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SOCIAL AUDIT OF COVID - 19 FUNDS IN MOMBASA COUNTY



COUNTY GOVERNMENT OF MOMBASA

MOMBASA COUNTY COVID-19 TREATMENT CENTRE
(A COUNTY GOVERNMENT OF MOMBASA & PRIVATE SECTOR INITIATIVE)
TUM CENTRE

in partnership with





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Strengthening Public Accountability and Integrity Systems (SPAIS)

Audit of Mombasa County Covid-19 Funds

Audited Facilities:

Coast Provincial General Hospital and TUM Covid - 19 Isolation Center

Final Report

September 2020

Acknowledgements

We thank the Almighty God for enabling HAKI Africa and its partners to complete this project and compile the end of project report. As an organization, HAKI Africa recognizes that all its work, projects and efforts are made possible through the will of God. We are also grateful to our communities who fully supported us in this project and contributed to its success.

We thank our staff led by the Deputy Executive Director Salma Hemed and Director George Collins Owuor who worked tirelessly within a short span of time to ensure this project was implemented and delivered the expected results. We are grateful to the following staff and associates who played important roles in project implementation and development of this report:

- Hussein Khalid - Executive Director
- Japheth Oluoch Ogola - Consultant
- Maureen Kemunto - Consultant
- Dorah Katee - Project Assistant
- Said Abdu - Finance and Administration Manager
- Dorcas Atieno - Finance Officer
- Mathias Shipeta - Program Officer

Besides the staff and associates, HAKI Africa also worked with a team of 30 dedicated Community Social Audit Facilitators (CSAF) and 20 Health Service Providers from the county of Mombasa.

The team spent sleepless nights reviewing various project documents, reports and accounts to generate information that supported implementation of the programme. Through administering questionnaires, the team collected and analyzed data that informed the generation of this project.

Further, HAKI Africa thanks His Excellency Ali Hassan Joho, the Governor of Mombasa County for his support to the project. Through the Governor, the entire county particularly the health department was involved in the project and volunteered information the CSAFs required to undertake the social audit. From the county, we appreciate the contribution of the following officers who participated in the audit in different ways:

- Dr. William K. Kingi - Mombasa County Deputy Governor
- Mariam Mbaruk - County Executive Committee

- Pauline Odinga - Chief Officer, Public Health Service
- Dr. Salma Swaleh - Director, Public Health Service

Lastly, HAKI Africa appreciates the financial support received from the Strengthening Public Accountability and Integrity Systems (SPAIS) programme under the United Nations Development Programme (UNDP), which financed the project activities. Finally, we thank all other actors who may have participated to this project in one way or the other and may not have been specifically mentioned. HAKI Africa is always indebted to its state and non-state actors without whose contribution the organization would not have been where it is today.

Munir Mazrui
Chairperson
HAKI Africa

Abbreviations and Acronyms

CBO	Community Based Organization
CECM	County Executive Committee Member
CGA	County Government Act of 2012
CoG	Council of Governors
CSOs	Civil Society Organizations
CPGH	Coast Provincial General Hospital
CSAF	Community Social Audit Facilitators
FGD	Focus Group Discussion
HAKI Africa	Humanity Activism Knowledge Integrity in Africa
HBC	Home Based Care
KII	Key Informant Interview
KMTC	Kenya Medical Training College
MoH	Ministry of Health
NYS	National Youth Service
PHEIC	Public Health Emergency of International Concern
PPEs	Personal Protective Equipment
PwD	People with Disabilities
SHOFCO	Shining Hope for Communities
SPAIS	Strengthening Public Accountability and Integrity Systems
ToC	Theory of Change
TUM	Technical University of Mombasa
UNDP	United Nations Development Project

Executive Summary

HAKI Africa has been undertaking the social audit of Mombasa County Government's Covid-19 funds through the support of the Strengthening Public Accountability and Integrity Systems (SPAIS) program under the United Nations Development Program (UNDP).

The audit assessed levels of service provision as opposed to doing the financial audit of how the funds were utilized. This follows public concerns over utilization of Covid-19 funds both at the county and national levels.

As part of its efforts to ensure transparency in the utilization of public funds, HAKI Africa approached the County Government of Mombasa to work with the organization in undertaking a social audit on the use of its Covid-19 funds.

The social audit process adopted a human rights based approach meant to ensure full participation of all stakeholders.

The process engaged both the county government personnel as well as communities by bringing them to work together and follow up with beneficiaries and service providers in assessing the efficacy of the services provided and utilization of the county Covid-19 funds.

After several meetings with key health department officials including the CECM Health - Hazel Koitaba, an agreement was reached to conduct the audit using the scorecard method in two key health institutions; namely the Technical University of Mombasa (TUM) Isolation Centre and the Coast General Hospital.

The process of conducting the audit was discussed and agreed by various stakeholders and involved various stages including identifying social auditors from the six sub counties of Mombasa county; collection and collation of data using questionnaires and key informant interviews; development of indicators; scoring; and dissemination of the final report.

To undertake the audit, 30 individuals were identified comprising of five from each of the six sub

county through focused group discussions (FGDs) to help in generating issues both positive and negative on the two health facilities.

Target community members included women, youth and persons living with disabilities (PwDs). At least four focus group discussions were undertaken in each of the six sub counties of Mombasa reaching a total of over 350 residents. From the focus group discussions, key information was collected that was analyzed and used to generate this report.

Besides the focus group discussions in the communities, the social auditors also reached out to health service providers to get their input on the services they offered to treat Covid-19 at their health facilities, At least thirteen executive and health officials of different levels were interviewed from the six sub counties of Mombasa County.

They included the Deputy Governor of Mombasa Dr. William Kingi, the County Finance CECM Mariam Mbaruk, Chief Officer Medical Health Service, Dr. Khadija Shikely, Chief Officer of Public Health Service Ms. Pauline Odinga, Medical Officer Dr. Shem O. Patta and Nominated MCA representing PwDs, Ms. Ramla Said. Other health officers spoke with the auditors in confidence and shared vital information that formed a substantive part of this report.

Key issues emerged that were shared with stakeholders for their input before finalization of the exercise. The issues, detailed in this report, include both positive and negative attributes on the management of the Covid-19 pandemic. HAKI Africa believes that it is only by undertaking social auditing of public development processes will resources be managed efficiently for the benefit of all.

Hussein Khalid
Executive Director
HAKI Africa

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1.0 Summary of Key Findings

This audit was done in partnership with the community and county government of Mombasa. Without these two crucial entities, the audit would not have been possible.

The exercise was done using the community scorecard method, which assessed issues to do with service delivery and response to governance functions. Mombasa is the first county in Kenya to have the use of its Covid-19 funds publicly audited.

The social audit was done during the months of August and September 2020. It reached well over 400 community members and 20 health service providers from all the 6 sub-counties of Mombasa County.

Various forms of data collection methods were used including FGDs, administering of questionnaires, undertaking of key informant interviews (KIIs) and pre-testing of audit findings for verification.

During the FGDs, the issues, which participants raised, were summarized into 10 indicators, which were then scored as shown below:

The social audit concluded that:

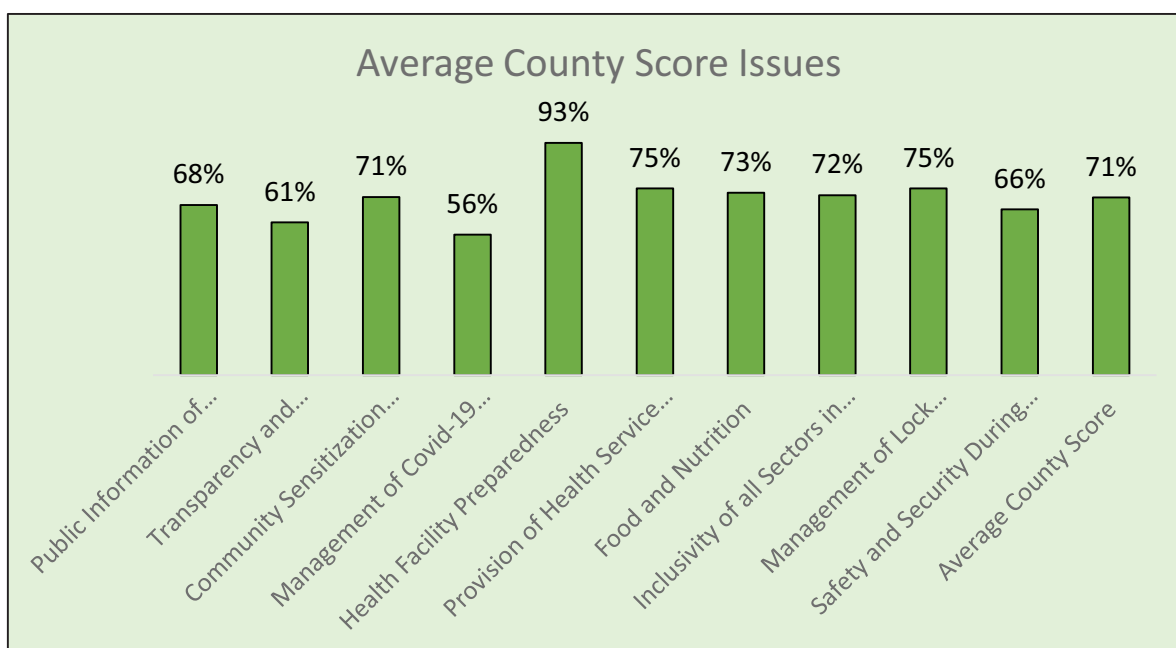
- The county government did well in certain areas and needs to improve in others with an average score of 71%.
- The county did well in health facility preparedness (93%), provision of health services (75%) as well as food and nutrition (73%).

The County should improve on management of Covid-19 related stigma and transparency (61%)



Picture 1: HAKI Africa Executive Director Hussein Khalid releasing social audit findings

Mombasa County Covid-19 Social Audit Exercise
Overall Average Scores: 71%



Graph 1

2.0 Introduction to HAKI Africa

HAKI Africa is a human rights organisation based in Mombasa working to improve livelihoods and enhance the progressive realization of human rights in Kenya. Initiated in 2012, the organisation promotes partnership between state and non-state actors in order to constantly improve the well-being of individuals and communities and ensure respect for human rights and rule of law by all. Particularly, the organization seeks to agitate for the recognition and empowerment of local communities in Kenya to fully participate in rights and development initiatives with a view to improving the standards of

2.1 Strategic Plan 2016-2022

HAKI Africa is currently implementing its strategic plan for the period 2016-2022. It took the organization two years to develop the plan, which has the inputs of most of the organisation's stakeholders. The strategic plan provides the path, which the organization will follow during the timeframe of the strategic plan.

All the organisation's programmes, including this operational plan, are derived from the strategic plan and collectively contribute to the attainment of the overall goal of the organization.

Besides detailing the vision and mission of the organization, the strategic plan also explains the Theory of Change (ToC) which is used to realize the expected outcomes.

Besides detailing the vision and mission of the organization, the strategic plan also explains the Theory of Change (ToC) which is used to realize the expected outcomes. The log frame explains the programmes to be implemented in the coming years to realize the strategic plan's objectives and further provides the assumptions/risks and their mitigation strategies.

Undoubtedly, HAKI Africa is confident that with the full implementation of the strategic plan, the Coast and Kenya as a whole will change for the better as human rights will be realized and the rule of law guaranteed.

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2.2 HAKI Africa's Livelihoods Approach to Programming

HAKI Africa applies a unique approach to its programming work. The approach recognizes that indeed we need to promote and protect human rights while at the same time we must work towards improving livelihoods and ensuring better living conditions for communities and individuals. As a society, bad governance, police impunity and disregard for the rule of law and human rights has left most Kenyans eking out a living in dire circumstances. Our human rights work therefore takes cognizance of this situation and is oriented towards improving, day by day, the social,

2.3 Vision, Mission, Goal and Motto of HAKI Africa

Vision - A society that respects fundamental rights and freedoms for sustainable development

Mission - To foster the progressive realization of human rights

Goal - To have individuals and institutions who are enlightened about their rights and working together to enhance the development of their communities

Motto - Enhancing the progressive realization of



3.0 Introduction to HAKI Africa’s Social Accountability Project

The Social Audit of the Mombasa Covid-19 funds was undertaken through HAKI Africa’s Social Accountability Project (SAP), which was funded by the Strengthening Public Accountability and Integrity Systems (SPAIS) programme of the United Nations Development Programme (UNDP).

The project was implemented during the period July - September 2020 and had the Mombasa County

3.1 Goal of the Project

The goal of the project was to enlighten communities and make them aware of the existing social mechanisms to demand accountability in the health sector for improved health care services of Mombasa County residents in the wake of the Covid-19 pandemic.

