

**CFPS/023/2020:**

**COMMUNITY DRIVEN GOVERNANCE AND SERVICE DELIVERY  
AUDITS IN NAIROBI, KENYA.**

*Innovative Data Collection and Analysis via Radio and Mobile Telephone engagement for  
Community Driven Governance and Service Delivery Audits in Nairobi, Kenya.*

## **FINAL PROJECT REPORT**

18th December, 2020

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*This project is funded by UNDP*



## List of Acronyms

<b>AVF</b>	-	Africa's Voices Foundation
<b>CSAP</b>	-	Common Social Accountability Platform
<b>KELIN</b>	-	Kenya Legal & Ethical Issues Network on HIV and AIDS
<b>KMPDU</b>	-	Kenya Medical Practitioners, Pharmacists and Dentists Union
<b>MOH</b>	-	Ministry of Health
<b>NHIF</b>	-	National Hospital Insurance Fund
<b>PHC</b>	-	Primary Health Care
<b>PSA</b>	-	Public Service Announcement
<b>SMS</b>	-	Short Message Service
<b>SPAIS</b>	-	Strengthening Public Accountability and Integrity Systems
<b>UHC</b>	-	Universal Health Coverage
<b>UNDP</b>	-	United Nations Development Programme
<b>WHO</b>	-	World Health Organization



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## 1. INTRODUCTION

### 1.1 Context

Whilst the case rate of COVID-19 saw a relatively slow increase in the first three months since Kenya recorded its first COVID-19 case in March 2020, community transmission rates have risen exponentially in the past five<sup>1</sup> months following the ease of restrictions in cross-county travel introduced in the early days of the pandemic<sup>2</sup>. Containing and stopping the COVID-19 pandemic in Kenya requires equitable access to trusted, reliable information, and it also raises accountability questions on how well resourced and prepared the health sector is to cope with such a crisis. Rapidly informing and empowering communities to stay healthy and safe is only one part of combating the spread of the virus; any effective public health response also requires a dialogue between citizens and decision-makers so people's experiences on healthcare access can be understood and decision-makers can be held to account and informed on the required changes.

### 1.2 Background

There is a strong consensus within the governance space that citizen engagement is integral in supporting social accountability and strengthening democracy. The impact of the modalities through which citizens make demands on the degree to which citizens feel empowered to trigger recognition and action from the duty holders remains an open question, more so in the Kenyan context where citizen engagement and social accountability align to the Constitution's provisions on "public participation". To this end, Africa's Voices bridges this gap by deploying its innovative approach to civic engagement through the 'Common Social Accountability Platform' (CSAP) which uses interactive radio shows to achieve meaningful spaces of mediated public discussion between citizens and authorities that are valued by both and strengthens relations between them. The approach also provides evidence of citizen opinions in a form that supports policy action by authorities.

In the Strengthening Public Accountability and Integrity Systems (SPAIS) pilot project, AVF focused the intervention on the urban poor settlements of Nairobi through a series of weekly interactive radio shows in three popular radio stations over a period of 2 months (8 shows per station for a total of 24 broadcasts over 8 weeks). While the shows explored a range of issues relevant to corruption, transparency, public participation and accountability, in the wake of the COVID-19 pandemic, the content of the discussions was largely focused on health governance and healthcare service delivery. The topics of discussion included overall citizen experience and satisfaction in healthcare service provision; appropriate utilisation of resources allocated to healthcare for COVID-19; and citizen

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<sup>1</sup> COVID-19 restrictions in Kenya were lifted - in phases - as from 7 July, 2020.

<sup>2</sup> See for example [COVID-19 Situation Report, Ministry of Health](#) released 27 July 2020.  
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perceptions of their role in ensuring and monitoring appropriate resource allocation for healthcare. The intervention also served as a mechanism for citizens to air concerns and grievances related to potential corruption incidents in the healthcare sector and beyond.

This SPAIS project convenes large-scale, plural and inclusive accountability dialogues between authorities and citizens in urban poor settlements of Nairobi with a view to promote and uphold public accountability and the role that citizens can play in countering corruption, to enhance citizen perceptions of voice and efficacy, government recognition of and engagement with citizens, and ultimately the forging of trust between citizens and authorities. Moreover, this project aims to strengthen citizen engagement in the monitoring of healthcare service delivery in the context of the COVID-19 pandemic and to provide trusted spaces for an exchange on matters related to the provision and quality of healthcare services. It envisions to draw rich insights from citizen voices and recommend programme options for UNDP and SPAIS partners to adapt future programming to the needs and opinions of citizens regarding tackling corruption in the health sector. Through Africa's Voices Common Social Accountability Platform ("CSAP") approach, the project leveraged on attaining Project Output 3<sup>3</sup>. It will increase the scope and quality of citizen engagement, provide a canvass for citizen feedback and influence on decision-making, and enable public dialogue between citizens and duty bearers. It will also advance accountability of authorities for informed decision-making and commensurate action thereafter.

### 1.3 Project Objectives

The specific objectives of this project were as follows:

1. To convene large-scale, plural and inclusive accountability dialogues between authorities and citizens in urban poor settlements of Nairobi with a view to promote and uphold public accountability and the role that citizens can play in countering corruption. Consequently, this can then serve to enhance citizen perceptions of voice and efficacy, government recognition of and interaction with civic engagement, and ultimately the forging of trust between citizens and authorities;
2. To strengthen citizen engagement in the monitoring of healthcare service delivery in the context of the COVID-19 pandemic and to provide trusted spaces for exchange on matters related to the provision and quality of healthcare services;
3. To draw rich insights from citizen voices and recommend programme options for UNDP and SPAIS partners to adapt future programming to the needs and opinions of citizens regarding tackling corruption;
4. To evaluate, the Common Social Accountability Platform - Africa's Voices interactive radio

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<sup>3</sup> Project Output 3 - "Delivering Insight on Public Opinion", pertaining to number of insight reports on audience engagement as well as number of analysis and dissemination workshops, virtual or otherwise.  
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approach - as an effective citizen engagement/public participation tool for achieving Project Output 3 through:

- Increasing the scope and quality of citizen engagement
- Fostering public dialogue between citizens and authorities
- Enabling citizen feedback and influence on decision-making
- Advancing accountability of authorities for decision-making and action

## **2. METHODOLOGY**

### **2.1 Methodology Note**

It ought to be noted that percentages and prevalence of opinions reflected in this report reflect views of those who opted to participate by sending an SMS and are therefore not representative of the Kenyan population as a whole. In addition, the messages referenced within this report are presented verbatim, as shared by participants in response to the weekly question through the free short code. Any spelling or grammatical errors in the messages do not constitute an oversight. The translation is provided by Africa's Voices. Africa's Voices champions authentic citizen voices and we do not alter or edit the messages of our participants other than for the purpose of anonymization.

### **2.2 The Common Social Accountability Platform**

#### **2.2.1 Large scale public dialogue**

In response to the clear need for spaces in which citizen voices can be listened and responded to by both government, development and aid decision makers, Africa's Voices launched the Common Social Accountability Platform (CSAP) in 2018 initially in Somalia and later in Kenya. CSAP's objective is to enhance the inclusion of citizens in decision-making across peace-building, humanitarian interventions and development programmes. By leveraging Africa's Voices' interactive radio method for nurturing dialogue and gathering public opinion, the platform aims to build a sustained channel for open conversation between citizens and decision-makers, across sectors and mandates. CSAP uses a combination of radio programming and SMS messaging to create a platform that citizens actively engage in, whilst simultaneously allowing for feedback received from citizen SMS messages to be robustly analysed, understood and ideally, acted upon. AVF's approach allows for two types of critical insight:

1. Rich qualitative understanding of citizen perspectives;
2. Quantitative understanding of the prevalence of perspectives and how these vary by demographic group.

CSAP is directed towards achieving the following key objectives:

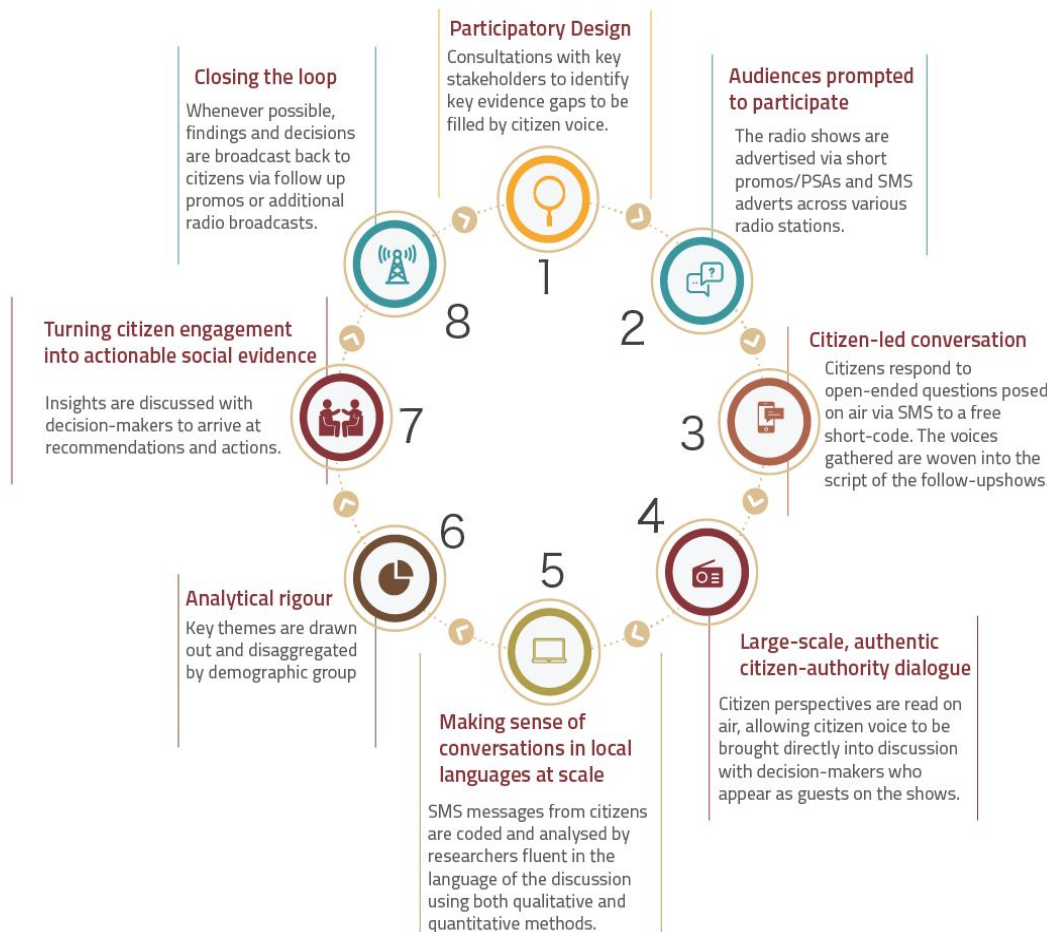
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- *Increasing citizen engagement in public dialogue with authorities across sectors*
- *Increasing opportunities for responsive and effective decision making by authorities (governmental and non-governmental) based on citizen feedback*
- *Increasing trust in, and accountability of, authorities (governmental and non-governmental)*

Figure 1 below presents the 8 steps of Africa's Voices' Common Social Accountability Platform (CSAP) intervention, starting with the participatory design of the key evidence gaps and research questions that stakeholders are interested in gathering citizen feedback on. Prior to the show, Africa's Voices advertises the show via short PSAs (public service announcements) and SMS adverts to previous CSAP participants. These invite audiences to send their opinions via a toll-free SMS shortcode to a question of the week. Those citizens who participate are self-selected. Their feedback is gathered via SMS and a representative set of views are woven into the show script in advance of the live radio show, bringing citizen voice directly into discussion with guests from decision-making institutions (e.g. government and aid actors). In addition, all participants who respond automatically receive a short SMS questionnaire asking for further demographic information. Following the show, the collected SMS messages from citizens are coded and analysed using both qualitative and quantitative methods to derive findings and recommendations to present back to decision-makers. Ideally, the feedback loop should be closed with citizens, so they learn of the insights gathered and action being taken.

Figure 1: CSAP Methodology



### 2.2.2 Deepening the conversation through 1-to-1 SMS conversations

In parallel to the radio dialogue, AVF deployed a one-to-one SMS platform called *Katikati* (meaning 'in-between' in Kiswahili) aimed at opening up conversational channels directly with citizens. Whilst the CSAP interactive radio dialogue resulted in large-scale public conversations to build accountability, *Katikati* complimented this process through private two-way conversation that helped delve deeper into individual questions and feedback. As with the radio dialogue, all *Katikati* interactions were managed by AVFs research team, meaning that every message received was carefully considered and responses thoughtfully tailored to the individual. In the context of exploring healthcare provision during COVID-19, it was envisaged that the conversations conducted through the *Katikati* platform would help unpack

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specific instances of corruption or mismanagement reported by citizens, in order to add detail and nuance to the broad-based dialogues occurring on the radio.

