



Haki Africa
Q3 - 1 July to 30 September, 2020
Region : Mombasa
Call : SPAIS- TRAC

Project Context

1. Political: Political leadership of Mombasa County were involved in all levels of the project. These included the County Government where discussions were done with the governor Mr. Ali Hassan John, his deputy Mr. William Kingia and a number of County Executive Committee members such as CECMs for Finance Ms. Mariam Mbaruk and Health Ms. Hazel Koitaba. The governor and his county leadership opened up its books for the social audit and ensured that senior health officials were available to engage in the project and provide support whenever required by the social audit team. The area member of Parliament and a section of Members of County Assembly participated in the project and mobilized political support for the project. Participation of the political leadership gave the process political credibility required in such processes which made Mombasa County the first to undertake a social audit of its Covid-19 interventions.

2. Economic: The outbreak of Covid-19 pandemic led to economic lock down, which resulted, into loss of jobs since many industries and businesses closed down. Lock downs and announcements of curfews led several households to lose their sources of livelihoods, which led to starvation. The county government launched the food and nutrition programme and mobilized resources from state and non-state actors to provide food and other essential services to who were starving. The National Government implemented the Tax Law (Amendment) Act, 2020 with effect from 25th April 2020, which minimized financial burdens for Kenyans. These included:

- Reduced Personal Income Tax top rate (PAYE) from 30% to 25%
- Gave 100 % Tax Relief for persons earning up to Ksh. 24,000
- Reduced Resident Corporate Income Tax rate from 30% to 25%
- Reduced Turnover Tax rate for SMEs from 3% to 1%
- Reduced VAT rate from 16% to 14%

3. Social: Covid-19 pandemic led to loss of employment opportunities due to closure of businesses and companies. This sudden interruption to financial flow disturbed social structures of families which led to increased domestic violence as reported by the media. Community Social Audit Facilitators (CSAFs) and other project partners feared contacting the pandemic since the project involved interacting with several people hence increasing the risk of contacting the disease. Visiting the Coast General Hospital and Technical University of Mombasa Isolation Centre traumatized the CSAFs. There were also challenges to observing social distancing when implementing the project activities.

4. Technological: The project experienced the dilemma of choosing whether to administer data collection tools through online means to reduce exposure to Covid-19 or to organize FGDs and KIIs instead of public forums which was the initial plan. To generate accurate information, the later was selected. The pandemic also increased use of cashless payments. Not everyone has a mobile phone and small businesses didn't have cashless payment systems such as pay bill numbers and online banking. This would have contributed to resistance against government's Covid-19 interventions when people feel that their lives have been interrupted even though to protect them from the disease

5. Legal: The project drew its legal mandate from the Constitution of Kenya (2010) especially Chapter 4 on the Bill of Rights: Article 43 on Social Economic Rights , Public Finance Management Act (1999) and Tax Law (Amendment) Act, 2020.

6. Environment: During the implementation period, the weather was conducive and we did not encounter any difficulties due to weather change. The areas where the project targeted had fair standard of infrastructure that did not hinder the CSAFs in reaching out to the targeted audience.

Project Beneficiaries

Beneficiary	Male	Female	Total
PWDs	48	55	103
Youth	120	72	192
Minorities	0	0	0
Pupils	0	0	0
Students	0	0	0
Citizens	146	132	278
Total	314	259	573

Estimated number of indirect beneficiaries including those reached through media activities : **417480**

Project Results

Target	Activity 1.1 Inception forum #of stakeholders with appreciation of the project Target : 30 stakeholders
Result	573 beneficiaries directly got engaged in the project through different activities. Among the 573, 30 of the were the community score card facilitators who managed to be equipped with the knowledge and understanding of community score card and social auditing. The results achieved from the project was creating awareness to over 360 people who were engaged through FGDs on the services offered by the county health officers
Comment	The direct participants reached comprised of 192 (33.51%) youth, 103 (17.98%) PwDs, and 278 (48.52%) adults. 314 (54.80) were male while 259 (45.20) were female. The participants were engaged in different activities depending on the type of audience the project activity was looking at. The engagement was through trainings, workshops, community forums (FGDs) and dialogue meetings (KII).
Target	Activity 1.2 Activity 1.2 Health Sector Social Accountability Public Forums #of forums held in the 6 sub-counties Target: 100
Result	A total of 24 Focus Group Discussions (FGDs) were held in 6 sub-counties. 4 FGDs were held in each sub-county with 15 participants each. The 4 FGDs were distributed as follows: Youth, women, men and PwDs. 360 participants were reached through the FGDs. A questionnaire was developed which guided the discussions during the meeting and it also gave the facilitators got a chance to conduct a survey of how the community understood the service offered by county and utilization of Covid -19 funds.

