ILISHE TRUST SOCIAL AUDIT IN MATUGA SUBCOUNTY OF KWALE COUNTY ON 23 HEALTH AND EDUCATION INSTITUTIONS

SOCIAL AUDIT REPORT

SOCIAL AUDIT ON HEALTH AND EDUCATION SECTOR IN KWALE COUNTY

MARCH, 2015

ILISHE TRUST

NEXT TO TUM MOMBASA

LIST OF ACRONYMS

CRECO…….CONSTITUTION AND REFORM EDUCATION CONSORTIUM

ILISHE……ILIMU SHERIA

CFS…….CITIZEN FORUMS

CMB……COMMUNITY MANAGEMENT BOARD

DAP……DRIVERS OF ACCOUNTABILITY

KYGC……KWALE YOUTH AND GOVERNANCE CONSORTIUM

CDF……..CONSTITUENCY DEVELOPMENT FUND

LATF……..LOCAL AUTHORITY TRANSFER FUND

Table of Contents

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TABLE OF FIGURES

ACKNOWLEDGEMENT

This report is a product of a partnership among ILISHE TRUST and CRECO .The organizations are obleeged for the commitment, work, energy, enthusiasm and time expended by innumerable institutions and individuals in making this study a reality. This community social audit was conducted in Matuga Sub County, This social Audit was made possible with the generous financial support from CRECO in partnership with ILISHE Trust through the support from Drivers of accountability project (DAP).

Many people contributed dissimilar to this activity. Firstly, we would wish to show gratitude the County government of Kwale explicitly the Matuga Sub County medical and Education Teams who gave authority and introduced us to the various institutions we audited. We would not correspondingly overlook to remark the institution heads which encompassed the Health facilities in charges and the learning institutions heads. Too myriad to refer to individually, we acknowledge them all for supporting and providing pertinent information to the social audit team.

The field teams themselves deserve recognition for their hard and conscientious work, sometimes in very difficult conditions. Our sincere thanks go to all the women and men who made up the field teams specifically KYGC members. Similarly, the data entry operators, who worked long and hard to enter and clean the data and we thank them for their contribution. The field teams themselves deserve recognition for their hard and conscientious work, sometimes in very difficult conditions .our sincere thanks go to all the women and men who made up the field teams .similarly the data entry clerks who worked long hours and hard to enter and clean the data and for that we recognize them for their role.

The main counterparts of this work is CRECO .They have been enormously supportive throughout this process both financially and economically. We gratefully acknowledge the support of MOH Matuga Sub County in advising us in the health sector and introducing the team to the facility in charges.

We too offer particular individual thanks to Mr. Jimmy Ngondi and Hezron Katana for their

help and technical inputs throughout the social audit process. First, in their capacity as project officers and also as active citizens who also took time to accompany the social auditors to some of the sites.

In each social audit site we received help and support from many quarters and we are grateful to the many individuals and groups concerned. Some ought to have special thanks in this regard.

1.0 EXECUTIVE SUMMARY

The social audit was an initiative implemented by ILISHE, in partnership with CRECO. This social audit report is intended to give an insight on the state and conditions of the health and education sectors in the county government of Kwale. Specific to this social audit. Where in this process the community is taking part in analyzing and finding answers to governance processes in their local institutions

The specific social audit objectives aimed at assessing the progress, relevance, scope, program strategies, opportunities for utilization of public funds and also the governance of the local institutions and make recommendations on aspects of improvement of the governance structures and processes of the same institution and possible scale up. The audit was conducted in a participatory manner targeting the institution administrators. It employed Key Informant Interviews, administered questionnaires, observations and desk review of information.

The social audit findings show that institutions can increase their effectiveness in governance programs by integrating transparence and involvement of the prospective community. This Community auditing was very key to the community and the Data collected can greatly enrich program innovations for advocacy, information, communication, program design and implementation, and mobilization of resources.

The social audit verified that the participation of the community in the governance programme is pertinent to the institutions by exhibiting potential opportunities for networking and partnerships, learning and generating information for advocacy work. Thus, data collection can be major enabler in the development process.

Health facilities, Primary schools and ECD centers and polytechnics heads were asked about their satisfaction with a range of basic public services they offered. Satisfaction ratings varied considerably. In each case for instance the education institutions were less likely to be satisfied with the way the way the county government is treating them .mainly because most

of them could not understand the distinctiveness of the role of the counties and that of the national government. Compared with the health facilities. This was partly because health was a full mandate of the county government. Health facilities where the services were many and well done. The Satisfaction ratings were related to objective evidence of services available

2.0 INTRODUCTION AND BACKGROUND

Ilishe is an acronym for Ilimu Sheria (which means Legal Education). Ilishe (Elimu Sheria) Trust is a legally registered Trust operating in the Coast Region of Kenya, the secretariat being based in the city of Mombasa, Tudor area near Technical University of Mombasa (formerly Mombasa Polytechnic).

The organization was founded in the 1990s but came to be registered as a Trust in 1998.Ilishe Trust comprises of a Board of Trustees and a Secretariat. The secretariat is made up of 5 employed staff and is in charge of day to day running of the organization including implementation of projects.

A. VISION, MISSION AND OBJECTIVES

Primary objective:
Advancement of good governance and alleviation of poverty

Vision statement:
A Just Society**.**

Mission Statement:
To enhance social justice and equity in the coastal region of Kenya, through Human Rights Advocacy and community empowerment

Strategic themes:

1). Advancement of good governance and Civic Engagement

2). Natural Resource Management and Land reforms

3). Realization of Human Rights

4). Organizational development

Strategic objectives:

Strategic objective 1: Help communities to effectively secure greater control over the governance and management of natural resources and their benefit sharing for sustainable development

Strategic objective 2: To promote advancement of good governance and civic engagement

Strategic objective 3: To contribute to the effective realization of all human rights particularly ECOSOC rights and housing and shelter rights.

Strategic Objective 4: To enhance the efficiency and effectiveness of ILISHE TRUST to deliver services. Specific objective under this are: Capacity building of staff, establishment of a sound M&E framework and equipping Ilishe office with proper ICT.

Areas of work:
ILISHE trust works in all the six counties at the coast region, namely, Mombasa, Kilifi, Kwale, Taita-Taveta, Tana-river and Lamu Counties. However the organization has a high presence in Kwale county due to its ongoing project in devolution.

D.MEMBERSHIPS AND NETWORKS

Ilishe Trust has had strong membership with other local and National Civil Society Organizations. These CSO include: Constitution and Reforms Education Consortium (CRECO), National Civil Society Congress, Kenya Natural Resources Alliance (KENRA), Coast Non State Land Actors, KEWASNET and Kenya Lands Alliance.

E.CURRENT PROJECTS

Ilishe Trust is currently working in partnership with CRECO to implement a one year project in Kwale County. The name of the project is '***Enhancing Service Delivery and Accountability through Public Participation in the devolved structures***. The overall goal of this project is strengthening democracy, Transparency and Accountability

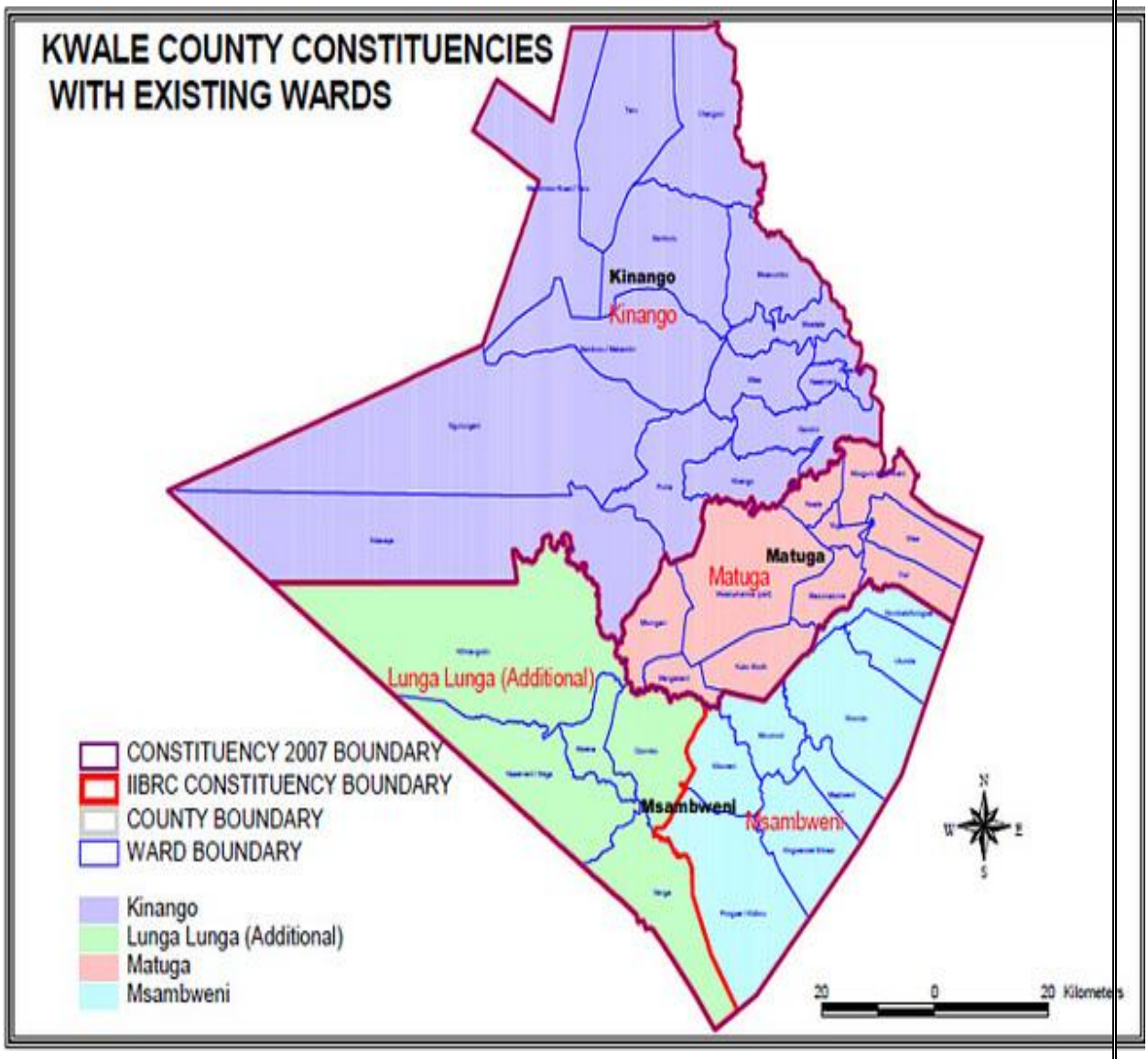
KWALE COUNTY CONSTITUENCIES
WITH EXISTING WARDS
Kinango
Kinango
Matuga
Matuga
Lunga Lunga (Additional)
Msambweni
Msambweni
CONSTITUENCY 2007 BOUNDARY
IIBRC CONSTITUENCY BOUNDARY
COUNTY BOUNDARY
WARD BOUNDARY
Kinango
Lunga Lunga (Additional)
Matuga
Msambweni
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Figure 1.0

