



AFRICAN INSTITUTE FOR HEALTH & DEVELOPMENT

"Working with communities for better lives through evidence-based programming"

BASELINE SURVEY REPORT

STATE OF PUBLIC SERVICES AND ACCESS TO JUSTICE IN KENYA

Report of a Survey in Support of Huduma —
a Programme to Facilitate Citizen Feedback for the
Achievement of The Millennium Development Goals (MDGs)

2013



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Abbreviations and Acronyms

AIHD	- African Institute for Health and Development
BoD	- Board of Directors
CBO	- Community Based Organisation
CDF	- Constituency Development Fund
CSO	- Civil Society Organisation
CSPro	- Census Survey Professional Software
EA	- Enumeration area
ECD	- Early Childhood Centre
FBO	- Faith Based Organisation
FGD	- Focus Group Discussion
FPE	- Free Primary Education
GoK	- Government of Kenya
HH	- Household
IDI	- In-depth interview
KDHS	- Kenya Demographic and Health Survey
KIPPRA	- Kenya Institute for Public Policy Research and Analysis
KNBS	- Kenya National Bureau of Statistics
M&E	- Monitoring and Evaluation
MDGs	- Millennium Development Goals
MOEST	- Ministry of Education, Science and Technology
MSPND & Vision 2030	- Ministry of State for Planning, National Development & Vision 2030
NCST	- National Council of Science and Technology
NGO	- Non-Governmental Organisation
NHIF	- National Hospital Insurance Fund
NTA	- National Taxpayers' Association
PTA	- Parents Teachers Association
SMS	- Short Message Service
SODNET	- Social Development Network
UN	- United Nations
SPSS	- Statistical Package for the Social Sciences
UNDP	- United Nations Development Programme
UNMC	- United Nations Millennium Campaign
UoN	- University of Nairobi

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Executive Summary

Background

The Constitution of Kenya 2010 provides a framework for constitutional democracy that puts the citizens at the core of the new governance model. It strengthens the framework for accountability and outlines a bill of rights that enshrines social, economic and cultural rights. These are critical pillars in the realization of the right to life and dignity, to health, adequate housing, adequate food, clean and safe water, education, and social security. These rights are the pillars of attaining the Millennium Development Goals (MDGs). Furthermore the Constitution stipulates principles of good governance and creates devolved governments that must ensure that citizens actively participate in decisions that shape their lives (Article 196).

The devolution of resources offers a unique opportunity to ensure that services reach the poor and that the people at community level can exercise effective oversight over the use of their resources. A roadmap to effective citizen participation in local governance and community affairs is assured through strategies that harness citizen power to engage in the development process. To ensure accountability and effectiveness in service delivery, citizens' engagement and demand for services is crucial. This report, therefore, should contribute to a better understanding of the current situation vis-à-vis citizens' views of service delivery and their experience in accessing these services. This information is useful in developing a course of action that will improve citizen engagement and partnerships which address effective participation.

This survey was conducted in Lang'ata and Embakasi constituencies of Nairobi County, Murang'a and Nyeri counties, Kisumu and Siaya counties, Kakamega and Bungoma counties between September 2011 and March 2012. This was before the general elections in March 2013.

Both qualitative and quantitative research methods were used for data collection: qualitative tools included in-depth interviews (IDIs) and focus group discussions (FGDs). An interviewer-based household questionnaire was used to generate quantitative data (see questionnaire attached as Annex 1) which has been widely used in this report.

The survey involved interviewing a randomly selected sample of household representatives. The random sample was based on the national sampling frame provided by the Kenya National Bureau of Statistics (KNBS), who participated in designing the survey. The IDIs were implemented with representatives of non-governmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs), health facilities, schools and public service providers. In total, 7,251 household interviews, 64 IDIs and 32 FGDs were conducted. The quantitative data were entered using CSPro and analysed using the Statistical Package for the Social Sciences (SPSS). The qualitative data has been analysed based on study themes.

Key Results

Health: In response to the household questionnaire, nine in ten of those who sought healthcare had access to some forms of medical assistance. Most of the care was sought from public health facilities (public hospitals – 47.7% and public dispensaries – 23.4%). About one-fifth (19.1%) of those who needed

healthcare sought it from private health facilities. Health seekers basically used their personal resources to meet the healthcare costs, with Kakamega reporting highest dependence on personal savings to meet the cost of health care (85.7%) while Siaya recorded the lowest ranking at 75.2%. The coverage of health insurance was low in all regions although Nyeri recorded the highest medical cover (42%) and the lowest was in Siaya (9.6%). Inadequacy of the facilities, poor communication, delays and long queues were the key reasons cited for poor rating of public health facilities.

Education: Over two-thirds of the respondents had household members attending school at the time of the interview. Across the eight regions, Siaya had the highest proportion of children in public primary school (90.8%) while the lowest rate was reported in Embakasi (44.5%). Payment of additional non-tuition fees dominate all the areas with most respondents in Kakamega (92%) indicating that they were forced to pay for the development of the school facilities and for meeting other institutional needs or to supplement extra tuition costs. Inadequacy of teaching staff (23.6%), congestion in classes (23.2%) and poor performance in national exams (19%) were cited as the key factors causing dissatisfaction with public primary schools.

Water: The main sources of water for domestic use were public taps (17%), water 'piped into plots' (16.5%) and rivers/ponds/springs sources (14%). Access to piped water into the plot or through a public tap was higher in Nairobi (Embakasi and Lang'ata) and lowest in Kakamega (at 2.3%). Reliability of the main source of water was particularly low in Embakasi (22.3%) and Lang'ata (22%) while it was highest in Nyeri (91.1%).

Governance: Knowledge of citizens' rights was average (44.3%), with Nyeri reporting the highest (68.4%) and Bungoma reporting the lowest (27.3%). In Lang'ata and Embakasi the responses were at 50.7% and 49.7%, respectively. The key challenge reported was 'not knowing' where to take complaints. When asked whether those who had felt aggrieved pushed ahead to demand for their rights, almost two-fifths of those in Kisumu (43.5%) had done so while only 12.7% in Lang'ata had acted. The main problems encountered while demanding for rights included frustrations with the outcomes such as 'nothing happening', 'being thrown in jail' and or 'intimidated/beaten.' The respondents noted that their leaders hardly involved them in decisions that affect them. This response was especially high in Nairobi (Embakasi 67.6% and Lang'ata 66.7%).

Justice: Access to justice was assessed in view of the people's use of the judicial system. Slightly over one-fifth (23%) of the respondents reported that a household member had lodged a court case in the three years preceding the survey. Half of those who lodged legal cases in Lang'ata (57%), Embakasi (53.5%) and Bungoma (50%) were either asked for a bribe or some form of gift. A whole range of court officials are mentioned as seeking for bribes including paralegals, magistrates, lawyers and police. People still view the court system as expensive and did not trust it since the laws were applied unfavorably to the poor. However, it is notable that in Kisumu (37.4%), Siaya (22.7%) and Murang'a (18%), respondents noted that the judiciary was acting more independently (without interference of the government) than before, which is a positive indication to public perception about the judicial reforms underway.

Road infrastructure: The main road surface classifications reported across the eight areas are earth/gravel roads or dust/murram. The conditions of the roads are considered to be generally poor. Water logging during heavy rains affect the roads disproportionately; Kakamega (87.9%); Embakasi (86.8%); Lang'ata (84.4%) and Bungoma (83%). It is notable that Nyeri reported the lowest level of water logging on their roads (59.9%).

Sources of information on development: The views of the respondents regarding the main source of information on development issues varied, although the top four channels cited were person-to-person, radio, TV and public meetings. Religious institutions as a source of information ranked higher in Nyeri (22.1%) while it was negligible in the other study sites. The importance of public meetings in disseminating information can be deduced from the relatively high figures recorded in Siaya (53.4%) and Bungoma (43.6%).

