

WORKSHOP TO INCREASE CAPACITY OF LOCAL CSOS TO EFFECTIVELY ADVOCATE AROUND BUDGET CYCLE TRACKING, BUDGET ADVOCACY AND SOCIAL ACCOUNTABILITY FOR SRH COMMODITIES

4TH -6TH JUNE 2019; MELILI HOTEL, NAIROBI

TRAINING REPORT



**PREPARED BY: ACCESS TO MEDICINES PLATFORM FOR META KENYA UNDER
THE HEALTH SYSTEMS ADVOCACY PARTNERSHIP**



INTRODUCTION

1.1 Background

The second CSO training to increase capacity of local CSOs to effectively engage in lobby and advocacy covered the topics around budget cycle tracking, budget advocacy and social accountability was held in Nairobi between the 4th to the 6th of June 2019. This training brought together a total of twenty-eight local Civil Society Organizations working in 12 counties in Kenya, namely: Nairobi, Nakuru, Kisumu, Vihiga, Kakamega, Siaya, Narok, Bomet, Kwale, Mombasa, Kajiado, Isiolo. These CSOs represented organizations that work on Sexual and reproductive health, Gender based violence, women empowerment programs, youth and adolescents networks, youth parliaments in Mombasa and Siaya as well as the media.

1.2 Training Objectives

- Sensitize and educate the participants on county functions and county budget making process.
- Educate and empower participants on the avenues for participation in the budget process and how to engage with the county governments for increased budgetary allocations for SRH commodities in particular.
- Build capacity of CSO participants on the concept of social accountability and the various mechanisms for holding duty bearers to account and monitoring delivery of services at the county government level.
- Build the capacity of CSO participants to effectively conduct policy and budget advocacy and tie to the social accountability and budget making mechanisms

The three-day training focused on imparting the participants with necessary knowledge and expertise to effectively engage in budget processes and effectively engage the county governments in order to improve prioritization of budgetary allocations to SRH services and commodities. The training also aimed to capacitate the CSOs to effectively hold the county governments and service providers accountable through monitoring of service delivery.

Through signing of a Partnership agreement of collaboration on a range of activities, the training was facilitated by experts in the field of budget processes and social accountability, the Health Rights Advocacy Forum (HERAF). They were supported by a team of experts from the various topics of training who included:

NAME	ORGANIZATION	TOPIC COVERED
1. Catriona Mumuli	HERAF	Kenya Health System under devolved system. Understanding the budget process in Kenya at National and County level.



2. Christine Ajulu



HERAF



Overview and implications of the constitution to the Health System.
Introduction to the concept of social accountability.
Methods and tools of social accountability.
Engagement of community members in health policy and budget advocacy.

3. John Kinuthia

International Budget Partnerships (IBP)

Perspectives of budget cycle and tracking for effective advocacy.

4. Irene Otieno

National Taxpayers Association (NTA)

Case study on social accountability

5. Linda Wanjiru

KELIN

Rights based approaches for policy advocacy and decision making.

6. Happiness Oruko

Amref Health Africa

Monitoring progress and outcomes-
Using outcome harvesting tools.

Opening remarks- Dorothy Okemo, MeTA Kenya Coordinator and Executive Officer, Access to Medicines Platform

The MeTA Kenya Coordinator started by welcoming the participants to the second workshop to increase CSO capacities in lobby and advocacy. She noted that last year the training focused on policy advocacy, effective communication and use of research in evidence based policy advocacy. She then acknowledged the presence of Mr. Roy Douglas, coordinator of MeTA Kenya CSO Lake basin Alliance on SRHR, while explaining that this alliance was born out of last year's training where a group of CSOs decided to form a network that would give them a bigger voice with which to advocate with. This CSO alliance had within a very short time been recognized by the county government of Kisumu as the to go to CSO network on SRHR.

She emphasized that the training not only aimed at giving knowledge to the CSOs but also enable the CSOs have a bigger voice and impact in their advocacy work and a seat around the decision making table. She added that there had been an overwhelming response to the call for training with over 110 participants applying for the course. Out of this only the 28 CSOs in the room had been selected based on a number of parameters. Being the chosen few, she encouraged them to make the best of the opportunity, learn as much as possible, remain active and engaged throughout and post the training to sustain the partnerships that will be formed.

The MeTA Kenya Coordinator then proceeded to give a brief introduction of Access to Medicines Platform (AtMP). She explained that ATMP is a local NGO implementing the MeTA concept on behalf of Health Action International based in Netherlands. She also added that the current project funding the training was Health Systems Advocacy Partnership (HSAP), which brings together many others organizations including AMREF, ACHEST. On HSAP, she noted

that the main objective of the project was to strengthen health systems for the highest attainable sexual and reproductive rights. The focus of ATMP is advocacy around SRH commodities like contraceptives, medicines for maternal health, child health, new born health and treatment of STI.

She concluded by informing the participants that they had brought together a great team of trainers and presenters who are experts in the fields of the capacity building over the next three days. The training program would therefore ensure that the CSOs are empowered enough to support their work in the counties as they were the ones who knew the needs of the communities they represented. Experts from institutions such as Health Rights Advocacy Forum(HERAF), KELIN, International Budget Partnership(IBP); National Tax Payers Association (NTA)who specialize in the field of budget cycle tracking and monitoring budget advocacy and social accountability would form part of the team of experts for the training.



MeTA Coordinator-Dorothy Okemo, giving her opening remarks

1.3 Training Sessions

Participants expectations

The meeting started with the participants sharing their expectations as far as the capacity development over the next three days was concerned as outlined below:

1. To understand social accountability and budget process
2. To know the role of counties in SRH
3. To understand how CSOs engage in budget processes
4. The mechanisms to engage with the county executives
5. How CSOs can ensure government can invest more on software than hardware
6. Why and how CSOs in SRH are not doing well on budget advocacy



- Budget increase
 - Budget prioritization
7. To know influencers of social accountability and budgets
 8. To learn new ways young people can employ on social accountability and budget utilization
 9. To understand the current data on SRH-how to incorporate policies and budget making
 10. Engaging the communities in budget processes.
 11. To demystify and give budget process a human face
 12. How to engage communities to participate in budget cycle-community empowerment
 13. To know best order and approaches of engagement
 14. To deliver expectations of the training
 15. Networking and collaboration
 16. Teen pregnancies-is there budget allocation to curb it?
 17. To find out at what level does policy advocacy play role in social accountability and budget cycle.