### 2.2.3 AVF's Interactive Radio Method

CSAP is built on AVF's interactive radio method. This method provides a new layer of community engagement and social accountability programming in Kenya and works in complementarity with other approaches to build dialogue and ensure citizens are able to inform decision-making. The interactive radio approach is designed to leverage the vibrant media and telecommunications landscape that has emerged in sub-Saharan Africa to build large-scale, cost-effective and inclusive conversations<sup>4</sup>. Kenya boasts one of Africa's most sophisticated media landscapes with over 170 radio stations broadcasting in English, Kiswahili and vernacular languages<sup>5</sup>. Interactive radio projects can build on this landscape to effectively implement radio show debates with key decision-makers. Audiences drive the discussion by inputting their perspectives through SMS to a toll-free shortcode. By connecting citizens with each other and with decision-makers in this way, AVF's interactive radio method can overcome some of the barriers of cost, infrastructure, and security that traditional survey methodologies often face, without losing the scope for rich and sustained citizen-authority interactions. In addition, engaging through SMS and radio allows citizens who are traditionally excluded from public discussion spaces, such as women, youth and refugees, to have a voice in decision-making processes.

Moreover, by convening citizens in large-scale discussions, AVF's interactive radio method allows for the gathering of public opinion in a way that combines the richness of on-the-ground qualitative approaches with the scale and some of the quantitative value of perception surveys<sup>6</sup>. Through a specific set of techniques, AVF analyses messages gathered in response to interactive radio to generate evidence on public opinion on critical issues that can be used by decision-makers to ensure their programming and policy is responsive and accountable to citizens. This combined method of digital dialogue and opinion research can be deployed as a key piece in support of effective programmatic adaptation and citizen-led policy-making interventions in Kenya.

CSAP is designed around two pillars, both based on interactive radio:

1. Building inclusive dialogue at scale;
2. Gathering insight on public opinion to inform decision-making.

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<sup>4</sup> USAID (2017), *Somalia Perceptions Survey, Part 1: The Emerging Federal States, Puntland and Mogadishu*.

<sup>5</sup> Kenya Communications Authority

<sup>6</sup> S. Srinivasan & C. A. Lopes, (2016) 'Africa's Voices Versus Big Data? The Value of Citizen Engagement Through Interactive Radio', in *Voice & Matter, Communication, Development and the Cultural Return*, O. Hemer and T. Tufte (eds.) NORDICOM.

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## 2.3 Building Inclusive Dialogue at Scale

During the formative collaborative design phase of this project, AVF, in collaboration with UNDP and other project partners, held a participatory co-design/ co-creation workshop. The objective of this forum was to identify themes for public discourse, which consequently generated content and prioritized evidence gaps. Resultantly, this informed the communications plan for the project, including the communications flow and/ or questions that guided the entire implementation period. Specifically, UNDP and AVF focused the radio consultation questions across the eight weeks of programming as summarized in table 1 below:

Table 1: Excerpt of an SMS Communications Flow

Week	Radio Question	Consent	Socio-demographic Survey
1	<b>Show 1.</b> "What are your experiences in accessing healthcare services during COVID-19?"	<b>[CONSENT TRIGGERED BY SMS SENT TO THE PROJECT SHORTCODE]</b>	<b>CONSTITUENCY</b> In which constituency do you currently live in?
2	<b>Show 2.</b> "What needs to be done to improve healthcare access in Kenya?"	<b>1/4</b> Thanks! We'd like to use your answers to understand Kenyan citizens' experiences of healthcare provision during COVID-19 "Tungependa kutumia majibu kuelewa maoni yako kuhusu huduma za afya wakati wa COVID-19"	<b>GENDER</b> What is your gender?
3	<b>Show 3.</b> "What are your views on the NHIF national healthcare service?"		<b>AGE</b> How old are you? Please answer with a number in years.
4	<b>Show 4.</b> "What are your views on how resources are managed in health services?"	<b>2/4</b> If you consent to be part of this study by Africa's Voices, we will ask a few more questions. "Iwapo utakubali kushiriki katika mradi huu na Africa's Voices, tutauliza maswali mengine machache."	
5	<b>Show 5.</b> "How can Citizens Contribute to Solving the Issues Faced in Healthcare Service Delivery?"	<b>3/4</b> We will keep your data anonymous and use it to improve accountability. "Majibu yako yakahifadhiwa bila kutambulishwa na kutumiwa kuboresha uwajibikaji."	<b>CLOSING:</b> Thank you for your answers. We will be sending you some more questions in the next few days.
6	<b>Show 6.</b> "What are your experiences with healthcare workers and health outlets during COVID-19 and beyond?"		
7	<b>Show 7.</b> "What are the solutions to the challenges faced by health workers in Kenya?"	<b>4/4</b> If you prefer not to participate, reply STOP and you will receive no questions and your messages will not be analysed. "Iwapo hungetaka kushiriki, jibu STOP na hautapata maswali zaidi na ujumbe wako hautachambuliwa."	
	<b>Show 8.</b> "What have Kenyans learnt from the COVID-19 pandemic?"		

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## 2.4 Gathering Insight on Public Opinion

The second aspect of AVF's interactive radio approach is analysis of audience engagement to inform decision-making with a rich understanding of public opinion. AVF generates robust citizen-generated opinions that are shared at a group level and that emerge in collective discussion.

**In-depth qualitative and quantitative insights** - AVF grouped the messages received according to different themes that Kenyan analysts identified in the data. This categorisation concluded in a 'coding frame' of themes for each week, accompanied by a thick description to capture the sub-themes, meaning and nuance within these themes. These themes were then used to label every SMS received, which allows for a quantitative dataset. Quantitative analysis was done to understand the prevalence of themes and differences across demographics. A mix-methods approach was used to interpret the findings, which are accompanied by quotations directly from citizens' SMS. Messages are anonymised and accompanied by demographic information of the individual who sent them (obtained upon consent). However, as collecting the demographic details is entirely at the discretion of the participant, some demographic information is missing.

**Consent** - Through the SMS flows and live radio shows AVF made clear in all communications with participants that data would be analysed to inform accountability programming. Participants were given the option of opting out from having their data analysed at any point by texting the keyword 'STOP' (See Table 1).

## 2.5 Limitations of the Methodology

**Analytical approach:** The data gathered using this method constitutes a non-probabilistic sample and this affects the type of insights presented below. Those who participate are self-selected amongst potential audiences based on a range of factors such as phone ownership, media habits, literacy, and gender roles. For example, according to the latest Kenya census from 2019, 70% of those aged 5 and above in *Makueni County* own a mobile phone. This dataset thus, cannot be used to estimate the prevalence of certain perspectives based on this sample for either radio audiences or the Kenyan population. Some perspectives held by those groups outside of radio participants (e.g. those unable to access radio) may not be identified by this approach.

Instead of pursuing quantitative aggregates of individual perspectives, our research seeks to complement and strengthen qualitative analysis by understanding how opinions are shared - and vary - at the group level. This allows us to identify how these ideas might circulate beyond the specific radio

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participants as they are indicative of a wider group. From a statistical point of view the lack of representativeness is less important for a study based on associations than aggregate indicators. This report's qualitative insights about opinions and associations with demographic groups are therefore of indicative value for understanding the perspectives of comparable groups in the population. They are best used with other knowledge and research for informing policy and programme decision-making.

### 3. ENGAGEMENT

This section presents an overview of the engagement generated across all eight weeks of the citizen consultation across Radio Citizen, Radio Jambo and Ghetto Radio.

#### 3.1 Content of the Radio Dialogue

As per the CSAP objectives, the radio shows aimed to create a space in which citizens' views and questions could be responded to by public health experts and decision-makers. Table 2 provides an overview of the specific guests, by week and topic, with a brief exploration of their backgrounds and corresponding rationale for engaging them provided after the table;

Table 2: Overview of Radio Guests & Topics, Weeks 1 - 8

WEEK	DATE	STATION	SHOW TIMING	TIMING	GUEST	TOPIC
1	13/10/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>Quality of healthcare access during COVID-19</b>
	15/10/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Ms. Rachael Mwikali	
	15/10/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Mr. Leon Ogoti	
2	20/10/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>Barriers to healthcare access during COVID-19</b>
	22/10/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Ms. Rachael Mwikali	
	22/10/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Mr. David Caleb Otieno	

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3	27/10/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>Perceptions of NHIF</b>
	29/10/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Ms. Rachael Mwikali	
	29/10/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Mr. John Paul Omollo	
4	03/11/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>Mismanagement of COVID-19/ Health resources</b>
	05/11/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Mr. John Juma Nyangi	
	05/11/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Mr. Allan Maleche	
5	10/11/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>What citizens can do to influence changes in the health sector.</b>
	12/11/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Hon. Sabina Chege	
	12/11/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Ms. Rachael Mwikali	
6	17/11/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b>Citizen's experiences with healthcare workers and health outlets during COVID-19 and beyond.</b>
	19/11/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Mr. John Gikonyo	
	19/11/2020	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Mr. John Gikonyo	
7	24/11/2020	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali & Ms. Bernadette Kamene	<b>Challenges faced by healthcare workers in Kenya</b>
	26/11/2020	Citizen Radio	Morning Show	7.00 - 8.00 AM	Chibanzi Mwanchonda	





	<b>26/11/2020</b>	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Chibanzi Mwanchonda	
8	<b>01/12/2020</b>	Ghetto Radio	Morning Show	8.00 - 9.00 AM	Ms. Rachael Mwikali	<b><i>Community members' experience with Impact of COVID-19 in Kenya</i></b>
	<b>03/12/2020</b>	Citizen Radio	Morning Show	7.00 - 8.00 AM	Prof. Salome Bukachi	
	<b>03/12/2020</b>	Radio Jambo	Afternoon Show	1.00 - 2.00 PM	Ms. Rachael Mwikali	

The targeted radio guests highlighted in table 2 above lent their expertise, perspectives and accountability in the various subjects, and were drawn from diverse fields, including topical experts, public officials, service users and activists. Specifically,

- **Ms. Rachael Mwikali** - Appeared on all Ghetto radio shows due to unique needs of the station, As a Grassroots activists and rights campaigner, she provided a link between citizen in low income and margins experiences;
- **Dr. Leon Ogoti** - A medical doctor and Outreach Coordinator, Kenya Medical Association. Provided perspective from service providers angle;
- **Mr. John Paul Omollo** - A grassroots activist. Brought low-income population's experiences;
- **Mr. John Juma Nyangi** - Public finance expert. Helped contextualise allocation of health resources in Kenya;
- **Mr. Allan Maleche** - Executive Director, KELIN Kenya helped to locate issues of health rights in Kenya
- **Hon. Sabina Chege** - Chair, Parliamentary Committee on Health. Discussed health accountability from the oversight perspective;
- **Mr. John Gikonyo** - President, Kenyan Renal Patients Society. Spoke to experiences of people with pre-existing conditions;
- **Dr. Chibanzi Mwachonda** - Chairman, KMPDU. Discussed the health workers welfare in Kenya;
- **Ms. Bernadette Kamene** - A Community Health Volunteer. Offered perspective of frontline health workers in informal settlements;
- **Professor Salome Bukachi** - A medical anthropologist. Helped contextualise all health issues during the last show.

### 3.2 Who participated in the dialogue

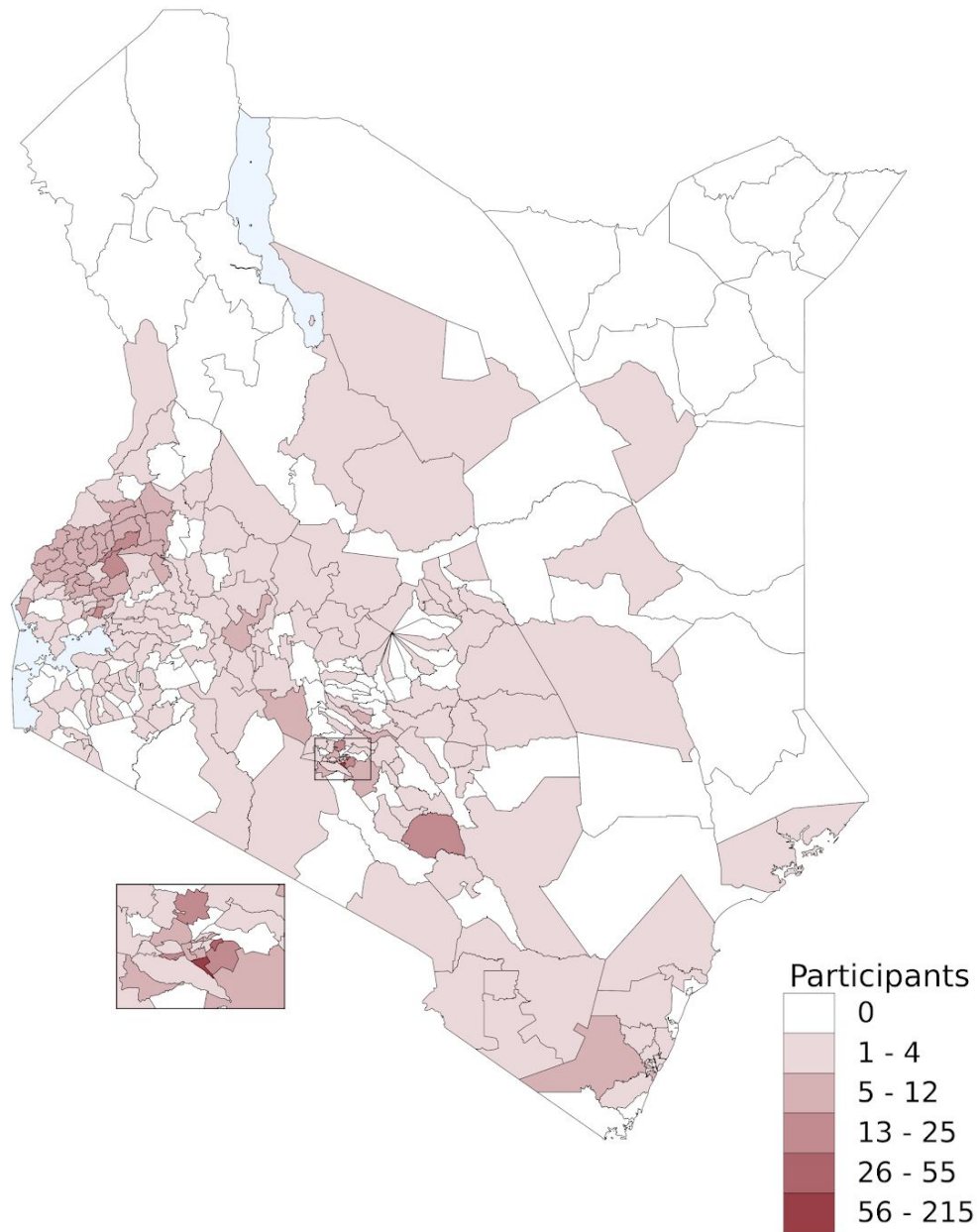
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The participation map below gives a snapshot of the participants, by demographic, across the entire project.



