Kenya through health sector budget analysis process and the feedback from beneficiaries of the training.

INDICATORS FOR THE RESULT IN THE PROCESS

Indicators include the following:

1. Findings and Recommendations of National Health Sector Budget Analysis Report (annex attached to this narrative report).
2. Qualitative indicators including the following Feedback/ Remarks from the following Participants:
 - Mr. Benson Obunge: “the training has empowered me with knowledge and skills and that I will be able to perform my roles within the community health committee effectively to ensure quality health service provision to the deserving marginalized groups in my community”.
 - Mrs. Oneya Precious: “this training has granted me opportunity to learn on my entitlements and responsibilities in ensuring quality health services in public health facilities”.
 - Mrs. Pauline Ageng’a: “to me the training is an eye opener on how best we can engage with health service providers and our leaders in addressing our concerns in the health sector”.
 - Mr. TOM Mboya of Biashara True Friends: “this training was a great opportunity for me to learn and appreciate from the experience of other similar groups in India that health service provision issues are similar and that communities have a role to play to improve on its quality”. “to me, this is a call to take seriously information available in public health facilities including health service charter to verify the expectations and the reality in the service provision and question the concerned when necessary”.
 - Yunivensia Odiemo of Kenya Consumer Organization: “the training granted me the much needed knowledge on community monitoring tools and their application” “I will be able to share the knowledge with our members and apply the same to keep on check public health service provision for the benefit of the larger community”.
 - To Hon. Pamela Omino, Deputy Speaker of the County Assembly of Kisumu, “this training is a launch pad to the much needed community dialogue to address their concerns across the board. We are working on plans to have all registered community health workers absorbed in the county government payroll to effectively address the health needs of the vulnerable groups in the community”.
 - Hon. Charles Aguko (County Representative – Kisumu County Assembly): “issues of community health are in my heart and I will do all within my capacity as a leader to ensure community health agenda is given prominence at the county assembly debates”.
 - Hon. Salome Magari, the County Representative for Kisumu: “this training is an eye opener to me as a community health worker and as a county leader on the issues facing communities”. “I have been working on a bill to ensure quality and accessible health services to vulnerable members of the community. I will therefore incorporate views expressed here today into the bill and plan to

introduce it to the county assembly for discussion when it next opens. That bill will seek to ensure truly free medical services to pregnant women and other deserving vulnerable community members at the county”.

- Hon. Benta Ndeda of Kisumu West ward in an interview expressed her commitment to address the health service provision challenges faced by community members in her area. She noted that already she has received complaints from the community and has plans to visit and talk to the health facilities staffs. She expressed the need to have more such trainings to the health committee members to be able to monitor delivery and distribution of drugs within the health facilities.

IMPACT ACHIEVED

The project has so far had the following impacts:

- The training on community monitoring is an initiation for the awareness and effective participation of the marginalized community groups in the governance of health service delivery under the project.
- It has enhanced understanding on the common problems faced by the vulnerable community members, Community health workers and Public health facilities staffs of which are to be reflected in the new bill to the county assembly by the county representatives who were part of the training.
- The project has been successful in terms of getting on board the county government of Kisumu during the community monitoring training. Representatives from the County Assembly have given their assurance to provide necessary support in future activities of the project in Kisumu County.
- The training on community monitoring has accelerated demand for quality health service delivery by both community members and county leadership as expressed during the open floor discussions. There is increased demand for similar trainings and promised vigilance by beneficiaries in ensuring accountability and quality health service provision within public health facilities.
- There is an assurance by beneficiaries of community monitoring training to establish community focus group discussions with local leaders to express views and concerns as far as public health service provision is concerned so that they can be addressed and have timely feedback. This is a sure way of realizing effective participation of community members in the governance of public health services for their own benefit.

SUSTAINABILITY MEASURES

- a. Implementation of this project took into account involvement of county and community health service leadership and key representatives of community based organization (CBOs). They have promised to take up the initiative as part of their routine work/ responsibility to engage members of the community in the governance process for the realization of equity, quality and accountability in the health service delivery in Kisumu.
- b. The development and passing of appropriate Community Health Provision Bills that incorporate

issues identified during the implementation of this project at the county assembly as promised by county assembly leaders will go a long way in sustaining the project impact beyond the current funding.

- c. The application of community monitoring tools will continue to be taken up by members of the community even as they engage in their proposed community focus group discussion beyond the life of the project to ensure quality health services are provided in accountable manner by public health service providers for the benefit of the whole community.
- d. The ongoing plan to have community health workers absorbed in the county payroll will have an impact in sustaining the motivation by this project to provide quality health services to the community members even beyond the life of the project.

REFLECTIONS

- a. Most public health facilities at the community level in Kisumu county lack the required medicine, equipments and appropriate toilets and some are in pathetic conditions and may only perpetuate poor health condition to users as revealed by participants during the training.
- b. Community monitoring and social accountability is a new concept but quite welcomed by majority of vulnerable community groups and community leadership as the best approach to addressing their concerns not only in the medical and health care service provision but also in other sectors through community participation.
- c. Major section of vulnerable groups are yet to benefit from community monitoring training hence more trainings at the grassroots level is being requested by the county leadership from CUTS to empower them to take active role in ensuring quality and accountable service delivery at government health facilities.
- d. Many issues emerged from the discussions as far as health service provision is concerned that must be addressed before quality health services can be realized to the vulnerable community groups in Kisumu County. These issues may have a bearing on the national health services in Kenya.
- e. Community members at times have to borrow money or sell assets in order to pay for medications in private chemists owing to high costs and frequent shortages of prescriptions in public health facilities.
- f. County representatives fully support the project and will be finalizing a bill for debate at the county assembly that will seek to address the issues raised as far as health service provision is concerned at the county level.