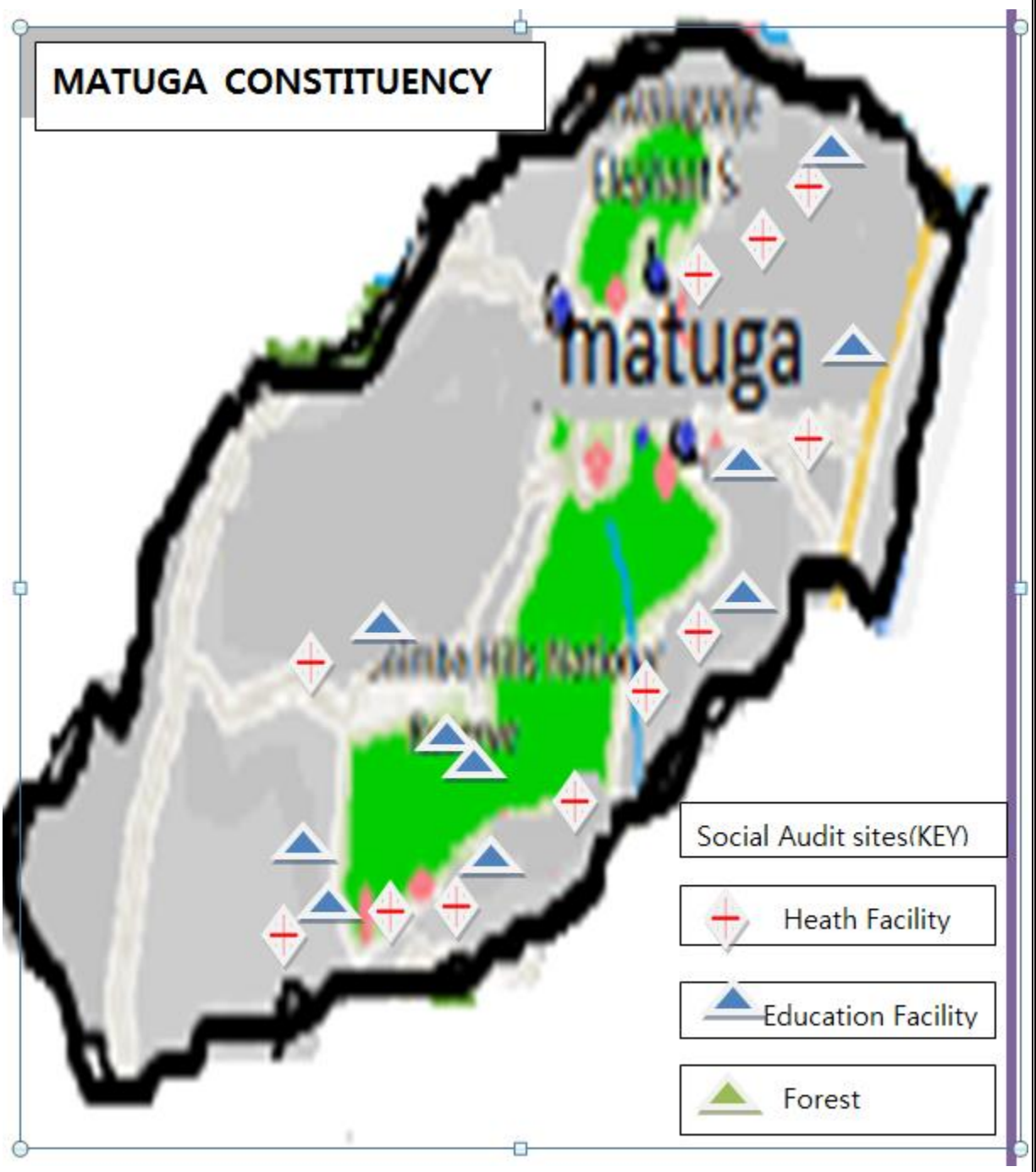
MATUGA CONSTITUENCY
matuga
Social Audit sites(KEY)
Heath Facility
Education Facility
Forest

Figure 2.0

2.2 Devolution

In an effort to improve both governance, democracy, and economy the Kenyans through the new constitution[1] introducing the new devolved government system named as county governments. The county government was in place immediately after the March 2013 general elections. Where governors were elected to lead the governments of their respective counties. The constitution brought in structures to devolve authority, fund and decision making capacity to lower levels of government and Community. Elections to various position created by the new constitution, took place in March 2013 during the general election. The new system replaced one that had been in place, more or less in the same form, form soon after independence.

The devolution reform was intended to improve access to public sector services, to encourage sustainability of local development initiatives and to add to public sector resources through community mobilization of resources and through increased transparency and reduced leakages of resources out of the system.

The reform combines devolution of political power, decentralization of administrative authority, deco centration of functions, redistribution of resources, and checks and balances intended to diffuse the power- authority nexus. In the new dispensation, empowerment of citizens is envisaged through officially recognized Citizen Participation forums.

2.2.1 Checking devolution

A system for collecting detailed institutional data and using this to monitor the working of the system has been set up as the office of the county governments. This system is being fine-tuned in several organizations at present. This will provide county governments with much-needed information about how the systems are working. It will also hopefully address an important problem with presently available institutional data .The unevenness in the

[1] The constitution of Kenya 2010

reliability of the information that makes it all but useless for the purposes of evaluating performance or allocating resources from a central level. However, collecting good quality data is not all, even in an improved form. It does not ensure that the citizens' voice and priorities are involved in the decision making that affects the public services they can access and the quality of their lives.

Institution based information includes only those people who were at the services the serv. People who do not attend government health clinics, schools or police stations are not part of the system. Yet those people excluded by the system are often the most disadvantaged members of society, most in need of the services. This problem can be addressed by a county level survey process designed to include the most vulnerable groups. The skills to undertake such a process are currently not available at county level. Most large scale survey processes are outside the local national bureau of statistics set. But standalone externally managed monitoring mechanisms like this run the Risk of encountering resistance or neglecting local Sensitivities, resulting in lack of ownership of the results.

Local planners not only need to know about the current situation in their own locality, including the views of citizens. They also need to know about what solutions or interventions are likely to work best in their area, in order to invest resources accordingly. This is evidence-based planning and it implies an analytical capacity that requires substantial training. Data do not, even when relevant, timely and accurate, "speak for themselves".

As well as information for planning at local level, there is a need for a feedback mechanism to policy makers that provides information about citizen priorities, views and experience of public services and involvement in local governance. Such information allows the tracking of the effects of reform over time and across the country, so that policies can be differentiated by territory and modified over time.

2.2.2 Devolution and Health in Kenya

The Kenya 2010 Constitution[2] guarantees health for all Kenyans ,this is enshrined in article 26 which states that Every person has the right to life and insisted in Art.42 and 43 which states that Every person has the right to a clean and healthy environment and that Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care .The constitution continues in article 56 stating that The State shall put in place affirmative action programmes designed to ensure that minorities and marginalised groups, have reasonable access to water, health services and infrastructure.

There are countless factors contributed to devolving of the health systems leaving only the national referral hospitals was, Firstly to promote access to health services throughout the whole country so as to address discrimination of the "low potential areas". Urban areas have had better health services than rural areas. The other reason was to elucidate the difficulties of bureaucracy in matters of health service provision especially procurement related problems. Correspondingly, to promote efficiency as well as addressing the problems of low quality in the delivery of health services.

2.2.3 Citizen participation under devolution

An important component of the devolution initiative is that is has established structures and processes intended to promote community participation and monitoring. Empowerment of citizens hinges through the new Citizen Forum (CFs). The CFs are intended to gather together community views on human rights concerns, citizens' security and social service delivery, monitor government operations, make recommendations regarding government policies and practices, Even more than local government officials, members of the CFs will need to develop their skills to monitor public services in their locality, and to develop proposals and implement development schemes. Their involvement in systems set up to

[2] The constitution of Kenya 2010

monitor devolution, public services and local governance should be designed so that it enhances their skills and confidence to make the most of their newly designated rights and powers.

2.2.4 Community Social audit and devolution

The social audit methodology, developed by, has been adapted to the context of the Kenyan devolution. Implementation of the social audit has several purposes in relation to devolution. First, at the national policy level, the social audit provides a *citizen feedback channel*

It provides policy makers with a Means of tracking the views of citizens about public services, and their use and satisfaction with available services. In this sense, it provides the "bottom line" about service reforms from the viewpoint of the intended beneficiaries. It is also a means of measuring citizen knowledge of and participation in local governance mechanisms, including voting in electing local leaders like the institutions board of directors, and membership of CFs and other community organizations. As the devolution reforms progress over time, there should be an improvement in delivery of public services an

Third, the social audit, especially once established at county level to help county governments to make best use of their new powers and authorities to plan and implement services tailored to the needs of their local populations. The social audit
County level involves county officials in designing and implementing data collection from all segments of the population in their district, and in discussing the findings with community representatives to plan service improvements. This helps to build the skills they need to plan and deliver services that best suit the needs and aspirations of their county. Last but certainly not least, the social audit at county level and below provides a means of giving form to the intention under the devolution initiative of empowering citizens to participate in an informed way in decisions that affect their lives, and encouraging them to engage in local democratic

processes. Over time, the social audit process will involve members of CFs (and other community bodies) in collecting information about priority issues, and using this to help them formulate development proposals for funding from local government under the cost-sharing arrangements that are part of the local government plan.

In the preliminary stage, the social audit requires substantial outside technical support. Collecting reliable information that reflects the whole population, including vulnerable groups, and analyzing it in a way that supports decision making, is not an easy process. However, over time, it is important that skills for the process can be extended down to local levels, as well as becoming embedded in the routine procedures of government planning at all levels. Steps to ensure this sustainability are an important and integral part of the social audit. This includes training government and other people in the social audit methods, both through their involvement in cycles of data collection, analysis and use, and through provision of formal training courses in the methods.

It also means that the social audit should be tailored to fit in with existing systems and procedures as far as possible. For example, training of county government officials and elected representatives in issues of evidence- based planning related to the social audit is proposed to be undertaken as part of the training being provided for these same people by the governments and others. And the information from surveys at county level should be used in planning besides increasing citizen satisfaction, as well as increased engagement of the public in bodies such as CFs. The social audit, repeated regularly, is a key means of checking whether the reforms are having the desired effect, providing guidance about areas where there are problems and suggesting ways to fine tune the process to increase its effectiveness.

Second, at the county level, the social audit provides policy makers with information about the on-the-ground situation across the county. Such information is often lacking and this seriously hampers policy makers trying to decide about the most efficient and equitable

allocation of financial resources to wards, as well as the most effective way for them to provide technical support for county governments. Over time, repeated social audits provide the county policy makers with a way of checking the implementation Early 2015, the CRECO provided funding for a project entitled "Drivers of accountability". Under this project, CRECO provided funding to extend the baseline social audit data collection to Kwale County, as well as to undertake detailed work to establish the social audit process at county and sub-county levels in one focus district. The lessons learned about establishing the process at county level

The overall aims of the CRECO funded drivers of accountability Programme, of which the social audit is one element, are:

- Improved local governance policies and policy Implementation
- More effective local democratic institutions and Practices
- More effective participation of women in local governance, and
- More effective citizens' voice in setting local priorities and delivering social services and access to justice.

The social audit was done in Matuga Sub County. This can be used as the basis for tracking over time changes to public perceptions about public services delivery and local governance. Annual surveys are planned for the next five years Technology transfer during this time will institutionalize the social audit methodology in Pakistan.

2.3 Reporting on the social audit

Reporting on the social audit will take place at a number of levels and by different means. This document is the formal report on the social audit, incorporating the findings from the Matuga sub county social audit activity. It is planned to use summaries from this report for dissemination and publication of the findings through appropriate channels.

The findings in this report will also be of interest to the Education and Health departments of Kwale County, enabling them to see their own findings in relation to the other county department, as well as giving them information about the spread of findings across their own

sub sectors.