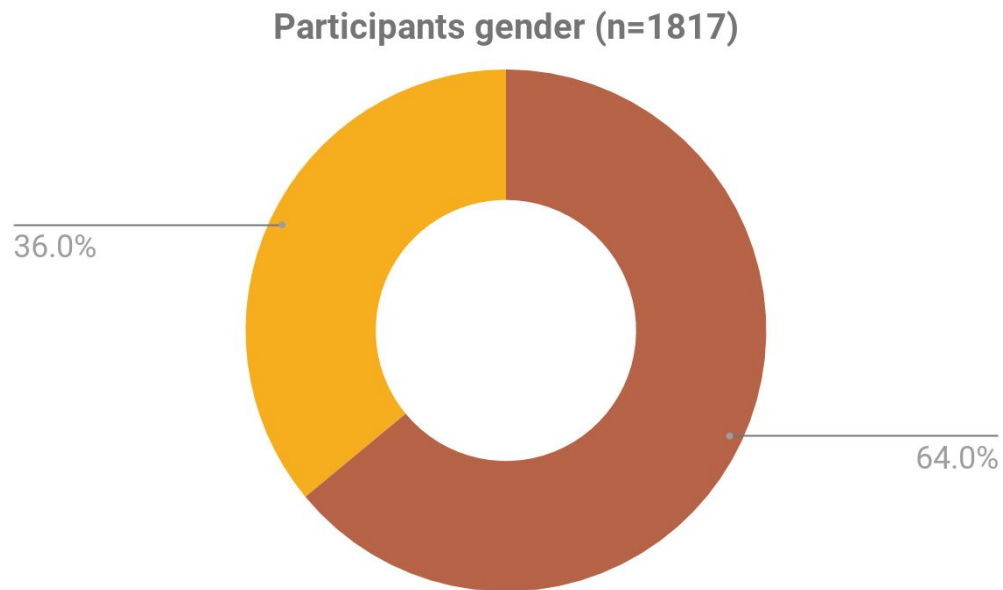
Map: Participants' Distribution Across the Country, by Demographic



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Pie Chart: Gender Disaggregation for the Entire Project



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Figure 2: Disaggregation of Total Participants in the Project, by Age Bracket

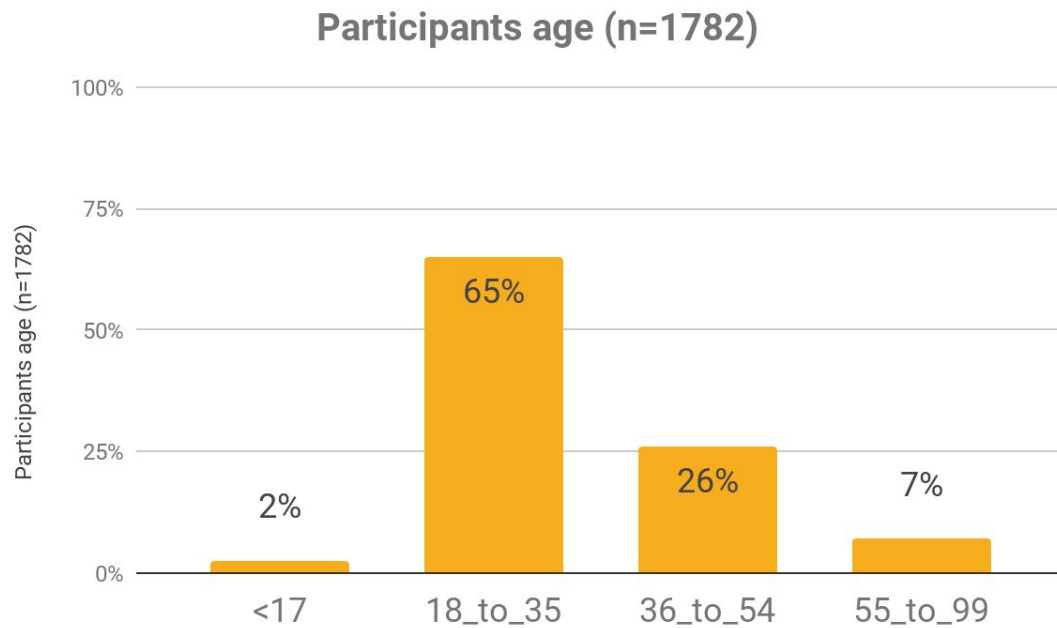


Table 3: Overview of Radio Dialogue Metrics (Cumulative)

Total programmes	1 episode each, in 3 radio stations shows, in 8 weeks							
	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
Total participants	1,111	1,826	2,159	2,601	3,021	3,218	3, 535	3, 568
Total messages	1,934	3133	4,055	5,089	6,698	6,987	8, 565	8, 691
Total conversations responded to individually (1-1	30	161	206	628	660	713	748	759

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communication)								
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Table 4: Overall Engagement of Participants Across the Project

Episode	Total Participants (who consented to take part)	Total Messages (from participants who consented to take part)
Radio show 1	568	774
Radio show 2	399	556
Radio show 3	779	1052
Radio show 4	408	534
Radio show 5	655	775
Radio show 6	556	706
Radio show 7	730	966
Radio show 8	757	1089
<b>Total (unique)</b>	<b>2812</b>	<b>6452</b>



## 4. INSIGHTS ON CITIZEN PERSPECTIVES

This section provides a mixed-methods analysis of citizen responses to the aforementioned weekly questions asked in the radio shows, radio promos and SMS ads.

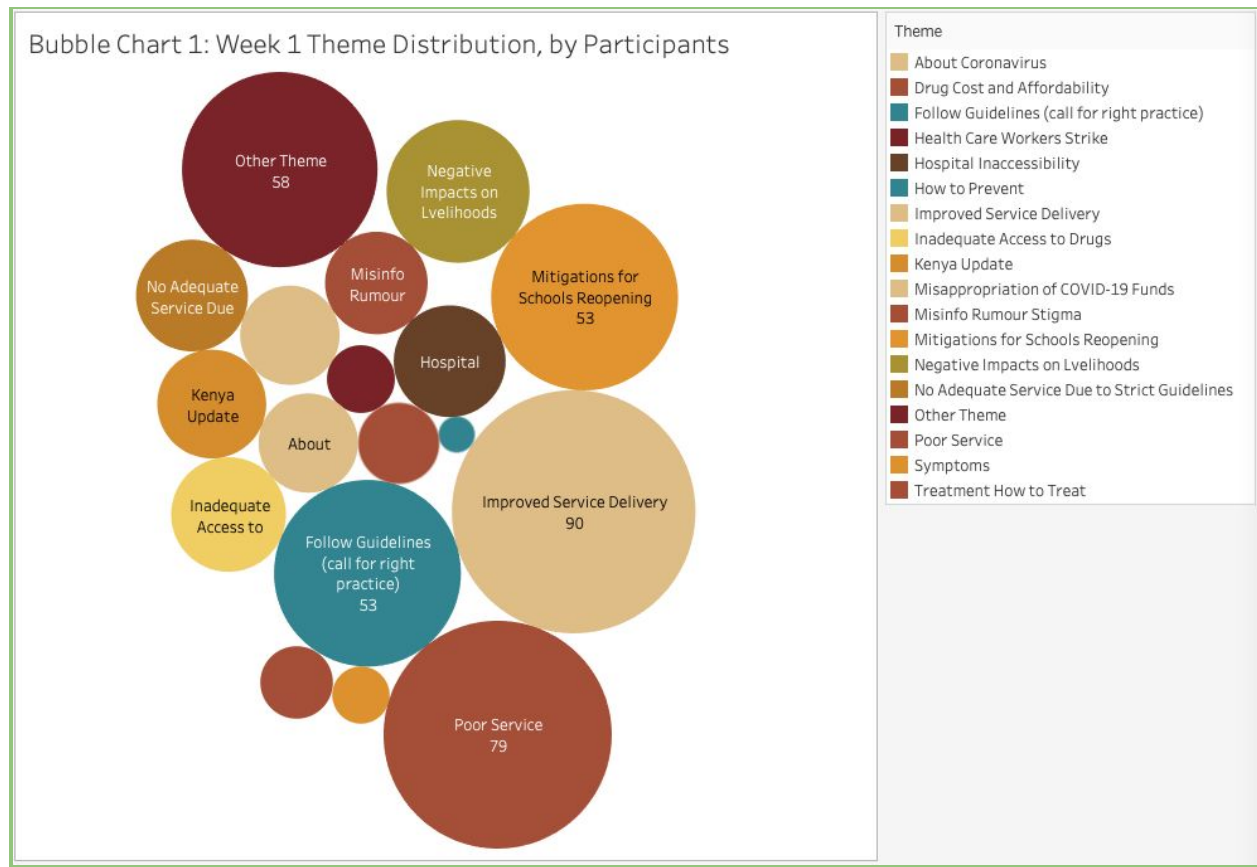
### 4.1 Episode 1 - “What are your Experiences in Accessing Healthcare Services During COVID-19?”

In Episode 1, **568 participants** opted-in, sending a total of **774** messages in response to the following question:

*“What are your experiences in accessing healthcare services during COVID-19? | “Je, Una maoni gani kuhusu huduma za afya wakati wa Covid-19?”.*

Out of these, 463 participants sent a message relevant to the question and have been included in the analysis ('n').

Figure 3: Overview of Episode 1 Insights ("n" = 463)



**Figure 3** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each circle is proportional to the frequency with which that theme was mentioned.

The most prevalent themes include both a view that service delivery had improved and a view that people had encountered poor services. In the case of poor services, participants alluded to slow service attributable to delayed workers' salaries and healthcare workers lacking necessary personal protective equipment (PPEs). In addition, as captured under other themes, some mentioned inadequate access to drugs (4.3%), hospital inaccessibility (4.1%) and harsh enforcement of strict guidelines (4.1%) where participants reported being attended to in a rushed manner by healthcare providers (due in some cases to lack of protective equipment). Additionally, misappropriation of Covid-19 funds (3.2%), drug cost and affordability (2.2%) were underscored as glaring concerns at a time when the healthcare workers were complaining of poor working conditions.

Other important prevalent themes alongside views on improved or poor service, referred to messages not directly responding to the week's question but highlighting concerns on the mitigations taken for

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schools being able to re-open, participants calling for others to follow the health guidelines, or participants reporting the impact of the pandemic on their livelihoods.

*"The health care service at this time of Covid is very poor, more so for the female patients in many parts of the country." Man, 47 years, Bungoma;*

*"There's a dispensary called Chombeli, malava in Kakamega County - i was angry with the lab technician's conduct -he chased me like a chicken because i wasn't wearing face mask correctly." Woman, 27 years, Malava;*

*"My opinion is that the government is stealing the resources they receive from the well wishers without helping the citizens and failing to pay the doctors that are complaining from the poor working conditions." Woman, 55 years, Kisumu;*

*"We have the service , only that it has been slowed by the constant strikes. It's good the government to resolve the plight of the health workers or rather to transfer the entire department." Woman , 36 years, Budalangi Constituency.*

#### 4.1.1 Episode 1 Conclusions

- Participants report issues of poor service, which include slow service which some attribute to health workers low salaries and poor resourcing, people feeling rushed due to prioritisation of potential Covid patients as well as need for social distancing and lack of adequate PPE. There are also issues mentioned related to inadequate access to drugs, hospital inaccessibility, or bad service due to strict Covid-19 rules.
- Poor service is particularly mentioned by women, perhaps because they access facilities more often in their role as family caregivers. There are also reports of inadequate access to drugs, especially among older populations;
- Despite this, there is also a view by some that health services have improved, although this is less prominent among participants from Nairobi;
- Although the question of the week asked about healthcare services, many texted to comment about mitigations for schools re-opening or to say their livelihoods have been impacted. This shows how the impact of Covid-19 cuts across many aspects of people's lives in ways that people feel compelled to raise;
- The issue of misuse of funds was also mentioned by some;

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- Participants also texted to ask for others to follow the guidelines as a way to control the pandemic.

