

Kenya context analysis for accountability interventions to support the delivery of FP2020 commitments

This country brief is part of a series of briefs produced by Action2020, a consortium led by Christian Aid and implemented by Christian Aid, Plan International UK and the HIV/AIDS Alliance. It follows an in-depth investigation into the context and opportunities for civil society-led accountability on family planning in 10 countries, with a focus on the commitments made by Governments as part of FP2020's global initiative to meet the need of an additional 120 million new contraceptive users by 2020. Each brief provides a country-specific overview of the context for family planning commitments - the power, politics and potential for accountability interventions related to these commitments – and proposes recommendations for accountability interventions related to these commitmentsⁱ. A general note on Lessons Learned in FP Accountability accompanies this seriesⁱⁱ.

The right to enjoy full, free and informed access to contraceptive information, services and supplies is central to sexual and reproductive health and rights, as well as to the right to the highest attainable standard of health. These rights are universal, inalienable and indivisible, and States have a duty to respect, protect and fulfil these rights to the maximum of their available resources. There are a range of barriers and opportunities that either prevent or enable access to FP. Power, governance and accountability and women's participation and leadership all influence the outcomes and capacity of key actors to deliver for FP.

Kenya's commitment to FP2020 builds upon existing national commitments and aims to take the measures within their remit to address some of these barriers. Implementation of FP2020 commitments has the potential to transform family planning provision, extending high quality services at scale and reaching the most marginalised. But entrenched institutional challenges and competing priorities in Kenya are slowing progress. Accountability interventions can alter this trend by working with a range of actors so that governments and service providers are better able to meet the commitments they have made, leveraging a scale of impact which would be unachievable by alternative interventions.



Family planning context in Kenya

- Unmet Family Planning need: 18% (DHS 2014)
- Contraceptive Prevalence Rate: 58% (DHS 2014)
- Total Fertility Rate: 4.3 (2014)
- Maternal Mortality Ratio: 510 per 100,000 (2015 modelled estimate)
- GINI Index: 48.5 (2005, Consumption based)

Source:

<http://data.worldbank.org/indicator/SH.STA.MMRT>

<http://www.familyplanning2020.org/entities/77>

<http://wdi.worldbank.org/table/2.9>

FP2020 commitment:

Increase CPR from 46% in 2009 to 56% in 2015 and 70% in 2030, implement the Reproductive Health Policy and the National Gender and Development Policy and enhance participation of local communities in Health Sector Services Fund.

Progress to date:

Progress to date: Unmet need has been declining alongside a rise in CPR, however progress is notably uneven, with some regions at 2% against a national average of 58%. Unmet need is highest among ages 15-19 (30%), with studies suggesting double this figure for unmarried adolescents.

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To achieve this, social accountability programmes must be 'strategic': pursuing multiple pathways to change, creating an enabling environment for collective action and linking citizen mobilisation to agents within governments with similar incentives³. Interventions must link citizens to authorities with the necessary capacity to enforce agreements in order to achieve substantial outcomes^{4 5}. When applied in tandem, these strategies may increase political incentives to act, and facilitate oversight and reflexive evaluation of barriers, gaps and opportunities for FP by all stakeholders.

Strategic accountability interventions in Kenya

Effective accountability rests on an enabling governance environment where the state has both the capacity and incentives to respond, and where citizens are able to mobilise collectively^{6 7 8}. Family planning accountability in Kenya can build on strong civil society networks and pre-existing attention to FP.

The key pathways to effective FP accountability in Kenya can be conceptualised as three overlapping components, outlined in figure 1.



Figure 1: Key Pathways to Effective FP Accountability

For interventions to be successful, they must start by identifying the prevailing drivers and political incentives/disincentives to develop smart, context specific strategies for securing change^{9 10}. It is likely that informal and technical channels will be most effective, alongside supporting nascent vertical accountability efforts.

The following section explores the context and opportunities for action in Kenya using these three pathways as a framework for analysis.

Enhanced citizens' voice and agency - problem analysis:

Power imbalances remain a priority issue particularly in some of the more remote and marginalised counties. Patriarchy, with women having a low status and little control over resources, as well as a lack of trust that complaints will be address, has contributed to disengagement by communities. Communities are reluctant to make use of existing informal and formal accountability spaces such as community units, women's and youth groups because they do not believe they can question service providers who are perceived to have more authority and power. Informational asymmetry further compounds the situation and contributes to individual action weakness. This extends to elevating dissatisfaction to complaints processes or to community scrutiny groups.