Individual sector reports based on the findings have been prepared, summarizing the findings in the sector and showing them in relation to the relevant county department, as well as in the national context. These reports will be used as the basis for discussions about the social audit and the findings of the baseline survey with county government.

In the social audit exposure of findings is not the closing stage of the work, but to a certain extent the commencement of the subsequently phase: discussing the findings with apprehensive constituencies, from government, from civil society, and from other stakeholders, such as donor agencies. This report is a part of the discussion process at the county level. The process will also include the media, for example through the Radio programs funded by this project

3.0 METHODS

3.1 Methodology principles

This social audit methodology was developed over two months before the real social audit .Social audits increase the informed interaction between communities and public services. A unique combination of quantitative (survey) and qualitative (key informant) evidence focuses on the impact, coverage and state public services specifically health and education. Civil society, drawn into interpretation of these data in an ordered manner, plays the pivotal role in building local solutions. This democratizes the decision-making processes and includes the voice of the people in planning. Also, these representative data and human interactions around the data provide a step-ladder to increased accountability in public services.

The freshness and inputs of this method of social accountability lie in one, the integration of contemporary epidemiology to evaluate evidence for

Planning and two, the fact that the public voice plays a dominant role in that evidence, its analysis and consequential attainment. Correctness of decisions that result from the use of epidemiological method gives sense and volume to the community voice, increasing the confidence of civil society in its participation in governance and thus service reform The concept of this social audit is simple: collect information from the service providers in education and health sectors in Kwale county and more specific in Matuga sub county. about

the status of the institutions, their experience and perceptions of public services; link this with information from the services themselves; analyze the findings in a way that points to what action might improve matters; take the findings back to the stakeholders for their views about what could improve the situation; bring the findings and suggestions to discussions between service providers, planners and community representatives to plan and implement changes. The loop is closed when a repeat fact- finding exercise assesses the changes and their effect

3.2 Sample and sampling

The sampling was done by randomly selecting one sub county among the four and by so doing Matuga was selected out of the four sub counties .Within each ward in Matuga Sub County, a health facility was selected by a two-stage stratified random sampling process. The sampling frame in each ward was the list of institution within the ward. The institutions on the list were first stratified into health and education types. The proportion of health and education sites to be included in the sample was set according to the list of institutions as discussed with the concerned departments. The allocated number of institutions for the sub county was then picked randomly from the lists of health and education for the ward. For the five wards at least three sites were, were randomly selected per ward. . For particularly populous wards, more institutions were selected. So, for example, up to six audit sites were selected for kubo south ward. In Mkongani, the selection did not go in favor of that given ward

3.3 Data collection instruments

As mentioned in the general description of the social audit methods, an important feature is the combination of quantitative and qualitative data, collected from the same places around the same issues. This allows the qualitative data to be used to give context to the quantitative findings and to be used in combination with the household and other quantitative data in a process of analysis. Therefore, a number of different instruments were designed and used in

the social audit.

Before this social audit ILISHE, in consultation with key stakeholders and partners, including the CRECO, KYGC and the county government officials, developed the instruments for the social audit. This instrument design takes a standards-based approach, using previously validated questions from previous and others whenever possible. In this case, since this was to be a normal social audit, it was decided to include only the education and Health sectors of Kwale County specifically in Matuga Sub County. Even though this would limit the amount of detail that could reasonably be collected about each sector. The instruments were used as part of the design process: first they were tested within the design institutions, then tested on immediate institutions, then the full instruments were used in the sampled institutions and finally the data entry and analysis formats developed as part

This instrument design and aimed at ensuring that all the questions have a clear purpose – they produce information that will be used in the analysis and that all questions needed for a meaningful analysis were indeed included (for example, questions about availability of equipment's that could explain differences in the state of services in that institution).

With some key stakeholders (including The Matuga sub county health management team) reviewed the instruments in the light of the health facility in charges. And made a number of changes to improve and extend the information that could be collected.

3.3.1 The community profile questionnaire

This instrument collected information about features of the community that could be relevant to the use and experience of public services, such as the types and locations of health and education facilities, This instrument was completed in discussion with a community leader, contacted in any case as the field team entered a facility to conduct the survey and mostly the community questions were integrated. The community profile instrument was refined, in order to ensure it adequately covered issues that could be linked to responses to the key informant questionnaire in most cases the key informant questionnaire could allow focus group

discussion. In this regard, the response from the community members appeared in the same questionnaire for the key informant.

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3.3.2 Key informant interview schedules with service providers

These instruments were used to collect information from school principals and heads of health facilities about their facilities. In addition, some sections were completed based on observations the interviewers made in the facilities. The information included issues likely to be relevant to the level of use and to the experience of service users. For schools, the information included class size, staff/pupil ratios, and facilities such as, libraries, laboratories, classroom furniture and equipment, toilets, and boundary walls. For health facilities the information included staffing, health education arrangements, and observation of facilities. Again, these instruments were revised in the light of the some questions that proved to be not very useful were removed and additional relevant questions were included and piloted.

3.4 Formation and training of field teams

The field team was recruited and trained by a consultant hired for the purpose of the field work. People recruited into the field teams included some members of the KYGC, who had been collaborating with ILISHE for a long time apart from having a vast knowledge on the issues of social auditing.

3.5 Data Collection

The field teams undertook institution data collection for Twenty two public institutions across Matuga Sub County. The collection of the data took place according to a phased schedule, moving from ward to ward. In each institution the lead social auditor had a responsibility for seeking permission before commencing social audit. Also the field teams took with them a letter from the Respective authorities for introduction to the head of institutions. Giving official status to the work. The teams also made contact with county government officials before they visited the institutions, to brief them about the aims of the social audit and to seek their support for the field work as necessary, the field teams managed to collect data from all

the targeted institutions with easy without many problems. They achieved this using good local knowledge and contacts, as well as with support from county government and administration. Involvement in the field teams and good local knowledge and contacts. In most audit sites, the teams conducting the audit were warmly welcomed back, as they had "kept their promise" to return to them to share and discuss some findings.

3.5.1 Value regulation of data collection

Quality control during fieldwork is an essential apprehension. In the Social audit surveys, and this was guaranteed in several ways:

- Careful training arranged by CRECO done by an expert emphasized the importance of proper conduct of the social audit interviews, according to strict guidelines, leaving no room for individual interpretation by interviewers.
- The trainees were chosen among those people who showed themselves capable of good, careful work especially those who were experienced.
- All team members were told that if they did not work properly while in the field, they would be asked to leave the team immediately. On rare occasions in the course of the Data collection of the social audit it was necessary to dismiss field team members and replace them with reserves.
- In the team, the chairperson checked the digital forms completed by the interviewers, first after they had completed each institution, then in the middle of the work and at the end of social audit. He pointed out any incorrect recording of information and instructed the interviewer to return to a household to collect missing information if necessary. The head of the team Mr. Jawa Mwachupa also randomly visited some institutions to check they had actually been interviewed. Check how they were working, to deal with any identified problems and to make a further check on the work of the social auditor

3.5.2 Data management

Data entry for the social audit questionnaires took place a week after completion of the social

audit in the ILISHE offices. ILISHE trained all data entry operators of which they were among those who did the social audit for the ample experience in the field who have also worked with ILISHE on previous projects and are very experienced in the data entry methods used in social audit work. Data entry was programmed using the pajat domain epidemiological, statistical and research software package known as poi mapper. All data were entered carefully and passed through the poi mapper Authentication facility. The validation greatly decreases key errors in the dataset after validation, further cleaning of the dataset looked for logical errors, out of range responses and duplications. The cleaning was completed by checking back to the original digital forms as necessary.

3.6 mapping

The CIET mapping approach is also described in more detail in Annex 2. The maps produced are raster maps, with interpolation of levels of indicators between the

Sample sites. Importantly, the weights for the sites in relation to their population contribution are taken into account in constructing the maps, so that the area of the map in a particular color represents the proportion of the population with that level of the indicator, and not just the geographical distribution. The maps should be interpreted essentially as weather maps, with the focus on the overall picture rather than on individual positions on the map.

For the social audit baseline survey, we constructed maps that combined the findings from the ten county pilot survey with those from the full survey of the remainder of the sub counties.

3.7 Analysis

3.7.1 Analytical approach

In the analysis it went beyond the calculation of frequencies of indicators. While levels of indicators describe the present situation – and it can be of interest to look at their variation across the sub county, for example – this is not of much help to planners who need to develop strategies to change the situation. Further analysis looks at the actionable factors that are related to the important indicators. The potential effects of changing these factors on the outcomes can be calculated. In doing this, it is important to take into account the

other factors that might be the real cause of apparent associations (confounders) as Far as possible, otherwise spurious associations can be misleading.

Our analysis complements quantitative data analysis with semi-quantitative and qualitative elements from the key Informants using meso-*analysis*. For
Example, sites can be placed on a map reflect the distance apart of the government health facilities.
Focus group discussions as in some institutions where more than one respondents were interviewed this generate richer and more textured evidence than structured interviews with one key informant or individual quantitative questionnaires. Information in focus group discussion appeared in the same questionnaire that the key informant responses are. The difference is that in the same questionnaire there were questions directed to the community (for example, interest in forming, attitudes in service delivery et al) that may be present in some institutions but not all. This information can then be linked to the records of individuals from the same institution, using the community code as the link. Meso- analysis essentially deals with factors operating in the facility by linking them to the experience of the individuals in that facility.

We combined the data from the all the health facilities regardless of the level to give a dataset covering all health facilities. The statistical and epidemiological analysis of the findings from the baseline survey was undertaken using the pajat designed software known as poi mapper which was the tool the social auditors used in collecting the data. In the analysis of each sector, promising associations between actionable factors and outcomes of interest were analyzed using standard epidemiological techniques to identify potential effect modification or confounding by factors like level of experience, gender etc. The effects of these factors were examined using the poi mapper stratification tool.

It is always possible that some of the apparent associations reported from this survey are actually due to unknown and unmeasured confounding factors. However, by excluding most of the important likely confounders, then the findings do offer a starting point for action.

A key intention of the devolution process is to improve the lot of the most disadvantaged members of society, enabling them to have a say in decisions affecting their lives and ensuring they are better served by public services. As part of the analysis of the baseline survey we identified vulnerable institutions and looked at their situation compared with that of the less vulnerable.

We looked at two vulnerable groups in particular: women, and the people living with disability. A category of 'very vulnerable' according to this survey was defined that included those people who do not want to involve themselves in management of the local institutions with considerable variation between areas of the sub county for example a woman living at Kwale would be more willing to join the management committees than a female living at Mkongani. We used this to examine the situation of the most disadvantaged section of the population compared with the rest, for access to, experience of and satisfaction with public services.

4.0 FINDINGS

4.1 Social audit population

The total institution social audit included 4 Standalone ECD centers, 6 primary schools and two polytechnics in the education sector and 1 sub county Hospital 3 Health centers and seven dispensaries in the health sector. As well as the same information was also collected from other sources including other individual peoples.

Health centers social audit sites				
Sub county Hospital	Heath centers	Dispensaries	Community Units	Totals
1	3	7	0	11
Education centers social audit sites				
Standalone ECDC	Primary schools	Youth polytechnics	others	Totals
4	6	2	0	12

The respondent answering on behalf of the institution was a man in more than half the institutions (70%) more than half of them (60%) were the head of that institutions. Male respondents were nearly two times more likely to be the head of institution compared with females. A variety of experience were reporting as the heads of institutions.