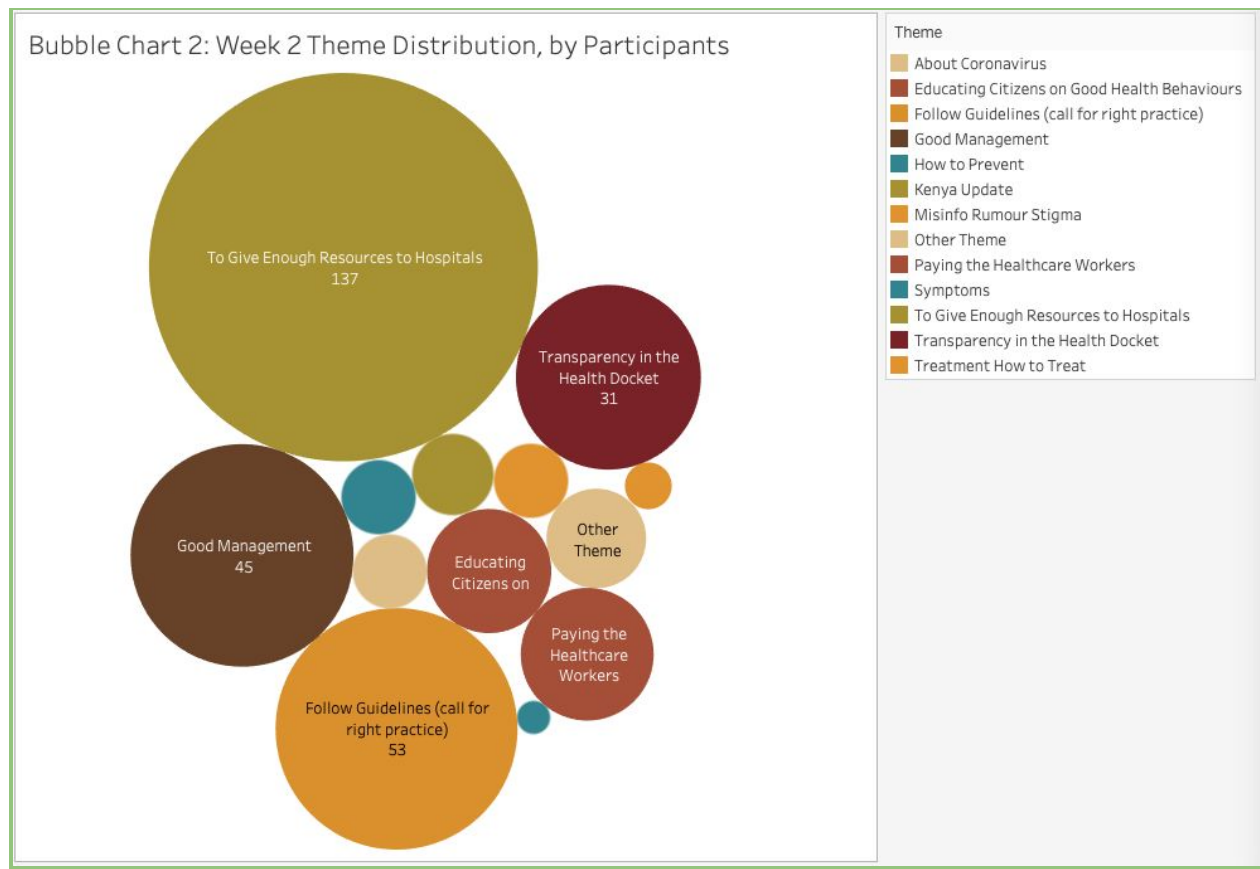
## 4.2 Episode 2 - “What Needs to be Done to Improve Healthcare Access in Kenya?”

In Episode two, **399 participants** sent in a total of **556** messages in response to the following question:

*“What needs to be done to improve healthcare access in Kenya? (“Ni nini kinahitajika kufanywa ili kuboresha huduma za afya nchini Kenya?”)”*

Out of these, 285 participants sent a message relevant to the question and have been included in the analysis (‘n’).

Figure 4: Overview of Episode 2 Insights (“n” = 285)



**Figure 4** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned.

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Almost half (48.1%) of week two's participants spoke to the need to **provide ample resources for hospitals**, including equipment, drugs and recruitment of more doctors. Additionally, the need to **abide by health guidelines** through observing social distancing, wearing facemasks and washing hands was underscored by another 18.6%. Similarly, the need for **good management** of resources in hospitals was echoed by another 15.8%, with another 10.9% highlighting the need for **transparency in the health docket**, on the back of rampant cases of resource mismanagement and corruption. Moreover, in a bid to bolster better service delivery, 5.6% highlighted the need to **pay the healthcare workers better salaries**, whereas another 4.9% lobbied for education of citizens on **good health behaviours**.

**Ili kuboresha hutuma za afya kenya,serikali inaitaji kuajiri wauguzi/madaktari kwa wingi na pia kuhakikisha kuna madawa za kutosha kila hospitali.**

*"In order to improve healthcare in Kenya,the government needs to recruit more nurses/doctors in large numbers and also to ensure there are medicinal drugs available at the hospitals"*  
Woman, 31 years;

**Kwa kila hospitali kenya nzima kuwekwe viongozi watakao hakikisha huduma zote hitajika zinapatikana bila shida yeyote ile:**

*"For every hospital in Kenya, there should be leaders who will make sure that all the necessary services are available without any problems"* Woman, 33 years, Lamu;

**Sisi zote tuwajibike kibinafsi kwa kufua sheria za wizara ya Afya,rasilmali itumike vyema:**

*"Let us all be personally accountable for upholding the rules of the Ministry of Health, resources to be used effectively"* Man, 51 years, Webuye.

#### 4.2.1 Episode 2 Conclusions

- Almost half of participants underscored the need to **provide more resources for hospitals**, including equipment, drugs and recruitment of more doctors;
- Similar to week 1, there is a prevalent view that others should follow the guidelines to control the pandemic and an additional take that there is a need for **more awareness on healthy behaviours for citizens**, so that they can better manage their health;
- There is also a view, though, that there is a **need for transparency in the management of hospitals** as well as in county's health departments;

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- The issue of health workers salaries came up again;
- More women mentioned the need for more resources for hospitals. This aligns with the tendency in last week's responses for more women to raise the poor service of health centres.

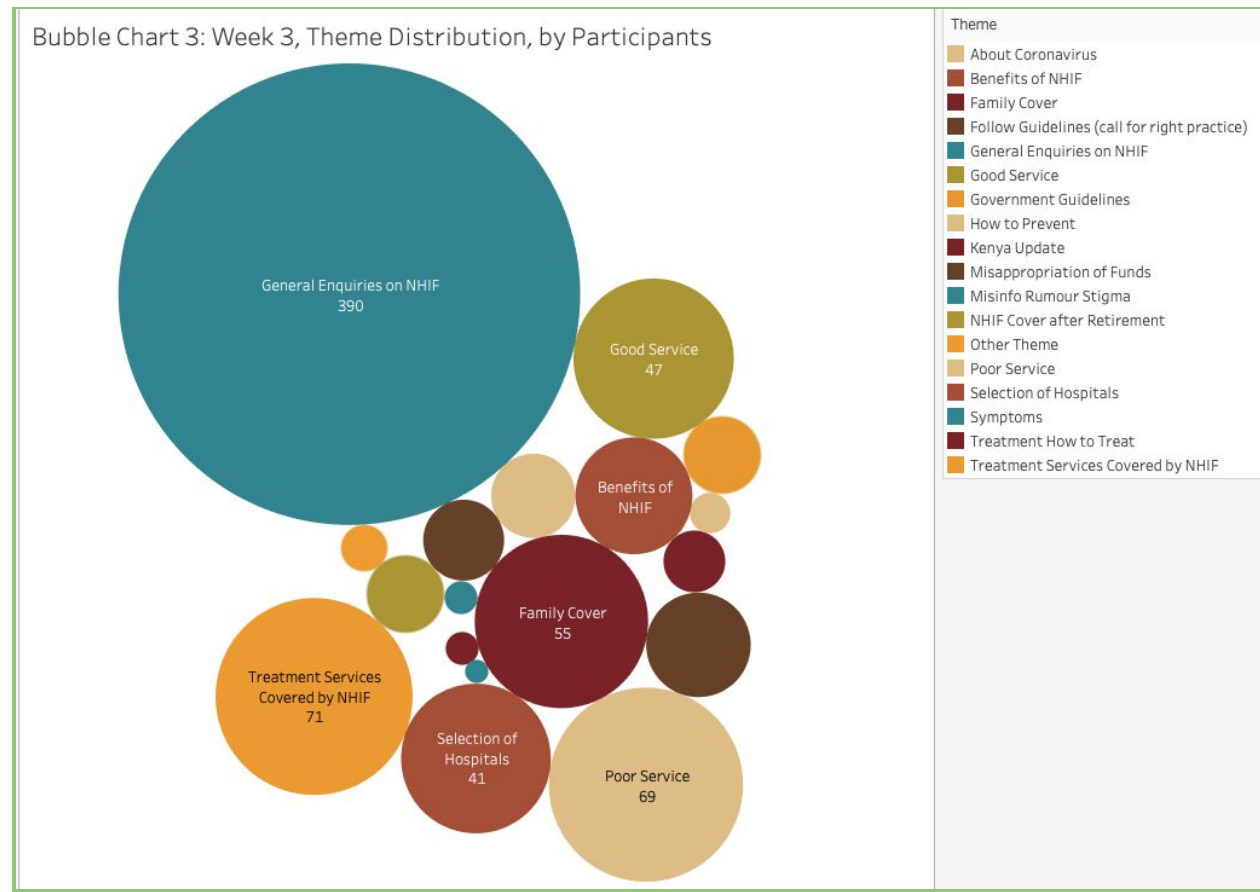
#### 4.3 Episode 3 - "What are Your Views on the NHIF National Healthcare Service?"

In episode three, **779 participants** sent in a total of **1052** messages in response to the following question:

*"What are your views on the NHIF national healthcare service? (*"Je, maoni yako kuhusu huduma ya kitaifa ya afya ya NHIF ni yapi?"*)*.

Out of these, 727 participants sent a message relevant to the question and have been included in the analysis ('n').

Figure 5: Overview of Episode 3 Insights (“n” = 727)



**Figure 5** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned.

The vast majority (53.6%) of week 3 participants made **general inquiries relating to NHIF**, enquiring about registration, payment, general use of NHIF, re-registration after defaulting, membership update and registration via mobile phone. Moreover, questions regarding **treatment services for a range of diseases** covered by NHIF were posed by another 9.8%, even as 9.5% lamented **poor service** received when seeking assistance. Furthermore, another 6.5% applauded the **good services** received, even describing it as “*a relief to vulnerable people*”. Likewise, 7.6% specifically inquired about **family cover**, in relation to the different packages offered, while another 5.6% sought information on the **process of hospital selection under NHIF**. Queries as to the general benefit of NHIF were made by 3.4% of the participants, as another 2.8% brought up concerns regarding misappropriation of funds in NHIF.

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**Mimi nko kakamega.mbona outpatient yangu hainishugulikii beyond 500?**

*"Am in Kakamega, why is my outpatient treatment isn't covered beyond 500 shillings?" Woman, 35 years, Lurambi;*

**Huduma zao ni duni kabisa hivyo wanafaa kuboresha huduma adi kiwago**

*"Their services are very poor so they need to improve their service" Man, 22 years, Muranga County;*

**Serkali inatuada kwa iyo nhif. Kwakuwa hospitali yote ya serkali ambae tunauduria aina madawa**

*"The Government is hoodwinking us in NHIF. In that all the Government hospitals that we visit are insufficient of medicinal drugs" Man, 37 years, Kuresoi north.*

### 4.3.1 Episode 3 Conclusions

- There is a **clear need for practical information on the NHIF service**: More than half of participants texted to make general inquiries relating to the NHIF, fielding questions on the registration process, payment process, re-registration after defaulting, membership update, to mention but a few;
- In addition, others asked about its **benefits, the treatments it covers and family cover**;
- **More information needed outside of Nairobi**: These general enquiries on the NHIF such as registration process or payment options, were prevalent across demographics but particularly more from participants from Kakamega (used as a proxy for comparing Nairobi with more rural contexts). In Nairobi, by contrast, people have more comments on the quality of the service although there is also need for information on registration and cover;
- The issue of **funds misappropriation** came up again.