3.2 Theory of Change

The project’s theory of change was informed by HAKI Africa’s overall strategy to empower communities to be at the forefront of championing for change in their society.

The project itself was anchored on the human rights based approach to health care which views health not merely as a service but an inalienable human right owed to individuals and communities alike.

The theory of change for the project was premised on the fact that if communities are enlightened and made aware of the existing social processes of enhancing transparency in the health sector, then they will be empowered to demand accountability and thus lead to improved health care services to the people of Mombasa.

To realize the change HAKI Africa worked with existing social structures including social justice centers, PwD organizations, youth groups and women chamas. The health department will be a

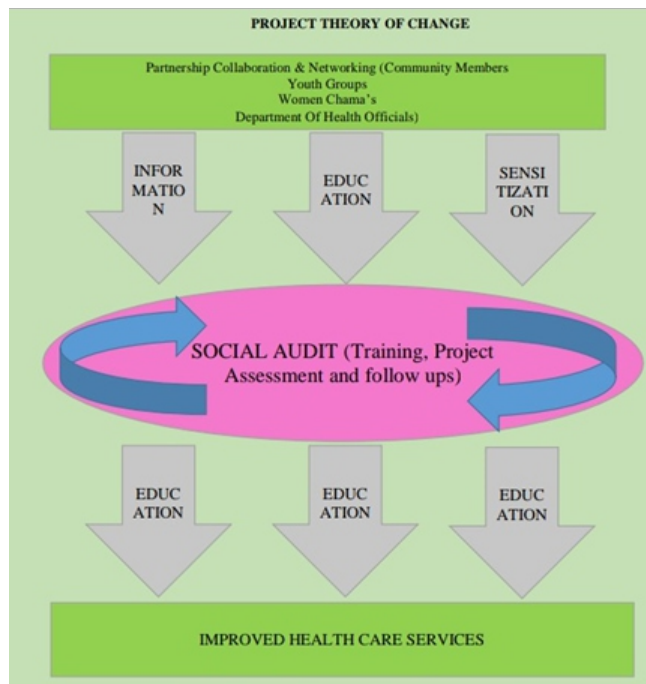


Diagram 1: SAP Project Theory of Change

3.3 Objectives of the Project

The objectives of the project were:

- To empower communities on their right to health
- as enshrined in the Constitution of Kenya
To build capacity of health department officials, social justice centres, PwD organizations, youth
- To work with communities to audit the county health department of Mombasa;
- To make follow ups on the audit findings.



Picture 2: Community members during a focus group discussion

4.0 Background of the Social Audit

4.1 Implementation Process

HAKI Africa is a leading human rights organization in the country working towards promoting and protecting human rights as well as enhancing the rule of law and good governance. In the dispensation of its duties, the organization engages with state and non-state actors, both at the national and county levels, in efforts to ensure prudent management of public resources and adherence to set laws on budgeting and procurement processes. Following public outcry on the utilization of Covid-19 funds and as part of its efforts to ensure transparency in the utilization of public funds, HAKI Africa approached the County Government of Mombasa to work with the organization in undertaking a social audit on the use of Covid-19 funds.

The project was implemented to promote a meaningful engagement between citizens and duty bearers. The key issues at the heart of this project was an intention to build capacities of local citizens to be able to engage with their duty bearers and provide more understanding on their constitutional rights through civic education and social accountability training. The project engagement process was participatory. The county and HAKI Africa worked together to engage communities and service providers in assessing efficacy of utilizing county Covid-19 funds.

HAKI Africa is focused on achieving a more sustainable community through building capacities. The organization therefore supports communities to develop themselves by impacting knowledge to them. The organisation agreed to support communities by training them on social accountability using the community scorecard method. The social accountability training aimed at building social accountability champions to orientate locals on their duty to demand accountability of public services. Through the social accountability process, beneficiaries have since worked together with the organization to strengthen and enhance accountability within their communities.

The community group members involved reflected the diversity in geographical areas as well as communities represented. The service providers reflected the range of mix of institutional and administrative arrangements in the locality and county health sector. Service providers were involved in specific stages of developing the community scorecard to help in gaining a realistic and wide perspective of development needs.

From August 2020, HAKI Africa, working with communities and county government of Mombasa, began the process of conducting the social audit of the Covid -19 funds of the Mombasa County Government using the community scorecard method. The social accountability exercise undertaken was for two health facilities namely: Coast Provincial General Hospital (CPGH) and Technical University of Mombasa (TUM) Isolation Center.

The social audit process was conducted to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making. It was also to mutually generate solutions and work in partnership with both state and non-state actors to implement and track the effectiveness of those solutions in an



Picture 3: Community Social Audit Facilitators consolidating findings



Picture 4: TUM Isolation Center

4.2 Legal and Policy Context and Rationale

The social accountability theory originates from rights of citizens to engage duty bearers and demand answers for actions taken or decisions made. Article 43 (1) (a) in the Bill of Rights of the Constitution of Kenya provides that, Every person has the right to the highest attainable standards of health, which includes the right to health care services, including reproductive healthcare.

In addition, Article 20 (2) provides that, Every person shall enjoy the rights and fundamental freedoms in the Bill of Rights to the greatest extent consistent with the nature of the right or fundamental freedom.

These provisions in the supreme law of the land

It is worth remembering that the enjoyment of health right has been granted to everyone all over the country irrespective of his or her financial or social positions in the society. The primary responsibility of enforcing rights is on the state and state agencies.

When it comes to enforcement of rights, the Constitution provides in Article 21 (1) that it is a fundamental duty of the State and every State organ to observe, respect, protect, promote and fulfill the rights and fundamental freedoms in the Bill of Rights.

In the wake of the Covid-19 pandemic, health care services have taken center stage. More than ever

A healthy society will not only guarantee future healthy generations but also promote growth and development. For this reason, there is utmost need to ensure transparency and accountability in the management of health resources in order to safeguard the fundamental right to health.

By doing so, we will ensure prudent management of public health and safety and deliver on the tenets and principles of the Constitution.

While there are state institutions such as the Ethics and Anti-Corruption Commission (EACC) that work towards enhancing integrity in the use of public funds, civil society organizations have equally played a pivotal role in holding those in authority accountable.

Over the years, non-governmental organizations and community-based entities have blown the whistle on corrupt deals and ensured those responsible are held to account.

The objective being to ensure those who steal from public coffers are not allowed to walk scot free but arrested and taken to court to face the consequences of their acts of commission or omission.

Human rights organization have therefore contributed a lot in ensuring graft and maladministration in government do not go unpunished.

Through working with public systems, they have narrowed the space for abuse and made it challenging for thieves in both national and county governments to have their way with public coffers.

It is these efforts, coupled with contribution of state

4.3 Purpose of the Social Audit Exercise

Through the social accountability project, HAKI Africa is presently empowering communities to follow up and assess utilization of health resources by Mombasa County Government in relation to the unfolding Covid-19 situation. Under the Strengthening Public Accountability Integrity System (SPAIS) program supported by the United Nations Development Program (UNDP), the organization has taken a bold step to enlighten

communities and make them aware of existing social mechanisms to demand accountability in the health sector for improved healthcare services.

Tackling corruption requires the efforts of every Kenyan. When state and communities work together, Kenya will defeat the corruption monster that diminishes our development.

The objective behind the scorecard exercise is to promote community-state partnership and enhance appreciation of community grievances as well as service providers' challenges in the dispensation of their work. Community scorecard as a social accountability tool is an important process of engaging both the citizen and the service providers to bring about change in quality of services offered.

With the scorecard process, it is important for the duty bearers to understand that they have an obligation to account for their decisions and actions. Before the scorecard is implemented, it is important that those in authorities be made to understand and appreciate the social audit model.

It is with this focus that HAKI Africa had high-level engagements with the county health sector leadership to seek their support and goodwill. Following their understanding and acceptance, the



Picture 5: HAKI Africa Deputy Executive Director Salma Hemed in a discussion with Community Social Audit Facilitators

4.4 Social Audit (Scorecard Method) Process

The social audit through the scorecard method is a continuous process that engages both the right holders and duty bearers in a cyclic practice that engages and re-engages the stakeholders until the desired result is attained. In the scorecard method, there is no beginning or end but rather continuous interaction for purposes of ensuring improved service delivery for citizens. HAKI Africa used the following process in undertaking the social audit of

- **Interface Meeting** - at this stage, the community and service providers shared their views on the project findings and responded to each other's concerns. An action plan will be agreed between the two parties to implement the project recommendations.
- **Dissemination of Findings** - The findings were made public at a stakeholders' dissemination meeting held on 28th September 2020 at Treasury Square attended by the county government led by the governor and his deputy and representatives of the community. The meeting was attended by about 150 participants.



Diagram 2: Social audit /scorecard process



Picture 6: HAKI Africa Director George Collins training Community Social Audit Facilitators

- **Inception/Planning Meeting** - also known as inception meeting, it is where the stakeholders were introduced to each other and agreed to work together on the action points that were undertaken to implement the project.
- **Identification of Social Auditors** - this is where both the community and service providers agreed on the 30 individuals who were engaged in the process of undertaking the social audit on behalf of the right holders and duty bearers.
- **Community Engagement** - this is where community grievances were collected through FGDs and used as a basis of developing the project indicators to measure the levels of service provision by the two county health facilities.
- **Service Providers Engagement** - using the indicators developed from the community engagement stage, service providers were engaged through KIIs and scored;



Picture 7: Community Social Audit Facilitators analysing indicators during a meeting

5.0 Social Auditing of Mombasa COVID-19 Funds

5.1 Stage 1: Planning Meeting

Before the inception meeting, various other meetings were undertaken mainly with county government health officials to explain to them the process and to get their buy-in. The meetings were held in their offices and HAKI Africa officials shared with them documents including questionnaires and Key Informant Interviews (KII) guidelines.

The service providers were assured that the study would be fair, objective and not subjective. The project will therefore address issues and not personalities. Among those that were met included the Governor of Mombasa Ali Hassan Joho, The CECM Health for Hazel Koitaba, Director of Medical Services Dr. Khadija Shikely, CPGH administrator and Dr. Iqbal Khandwalla among others.

Besides the service providers, HAKI Africa also met with community leaders to get them to understand and support the process. Among those met included village elders, local administration, political leaders, ward administrators, CSOs and social justice centres. The inception/planning meeting was undertaken on 2nd September 2020 at Royal Court Hotel.

It brought together 37 members from different sectors including women, youth, persons with disabilities, medical practitioners, activists, civil society, faith based organisations as well as county officials. The meeting introduced the project to the stakeholders and explained the scorecard method, which was to be used in undertaking the social audit. Stakeholders welcomed the idea and felt it was the right time to assess the performance of the county health department.

They noted that there were a lot of concerns in relation to management of Covid-19 and most Mombasa residents needed to establish the facts. Reports emerging from the national level indicated massive corruption in utilization of the COVID-19

5.2 Stage 2: Identification of Social Auditors/ Facilitators

Through the inception process, community members and service providers bought into the idea of the social audit and were ready to support the whole process. It was agreed that there would be need to identify individuals from the community who would be engaged in the actual audit.

This process was community led where leaders from different groups representing different villages identified their representatives who were then taken through an election process to identify those who would be engaged. A total of 30 individuals were thus identified comprising of 5 from each of the six sub counties of Mombasa counties.

They became the Community Social Audit Facilitators (CSAFs). The identified individuals who comprised mainly of youth and women were trained on the process of social accountability with a lot of focus on community scorecard as a tool for social accountability.

The training was undertaken between 31 August 2020 and 1st September 2020. It began by introducing the CSAFs to each other and their areas of expertise/institutions of operation. The composition of the team was also assessed and confirmed as comprising of 12 (40%) female and 18 (60%) male.

Of these, 22 (73%) were youth while 8 (28%) were above the age of youth.

All the CSAFs were residents of their localities and had been residents since the commencement of the Covid-19 pandemic. In the training, the CSAFs were trained on the scorecard method and why it was important that the process be undertaken objectively.



Picture 8: Participants during CSAF training



Picture 9: Some of the CSF during the training

The trainers emphasized the importance of ensuring the CSAFs remained objective and left their personal views out of the process.