Recommendations

- i) Enhancing citizens' participation in governance:
 - Both the national and county governments should embrace the new culture of participation, accountability and transparency.
 - The Government should establish mechanisms for enhanced participation of non-state actors (NSAs) and the private sector in public policy formulation and decision-making.
- ii) Complaints and redress mechanisms:
 - The Government to institutionalize and strengthen user-friendly citizen complaints handling mechanisms consistent with the commitments contained in the Service Charters.
 - The judiciary should put in place or strengthen structures that allow it to respond to citizens' needs.
- iii) Community perceptions on service delivery:
 - Public servants should recognise citizens as true customers and involve them in determining policies and priority actions.
 - There is a need to involve community members in service delivery processes, for instance being members of on service delivery committees.
 - There is an urgent need to instil ethical values and principles in public service sector so as to improve transparency and accountability in service delivery.
- iv) Capacity development of service providers:
 - Capacity building of national and county-level service providers for enhanced transparency and public accountability.
 - Community-based organisations and other partners should be facilitated to engage with county governments and other service providers with the aim of strengthening the voices of citizens on service provision.
- v) Monitoring and evaluation of service provision and access:
 - There is a need for increased emphasis on improved monitoring and evaluation of delivery of public services.

1.0 Introduction

1.1 Background

In support of an initiative led by InfoNET to pilot and scale-up a citizen monitoring and feedback system referred to as Huduma, a group of organisations came together to implement a coordinated mechanism for increasing citizen voices in relation to access to basic services. The objective of Huduma is to harness and amplify citizens' voices in the performance of public services and accountable use of public resources while harnessing technologies as empowering tools. Through this innovation, the citizens' voices are channelled to the relevant authorities for action. The intervention also forms a basis for interaction between the government and citizens.

Through Huduma, citizens are facilitated to use the web and mobile-based platform to channel their observations and concerns regarding service delivery via short message service (SMS), voice and video. The messages are then passed directly to authorities and service providers for redress. Feedback loops have been created to ensure that the citizens who send messages receive a response in real time.

This process is aimed at creating a direct channel of engagement between citizens and duty bearers for increased and effective service delivery, and MDG attainment at the local level. This process led to the commissioning of this study in order to identify the right areas to influence in the future in the campaign to improve service delivery processes.

The Huduma platform has the following key technical features:

- **Geo-tagging:** geographical mapping of facilities organised by sectors (e.g. health, water, education, infrastructure and judiciary), which can be colour-coded for ease of identification.
- **Resource maps:** geographical distribution of resources – including financial (e.g. approved budgets), human resource distribution, and distribution of on-going development projects.
- **Multiple media data:** including SMS, Twitter, Facebook and pictures captured by cell-phone cameras.
- **Language translation:** can translate key words from several local languages into English.
- **Auto-response and feedback mechanism:** once a message is received a response goes to the sender automatically acknowledging receipt of the message and requesting further information if necessary (e.g. location of problem, gender and age of sender) and feedback on response time.
- **Verification and forwarding:** information received is entered into the system and processed after physical verification of authenticity (this will be achieved through partnership at the local levels).
- **Data aggregation and visualization dashboard:** messages are interpreted on an interactive visualization dashboard at the targeted agency or service provider. If a problem or a suggestion is recorded on the dashboard and is acted upon, a message is automatically sent to the original complainant (in the case of a complaint).
- **Powerful visuals:** time-tracker line to track time between raising an issue and response; and bubble with location names enlarging depending on frequency of problems reported.
- **Flagging:** actions with delayed response are highlighted through colour-codes - red for long

delayed actions and green for notable efficiency. The delays and responses are measured against existing service charters.

- **Reports:** a variety of reports are generated for policy and evidence-based advocacy and for use by the media.

1.2 Different Components, Different Actors, Common Goal

The implementation of Huduma has different components, under the leadership of different actors based on their expertise. The key components of Huduma and the lead agencies are presented in Table 1.

Table 1: Components of Huduma and lead agencies

No.	Components	Lead Agencies
1.	Overall coordination	InfoNET
2.	Technology	InfoNET
3.	Civic education, media and communications	UNMC
4.	Support to civil society, faith-based and membership organisations	National Taxpayers' Association (NTA), The organisation of African Instituted Churches, Amkeni wa Kenya (UNDP), among others
5.	Research, monitoring and evaluation (M&E) and policy engagement	AIHD
6.	Engaging parliamentary and county elected representative	UNMC
7.	State collaboration	UNMC, AIHD, InfoNET
8.	Private sector collaboration	UNMC, InfoNET
9.	UN and other development partners' collaboration	UNMC, InfoNET

Source: Huduma, 2011/2

1.3 The Research, M&E and Policy Engagement Component

Huduma's value is contingent on its claim that citizen engagement in the delivery and access to basic services will lead to improvements in their well-being. To prove this, it is critical that assessments are done to document the processes and outcomes of Huduma. This requires technical M&E expertise to define and monitor the processes and outcomes. Furthermore, Huduma has the potential of generating massive data through crowd-sourcing methods, which requires that guidelines and protocols be formulated to safeguard these data.

It also demands for a means of aggregating these voices and objectifying them alongside existing indicators (e.g. social, demographic and economic parameters). In addition, citizen feedback through the Huduma model will generate questions around policy and programming, which calls for investments in the capacity of the respective entities to respond. Finally, it is critical that lesson-learning be built into the implementation of Huduma.

In line with this, a research team was established under the leadership of the African Institute for Health & Development (AIHD). The membership of the research team includes the following:

1. Kenya Institute for Public Policy Research and Analysis (KIPPRA);
2. Kenya National Bureau of Statistics (KNBS);

3. Millennium Development Goals Programme Unit, Ministry of State for Planning, National Development & Vision 2030;
4. Monitoring and Evaluation (M&E) Directorate, Ministry of State for Planning, National Development & Vision 2030;
5. School of Economics, University of Nairobi (UON);
6. InfoNET; and
7. United Nations Millennium Campaign (UNMC).

The research agenda developed as part of Huduma is to address a range of questions including:

1. What are the conditions for success or failure of such a system?
2. What are the challenges for citizen empowerment and participation in such a system?
3. How does decentralisation to the county level affect Huduma?
4. What policies/programmes are impacted by Huduma and in what ways?
5. What type of data is Huduma best suited to generate and how will these data be authenticated and integrated into national data systems?
6. What is the level of interaction between state and citizens, to what extent does the state listen to citizen's voices and are citizens satisfied with state responses?

The research team also has a responsibility for commissioning specific studies and generating reports on the progress of the MDGs and feeding these into the planning and budgeting processes as well as for use by civil society organisations (CSOs) for advocacy.

1.4 Design of the Intervention

This study was designed to establish baseline data in pilot constituencies and counties so as to inform the Huduma campaign. The sample areas therefore comprised both administrative counties according to Kenya's constitution 2010 as well as two constituencies. As explained before, Huduma is being piloted in four sites: Kisumu County; Lang'ata (Nairobi County); Bungoma County; and Murang'a County. The pilot focuses on six key sectors: health; education; water, governance, justice and infrastructure. The pilot phase is aimed at responding to the following key issues:

1. Feasibility of the system to inform decision making;
2. Adequate documentation and sharing of the lessons learned;
3. Positive changes realised in the delivery of services that can be reasonably attributed to the interventions; and
4. That impact realised can be adequately measured.

A baseline study was therefore proposed and designed as a case-control in order for the research team to attribute observed changes on the interventions by Huduma. Geographic areas of similar characteristics to the four pilot sites were identified to form the control groups (this process was undertaken in close collaboration with the KNBS). Variables such as ethnic composition, socio-economic status, population size and other demographic characteristics; access to public services; existing channels of communication between citizens and state authorities and some assessment of levels of interactions were used as a basis for selecting control sites. Having matched control sites would allow the research team to account for external effects that may affect the outcomes of the interventions, thereby facilitating a measurement of the net effects of the interventions.

The baseline study was conducted in Lang'ata constituency (Nairobi County), Murang'a, Kisumu and Kakamega counties as the Huduma intervention sites and Embakasi constituency (Nairobi County), Nyeri, Siaya and Bungoma counties as the control sites, as shown in Table 2.

Table 2: Huduma study sites

Intervention sites	Control sites
Lang'ata	Embakasi
Murang'a	Nyeri
Kisumu	Siaya
Kakamega	Bungoma

Source: Huduma, 2011/2

1.5 Objectives

The general objective of the survey was to generate baseline data on citizens' current state of access to and delivery of public services. The specific objectives were to assess the:

- i. citizens' access to basic public services focusing on water, education, infrastructure, healthcare, governance and access to justice;
- ii. perceptions towards the governance system; and
- iii. Sources of information on development.