Overview of the constitution and implications of constitution to health systems- Christine Ajulu, HERAF

Ms. Ajulu commenced by giving a brief of what Health Rights Advocacy Forum(HERAF) does. She mentioned that HERAF had been in existence since 2006.They work around mental health, budget planning at both national and county level, social accountability and evidence based advocacy. She added that HERAF actively works in Kajiado, Kilifi, Narok and Nairobi counties and through partnerships in Elgeyo Marakwet, Makueni and Migori counties.

She hoped that the training will enable the CSOs to understand, internalize and conceptualize the budget process and how they can engage in the process. In addition to that, the CSOs should be able to learn about advocacy and what it was all about. The concept of constructive and non-constructive advocacy and its value addition when lobbying for policy changes. Finally, the training aimed to enable the CSOs learn about social accountability, communities asking the right questions and ensuring they get the right value of their money, target being on SRH commodities. She also reiterated on the need of forging partnerships and working together as CSOs.

Ms. Ajulu started her session through an open discussion with the participants to gauge their knowledge on the Kenyan constitution. Some of the clauses that were highlighted included clauses on the sovereignty of the people, declaration of the republic, devolution and access to services, national values and principles of governance and the economic and social rights as stipulated in article 1,4,6,10 and 43 of the constitution respectively. She emphasized on Article 43.1(a) which states that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Further to that, the other key areas mentioned in the constitution and are relevant to health include equity whereby in article 56 states that the State shall put in place programmes to ensure that the minorities and marginalized groups are have reasonable access to water, health services and infrastructure and devolution in articles 185,186 and 187.

While delving into her presentation, Ms. Ajulu introduced human rights and the right to health. Human rights are a set of internationally agreed legal and moral standards that get translated into domestic laws i.e constitution. She stated the characteristics of human rights as below:

- a. Universal-human rights are same for everyone
- b. Focus on inherent dignity and equal worth of all human beings
- c. Indivisible and interdependent
- d. Cannot be denied or taken away
- e. Protect individuals in this case, citizens of Kenya
- f. All rights are equally important

She further added that the state assumes the obligation and duties to respect, protect, facilitate and fulfill human rights to its citizens. She concluded by stating that lack of attention to human rights can have implications on health. Health policies designed or when implemented could have violations on human rights and is therefore important as CSO to do strategic mapping and know the rights based approach in health services provision. According to the constitution, the criteria to evaluate the right to health should be based on the availability, accessibility, acceptability and quality aspects of health services which simply put as the 3As and a Q, all in an inclusive process that is not discriminatory.



A participant leading discussions.

Constitution and Health Devolution in Kenya- Catriona Mumuli, HERAF

Ms. Catriona started by defining devolution as the transfer of powers from the central government to local units. Chapter eleven of the constitution of Kenya on devolution provides that the county governments shall be responsible for all social services except education which shall be executed by the national government alongside foreign affairs, security and defense functions.

Objectives of devolution

While making her presentation on objectives of devolution, Ms. Catriona delved into the objectives of devolution as below:

1. To promote democratic and accountable exercise of power.
2. To foster national unity by recognizing diversity
3. To give powers of self-governance to the people and enhance participation of people in the exercise of the powers of state.
4. To recognize the right of communities to manage their own affairs and to further their development
5. To protect and promote interests of the minorities and marginalized communities.
6. Enhance checks and balances and separation of powers.
7. To facilitate decentralization of state organs, their functions and services from the capital of Kenya.
8. To ensure equitable sharing of national and local resources throughout Kenya
9. To promote social and economic development and provision of proximate, easily accessible services throughout Kenya.

She also emphasized on the importance of understanding the county health structure as it guides on who is responsible for what and at which level. For example, National governments are responsible for policy formulation while the counties on implementation. She then presented the four tier health system which describes the various services provided in the health system.

- **Community services:** all community based demand creation activities organized around the comprehensive community strategy defined by health sector.
- **Primary care services:** dispensaries, health centre and maternity homes of both public and private providers.
- **County referral services:** hospitals operating in 4 tiered health systems structure managed by a given county.
- **National referral services:** units providing tertiary /high specialized services. She briefly discussed the laws that guide devolution in Kenya laying emphasis on the county government act 2012 and the public finance management act 2012. She explained that the

County Government Act gives effect to chapter 11 of the constitution and also provided county governments with powers, functions and responsibilities to deliver services. Public Finance Management Act on the other hand, is an act of parliament to provide for the effective management of public finances by the national and county governments.



Catriona Mumuli-HARAF making a presentation on Health care systems under devolved system.

Understanding the Budget process in Kenya at National and County Level- Catriona Mumuli, HERAF

Understanding the budget process in Kenya requires one to comprehend the entire budget cycle process from development of budget estimates, presentation review, public input and participation, presentation, approval and tracking of expenditure. A budget is a document that sets out how much money is coming in and from where and what it will be spent on. She added that public budgets are the instruments through which governments allocate the country's financial resources and are usually drafted at regular periods to cover a fixed period of time, referred to as a fiscal year.

She noted that the Constitution and the Public Finance Management Act guide the budget process in Kenya which takes place at both the national and county governments. She reiterated that the budget process in Kenya is an important part of government planning and decision-making. It is a comprehensive process that begins in August of the current financial year to December of the next financial year. She informed the participants that a full financial year in Kenya begins on 1st July of the current calendar year. It ends on 30th June of the coming year. She then proceeded to present the principles to be adhered in budgeting as laid down in article 201 of the constitution. These are:

1. There shall be openness and accountability, including public participation in financial matters.
2. The public finance system shall promote an equitable society.
3. The burdens and benefits of use of resources and public borrowing shall be shared equitably between present and future generations.
4. Public money shall be used in a prudent and responsible way; and
5. Financial management shall be responsible, and fiscal reporting shall be clear.

