

# IMPROVING FAMILY PLANNING SERVICES THROUGH SOCIAL ACCOUNTABILITY IN MOMBASA 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
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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>

## OBJECTIVES OF THE SOCIAL ACCOUNTABILITY EXERCISE

In March and April 2021 DSW Kenya trained and supported youth from Sub-County Youth Accountability Forums in Jomvu and Changamwe, commencing a social accountability exercise to generate evidence and learning for improved sexual and reproductive health/family planning service delivery.

The specific objectives of the social accountability exercise were:

1. To assess the community members' satisfaction with the sexual and reproductive health/family planning services provided in Jomvu and Changamwe sub-counties by the County Government of Mombasa.
2. To support communities to identify gaps in budget allocation, expenditure, and the quality of services provided.
3. To generate a community scorecard on sexual and reproductive health/family planning service provision for increased service demands and accountability on sexual and reproductive health/family planning budget expenditure and provision of quality services in Jomvu and Changamwe sub-counties.

## HOW THE SOCIAL ACCOUNTABILITY EXERCISE WAS CONDUCTED (METHODOLOGY)

The social accountability exercise targeted two health facilities selected through **purposeful sampling\***. One facility was selected in Jomvu subcounty and one facility was selected from Changamwe sub-county.

In each facility, five focus group discussions were conducted targeting different groups (male youth; female youth, people living with disabilities; men and women; and service providers). In addition, five key informant interviews were conducted in each sub-county targeting health facility in-charges, private sector providers, the county reproductive health coordinator, representatives from civil society organisations and a county official from the finance and economic planning department).

\*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.

The tools applied in data collection included: a focus group discussion/community score card guide; key informant interview questionnaires; an input planning matrix; and an 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 methods

#### Chaani Dispensary (Changamwe Subcounty)

- Availability of family planning methods was rated 3 (fairly satisfied) across all the respondent groups.
- Availability of short-term methods was rated 3 (fairly satisfied) by male youth, female youth and people living with disabilities; while men and women rated it 2 (poor/dissatisfied) whereas long term methods was rated 3 (fairly satisfied) by women, youth (male) and youth (female). Men rated 2 (poor/dissatisfied) based on their perception and low knowledge.
- All user-groups noted that the reversible and non-reversible long-term family planning methods are not always available due to stock outs.

#### Mikindani dispensary (Jomvu sub county)

- Availability of family planning methods was rated 3 (fairly satisfied) across all the respondent groups. Youth (male), youth (female), people living with disabilities, and service providers rated the availability of long-term and short-term services as 3 (fairly satisfied). Men and Women- on the other hand rated the availability of short-term methods 2 (poor/dissatisfied) .
- All user groups noted that long-term family planning methods are not always available.
- The main concerns among youth (male) were the unavailability of long-term methods while among youth (female), the concern was the lack of access to family planning, leading to unintended pregnancies. In many instances, people living with disabilities are unable to access family planning services as Mikindani dispensary has not made the requisite measures to accommodate people living with disabilities in service provision.

### Provision of family planning counselling

The quality and availability of counselling during the provision of family planning services was rated as fair in both Changamwe and Jomvu sub counties.

#### Chaani Dispensary (Changamwe Subcounty)

- People living with disabilities and youth (male) rated counselling services 2 (poor/dissatisfied) within the facility, while youth (female) and women noted that the counselling services are only being provided during initial visits and missing in it subsequent or follow up visits.
- Youth (male), people living with disabilities, women and men rated their satisfaction with counselling services 1 (very poor/very dissatisfied) due to insufficient information during counselling.
- Service providers rated both the availability of counselling services and the level of satisfaction as 4 (good/satisfied) due to understaffing and increased workload leading to inefficiency in providing the services.

#### Mikindani dispensary (Jomvu sub county)

- People living with disabilities noted lack of counselling services within the facility whereas adult men and women noted that the counselling services are only provided during initial visit but is missing in subsequent visits which was a result of workload among service provider making them prioritise new clients.
- Satisfaction with the quality of family planning counselling services were both rated 3 (fairly satisfied) due to lack of detailed information.

### Availability of family planning information

- Availability of family planning information was rated 2 (poor/dissatisfied) by all user groups for both Changamwe and Jomvu sub-counties. This was due to the limited availability of information regarding family planning and lack of privacy.
- Further to this, people living with disabilities ranked the availability of information as very poor because of insufficient information given to users or lack of information materials on family planning at the facility, and a lack of people living with disabilities-focused information.
- Service providers observed that information was available in form of posters, leaflets, and booklets though outdated and mostly for general knowledge.

### Involvement of youth in family planning

- All groups apart from the youth reported a very low or complete lack of understanding of the scope of youth-friendly service provision.
- According to feedback from all respondent groups, the facility hardly ever involves the youth in decision making or planning for family planning services, including youth-friendly services, or in any other healthcare matters.
- Therefore, they rated youth involvement in family planning 2 (poor/dissatisfied). People living with disabilities, women, and men are unaware of any youth-friendly services offered at the facility primarily because the facility lacks a dedicated space for youth-friendly services.
- Family planning service providers are not dedicated to youth-friendly needs due to other competing interests at the facility and thus limiting access to the durations in which they are available.