2.0 Methodology

Data collection took place between September 2011 and March 2012. Prior to data collection, the research team conducted intensive training of the enumerators for each study area with the aim of sharing a clear understanding of the project and equipping them with the necessary skills for data collection. In addition, the enumerators were involved in translating the data collection tools into Kiswahili and back-translating the same into English. In total, 80 enumerators (10 per site) and eight supervisors (1 per site) were involved in data collection. Data were collected by use of both quantitative and qualitative tools, as described further below.

2.1 Study Sample

The baseline surveys were conducted in Kisumu; Kakamega; Murang'a and Lang'ata constituency¹ in Nairobi County as well as in 4 control sites: Siaya, Bungoma, Nyeri and Embakasi constituency in Nairobi County. With the support of KNBS, 85 enumeration areas were identified per site and 10 households interviewed per enumeration area. However, in some instances, a higher number of respondents were involved to cater for incomplete questionnaires and refusals.

The respondents to the questionnaire were residents of selected counties, aged 18 years and above, excluding visitors and domestic workers. The study involved interviewing a randomly selected sample of households and community members in the ten selected sites. It also involved participants in different age categories in qualitative data collection in the form of FGDs and IDIs with representatives from NGOs, FBOs, CBOs, health facilities, primary schools and other public service representatives (such as chiefs).

The selection of participants for qualitative study was based on those who would provide in-depth information on the study themes; health, water, education, road infrastructure, governance and access to justice. A summary of the distribution of people interviewed and the tools used for data collection is presented in Table 3.

No	Site	Questionnaire	IDIs	FGDs
1	Lang'ata	920	9	6
2	Embakasi	915	8	6
3	Murang'a	937	8	6
4	Nyeri	902	8	6
5	Kisumu	911	7	6
6	Siaya	886	8	6
7	Kakamega	873	8	6
8	Bungoma	907	8	6
	Total	7,251	64	32

Source: Huduma, 2011/12

1 The focus for Nairobi was on a constituency level given the expansiveness of the county and the total population under any of the constituencies.

2.2 The Research Team

Eight supervisors, under the coordination of AIHD, led the research team of 10 enumerators per region. The enumerators were responsible for administering household questionnaire as well as conducting FGDs. The supervisors were responsible for ensuring the quality and integrity during data collected. They checked on the consistency and accuracy of data and ensured that the data collection timelines were adhered to. The supervisors also conducted IDIs. For gender sensitivity, the male enumerators interviewed men, while female enumerators interviewed women. They also carried out the IDIs and FGDs.

2.3 Data Collection Process

The selection of households to be involved in the quantitative study was based on random identification of the first house (by spinning a pen at a road intersection) and skipping every 5th house. The research teams visited the households and made call-backs where necessary to ensure that all those who qualified to be interviewed got a chance to participate. The interviews were conducted in Kiswahili primarily, but in cases where the participants were comfortable with English, this was used. In very few cases was vernacular used. The intensive training that the enumerators received ensured that they were able to use local languages without distorting the meaning of the questions.

2.4 Ethical Considerations

The study attained clearance by the Kenya National Council for Science and Technology (NCST) for ethical conduct of the research. The respondents and groups were taken through an informed consent form and were only recruited after consenting to the interview request by the enumerators. Similarly, the FGD participants were assigned codes to ensure privacy. The participants were also asked to consider any information shared in the group discussions as confidential and an emphasis was made on the team's commitment to only share the information with other team members. The data presentation has complied with the agreed privacy standards.

2.5 Data Quality and Analysis

The questionnaires were checked at the end of each day by the study supervisors to ensure completeness and accuracy of the information before being transported to the office. The quantitative data were processed using CSPro and the analysis done by use of SPSS. The use of CSPro for data processing was important since it ensures data quality control checks. The FGDs and IDIs have been transcribed and translated into English and typed. The qualitative data were analyzed based on the study themes.

2.6 Challenges Encountered During Data Collection

The survey team faced a few challenges in the course of data collection in the four study sites, some of which are outlined below.

- i. **Research fatigue:** Some community members were unwilling to be interviewed citing that many studies have been conducted but the results have not been shared beneficially with them. In response, the enumerators took time to explain the nature of the study and assured the participants that the results would be disseminated at the constituency/county level.
- ii. **Managing expectations:** Some respondents expected remuneration at the end of the interviews, which required the enumerators to explain in detail the purpose of the research while not making any commitment to compensate the respondents.

- iii. **Bad weather conditions:** This study was conducted during the rainy season in some parts of the country (for example in Nyeri and Murang'a), making some areas impassable, which consequently slowed down the pace of data collection. This was countered by increasing the number of days allocated for data collection in the affected sites.
- iv. **Long distances:** There were times when the enumerators had to walk long distances to the selected EAs. This was a challenge especially in the rural areas where the EAs were widely spread. This was countered by increasing the number of days allocated for data collection in the affected sites.

3.0 Key Findings

This study comes against the background of the implementation of the new constitution, 2010. The constitution gives an important legal framework for the protection of the economic, social and cultural rights that have been enumerated in this survey. The new framework enables the facilitation of basic needs if stakeholders worked effectively around these provisions. Article 43 of the constitution expressly recognises and provides the legal basis for the enjoyment of these rights.

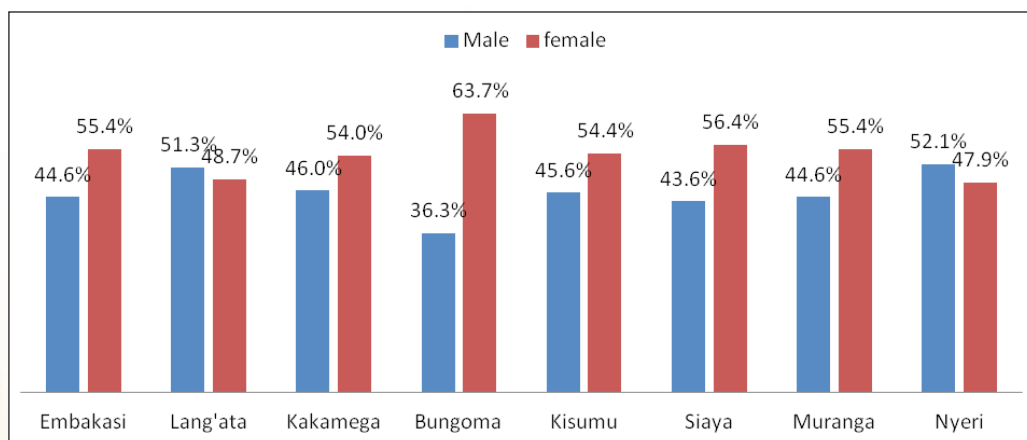
Nevertheless, the enumeration by the team during this exercise revealed a number of deficiencies in the enjoyment of basic rights by Kenyans. Some of the main findings are presented in the discussions below;

3.1 Characteristic of Respondents to the Questionnaire

3.1.1 Gender of Respondents

The study attained a good gender balance in the number of the respondents reached through the household interviews. With the exception of Bungoma, where about two-thirds of the respondents were male, other regions recorded an almost equal proportion of male and female respondents.

Figure 1: Proportion of respondents to the questionnaire by gender per study site (N= 7,251)

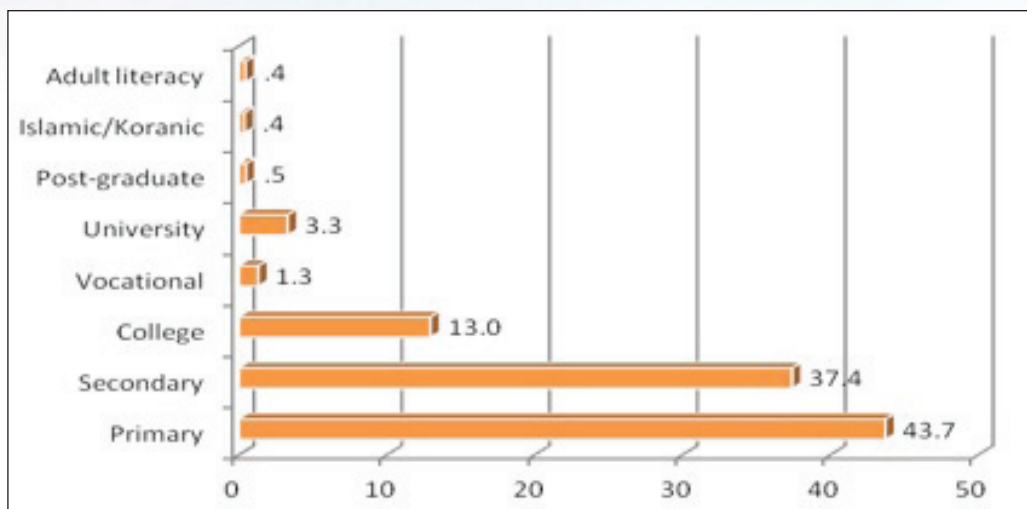


Source: Huduma: 2011/2

3.1.2 Education Attainment

The literacy levels of Kenyans today are modest. According to the findings of this survey, about two-fifths (43.7%) of the respondents had attained primary level of education while 37.4% of them had completed secondary education. About 13% and 3.3% had attained college and university level of education, respectively as shown in Figure 2.