It was at the training where the indicators for measuring the performance were discussed and



Picture 10: Community Social Audit Facilitators (CSAFs) developing indicators during a meeting

The following ten indicators were agreed to form the basis for assessing the standards of health

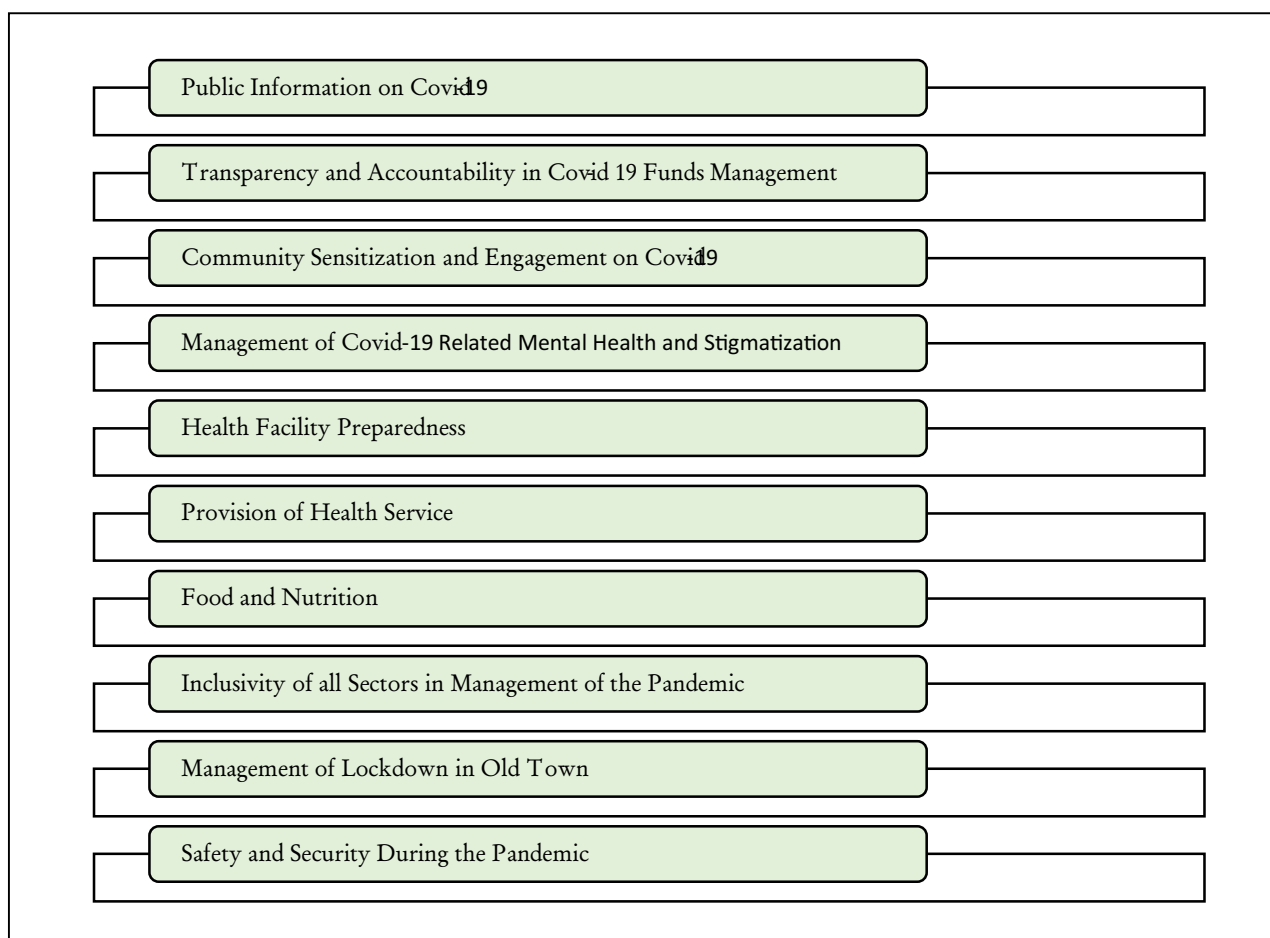


Diagram 3: Agreed social audit indicators

5.3 Stage 3: Community Engagement

The CSAFs begun the social audit exercise by collecting and collating views from various community service users from different villages through Focus Group Discussions (FGDs) to help

generating issues, both positive and negative on the two facilities. The targeted community members included women, youth and persons living with disabilities (PwDs).



Picture 11: Members of the community during the FGD



Picture 12: PwDs during the FGD

At least four FGDs comprising of an average of 15 participants were undertaken in each of the six sub counties. In identifying those to participate in the FGDs, caution was taken to ensure inclusivity. A total of 350 residents of Mombasa gave their views and input in relation to the 10 identified indicators through the FGDs.

CSAFs were careful to ensure they did not lead the discussion but rather only facilitated the sessions so that community members themselves gave their honest impression of the Covid-19 services rendered by the service providers. From the FGDs, key information was collected based on the on the identified indicators.

From the information collected during the focus group discussions, a meeting was held on 3rd and 4th September 2020 at Royal Court Hotel where all the

deliberation by the CSAFs. Key issues were shared and individual CSAFs raised their concerns, which emerged from their sub-counties that needed attention and highlighting.

This led to the prioritization of issues, which were to be emphasized when undertaking the KIIs with the service providers in the next stage of the audit process. They included both positive and negative issues including stigmatization, transparency in management and utilization of Covid-19 funds, setting up of health facilities and community awareness and sensitization

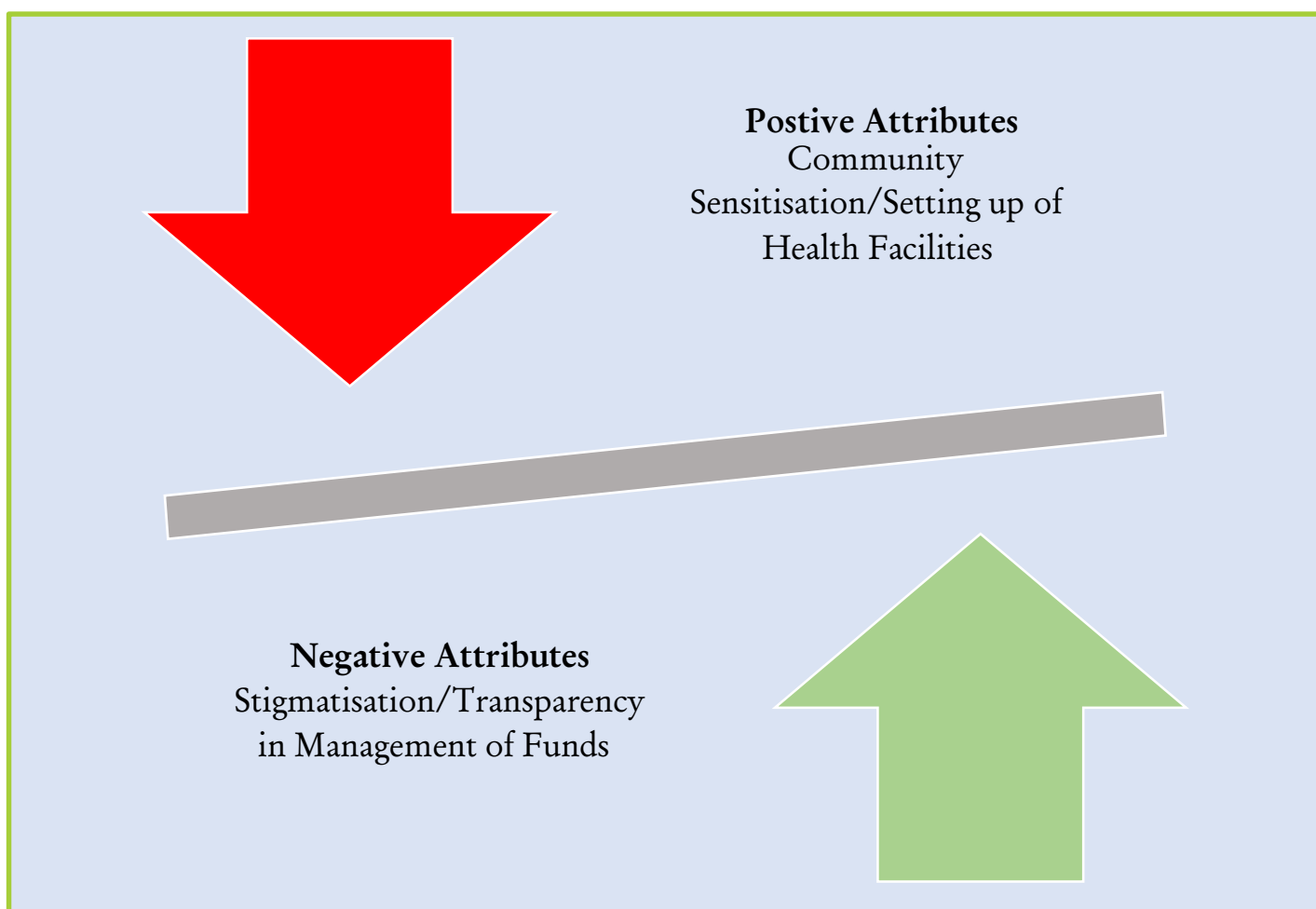


Diagram 4: Positive and negative performance indicators

5.4 Stage 4: Service Providers Engagement

After collection and collation of data from community members using the indicators identified during the training of CSAFs, the next step was to engage the service providers on the issues identified beginning with the areas prioritized from the analysis of community responses.

The engagement of service providers was structured targeting key offices in the health department of Mombasa county government. Besides health officers, the process also targeted the Executive as well as County Assembly since they too make key decisions on health.

Among others, the following service providers were reached including the deputy governor Mr. Willian K. Kingi, nominated Member of County Assembly representing PwDs, Hon. Ramla Said and Ward Administrators.

Besides health officers, the process also targeted the Executive as well as County Assembly since they too make key decisions on health. Among others, the following service providers were reached including the deputy governor Mr. Willian K. Kingi, nominated Member of County Assembly representing PwDs, Hon. Ramla Said and Ward Administrators.

A meeting was held by the CSAFs to score responses from service providers generated through the KIIs. The CSAFs considered the issues raised by the community members during the FGDs, responses by KIIs as well as their own inputs to identify the following:

- Issues that had been agreed and resolved and only now require to be included in the final report
- Issues that remained unclear and need further clarification by community or service providers.
- Issues that had been agreed and resolved and only now require to be included in the final report
- Issues that remained unclear and need further



Picture 13: HAKI Africa's Deputy Executive Director Ms. Salma Hemed and one of the CSAFs conducting a KII with the Deputy Governor of Mombasa, Mr. William K. Kingi

The following indicators and issues were presented to the service providers for their inputs:

Table 1: Issues Presented to Service Providers

Indicators	Issues
Public Information on covid-19	How would you rate the information given by the County Health Department on the pandemic?
	How would you rate the County Health Department's regularity in giving out updates?
	How widely was the information being spread including if there was a service charter?
Transparency and Accountability in Covid-19 funds management	Did the County make public the funds and donations received for Covid-19
	Were County Covid-19 programs addressing community needs?
	How was the County performance in making public the utilization of funds and resources received for Covid-19?
Community Sensitization and Engagement on Covid-19	How would you rate community sensitization offered by the County on Covid-19 pandemic
	How would you rate Count's engagement with other partners in raising awareness on Covid-19
	How would you rate the County in ensuring that the health regulations including social distancing is implemented in the County offices and treatment facilities?
Management of Covid-19 Related Mental Health and Stigmatization	How would you rate the County in dealing with mental health of Covid-19 patients including offering psycho socio support?
	What would you rate the County in dealing with stigmatization in the community?
	How would you rate the confidentiality of the County Health Officer in dealing with the Covid-19 patients?
Health Facility Preparedness	How would you rate the County in ensuring that there is an Isolation unit within the county that has at least 100 beds?
	How would you rate the county in ensuring that they have a treatment center with at least 300 beds?

	did the County perform in ensuring there is equipment including ambulances and free testing booths dedicated to Covid-19 in Mombasa county?
Provision of Health Service Management	How available were the medical officers to respond to Covid-19 needs of the community?
	How would you rate the County Health Officers in testing for Covid-19?
	How would you rate the County in ensuring there are hand washing and sanitizing spots located in different parts of the county?
Food and Nutrition	How do you rate the adequacy of county food and nutrition programs?
	What is your rate of the County on how they take care of the nutrition of Covid-19 patients in the treatment and Isolation centers?
	How responsive was the county in offering subsidies on food and nutrition?
Inclusivity of all Sectors in Management of the Pandemic	How would you rate the inclusivity of County Covid-19 Response Committee in terms of gender, disability, youth and minority?
	Were the Covid-19 Response Committee responses respective of the different sectors that exist in the community?
	How inclusive were the Covid-19 laws and policies put in place by the county?
Management of Lock Down in Old Town	How would you rate the county's response to the Old Town lockdown announcement?
	How well did the County Covid-19 Response Committee manage community needs during the lock down?
	How did the County help in lifting of the Old Town lockdown?
Safety and Security during the Pandemic	How was the County Government of Mombasa ensuring the security of its citizens during the pandemic?
	How are the county security officers handling people's adherence to health regulations?

	How would you rate the safety and security of county officers who were involved in handling the Covid-19 situation?
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5.5 Stage 5: Interface Meeting

From the separate community and service provider’s engagement, emerging issues needed to be clarified. This led to the interface meeting to ensure discussion and consensus by both community and service providers.