As she concluded, she noted that those principles could only be achieved if all stakeholders including the CSOs played their watchdog role to ensure prudent expenditure and utilization of public resources. The facilitator proceeded to present on budget cycle as a four stage process with each stage being led by different arms of the government and independent offices.

- **Formulation** ó the budget is usually drafted by the budget office in the Ministry of Finance. It's based on national projections for economic growth, inflation, and demographic changes, and will reflect goals such as raising or lowering taxes, or increasing expenditure for agreed priorities. The lead actor at this stage is the Executive arm of the government. She went further to mention the budget documents used in the formulation stage i.e the circular which is issued by the national treasury, the annual development plan, County Fiscal Strategy Paper(CFSP), County Budget Review and Outlook Paper(CBROP) and budget estimates.
- **Approval** ó the draft budget is discussed in parliament/county assembly and approved (sometimes with amendments) and enacted into law. This stage may include public hearings, and is generally when budget information becomes publicly available. Important documents used at this stage are Finance Acts and Appropriation bill.
- **Implementation** ó the government implements the budget by disbursing funds and monitoring expenditure to ensure that it is in line with the budget. It also involves reviewing and reporting on budgeted revenues and expenditure every three months. The budget documents used at this stage include the quarterly implementation report by the controller of budget and the national government.
- **Audit and Evaluation** – It is the final stage of the budget process whereby an independent audit by a qualified body or the auditor general check whether the budget was implemented efficiently, and in line with plans. The audit report confirms whether or not both government levels spent public money lawfully and in an effective way.



Budget cycle stages

Evidence based advocacy –Availability, Affordability and Stock-outs of SRH Commodities in 9 counties in Kenya presentation by Dorothy Okemo (Access to Medicines Platform/MeTA Kenya)

The Executive officer of Access to Medicines platform made a presentation to share the findings and recommendations of Availability, Affordability and Stockouts of SRH commodities in select counties of Kenya. The purpose of sharing the results was to focus the entire training around role of CSOs in conducting budget advocacy for SRH commodities based on evidence. As she had mentioned earlier, apart from building CSOs capacity to advocate, MeTA Kenya provided the evidence with which the local CSO partners could use to support their policy and budget advocacy efforts at county level and especially in the counties where the research was conducted.

She noted that the study began in 2017 with seven counties one each from the former 8 provinces. In 2018, the counties were increased to 9 and in 2019 an additional 3 counties will be added in the study to bring a total of 12 counties. In 2018, data was collected in 169 facilities across the public, private and mission sectors. The research aimed to establish what price SRH commodities are sold at, do the price and availability vary across sectors and counties? Are the commodities affordable and from the providers perspectives, what are some of the barriers to access and what can be done about the barriers. She also mentioned that the commodities being looked at were not only contraceptives but also for maternal health, new born and child health commodities, STI commodities and SRH devices.

She summarized the results as follows:

1. Overall mean availability dropped from 46% in 2017 to 36% in 2018. This was a worrying trend.
2. Availability was highest in the public sector with 45% as good range of commodities specifically contraceptives are free of charge. Despite that, 45% was still below average.

3. The highest availability of contraceptives was male condoms 98%, followed by Emergency Contraceptive Pills(ECP) 85% then birth control pills at 71% in the public sector. Mission sector recorded lowest availability on this-43%, for obvious reasons being they are faith-based facilities.
4. For the new born and child health commodities, ORS that is used to manage diarrhoea in children was available at 36% ,70% and 66% in the public, private and mission sectors respectively. What does this mean for a sick child in the rural area who goes to a facility and cannot access this basic commodity?
5. Oxytocin injection which is used to induce labour and treat post-partum hemorrhage was available at 85% in the public and 66% in the mission sector. Misoprostol, another maternal health commodity used for treating postpartum hemorrhage was available at 42% in the public though the low availability was linked to the fact that it is also used for abortion so it is not stocked by many facilities. STI management commodities were available at 70% in the public sector.
6. Stock outs were established from 6 months stock records in the facilities. Out of the 37 commodities looked at in the public facilities, 23 experienced stock outs. Example of such commodities included female condoms because of the low demand and penicillin used for syphilis treatment which was stocked out at 20% of the period. For the mission sector, 11 out of 36 commodities were stocked out mostly the contraceptives and levenorgestrel.
7. Qualitative analysis addressed challenges to access, cost to patients for commodities bought over the counter and Stockout issues and lack of demand. Stockouts was experienced due to factors like poor stock management, high demand than supply and issues of supply chain.

Some of the key recommendations included:

- With the focus on Primary Health Care(PHC) for attainment of UHC, there is need to increase knowledge for the community health workers to support provision of SRH services especially in the hard to reach areas and marginalized communities.
- Multi-sectoral approach in the provision of health services and commodities by integrating health financing system to facilitate provision of health care across all sectors.
- Demand creation and raising awareness through client-community education and this can be done by the CSOs to demystify the myths and superstitions from the communities.
- Creation of functional youth friendly centers that are resourced to provide services, commodities and information to adolescents and youth whenever they need them. This will aid in the implementation of the FP 2020 commitments and also in curbing the ever rising cases of teenage pregnancies across the country.
- Improving supply chain by ensuring accurate quantification of SRH commodities

- Improving infrastructure and access to health facilities for provision of health services and commodities especially in the marginalized and hard to reach areas eg. two of the survey counties Narok and Isiolo.
- Support for local production of the essential SRH commodities.

At the end of the presentation copies of the infographic and booklets were disseminated to the participants. This was in addition to encourage the participants to visit the website for more information and actively participate and follow on twitter and facebook.