Figure 2: Highest level of education attained in by respondents (n=6,446)

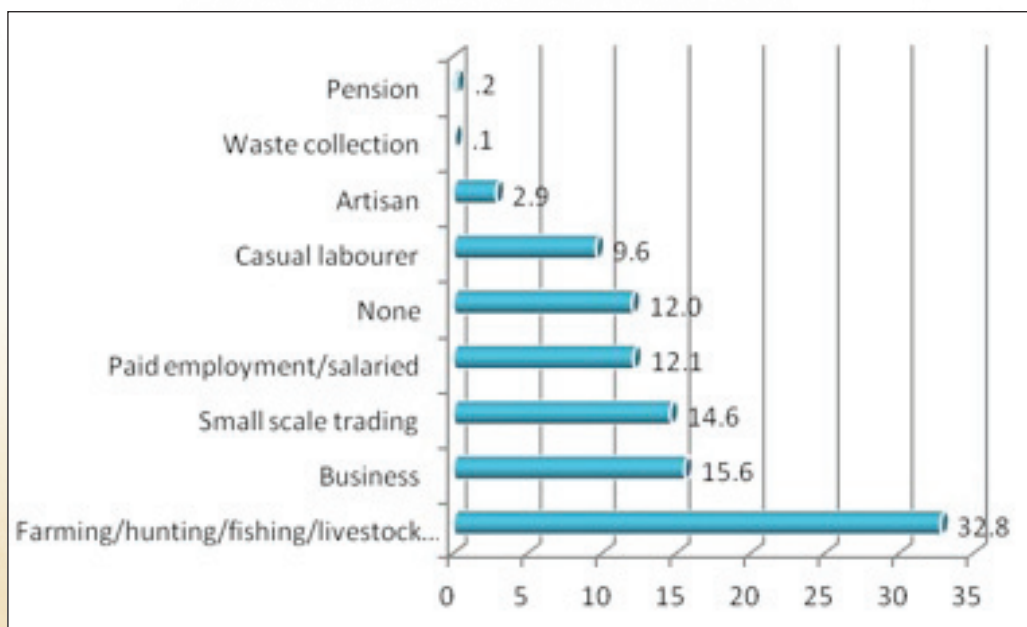


Source: Huduma, 2011/2

3.1.3 Occupation

Occupation as understood in the Study referred to work, employment or livelihood activities that a person is engaged in. In the event that a person has more than one occupation, the one in which he or she spends most of their working time is considered the main occupation. Findings from the study indicate that about one-third (32.8%) of the respondents were engaged in farming/livestock keeping. Another 15.6% was engaged in business while 14.6% were in petty trade. Those who were not engaged in any income generating activity accounted for 12% as shown in Figure 3.

Figure 3: % occupation of respondents (n=7,247)



Source: Huduma, 2011/2

It is significant to note that citizens are generally engaged in pursuits that would ensure that they provide basic needs to their families. People are eager to work and earn a living. According to these findings, respondents in rural areas are involved in a range of activities, including those that directly exploit natural resources such as farming, fishing and even hunting. On the other hand, urban respondents look up to money based economic activities including waste recycling as long as it can provide for their families.

3.2 Access to Healthcare Services

The right to health is fundamental to the physical and mental well-being and is a necessary condition for the fulfilment of other human rights, including the pursuit of an adequate standard of living (MoH, 2005). Indeed, access to healthcare is fundamental to the enjoyment of the right to life, and the right to a healthy life is fundamental to all other constitutional guarantees.

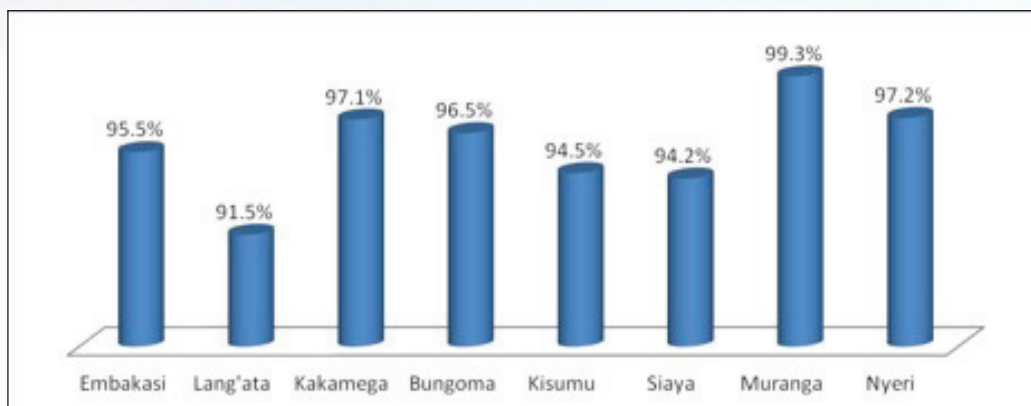
The challenges facing Kenya's public health sector are well enumerated in the 3rd National Health Sector Strategic Plan (NHSSP II) 2011-2015. These include, among others: limited funding; institutional weaknesses; challenges of decentralization of health services; understaffing; low morale among existing health staff mainly due to poor work environment and remuneration; inadequate health infrastructure and weak management systems. Consequently, the NHSSP III recognised that some key health indicators were on the downward trend despite having made tremendous progress in the early 1980s and 90s. The main thrust of NHSSP III is therefore to contribute to the reduction of health inequalities and to reverse the decline in the impact and outcome indicators.

Although the Constitution 2010 has entrenched the right to health, the enjoyment of this right by the poor and vulnerable populations is dependent on the measures put in place to improve access to services for all. The study findings indicate that most households do not have access to health insurance, which means that for the poor, ill-health could have far reaching implications on their survival. It is clear that health-related MDGs cannot be achieved without emphasis on universal health access with specific measures targeted on reaching the poor and vulnerable. Although waivers and vouchers exist, their implementation is not uniform, nor necessarily effective and their sustainability is not guaranteed.

The survey sought to find out from respondents if they were able to access healthcare the last time they sought it. Figure 4 presents the distribution of respondents who were able to access healthcare. Accordingly, the highest access is reported for Murang'a at 99.3% and the lowest in Lang'ata at 91.5%. Generally these scores are high. On one hand, this would be testimony to the urgency and finality with which health is sought by patients rather than the evidence of its convenient availability. At the same time, it can be argued that the health infrastructure, bringing together both public and private institutions have become more spread in the research areas.

What is notable is that most households have access to healthcare when it is needed and they tend to seek for services from public health facilities; either from the hospitals (47.7%) or from public dispensaries (23.4%). Private health facilities were cited by 19.1% of the respondents.

Figure 4: Access to healthcare the last time they needed it (n=6,925)



Source: Huduma, 2011/2

The main challenges encountered while seeking healthcare were affordability and long distance of travel to health facilities. Sometimes, the difficulties involved in seeking health care dissuade users, making some people to not take steps to address their needs but instead wish the disease away (26.4%). It is a dangerous and naïve response to ailments but the finding is consistent with what was observed in other studies in other parts of Africa (WHO-Afro, 2012; Amuyunzu-Nyamongo & Nyamongo, 2006).

Of the reasons given by households that were not able to access healthcare the last time they needed it, more than a quarter of them *thought the problem was not serious* (26.4%), and a similar proportion *could not afford healthcare* (25.4%), as summarised in Figure 5.