Male disapproval of FP relates to dominant masculinities¹¹ and to associations between FP and infidelity. The pattern of women's exclusion from decision making is replicated at a political level, with low prioritisation by politicians in counties where sociocultural factors such as land inheritance are linked to large families. The Impact Now Model¹² is successfully being used in Kenya to work with politicians to show the economic impact of family planning and increase political support for FP. Faith based organisations and religious leaders can affect demand for FP, with religious affiliation a significant predictor of contraceptive use in Kenya. In one study, Muslims were 51% less likely to use modern methods of contraceptives compared to Christians¹³. The Kenya Episcopal Conference (KEC) and the Christian Health Association of Kenya (CHAK) provide more than 40% of the country's health services¹⁴ and concerns about promoting premarital sex leads to an emphasis on abstinence for young people. Misinformation by religious leaders has been associated with low uptake of FP in Northern Kenya. Faith based organisations and service providers can be powerful allies in creating an enabling environment for FP through promoting supportive messaging. This is equally true of traditional leaders, who hold influence over social norms.

Recommendations for action:

- Addressing power and gender dynamics that leads to exclusion and marginalization of key target groups may in turn lead to greater participation by these groups in FP dialogue. Men, as well as traditional and religious leaders may be valuable allies in this.
- As part of FP2020 commitments, Kenya has operationalized 118 Youth Empowerment Centres. At present, these are not being consistently used for the provision of youth friendly services. Accountability interventions could use these spaces to challenge unequal power dynamics and provide an opportunity for young people to articulate their needs.
- Building a sound evidence base for citizens' demands and building the capacity of communities to articulate these demands is an important element in supporting citizen belief that they can affect change.
- The Ministry of Health can play an oversight role in ensuring FP information is presented factually and without bias, alongside the Community Health Management Teams.

Increased political space for state-citizen engagement - problem analysis:

Devolution has resulted in formal mechanisms enshrined in the 2012 constitution for citizen participation and engagement in planning and budgeting. However, most counties are yet to put in place the legal mechanisms to operationalize citizen participation¹⁵. Social audit systems are not always effectively implemented and feedback mechanisms at the facility level are not operationalised. The Commission of the Implementation of the Constitution notes that devolution presents opportunities for greater state-citizen engagement, if interventions work both to increase state capacity to respond and citizens' capacity to make use of created spaces¹⁶. County councils are key power holders for FP, in particular the county Ministry of Health, County Health Management team and County Executive.

While it is important to acknowledge that the constitution has provided spaces for engagement there is a need to ensure that there is meaningful, inclusive participation by all members of communities in FP service delivery. At present, civic education is limited, but when meaningful opportunities exist communities have

demonstrated a willingness to engage in social budgeting and service monitoring. There are several CSOs who are engaged in FP service delivery as well as those directly working on governance and accountability, including health governance and FP advocacy.

Political space for accountability can be prone to obstruction on political grounds, particularly during election periods but civil society has tended to remain vocal nonetheless. Accountability programmes such as the Kenya Accountable Devolution Programme¹⁷ are showing how civil society can support increased transparency of health services, enhance community participation in health service planning and delivery, and introduce effective complaint redress mechanisms that do not further marginalise demoralised health workers with limited power. Advance Family Planning (AFP) is working to increase political commitment and financial investment in FP, including through the creation of technical working groups at National and County level which provide important spaces for FP accountability. AFP advocacy wins have included FP costed implementation plans in four counties, with allocated FP funds in the 2015/2016 budget. Further efforts are needed at a community level to ensure widespread awareness of opportunities and approaches to FP accountability, alongside a greater emphasis on the inclusion of young people and other marginalised groups.

The media landscape in Kenya has evolved rapidly in recent years as a result of devolution and increased access in technology. Currently there are over 200 radio stations, 20 TV channels, five country-wide newspapers and numerous media outlets around the county and regional level, with an increasing number of privately owned media. In a recent study, 74% of people trusted radio reports on politics and current affairs¹⁸. The opening up of the internet and increase of social media and blogging have taken civic engagement to a new level, with more people taking to social media to demand accountability and change. Most reporting on SRHR is limited to reporting topical days such as World Population Day, the launch of campaigns and paid for advertisements by donors in partnership with the Ministry of Health. There is no specific reference to FP2020 commitments and little in-depth reporting. The lack of journalists' interest may be attributed to an inability to interpret policies or a limited

understanding of the rights of communities to access services.