Comment	The 5 Community Social Audit Facilitators (CSAFs) in each sub-county were in charge of mobilizing and facilitating the FGDs in their respective sub-counties. Key issues generated from the FGD where participants were documented and used to develop 10 social audit indicators. These were: Public information on Covid-19, transparency and accountability in Covid-19 funds management, community sensitization and engagement on Covid-19, management of Covid-19 related mental health and stigmatization, health facility preparedness , provision of health service , food and nutrition, inclusive of all sectors in management of the pandemic, management of lock down in Old Town and safety and security during the pandemic. The issues raised during these FGDs were presented to service providers for confirmation through KIIs that were conducted with several key county stakeholders like the Deputy Governor of Mombasa, Director of Public Health service, Chief Officer of Public Health, Director of Medical Health Service among others.
Target	Activity 2.1 Social Accountability training#of ToTs with knowledge on Social Accountability and Social Audits Target: 30
Result	30 Training of Trainers were trained on social accountability and social audits as Community Social Accountability Facilitators (CAFs) which comprised of 15 (50%) males and 15 (50%) females. The training identified 5 community members from each sub county of Mombasa county. The 30 CAFs were equipped with the knowledge and were able to use it in the implementation of the project activities.
Comment	The CSAFs were trained on social audits and the use of scorecards as a tool to undertake the social audit of two public health facilities in Mombasa County: Provisional General Hospital (CPGH) and Technical University Mombasa (TUM) Isolation Center. The CSAFs trained included 20 (66.67%) youth, 1 (3.33%) PwD and 9 (30%) adult citizens. The training was conducted in different phases and modalities. Some were conducted as a workshop others were done as field activities. During the training, CSAFs managed to come up with indicators from the issues that the communities raised which they later scored them based on the community's opinions.
Target	Activity 3.1 Social audit of County government's health department#of health facilities social audited Target: 30
Result	Services and availability of equipment of the two public health facilities in Mombasa County were audited. The two facilities are Coast Provision General Hospital (CPGH) and Technical University Mombasa (TUM) Isolation Center. The audit was conducted using score card method. The score card method was done through Focus Group Discussions with different categories of groups within the community. The categories for the FGDs were for men, women, youth and PwDs each consisting not less than 15 people
Comment	4 FGDs were held in each sub-county using a guide with questions developed under each of the 10 indicators. Responses from the FGDs were analyzed and presented to service providers through KIIs, which were conducted using a KII guide. Senior county government officials particularly those from the health department participated in the KIIs. After the KIIs, The CSAFs visited the health facilities to confirm information generated from the FGDs and KIIs.
Target	Activity 4.1 Public dissemination of Audit findings#of letters/petitions by ToTs and other community members seeking information from the county government on health related issues among others Target: 30