### 4.4 Episode 4 - "What Are Your Views on How Resources Are Managed in Health Services?"

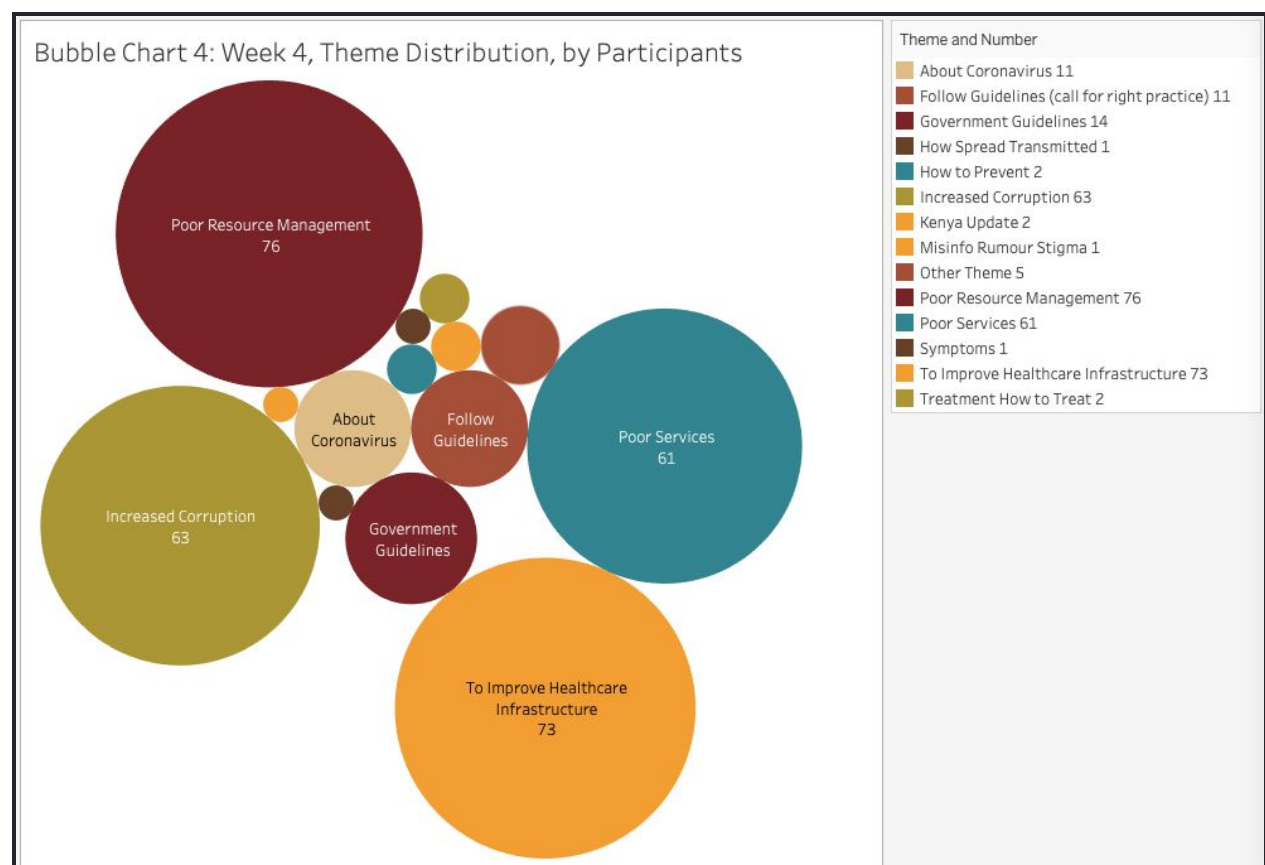
*This project is funded by UNDP*

In episode four, **408 participants** sent in a total of **534** messages in response to the following question:

***“What are your views on how resources are managed in health services?” (“Je, una maoni gani kuhusu matumizi ya rasilimali za umma katika sekta ya afya kwa jumla na wakati wa COVID-19?”)***

Out of these, 294 participants sent a message relevant to the question and have been included in the analysis (‘n’).

Figure 6: Overview of Episode 4 Insights (“n” = 294)



**Figure 6** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned.

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In week four, **ineffective management of (health) resources (25.9%)** emerged as the most prominent theme, with participants expressing vexation with those entrusted with managing said resources in the health sector. Also, **improvement of healthcare Infrastructure** was advocated for by **24.8%** of the participants, with proposals for this to be effected through provision of better services, better equipment and overall, better allocation of (health) resources.



Radio Jambo, show promotional poster

Similarly, **increased corruption** was observed by **21.4%** of the participants, who enunciated incidents of widespread theft where office bearers allegedly plundered public coffers at the Health department to the detriment of citizens and patients, devoid of transparency and accountability. Additionally, **poor**

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**health service delivery** was decried by **20.7%** of the participants, as they expressed dissatisfaction with services offered at county level, as well as insufficient medicinal drugs in public facilities, with patients reportedly being compelled to purchase drugs from private facilities.

**Katika idara ya afya muwe na uchunguzi maalumu cz dawa hakuna ni pain kiila peke ndio zinapeanwa katika hospitali za serekali hapa sub-cnt ya likuyani kk caunt.**

*"The Health Department should carry out special investigations, because there are no drugs only painkillers are provided in the Government Hospitals here in Likuyani Sub-County." Man, 41 years, Kakamega.*

**Wekeni mikakati mwafaka ya uwazi,sababu lawama kuhusu matumizi ya pesa ya uma imezidi hapa nchini.**

*"Establish appropriate transparency strategies, because cry for public spending has increased in the country." Man, 51 years old, Jomvu;*

**haisaidii chochote sion haja y kuzitumia ilhali ukienda hospitalin wanaitaji pesa ili wakutibu**

*"It doesn't help anything, I don't see the essence as if you visit hospitals they will be asking for Money. Woman, 19 years, Westlands.*

#### 4.4.1 Episode 4 Conclusions

- The main issues raised on week 4 were related to **ineffective management of resources**, **corruption**, and **poor service in health delivery**, which included issues at county level and patient dissatisfaction, and others on the need to **improve the infrastructure** and equipment, particularly in Nairobi;
- The need to **improve the infrastructure** was particularly mentioned by women (**36.7%** of women mentioned it compared to **23.1%** of men), perhaps reflecting their role as main users of health services and family caregivers;
- The 18 - 35 years demographic encompassed the highest participation (58.3%) in this week's

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show,, as was the trend from weeks 1-3, meaning the youthful demographic is actively engaged in the ongoing interactive discourse.

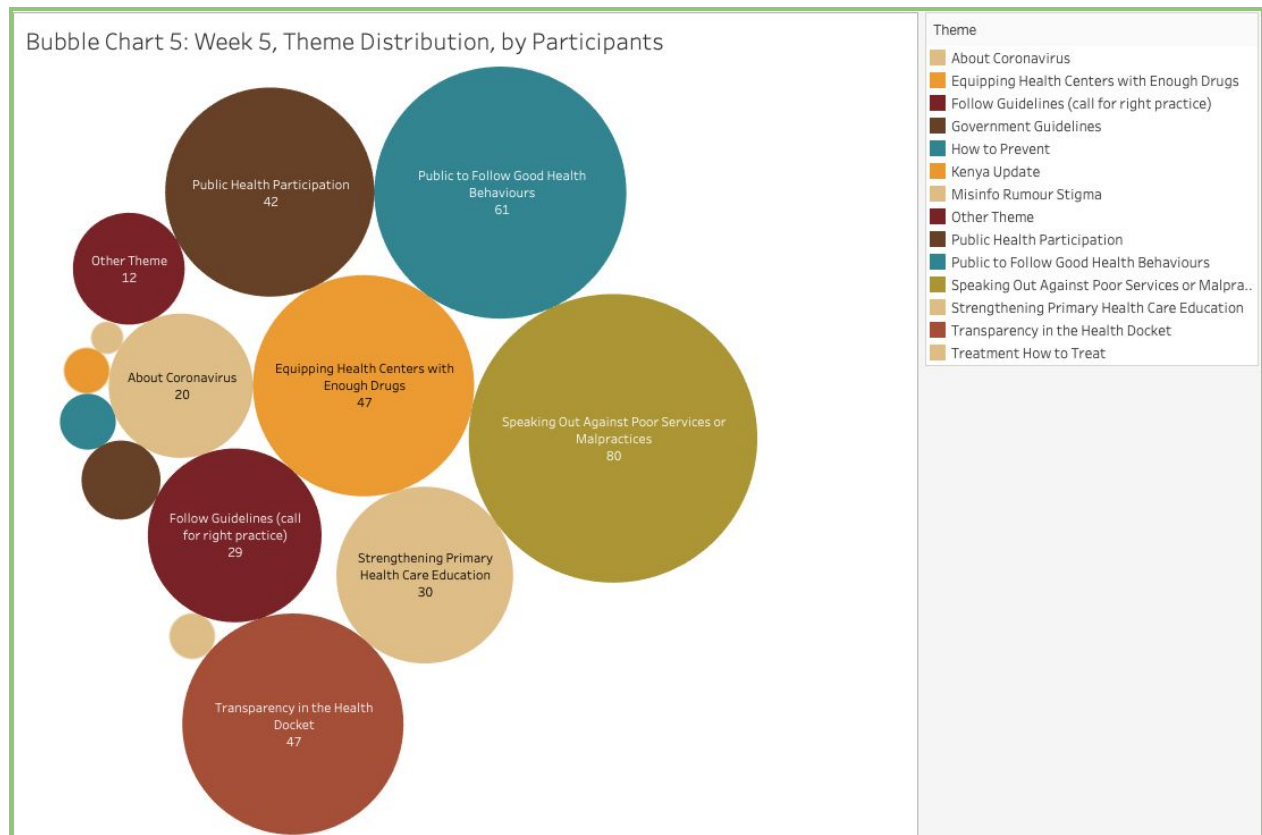
#### **4.5 Episode 5 - “How can Citizens Contribute to Solving the Issues Faced in Healthcare Service Delivery?”**

In episode five, **655 participants** sent in a total of **775** messages in response to the following question:

*“How can Citizens Contribute to Solving the Issues Faced in Healthcare Service Delivery?” (“Je, Wananchi Wanaweza Kuchangia Kwa Njia Zipi Ili Kusuluhisha Matatizo Yaliyopo Katika Utoaji wa Huduma za Afya?”).*

Out of these, 351 participants sent a message relevant to the question and have been included in the analysis (‘n’).

Figure 7: Overview of Episode 5 Insights (“n” = 351)



**Figure 7** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each circle is proportional to the frequency with which that theme was mentioned.

The most ubiquitous theme in week five highlighted the need for **transparency in the health docket**, with **23.4%** of the participants reaffirming the need for transparency and accountability to be the main tenets of the Ministry of Health. This, they opined, can in turn curb the unbridled instances of corruption and embezzlement of public resources.

Furthermore, another **22.8%** made explicit reference to how crucial it is to **speak out against poor services or malpractice** in the healthcare sector, either through reporting such instances or protesting against these. Here, participants appealed to the citizenry at large to be vigilant and vocal against vice, with calls for these instances to be reported to the relevant authorities in order to safeguard the integrity of the health sector.

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Likewise, the view that the public should ***follow good health behaviour*** was advanced by another **17.4%**, who advocated for accelerated public health education. Particularly, participants cited this as a core mechanism through which reduction in spread of disease could be achieved, in addition to being an attainable avenue to combat the COVID-19 pandemic.

In the same breath, the need to ***equip health facilities with sufficient (and) quality drugs*** was brought to the fore by **13.4%** of the week's participants, with this being touted as one way of improving health accessibility to the public.



*Radio Citizen promotional poster*

Noteworthy is that **12%** of the participants also embossed the concept of ***increased public participation*** centred around health matters, preferably through platforms for public discussion and *barazas*.

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Inclusion of citizens in public discourse with the Ministry of Health (MOH) and key health officials, it emerged, is crucial, and can shed light on the various (health) programs implemented. Additionally, through public fora such as *barazas*, discussions into the happenings within the health docket can be broached and valuable information clearly conveyed to the populace. Moreover, another **8.5%** made a strong case for ***strengthening primary health care education***, in a bid to ensure that citizens are well-equipped to fight communicable (and other) related diseases. The MOH underscores that strong Primary Health Care (PHC) is a prerequisite for Universal Health Coverage (UHC), more so on the back of the government's double burden of disease and entrenching a foundation for health programs that are sustainable in nature. Encouragingly, another 8% called for Kenyans to observe proper guidelines as advanced by the MOH, including embracing social distancing, wearing facemasks and washing hands.