The interface meeting was not to negotiate the findings but rather to clarify the issues therein. During this audit, two interface meetings were held

- Dr Khadija Shikeli - Chief Officer, Medical Health Services
- Ms. Pauline Odinga - Chief Officer , Public Health Service
- Dr. Salma Swaleh - Director of Public Health Service



Picture 15: Nominated MCA Hon. Ramla Said - Nominated Member of County addressing social auditors



Picture 14: County officials at the interface meeting

The meetings were well attended by various county government representatives who responded to the concerns raised by the community members and CSAFs. In attendance at the interface, meetings included the following county officials:

- Mariam Mbaruk - County Executive Committee Member in Charge of Finance
- Tawfiq Balala - County Executive Committee Member, Water



Picture 16: UNDP Kenya Project Co-ordination Office Elly Wanjala addressing social auditors



Picture 17:



Picture 18:

Picture 17 and 18: Discussions during interface meeting

The following issues were discussed at the interface meetings and the responses given by the service providers.

Table 2: Service Providers Responses

	Issue	Case Study	Service Providers' response
1.	<p>Stigmatization: This was a major complain by members of the public where they felt the health providers handled those suspected to be or suffering from Covid -19 in a fearful and resentful manner that promoted stigmatization. The health providers would refuse to attend to them and even when they did, they would first wear PPEs and isolated them far away. This made the public to ostracize the sick which</p>	<p><i>Those who tested positive were picked in broad daylight by ambulances and nurses who were covered extensively in PPEs as was</i></p>	<p>The County responded that the issue of stigmatization began way before it even reached Kenya and Mombasa. Everyone was afraid across the world and even WHO kept urging restraint in dealing and treating Covid-19 positive patients.</p> <p>MCG Health workers were also scared during the pandemic and had to be careful to wear PPEs. This unfortunately translated to stigmatization but still it</p>

			<p>The County emphasized that stigmatization was from not only the health workers but the community as well and</p>
<p>2.</p>	<p>Lack of a Complaint Mechanism: Communities complained that there were no avenues of lodging complaints to the authorities. At both facilities (TUM and the Coast General Hospital). There was neither an office(r) to receive complaints nor a complain box where members of the public could lodge their complain and/or give feedback</p>	<p><i>At TUM, patients complained of poor services but had no way of communicating their grievances to the authorities such that they had to use social media and caught the attention of human rights</i></p>	<p>The County said that a complaint mechanism is in place and they have a control room for complaints as well as a toll free number for channeling one's complaints.</p> <p>The County government has working control rooms with officers who are professionally trained to offer feedback to complaints 24 hours each day.</p> <p>Main criteria of relaying feedback is via phone calls</p>
<p>3.</p>	<p>Lack of Information on what to do when you Contract Covid -19: Members of the public were not aware of what was required of them should they or members of their family contract the disease or show symptoms of the disease. While</p>	<p><i>A family in Kilifi (Old Town) had to keep a corpse in their house for two days as they were</i></p>	<p>The Countysaid (on public awareness/sensitization), that MCG has been using posters, media briefings and public address to sensitize members of the public on Covid -19 and related information.</p>

	<p>avoid contracting Covid -19, many people in Mombasa county did not know where to go once they found themselves in a situation where they needed to treat the illness. Further, there was also no information on how to manage those seriously ill or dead.</p>	<p><i>cannot dispose the body and must wait for the health team to do so.</i></p>	<p>The County Government indicated that information was disseminated through radio, TV and social media. In addition to that, if one tested positive, then the healthcare workers would inform him/her on where to go and what course of action to take.</p> <p>The County government has used the SHOFCO organization and CHVs in doing grassroots sensitization,</p>
<p>4.</p>	<p>No Service Charter on Covid-19 There is lack of the right information on Covid -19 within the community and where to get services. There is no service charter with information on Covid -19 both at TUM and the CPGH as well as at the sub county hospitals. Members of the public felt the county government could have done better in setting up help lines and using their staff (e.g. Ward Administrators) to raise awareness about the disease and how to handle it. Further, they felt county government should have ensured patients are handled in a proper way to avoid stigma.</p>	<p><i>There is no service charter displayed in public at any institution on what to do in the event of contracting Covid-19</i></p>	

<p>5.</p>	<p>Payment for Covid-19 Medication: Some people were being charged for Covid-19 services despite the county making it clear that services would be free of charge. Several patients were reported to have been asked to pay either for being in quarantine or for treatments at either the TUM or CPGH facilities.</p>	<p><i>Family of a local healer who were asked to pay after spending 14 days at the Port Reitz quarantine facility</i></p>	<p>The decision to charge patients at KMTC was not from the County government but from the management of KMTC. It is the facility that levied fee of Kshs. 2,000 per day. Not a single shilling of the fee paid came to the County accounts.</p> <p>After much deliberation, the Covid - 19 response committee abolished any charges in the public facilities.</p>
<p>6.</p>	<p>Lack of PWD Friendly Facilities: While there are physical structures for use by PwDs such as ramps and lifts at both TUM and CPGH, other PWD friendly facilities were lacking such as no sign language interpreters and braille material for use by the blind. Further, PwDs felt they were not considered in decision making</p>	<p><i>Both TUM and CPGH have no sign language staff to deal with the deaf and dumb and no braille literature for the blind</i></p>	<p>The County said that TUM has ramps but washrooms were not fitted with disability friendly facilities. Out of the 300 beds at TUM, 100 had oxygen facilities.</p> <p>The County said that it is working on training staff on sign language.</p>
<p>7.</p>	<p>Mass Testing Not Reaching All: The mass testing did not reach everyone in the county and appeared to be targeting only certain areas like Island sub-county. Majority of the citizens felt left out in the mass testing as they wanted to get tested but did not know how to reach the health officials.</p>	<p><i>Most of the results being shared publicly were mainly from Island sub county with very few from other sub-counties</i></p>	<p>Mass testing and contact tracing are ongoing presently in Jomvu and Changamwe</p> <p>The County said that it is working with HAKI Africa to pay transport to those volunteering to test as a way</p>

			<p>of encouraging them to come out for testing.</p> <p>Testing booths have been distributed all over the county in at least 19 different locations.</p> <p>The community is making contact tracing hard because some citizens have decided to cut off the followup by health officers by through switching off their phones</p> <p>Mass communication is mainly done through radio talk shows, Facebook and phone calls. The county government has tested around 50,000+ cases at the time of collecting this information.</p>
8.	<p>Lack of Equipment Including Ambulances : While there were ambulances seen from time to time ferrying COVID -19 patients, they were not enough to cover the entire county. The demand was high such that the few available ambulances did not meet the need.</p>	<p><i>In Kisauni, a family waited for over 24 hours to have their patient picked by an ambulance and be taken to CPGH</i></p>	<p>The County government of Mombasa wanted to have one ambulance per sub county but it was not possible. They have 4 operational ambulances serving the entire county. Two of them have been reverted to normal health duties and two are still operating as Covid -19 response ambulances. They</p>

			are stationed at the Public Health Department (PHD), Mwembe Tayari.
9.	<p>Lack of Covid-19 Maternity Wing: Members of the public particularly women, complained that there were no special facilities to cater for Covid-19 expectant mothers at both TUM and CPGH. This meant that all expectant mothers using the two facilities would have to mingle including with Covid-19 patient mothers</p>	<p><i>Expectant mother from Old Town who had to be taken to CPGH to deliver during the lock down</i></p>	<p>The County said that while there was no specific area for Covid-19 maternity patients, the hospitals were ready and prepared to deal with pregnant Covid-19 patients.</p>
10.	<p>County COVID 19 Emergency Committee Members Unknown: The community is not aware of who sits in the County Covid-19 Committee and what their roles are. More importantly, there is no transparency in how they were selected to the committee. There was no stakeholders involvement in identifying those to sit in the county committee</p>	<p><i>Press statements were issued by the committee with key sectors having been left out such as PWDs.</i></p>	<p>The County confirmed that the process of setting up the county Covid-19 emergency committees was dictated by national guidelines that were passed to all counties from the national government. As a County, they simply followed the guidelines, which required representation of all key sectors.</p>
11.	<p>Non-disclosure of Source of Funding : Most community members are not aware of the funds allocated for the Covid-19 kitty. There are no proper channels of disseminating information on Covid-19 funds. This makes it impossible for the community to have an oversight of the funds given by the National</p>	<p><i>The TUM isolation centre was set up from scratch with state of the art equipment, 300 beds and ambulances</i></p>	<p>The County said that at the time, the county had not spent any resources from the national government on Covid-19, as this was not available until the end of June when Kshs 200 million was received. Considering that, it came at the end of the</p>

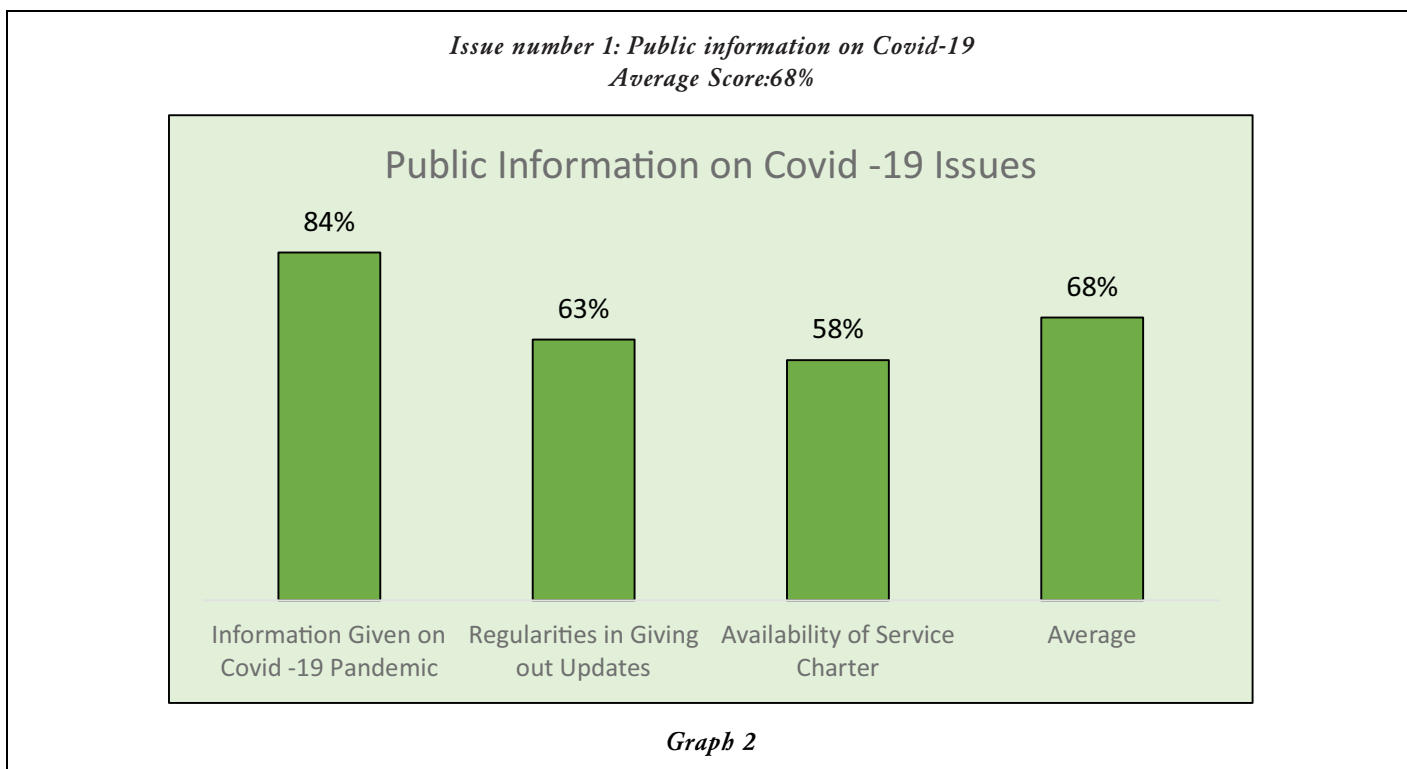
	<p>government as well as other well-wishers.</p>	<p><i>among other facilities. Source of funding for the centre has not been made public and it is not known who paid for what.</i></p>	<p>financial year and that too with so many restrictions, the County had not used any part of it</p> <p>Unspecified amount was used in setting up isolation centers, medical equipment at the facilities and drugs supplies.</p> <p>County emergency fund was used to equip facilities and ensure all was done well. The whole kitty was spent to ensure smooth operations.</p> <p>Recently, The UK High Commission has offered to support cash disbursements to needy deserving families. The money will go directly to the beneficiaries.</p> <p>County government has only received funds from donors and well-wishers. The donations include hospital beds and beddings</p> <p>The County Government representatives promised to share more reports with the community on the funding in a follow up meeting</p>
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			The County said they ready to share financial details and these are open for everyone to see. It was agreed that a financial social audit can be undertaken.
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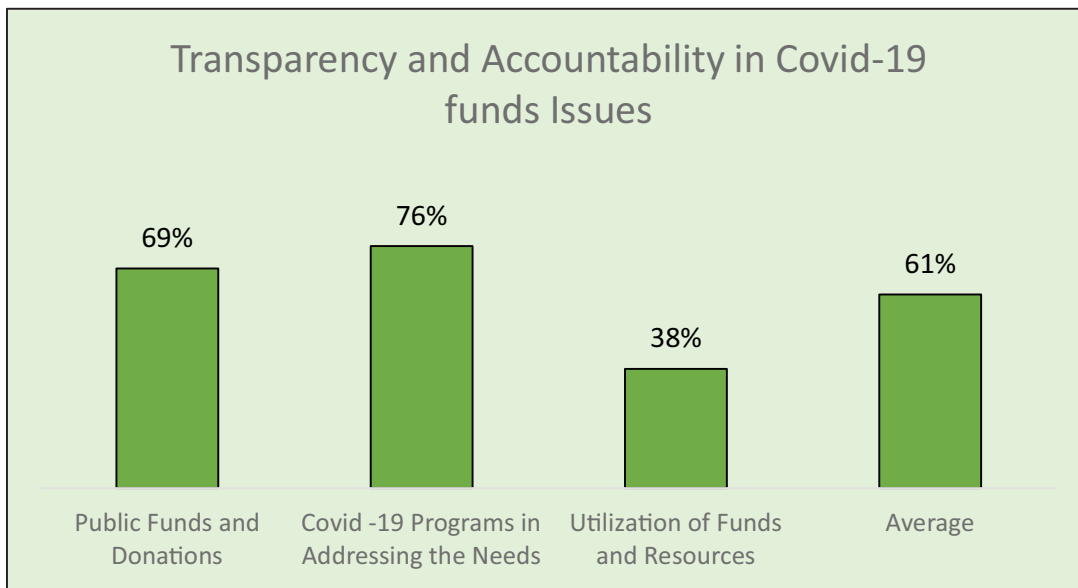
5.6 Stage 6: Dissemination of Findings