4.2 Health services

75 % of the health facilities audited were dispensaries while 20% were health centers and only one was a level four health facility. While just two of the facilities visited had in patient services all the others were providing only outpatient services. 80 % of the facilities reported in adequate funding for the services offered

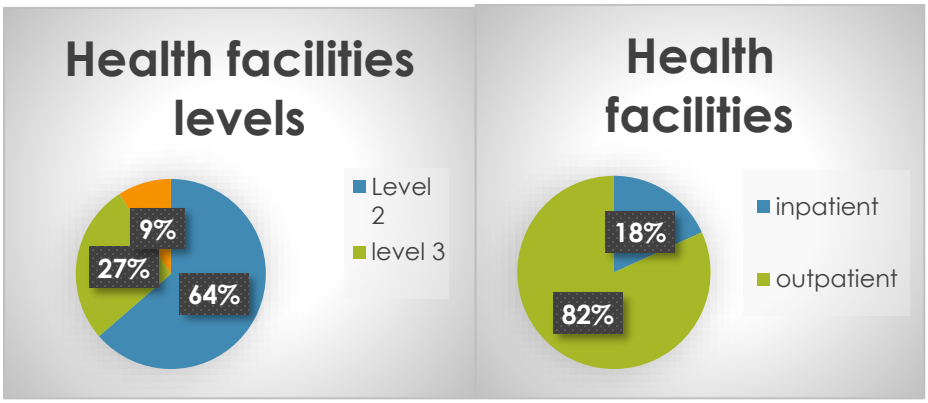


Figure 3.0

4.3 Views and opinions from health institutions

4.3.1 Opinions of government health service providers

As part of the social audit, government health facilities serving the sample communities were visited and the head of the facility or deputy was interviewed in each facility. Some 11 facilities were visited during this exercise. The instrument for interviewing service providers was refined in consultation with the Matuga sub county health management team headed by Dr, Kinywa more assistance came from Juma Mwavita. And the findings described here are from the agreed 11 facilities across Matuga Sub County. Most of those interviewed were of the opinion that community social audits would improve their services and only 12% thought it would make their services worse.

As an insight into under-the-table management in the government health services, the health providers interviewed were asked if they remember any incident they had to buy anything without involving the community representatives who are the board. Some 30% admitted to knowing of such cases and 10% admitted they themselves had experienced this. A number of interviewees declined to answer these questions, which came at the end of the interview.

Most of the facilities accepted that they were not receiving adequate funding to cater for the services they under took.

Almost all respondents (86%) of the respondents said that the residents usually used government health facilities for medical attention, while nearly (3%) used private qualified practitioners and 11% used unqualified practitioners. In areas where there were more private services available like Kwale town ,Tiwi and Ngombeni, this was also due to their proximity to Mombasa and ukunda, such as urban sites in Sindh, the less-vulnerable households were more likely to use private services, compared with 'very vulnerable' households who did not have a choice. All households were more likely to use government facilities if there was one within 5km.

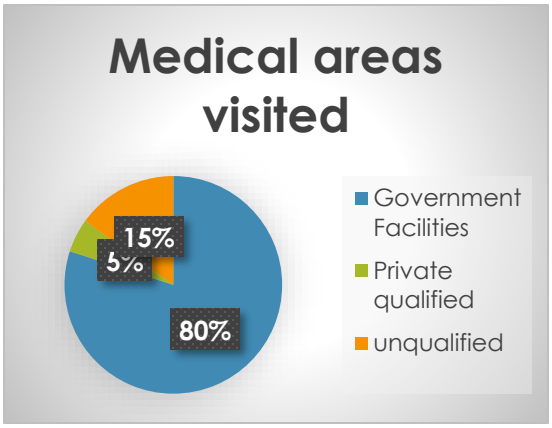


Figure 4.0

When asked on how long it took for a patient to be attended .36% said a patient can take more than an hour if they had to visit more than three sections and also some lab tests could take more time than others. When asked about the time taken for a patient who would not take such tests 64% said it could take such a patient up to 30 minutes to be through. Compared to 36 %who said a patient could take up to one hour to be through.

On whether the patients and those accompanying them were given clear directions 73% agreed that they have a set ethics to direct the patients accordingly .While 27% felt they had not done enough to give clear direction to those accompanying the patients. Giving clear directions included whether every section was clearly indicated on the door .for example examination room, lab room etc. This also included customer care services.

The audit also wanted to understand whether the health facilities had management committees or not and on that regard all the respondents agreed that they had management committees in place. And that the management committees composed of members of the prospective community.64% said that the committee hold frequent meeting at a frequency of at least once a month while 36% said the committees do not meet more often, they said they normally meet once quarterly.

Only 18% of the health facilities committees were not professionals. This meant that only two of the facilities visited had committees which were composed of members who were of various professions. The rest had committee members who were not of any professional background. Over 50% of the committee members had stayed for more than one term .When asked about how the committee members involve the members of the public in activities and projects of the facility, most of the respondents 84% said that the committee mostly arrange meetings with the community members if there was any issues that needed inputs and opinions of community. Furthermore, they do represent the opinions of their respective communities they are drawn from.

The interviewers also enquired to know the opinions of the respondents on promotion of transparency and accountability in their facilities of which 9.09% felt to be highly satisfied and 18.18% said they Satisfied .while 54.55% expressed fairly satisfaction on the same issue and 9.09% disclosed their total disappointment to the same. The same attitudes come out on whether the facilities promote social justice fairness and equity where none of the respondents expressed highly satisfaction on this. Only 40% said they were satisfied, Hence 50% expressed fairly satisfaction and merely 10% were disappointed. This question though most of those interviewed were somehow related to the facilities it was based on many aspects which resulted in to an agreed conclusion .it was not merely based on the first responses but an agreed rating after critical probing. Almost every resource utilized in the health facilities visited was a public resource. Therefore on this regard the interviewers also wanted to get the expressions of the respondents on the effectiveness and efficiency in use of public resources ,thus on this only 10% were highly satisfied besides 50% who were just satisfied ,while 30% were fairly satisfied as well as merely 10% were disappointed. Getting into their conclusive opinions was not a constant asking and answering but it involved a lot of probing and elaborations of scenarios proving the same expressions.

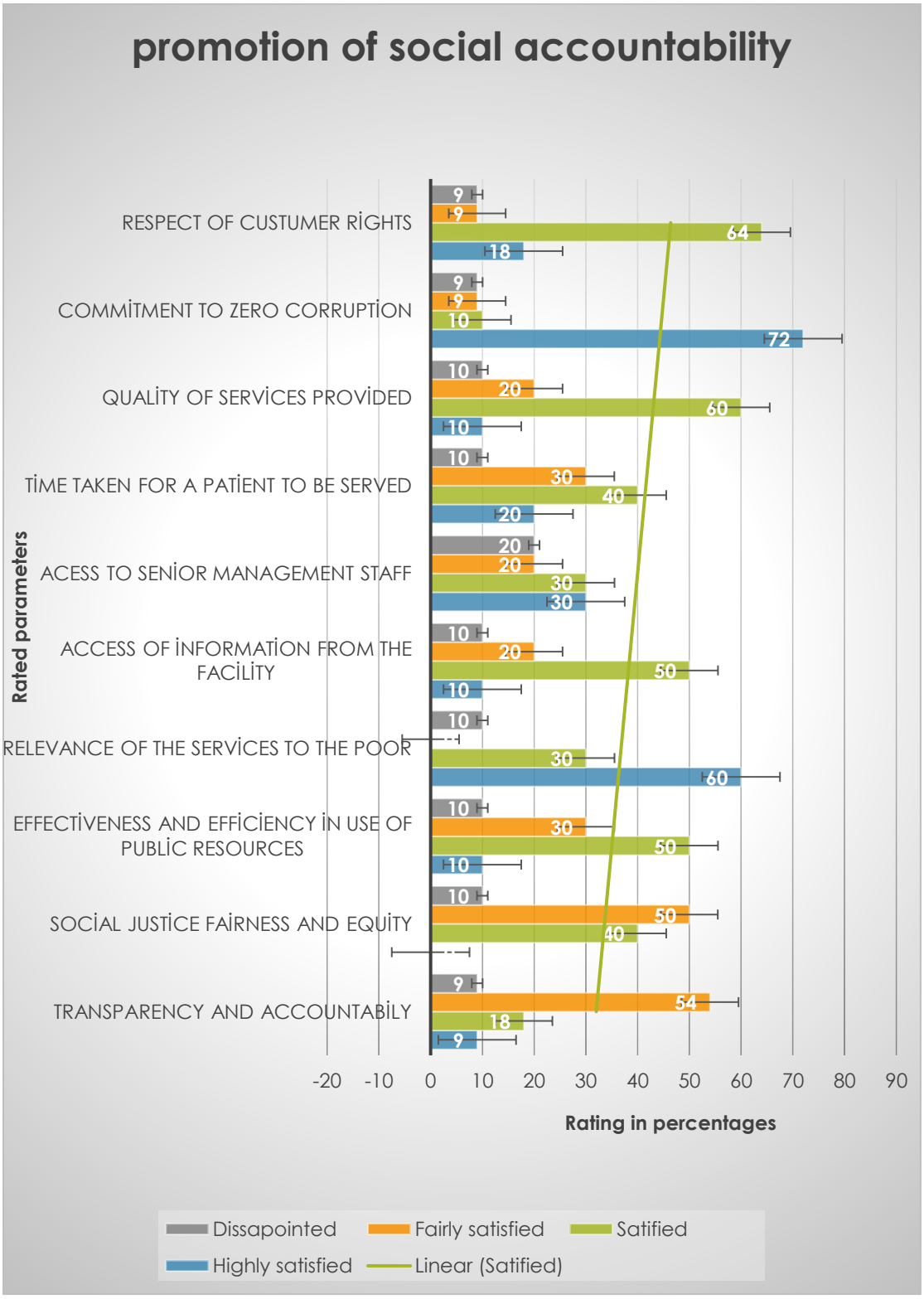

promotion of social accountability
RESPECT OF CUSTUMER RIGHTS
COMMITMENT TO ZERO CORRUPTION
QUALITY OF SERVICES PROVIDED
TIME TAKEN FOR A PATIENT TO BE SERVED
ACESS TO SENIOR MANAGEMENT STAFF
ACCESS OF INFORMATION FROM THE FACILITY
RELEVANCE OF THE SERVICES TO THE POOR
EFFECTIVENESS AND EFFICIENCY IN USE OF PUBLIC RESOURCES
SOCIAL JUSTICE FAIRNESS AND EQUITY
TRANSPARENCY AND ACCOUNTABILY
Rated parameters
-20 -10 0 10 20 30 40 50 60 70 80 90
Rating in percentages
Dissapointed
Fairly satisfied
Satified
Highly satisfied
Linear (Satified)

Figure 5.0

Only two of the health facilities had administrative office the two were Kwale sub county hospitals and Tiwi rural health Centre. The other facilities only used the service rooms as their offices for example the nurses used the examination rooms as their offices.