MeTA Kenya coordinator making a presentation on availability, affordability and Stockouts of SRH Commodities

Recap of day 1

On the second day of the training, the MeTA Kenya Coordinator moderated the recap of the day one discussions session with a recap round from each of the participants. One participant noted that while the report showed a high availability of condoms at 98% the prevalence of teen pregnancies was on the increase and sort to know why this was the case. The MeTA Kenya Coordinator pointed that availability did not necessary translate to access for the teenagers and youth and that is why, a specific recommendation was made for setting up functional youth friendly centers that provide comprehensive youth friendly SRH services including commodities and information. With functional youth friendly centers, the youth will be able to access services at safe spaces whenever they need them. Another important point noted from the report was the low uptake of vasectomy as a method of contraception by the men.

The role of CSOs in advocacy was also pointed out, where local CSOs were the greatest agents to apply double pressure advocacy both with policy and decision makers at the top and communities at the bottom. CSOs were encouraged to always represent the interests and needs of the communities they represent rather than their own. It was also noted that advocacy goes hand in hand with facts thus it was necessary to conduct evidence based advocacy. Participants were also urged to make use of the available knowledge products including those produced by MeTA Kenya to form basis of their advocacy efforts.

Lastly, a participant noted the importance of understanding the budget process and knowing the best time to raise our voices in matters concerning the budgets. He argued that most of the time, CSOs tend to advocate for the right message but at the wrong timing thus not making the intended impact.



Recap of day 1

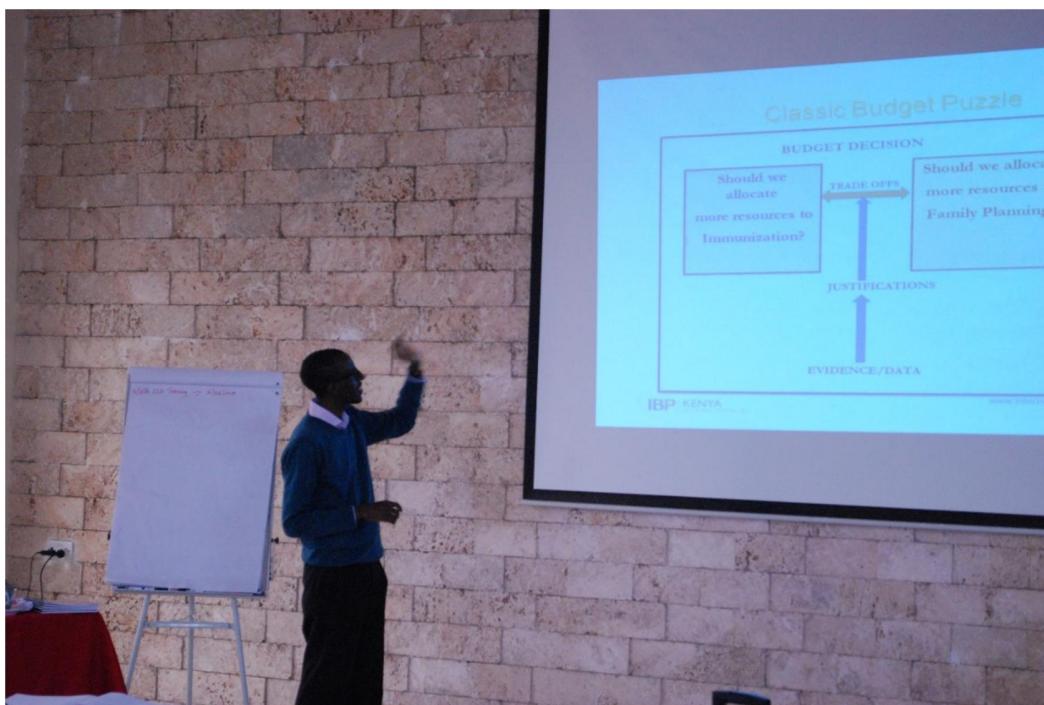
Presentation on perspectives of budget cycle and budget tracking for effective advocacy- J. Kinuthia –International Budget Partnership(IBP)

While making his presentation, John Kinuthia from IBP who is an expert on matters of budget cycle tracking and monitoring started by demystifying the budget process and belief that budget process was too technical, a fact that hindered CSO involvement and participation and by extension meaningful public participation as required constitutionally. He also explained how the conversation around budget had become decentralized since the beginning of devolution a function that fell under national government previously. In his presentation, he introduced the classic budget puzzle which explained why budgets are allocated based on evidence.

He further explained that the evidence provided the justification as to why a certain amount was allocated to one activity as compared to another and that budget processes are a trade-off based on equally competing priorities. He encouraged the CSOs to always get evidence to argue their cases during formulation stage as this would inform advocacy around budget process.

Another myth that J. Kinuthia demystified was that of the government knowing everything. He informed the participants that most of the issues affecting the communities are not known in depth by the government. It was therefore important to note this role of CSOs to act as the link with communities and inform government of priorities at community level.

He then proceeded to take the participants through the budget cycle which he mentioned goes for way longer than 28 months. He explained that budgets take a long time from the time the budget circular comes out to the time the auditor general gives the audit report. It was therefore important to be attentive and follow the process from the time formulation starts to that of implementation when doing budget advocacy. He reiterated that this was important because most of the time when the process is not followed then the money which was meant for a certain activity is pushed to a different one during implementation, through supplementary budgets as public participation does not take place at this point.



J. Kinuthia, IBP- perspectives of budget tracking for effective advocacy

Case studies and experiences presentation on HERAF's work under the Centre for International Private Enterprise (CIPE) project in Nyeri, Kilifi and Elgeyo Marakwet counties- Catriona Mumuli, HERAF

Catriona started her presentation by informing the participants that the CIPE project entailed promoting civil society participation across budget cycle processes across county government in Kenya. It was a two-year project, undertaken in Nyeri, Kilifi and Elgeyo Marakwet counties and funded by CIPE. She explained that the process directly contributed to improved governance outcomes by opening up government budgets to public participation scrutiny and contribution.