5.6.1 Scoring

Following the interface meetings, a scoring was finally done to confirm the performance of the county in the ten identified indicator areas. The final scoring was done by the CSAFs who had now received all the responses from both the community and service providers. The following is the final

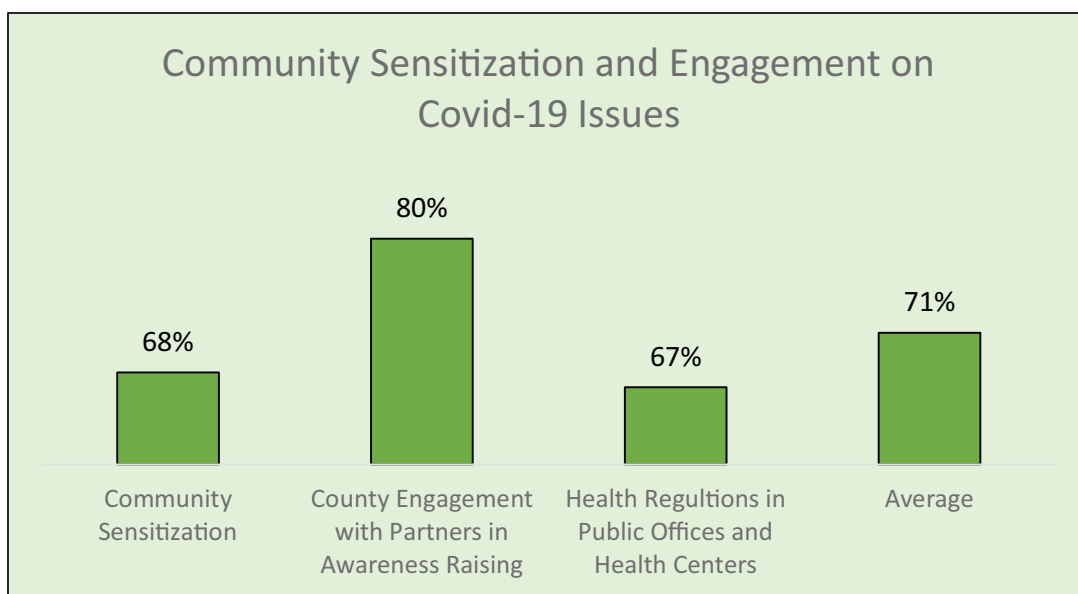


Issue number 2: Transparency and accountability in Covid-19 funds management
 Average Score: 61%



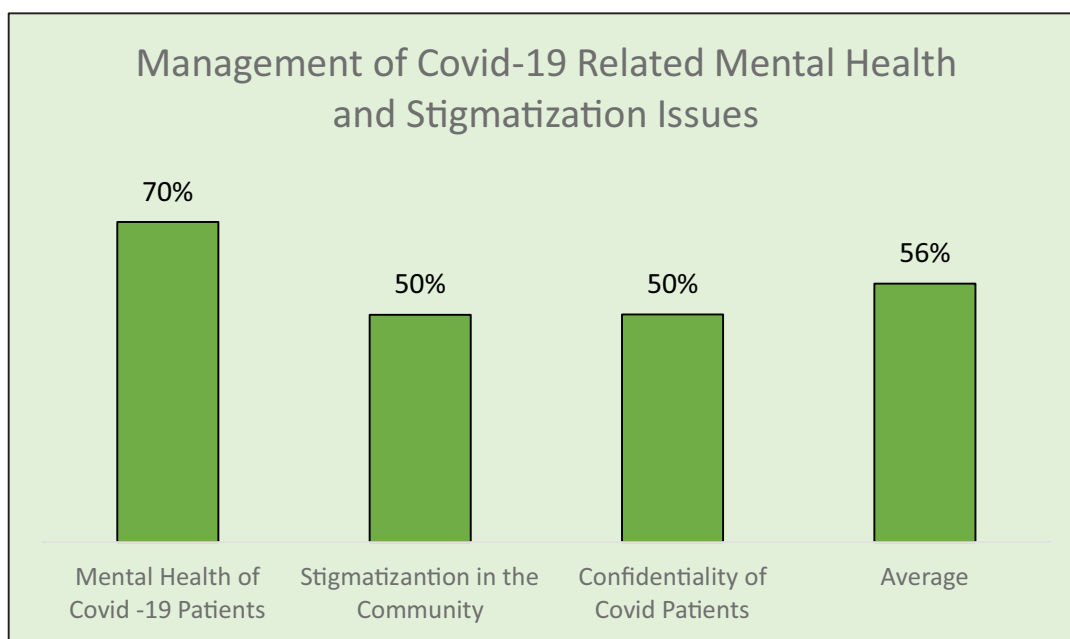
Graph 3

Issue number 3: Community sensitization and engagement on Covid-19
 Average Score: 71%



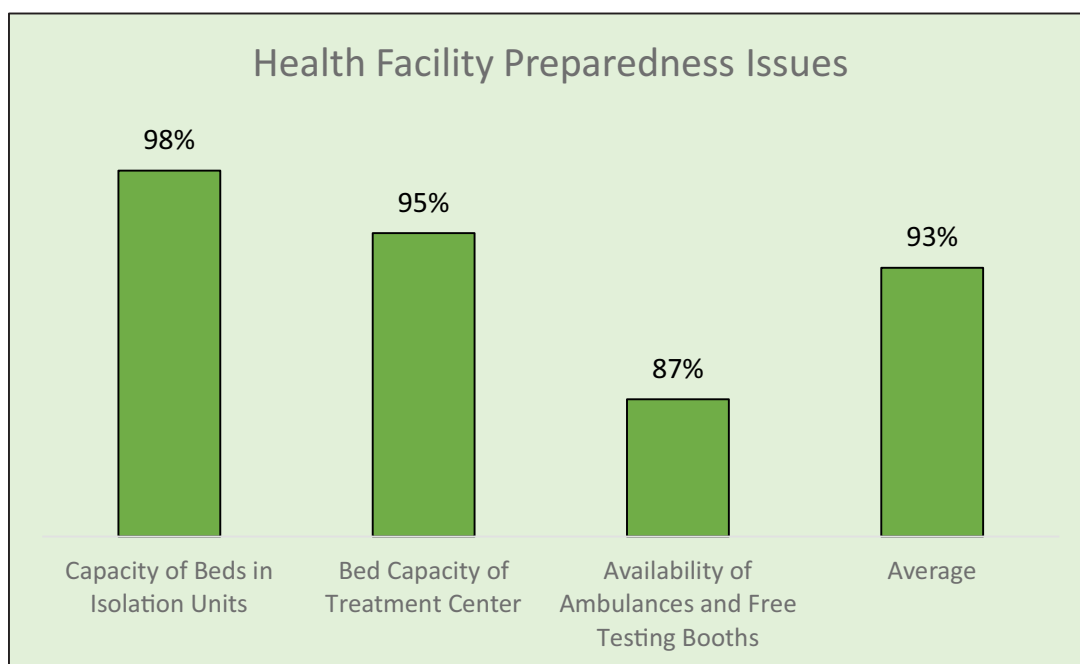
Graph 4

Issue number 4: Management of Covid-19 related mental health and stigmatization
Average Score: 56%