CHALLENGES FACED

The implementation of the project activities has so far been good but with some few challenges including:-

Difficulty in accessing some health centers during the implementation of Citizen Monitoring and Report Cards owing to down pour over the period.

There were a lot of suspicions by staffs at health centers to an extent that in some centers like

Manyuanda health center, our investigators were locked out of the facility. In some instance, one of our investigators was arrested and locked in a police cell at Kombewa police post on orders by the medical officer in charge at the facility. The in-charge then went through the filled up questionnaires both Citizen Monitoring Card and Report Card to establish the nature of information that was being collected. It took the efforts of CUTS, Kenya Consumer Organization representative and the area ward representative to have him released.

In mitigating this problem, our investigators had to make unplanned visits while pretending to be patients to make their observations at the same time having discussions with other patients at the facility or outside facilities on their experiences.

SIGNIFICANT EVENTS THAT HAVE IMPACTED ON YOUR WORK IN THE REPORTING PERIOD

The community monitoring training was very useful in capacity development, awareness creation and getting insights into some of the challenges faced by beneficiaries at the health facilities. It provided a platform for consumers, providers and county leadership to engage directly on issues bedeviling community in health service delivery.

Implementation of Citizen Report and Monitoring Cards has been very useful in exposing the state of play in the health service provision. This background will be very useful in the development of a model that will help address the current issues affecting the system of health service delivery in Kisumu County and that which can be replicated in other counties.

Interviews with key stakeholders at the county level have been very useful in terms of getting their views on the health services at the county level. This will be considered while developing recommendations for improving the health service provision to the vulnerable community groups.

LESSONS LEARNT

- More time and resources needed to have been allocated for effective implementation of community monitoring and citizen report card at the county level.
- Community monitoring trainings needed to have been planned to cover the sub-county and at location levels where local health facilities are established and where majority of vulnerable groups can be met to benefit and apply the knowledge. This would lead to a greater impact on the beneficiaries. Therefore more resources are necessary to realize the same in line with requests from county leadership made during the pilot training in Kisumu.
- There is value in using frequent visitors and common recipients of health services in administering citizen monitoring card to a void suspicion, hostility and non cooperation by health service providers.
- It is a good practice not to divulge any indicative information or prior hint into possibility of undertaking such activity at the health facilities over time to health service providers in order to achieve a true representation of the reality at the facilities.

- These lessons have been discussed internally among the staffs involved in this project at CUTS and will be seriously considered in subsequent interventions. We will therefore seek for more resources to undertake devolved training on community monitoring at sub county and location level to create a greater impact.

EXPECTED CHANGES

This intervention has realigned our perspective on policy intervention to addressing the needs of the marginalized groups within the new system of county governance by focusing on the county leadership and county assembly in the development and passing of appropriate bills.

We expect therefore to have bill discussed and passed in line with the present challenges of the community in the health sector at the county level in Kisumu as a result of the work conducted under this grant.

CUTS will therefore continue with its bottom-up approach to quality public service provision to marginalized communities in the new system of county governance through advocacy for appropriate policies and legislative intervention with the county leadership while focusing on all areas of governance that touches on the lives of vulnerable community groups.

WAYS IN WHICH WORK PERFORMED IN THE CURRENT GRANT WILL HELP YOUR ORGANIZATION ACHIEVE ITS LONG-TERM GOALS

Community-focused monitoring training workshop is expected to enhance capacity and increase participation of marginalized women, youths and the disabled persons in the governance process in health service provision. The marginalized groups are also expected to become more vigilant, demanding and assertive of their rights regarding public health service provision thereby enhancing accountability in leadership and better quality service delivery in Kenya's health sector.

Implementation of Citizen Monitoring card and Advocacy for Policy & Practice Changes is expected to enhance equity, quality and focus of health service delivery and redistribution of resources to the needs of the marginalized and vulnerable community groups. Therefore in general, it will lead to the reduction in the mortality rate and increased productivity.

The implementation of Budget Analysis, Citizens' Report Card, stakeholders' interviews and the dissemination of the project findings will help create better understanding to the key stakeholders on the specific priority needs of marginalized groups and their reflection in the budgetary allocation for better outcome. It is expected to improve the quality of information on health care services in Kenya.

It is expected that this intervention will be a model for replication in other counties and beyond. In all these, the organization will there for be able to achieve its vision of 'Consumer sovereignty in the framework of social justice and equality, within and across borders'

SUPPORTING INDICATOR DATA

Kindly find the attachment as annexes:

1. Health Sector Budget analysis report
2. Community Monitoring Training Report and Participants List annexed

FINANCIAL REVIEW

Please find the same in a separate attachment