While explaining the approach used to undertake the project, the facilitator mentioned that government officials, legislators and civil societies were engaged in the process. She noted that improving the responsiveness, accountability and transparency of governance was important in achieving social and economic development. Target audience for the project included other CSOs, business people, religious leaders, county government executive members and health facility committees among others. She added that to improve on coordination and advocacy, the CSOs formed budget coalitions that enabled them to speak in one voice and coordinate engagements across the budget cycle. The approach used involved members' mobilization, capacity building, planning and consultation meetings, pre and post budget forums. Some of the key achievements realized by the various coalitions were:

KEY ACHIEVEMENTS

1. Kilifi County Citizen Forum(KCCF) Achievements

- Organized communities in the seven sub counties to discuss Kilifi County Integrated Development Plan (CIDP) and County Fiscal Strategy Paper(CFSP)
- Public hearing meetings 2018/2019 took place for the first time in the wards to discuss matters of budget making processes
- Facilitated each of the seven counties to develop budget memorandums which were then consolidated into one and submitted to the county assembly.

2. Elgeyo Marakwet Civil Society Organizations (EMCSO)

- Out of 10 proposals submitted to the county government, 4 of them made it to the 2018/2019 approved budget

3. Nyeri County Budget Coalition(NCBC)

- Out of 17 proposals, petitions and suggestions submitted to the county government by the coalition members, 7 of them made it to the 2018/2019 approved budget.
- For the 1st time Nyeri county held sub-county forums.

KEY RESULTS

1. Increased CSO members' ownership of the developed coalitions. The members went beyond the project to develop coalition documents including constitution and charter.
2. Increased awareness on public sector budget making processes among the targeted CSOs.
3. Increased access and utilization of budget information. This was indicated by the increased number of CSOs and people referring to budget documents when engaging in budget discussions.
4. Enhanced capacity of budget coalitions to develop clear and precise proposals that are straight to the point and easily understood by the county assembly and executive. For instance, a case in point was in Kilifi where coalition used develop 32 page proposals and has now graduated to develop 3 page proposals that are straight to the point.
5. Increased participation and engagements in budget forums.
6. Proper channels for communicating the budget information were created to facilitate active participation of the citizens.
7. CSOs were instrumental in representing citizens' views and exerting pressure to county governments to prioritize community's issues.
8. Capacity building among the CSOs enabled them to comprehend the budget process and made suggestion that made their way into the approved budget.

Introduction to the concept of social accountability – Christine Ajulu, HERAF

The facilitator defined accountability as the obligation of power holders to take responsibility for their actions. Social accountability is therefore an approach towards building accountability that relies on civic engagement i.e in which ordinary citizens or CSOs participate in exerting accountability.

She explained that government officials and power holders must obey the law and not abuse the powers bestowed upon them as they are responsible for their conduct. In addition to that, they must serve the public interests in an efficient, fair and professional manner. She further explained that social accountability could be vertical or horizontal. Vertical accountability is whereby the government is required to report downwards to the public whereas horizontal required government officials to report sideways to other agencies and officials in the state.

She further explained that social accountability was important as it contributed to effective development, good governance and enhances empowerment and transparency. Whereas social accountability had a number of benefits, it also had its risks which she stated as:

Risks of social accountability were:

- Raised expectations
- Lack of sustainability or institutionalization
- Mechanisms may not result to improved services
- May create tension between citizens and authorities
- It may involve a small group of actors- elite capture

She concluded by mentioning the key concepts related to governance and social accountability. These were the CSOs who were to hold leaders accountable and ensure the voices of the people are heard, participatory development which enables the public to take part in decision making through public participation. In addition to that, democracy and citizenship was also a key concept to governance and social accountability as it enables citizens to exercise their rights in attaining social accountability.

Methods and tools of social accountability

While sharing the methods of social accountability the facilitator reiterated the challenges that Kenya's health system faced in service delivery and mismanagement of funds which in turn limited availability of and quality of health care. In this regard social accountability was key in ensuring citizen participation in health policy discussions.

She further added that participatory policy formulation approaches entailed direct participation by citizens or CSOs in formulation of public policy which guaranteed accountable and transparent policy making process. She then gave examples of participatory policy formulation tools as below:

- **Policy analysis:** this is the systematic review of existing policies to identify gaps
- **Information sharing tools:** social media, organized groups, forums and traditional media
- **Consultation tools:** round tables, focus groups, town hearings, public opinion polls etc
- **Active participation tools:** Citizen jury, Technical working groups and public hearings

The facilitator in a discussion with the participants named the various tools used for monitoring health care services as:

1. **Community Score Card (CSC)-** it is one of the most commonly used tool as it brings both the demand and service side together. This helps to jointly analyze issues underlying service delivery and finding a common solution.
2. **Citizen Report Card(CRC)** it is a tool used to assess quality of public services. It involves rating of public service providers by conducting participatory survey i.e use of questionnaires and interviews.
3. **Social audits-** this is a monitoring process for projects by the intended beneficiaries. It seeks to evaluate how well public resources are used and how to improve performance.
4. **Citizen Service Charter-** this is a statement of intent from an institution for example health facility to its customers. It is displayed to the public to provide information on services offered, institution's core functions and commitments, terms and procedures for service delivery and complaints redress mechanisms. It aims to raise awareness about service standards and client entitlements.
5. **Complaint Redress Mechanisms-** these are formal channels to address dissatisfaction with a service and demand for redress. It provides a channel of communication between the clients and service providers as the information provided can be used to reduce disparities in access and improve satisfaction and responsiveness.

6. **Participatory budgeting-** This model allows citizen direct participation in all phases of the budget cycle i.e formulation, decision making and monitoring of budget execution. Its intended to increase transparency, citizens' voices in budget processes and improve targeting of public spending.
7. **Public Expenditure Tracking(PET)-** this involves citizen groups monitoring the manner in which the government spends public funds. It is a good diagnostic tool to identify problems such as leakages of funds and those of service delivery such as staff absenteeism.



She concluded her presentation by stating that the social accountability approaches have the power to accelerate change. She also informed the participants that the models cannot be implemented in a vacuum, as the socio-economic and political environments determine the change in the community. Leveraging on existing information and communication technology platforms for a wider reach is key in realizing social accountability.