A cross-section of verbatim accounts to this end are highlighted below:

**Kwa kutii kila muelekezo wa serikali na kutoa habari yoyote geni kuhusu shida yoyote itakayo tokea kuhujumu shuguli hizo za huduma.**

*"By complying with each government directive and providing any information about any problems that may arise to undermine such service activities".*

**Kitu cha maana ni kila mwananchi kufuata kanuni zilizowekwa na wizara ya afya hivyo hautakua mzigo mzito kwa wizara na huduma itaboreshwa.**

*"The most important thing is that all citizens follow rules put in place by the Health ministry, in that way it won't be a burden to the ministry and services will be improved".* Man, 45 years, Sirisia;

**Kwanza wizi wa madawa ikomeshwe ndo tupate uduma bora madaktari walipwe vizuri.**

*"First, drug theft should be stopped so that we can get better services and doctors to be paid better".* Woman, 36 years, Nambale;

#### 4.5.1 Episode 5 conclusions

- The main issue raised on week 5 was the **need for transparency in the health docket**;
- This was followed by a view that citizens had to **speak out against poor services or malpractice** in the healthcare sector;

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- Another prevalent view was that **citizens had to follow good health behaviours**;
- A greater proportion of women (30.6%) than men (19.1%) reverberated the need to speak out against poor services or malpractice in the healthcare sector, mirroring key roles women play as unpaid caregivers and their larger stake in healthcare access. Also, more women advocated for the need to adhere to good health behaviours;
- There were also views that public participation on health matters had to be increased.

#### 4.6 Episode 6 - “What Are Your Experiences with Healthcare Workers and Health Outlets During COVID-19 and Beyond?”

In episode six, **556 participants** sent in a total of **706** messages in response to the following question:

*“What are your experiences with healthcare workers and health outlets during COVID-19 and beyond?” (“Je, umepata huduma kamilifu kutoka kwa wahudumu na mahospitali wakati huu wa Covid-19 na nyakati zingine?”).*

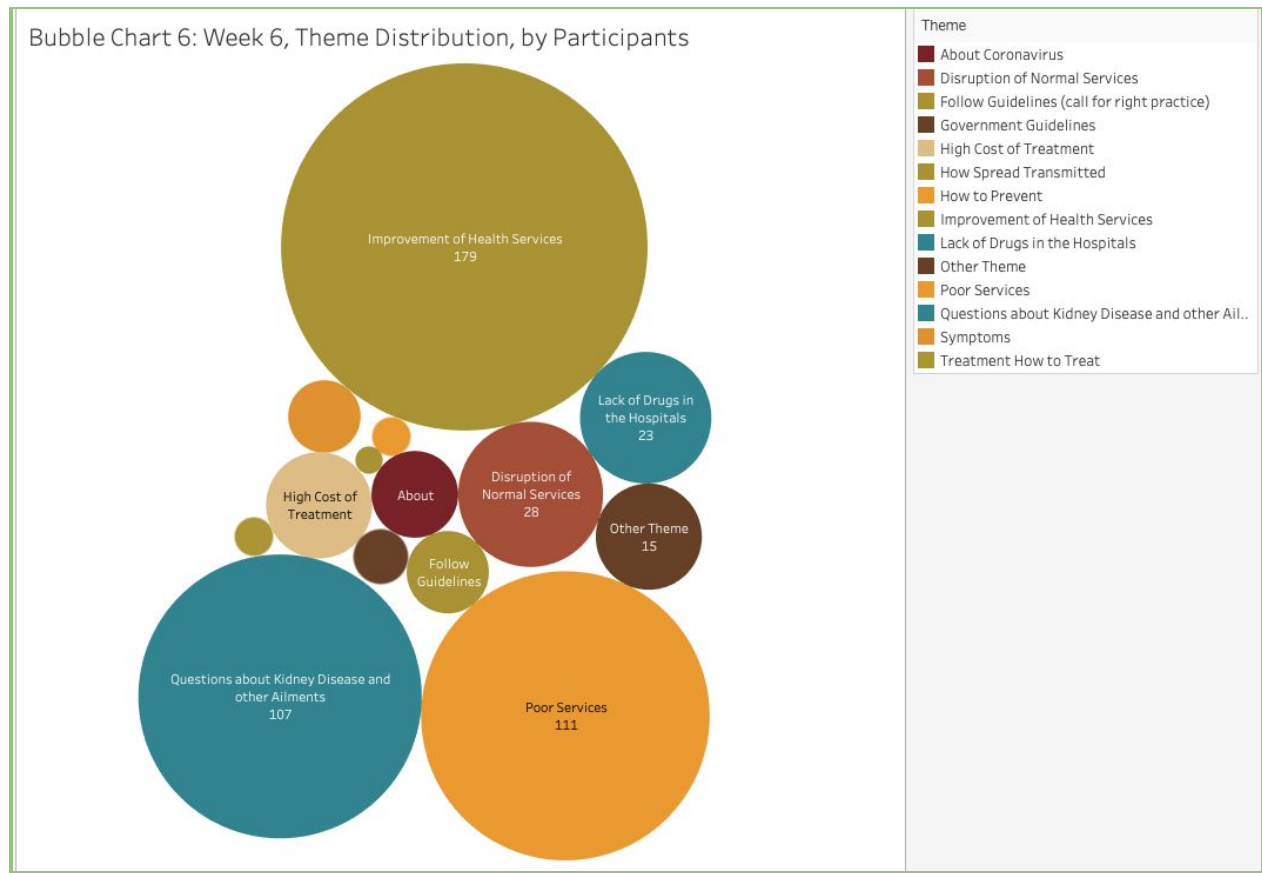
Out of these, 487 participants sent a message relevant to the question and have been included in the analysis (‘n’).

As highlighted in figure 8 below, **36.8%** of week 6 participants referred to an ***improvement of healthcare services*** as their main experience during the COVID-19 era and beyond, further urging the duty holders to keep up the trajectory of improvement going forth. These messages suggested opinions and experiences that the quality of health services has actually improved, the realities of the pandemic notwithstanding.

Conversely, another **22.8%** held the view that ***service was actually poor***, specifically decrying poor services offered while seeking treatment from local health centres, usually on account of health workers’ being on strike. The lack of staff and medicines was mentioned, as participants lamented how this was forcing them to seek treatment from private hospitals, a rather expensive undertaking.

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Figure 8: Overview of Episode 6 Insights (“n” = 487)



**Figure 8** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned.

Furthermore, approximately one out of every five participants (**22%**) made targeted ***inquiries about kidney disease***, including the particular symptoms associated with it. This theme’s prevalence is attributable to the discussion during the radio show where the guest, the president of ***Kenya Renal Patient Association***, fielded questions that delved deeper into this conversation. This discussion brought to light the realities and experience of citizens living with pre-existing conditions in accessing healthcare during the COVID-19 pandemic.





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**RACHAEL MWIKALI**  
CONVENER - COALITION FOR GRASSROOTS HUMAN RIGHTS DEFENDERS, KENYA

**CITIZEN'S EXPERIENCES WITH HEALTHCARE WORKERS AND  
HEALTH OUTLETS DURING COVID-19 AND BEYOND.**

**17<sup>TH</sup> NOV** **WITH MAJIMAJI & KINGKAFU**

**LIVE ON #BREKKO**

SEND YOUR SMS ANSWERS TO 20398. THIS MESSAGE IS FREE.  
REMEMBER TO SEND YOUR SMS ANSWERS TO 20398 FREE OF CHARGE!

*Show poster, showcased on Ghetto Radio & AVF's social media platforms before one of the shows.*

**Disruption of normal services** was a theme espoused by **5.7%** of the participants, who lamented that their firsthand experience having sought medical attention during the COVID-19 period was that service received was quite different from that which they are used to. This, they noted, was due to the guidelines put in place and the need to prioritise patients suffering from the virus over the rest. Consequently, instances of delays and even lack of service in some instances were reported, owing to health workers being overwhelmed. In close relation, **4.7%** of the week's participants bemoaned the **inadequacy of drugs in public hospitals**, with observations being that in some instances, these are not available entirely.

Some of the verbatims received in this regard included:

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**Ndio nimepata huduma ipasavyo...ila nahuzunishwa na idadi ya wahudumu wa afya wanao aga kila wiki...napendekeza walindwe ipasavyo.**

*"Yes I have received satisfactory service. However, I was shocked by the number of healthcare workers dying every week. I am appealing that they should be protected accordingly".* Woman, 43 years, Embakasi South;

**HUDUMA ZAPATIKANA LAKINI HOSPITALI ZINGINE UKIFIKA UWE LABDA UNA DALILI ZA MALARIA KAMA JOTO JINGI,WAHUDUMU WANAKUOGOPA.**

*"Service is there, but once you visit some hospitals and they notice signs of Malaria like high fever, healthcare workers become afraid of you".* Man, 56 years, Nyali.

**Hatujiapata,utandikiwa dawa uwambiwe enda ununue chemest.Hospital hasina dawa.**

*"We haven't received (anything). They will prescribe you some drugs and tell you to go and get them from a chemist. The hospital has no drugs".* Woman, 60 years, Kiminini;

#### 4.6.1 Episode 6 Conclusions

- There was a view among some participants from this week's show that the **services had improved;**
- However, as seen in previous weeks, some others also reported **poor service;**
- **Disruption of normal services, high cost of drugs or lack of drugs** were other issues reported.

#### 4.7 Episode 7 - "What Are the Solutions to the Challenges Faced by Health Workers in Kenya?"

In episode seven, **730 participants** sent in a total of **966** messages in response to the following question:

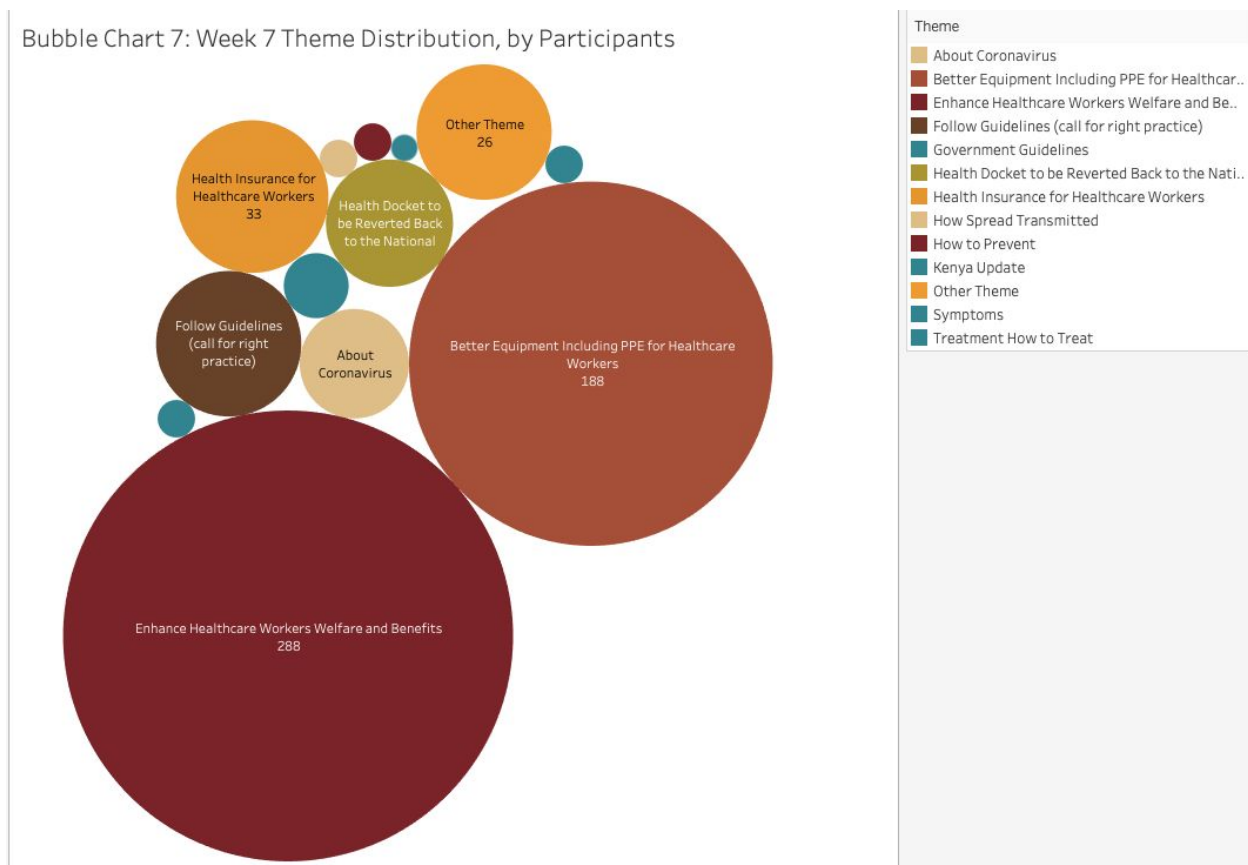
***"What are the solutions to the challenges faced by health workers in Kenya? ("Je, changamoto zinazowakumba wafanya kazi wa afya zinaweza kutatuliwa kwa njia gani?")***

Out of these, 534 participants sent a message relevant to the question and have been included in the analysis ('n').

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As represented in figure 9 below, more than half (**53.9%**) of participants underscored the **need to improve healthcare workers welfare and benefits** through timely payment, quality payment and allowances. In addition, **provision of better equipment including PPE for healthcare workers** was proposed by another **35.2%**, with participants advocating for improvement of healthcare workers wellbeing through provision of necessary equipment to enhance protection against COVID-19.