## Quality of Service Provision when providing family planning services

Service provider attitudes at Chaani Dispensary (Changamwe Subcounty) and Mikindani dispensary (Jomvu sub county) were rated as good as they are open minded.

### Chaani Dispensary (Changamwe Subcounty)

- Youth (male) from Chaani indicated that service providers were open-minded however the youth (female) and women reported that at times the service providers have heavy workloads which leads them to project negative attitudes discouraging youth and women from accessing family planning services.
- People living with disabilities indicated that service provider attitudes are poor and are often influenced by the time at which clients seek services such that their attitudes are positive in the morning hours, their attitude is very poor in the afternoon.
- Privacy and confidentiality at Chaani dispensary were rated 4 (good/satisfied) by adults and service providers, whilst people living with disabilities and youth (female and male) rated it 1 (very poor/very dissatisfied) and 2 (poor/dissatisfied). Inclusion and non-discrimination were rated 4 (good/satisfied) by men and women.
- Youth (male) and service providers rated it 5 (very good/very satisfied). People living with disabilities rated inclusion and non-discrimination 3 (fairly satisfied)

### Mikindani dispensary (Jomvu sub county)

- According to youth (female), the service providers have a negative attitude towards youth accessing family planning services.
- People living with disabilities rated service provider attitudes 2 (poor/dissatisfied) and dependent on the demand by other hospital users and availability of the service providers although service provider attitudes are positive in the morning hours and very poor in the afternoon.
- Privacy and confidentiality were rated 4 (good/satisfied). This is because the facility has private spaces for young people.
- However, inclusion and non-discrimination were rated 1 (very poor/very dissatisfied) due to non-consultations in decision-making at the facility and lack of equipment that ease access to people living with disabilities.

## Sexual and reproductive health/Family planning operational environment.

### Policy environment

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

In the **2013- 2017 County Integrated Development Plan**, the county planned to achieve good health as a prerequisite for enhanced economic growth by improving infrastructure and health service delivery through construction and equipping of health centers, recruitment and training of health workers and upgrading and equipping of health facilities in the sub counties of Mombasa which included upgrading Jomvu health center into a hospital and Port Reitz to a referral hospital and set aside Kshs. 8,000,000 to establish integrated and comprehensive two youth friendly service centers in each sub county.

The **2018-2022 County Integrated Development Plan**, outlined youth friendly centers for gender-based violence victims in Mikindani ward, Jomvu Sub County as a proposed solution for the key community issues.

Mombasa County Government also developed and launched the **Mombasa County Family Planning Costed Implementation Plan** in 2018 to the guide all family planning programming for the county

**The 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 implementation of the act saw an increase in family planning allocations increase from an estimate 1.3 million USD in FY 2018/19 to 1.6 million USD in FY 2019/20. The dissemination, use and understanding of the Act is, however, still restricted to the county level policy makers and county officials

### Health Budget Allocations and Expenditure

According to County data, the health sector was allocated 3,045,477,310 shillings. Out of this, 2,551,268,459 shillings was allocated to general administration and support translating to 83.77% of the total health budget.

Subsequently, only 16.33% of the health budget was allocated to health services. This proportion implies that less resources were available for service delivery, especially sexual and reproductive health services, particularly at level 2 health facilities and health centers. Additionally, this allocation implies a further de-prioritization of youth-friendly services at the sub county level.

A Budget study DSW Kenya conducted for the FY 2018/19, 2019/20 and 2020/21, revealed an increase in family planning funding in Mombasa County from 80,241,816 million shillings to 105,932,535.62 million shillings based on family planning workload statistics.

# RECOMMENDATIONS

## 01

### Youth friendly centres

Mombasa County Government needs to prioritise funding for youth-friendly centres to accelerate the implementation of the commitment to improve adolescent and youth-friendly sexual and reproductive health and family planning services as contained in the Mombasa County Government's Family Planning Costed Implementation Plan 2018 – 2022 and the Mombasa County Reproductive Healthcare Act, 2017.

## 02

### People living with disabilities

Mombasa County Government needs to improve service delivery to people living with disabilities. Accelerating implementation of commitments in the Mombasa County Family Planning Costed Implementation Plan 2018 - 2022 will improve access to the dispensary; reduce stigma which results in poor access to family planning services, and to improve access to people living with disabilities friendly family planning information.

## 03

### Youth participation

Mombasa County Government needs to work towards eliminating legal, policy and programmatic barriers that impede youth participation in decision making, planning and implementation of development activities at all levels by 2030 in line with Kenya's commitment at the ICPD25 Nairobi summit.

'Uadilifu: community score card initiative' is a project implemented by DSW Kenya in partnership with the following youth organisations



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