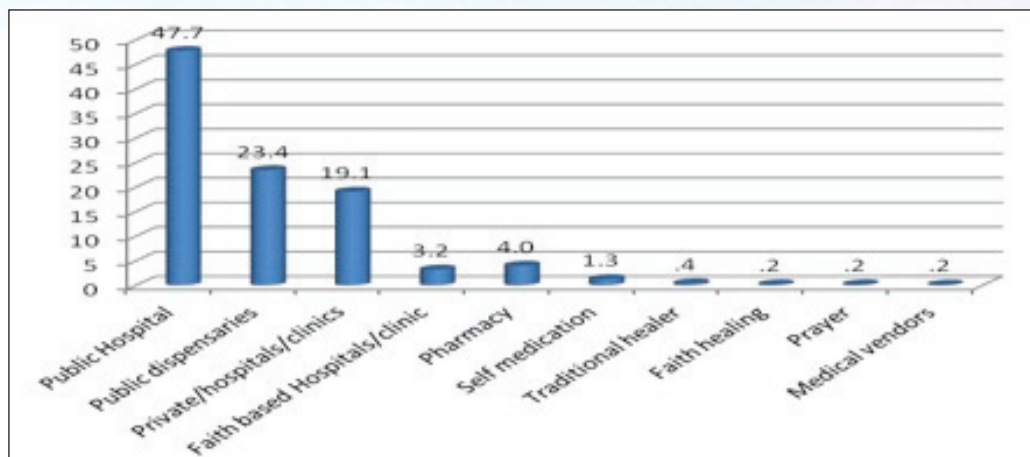
Figure 5: Reasons for not accessing healthcare services (n=296)



Source: Huduma, 2011/2

When the respondents were asked where they sought healthcare services the last time, it emerged that public facilities; hospitals (47.7%) and dispensaries (23.4%) are still the main sources of health care provision. Private health facilities are only accessible to about 1/5 of the respondents (19.1%). The responses are summarised shown in Figure 6 below.

Figure 6: Where healthcare was sought (N=7,209)



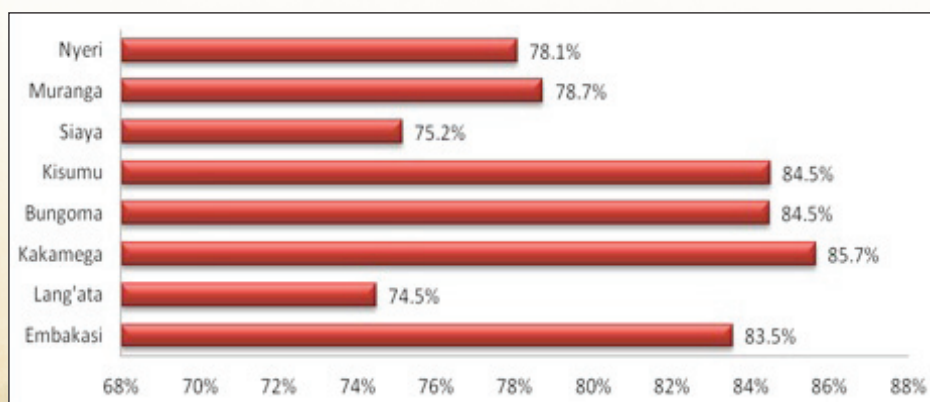
Source: Huduma, 2011/2

The findings confirm that the government is still the central provider of healthcare in Kenya. It must therefore establish effective programs and structures for adequate healthcare as citizens overwhelmingly depend on them to fend off disease and keep good health.

Nevertheless, as expected, a majority of the respondents are forking out money from their personal resources to cater for their own health needs. Healthcare budget may comprise a very sizeable chunk of the domestic savings and given the urgent nature of seeking healthcare, unplanned spending in health can very much disrupt the household economy and erode entitlements to other basic services that compete for the same sources of incomes.

The highest proportion of respondents who finance their health care from out-of-pocket are based in Kakamega (85.7%), Bungoma (84.5%), Kisumu (84.5%) and Embakasi (83.5%) compared to other regions compared to about 75%, of Siaya residents (see Figure 7.²). These statistics may be a factor of sheer high population in the three regions, which may influence the overall percentage of responses, rather than say poverty indices, morbidity patterns or the availability of social security welfare including health insurance in the other areas like Siaya, Murang'a and Lang'ata.

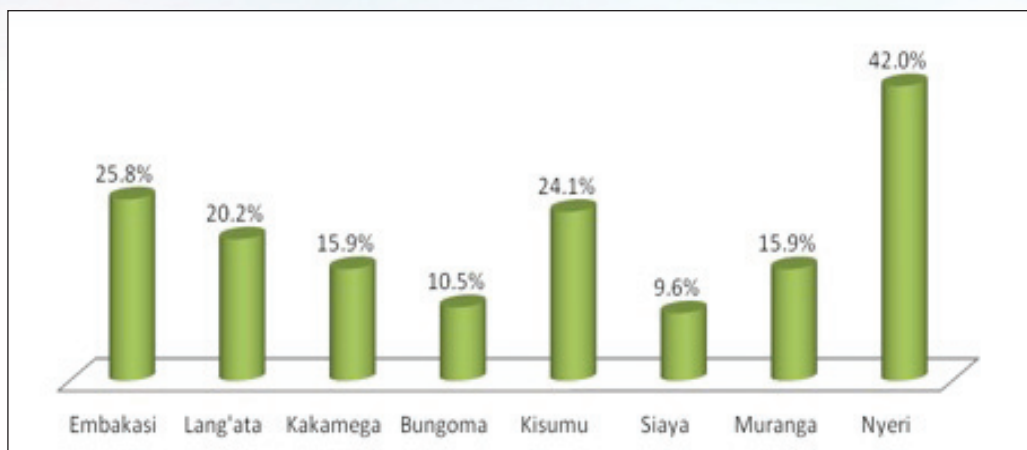
Figure 7: Uses of out-of-pocket money to pay for healthcare services (n=5112)



Source: Huduma, 2011/2

2 It should be noted that the question was whether they had spent money at the health facility or to purchase drugs and other supplies. This did not include the cost of transport to and from the health facility.

Figure 8: Proportion of households with health insurance (n=1,489)

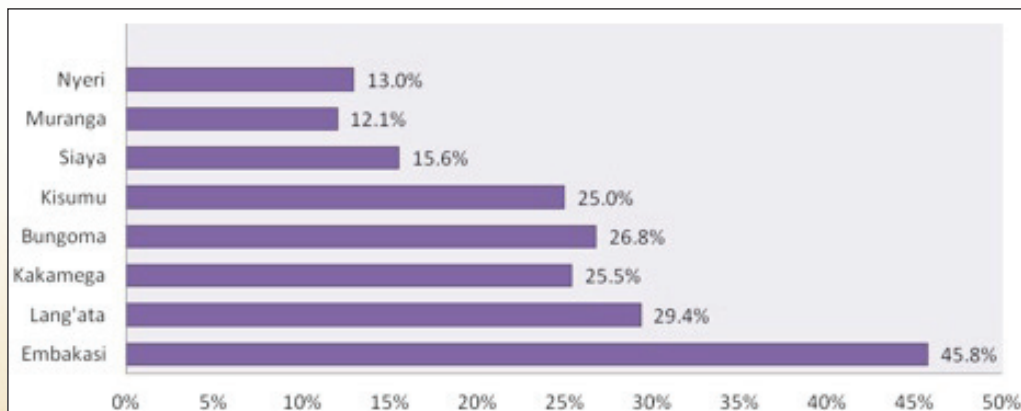


Source: Huduma, 2011/2

In fact, responses on membership of households in health insurance schemes such as the National Health Insurance Fund (NHIF) showed that only a small proportion of the respondents have such arrangements. Highest healthcare insurance appeared to obtain in Nyeri (42%) while the lowest was recorded for Siaya (9.6%). This may well indicate differences in public awareness on health insurance options in the two areas as well as marked differential in household incomes, and therefore affordability of the schemes since the former county is rated as wealthier than the latter (CAR; 2012).

However, many people still feel that healthcare services provided in public facilities are inadequate. The results show that about half of the respondents in Embakasi felt that the quality of the services is poor (45.8%). In Lang'ata, Kakamega, Bungoma and Kisumu, about one in every four people feel let down by the poor quality of health services in public facilities. It is only in Nyeri, Murang'a and Siaya that dissatisfaction with public health facilities is relatively low (Figure 9).