Result	At the beginning of the project HAKI Africa wrote letters to the Governor of Mombasa introducing the SPAIS project and what the organisation intends to do under the project. Several other letters were shared with the key people from the County Health Department including the CECM Ms. Hazel Koitaba requesting to interview them on Covid -19 funds and services. A questionnaire was also developed to gather information from the targeted people within the county government of Mombasa
Comment	Through the letters that were shared with the stakeholders within Mombasa county government, the process of conducting score card was made possible. Since the governor was informed of the project and the entire process, he even offered HAKI Africa his press room to conduct the interface meeting which enabled several county officers to attend the meeting. The questionnaires enabled the CSFs score the efficiency of county operations during Covid - 19 which helped in analyzing the audit findings.
Target	Activity 4.2 Monitoring & Evaluation #of outcomes harvested Target: 3 monitoring reports
Result	4 outcomes were harvested.
Comment	<p>-An induction meeting was at Royal Court Hotel on 3rd September 2020 with 30 participants, which comprised of representing HAKI Africa staffs, social audit facilitators, and national and county government representatives. 37 participants attended which comprised of 24 males and 13 females. There was 1 PWD male. The meeting introduced participants to the project and win their engagement throughout the project and the process to be followed in undertaking social accountability through the scorecard method. A criterion for selecting the CSAFs was agreed on. The participants also raised initial concerns regarding management of Covid-19 pandemic in Mombasa county, which was further, built on during the FGDs.</p> <p>-Social audit of the County Government's Health department based on the 10 indicators determined areas where the county government performed well and those, which needed improvements. The average score was 71%. The county did well in health facility preparedness (93%), provision of health services (75%) as well as food and nutrition (73%). It needs to improve on management of Covid-19 related stigma (61%) and transparency and accountability in management of Covid-19 funds (56%).</p> <p>- 24 FGDs were held in the 6 sub-counties (4 per sub-county) which harmonized community concerns, which were used to develop project indicators. These forums also improved the capacity of target communities to understand issues around COVID-19 that reduced their vulnerabilities to infections by the disease. They also reduced misunderstandings and animosities that initially met the County Government's response due to lack of adequate information sharing between the two levels. 367 participants who were directly reached through the public forums became Covid-19 champions. These included 197 males (53.68%) and 170 (46.22%). 98 (26.70%) were youth which included 65 (17.71%) male and 33 (8.99%) females, 91 (24.80%) of the were PWDs representing 44 (11.99%) males and 47 (12.81%) females while 178 (48.50%) were adults consisting of 88 (23.98%) male and 90 (24.52%).</p> <p>-The County government was very receptive of the Social Audit report and promised to use it as a tool for improving it's Covid-19 response as well as mobilizing other actors within the county towards coordinating multi-stakeholders approach to the pandemic. The governor led a large county delegation to the report dissemination meeting at the Treasury Square on 28th September 2020, which was attended by 100 participants, which comprised of 59 males and 41 females. 40 (27 male and 13 females) were youth, 8 (1 male and 7 females) were PWDs while 52 (31 males and 21 females) adults.</p>

Demonstration of project results / One Success story achieved with support from Amkeni this quarter

Title of the story

Upgrading Kongowea Dispensary to Level 4 Hospital

Context and Summary

Kongowea Dispensary is a county government health facility which was turned into a market place and a lorry parking space for sometime while the hospital was still operating. People were selling groceries just outside the dispensary and at the same time patients were being attended to at the facility. It was a dirty place and it posed a health risk to communicable diseases. In spite of this risk, most of the business men and women did not care and continued with their day to day businesses. The dispensary sits on a piece of land whose ownership is disputed. HAKI Africa was informed about this issue during one of the project FGDs in the area. The organization reported the issue to the County Government which sent a team to inspect the facility and has committed to convert the dispensary to a level 4 hospital. A committee that includes the Assistant County Commissioner; The area MCA and the respective CSAFs was formed to make follow ups regarding upgrading of the facility.

Situation obtaining before intervention (Factual information about the problem)

The services offered at the facility before the project intervention was sub-standard, the dispensary did not have adequate drugs and patients were required to buy them off-the-counters from private chemists which were expensive and beyond affordability of the patients most of whom were either jobless or were low income earners. The facility was also understaffed and the few staff available were required to perform all the duties at the dispensary including medical, administrative and support roles such as cleaning of the facility. It didn't matter whether they possessed a package of all the skills required to perform all the tasks. Staff supervision was very poorly done. The lab lacked most of the essential medical facilities while the VCT and TB services did not observe patient-client confidentiality due to overcrowding at the HTC center. A visitor at the dispensary couldn't escape foul smell and had to persevere the dirty dispensary that was now a market place