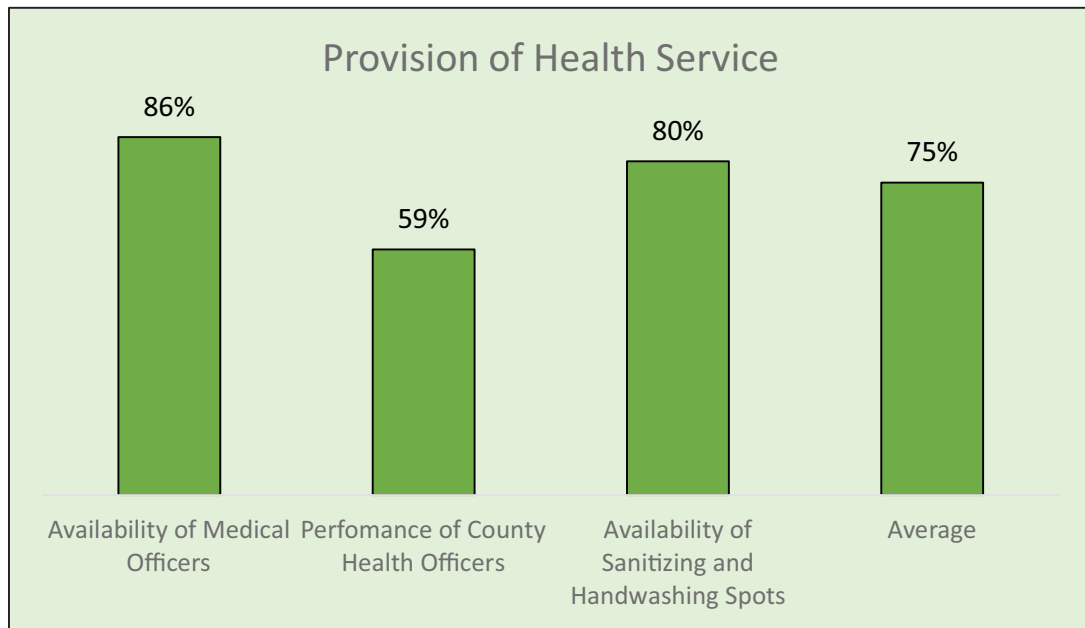
Graph 5

Issue number 5: Health Facility Preparedness
Average Score: 93%



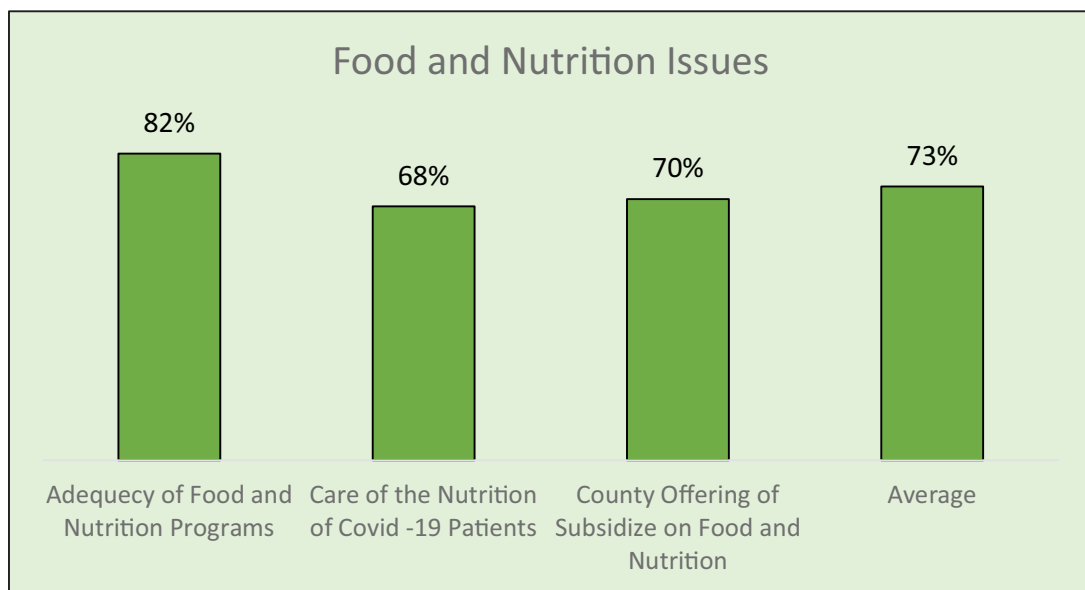
Graph 6

Issue number 6: Provision of Health Services
Average Score: 75%



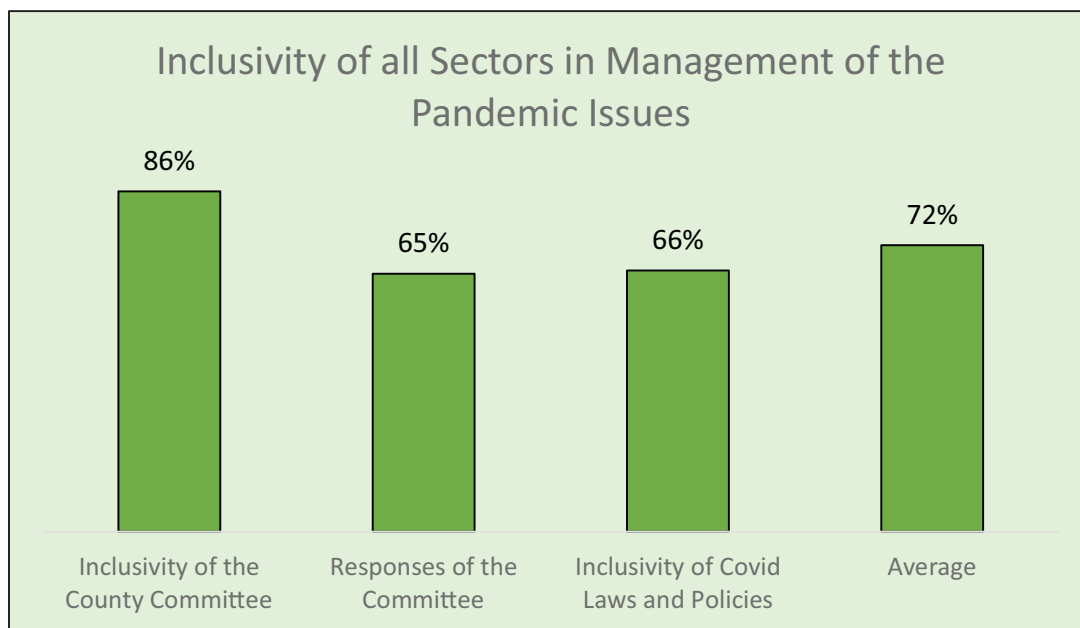
Graph 7

Issue number 7: Food and nutrition
Average Score: 73%



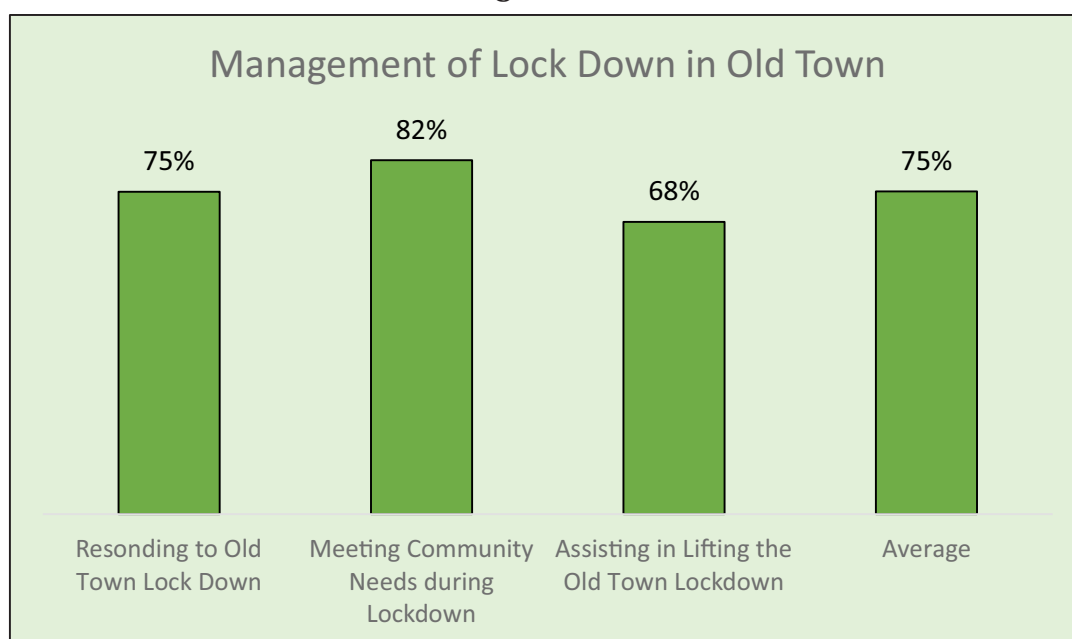
Graph 8

*Issue number 8: Inclusivity of all sectors in management of the pandemic
Average Score: 72%*



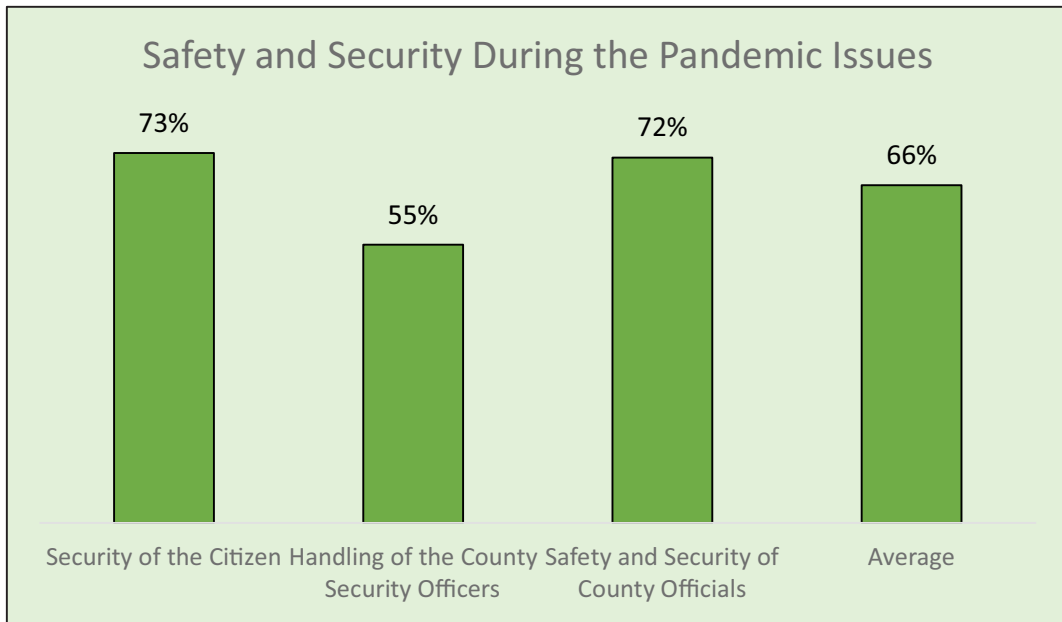
Graph 9

*Issue number 9: Management of Lockdown in Old Town
Average Score: 75%*



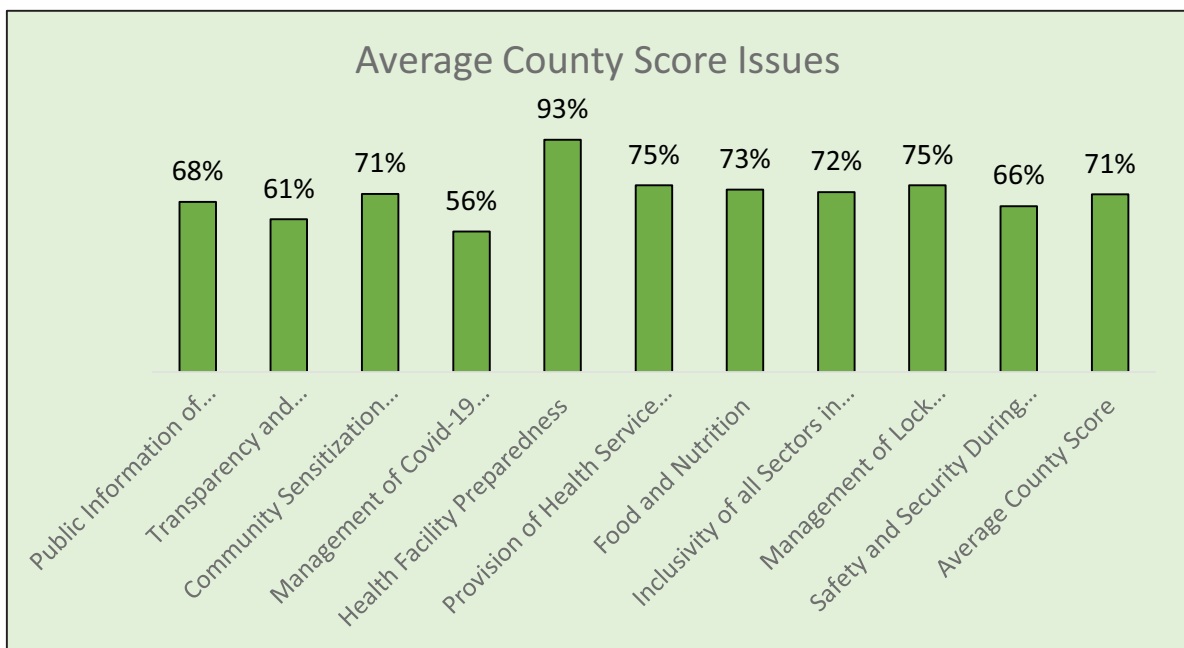
Graph 10

Issue number 10: Safety and security during the pandemic
Average Score: 66%



Graph 11

Mombasa County Covid-19 Social Audit Exercise
Overall Average Scores: 71%



Graph 12

5.6.2 Action Planning and Way Forward

From the interface meetings, besides getting responses and clarifications on pending issues, action points were also agreed. The action points were to address any noted gaps and to follow up on what was to be done by either community or the

health interventions. The action plan was jointly agreed with all the parties and will inform the next cycle of the social audit (scorecard) process. The following action plan was agreed as a way forward from the audit exercise conducted on the Covid-19

Table 3: Social Audit Report Implementation Action Plan

Priority Issue	Action Activities Needed To Address Issues	Lead Person/Name/Institution	Completion Date	Resources Required
Confirm current status of Covid-19 facilities	Visiting the CPGH & TUM facilities	<ul style="list-style-type: none"> - Dr.Khadija Shikely - Chief Officer Medical Health Service - Mzee Juma Boma – Chairperson of the Follow up committee 	15 th October 2020	<ul style="list-style-type: none"> - County officials - Community members - Transport logistics
Development and distribution of Covid-19 service charter	Prepare a guideline to be used as the service charter by the county	<ul style="list-style-type: none"> - Hazel Koitaba– Health CECM - Salma Hemed– HAKI Africa 	31 st December 2020	<ul style="list-style-type: none"> - MCAs - Public and medical health officers
Setting up of Mvita Isolation Centre	Upgrading the Center	<ul style="list-style-type: none"> - Dr.Shikeli - Dr Salma Swaleh - Mariam Mbaruk – Finance CECM - CSAFs 	31 st of October 2020	<ul style="list-style-type: none"> - County officials - Financial resources
CHV trainings and capacity building	Public awareness and sensitization forums	<ul style="list-style-type: none"> - Dr Salma Swaleh – County Government - Salma Hemed HAKI Africa 	31 st December 2020	<ul style="list-style-type: none"> - CHVs - Venues - Trainers - Training materials
PWDS Welfare and Sensitisation	Acquire disability friends facilities and equipment	<ul style="list-style-type: none"> - MCA Ramla Said - Mariam Mbaruk – Finance CECM 	31 st December 2020	<ul style="list-style-type: none"> - Financial resources

		- Salma Hemed - HAKI Africa		
Awareness on status of food distribution	Sub county sensitization meetings	- Mahmoud Noor - Red Cross - Hussein Khalid - HAKI Africa - Sub County administrators - National government administration	30 th November 2020	- Venue - Transport logistics
Disbursement of money/Cash transfers	Ensure needy and deserving benefit	- Mariam Mbaruk - Finance CECM - Hussein Khalid - HAKI Africa - Mzee Juma Boma	31 st October 2020	- Financial resources - Transfer logistics
Audit of Covid-19 Funds Received	CECM to make available financial files indicating amounts of funds received to be audited by HAKI Africa	- Mariam Mbaruk - Finance CECM - Hussein Khalid - HAKI Africa - Mzee Juma Boma	By 31 st December 2020	- County officials - Community members



Picture 19: County officials at the interface meeting with local actors

6.0 Lessons Learnt and Recommendations

6.1 Lessons Learnt

- State and non-state partnership is very important in combating the effects of Covid-19. CSOs, the private sector, politicians, county and national government officers in Mombasa collaborated in Mombasa and this is what contributed to successful flattening of the Covid-19 curve at the county.

