Kenya Case Study

Summary

Through a community-led monitoring (CLM) instrument called I-Monitor ATM+ Kenya, communities affected by HIV, TB, malaria, and COVID-19 are empowered to monitor health service quality and advocate for improvements to it. This collaborative effort trains peer monitors to gather feedback, provide support, and escalate any issues to the authorities to find solutions. Already, this data-driven advocacy has achieved wins, like better clinic locations, and has solved delays in keeping pharmacies stocked with medicines. With over 5,600 users and growing capabilities to integrate social media, this community-led approach is promoting accountability and driving positive change in the health response across Kenya.

Integrated community-led monitoring in Kenya

I-Monitor ATM+ Kenya is a community-led monitoring (CLM) mechanism that collects and responds to information related to HIV, TB, malaria, COVID-19 and human rights. This integrated approach was first piloted in 2015 in three counties: Kwale, Vihiga and Homabay. It was rolled out nationwide in 2017. The current yearly cost of the mechanism is approximately US$800,000. Nongovernmental organization Amref health Africa is the Principal Recipient of the Global Fund grant in Kenya, and it is offering technical support to develop and implement I-Monitor ATM+ Kenya.

CLM in Kenya is a collaborative effort among non-state actors and is implemented jointly by the National Empowerment Network of People Living with HIV/AIDS (NEPHAK), the Key Populations Consortium, the Kenya NGOs Alliance Against Malaria, TB champions, adolescents and young people, and other faith-based and community organizations. The Community Systems Strengthening Technical Working Group (TWG), comprised of key stakeholders, including representatives of networks of people affected by HIV, TB and malaria, key and vulnerable populations and technical partners, was established in December 2021. The Community Systems Strengthening TWG oversees I-Monitor ATM+ Kenya.

The experiences and insights of these communities formed the basis of the current version of I-Monitor ATM+ Kenya. In 2021 and 2022, a review was conducted on how to effectively cover HIV, TB, malaria, COVID-19 services. The recommendations of the review contributed to strengthening a thematic area of human rights within the CLM. A CLM framework was developed to institutionalize CLM as a tool for ongoing dialogue and collaboration between communities and national and county governments, based on mutual empowerment and trust. The framework was validated by national multi-stakeholders and lays out the principles for developing, implementing, and coordinating CLM interventions.
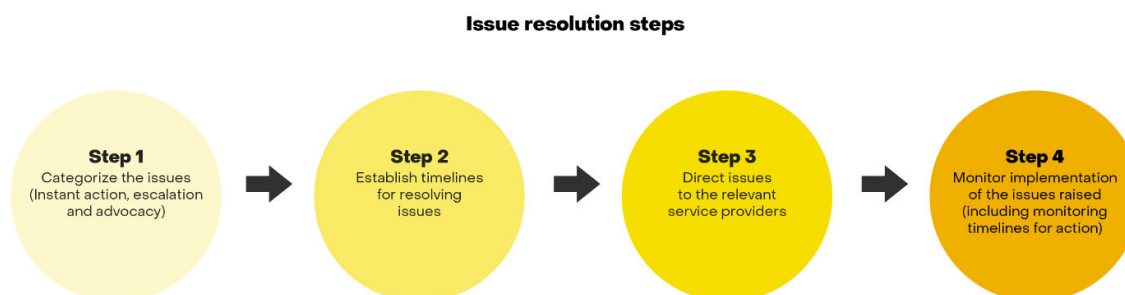
To create demand for cross-cutting CLM, the following strategies were used: formulating a shared vision and goals, strengthening community ownership through training and empowerment, and showcasing how CLM-generated data can be used to advocate for improvements in service quality. Community mobilizers who helped create demand for CLM were selected from different affected communities. They used various media platforms, including TV and social media, and public services and events to raise awareness in the communities about the role and the importance of CLM, and on the I-Monitor ATM+ Kenya mechanism. As part of demand creation, the Global Fund grant was used to invest in health and human rights literacy activities, through promotion of patient charters, self-help groups, and public *barazas* – awareness-raising meetings within the local communities.

The I-Monitor ATM+ Kenya tool has five thematic areas: service delivery, commodities, human rights, treatment literacy and support groups.

In April 2023, there were more than 5,600 active users of this CLM mechanism, of which 618 were peer monitors. I-Monitor ATM+ Kenya relies on the peer monitors to:
- Reach out to clients for feedback on the quality of services.
- Provide a first response, i.e., the first step towards resolving any issues.
- Provide feedback, monitor and confirm resolution of issues via the CLM system.

Steps to resolve issues

Issue resolution steps

Step 1
Categorize the issues
(Instant action, escalation and advocacy)

Step 2
Establish timelines
for resolving
issues

Step 3
Direct issues
to the relevant
service providers

Step 4
Monitor implementation
of the issues raised
(including monitoring
timelines for action)

Issues are directed to relevant authorities and facilities for redress, and most issues and barriers are addressed at the county levels and updated in the system by the "super users."

Super users are key population representatives and opinion leaders selected by the communities, or they are staff of the implementing organizations. They can also be county team members. A typical county team consists of a government health service employee, a gender specialist and a social services specialist.

Super users also provide feedback to the person who reported the issue. Community and key populations representatives trained as volunteer paralegals assist with the follow-up.

The Community Systems Strengthening TWG responds to issued escalated by super users. The TWG meets quarterly to provide technical and strategic guidance to improve data collection and management, and it identifies and determines the strategy for evidence-based advocacy. To date, such advocacy included improving the availability of antiretroviral therapy and TB GeneXpert testing cartridges and addressing the cross-cutting issues of understaffing in laboratory services.

Between January 2017 and June 2021, a total of 1,530 issues were reported across different thematic areas as follows: commodities (54%), service delivery (24%), human rights (9%), social support (8%) and treatment literacy (5%). The reported issues were analyzed and escalated to the relevant county departments for action and at least 85% were addressed.

This integrated approach to CLM is empowering local communities to identify and document barriers in accessing HIV, TB, malaria and other health services and advocate for these barriers to be removed. For example, in Taita-Taveta County, the community successfully engaged a TB clinic management and county administration to relocate the clinic to another more accessible location. The issues of access and the polluted environment around the clinic were identified by communities trained in CLM. In Homa Bay County, CLM-based advocacy helped solve the problems of long pharmacy queues and sanitation issues at the facility. In Busia County, the community managed to advocate for fencing around a health facility to improve its security. Moving forward, the Malaria Matchbox assessment of barriers to malaria services will inform the inclusion of more malaria-relevant interventions targeting human rights and gender among underserved communities.

The Community Systems Strengthening TWG will continue to promote the importance of CLM in Kenya and support communities to champion the use of data for advocacy. I-Monitor ATM+ Kenya can be integrated with other platforms including WhatsApp, Facebook and X (formerly known as Twitter). Its results will soon be published on an online public dashboard, which will display aggregated county- and national-level information.