

Briefing Paper on Community Based Monitoring of Health Services, Management and Governance of devolved Health Funds

This brief is based on the implementation of a project titled “Strengthening community’s role in monitoring health services provision, management of decentralized health funds and governance” at 8 health facilities in Embu and Nyeri Counties, as implemented by HERAF, between September 2011 – September 2013

Introduction

Provision of services in public facilities in Kenya, especially in health centres and dispensaries continues to be below par, with the quality and quantity of services often not meeting community needs. This has been blamed on among others, passiveness of the very recipients of the low quality and quantity health services, low awareness levels among rights holders and duty bearers on what services to expect at what level of health services delivery, and inadequate capacity among duty bearers to allow them to deliver effectively on their duties and responsibilities.

In realization that the awareness on human rights, the human rights based approach, the right to health and its manifestation as informed by its stipulation in the Constitution and the interlinkages between human rights, public involvement in the running of public facilities, realization of the right to health, and improved quality of services remains minimal, HERAF has prepared this paper, aiming to influence the implementation of community monitoring projects as can be implemented by other CSOs in Kenya.

Definition of Community Based Monitoring (CBM):

Community based monitoring is a process through which communities measure the quantity and quality of public services. Through the process, communities observe the use of public resources and the quantity and quality of public services at public facilities such as health centres

and dispensaries. It is an organized process, and involves collection, processing, and validating of information about services delivery at local levels and integrating the information into local development processes.

Objectives of the Community Based Monitoring process:

The objectives of the process are:

- To collect data about the government’s performance
- To strengthen the relationship between citizens and the State by informing people about the expectation at each public facility, the fulfillments that the State as the key duty bearers should deliver on
- To provide forums for stakeholders, the public especially, to voice and express their concerns
- To acquire critical and objective input into how given public facilities are serving the public

What are the essential characteristics of the Community Based Monitoring process?

- It is a continuous process
- It entails monitoring at multiple levels through the formation of community monitoring committees at village/dispensary, health centre, and district level health facilities.
- It entails the collection of information on a regular basis
- The information collected MUST BE recorded accurately
- It combines the processes of monitoring and planning through the involvement of community monitoring committees in planning for health services delivery at a local level.
- Collection of data is expected to result in timely improvements in services delivery
- It emphasizes on immediate feedback and reform

Benefits of CBM of health services for a community

- It empowers community members to play the role for monitoring proceedings and activities at facility level
- It encourages dialogue between service providers and citizens. Such dialogue forums can improve understanding and relationships between the citizens, committee members, and local health providers.
- It allows the public to gain an insight into the functional procedures in a health facility as they hear it first hand from the duty bearers during meetings and other forums where they meet
- It promotes transparency and accountability while being a big pusher for effectiveness and efficiency i.e. the process is useful in holding the government responsible for provision of public health services, allocation, accountability, and use of public resources.
- Health care workers are motivated to serve a community that is active and responsive to the call for participation in a facility's activities
- It ensures that mistakes discovered are corrected in time and the lessons used as a basis for better practices while implementing future projects
- It generates the appropriate information for high quality service delivery
- It strengthens local decision-making, public education, community capacity and effective public participation in local government
- It facilitates more inclusive decision-making on issues deemed important to members of a community that incorporate increasingly complex aspects of social, economic and environmental factors
- The process provides avenues through which the public can seek re-address

As a method of ensuring social accountability, community based monitoring can be done through;

- Development of citizen report cards
- Development of community score cards
- Conducting interviews of select areas of health services provision
- Physical visits to health facilities

The expected outcomes of community based monitoring activities are;

- Generation of citizen report cards & Community score cards
- Release of social audits reports
- Formation of Citizen Action groups
- Development of action plans based on the reports , citizen report cards and community cards
- Formation of lobby groups on a voluntary basis to ensure sustainability of the processes activities
- Before and after monitoring reports

The expected results of community based monitoring activities are;

- Better and more targeted funds access
- Performance based resources allocation
- Reduced corruption
- Increased public participation in planning for resources, determining priority areas
- Reflection of issues as arising from generation of community score cards in the government action through policy reviews
- Improved services quality and resources use