Trust building among the various state and non-state actors is required in sustaining this partnership.

Lack of accurate and timely information is one of the major factors that contributed to initial community resistance to Covid-19 response in Mombasa County. Information sharing is therefore important in mobilizing multi-stakeholders approach to addressing the Covid-19 pandemic.

- Communities do not necessarily have negative attitude towards county and national government agencies as long as they are continuously informed.
- Doubts about the 'reality' of Covid-19 is a major impediment to observance of the Ministry of Health guidelines. On-going interventions should therefore be focused on changing this dangerous attitude.

The concept of Community Social Audit Facilitators (CSAFs), which was adopted in this project, can be used in monitoring other development projects in Mombasa County and at the national level.

Transparency and accountability in management of Covid-19 funds is paramount in building public trust in mitigating the effects of the pandemic. This should be done in a language that communities relate with.

Continuous resourcing is therefore important and the County government should continue mobilizing different stakeholders to build up a Covid-19 fund besides increasing budgetary allocations towards emergency responses.

6.2 Recommendations

State and non-state actors should:

- Address stigma associated with Covid-19 including offering more psycho-social support to patients,
- Make public the total funds received from donors and well-wishers including donations of food

KENYA PORTS AUTHORITY
 PORT OF MOMBASA
 STAFF CLINIC
 No. B No 013955

REQUISITION FOR MEDICAL STORES
 Date 18/05/2020

Please supply the following to TECHNICAL UNIVERSITY OF MOMBASA (TUM) ISOLATION UNIT

ITEM No.	ITEM DESCRIPTION	QUANTITY	QUANTITY
1	PATIENTS BEDS FROM KPA KIPEVU DISPENSARY Last item	5	5

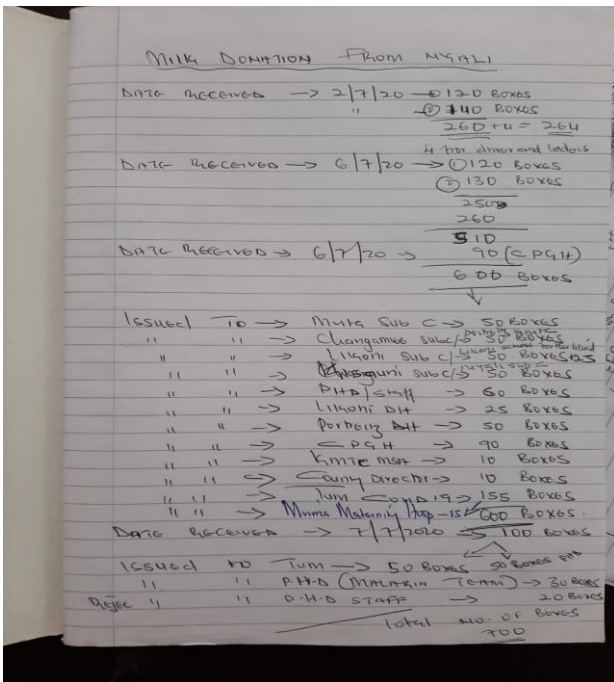
Signature of Requisitioning Officer: Mopmas Salim
 Signature of Issuing Officer: [Signature]

Notes: This requisition must be signed by Medical Officer/Pharmacist or Sister i/c and must be submitted in duplicate. The above stores received in conditions as stated.

Signature of Requisitioning Officer: Mopmas Salim
 Date: 18/05/2020

5023808029 0721159610 → TUM's TUM

Picture 20:



Picture 21

Pictures 20 and 21: Samples of the records of donations received from different stakeholders



Picture 22



Picture 23

Picture 22 and 23: HAKI Africa, Redcross, Old Town Chief and Ward Administrator supporting the operation of businesses in the area

- Involve communities in decision making about Covid-19 programs and initiatives to enhance ownership and acceptance
- Support Old Town community, including businesses
- Undertake a financial social audit of funds received from national government, development partners and



Picture 24: Mombasa county leaders unveiling the social audit report

7.0 Conclusion

The audit process using the scorecard method was done in an objective manner to share views and facts regarding the use of Covid-19 funds by the county government of Mombasa.

It was a participatory process, which brought together community volunteers who spent their time to follow up with communities and service providers within their localities with the sole intention of determining how health services were rendered.

The process also saw for the first time, a county government opening up itself for scrutiny by civil society and community members on the efficacy of its use of Covid-19 funds.

While the audit did not undertake a financial probe of used funds, it assessed in details the levels of service provision to ascertain whether the people were served as required to enable them deal with the Covid-19 pandemic.

The assessment was done openly with all information laid bare for all and sundry to see for themselves. From the process, the social audit findings concluded that the county health department did well with an average score of 71%.

However, there were also clear areas of improvement that will need to be worked on to ensure optimum performance for the good of wananchi.

The audit identified gaps within the system that needed to be filled. Key amongst these gaps is the need for the county to engage in a similar social audit process to assess financial use of the funds received from national government, donors and well-wishers.

Recent reports indicate that Mombasa is one of the counties that is again reporting an increase in number of infections after flattening the curve for several weeks. If these reports are anything to go by, it will mean the county is likely to face the second wave of Covid-19 and so should be prepared to deal with it.

Other counties and national government too can emulate the example of Mombasa County for purposes of enhancing transparency and accountability but also to safeguard the health rights of Kenyans.

HAKI Africa

Annexures

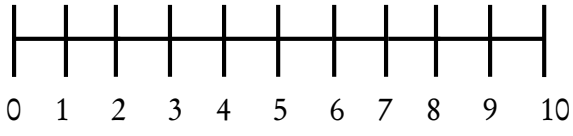
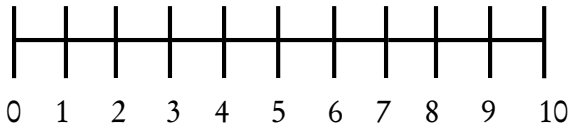
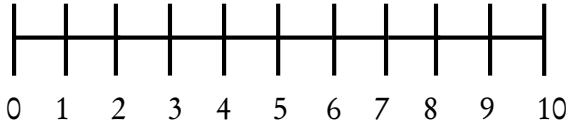
Annex 1: Community Scorecard Questionnaire

Overall objective: To work together with the community to establish the quality of healthcare services in public health facilities and the County

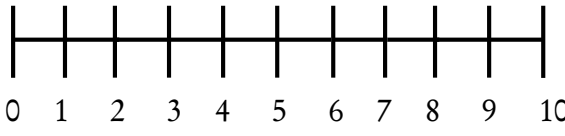
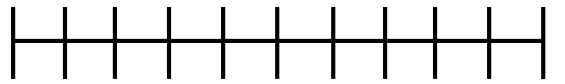
to enhance transparency and accountability with the ultimate aim of improving the service delivery in our health facilities while using the COVID 19

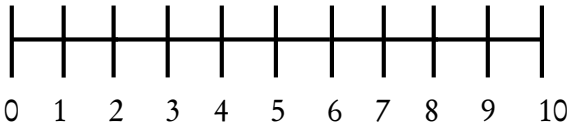
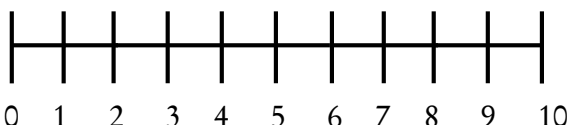
1. Public Information on Covid-19

(Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

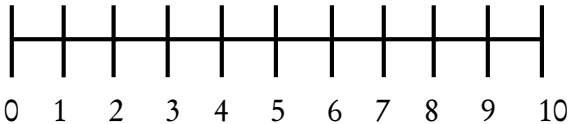
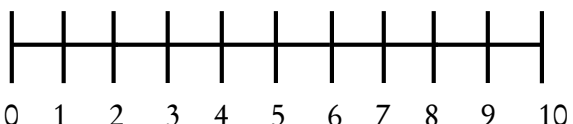
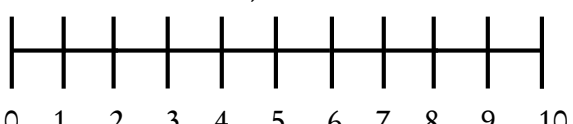
a)	<p>How would you rate the information given by the County Health Department on the pandemic?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
b)	<p>How would you rate the County Health Department's regularity in giving out updates?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
c)	<p>How widely was the information being spread including if there was a service charter?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

2. Transparency and Accountability in Covid-19 funds Management

a)	<p>Did the County make public the funds and donations received for Covid-19 programs?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
b)	<p>Were County Covid-19 programs addressing community needs?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

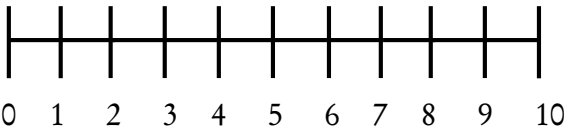
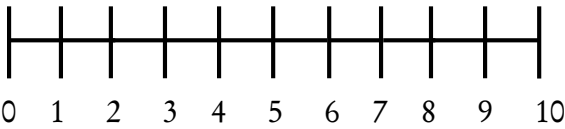
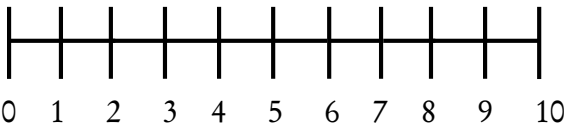
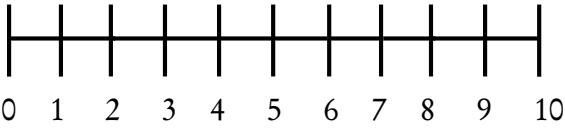
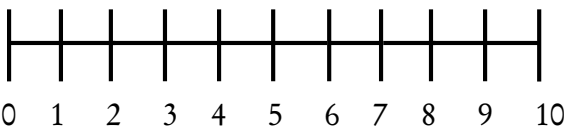
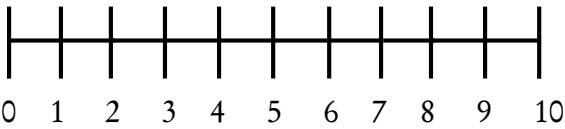
b)	<p>What would you rate the county in dealing with stigmatization in the community?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
c)	<p>How would you rate the confidentiality of the County Health Officer in dealing with the Covid19 patients?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

5. Health Facility Preparedness
 (Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

a)	<p>How would you rate the County in ensuring that there is an Isolation unit within the county that has at least 100 beds?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
b)	<p>How would you rate the county in ensuring that they have a treatment center with at least 300 beds?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
c)	<p>How did the County perform in ensuring there is equipment including ambulances and free testing booths dedicated to Covid19 in Mombasa county?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

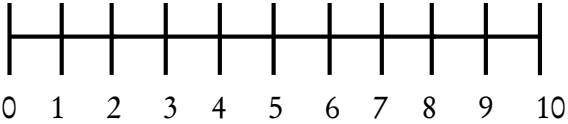
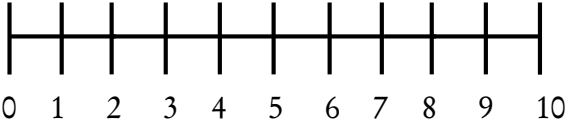