Ambulances is part of the Health Functions devolved to the county Governments[3] on this regard the social audit wanted to ascertain the station and availability of the ambulances in the social audit area. On this regard only 36% of the health facilities visited had ambulances stationed at their facilities. This included those of Shimbahills and Mkongani which were not readily available for they had not been there for long.The facilities which had ambulances stationed at the facilities were Kwale sub county hospitals and Tiwi rural health Centre

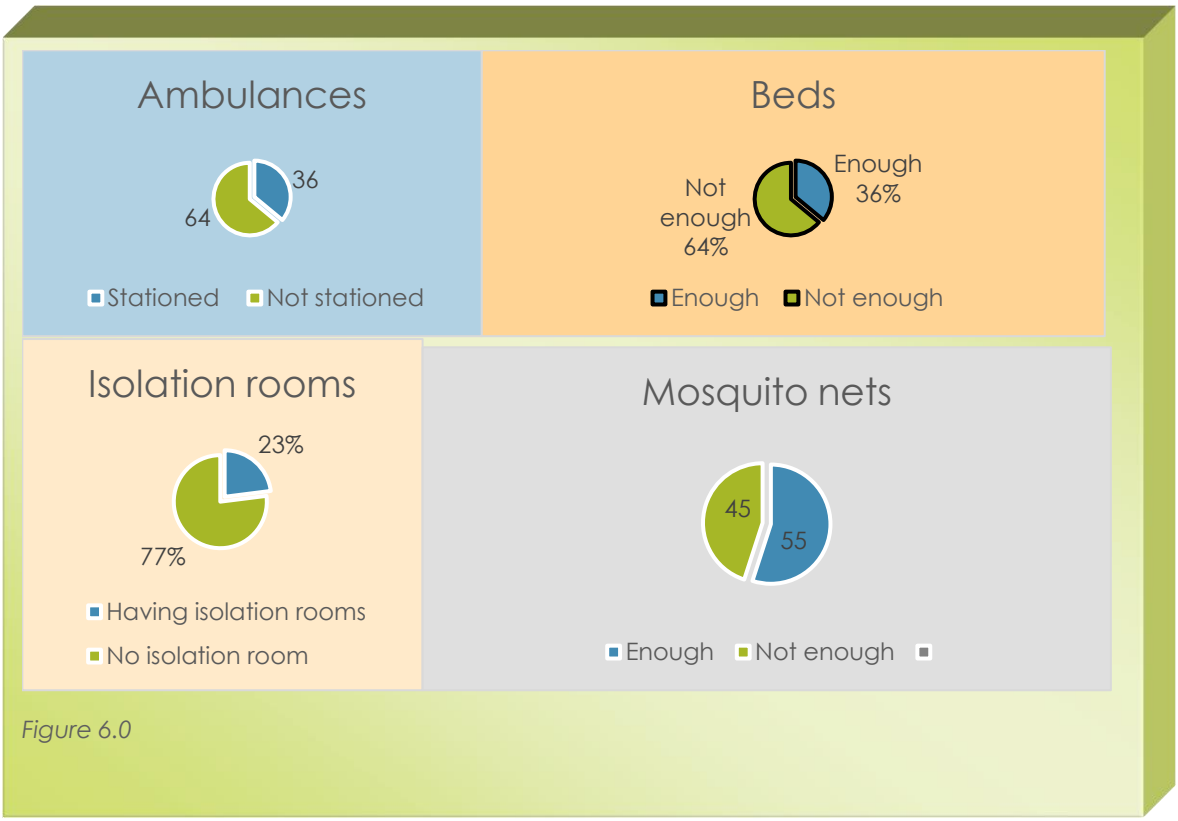


Figure 6.0

Only 23% of the sites had isolation rooms which they had set them aside for patients with highly infectious diseases. When asked about availability of mosquito nets in their facilities 36% admitted to have enough mosquito nets for pregnant mothers and

[3] Schedule four of the constitutions on the functions of the county government.

Babies below the age of five years. The remaining percentage had no mosquito nets at that given time.

Only one of the facilities visited had a separate building for a lab the rest had just patient to get his/her lab results 10% of the respondents

Incubators are very important to health facilities where deliveries happen more often. Though this equipments are very crucial. Only26% of the health facilities

Visited had incubators.

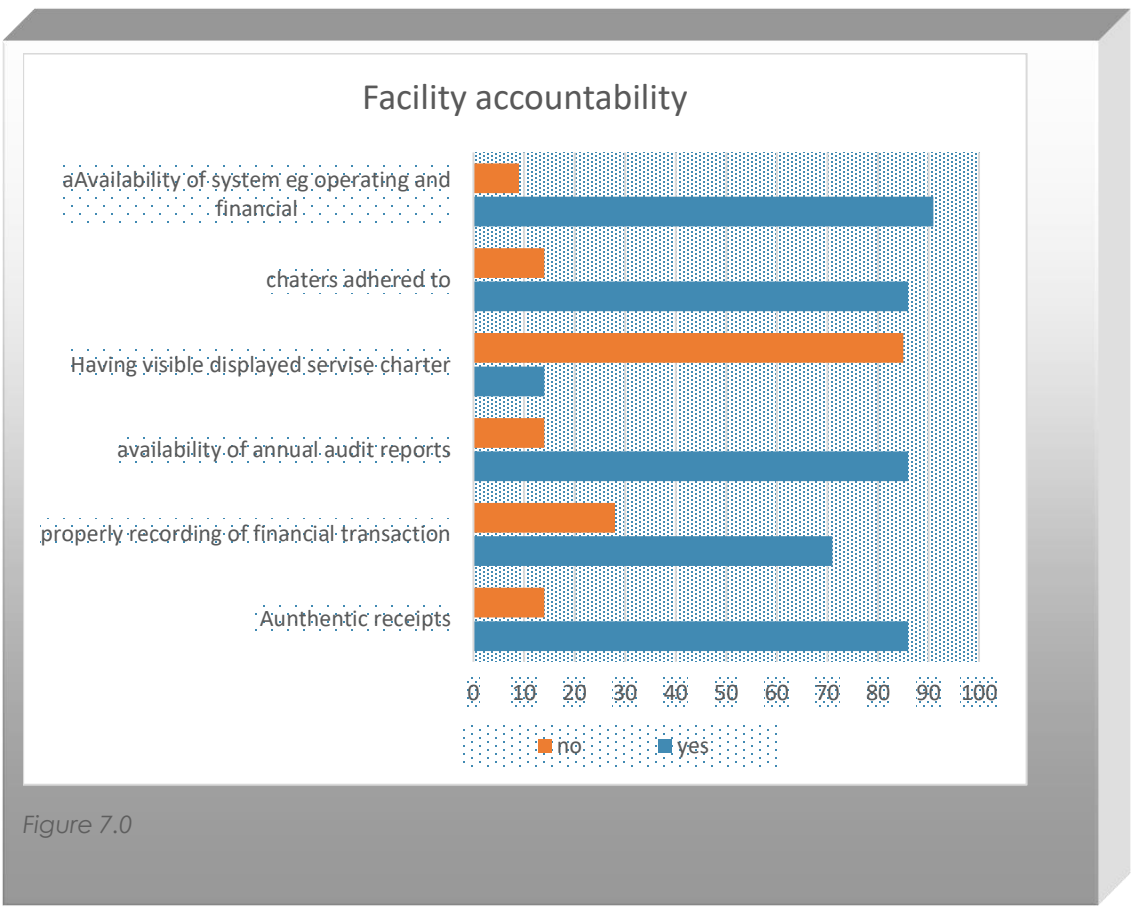


Figure 7.0

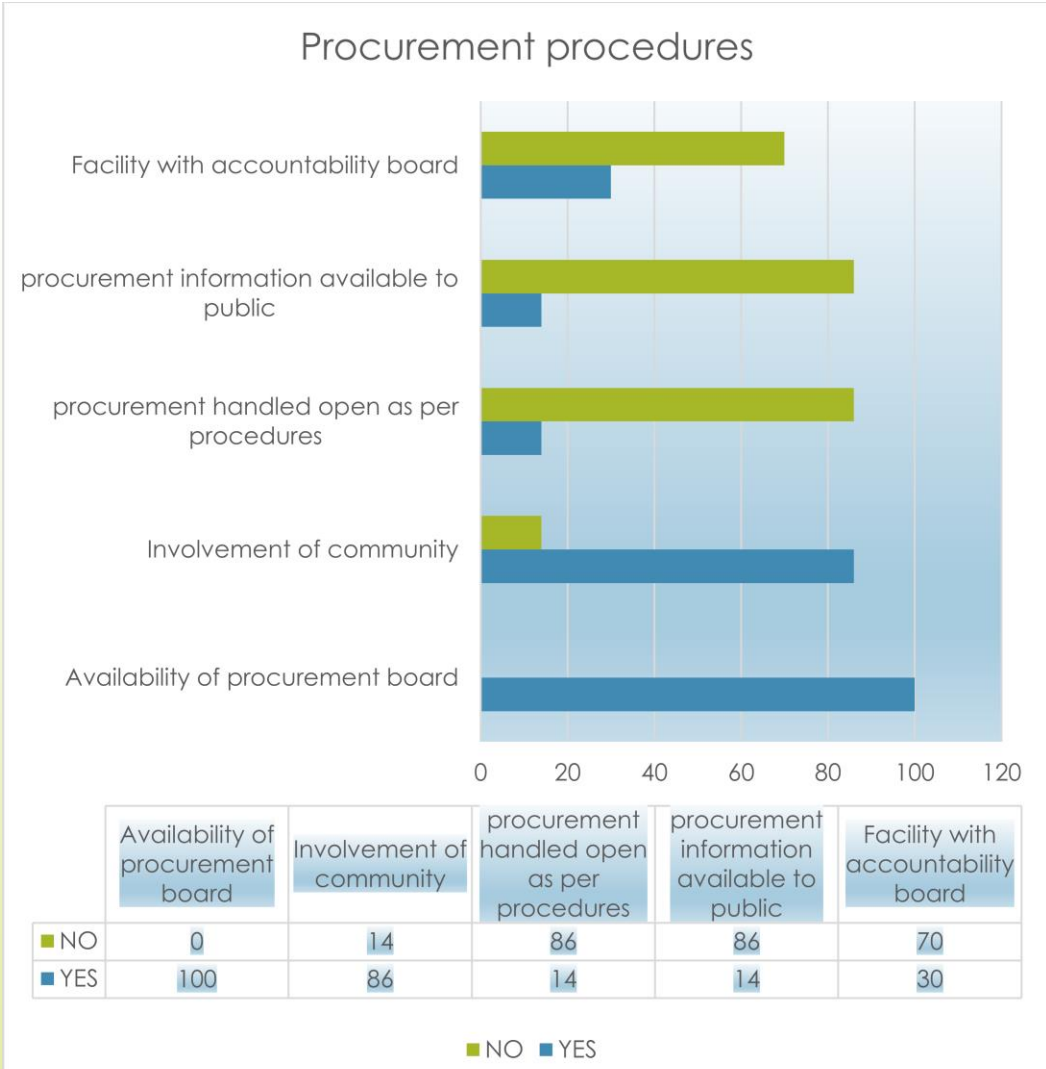

Procurement procedures
Facility with accountability board
procurement information available to public
procurement handled open as per procedures
Involvement of community
Availability of procurement board
0
20
40
60
80
100
120
Availability of procurement board
Involvement of community
procurement handled open as per procedures
procurement information available to public
Facility with accountability board
NO
100
86
14
14
30
YES
0
14
86
86
70
NO
YES

Figure 8.0

All the health facilities has procurement boards. It was said that the Facilities management committees also forge to be the facility procurement committee .and that they were being consulted when the facility heads want to do procurement. Most of the facilities (86%) agreed to involve the community in a manner that their opinions were mostly represented by the members of the facility management committee which were mostly drawn from all divide of the immediate communities.

4.3.2 Opinions of the social auditors

Infrastructure

This part mainly depended on the observation and analysis of the social auditors in regard to the questions directed to the respondent(s)

Most facilities (70%) mostly the dispensaries had no well build pavements joining the facilities buildings. While only a third (30%) mostly the Healthy centers and the sub county hospitals had pavements joining the building within the facility .However a number of the pavements were not well kept.

Many health facilities have well-kept floors only 20% of the facilities visited had scrapped floors and patches.70% of the facilities visited were supplied with electricity from the national grid the remaining few used solar energy. All the respondents agreed that electricity from the national grid was not reliable. Which make many services like some lab services which mostly depend on electricity and also deliveries which mostly happen at night.