Interventions undertaken by IP and Community

The sorry state of the facility came to the attention of the project during one of the FGDs when it was raised as one of the major issues of concern in the area. The respective CSAF documented the case and reported it to HAKI Africa which discussed it further with the County Government Health Department. The department organized a visit to the facility and confirmed the report. The county government has intervened and plans are underway to transform Kongowea Dispensary to a Level 4 Hospital but a dispute regarding its land ownership is slowing the process. Meanwhile, the County Health Department has taken the matter seriously and has started building a perimeter wall to secure it. The Assistant County Commissioner; the area MCA, and the Community Scorecard Facilitators were given the mandate to follow up on the progress of this project and report back to HAKI Africa and the rest of the stakeholders. The community is continuously being engaged in the facility renovation process

Changes witnessed / Results

A scorecard of Kongowea Dispensary was developed through the support of the CSAFs which established that despite the Covid-19 guidelines issued by the Ministry of Health, the businessmen and women do their businesses just a few meters from the facility's windows. The scorecard also revealed community concerns regarding sanitation of the facility. The community appreciates the project's intervention which has resulted into the transformation work beginning to take place. The county government has sent its staff to take measurements of the perimeter wall whose construction is on-going to secure it from encroachment by local business men and women. The organization will continue monitoring the project to ensure that it's completed and adequate staff seconded to the facility. Upon completion, the expanded facility is expected to provide improved health services to the locals and beyond. The renovation process is expected to be transparent due to increased vigilance by the community

Gender Mainstreaming

The project reached 573 participants who included 314 (54.80%) men and 259 (45.20%) women. 103 (17.98) were PwDs, comprising of 48 (8.38%) and 55 (9.60%) women. The

project manager was a woman (Ms. Salma) as well as women of most of the KIIs such as . Mariam Mbaruk – County Executive Committee Member in Charge of Finance, Hazel Koitaba – County Executive Committee Member in Charge of Health, Dr. Khadija Shikely – Chief Officer, Medical Health Service and Pauline Odinga – Chief Officer, Public Health Service.

Gender issues were considered during the project activities by analyzing how the project indicators affected both men and women. One of the key issues which arose during the meeting was how expectant mothers were exposed to Covid-19 infection since there was no isolation facility for them and they had to share the same facilities with the rest of expectant mothers at maternity facilities. The social audit also assessed how the two facilities audited were PwD friendly.

Partnerships

1. County government: The project interacted with Mombasa governor, Mr. Ali Hassan Joho, his deputy Dr. William Kingi, County Executive Committee Member for Finance and Economic Planning Ms. Maryam Abdillahi Mbaruk, her Health counterpart Ms. Haizel Koitaba and other senior county health officers who interacted with the project through field visits and KIIs. Other elected political leaders were also involved in the project. 2. Communities: A section of elders helped in mobilization of participants and provided important information to the social audit team. Communities from the six sub-counties who participated in the various project activities especially the social audit of health facilities through FGDs helped in building strong partnerships which will be significant in escalating the social audit processes of not only the Covid-19 funds but also other development funds. These community networks will be engaged in implementing recommendations of the report. 3. The media: The media was significant partner that ensured that the project activities were disseminated to a wider audience 4. CBOS: The project partnered with 30 CSAFs recruited from the six sub-counties of Mombasa county. Some of the CSAFs who are leaders of community-based organizations are already planning some activities in their respective communities to train on social audit using the scorecard method.. Most of the CSAFs were from CBOs who were already partnering with HAKI Africa.

Challenges encountered during project implementation this quarter

1. A section of project beneficiaries did not understand that social audit was an assessment of the health facilities and not a financial audit. Awareness among the communities on the difference was raised during the FGDs

2. Allegations of lack of transparency and accountability in management of COVID-19 funds affected public trust in county government's management of COVID-19. This was addressed by engaging the community through the FGDs to raise their concerns that were used to develop the project indicators. The issues raised were addressed to the service providers for their response and feedback was given back to the community .The CSAFs were also selected from the community that sent the message that the exercise was community led.

