Making all voices count

Case study: Allowing citizens to have their say on health services in Kenya

PROJECT NAME
Etoil Daang' (Every Voice) Project

IMPLEMENTING INSTITUTION
International Rescue Committee (IRC)

FUNDING INSTITUTION
Making All Voices Count Programme (MAVC)

LOCATION
Turkana County, Kenya

BUDGET
£100,000 grant

AIMS

- Train Health Management Committees (HMC) to implement community scorecards and monitor action plans.
- Establish an ICT platform for ongoing feedback between service users and providers.

PROJECT CONTEXT

The Etoil Daang' Project (EDP) aimed to improve public health service delivery and consultations with citizens in the management of local government affairs in Turkana West Sub-County, Kenya. Through a Citizens Score Card (CSC), EDP's goal was to allow the local community to provide feedback on service delivery to providers and county government in order to strengthen effectiveness and public accountability. EDP focused on complementing another programme implemented by IRC with the Ministry of Health to improve access to health services, especially maternal and child health services, through an integrated outreach package in 12 health facilities and 37 health outreach posts in Turkana West Sub-County. By implementing the CSC approach in the catchment areas of targeted health facilities and outreach posts, EDP aimed to improve communities' awareness of their rights, entitlements and service satisfaction, ultimately increasing use and health coverage.

EVALUATION DETAILS

A quasi-experimental evaluation design was developed with respondent surveys in nine health facilities and treatment sites and three control facilities in similar but distant areas within the sub-county. Contribution analysis was also used to test key claims of the project theory of change in treatment sites. Focus group discussions (FGDs) and key informant interviews (KIIs) were also held. We tried to interview the same people at baseline and endline. This was largely successful for KIIs and the FGDs: around eight out of ten in the baseline group were re-interviewed at endline. This was possible because these people were in more accessible locations and were more educated and less mobile than the (household) facility user survey. This summary is based on evaluation reports by Otieno Michael Oloo, Jane Rita Meme and Daniel Mwero.

KEY FINDINGS

Citizens' satisfaction with the delivery of health services

The government remains the main health service provider in the area, with an increase of services provided over the last two years from 58.9% at baseline to 74.6% at endline. Service satisfaction levels grew by 9.9% for those that are very satisfied and decreased by 11.2% for those quite satisfied. Meanwhile, there was a reduction of 3.8% for those that were quite dissatisfied. Overall, satisfaction levels improved. Those who said that health services improved increased by 22.9%. Survey, FGD and KII evidence suggests that health services are better than before.

Confidence levels to contact authorities and service providers to address complaints is still very low, across all sectors, as citizens tend to believe that leaders will not take any action. Village elders and chiefs are seen as the most responsive to people's views so they are the most frequently contacted. For example, only 19% of respondents consider Health Management Committees to be responsive relative to 59% for chiefs. For county government structures, distance is a major impediment, as most people prefer contacting them in person rather than through alternative avenues such as phone calls.

Awareness of the Score Card project

There was very little awareness of the project. For example, one key informant noted that he knew more about other IRC projects than the Score Card project. Quantitative findings corroborated this, with 69% having not heard about the project. Out of the 30% of those that had heard about it, 67% did not participate. When probed further to establish whether EDP was beneficial or not, only 22% thought it was and 71% did not respond. As also shown by FGD, health services improvement was largely attributed to the county government.

From the 22% that thought that the project helped to improve health services, 25% identified availability of medical staff as the single most important benefit, while 18% cited access to medicine and good medical attention by qualified staff. Other benefits included reasonable user fees for 15%, short waiting time for 13% and courteous medical staff for 10%. From the evaluation emerged that only 19% felt that the community would continue with the scorecard, 12% said it would not, while 69% provided no response. The high level of 'no response' is probably an indication of the lack of confidence among the respondents in providing an objective answer.

EDP was meant to be anchored with an SMS platform that would link service seekers to IRC and providers. This aimed to raise community's awareness of health issues, allow citizens to provide feedback and increase service providers' accountability while providing information for the scorecard interventions.

However, 80% of respondents had not heard about the SMS platform at the end of the project evaluation. Out of the 16% that had heard about it, 97% did not use it. Reasons included lack of mobile phones, illiteracy and poor network coverage. In essence, the platform simply did not work. FGD and KIIs further corroborate this. When asked about use of mobile and web technology for health education, participants indicated they had not heard of nor used this channel. Since the community scorecard did not take off as envisaged, there was no opportunity for community members to use this platform to create awareness, educate, collect data or respond to community health concerns.

EDP faced numerous challenges that had an impact on its success, which included a difficult work environment, short project duration, inadequate funding, and mismatch of IRC public perception by the local community.

Given IRC's history of work in the area, it has largely been perceived by the community as providing tangible benefits in the form of direct aid and service provision through health facilities, and humanitarian assistance through the refugee camp from which the local community also benefits. The focus on the indirect and intangible benefits that come with governance projects like EDP is quite new to IRC in Turkana in general and Turkana West in particular. The result was a mismatch of community expectation from the traditional IRC interventions and the new area of focus for the project.