Only 30% of the facilities visited were accessible to all patients including the disabled and those in critical conditions ‘this means building rumps beside stairs and raised floors.in some health centers only a few areas are accessible to all patients especially the examination rooms were more accessible than the laboratory. 85% of the health facilities had no toilets friendly to some sorts of disability.

Only one health facility that was Mkongani model Health Centre had an all-round perimeter fence. The other health facilities had no perimeter fences. Though others had some pieces fenced and a gate this resulted to the observation that many Health facilities in Matuga were not secure enough to store expensive equipments and machineries. This facilities are

manned by untrained security personnel.

81.82% of the health facilities had no specified casualty areas. They only design a place for that if need arise. This was because most Dispensaries do not deal with more serious cases, they normally refer the same to sub county hospitals or county referral Hospital at Msambweni.

36% had friendly waiting benches while 66% had unfriendly waiting benches. What made the waiting benches friendly was generally the adequacy of space, the cleanliness, the comfort ability of the benches and the separation of service benches.

4.4 Views of government school principals

The head teachers of 12 government schools serving the survey communities were interviewed (see table 2). About half of them (51 %,)

The audit also wanted to proof on the funding of the schools therefore on this 82% of the schools agreed to have their infrastructure highly funded by the CDF and very few named LATF .Some interviewees like the respondents for Kombani primary school indicated that the school has never received any CDF assistance since inception of the fund and some of the reasons listed for that was political exclusion due to the fact that Kombani for many times has been on the opposition for a long time.

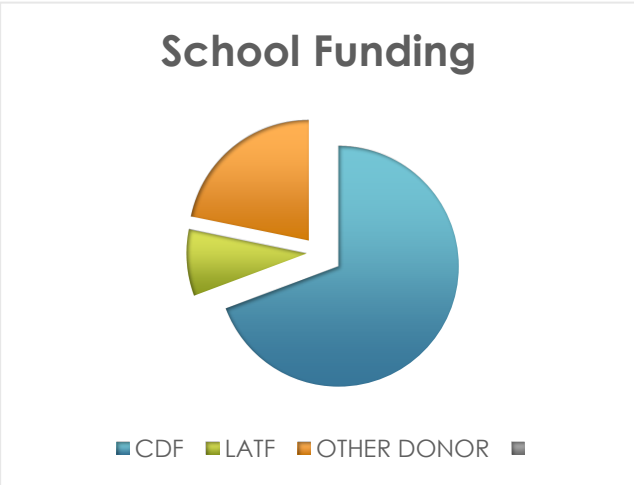


Figure 9. 0

None of the schools visited had a set area as a library. Most of the Primary schools used the offices as book stores of which the ratio of book was reported to be one is to five.55% of the respondents revealed that the many books in their stores were not relevant to the curriculum. Only 45 % agreed that the books were relevant to the curriculum.

One toilet was used by an average of 45 students in boys and an average of 40 students in girls. This very high compared to the standard ratio of one is to twenty five for boys and one is to twenty for girls.

64 % of the learning institutions visited had enough playground adequate for the number of students in those schools .However, 56% had there playgrounds not sufficient enough for the number of students.

All the sites visited which comprised of the ECD centers, primary schools and polytechnics did not have laboratories. Of which the respondents agreed that there were no enough teachers for sciences especially with the primary schools. When asked whether the teachers had ample space to prepare for lessons on 18% agreed to have ample space while 82% were not satisfied with the space available for the teachers. Additionally, all the schools agreed to have staff meetings more often at a frequency of a week.

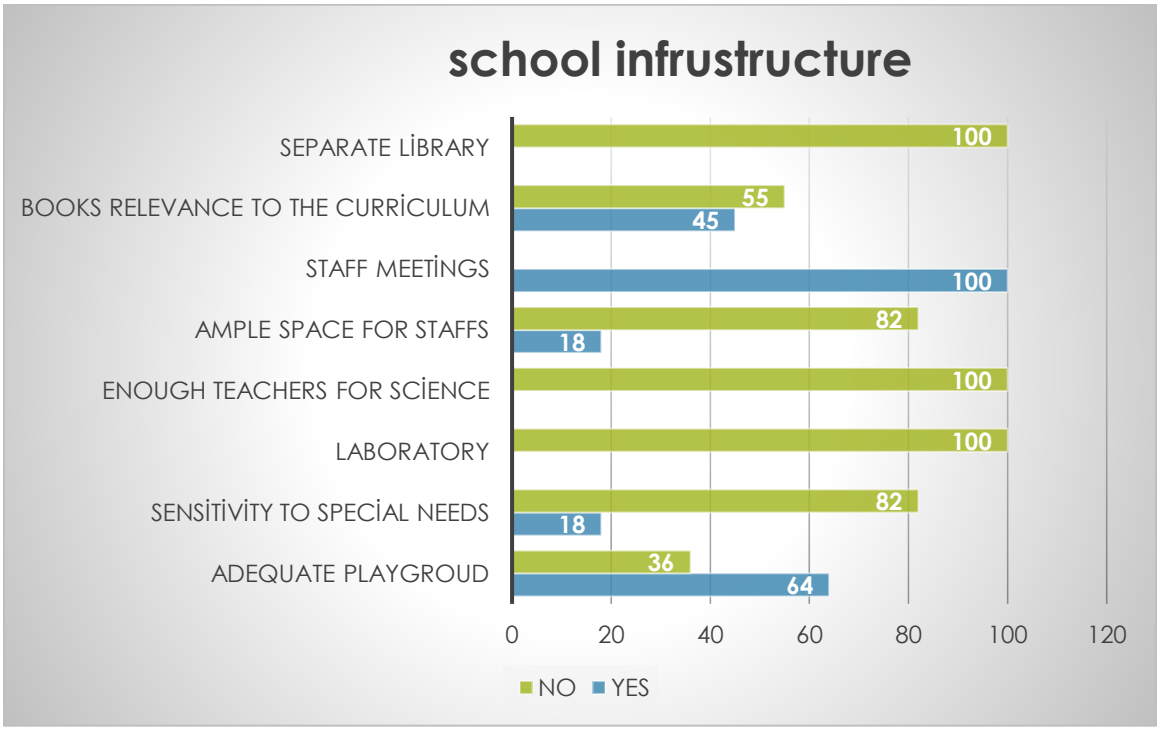
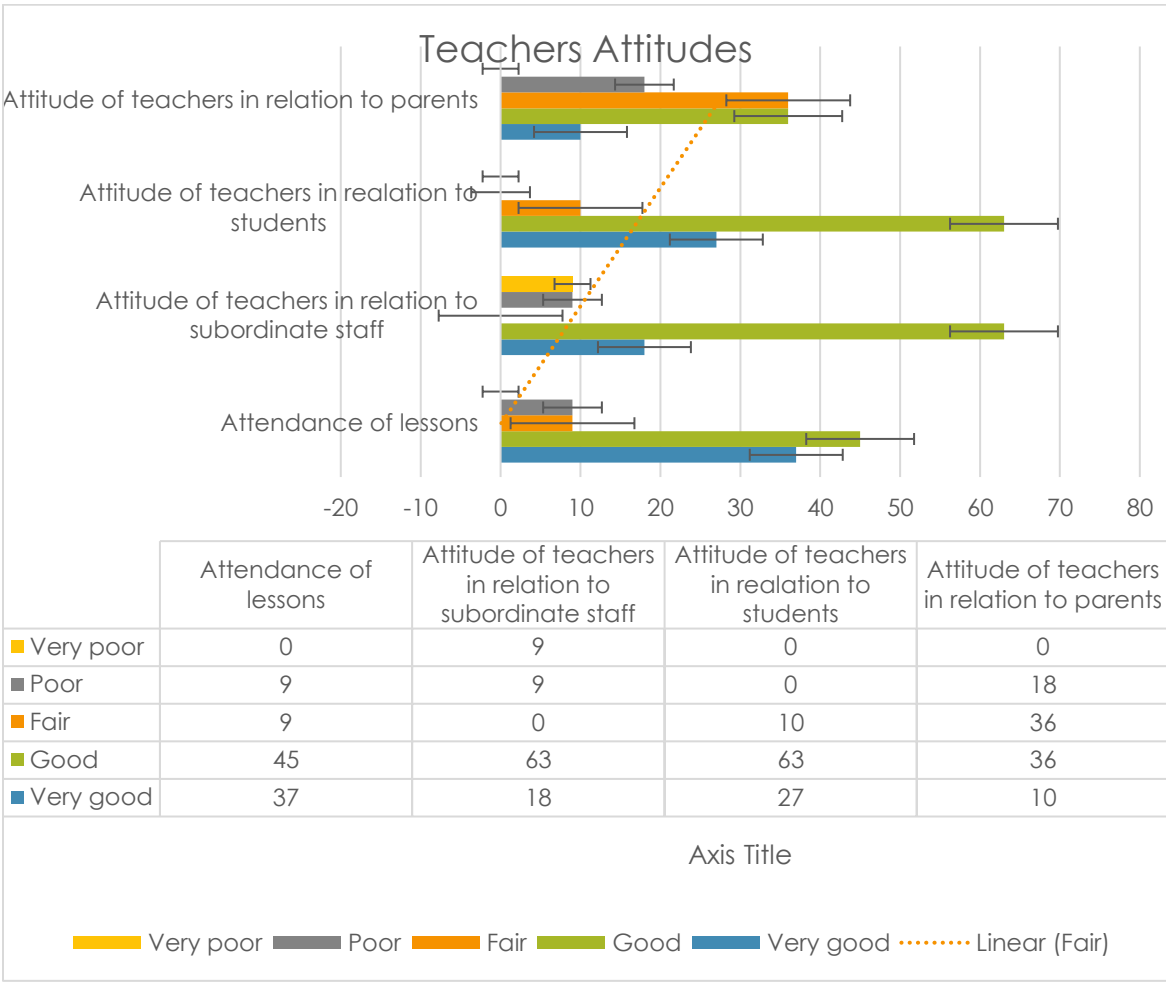


Figure 10.0

81% of the schools visited reported to have experienced teachers .this was in an omission of some ECD centers where some teachers were reported not to be experienced.

On whether the teachers had signed a code of conduct 82% said they had never even prepared the code of conduct, only 18% reported to have the code of conduct. The gender ratio of the staff of the schools visited was one man is to two female with no teachers with disability in those schools.71% of the teachers were employed by TSC this comprised generally of the teachers in primary schools.18% were employed by the county government and 11% were employed by the school management boards. The average teacher student ratio was at an average of one teacher was to 47 students.



	Attendance of lessons	Attitude of teachers in relation to subordinate staff	Attitude of teachers in realation to students	Attitude of teachers in relation to parents
Very poor	0	9	0	0
Poor	9	9	0	18
Fair	9	0	10	36
Good	45	63	63	36
Very good	37	18	27	10

Figure 11.0

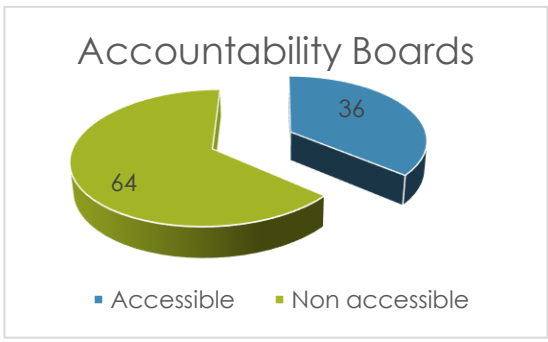


Figure 12.0

All the schools visited had no teaching Aids. When questioned about accountability board 36% admitted to have accountability boards accessible to all while 64% did not have accessible accountability boards. When asked about procurement boards 45% of the schools reported to have a procurement board which comprised of some of the school management board members and the some of the teachers. While 55% said the management just inform the School management committee if any procurement is to be done. For those institution with procurement boards they reported that the selection of the same was very democratic because they let the whole school management committee to do the selection and of which

the school management boards are normally elected during annual general meetings done at the schools. This process was explained to be legitimizing the involvement of the community during the procurement process. Most of the interviewees 73% agreed that financial information and other school records were not readily available to the public, though the community was accused to be very adamant in asking for the school records. Only 36% of the respondents agreed that the procurement process was handled openly and in line with the public procurement procedures.