Recommendations for action:

- Working with members of the County Assemblies' health committees could increase understanding of the need to engage and respond to the community by prioritizing FP. Community Health Committees (CHCs) already include community representatives and with support can be a valuable voice for the community.
- Accountability efforts could build on the work of AFP by ensuring that counties are held accountable for the operationalization of CIPs by tracking disbursements and expenditure against budgets. AFP methods may be adopted in building support for FP CIPs in further counties.
- The role of the media could be strengthened through engaging investigative journalists, social media activists and the Bloggers Association of Kenya in order to increase civic understanding of FP rights and commitments. Civil society can support this through information sharing with the media and through strengthening citizens' capacity to engage directly.

Open, inclusive, responsive and accountable institutions - problem analysis:

Ongoing political instability and natural disasters in The Ministry of Health, through the national Reproductive Maternal Health Services Unit regulates the policy environment for FP in Kenya. The National Council of Population and Development (NCPD), housed within the Ministry of Planning and Devolution, holds the mandate to implement FP2020 commitments. The NCPD has a good working relationship with the Ministry of Health and a track record of collaboration. Kenya's FP2020 commitment is grounded in a pre-existing domestic prioritisation of FP within its Vision 2030, with a national Costed Implementation Plan preceding the 2012 commitments.

88% of public facilities in Kenya offer FP services. Community Health Workers are now able to provide injectable contraceptives, and Kenya has committed to scale up a voucher scheme in 5 counties, which to date has resulted in the

expansion of vouchers to 7 additional sub counties within the counties of implementation. Gaps in public provision including reliable method availability and accessibility of services results in a reliance on the private sector by many who cannot afford to do so. Sexually active, uneducated, adolescent girls (15-19 years) largely access their contraceptives from private pharmacies, incurring costs disproportionate to poorer rural adolescents' ability to pay. An inquiry into violations of Sexual and Reproductive Health Rights in Kenya by Kenya National Commission on Human Rights established that unavailability of FP commodities is the greatest barrier towards accessing comprehensive FP in Kenya¹⁹. The inquiry also noted that emergency contraception was not readily available to women in public health facilities, leading clients to pay over-inflated commercial prices.

FP2020 commitments included the reform of the Kenya Medical Supplies Authority (KEMSA) and a focus on commodity security. As a result, KEMSA is now an Authority with autonomy from the Ministry of Health. Decentralization has shaken commodity security, as procurement has shifted from a central process under KEMSA in consultation with the Ministry of Health to county level procurement in which KEMSA's role is not yet clear²⁰. Between 2014-16 donor funds provided the shortfall due to insufficient funding at county level and a lack of clarity as to roles and responsibilities at various levels. FP quantification, forecasting and reporting remains a challenge and results in poor supply chain management, alongside transport logistics, particularly in hard to reach areas²¹, and few counties have created specific budget lines for FP.

Weak coordinating mechanisms between donors and other development partners at national and county level has resulted in parallel procurement systems, warehousing and distribution of FP commodities. Redistribution mechanisms and shared commodity tracking within counties could alleviate some stock-outs, and the Tupange project²² has developed an SMS commodity tracking system using mobile technology to identify facilities with shortages and redistribute commodities based on need. Community monitoring and dialogue with Health Facility Management Teams is a potential area for greater accountability efforts, and at a national and county level the FP/SRH Technical Working Groups

would benefit from the inclusion of a more diverse range of stakeholders as well as a greater focus on accountability for quality services.

Funding for FP is largely reliant on donors and external support²³. It is anticipated that there will be gaps in the coming years unless a concerted effort is made to increase and sustain domestic funding which has been declining in relation to the Reproductive Health budget. In addition since Kenya is in the process of fully transitioning to a middle income country, external funding is expected to decline²⁴. In 2013/2014 over 80% of counties had allocated at least 15% of their budgets to health however in 2014/2015 less than 50% had met the 15% threshold. Key decision makers include members of parliament at the national level who debate and approve funds, County Executives responsible for planning and execution and the County Assembly that approves budgets.

In addition to insufficient resourcing of FP, mismanagement of resources contributes to poor service provision. Bribery, patronage, embezzlement, use of position for personal gain, leakage and misuse of public funds continue to characterize the health sector in Kenya²⁵. 41% of Kenyans rated the Ministry of Health as the second most corrupt Ministry in the country²⁶. Global Corruption Reports have found that the lack of accountability mechanisms within the health system contributes to abuse and misappropriation of funds²⁷. FP accountability interventions aimed at addressing these issues may benefit from coalition working across the broader health sector, as well as with non-health specific actors.