Steps in the community score card process as a method of monitoring:

The community based monitoring process can be done through various methodologies, key among them the Community Score Card (CSC), which has a strong focus on accountability, partnerships between duty bearers (health care workers) and rights holders,(clients) and information dissemination and awareness creation. The steps in the Community Score Card process are as follows;

PHASE 1: SELECTION OF TARGET HEALTH FACILITIES AND AWARENESS CREATION	
Step	Activities
Selection of target Health facilities	This entails the selection of health facilities to be targeted during the piloting of the project. It is done through the advice of the District Medical Offices for Health (former). In selecting the target health facilities, lead organisations should pay courtesy call visits to the duty bearers at the district or provincial level, depending on scope and facilities targeted under a monitoring project, with the intention of securing buy-in and support from the government as a key stakeholder.
Community mobilization and sensitization	After receiving a go-ahead from the relevant district level authorities, an organisation can proceed to engage directly with the health facilities targeted. Some of the activities in this step are; <ul style="list-style-type: none"> • Meeting with the health workers, the committee and the community served by a particular health facility to introduce the project, including sharing the scheduled activities, processes, expected outcomes and results as will affect the services provision at the facility • Stratification of the target community by gender, service usage, and group representativeness • Community mobilization to ensure the existence of a critical mass. This is through field visits , awareness campaigns, and targeted IEC material development and dissemination

PHASE 2: COMMUNITY SCORE CARD GENERATION

<p>Training of community monitoring facilitators to take lead in monitoring of health services</p>	<p>Community based monitoring cannot be done effectively by CSOs. To solve this problem thus, the target communities during sensitization are encouraged to select persons who make up the community monitoring steering team, and who will be expected to provide leadership in the consequent process activities. Such persons often require training and capacity building. CSOs thus should develop training materials, aiming at providing more specific information on the community based monitoring concept during trainings.</p> <p>During these trainings, the concepts of human rights, the right to health, the Constitution, health services provision and community based monitoring should be focused on. Further, the trainings should be characterized by adoption of adult learning techniques and use of audio-visual clips on community based monitoring in practice to increase understanding</p>
<p>Development of the Input tracking score cards</p>	<p>This is about collection of information on the supply side of services as informed by entitlements according to the Ministry of Health guidelines. The collection of such information should act as a bench mark for various categories of services to be focused on in the Community Score Card generation process. While developing the input tracking Score Card, some of the information that should be disseminated to stakeholder's include:</p> <ul style="list-style-type: none"> • Amount of decentralized funds disbursed and received at targeted health facilities • Services offered at each level of health care • Expected standards and variety of services delivery as compared to national guidelines and targets
<p>Data collection through focus group discussions</p>	<p>This is done through Focus groups discussions targeting duty bearers (management committee and health workers) and the public at facilities. The discussions should be held independent of each other and should be guided by the areas as informed by the Input tracking Scorecard.</p> <p>This step includes the generation of a Citizen's evaluation of services and duty bearers self evaluation of their services provision, with the performance criteria and scoring having been determined at the input tracking score card levels.</p> <p>The focus group discussions should be lead by community based monitoring steering team members / facilitators, who ensure interpretation and simplification of questions in local language where necessary, and documentation of findings as stated by the various groups.</p>
<p>Generation of Duty bearers and Beneficiary Score card's</p>	<p>After the conducting of independent services providers and rights holders / beneficiary's focus group discussion, two or three performance cards, depending on the number of focus group discussion held are generated. These are what are discussed in the consensus score meetings (joint interface meetings)</p>
<p>Joint interface meetings of services providers and other stakeholders</p>	<p>After the completion of independent target group focus group discussions, it is expected that a consensus meeting is held, inviting participants in all the three groups. The consensus meeting is expected to provide the stakeholders with an opportunity to agree on the score for the health facility in a particular area.</p>