6. Provision of Health Service
 (Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

a)	<p>How available were the medical officers to respond to Covid19 needs of the community?</p> <p>(Mark your answer in a scale of 0-10)</p>	
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<p>b)</p>	<p>How would you rate the County Health Officers in testing for Covid-19? (Mark your answer in a scale of 0-10)</p> 	
<p>c)</p>	<p>How would you rate the county in ensuring there are hand washing and sanitizing spots located in different parts of the county? (Mark your answer in a scale of 0-10)</p> 	
<p>7. Food and Nutrition (Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)</p>		
<p>a)</p>	<p>How do you rate the adequacy of county food and nutrition programs? (Mark your answer in a scale of 0-10)</p> 	
<p>b)</p>	<p>What is your rate of the County on how they take care of the nutrition of Covid-19 patients in the treatment and Isolation centers? (Mark your answer in a scale of 0-10)</p> 	
<p>c)</p>	<p>How responsive was the county in offering subsidies on food and nutrition? (Mark your answer in a scale of 0-10)</p> 	

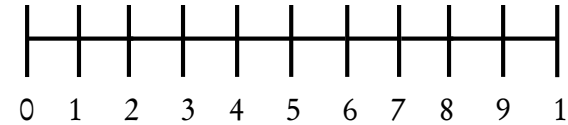
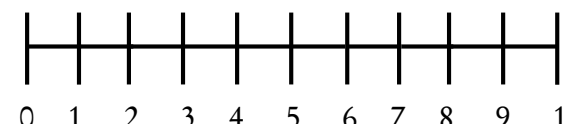
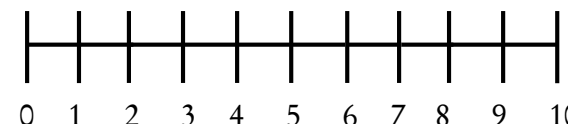
8. Inclusivity of all Sectors in Management of the Pandemic

(Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

<p>a)</p>	<p>How would you rate the inclusivity of County Covid19 Response Committee in terms of gender, disability, youth and minority</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>b)</p>	<p>Were the Covid19 Response Committee responses respective of the different sectors that exist in the community</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>c)</p>	<p>How inclusivewere the Covid19 laws and policies put in place by the county?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

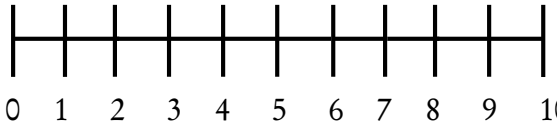
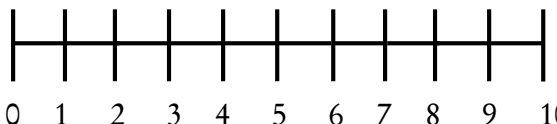
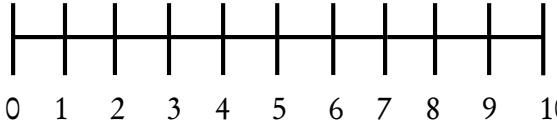
9. Management of Lock Down in Old Town

(Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

<p>a)</p>	<p>How would you rate the county response to the Old Town lockdown announcement?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>b)</p>	<p>How well did the County Covid19 Response Committee manage community needs during the lock down?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>c)</p>	<p>How did the County help in lifting of the Old Town lockdown?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

10. Safety and Security During the Pandemic

(Please rate your answer in a scale of 0 to 10. 0 being poorest and 10 being excellent)

<p>a)</p>	<p>How was the County Government of Mombasa ensuring the security of its citizens during the pandemic?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>b)</p>	<p>How are the county security officers handling people's adherence to health regulations?</p> <p>(Mark your answer in a scale of 0-10)</p> 	
<p>c)</p>	<p>How would you rate the safety and security of county officers who were involved in handling the Covid19 situation?</p> <p>(Mark your answer in a scale of 0-10)</p> 	

	3. Community Advocacy Group/Organization 4. Local Administration/Local politicians 5. Health Facility Personnel 6. Health Facility Management Committee 7. County/ subcounty health team 8. Others(specify).....	
2d.)	Are the complaints sent through.....? 1=Phone call 2= in writing 3= political/community leader 4= suggestion box 5= other(specify)_____	
2e.)	What was the feedback mechanism? I. Community Health Worker/Volunteer II. Facility Service Charter/Accountability Board III. Suggestion Box IV. Register V. Community Score Cards	
2 f.)	If no, Highlight reasons for not channeling feedback?	
C. How are the County Covid 19 Response Committee members selected (transparency)		
3a	Is the community aware of the County Covid9 Response Committee? Yes = 1 No = 2	
3b	Does the community know the roles of the County Covid9 Response Committee? Yes = 1 No = 2	
3c	Are any of the County Covid19 Response Committee members known by the community? Yes = 1 No = 2	
3d	Is the County Covid19 Response Committee representative in terms of gender, disability, youth, and minority? Yes = 1 No = 2	
3e	Is the County Covid19 Response Committee formed transparently and democratically? (PROBE FURTHER) Yes = 1 No = 2	

3f	Does the County Covid19 Response Committee consult and dialogue with the community? Yes= 1 No=2	
3g	How often do they consult and dialogue with the community?	
3j	Does the County Covid19 Response Committee inform the community about its decision? Yes= 1 No=2	
3k	Does the County Covid19 Response Committee Organize meetings with the community to plan on utilization of funds? Yes= 1 No=2	
3l	Did the 2 facilities receive Covid19 response funds from DANIDA, National Government or other wellwishers? Yes= 1 No=2	
3n	Are the funds spent according to the community needs and priorities? Yes= 1 No=2	
3p	Does the County Covid19 Response Committee hold meetings at least once every three months? Yes= 1 No=2	
3t	Is the County Covid19 Response Committee an effective representation of community needs and priorities? Yes= 1 No=2	
3u	Yes, Explain:	
<p>D. Finance issues: the different financial sources to the facility must be made public and the financial resources utilized with input from the community and based on communities priorities?</p>		
4a	Are the different financial sources displayed publicly? I. National Govt. Covid response funds II. County Government Covid funds III. DANIDA IV. Other(specify) _____	Yes= 1 No=2 Yes= 1 No=2 Yes= 1 No=2

4b	<p>Are the financial resources utilized with input from the community and based on community priorities?</p> <p>Yes = 1 No = 2</p>
<p>E. Are all necessary equipment required to be in an Isolation Centre available in this facility, are they in working condition and put into use? What is the state of physical facilities in the Isolation Centre?</p>	
5a	<p>Ambulance service is a vital part of service delivery in the health facility during this Covid-19 period. It is very important during emergencies and referral of patients to the Isolation Centre does the facility have an ambulance service?</p> <p>Yes = 1 No = 2</p>
5c	<p>Is the ambulance service free of charge?</p>
5d	<p>If yes, is the ambulance in a good working condition?</p> <p>Yes = 1 No = 2</p>
5e	<p>Does the facility have drugs and supplies at all times to meet all the prescribed needs of patients?</p> <p>Always available = 1 Sometimes = 2 Not available = 3</p>
5f	<p>Does the facility have ICU beds and equipment to meet all the prescribed needs of Covid-19 patients? Probe on how the facility is addressing such issues.</p> <p>Always available = 1 Sometimes = 2 Not available = 3</p>

ANNEX 2: FACILITIES

	Functional and utilized	Functional and not utilized	Not present
Incinerator			
Maternity ward in-patient beds			
Minor surgery room			
Kitchen			
Pharmacy			
Laboratory			
Staff houses			
Labour ward			
Delivery room			
Consultation rooms			
Treatment room			
Records room			
Stores- for drugs and general			
Pit latrine			
Placenta pit			
Motorcycle			
Water storage			
Communication equipment			

ANNEX3: STATE OF INFRASTRUCTURE

FOCUS AREA	COMMENTS AFTER CONSENSUS
Adequate lighteningelectricity	
Doors are wide for easy access	
Floors are well finished	
PPE's, sanitizers, handwashing stations	

Walls are well finished and painted	
The rooms are clean and well sterilized	
Adequate forms/benches	
Washrooms/pit latrines are adequately cleaned?	
Covid 19 Isolation center is friendly to disabled(ramp, washrooms that are friendly)	
The parking is adequate and properly designed to handle any emergency	

ANNEX4: STAFFING STATUS

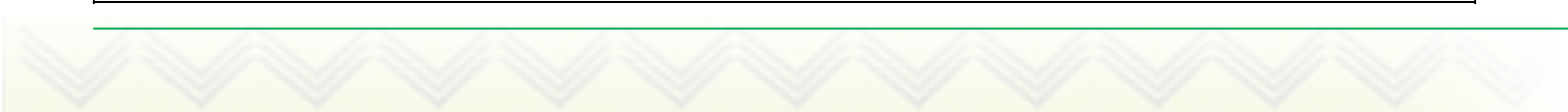
CADRE	Available? Yes/no	Number in health facility	General shortage of staff (number)
Medical officer			
Pharmacist			
Clinical officer			
Pharmaceutical technologist			
Enrolled nurse			
Lab technicians/Technologists			
Health Records Officer			
Public health technician/public health officer			
Other(please specify)			

<p>Name of FGD facilitator; Signature:</p> <p>.....</p> <p>Date</p>	<p>Date and Time.....</p>
<p>Questionnaire checked by the supervisor on date and time;</p> <p>Date</p>	

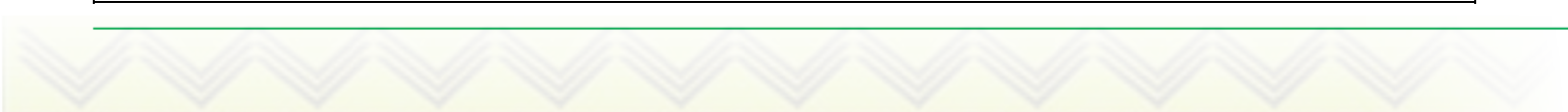
Annex 5: List of Community Social Audit Facilitators (CSAFs).

NO.	NAME	SUB COUNTY
1	ALI KOMBO	JOMVU
2	ABRAHAM JUMA	JOMVU
3	VIVIAN ATIENO	JOMVU
4	JAMES ODUOR	JOMVU
5	EVELYNE AUMA	JOMVU
6	SAID MUHSIN	KISAUNI
7	ALI SUDI BOTI	KISAUNI
8	SUSAN N. MWANGI	KISAUNI
9	ALPHAMA NDUTA	KISAUNI
10	DORIS KADII	NYALI
11	ANWAR O. SAID	NYALI
12	VINCENT OBUYA	NYALI
13	CHRISTINE KHABUYA	NYALI
14	OMAR CHAI	NYALI
15	HAMISI MPOLE	CHANGAMWE
16	CAISTEN SESI	CHANGAMWE
17	GEOFREY KITHUKU	CHANGAMWE
18	HUSNA ISMAIL KHAN	CHANGAMWE
19	ADAMSHEE	CHANGAMWE
20	HASSAN MASUDI	LIKONI
21	SULEIMAN HASSAN	LIKONI
22	MWISHALI SULEIMAN	LIKONI
23	SALIM M. MWABUNDU	LIKONI
24	MWANAJUMA MOHAMMED	LIKONI
25	NANCY NYABOKE	MVITA
26	MICHAEL MUSEMBI	MVITA
27	YUSUF MOHAMMED	MVITA
28	DORAH KATEE	MVITA
29	SALMA HEMED	MVITA
30	FARIDA ALLY	MVITA

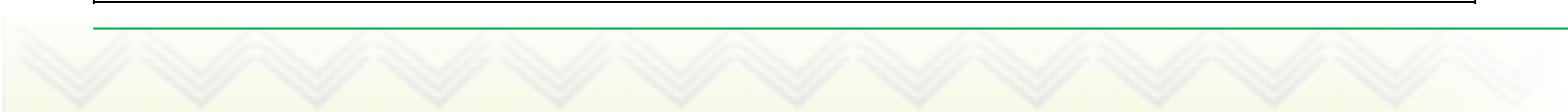
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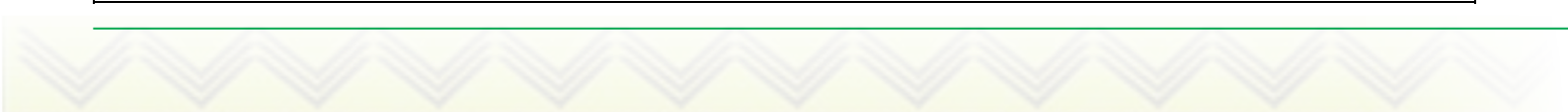
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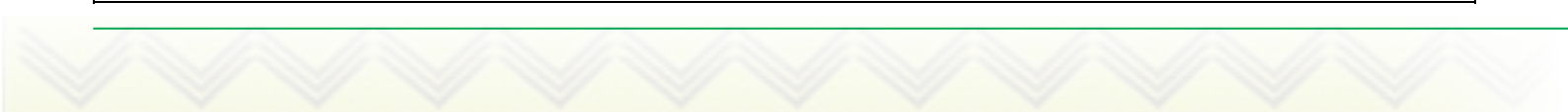
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HAKI Africa



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