Figure 9: Overview of Episode 7 Insights ("n" = 534)



**Figure 9** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned

Moreover, in cognizance of the tremendous risk that healthcare workers face when treating others, **6.2%** of participants lobbied for them to receive **health insurance**. Crucially, another **5.6%** outlined **following guidelines** and proper practices as a mechanism through which healthcare workers can further be protected against the inherent risks of the pandemic. Interestingly, another **4.3%** proposed

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that the **health docket should be reverted to the national government**, accrediting this to the provision of better management and hence better conditions for the healthcare workers.

Some verbatims informing these themes include:



*Radio Citizen, show promotional poster.*

Some of the verbatim responses included:

**Kwanza madaktari wawe well equipped ili waweze kuhudumia wagonjwa wa Covid 19 la sivyo wahudumu wakiwa hatarini, sisi tutahudumiwa na nani?**

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*“Firstly the healthcare workers should be well equipped so that they can treat COVID-19 patients otherwise the nurses are in danger, who will serve us?”* Man, 45 years, Sirisia;

#### **Madaktari wapewe bima**

*“The health care workers should be insured”.* Man, 36 years;

Madaktari wasimamiwe na National government.

*“Let the National Government be incharge of the Healthcare workers”* Woman, Eldoret.

### **4.7.1 Episode 7 Conclusions**

- There was a predominant view among this week’s participants of the need to **improve healthcare workers welfare and benefits** through timely (and) quality payment and allowances;
- There was also a view that healthcare workers needed **provision of better equipment including PPE** so that they can protect themselves against COVID-19;
- The need for **health insurance for healthcare workers** due to the risks they are undertaking when treating others was also raised;
- Although mentioned by only a few, some participants talked about the need for the **health docket to be reverted (back) to the national government**

### **4.8 Episode 8 - “What Have Kenyans Learnt from the COVID-19 Pandemic?”**

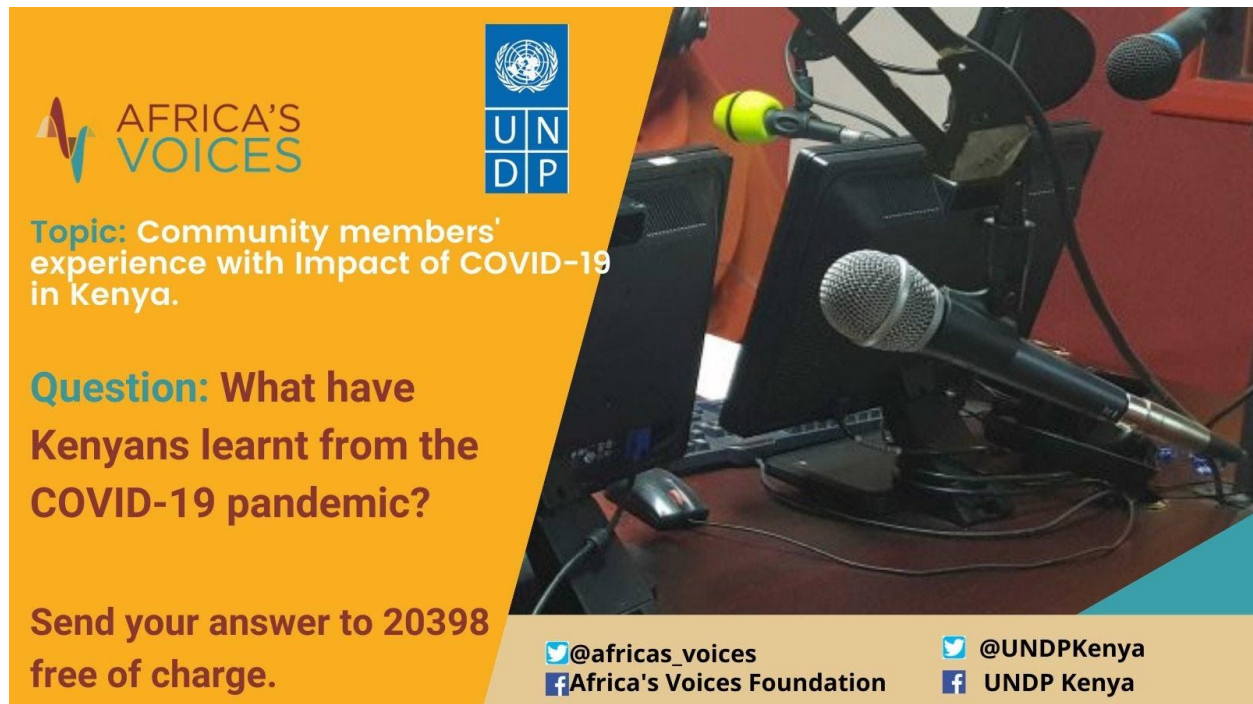
In **episode eight**, **757 participants** sent in a total of **1,089** messages in response to the following question:

***“What have Kenyans learnt from the COVID-19 pandemic?” (“Je! Tumejifunza nini kutokana na janga la COVID-19 kama wakenya?”)***

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Out of these, 580 participants sent a message relevant to the question and have been included in the analysis ('n').



*Social media promotional poster for week 8's topic*

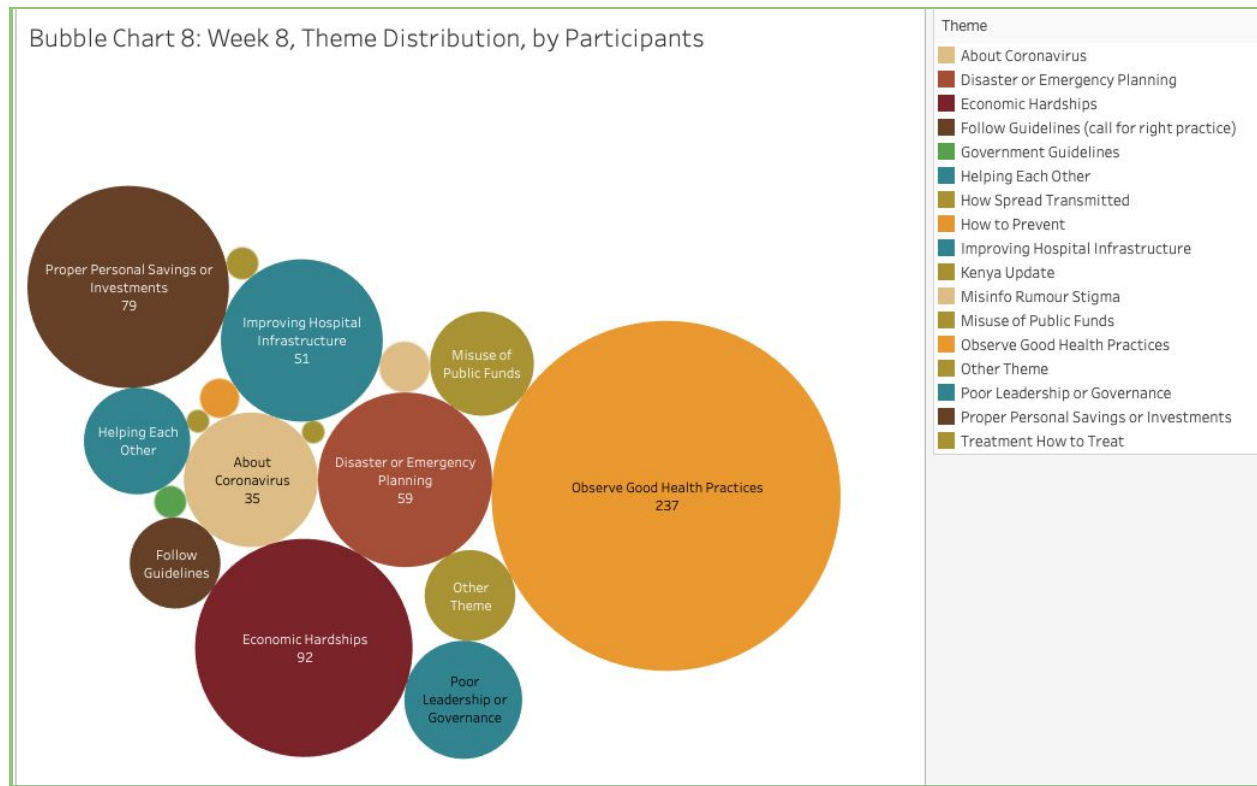
As encapsulated in *figure 10* below, four in ten (**40.9%**) of the week's participants spoke to **having learnt to observe good health practices** during the COVID-19 era, specifically, through maintaining social distancing, washing hands and maintaining cleanliness. Likewise, another **15.9%** outlined **economic hardships** as one of the main negative impacts of the pandemic on their livelihood, evidenced through loss of jobs and the decline of the macro-economy as a whole.

Additionally, **13.9%** enunciated having learnt to have **personal savings or investments** in place as a contingency plan, closely-related to another 10.2% who spoke of the **need for proper disaster/emergency planning** to mitigate against future pandemics.

Also, **8.8%** espoused the need for **improving hospital infrastructure** as the main take-away from the COVID-19 era, even as **4.7%** of the participants observed having learnt that the health sector is characterized by **poor leadership and/ or a lack of good governance**.

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Figure 10: Overview of Episode 8 Insights (“n” = 580)



**Figure 10** above summarises the distribution of themes indicated by citizens in answer to the radio question. The size of each bubble is proportional to the frequency with which that theme was mentioned.

Also, another lesson learnt was that **misappropriation of public funds** is rife, advanced by another **3.6%**, propagated by corrupt leaders and politicians. On a more positive note, **3.8%** appreciated the manner through which people have **learnt to come together** and help one another during these trying times.

Some of the verbatim responses during this week include:

1. Tusingatie usafi.
2. Tujiheshimu na kutii sheria kila wakati.
3. Tuende kipimo kila wakati tujue hali xetu.

*“1. We should observe cleanliness. 2. Respect ourselves and obey the law at all times. 3. We go for a test every time we know our status” Woman, 25 years, Mathare;*

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**Tumejifunza,kama wakenya tunapaswa kuwekeza pesa kwa wingi ili tuwe tayari kukabiliana na janga lolote linalotokea.**

*"We have learned, as Kenyans we need to invest a lot of money in order to be prepared for any crisis that may arise". Woman, 31 years, Borabu;*

**TUMEJIFUNZA VILE VIONGOZI WETU WA NCHI VILE WAMEPORA PESA ZA COVID-19.JE NYINYI KAMA IDARA YA AFYA MUMECHUKUA HATUA GANI?**

*"We have learnt the way our Leaders in the country have blundered the COVID-19 fund. So what steps have you taken as the Ministry of Health?" Woman, 35 years, Ruiru.*

#### 4.8.1 Episode 8 Conclusions

- There was a predominant view from participants that they have **learnt to observe good health practices** through maintaining social distancing, washing hands and maintaining cleanliness at all times;
- There was also, however, a predominant view on the **economic hardships**, where participants discussed the negative impact of COVID-19 on their livelihood through loss of jobs and the decline of the country's economy;
- In relation to the economic hardships, participants also mentioned that they learnt to have in place proper **personal savings or investments for future use**;
- Similarly, others talked about the need for **disaster or emergency planning in readiness for future pandemics**;
- There was also a view on the need for **improving hospital infrastructure**;
- Some also referenced **poor leadership and lack of good governance, including corruption**;
- Finally, some participants talked about how **people have learnt to come together to help one another during these trying times**.

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## 5. COHORT CONVERSATIONS

### 5.1 Introduction

In a bid to better understand experiences of access to healthcare and the accountability gaps in the delivery of health services, AVF also deployed *“Katikati”*, a one-to-one SMS platform aimed at opening up conversational channels directly with citizens to further explore any emerging themes based on feedback received from interactive radio programs that are relevant to the project objectives in terms of understanding issues related to health delivery that can inform decision-making. Particularly, in order to deep-dive into individual experiences and topics of interest, we sampled a few participants to ask more follow up questions based on the themes identified during specific weeks that focussed more on healthcare services. The objective here was to better contextualize the issues raised by participants and enquire more about the existing accountability mechanisms to address these. Crucially, we encouraged participants to initiate dialogue with their local authorities to improve service delivery.

Specifically, the *“Katikati”* platform was employed during weeks 1, 3, 4 and 7 of implementation, with the main findings highlighted below. **Also noteworthy is that the quotes encapsulated in this section come from one-to-one conversations with a smaller number of participants. The demographics are excluded to manage the risk of profiling participants based on their views considering they are part of a reduced group.**

### 5.2 Week 1 Cohort Conversation Insights

The week's question was as follows;

***“What are your experiences in accessing healthcare services during COVID-19?”***

Conversations were initiated with a sample of participants who sent messages in relation to experiencing poor health service or reporting misappropriation of funds. A total of 51 conversations were attempted and a total of 12 were established.

#### 5.2.1 Issues Related to Poor Health Services

Themes elicited through conversations around health services included *lack of medicines in health facilities, public health service being poorer than private one, as well as lack of financial ability to register for NHIF*. Here, participants lamented the low quality of health services in their localities.