Case study on social accountability: What has worked, how has it worked-Irene Otieno, NTA

The facilitator commenced her presentation by informing the participants about National Taxpayers Association(NTA). She mentioned that it is an organization that monitors the way citizen's money is used. She informed the team that they have eight regional offices in Kisumu, Nyeri, Mombasa, Kakamega, Kericho, Kajiado, Garissa and Nairobi counties.



While delving into her presentation, she noted that social accountability comprises of three components namely:

- Accountability
- Transparency
- Public participation

Accountability:

While looking at accountability, she explained that there are two important aspects to be considered in achieving social accountability. The first aspect being answerability, the facilitator informed the participants that as right bearers they ought to know that the government is obligated to provide information on decisions. Aggregating the voices of people through expanding the ground and bringing other stakeholders on board to move things forward is important in ensuring answerability. The other aspect is enforceability which clearly states down the consequences that set in when a mandate is not discharged effectively. Having stated the two aspects, the facilitator challenged the participants to follow up on issues regarding budgets for better service provision. She added that getting evidence and knowing how to work with it was important in accomplishing social accountability. She explained that it was easier to know the amount allocated in a health facility and monitor it than looking into a whole sector. Working from the inside to push for an agenda and learning to engage the right duty bearers is equally important for social accountability.

Transparency:

Transparency on the other hand relates to laws, budgets and policies. She mentioned that it was a key building block to public participation and aims to ensure that information on budget documents is timely, simplifies and relevant. Further to that, she noted that once the information is accessed, it should be able to influence planning and budgeting, it should influence government processes and also guarantee effective voice amongst the citizens. She concluded by saying transparency, if not adhered to can negatively impact how social accountability is undertaken.



Irene Otieno from National Taxpayers Association presenting on Social accountability

Public participation:

Lastly, on public participation as a component on social accountability she noted it was what the constitution demanded from the people. It is a process that involves citizens in decision-making. She explained that public participation provides citizens with a platform to push for budget allocations and even change budget lines. Therefore, it is important for citizens to know of this processes and when they are taking place on time for them to exercise this right. She went further to give an example of a case in Mombasa whereby citizens were called for a public participation within a two days notice as compared to the required 14 days notice. The citizens retaliated by taking the case to court which found it justifiable to cancel the public participation. This explains that the public should know their rights and know when to push back as they hold the agenda.

She ended her presentation by urging the participants to look at Makueni and Nyandarua counties public participation. She explained that for the first time in history of Kenya the two counties were able to bring out clean audit reports and would therefore be great examples for learning and sharing of best experiences.

Recap of day 2

Mwanaisha Aura, the Communications Officer, Access to Medicines Platform Kenya, led the recap for day 2. She grouped the participants, based on counties into to discuss and make presentations on what they had learnt the previous day. Their presentations were as follows:

Kisumu, Kakamega, Vihiga, Siaya

1. Introduction to the concept of Social Accountability

- A participatory approach where right-holders held their duty-bearers answerable.
- Key area of accountability is government accountability.
- It has both benefits and risks.
- Can be initiated by state or public/non-state.
- There are two types of social accountability: Vertical and Horizontal Accountability.

Mombasa, Kwale, Isiolo

2. Methods and tools of Social Accountability

- Working as a team while doing follow up on tracking
- Community score cards
- Public Expenditure Tracking
- Social audit

Narok, Bomet, Kajiado

3. Case study on Social Accountability: What has worked how it has worked

- Health personnel
- Citizen engagement
- Budget increment

Nairobi, Nakuru

4. Perspectives of budget cycle and budget tracking for effective advocacy.

- The budget process takes a total of 28 months
- The cycle is continuous and the end of one process is the beginning of another. It's important to be vigilant on supplementary budgets.
- Budget advocacy champions (CSOs) should be acquainted with the budget timelines for effective involvement.
- Community involvement in procurement and monitoring of projects.



Kisumu, Kakamega, Vihiga and Siaya group noting down their take home points from previous day Sessions

Engagement of community members in health policy and budget advocacy- Christine Ajulu

The facilitator commenced her presentation by posing the question, "what is advocacy?" As the participants gave their responses on this, she noted that advocacy was the targeted process of influencing power-holders to arrive at decisions or policies and laws that benefit the poor, vulnerable and marginalized or regarding governance issues generally. She pointed out that advocacy encompasses on a range of activities, all focusing on a process of change. The factors which advocacy focuses on included:

- a) Policy or decision making
- b) Policy implementation
- c) Attitudes and political will
- d) People's awareness of policies
- e) Monitoring policy implementation



The facilitator went further to discuss health policy and defined health policies as decisions, plans and actions that are undertaken to achieve specific health care goals within the society. According to World Health Organization, an explicit health policy can achieve several things

- a) Outline priorities and expected roles of different groups.
- b) Builds consensus and informs people.

In her presentation, she listed strategies for engaging with the county government which stated the steps in the advocacy process as:

- a) Problem or issue identification
- b) Problem or issue prioritization
- c) Problem analysis
- d) Implementation of strategies like creating policies, allocating resources or sensitization.
- e) Monitoring and evaluation

Some of the tools for advocacy include:

- a) Collaboration
- b) Education and media strategies
- c) Research
- d) Persuasion
- e) Networking
- f) Empowerment
- g) Calling and writing



Advocacy messages is another point she clearly pointed out saying that they are tailored or developed to a specific target audience like the Sexual Reproductive Health Coordinator, community, beneficiaries, media or even the County Health Management Team (CHMT). The message should be packaged in a way that it communicates to the specific person or group you want to reach out to. While preparing an advocacy message, one must know their target audience, know what they want to achieve from it and what action do they want taken. This brought her to talk about the elements of a good advocacy message. A good message should use vivid and appropriate images, be chosen at the right moment and have the right medium for passage.