All schools reported to have no systems e.g. operating systems, internal management systems or even financial management systems in place .therefore making it very difficult and too manual in carrying out management services.

4.4.2 Views of the social auditors

This part depended on the views and observation of the social auditor's .The interviewee had also a chance to make any opinion in as far as the observations were concerned. Most of the primary schools had well build structures in an exception of a few schools. 60 % of the ECD centers which were visited were in bad condition only those which build with an assistance from private donors and the few done by the county government. The polytechnics had some of the buildings in bad shape. This is in specific reference to Mkongani polytechnic which had a full block in very bad shape.

It was observed that 85% of the institutions visited did not consider accessibility to all children including those who are disabled. Only two of the schools visited had some sort of consideration to children with some sort of disability like physical disability.

Only Mkongani polytechnic had a perimeter fence of all the institutions visited .80% of the institutions visited reported to have a night watchman who were not trained besides lacking modern weapons to assist them tackle any insecurity in the school. The few without night watchmen were the stand alone ECD centers .Therefore that meant the security those institutions was very unreliable.

The institutions visited had very unhygienic toilets .just few had fairly clean toilets.

4.4.3 views about Community participation

In the interviews taken in the schools especially in schools where more than one respondents were asked, the facilitator shared the information about the proportion of respondents in the institution had said they would be willing to join to support the community to participate in the CMB. He or she then asked the respondents if they thought people from their community would be willing to participate as CMB members. Overall, all interviewees responded positively on behalf of the people in the community. Male community members were more often positively in joining the CMB than female community members. It is apparent that in each case the respondents were responding mainly on behalf of people of their own sex in the community. But for women the community "ethos" did make a difference. In communities where the respondents thought people would be willing to join CMBs, women respondents were nearly 20% more likely to say the community would be willing to join a CMB, compared with communities where the female communities were less optimistic

4.5 How to promote Community participation

The respondents mentioned a number of ways they thought would be useful to make people aware the community participation in management of the local institutions. The common suggestions included:

- Hold community meetings. This was the most common Suggestion throughout the institutions and from both health and education institutions.
- Use electronic media (TV and radio). This suggestion came up in many of the interviews, males more than females. It was especially mentioned by head teachers
- Through the mosque or *Churches*. This suggestion was quite common to respondents in all sectors of health and education...
- Through the newspapers. This was mentioned quite regularly
- Special campaigns. These were mentioned by some groups, but not very commonly. However, some of the other methods mentioned would include some sort of special campaign.
- Posters/banners/pamphlets. These were mentioned but not very frequently. This is interesting as such methods often form a major part of publicity campaigns.

  The general picture that emerged was that people would generally prefer personal

contacts of some sort – meetings or presentations from elected representatives or other trusted people – rather than more general "campaigns".

4.5.1 in what way to form and run CMBs

More than half the respondents said they did not expect there to be any problems setting up and running CMBs. The commonly mentioned predicted problems included: difficulty in finding suitable people to be members, political interference or resistance, lack of community interest, and lack of funds.

In order for CMBs to be successful, by far the most common requirement mentioned (by nearly all respondents) was the selection of suitable people. Suitable people were described as honest, educated and with skills necessary to monitor and develop projects. They also mentioned the importance of the CMBs comprising truly local people.

Another key issue commonly mentioned was that the CMBs should have the necessary official recognition and authority. The need for adequate funding was mentioned also, but not as often as the other issues.

The most common resource requirement for CMBs was said to be adequate funding for incentives. Respondents also commonly mentioned resources like office space, furniture and transport allowances for the CMBs. Nearly all the respondents thought the government would be the source of the resources for the CMBs. However, interviewees quite commonly mentioned other options, including donations from well-off community members and community contributions.

4.6 summary of the findings

4.6.1 Health

- 11 facilities were visited during this exercise.
- Almost all respondents (86%) of the respondents said that the residents usually used government health facilities for medical attention,
- 36% said a patient can take more than an hour if they had to visit more than three sections and also some lab tests could take more time than others.
- 64% said it could take such a patient up to 30 minutes to be through.
- 73% agreed that they have a set ethics to direct the patients accordingly.
- .64% said that the committee hold frequent meeting at a frequency of at least once a month
- Only 18% of the health facilities committees were not professionals.
- Over 50% of the committee members had stayed for more than one term.
- 84% said that the committee mostly arrange meetings with the community members if there was any issues that needed inputs and opinions of community.
- 9.09% felt to be highly satisfied on promotion of transparence and accountability 18.18% said they satisfied .while 54.55% expressed fairly

satisfaction on the same issue and 9.09% disclosed their total disappointment to the same.

- Only 10% were highly satisfied on the effective usage of public resources besides 50% who were just satisfied, while 30% were fairly satisfied as well as merely 10% were disappointed.
- (70%) mostly the dispensaries had no well build pavements joining the facilities buildings.
- 20% of the facilities visited had scrapped floors and patches.
- 70% of the facilities visited were supplied with electricity from the national grid the remaining few used solar energy.
- All the respondents agreed thatss electricity from the national grid was not reliable.
- Only 30% of the facilities visited were accessible to all patients including the disabled and those in critical conditions
- 85% of the health facilities had no toilets friendly to some sorts of disability.
- Only one health facility that was Mkongani model Health Centre had an all-round perimeter fence.
- 81.82% of the health facilities had no specified casualty areas.
- 36% had friendly waiting benches while 66% had unfriendly waiting benches.

4.6.2 Education

- None of the schools visited had a set area as a library.
- 55% of the respondents revealed that the many books in their stores were not relevant to the curriculum.
- One toilet was used by an average of 45 students in boys and an average of 40 students in girls.
- 64 % of the learning institutions visited had enough playground adequate for the number of students in those schools.
- All the sites visited which comprised of the ECD centers, primary schools and polytechnics did not have laboratories.

- 18% agreed to have ample space while 82% were not satisfied with the space available for the teachers.
- All the schools agreed to have staff meetings more often at a frequency of a week.
- 81% of the schools visited reported to have experienced teachers.
- 82% said they had never even prepared the code of conduct.
- 71% of the teachers were employed by TSC this comprised generally of the teachers in primary schools.
- 18% were employed by the county government and 11% were employed by the school management boards.
- The average teacher student ratio was at an average of one teacher was to 47 students.
- All the schools visited had no teaching Aids.
- 36% admitted to have accountability boards accessible to all
- 45% of the schools reported to have a procurement board
- 73% agreed that financial information and other school records were not readily available to the public,
- Only 36% of the respondents agreed that the procurement process was handled openly and in line with the public procurement procedures.
- All schools reported to have no systems e.g. operating systems, internal management systems or even financial management systems in place .therefore making it very difficult and too manual in carrying out management services.
- 60 % of the ECD centers which were visited were in bad condition only those which build with an assistance from private donors and the few done by the county government.
- The polytechnics had some of the buildings in bad shape. This is in specific reference to Mkongani polytechnic which had a full block in very bad shape.

- It was observed that 85% of the institutions visited did not consider accessibility to all children including those who are disabled.
- Only Mkongani polytechnic had a perimeter fence of all the institutions visited.
- 80% of the institutions visited reported to have a night watchman who were not trained besides lacking modern weapons to assist them tackle any insecurity in the school.
- The institutions visited had very unhygienic toilets .just few had fairly clean toilets

5.0 RECOMMENDATIONS

A function of this report is to highlight the status of provision of public services and the inequality of their delivery according to inequalities in society. It is clear from the findings that the issues about delivery of public services and participation in local democratic processes vary from place to place. This implies that as Well County polices are meant to support improvements in public services delivery, local solutions will need to be found. The development of local solutions can be facilitated by discussion of the findings from the community social audit. During the audit some solutions were suggested as follows;

5.1 Suggested solutions for education sector.

- The primary school respondents suggested that the county government solicit partnership and intervention in dealing with the infrastructure problems in primary schools .just as they were doing with bursaries which was not their mandates but they just had to give sufficient reasons to the controller of budgets.

- On security especially on the ECD and the polytechnics the respondents on the same institutions asked if the county government could employ at least a night Watchman to safeguard the various resources in the schools and that more materials and equipments would be invested in the same institution.

- On libraries the education institutions respondents suggested that the instead of the county governments building and equipping libraries for the ECD and polytechnics. These could as well be done for a given community. Instead of many unequipped libraries in a given community they could join hands with different stakeholders and build well equipped libraries which would be used by all divide of students within the communities.

- On inadequacy of playgrounds in many schools the respondents blamed the same to encroachment and therefore they suggested that the school grounds be demarcated and the secured with title deeds to avoid school land grabbing.

- Many schools had reported lacking spaces for teachers to prepare their lessons .Therefore on that regard most of the interviewees suggested that in primary schools and polytechnics also to be considered to have a separate block for administration purposes just like in many secondary schools.

- It was clear that most primary schools along the high way had more (75%) female teachers than their male counterparts. This was mainly said to have been caused by vulnerability of ladies working in harsh conditions thus making it unpretentious for them to be get transfers to the places of their will.

- Most of the institutions over 72% had no accountability boards .on being queried why they had none, they impugned some community members would destroy the information on the accountability boards ,two they blamed lack of proper material to

make the accountability boards .of which they demonstrated their enthusiasm to backing the same.

- During the interviews also what came out very clear almost too all school management committees had little or no knowledge on various aspects named but were not limited to financial literacy, Human resource management and alternative conflict resolution mechanism. Lack of this knowledge incapacitate in dispensing their duties as supreme authority in those institutions. Therefore they asked for trainings on those focuses.

- They also suggested to have computers in each school that are connected to the national grid to help them in record keeping which they said they were still doing it manual. Also, on top of that requested for systems like the operating systems, internal management systems and financial systems among others this was after the interviewers explained to them the importance of such systems.

5.2 Suggested solutions for the health sector

- Since most of the buildings visited were not properly made to the standard of health facility buildings the interviewees when asked about their opinions in making the buildings well they suggested to be enabled with simple knowledge on social auditing of projects so that they could audit most of the projects focused to their facilities together with the community. .This they opined could reduce the attitude and freedom of the contractors for they could be monitoring every stage of the implementation of the projects planned to benefit that community
- For lack of reliable lighting systems in most of the facilities which is very challenging especially at night where some services like deliveries and emergences are an avoidable .Also some services like some laboratory equipments reported to be using electricity. Therefore on this regard it was suggested that the county government procure generators for each and every health facility .Which would help in case of black out for those connected to the national grid.