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**Okay Ile tu kitu ntaesa Seema kwa hospital za gaverment huwa most of time awananga madawa na huwa awatibu watu jinsi hospital za kipinafsi hutipu watu.**

*“Okay, the only thing I can say to government hospitals is that most of the time they don't have drugs and they don't treat people the way private hospitals treat people”*

**Na Kama sijachisajili na nhf ntafanya she I'll nami niwe nayo Kama Sina pesa yote ya kujisajili.**

*“And if I haven't registered with nhf (what will I do) I'll do? she I'll have it too If I don't have all the money to sign up”.*

**Tuseme nahitaji nami nijisajili na NHF na Sina pesa yote ya kunifunga NHF ntafanya vipi ili nami nifungue nhf yangu**

*“Suppose I need to register with the NHIF and I do not have all the money to close the NHF (registration). What can I do to register for NHIF?”*

### 5.2.2 Misappropriation of Funds and Corruption Issues

Here, the main emerging theme in relation to misappropriation of funds was that citizens are hesitant to raise issues, since no remedial action is usually taken, which results in citizens feeling there is no point in engaging to report these issues.

**KUNA NJIA NYINGI ISIPOKUWA VITENGO HUSIKA HAVICHUKUWE MANANI KWDNYE REPOTI HIZO**

*“There are many ways to report but the agencies who are in charge of responding to these reports do not take any action”*

### 5.2.3 Enquiries on Solution Mechanisms

Through follow-up, participants were further engaged about the available accountability mechanisms that resolve or report these issues of poor health services. Poverty, it emerged, limits the collective capacity of communities to articulate issues of concern regarding service delivery. Participants said that leaders - inclusive of heads of health departments - are not approachable, and are only available when campaigning for votes during the electioneering periods.

*“sometime because of some issues i.e poverty limit community to unite and fight for there right”*

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*“But sometime as ordinary citizen it's not easy to meet such authorities unless media like radio stations or newspapers call willing people to say issues”*

**Viongozi wa kisiasa huja wakati wanatafuta kura tu! na wale wanaosimamia hizo idara za za afya mashinani hata wengi woa hawafahamiki kwa raia!**

*“Political leaders come when they are just looking for votes! and those in charge of those local health departments even most of them don't reach the people!”*

**Wananchi pia hawajaelimishwa jinsi yakushuhulikia ukosefu wa huduma bora! Hatua anayopaswa kufanya mtu anapokosa huduma bora nigani? Elimu ya umma inahitajika!**

*“Citizens have also not been educated on how to deal with the lack of quality services! What should a person do when he or she lacks quality care? Public education is needed!”*

This initial round of cohort conversations was concluded by encouraging participants to discuss the pertinent issues raised with their local authorities and representatives in search of viable solutions.

### 5.3 Week 3 Cohort Conversation Insights

The week's question was as follows;

***“What are your views on the NHIF national healthcare service?”***

The follow up conversation was focused on the gap in service delivery and dissatisfaction of people with NHIF. Here, rapport was established through issuance of empathetic messages appreciating the reportedly poor service received through the scheme, before following up with more targeted enquiries on their experiences. A total of 22 conversations were attempted, of which 4 were completed.

#### 5.3.1 NHIF Poor Service

Here, participants bemoaned a lack of service despite instances where one already has an NHIF card, not being able to access quality medicine from hospitals and that delayed salary payments to doctors has contributed to this scenario. Moreover, participants offered that there is nothing that is usually done to improve this situation.

*“There was a time I went to a certain facility and they refused to take the card. So i ended up paying cash”*

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**Hapa kwe2 2na kemistri yao karibu na hosi sasa ukiwa mgonjwa unapewa panadol na piriton ile dawa ya maana unambiwa enda pale kemistri ununuwe**

*"Here in our area, they have their own chemist near the hospital. Now if you are sick, you are given panadol and piriton, for any other vital medicines you will be told to buy from the chemist"*

**kwa sasa hakuna lolote linaendelea kuinua huduma za afya hata wahudumu wenyewe wamegoma kufanya kazi sababu ya malipo duni**

*"At the Moment nothing is going on to improve the health care services, even the health care providers have put down their tools because of poor payment."*

This round of conversations was concluded by giving the participants a toll free NHIF number and encouraging them to call or visit the nearest NHIF center to get assistance.

#### 5.4 Week 4 Cohort Conversation Insights

The week's follow-up question, premised around increased corruption and poor healthcare services, was;

***"What are your views on how resources are managed in the health service?"***

The one-to-one conversations this week focused on participants who mentioned issues of either increased corruption or poor services. A total of 32 conversations were attempted of which 5 were completed.

##### 5.4.1 Increased Corruption

An exploration into participants' personal experiences with corruption, mechanisms to report corruptions and some of their proposed mechanisms to fight corruption was made. Resultantly, some of the responses outlined that there are very small steps taken to combat corruption, that people usually hear about corruption cases from the media, that people believe there's nothing that is done to fight corruption, that the government is corrupt, and that people are unable to report corruption due to a dysfunctional government agency.

*"it is pointless to report corruption cases. Government agencies are not functioning properly."*

**hamna jambo lililofanywa ila ufisadi umezidi hadi madaktari hawana vifaa vya usalama**

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*"Nothing has been done but corruption has intensified to the point that doctors do not have protective equipment"*

**Sina. Najua kupitia vyombo vya habari**

*"I have not experienced it, i have learned it from the media"*

**Hakuna hitu enye imefanyawa ya kutatua suala la ufisadi?. Yote ni PR. serikali ni fisadi.**

*"There is nothing done to solve the issue of corruption. It's all PR. The government is corrupt".*

#### **5.4.2 Poor Services**

Continued poor service, with no feasible solution in sight, emerged as a recurrent theme. Likewise, participants lamented an increase in the frequency of poor service.

**Ndiyo huduma duni hutokea kila mara.**

*"Yes poor service happens all the time"*

*"There is nothing done to resolve the issues of poor service"*

#### **5.5 Week 7 Cohort Conversation Insights**

The week's follow-up question, anchored upon participants' proposal to have the health department reverted to the National Government as well as provision of better equipment (including PPEs) for healthcare workers, was:

***"What are the solutions to the challenges faced by health workers in Kenya?"***

This week, 20 conversations were attempted and 14 of these were established among those who reported the need for better preventive and PPE equipment as well as with those who thought the health docket should be reverted to the central government.

##### **5.5.1 Better Equipment, including PPEs, for Healthcare Workers**

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Here, an inquisition into (in)adequacy of PPE's in counties, how it has affected health access and mechanisms available to resolve the prevalent issues was made. Consequently, participants underscored a number of issues, including increased shortage of PPEs; a lack of PPEs hindering participants from visiting hospitals due to fear of contracting the virus; a lack of PPEs resulting to doctors' strike; people not taking the virus seriously by not wearing masks; hospitals lacking general equipment; an inadequate number of local doctors in every city; and that the government ought to provide free PPEs to every county. Moreover, participants lamented that their ability to raise issues relating to poor service delivery is hampered by corruption in the government, whilst also expressing their resignation about how nothing can seemingly be done to resolve the issue of lack of PPEs and hospital equipment.

**Ndio, kuna ubungufu Tena Kwa Asilimia Kubwa.**

*"Yes, there is a shortage, again in a large percentage".*

**Ndio.kama vifaa vya maternity hakuna hata wembe wakukata kitofu.sasa hivi sindano ya tetenasi unatumwa private.KAPKANGANI HEALTH CENTRE,NANDI COUNT**

*"Yes. Like maternity equipment there is not even a razor to cut the cord now you are sent to private health center in Kabkangani health center"*

**kuna ule uoga kuwa naeza ambukizwa covid kwa hivyo naogopa kuenda katika kituo cha afya hata kama naumwa aje**

*"There is a fear that I may be infected with covid so I am afraid to go to the health facility even if I get sick".*

*"Gover should provide pps for free in every county that can help because people are not the same".*

**Hakuna ukosefu wa vifaa vya kinga, kwani hao wenyewe hawajali kuzitumia Maana wamezoea na kuchukulia kama ni homa ya kawaida na kutoamini janga hili**

*"There is no shortage of protective equipment, as they themselves do not care to use them, For they are accustomed to treating it as a common cold and not believing in this epidemic".*



**Serikali sa mtaa ukifika kwa wao, wanasema maoni yako kabla isikishwe toa kitu kitoko. Na mimi sina kitu kitoko, pesa.**

*"When you go to the local government and express your opinion, they they will ask for bribe and i don't have any money"*

**HAKUNA JAMBO LIMETATULIWA HADI LEO HII.**

*"Nothing has been solved until today"*

### **5.5.2 Health Docket to be Reverted to the National Government**

There was a running theme informing week seven's follow up question from week six's emerging issues, whereby participants had expressed their views on there being a need to consider reverting the mandate of the health docket back to the national government. Particularly, they referenced the relative inaccessibility of health services at county level, as well as the lack of mechanisms to further improve delivery of health services at this (county) level. Consequently, the participants offered a myriad of reasons to inform this proposal, inclusive of *poor salary to healthcare workers, counties lacking testing equipment, increased frequency of healthcare workers strikes, low disease-testing capacity at county level, insufficient number of doctors, insufficient drugs, poor financial management by county governments and insufficient number of hospitals.*

**County zingine zina zinawalipa wafanyakazi mishahara imeshelewa,mpaka waitisha mgomo.**

*"Some counties are paying their workers delayed salary to the point they are striking"*

**Wanasimamia vipimo vile vindogo bt exray unatumwa private**

*"They only have the capacity to do minor testing but for things like x-ray you would be sent to private hospital"*

**Wafanya kazi wawe wakipewa transpaa wasizeo mahali pamoja**

*"Keep transferring the workers so that they don't get used to one place"*

**Wajenge hospital walete dawa serekali kuu ilete daktari**

*"The government should build hospitals, more doctors and drugs"*

**Upungufu wa madawa!**

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*“Shortage of drugs”*

*“Unresponsible planning of the county government money”*

**Serikali za county zimeshindwa kuafikia matakwa ya matabibu sababu ambayo inapelelekea migomo ya mara kwa mara**

*“County governments have failed to meet the demands of doctors, which has led to frequent strikes”.*

## **5.6 Recommendations from the Cohort Conversations**

- Participants exhibited willingness to be actively engaged, especially in the context of acquisition of information on mechanisms at their disposal to raise their issues/ concerns with local authorities and leaders. Here, there exists a gap in information on and existence of public participation structures that necessitates plugging;
- Additionally, participants manifested an appetite for civic engagement/ education. Thus, avenues to enhance collective capacity building of communities, at the local grassroots level, need to be strengthened effectively alongside the provision of spaces of public participation and dialogue with authorities;
- Likewise, mechanisms to strengthen media as a platform for mediating conversations between citizens and elected leaders, thus facilitating transparency and accountability, require adequate institutionalization.



## 6. CONCLUSION AND RECOMMENDATIONS

- Participants raise issues related to health care access and delivery. These range from bad service due to poorly equipped facilities and strained healthcare workers to issues of access, lack of drugs in public hospitals and the related cost of drugs;
- Participants also raise issues of corruption and misuse of funds. Participants highlighted the need for the tenets of transparency & accountability to be upheld, speaking to the need for duty bearers to further be held to account for executing their mandates, for instance, through heightened public participation drives at community level;
- Participants exhibited awareness of their constitutionally-guaranteed right to access healthcare and delivery. Public participation ought to be strengthened to ensure citizens across Kenya, not only Nairobi, can play a role in providing feedback and demanding better services.



*Promotional poster for TV Dissemination Show*

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- Participants indicate a lack of access to basic preventative equipment such as masks, gloves and hand sanitiser. The supply of PPEs among healthcare workers alongside targeted awareness raising to ensure citizens have access to the means to protect themselves from transmission continues to be necessary.
- Participants underscored economic consequences of the pandemic - losing jobs, struggling for food or to pay rent. Empowerment and capacity building measures for livelihood support that can uplift communities at grassroots require scaling up;
- Participation via SMS was skewed-negatively against women. Yet, women were more likely than men to raise issues of poor service and infrastructure in healthcare facilities. There continues to be a need to sustain gender-mainstreaming in both urban and rural contexts and ensure that spaces of consultation and public participation can include all genders. This will effectively ensure that women are afforded spaces to articulate issues of greater importance to them, especially in the healthcare context where they play the crucial role of being primary caregivers.
- Citizens need better information on how to access the NHIF services, how to register, payment plans, treatments covered and other practical information. The show on the NHIF shows citizens had plenty of questions and did not know where to have them answered.



## **7. ANNEXES**

### **7.1 UNDP Kenya Weekly Insights Report - Week 1**

### **7.2 UNDP Kenya Weekly Insights Report - Week 2**

### **7.3 UNDP Kenya Weekly Insights Report - Week 3**

### **7.4 UNDP Kenya Weekly Insights Report - Week 4**



### **7.5 UNDP Kenya Weekly Insights Report - Week 5**



### **7.6 UNDP Kenya Weekly Insights Report - Week 6**



### **7.7 UNDP Kenya Weekly Insights Report - Week 7**

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7. UNDP Kenya  
Weekly Insights

## 7.8 UNDP Kenya Weekly Insights Report - Week 8



8. UNDP Kenya  
Weekly Insights