

COMMUNITY SCORECARD FINDINGS

CHAANI DISPENSARY

HOW THE STUDY WAS CONDUCTED (METHODOLOGY)

The social accountability exercise targeted two health facilities: One from each sub-county - Jomvu and Changamwe.

In each facility, 5 focus group discussions were conducted targeting different groups (youth- male, youth- female, persons living with disability, 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, county reproductive health coordinator, civil society organisation representative and a county official from the finance and economic planning department.

Thus, in the two sub-counties, 5 focus group discussions and 5 key informant interviews were conducted. The tools applied in data collection included a focus group discussion/community scorecard guide, key informant interview questionnaires, an input planning matrix, and an action planning template.

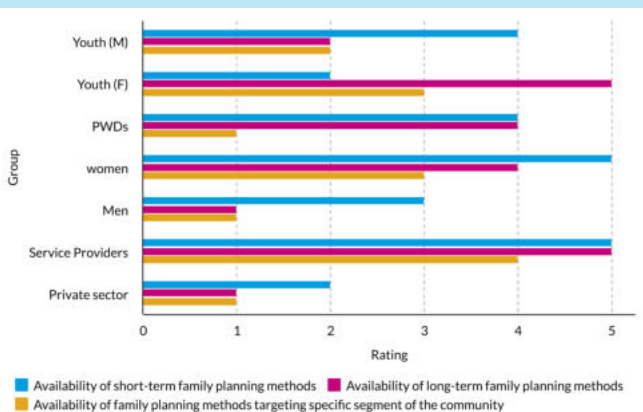
DATA ANALYSIS

A five-point rubric scale was used to analyse community scorecard 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 scale was communicated to and clarified with all focus group discussion respondents and the facilitators to ensure consistent and confident feedback from participants at focus group discussions.

FINDINGS

Availability of family planning methods

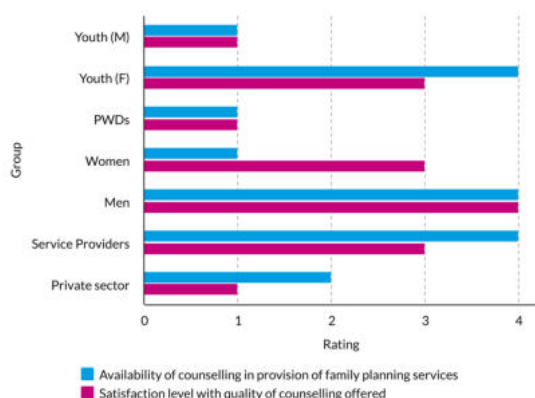


Availability of family planning methods at Chaani dispensary was rated 3 (fairly satisfied) across all the respondent groups.

The 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, male youth and female youth. Men rated 2 (poor/dissatisfied) poor 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 stockouts.

Provision of counselling when accessing family planning services



Availability of counselling during the provision of family planning services was rated 3 (fairly satisfied).

Persons living with disabilities (PWDs) and male youth rated counselling services 2 (poor/dissatisfied), while female youth and women noted that the counselling services are only being provided during initial visits and missing in it subsequent or follow up visits.

Male youth, persons 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 4 (good/satisfied) but not excellent due to understaffing and increased workload leading to inefficiency in providing the services.

Availability of family planning information

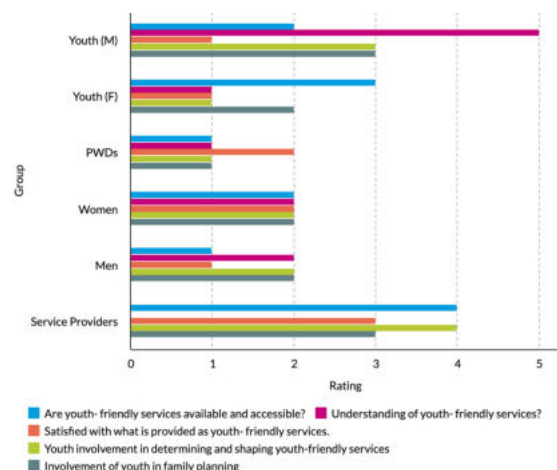


On average, availability of information was rated 2 (poor/dissatisfied) by all user groups.

Persons living with disabilities rated the availability of information 1 (very poor/very dissatisfied) because of insufficient information given to users or lack of information materials on family planning at the facility. Inadequate PWD-focused information was also noted.

Service providers observed that information was available in form of posters, leaflets and booklets though outdated and mostly for general knowledge.

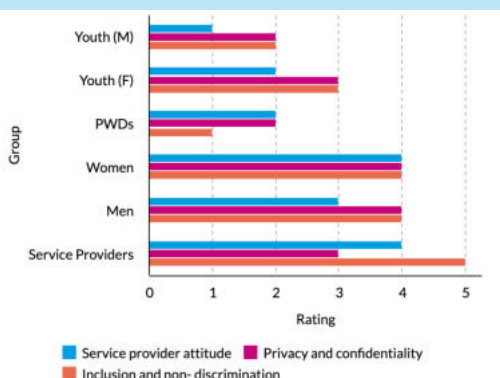
Youth involvement in family planning



Youth involvement in family planning was rated 2 (poor/dissatisfied). PWDs, 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 family planning services



Service provider attitudes at Chaani dispensary was rated 4 (good/satisfied). Male youth indicated that service providers were open-minded however female youth and women revealed that at times service providers portray negative attitudes which discourages youth and women from accessing family planning services.

PWDs 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 was rated 4 (good/satisfied) by men, women, and service providers, whilst PWDs and youth (male and female) rated it as 1 (very poor/very dissatisfied) and 2 (poor/dissatisfied) respectively.

Inclusion and non-discrimination was rated 4 (good/satisfied) by men and women at Chaani dispensary. Youth (male) and service providers rated it 5 (very good/very satisfied). PWDs rated inclusion and non-discrimination 3 (fairly satisfied).

RECOMMENDATIONS

- Mombasa County Government needs to prioritise the establishment of a youth-friendly centre at Chaani dispensary** in the 2022/2023 annual development plan. This will accelerate the implementation of the commitment to improve 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.
- Mombasa County Government needs to improve service delivery at Chaani dispensary 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 PWD friendly family planning information.
- 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.

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