Her presentation also included the characteristics of an effective advocacy message i.e:

- a) Simple
- b) Specific, concise, sticky or appropriate
- c) Use of appropriate language
- d) Content consistent with format
- e) Credible messenger
- f) Tone and language consistent with message

The characteristics of an effective advocacy message were backed up with more information on options for delivering a message. They were listed as below:

- a) Person to person through persuasion
- b) One to one
- c) Lobbying visits
- d) Group and community meetings
- e) Seminars, workshops and conferences
- f) Public hearings
- g) Protests and public demonstrations
- h) Electronics like radio, television, films and videos, twitter, facebook or blogs
- i) Drama and folk art forms like songs, music, poems or dances
- j) Print media like press releases, memorandum, speech for public forums, posters, fliers, magazines, newspapers, banners, reports or journals.

Drawing closer to the end of her presentation, Christine laid more emphasis on the memorandum as an option for message delivery. She explained that it was a sort of letter which highlights what person wants to achieve. She finally mentioned that the purpose of a memorandum is:

- To provide targets with the most important information that they need in order to discuss the material brought to them.
- To make the necessary decisions.

Using Human Rights & Rights based approaches to improve governance and decision making- Linda Wanjiru, KELIN

Linda Wanjiru from KELIN took the participants through a session on using human rights and human rights based approaches to improve governance and decision making. She gave a concise overview of the international human rights and also the Kenyan human rights perspective. She mentioned that everyone was entitled to human rights as an inherent right to all human beings regardless of race, sex, nationality, ethnicity or religion. She gave characteristics of human rights as:

- a) They are universal.
- b) They focus on inherent equity and equal worth of all human beings.
- c) They are equal, indivisible and independent.
- d) They cannot be weighed.
- e) No one can give away their rights and no one can take them away.

There was also a naming of international conventions and international laws. These laws may not be written or identified in the Kenyan Constitution but are adhered to since they apply to every human being in any country. These laws form basis of some of the laws that are found in our Kenyan Constitution and are as mentioned below.

- a) Geneva conventions
- b) International Covenant on Economic, Social and Cultural Rights (ICESCR)
- c) Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)





During the presentation, Linda emphasized on the point that every person had the right to the highest attainable standard of health which includes the right to health care services, including reproductive health care. This right is under the economic and social rights in the Kenyan Constitution. She later posed the question, “What is equality and equity?” Majority of the participants who answered said that, equality is the distribution of resources in a manner that is same to everyone while equity is ensuring that there is fair distribution between groups. An example was given out that a person with disability cannot receive the same health care services as someone who is not living with any disability.

She further mentioned laws in the Bill of rights that were pertinent to the realization of Economic and Social rights. The excerpts of the laws are as indicated below.

- a) Every person has the right to life.
- b) The life of a person begins at conception.
- c) A person shall not be deprived of life intentionally except to the extent authorized by this Constitution or other written law.
- d) Abortion is not permitted unless in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.
- e) Access to information.

Finally, she presented on Universal Health Coverage and the human rights considerations in implementation of UHC. She listed the key components of Universal Health Coverage which could improve the efficiency of health care.

Components of Universal Health Coverage include

- a) Access to health care
- b) Quality and safety
- c) Improved health outcomes
- d) Responsiveness to health needs
- e) Social and financial risk protection

She concluded by pointing out that CSOs ought to monitor health provision and ensure it is of the highest standard and that there is progressive realization to the highest attainable right to health.

Presentation on monitoring progress and outcomes: Use of outcome harvesting tools- Happiness Oruko, Amref Health Africa

Happiness Oruko from Amref led the participants through a session on outcome harvesting. She started by defining an outcome as a change realized as a result of an activity or output. She went on to list the types of outcomes which included: short term, intermediate, long term and also positive, negative or unintended outcomes.

She further defined an impact where she explained that it was a long term result of one or more programmes over a certain time. Happiness later shared with the participants, ways on how to monitor progress as follows:

- a) Assessment and planning which focuses on the needs of a certain population. Also referred to as formative evaluation.
- b) Input and output monitoring mode which focuses on the resources we put into our interventions.
- c) Have a process evaluation which checks on whether the interventions have been implemented as intended.

The presenter then defined outcome harvesting according to UNDP as an evaluation approach that does not necessarily measure progress towards predetermined outcomes but rather collects evidence on what has been achieved and works backwards to determine whether and how the intervention contributed to the change. She also mentioned that there is a societal actor in outcome harvesting; this is an individual, group or community members, institution or organization. They take the action to change the way he/she does things through behavior, activities, partnerships, practices or policies. After this she delved into the strengths and weaknesses of outcome harvesting, starting with the advantages. She explained that outcome harvesting enables the generation of good results and also answers actionable questions with concrete evidence. Some of the disadvantages of outcome harvesting include:

- a) Outcome harvesting takes a lot of time to have high quality outcome statements.
- b) Only those outcomes that your informants are aware of are captured.
- c) Participation of those who influence outcome is crucial.



Happiness Oruko- Amref Health Africa

Finally, the presenter outlined six clear steps for outcome harvesting which were:

- a) Design harvest which is a participatory process
- b) Reviewing documents and drafting outcome statements which take a look at the contribution and overall outcomes.
- c) Engage with key informants. These are people who are knowledgeable about the subject.
- d) Substantiate. This is by verifying the accuracy or credibility of the outcomes.
- e) Underline and interpret what was achieved and what are the implications.
- f) Support the use of findings. Explains how to use the outcomes.

Workshop evaluation, next steps and closure

1.1 Closing remarks

The participants filled out post training questionnaire which would help to assess the level of competence before and after the training. In her closing remarks, the MeTA Kenya Coordinator thanked the participants for not only applying for the training but for their participation and commitment considering one of the training days was a public holiday. She mentioned that there would be additional counties for the SRHC research to include Kwale, a county in central Kenya and a county in North Kenyan county which she will decide upon. The research intends to involve participants from the mentioned counties where they will analyze, collect data and organize disseminations. She further added that she would be engaging some of the CSOs from the new additional research counties especially Kwale county.