Figure 9: Rating of healthcare services in public facilities as poor (n=1,771)

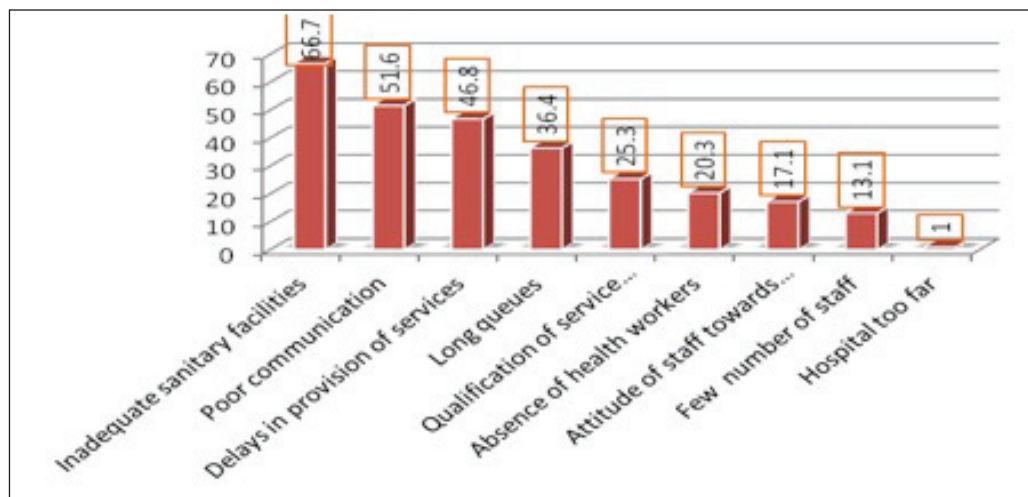


Source: Huduma, 2011/2

Respondents were also asked to give reasons for their ratings of public health facilities. Those who felt that the services are poor mostly blamed three main things for their ratings. They are; inadequacy of sanitary facilities (66.7%), poor communication (51.6%) and delays in the provision of services (46.8%).

Other reasons were long queues (36.4%), qualification of service providers (25.3%), absence of workers (20.3%) and attitudinal issues (17.1%). These are presented in Figure 10.

Figure 10: Proportion distribution of reasons for rating healthcare as poor (n=1,739)



Source: Huduma, 2011/2

A participant in the focus group discussion in Bungoma observed about public healthcare facilities that:

The most disappointing thing about our district hospital is the long queues; a patient has to queue for so long and yet when you get to see the doctor, she/he will refer you to a private chemist to buy prescribed drugs....some of these chemists are owned by these doctors (Male FGD – Bungoma).

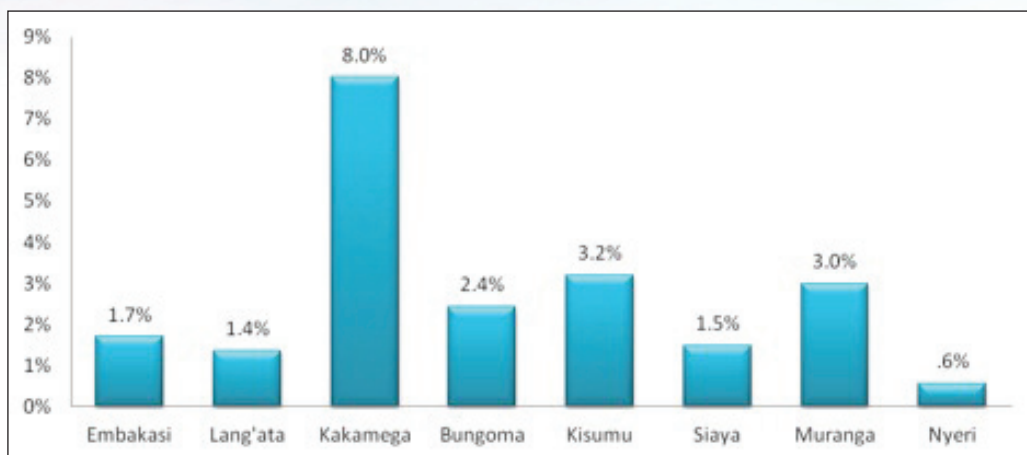
The issue of being referred to private chemists and pharmacies to buy drugs was a common problem raised in most of the discussions. This is problematic as such a process is often bound to increase the opportunity costs of medicare.

3.2.1 Maternal Deaths

Maternal mortality is still worryingly high in Kenya and is estimated at 488/100,000 live births. Maternal deaths result from five major causes – bleeding after delivery, infection, hypertensive diseases, unsafe abortion and obstructed labour (Ministry of Medical Services; 2012). In order to assess maternal deaths, households in the survey were asked if they had experienced a death of a female member in the last 12 months prior due to pregnancy-related complications.

According to the findings, Kakamega recorded the highest proportion of households that experienced maternal deaths (8%), way above Bungoma (the comparison site) and the other areas, as shown in Figure 11. Responses covered general discussions on pregnancy complications which lead to deaths of the mother and not any specific problems in reproductive health condition of the patients.

Figure 11: Proportion of female deaths due to pregnancy related complications (n=190)



Source: Huduma, 2011/2

It is notable that the reported maternal deaths for Embakasi and Lang'ata were almost at par while Nyeri recorded the lowest level at 0.6%. The high levels of maternal deaths reported in Kakamega could be attributed to poor establishment of reproductive health services in western province. According to KDHS 2008/09, the proportion of births attended to by skilled attendants in Western province was 25.8% as compared to 73.8% in Central province. Similarly, about 25.3% of births are delivered in health facilities in Western province compared to 73% in Central province (KNBS & ICF Macro 2010).

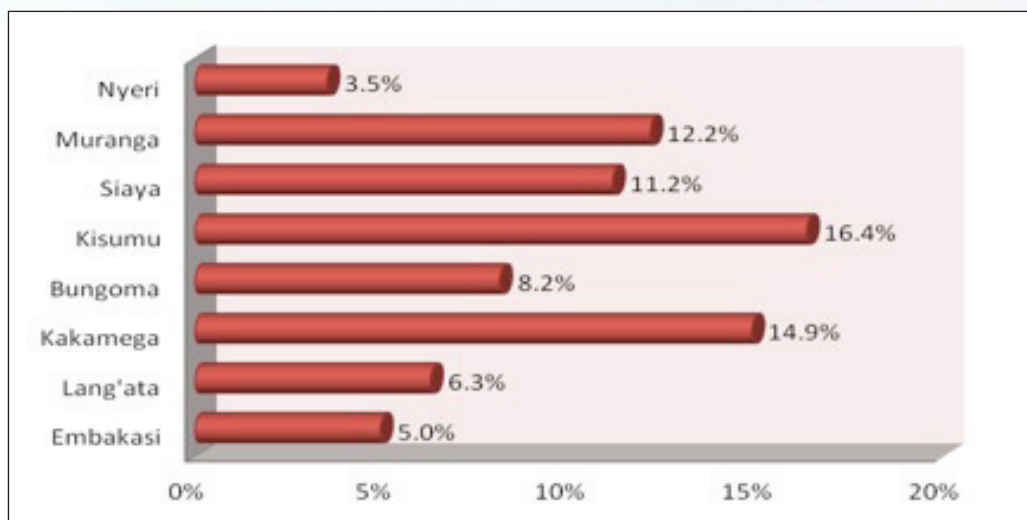
3.2.2 Child Deaths

Infant and child mortality is a basic indicator of the country's socio-economic development and quality of life. Information on child mortality is useful in identifying segments of the population that are at high risk so that appropriate interventions can be designed to reduce it. Moreover, there is a close nexus between child health and mother's educational level, as educated mothers show a higher likelihood of seeking a health professional for care during pregnancy and adhering to antenatal care services.

When asked in the survey if their households had experienced death of an under-five child in the three years prior to the survey, a higher proportion of respondents in Kisumu (16.4%) responded in the affirmative. This was followed by Kakamega at 14.9%, Murang'a 12.2% and Siaya at 11.2%. What is notable is that the reported levels of child deaths in the Huduma intervention sites were higher than those in the control areas.