Recommendations for action:

- As FP commodities are procured centrally, counties should be urged to develop CIPs where absent, and to allocate FP funding to support FP related activities including: distribution and re-distribution, technical training for health workers, FP related consumables, FP data management and alternative distribution channels to reach the marginalized groups. Greater budget transparency will also support evidence based planning.
- To streamline and increase supply chain efficiency, further coordination at county levels is needed in line with the Kenya Health Policy (2012-2030), 2010 constitution, Vision 2030

and MOH- RH Commodity Security Strategy 2013-2017.

- In cases where there are chronic delays and acute stock outs of FP commodities, citizen participation in the tracking of commodities may support the call for alternative logistical arrangement for distribution and greater prioritization in addressing logistical and financial blockages.
- In order to address the issues around the capacity of health workers in forecasting, quantification and reporting, accountability interventions could work with health workers to highlight the need for supervision and training and bring this to the attention of the Ministry of Health.

Conclusion and general recommendations

Citizen empowerment and engagement in demanding improved FP services is an area with great potential in Kenya. Devolution offers an opportunity to address low civic awareness and disenfranchisement, with the creation of new spaces for engagement, scrutiny mechanisms and joint fora for dialogue. Accountability work in this area will need to think strategically in tackling entrenched power dynamics and control by elites, as well as ensuring adequate space for marginalized groups.

Elections in 2017 present both an opportunity and a risk to FP accountability. Political dialogue ahead of the election is an opportunity to sensitize both politicians and citizens on Kenya's FP2020 commitments, and the linkages between FP services and socio-economic development. Negotiating this successfully will depend on thoughtful messaging, with politicians being particularly aware of the potential voter losses in taking an unpopular approach to a sensitive issue such as FP. Equally, antagonistic accountability interventions may hold greater risks during this time.

These efforts alone will not be sufficient to support Kenya to meet its FP2020 commitments. Commodity security will also have to improve from the government and service provider's side of the equation: increased demand will need to be met with improved commodity supply. Greater transparency at the county and national level will

support efforts to correct institutional delays and failures in service provision, and a greater emphasis on domestic resourcing is critical to the sustainability of FP in Kenya. Devolution of the health system has resulted in a lack of clarity on roles and responsibilities and it is likely that accountability interventions will need to be highly adaptive and mindful of the potential challenges and opportunities for FP as the process continues to unfold.

ⁱ This brief is based on a full Country Context Analysis, available on request from Christian Aid and Plan International UK.

ⁱⁱ Also available on request from Christian Aid and Plan International UK.

³ Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671; and Fox, J.A. (2014) Social accountability: What does the evidence really say? GPSA Working Paper No. 1

⁴ Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

⁵ World Bank (WDR) (2014) *World Development Report: Making Services Work for the Poor*. Washington, DC: World Bank

⁶ Wales J. and F. Smith (December 2014) Initial review – Evidence on social accountability in fragile states

⁷ Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671

⁸ Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

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¹¹ <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2015.00024.x/full>

¹²

<http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=516>

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¹⁴ http://www.capacityproject.org/images/stories/Voices/voices_14.pdf

¹⁵ http://www.cickenya.org/index.php/reports/annual-reports/item/download/407_9924bfc3594ab34979073b79cf5ea734

¹⁶ <http://www.cickenya.org/index.php/reports>

¹⁷ <http://www.worldbank.org/en/country/kenya/brief/kenyas-devolution>

¹⁸ BBC 2013

¹⁹ Kenya National Commission on Human Rights (KNCHR), 2012 *Realising Sexual and Reproductive Health Rights in Kenya; Myth or Reality?* - Report on the public inquiry into violations of Sexual and Reproductive Health Rights in Kenya.

²⁰ Janet Fleischman and Katherine Peck (2015) *Family Planning and Women's Health in Kenya; the impact of U.S investment Centre for Strategic and International Studies (CSIS)*

²¹ MOH-CIP 2012

²² <http://www.tupange.or.ke/>

²³ <http://www.oecd.org/dac/stats/idsonline.htm>

²⁴ Janet Fleischman and Katherine Peck (2015) *Family Planning and Women's Health in Kenya; the impact of U.S investment Centre for Strategic and International Studies (CSIS)*

²⁵ Institutionalising social accountability in devolved governance Kenya 2015 Institute of Economic Affairs

²⁶ <http://www.eacc.go.ke/docs/health-report.pdf>

²⁷ https://www.transparency.org/research/gcr/gcr_health/0/