3. Time was a major challenge since the project commenced late and the implementation time was reduced from 3 months to 1.5 months. This was addressed through re-planning which enabled the action plan to be implemented within the reduced time

Lessons Learnt about project implementation this quarter

1. Approaches that Worked: First, involvement of county government, political leadership, the CSAFs and communities from all the 6 sub-counties in the project, which built trust among stakeholders and made the process inclusive. Second, in spite of time constraints, the project was completed on time since the project team and the CSAFs put in extra efforts. Third, the use of FGDs in all the 6 counties targeting women, youth, PwDs and men ensured that issues from critical constituencies were captured from all the 6 sub-counties.

2. Innovative Approaches: The concept of Community Social Audit Facilitators (CSAFs) and the use of the scorecard method in undertaking social audit were innovative approaches which ensured that the process was citizenry driven .During post project review with the CSAFs, they noted that they would like to use the scorecard method in monitoring other development projects in their localities. Some reported that they had already started the process.

3. What needs to be done differently: More time needs to be allocated to the project so that more information from the communities can be collected through additional FGDs. The audit should be extended to future assessment of Covid-19 funds, which are yet to be utilized and to other in-kind contributions to the county.

4. Surprises that the team dealt with: The county government easily accepted to open its books for the social audit and the CSAFs embracing the scorecard concept even though it was a new concept to most of them were positive surprises. Some community members felt that the social audit exercise was meant to 'sanitize' the county government's management of Covid-19 funds which was a negative surprise.

5. What was unanticipated: That the project would be delayed and its implementation time reduced by 1.5 months and over expectation from the CSAFs which the project could not meet but this was well explained to them and there was a consensus.

Recommendations

1. Adequate time needs to be allocated towards implementing the project activities
2. The CSAFs need to be supported to continue disseminating and escalating the project findings within their communities. During the FGDs, a section of the community requested that the results of the social audit be reported back to them. At least one feedback session needs to be done in each sub-county.
3. Resources should be allocated to remunerate the CSAFs who were actually volunteers in the project and some of them had to juggle between volunteering in the project and attending to their usual sources of livelihoods.
4. The project should be supported to undertake a financial audit of funds received from national government, development partners and well-wishers for Covid-19 pandemic.
5. HAKI Africa needs to be supported to undertake similar social audit first at the other coastal counties and later to other parts of the county.
6. A Swahili popular version of the social report should be produced for non-English speaking members of the community. HAKI Africa should engage the county government on modalities of addressing indicators where the government needs to improve.
7. After separate meetings of the communities and the county health officials, there should be a convening that brings both sides together to review community issues against county government responses before the final report is produced and disseminated
8. An external evaluation of the project should be done.

Monitoring and Evaluation

M&E Activity	Key Outcomes / Observations	Recommendation	Action Taken
The project was monitored by HAKI Africa management which ensured that an officer was present in all activities to confirm that the activities were undertaken, required documentation done and that the activity plan was implemented within stipulated timelines through accelerated delivery. The M&E consultant attended some of the project activities, reviewed all project reports and ensured that they met	Effective monitoring of the project led to its delivery within stipulated times. The project outcomes were also achieved through implementing all the project activities. The project received a buy-in from the county government led by the governor who thanked HAKI Africa for taking the initiative to hold it accountable. He promised to act on the project's recommendations and improve his government's	<ol style="list-style-type: none"> 1. The project needs to be extended to allow for implementation of its recommendations. This should include a financial audit of Covid-19 response expenditure which goes beyond assessment of the two health facilities 2. There is need for a more comprehensive evaluation that involves all major stakeholders. This activity should come up with a comprehensive action plan to implement the project's recommendations. 	<ol style="list-style-type: none"> 1. The project plans to request UNDP to consider funding the second phase of the project to address recommendations of the project. 2. The project plans to book an appointment with the county government and other strategic stakeholders to plan implementation of the recommendations of the report. 3. The project will plan with UNDP and the county

the requirements of the grant. There were weekly management meetings to review the project progress. An open communication system allowed the CSAFs to regularly report their achievements and challenges to the management for timely intervention. The project manager led the report development processes while the executive director reviewed and approved all the project reports before submission to UNDP. The following M& E activities were performed during the project implementation:

a) Field Visits: HAKI Africa staff undertook field visits during awareness Health Sector Social Accountability Public Forums, training on Social Accountability and Social Audit of County Government's Health Department to ensure that the CSAFs were available during the activities, the planned number of participants were present, the content being delivered was the right one and was being done on the right way, participants were engaged and that required documentation was being done such as registration of participants and filling of reimbursement forms. HAKI Africa also got a chance to interact with the community and duty

partnership with the civil society and the private sector. Outcomes per M&E activity is outlined below:

- a. Field visits: Activities were implemented according to work plans and proper documented due to presence of HAKI Africa staff who ensured quality standards were observed.
- b. Assessments: The project produced credible information since issues generated from the community through FGDs were verified through visiting the health facility. This led to updating of reports from community with results of verification.
- c. Reviews: Reports produced met required quality standards since they passed thorough different reviewers. These reports can therefore be published for widespread dissemination.
- d. Evaluations: The project was able to establish its achievements, lessons learnt, challenges and required future action points from the evaluation with CSAFs.

government the possibility of conducting a more inclusive evaluation with project stakeholders.

bearers during the field visit and make significant observations.

b) Assessments: The project team visited Coast General Hospital and Tum Isolation Centre to verify information that was generated by communities during FGDs.

c) Reviews: The executive director, his deputy who was the project manager and the M&E consultant reviewed the training tools, data collection tools, activity reports and social audit reports for quality control. Data collection tools were pre-tested before final versions development. Feedback was given to respective CSAFs and project staff for action. The executive director sent out no tool or report before due diligence approval.

d) Evaluations: Activity evaluations were done regularly with project staff and CSAFs. Feedback from these sessions were used to improve future activities. An end project evaluation meeting was done with the CSAFs who identified project achievements, lessons learnt and challenges.

Upcoming Activities Next Quarter

Activity	Venue	Date
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Risks and Mitigation Measures Undertaken

Risk	Mitigation Measure
<p>1. Environmental risks: The project team faced the risk of getting Covid-19 infections since they visited two health facilities which were handling Covid-19 cases. No positive case was reported during the project</p> <p>2. Financial: The project faced the risk of loss of money on transit due to theft or fraud by project team. There was also the risk of not getting information on financial status of Covid-19 funds from the county government. No financial risk was faced during the project</p> <p>3. Political risks associated with the county government especially the health department refusing to provide information regarding utilization of Covid-19 was faced during the initial stages of the project. This however improved as the project progressed and the county government embraced it.</p> <p>4. Security risk: The project faced the risk of its team being attacked by those resisting the project during filed visit. This however didn't happen during the project</p> <p>5. Operational risk: The project faced the risks of omission and commission by the project team because of not observing grant conditions and HAKI Africa's internal policies. .</p>	<p>1. Environmental risks: The project observed Ministry of Health Covid-19 regulations</p> <p>2. Financial risks: HAKI Africa project staff ensured strict compliance with UNDP grant conditions and its internal financial management policies.</p> <p>3. Political risks : Political leaders were involved in all phases of the project. Consultations were done with the governor , his deputy CECMs for health and finance as well as local MP.</p> <p>4. Security risk: The project ensured that appointments with county government officials were confirmed prior to the KIIs. CSAFs also conducted FGDs in their respective sub-counties where they were familiar. County security agencies were aware of the project activities.</p> <p>5. Operational risk: HAKI Africa management dedicated the deputy ED to be the project manager who ensured that grant conditionalities were observed and that HAKI Africa's internal policies were employed in ensuring due diligence in implementing project activities.</p>

Cumulative Financial Summary

Cumulative Financial Summary

Approved Budget :
 Total Expenditure :
 Balance of Funds :
 Delivery : %

Report Compiled by : Salma

Hemed

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Date : 10/3/2020 9:15:58 AM

Project Donor(s)

UNDP



Photo 1: 1. The county health officers during the interface meeting

I will add other photos tomorrow with the help of Atrash



Photo 2: Project Manager facilitating during a training on Social Accountability



Photo 3: Governor Hassan A. Joho during the Public Dissemination of Audit Findings



Photo 4: Participants during Focus Group Discussions conducted during Public Health Sector Accountability Forums



Photo 5: One of the facilities that was audited.