The coordinator reiterated that MeTA Kenya was not only increasing CSO capacities but was also provide technical or limited financial support to CSO networks to increase the voice and engagement with policy and decision makers as well as empower communities to actively participate in decision making. She emphasized the fact that when CSOs come together, they have a bigger voice to meaningfully engage and get a seat at the decision making table while making the famous quote, "Alone you can go fast but together we can go far." She advised the participants in their various organizations to develop and share an action plan of what activities they planned to undertake post the training and share with MeTA Kenya for collaboration and tracking of the direct impact and outcome of the training. She also encouraged CSOs to continue tagging and following each other on social media platforms so as to have a bigger platform to amplify the work they do and increase their network. She further urged the participants to visit AtMP's website to get access to all the resources, reports and evidence that they could use in their advocacy work. She also undertook to share a tool for tracking outcome which will be of help in mapping their outcomes.

At the end of the training all the participants were awarded with a certificate of participation as an incentive and recognition for their active participation. The Coordinator also mentioned that they would be reviewing the post training questionnaire to help in determining capacity building trainings for the future.

As she wished the participants a safe journey to their counties of origin, she encouraged them to stay engaged with MeTA Kenya and share any outcomes arising from activities arising from using the knowledge they gained during the training.



Awarding of certificate of participation

1.2 Feedback from participants

a. Feedback on course content and presenters/facilitators

- Training was timely, constructive and informative
- The content was well selected to fit the course
- Much appreciation for issuance of certificates.

Rating:

10	9	8	7	6	5	4	3	2	1
12 scores	8 scores	3 scores	1 score	0	0	1 score	0	0	0

b. Feedback on participants' intent on using the knowledge gained from the training

- Pushing for inclusion of SRH agenda
- Share the knowledge with colleagues, workmates and other CSOs in their counties.
- Plan for training programmes for other CSOs.
- Strengthen CSO network to advocate for UHC.
- Create platform for engagement on issues touching SRH.

c. Rating of facilities and amenities

10	9	8	7	6	5	4	3	2	1
5 scores	6 scores	7 scores	2 scores	1 score	1 score	0	0	0	0

d. Training facilitators rating

10	9	8	7	6	5	4	3	2	1
11 scores	11 scores	3 scores	0	0	0	1 score	0	0	0

e. Feedback on whether expectations were met

Only one participant felt that his expectation was fully met. Twenty-five of the participants said that their expectations were met to the different extents indicated below.

10	9	8	7	6	5	4	3	2	1
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7 scores	10 scores	4 scores	1 score	0	1 score	0	0	0	0
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f. Other suggestions and comments

- Push the conversation online.
- Create opportunities for more collaboration to vouch for budget allocation for Health increase for MNCH and ASRH
- Keep track of time during sessions.
- Strengthen advocacy strategy in the Lake Basin region

g. The participants also gave suggestions of topics that they would like to see in future

- Monitoring and evaluation of outcomes
- Coalition building
- Networking with CSOs
- Mental health
- Gender mainstreaming.
- Resource mobilization
- Online engagement in advocacy
- Forming networks
- Policy change and policy development
- Facilitation skills
- Coming up with policy briefs and petition papers
- Meaningful youth engagement
- How to conduct a research.



Group photo at the end of the three-day training

ANNEXES

- i. Glossary
- ii. List of participants
- iii. Training program

1. Glossary

AtMP	Access to Medicines Platform
CBROP	County Budget Review and Outlook Paper
CFSP	County Fiscal Strategy Paper
CIDP	County Integrated Development Plan
CRC	Citizen Report Card
CSC	Citizen Service Charter
CSC	Community Score Card
CSOs	Civil Society Organizations
ECP	Emergency Contraceptive Pills
FP	Family Planning
HERAF	Health Rights Advocacy Forum
IBP	International Budget Partners
MeTA	Medicines Transparency Alliance
NTA	National Taxpayers Association
ORS	Oral Rehydration Salts
PHC	Primary Health Care
SRH	Sexual and Reproductive Health
SRHC	Sexual and Reproductive Health Commodities
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UNDP	United Nations Development Program

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11.00A.M. - 1.00 PM	<p>SESSION 2: CONTINUED</p> <p>SESSION 3: Understanding the Budget Process in Kenya at the National and County government levels</p> <p><i>(C. Mumuli- HERAF)</i></p>	<p>Methods and tools of Social Accountability</p> <p>(C. Ajulu- HERAF)</p>	<p>SESSION 8:</p> <p>Using Human Rights & Rights based approaches to improve governance and decision making</p> <p>Presentation 3: Right based approaches for policy advocacy and decision making</p> <p><i>(Linda K -KELIN)</i></p>
<p>1:00 – 2:00 PM LUNCH BREAK</p>			
2.00-4.00 PM	<p>14.00-15.00PM Presentation 1: Evidence based advocacy-Availability, Affordability and Stock-outs of SRH Commodities in 9 counties in Kenya</p> <p><i>(D. Okemo, Access to Medicines Platform/MeTA Kenya)</i></p>	<p>SESSION 6:</p> <p>The role of various stakeholders in enhancing social accountability</p> <p>Group work</p> <p>(C. Mumuli- HERAF)</p>	<p>2.00PM - 3.00PM</p> <p>Presentation 4:</p> <p>Monitoring progress and Outcomes: Use of outcome harvesting tools</p> <p><i>(H. Oruko-Amref Health Africa)</i></p>
4.00 – 4.45 PM	<p>1500-16.30PM SESSION 4: Responsibilities of Citizens and role of CSOs Under the Constitution and county legislation</p> <p>Group Work</p> <p>(C. Mumuli- HERAF)</p>	<p>SESSION 7:</p> <p>Case study on social accountability. What has worked and what has not.</p> <p>(Irene Otieno- NTA)</p>	<p>3.00PM-4.00PM</p> <p>Workshop Evaluation, next steps and closure</p> <p><i>(D. Okemo- Access to Medicines platform/ MeTA Kenya)</i></p>
<p>5:00 PM DEPARTURE</p>			