The findings are illustrated in the table below:

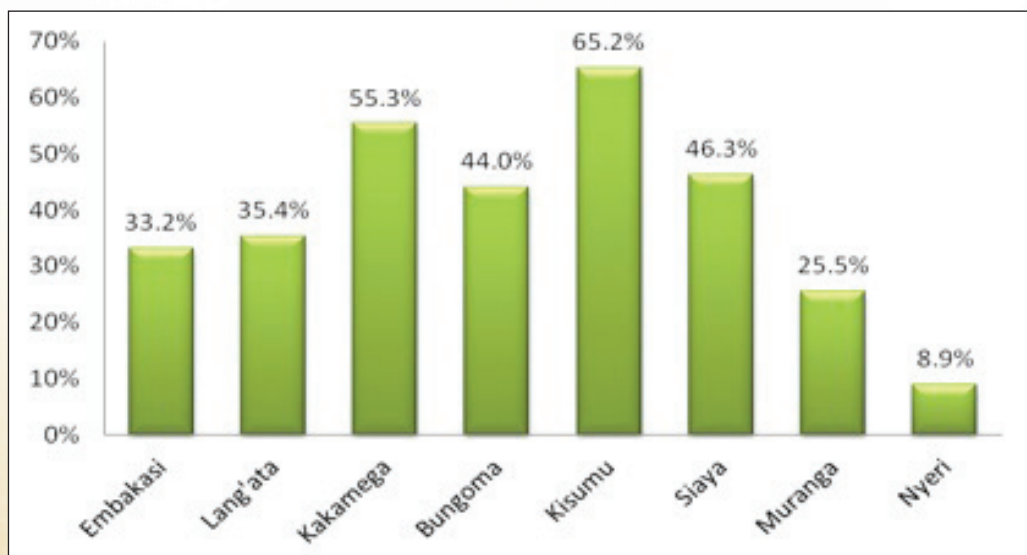
Figure 12: Proportion of child deaths (n=710)



Source: Huduma, 2011/2

A supplementary question on household food security was necessary in order to understand whether dietary behaviour may explain morbidity in these areas. Indeed lack of adequate food is often a pertinent factor in explaining poor health for both children and adults. Respondents were asked if they had gone without food whether breakfast, lunch or dinner in the three months prior to the survey. The highest proportion of the households that reported to have lacked food was in Kisumu (65.2%) followed by Kakamega (55.3%) and Siaya (46.3%). It is therefore not surprising that child mortality in the same regions is also relatively high. Figure 13 presents the distribution of recent food scarcities in the areas covered by the survey.

Figure 13: Proportion of household that experienced food shortage (7,247)



Source: Huduma, 2011/2

3.3 Education

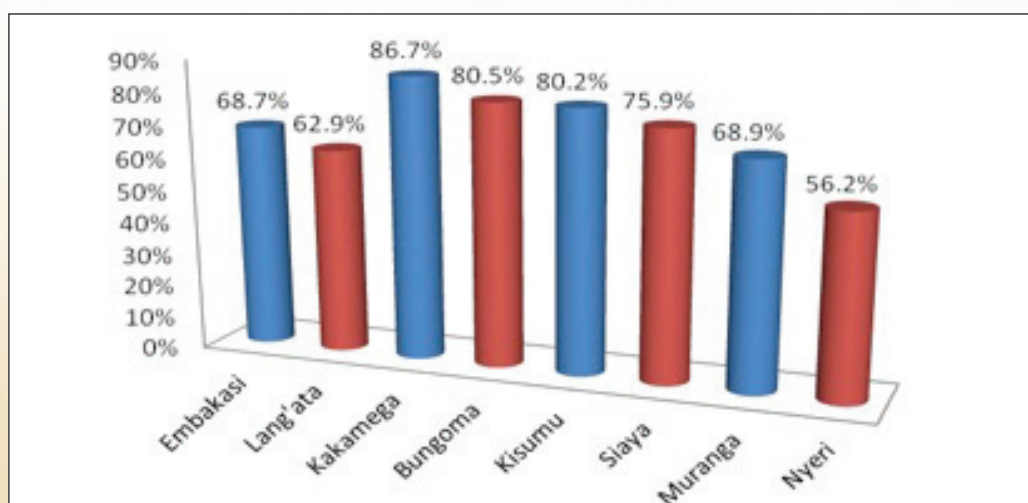
Education plays a key role in human development as it contributes to the enhancement of people's capabilities to improve their well-being. Education leads to informed participation in nation building and is a source of skills. Access to education has a significant influence on the quality of life that a child will lead in the latter years of his life.

Improvements in basic service delivery are most visible in the education sector, with the introduction of Free Primary Education (FPE) in 2003. In order to enhance access, more funds were injected into the primary school infrastructure by the Ministry of Education, Constituency Development Fund, Local Authority Transfer Fund and Community contribution (MoEST, 2006; KNBS; 2010). The number of teachers, however, has not increased to match the influx of learners, which has led to a high student to teacher ratio, and had adverse effects on the quality of learning. Also, the state of the physical facilities continues to pose a major challenge.

The increased enrolment of pupils in pre-primary and primary schools due to the FPE Policy in Kenya was a key step towards achieving the MDGs target for universal primary education by 2015. However, investments in both the physical and non-physical infrastructure has been slow. This is confirmed by the study findings as well. Majority of the participants in the survey expressed concerns with the quality of education offered in public primary schools, with many of them rating quality of educational services as either average or poor. It was noted that most primary schools do not have adequate learning and sanitation facilities such as latrines. In some cases, a single teacher is in charge of several streams/classes. It was also established that parents/guardians still have to pay non-tuition and other charges in the public primary schools. The low enrolment and retention of children in schools in some parts of the country could be related to the high costs of non-instructional fees.

To assess access to education, respondents were asked if they had children attending school at the time of the survey. More respondents in Kakamega (86.7%) had household members in school either primary, secondary or college, at the time of the survey as summarized in Figure 14 below.

Figure 14: Household with members in school at the time of the survey (n=7,238)



Source: Huduma, 2011/2

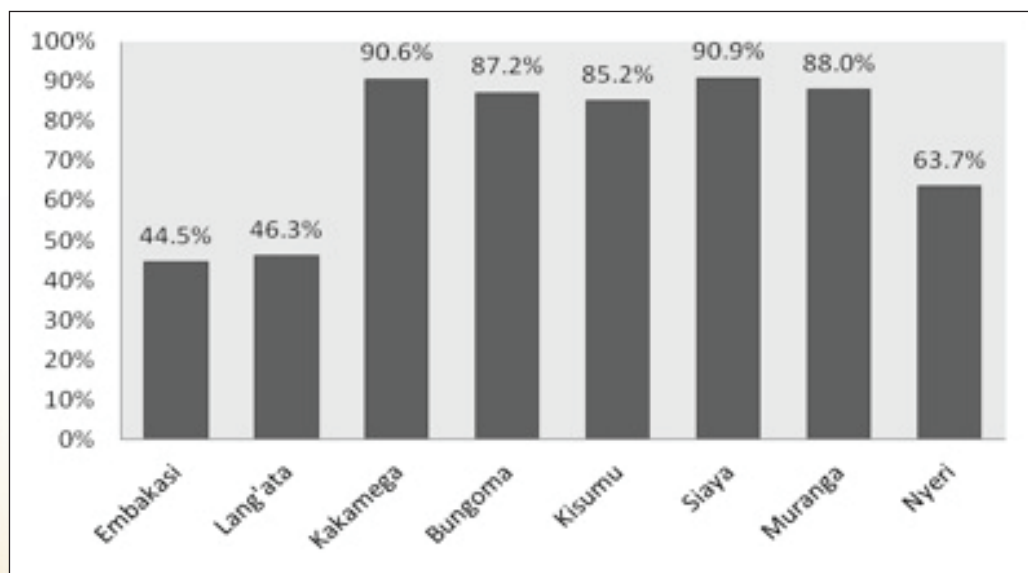
In-depth interviews established that Nyeri suffers from a high rate of school-drop out which affect transition rates and retention of children in school. This is a serious concern as it poses a problem of wastage in the education system that must be tackled.

There are only marginal differences in the distribution of households whose children attend public schools. Across the study areas, Siaya had the highest number of household members attending public schools (90.8%), followed by Kakamega (90.6%) and Murang'a (88%). The lowest figures were recorded for Embakasi (44.5%) and Lang'ata (46.3%).