PHASE 3: COMMUNITY SCORE CARD DISSEMINATION AND ADVOCACY

<p>Dissemination of the Community score card among the public, stakeholders and duty bearers</p>	<p>After the generation of the finalized Community score card in each facility , its expected that the Score card will be disseminated to all stakeholders in the catchment area of the facility through development of public interest films, local radio, publicity campaigns , roadshows, and public forums such as chiefs barazas. The avenues for sharing results and getting action upon successful community monitoring include public hearings, holding of citizen's juries and holding of dialogue forums between the service providers and the services users, among community members</p>
<p>Formulation of action plans</p>	<p>It is expected that the areas of worst performance as informed by performance criteria and scores will be reformed through documentation of complementary action plans .The action plans should be a basis for obtaining commitment from all concerned stakeholders and for following up on the progress towards improving the worst scoring areas . The action plan should include:</p> <ul style="list-style-type: none"> • Actions proposed (what can be done to make things better) • The party targeted for the particular action • Timelines for the actions. <p>The actions proposed and adopted should be realistic, and responsive to the community's needs</p>

**Follow up ,
institutionalization and
advocacy**

After the formulation of action plans, it is expected that all the stakeholders will deliver on their commitments. However, this may not be easy. To ensure delivery of action plans as resulting from community's core cards of health facilities services provision, use of resources and management of facilities, the community based monitoring teams as trained should introduce a regular monitoring system for the action plans.

The benefits of community based monitoring as a process:

- It is a key strategy in the successful bridging of gaps between state actors, officers, CSOs and the general public
- It leads to behavioral change due to the increased awareness on services expected at which levels, and targeted information and knowledge dissemination activities
- It increases transparency in the use of resources
- It ensures that the vulnerable and marginalised in society can exercise their rights and have their needs articulated in development plans in a community
- It increases community ownership by enabling communities to participate in the development processes and activities

Important notes for organizations implementing Community monitoring projects

- Before commencement of the project implementation, it is important to increase the awareness of the community's on services expected at various levels of services delivery. For example , in community monitoring of health services, it is paramount to increase the knowledge, information and awareness among target community's and stakeholders on the Right to health and related social, economic and cultural rights, the services expected at the target level of services delivery and the responsibilities of each party for realization of the right to health
- The generation of the input scoring matrix should be a stakeholder affair to increase ownership of the process and ensure ownership of the results by all. The information, awareness and knowledge gap often is wide and cannot be eliminated in one cycle of developing a community score card. Thus, it is imperative that information dissemination and

knowledge increment campaigns are carried out before and after generation of a score card

- Community perceptions often are wrong, with myths and hearsay informing the community's opinion about a particular services delivery. Further, the knowledge and awareness gaps serve to exacerbate the situation, with the findings in the publics' focus group discussion reflecting misinformation and lack of proper understanding of the health care structure. For improvement of services delivery through community based monitoring, there is need for aggressive, consistent and responsive information dissemination, capacity building and knowledge enhancement
- The community score cards as generated in CBM are a data collection tool, a management and services delivery improvement tool and a means of community empowerment through information dissemination and awareness creation. To ensure that the objectives of the process are met, it is important for the lead organisations in the implementation of a community monitoring project balance the various values of the process
- Effective community monitoring requires a good understanding of the various underpinnings of the concept itself, its methodologies and strategies, processes, expected outcomes and its results. This can only be achieved through the responsive and targeted information dissemination on the concept and complementary capacity building and knowledge enhancement and skills building among targeted communities on community monitoring.
- Communities are heterogeneous, with different members having differing opinions, needs, and access to power. CBM programs must be careful not to assume that the loudest voices are representative of the community's needs, or even that the community does indeed have only one set of needs.



Contacts: The Executive Director, Health Rights Advocacy Forum (HERAF),

Muthangari Road off Gitanga Road, Valley Arcade, PO Box 100667-00101, Nairobi, Kenya

Tel: +254 (0)20 266 8953 | Fax: +254 (0)20 266 9177 | Mobile Number : (+254) 735 333 007

Email: info@heraf.or.ke | Website: www.heraf.or.ke

Facebook: <https://www.facebook.com/HERAFKenya>

Twitter Handle: <https://twitter.com/HERAF2012>.

Concept & Design: Em's Creations Limited / info@ems-creations.com / www.emscreations.webs.com