- Most of the respondents suggested that the county governments build separate blocks for laboratory for most of the rooms designed to be laboratories are not up to the standard .They defending that opinion that some diseases are highly contaminable thus f the la is not well designed and adequately equipped it could be very detrimental to the patients, staffs as well as the lab technician.
- To best tackle the issue of long hours taken to attend the patients it was suggested that the employ more medical practitioners. This because in some dispensaries some nurses are supposed to serve two sections e.g. handle the examination and then proceeds to the injection room. The same reason contributed to non-commitment to their service charter.
- Another reason given to the inadequacy of staffs some time especially during the afternoons was due to absenteeism which was caused by majority of the medical practitioners attending evening classes furthering their carriers. On discussing this it was suggested that they settle for colleges that offer the same causes during the weekend's .so that during the week day they fully commit themselves to service.
- It gave the impression in black and white that most of the facility management committee board members were not well conversant on how to manage a medical facility. therefore on that regard it was suggested that the management committee members be taken through some management trainings on issues of financial planning and management, monitoring and evaluation of projects, Human resources management for they employ some facility staffs and also like in schools it was also suggested that the committee members being trained on alternative conflict resolution mechanisms for many facility cases end up solved by the sub county health management team
- In promotion of transparency and accountability in the facility which would ensure promotion of social justice and equity it was suggested that the community be empowered to be able to demand for accountability not from the facility staffs but from the facility management committee which was defined to have collective

powers vested to them by the community and of which the community could practice their sovereign powers firing and democratically elect other committee.

- It was suggested that every dispensary to have a working incubators. This they said was because some time the some mothers gave birth to premature babies.onother suggestion was that the incubators be in the ambulances for such emergencies.
- Since the ambulances were not readily available to some other areas it was suggested that the county government to have ambulances in each health Centre to serve together with the dispensaries neighboring the dispensaries.
- It was suggested that the health facilities staffs to put on Name tags such that it could be very easy to identify them .and if one has a complain such complains could be launched against specific staffs not the institution.
- They similarly requested for assistance in putting up strong accountability boards .which would show what the facility had received or procured within a certain period of time.
- They also suggested to have computers in each health centers that are connected to the national grid to help them in record keeping which they said they were still doing it manual. Also, on top of that requested the county government to procure systems like the operating systems, internal management systems and financial systems among others.

6.0 CONCLUSIONS

This report is not wished-for as the conclusion of the work to be done. Rather it is the raw material for generating discussions about the findings with key players at all levels within the county. The discussion material will be prepared based on the facts and analysis in this report, tailored to the particular needs of the audience being addressed.

A validation meeting will be held to seek clarification, opinions and ownership of this report from the stakeholders from the Education and health departments' .Reports of the discussions within the Matuga sub county will be available. But this is only a small element of what is needed to make the most use of the evidence from the social audit. ILISHE will describe a process of socializing the evidence from social audits for participatory action, which will

includes a number of elements. .Also ILISHE will get an opportunity to discuss the findings with the county government of Kwale, CFs, focal points and other stakeholders for evidence-based planning.

The findings described in this report are intended to stimulate discussion. There is more that could be done in analysis to examine the inter-play of the factors related to outcomes such as citizen satisfaction, school enrolment and Health services. Discussions of the findings and analysis with concerned parties will help to guide some key areas within the concerned department for further investigation, both within the baseline data set itself and in the repeated cycles of data collection that are planned. This is work should be made evolving in the sense that the findings need to be put to use by sharing them at different levels and using them to stimulate and guide the development of action plans by coalitions of planners, service providers and Citizens. This information about the situation of the health centers will sets out the challenge to ensure that the new processes at local level are fully accessible to the most disadvantaged and that public services become more accessible to them and more responsive to their needs. The benchmark laid down here can be used to assess progress over time and in different parts of the county. The question is not only whether services and satisfaction improve on average, but whether the gap between the most dissatisfactory and the rest closes as intended.

Again this information highlights a challenge for devolution and the new institutions for increasing citizen engagement. If Citizen Management Boards (CMB) are to be truly representative they need to include women and the indications so far are that this will not happen without additional efforts. This can range from things as simple as making sure that promotional materials for CMBs depict women as well as men, through to more complex and long term efforts to change social conditions to allow women to participate on an equal footing with men.

APPENDIX 1 : EDUCATION QUESTIONAIRE

1) County

2) Name of school

3) Zone

4) Which type of facility

Primary school

Secondary school

5).Has the school received any of the Devolved fund

CDF

LATF

DONORS

OTHER

I) Year of funding

7 INFRASTRUCTURE

I) What is the condition of the infrastructure?
II) is the facility accessible to all children
- Yes
- No

III) How is the security at the facility?

8.) Is the school library well stocked?

Yes

No

I) What the ratio is of books Vis a Vis students?
II) Are the books in the school library relevant to the curriculum?

Yes

No

III) Is there enough furniture in the library?

Yes

No

IV) Are there computers in the library?

Yes

No

9) What is the condition of the toilets?

Very clean

Clean

Fair

Dirty

Very Dirty

I) What is the ratio of toilets Vis a Vis the number of students?

10) Is there provision of free sanitary towels for girls?

Yes

No

11) Is the facility sensitive to students with special needs?

Yes

No

12) Is the school playground adequate for the number of students?

Yes

No

13) Does the school laboratory have chairs?

Yes

No

14) Is the laboratory adequately equipped?

Yes

No

15) Are there enough teachers for science subjects?

Yes

No

I) Do teachers have ample space to prepare for lessons?

Yes

No

II) How often are staff meetings held?

Yes

No

GOVERNANCE STRUCTURE OF THE SCHOOL

16) What is the level of education of the staff?

I) are the staff experienced?

Yes

No

II) Are the teachers professional in their conduct?

Yes

No

III) Have all the teachers signed the code of conduct?

Yes

No

IV) What is the staff gender ratio?
V) Are there staff with disabilities?

Yes

No

17) How many teachers are employed by the TSC?

18) How many teachers are employed by the BOG?

18) How is the staff turnover?

19) What is the teacher student ratio?

20) How is the attendance of lessons?

Very good

Good

Fair

Poor

Very poor

21) What is the attitude of teachers in relation to students?

22) What is the attitude of teachers in relation to subordinate staff?

23) What is the attitude of teachers in relation to parents?

24) Are there teaching aids available?

25) Is there a public accountability board?

Yes

No

I) Is the accountability board accessible to all?

26) are there systems e.g. operating systems, internal management systems (financial management systems in place?

Yes

No

27) Is there a procurement board?

Yes

No

I) What is the criterion for selecting people sitting in the procurement board?
II) Are the members of the community involved during procurement and if yes how?
III) Is the procurement process handled openly and in line with public procurement procedures?

Yes

No

IV) Does the facility have an accountability board?

Yes

No

V) Does the board contain necessary information?

Yes

No

28) Is the information and records of the school available at the facility? Can the public access this records?

Yes

No

ss

APPENDIX 2 HEALTH FACILITY QUESTIONAIRE

1. Name of facility

I). level of facility

Level 1

Level 2

Level 3

Level 4

Level 5

II) Type of facility

Inpatient

Outpatient

III). Does the facility receive adequate funding for its services?

Yes

No

2 .A. INFRASTRUCTURE (Mostly this part shall reply on observation and analysis of the social auditor

I) what is the condition of the following infrastructure?

I. sanitation block and pavement
II. floors and paths
III. lighting system

II). is the entire infrastructure easily accessible to all patients including the disabled and in critical condition?

Yes

No

III) How is the security at the facility?

IV) Is there a permanent fence and a gate?

Yes

No

3 CASUALTY

I) are there stretchers to receive casualties?

Yes

No

II) Is the casualty area hygienically kept?

Yes

No

III) Are patients and those accompanying them politely handled?

Yes

No

IV). are the waiting benches patient friendly?

Yes

No

V). how long does it take to be attended to?

0-30 minutes

30-60 minutes

More than one hour

VI) .are patients and those accompanying them given clear directions?

Yes

No

4 .MANAGEMENT

I) is there a facility management committee?

Yes

No

II) Does the committee hold frequent meetings?

Yes

No

III) List of professions of committee members?

IV) How long has each committee member been in the committee?

V) How does the committee involve members of the public in activities and projects of the facility?

VI) Promotion of transparency and accountability in the institution

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

VII) Promotion of social justice fairness and equity

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

VIII) Effectiveness and efficiency in use of public resources

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

IX) Relevance of projects or services provided to the poor

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

X) Access of information from the institution

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

XI) Access to senior management staff

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

XII) Time taken to be served or attended to

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

XIII) Quality of services provided

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

XIV) Commitment to zero corruption

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

30) Respect of customer rights

Highly satisfied

Satisfied

Fairly satisfied

Not satisfied/Disappointed

Administration block

31) Describe in detail the condition of the offices in the facility

How many beds are there?

Are the beds enough?

Yes

No

32) Are there mosquito Nets?

Yes

No

33) Are the beds accessible and adjustable?

Yes

No

34) What is the condition of the hospital food?

Are patients with highly infectious diseases in an isolation ward?

Yes

37) Time taken to release results?

LABORATORY

38) Is the equipment in working order?

Yes

No

39) What is the level of sanitation?

CONSULTATION ROOMS

44) Are there chairs in consultation rooms?

45) What is the level of sanitation in the consultation rooms?

46) What is the level of privacy?

47) Are there working incubators?

Yes

No

48) Are there oxygen masks in working condition?

Yes

No

49) Are new mothers treated with dignity?

Yes

No

50) Are the new borne secure in the wards?

Yes

No

51) What is the level of privacy?

52) What is the ratio of nurses to new mothers?

53) What is the level of cleanliness? Are there any notable efforts at reducing infection dangers?

What is the state of ambulance?

54) Does the facility have an ambulance?

Yes

No

55) Is the ambulance readily available when required?

Yes

No

56) Is the ambulance well maintained and able to access remote areas?

Yes

No

57) Does the ambulance have basic equipment and supplies?

PUBLIC PARTICIPATION

58) How is the community living around the facility involved in promoting hygiene and an enabling environment in the facility?

SERVICE DELIVERY MANAGEMENT AND GOVERNANCE

59) What is the level of education of the staff? List per staff

60) Are the staffs experienced?

61) What is the gender ratio of the facility staff?

62) Are there staffs with disabilities?

Yes

No

63) How many staff are contractual?

64) How many staff are permanent?

65) How is the staff turnover?

SERVICE DELIVERY

66) What is the average time taken in queues and time taken to get lab results?

Under 10 mins

10-20 mins

20-30 mins

30min - 1 hour

Over an hour

67) Is this the time in line with what is indicated in the service charter?

Yes

No

ATTITUDE OF THE STAFF

68) Are the staffs friendly and empathetic?

Yes

No

69) Do the staff have name tags for easy identification?

Yes

No

EQUIPMENT DRUGS AND SUPPLIES

70) Is the equipment functional?

Yes

No

71) Does the facility have enough equipment?

Yes

No

72) Are there qualified personnel to handle the equipment?

Yes

No

73) How frequently are they replenished?

ACCOUNTABILITY

74) After payments of services/drugs are patients issued with authentic receipts?

Yes

No

75) Are financial transactions properly recorded and filed?

Yes

No

76) Are there annual audit reports?

Yes

No

77) Does the facility have a visibly displayed service charter?

Yes

No

78) Is the charter comprehensive?

Yes

No

79) Is the charter adhered to?

Yes

No

SYSTEMS

80) are there systems e.g. operating systems, internal management systems (financial systems) in place?

Yes

No

PROCUREMENT PROCEDURE

81) Is there a procurement board?

Yes

No

82) Are members of the community involved during procurement?

Yes

No

83) Is the procurement process handled openly and in line with public procurement procedures?

Yes

No

84) Is procurement information easily accessible and are the files properly filed?

Yes

No

85) Does the facility have accountability board?

Yes

No

86) Does the board contain necessary information?

87 is the information and records of the facility available at the facility?

Yes

No

Can the public access this records?

Yes

No