There are more established investments in private education infrastructure in the urban areas than the rural areas. This may explain the disparity noticed in the attendance of public schools as more households in urban areas (Embakasi and Lang'ata) exercise the option to send their children to private schools than in the rural areas. Where poor development of public schools is established, a likelihood of inequalities in access to superior educational facilities results between children attending public facilities and those who can afford private schools. The poor and vulnerable members of the population invariably cannot afford the more developed private schools where this is the case.

Still, while the bulk of government subsidies to public schools are in the form of teachers' salaries, the FPE policy still has implications for poor students who cannot afford to pay for books and equipment leading to poor quality education for the poor. Figure 15 shows the proportion of households with children in public schools.

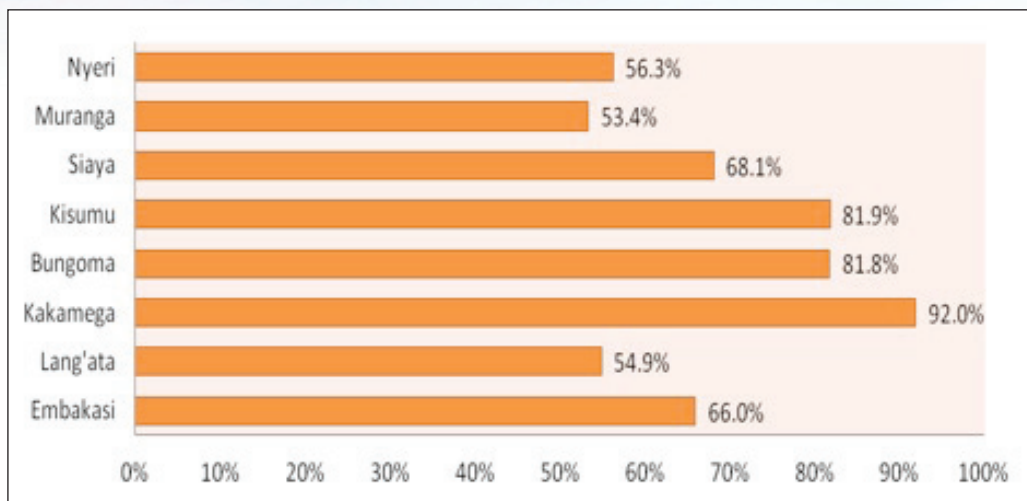
Figure 15: Proportion of households with members attending public primary schools (n=3,977)



Source: Huduma, 2011/2

Despite government's stated commitment in the implementation of Free Tuition Secondary Education (FTSE) and Free Primary Education (FPE), its funding levels is not enough to meet the schools' overall development plans. Asked whether parents/guardians have to pay other non-tuition/non-instructional costs apart from school materials in public primary schools, respondents in the survey invariably agreed that they are asked time and again to contribute to the schools expenditures. More than 90% of respondents in Kakamega reported to be paying other non-tuition/non-instructional costs while Murang'a (53.4%) accounted for the lowest as shown in Figure 16.

Figure 16: Payment of non-tuition fee in public schools (n=3,960)



Source: Huduma, 2011/2

During the FGD, a participant observed that:

Most public schools in this area (Lang'ata) have no equipment and the classes are congested. Although they say primary education is free, in real sense it is not because like in the local primary school, parents pay tuition fee³ of Kshs. 600 (per term) which most of the parents cannot afford (Female FGD – Lang'ata).

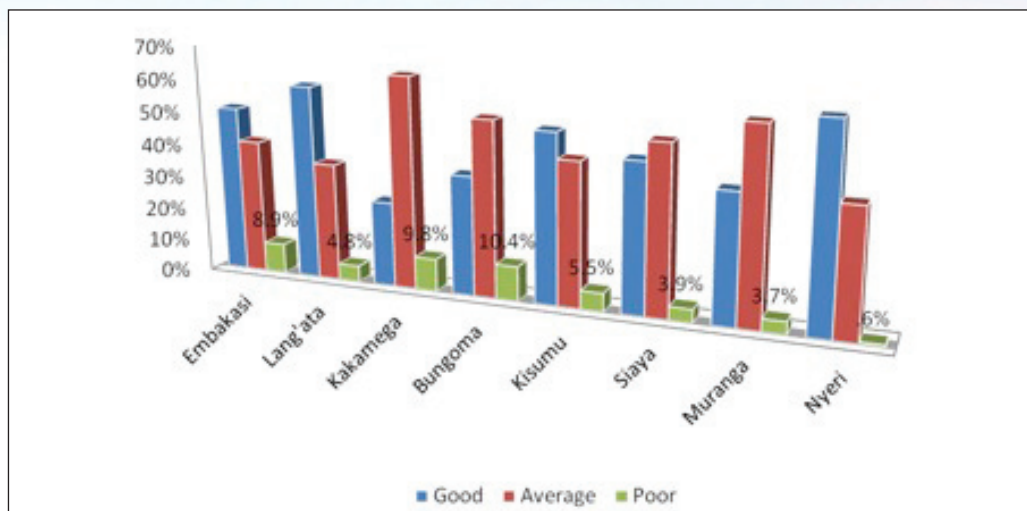
A key informant in Kakamega agreed with this observation and remarked that:

There is no free education per se. For example, parents have to pay 'activity fee' of Kshs. 57 per term. In addition, in this school parents have agreed to contribute to repairing the windowpanes by contributing some money. Moreover due to shortage of teachers, parents have also agreed to hire private teachers who are not under the Ministry of Education, hence they have to pay the salaries (Local head teacher - Kakamega).

Addressing inequalities in access to education will reinforce parity in national development. In order for this to happen, education should be of good quality and should ensure the full development of the human personality. Respondents in this survey were asked to rate the quality of education provided in public primary schools. This question attracted impressive scores from many respondents as only a minority of them feel that the quality of education provided in public primary schools is poor. Almost half of the respondents reported that the quality was average with an equally fair proportion noting that it is good as shown in Figure 17.

3 This however refers to remedial classes provided to pupils after school hours, weekends or during school holidays. The practice has now been outlawed in the new state education guidelines.

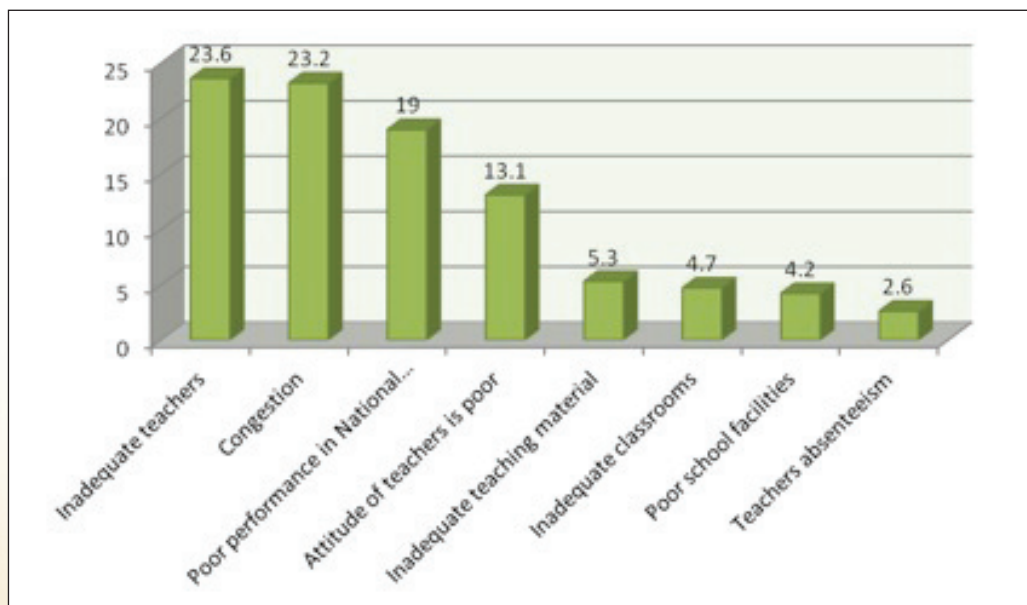
Figure 17: Rating of quality of education in public primary schools (n=3,977)



Source: Huduma, 2011/2

For the respondents who rated quality of schools as poor, the reasons for their ratings were also sought. These included inadequate teachers in schools (23.6%), congestion (23.2%) and poor performance of schools in national exams (19%). These findings are summarised in Figure 18.

Figure 18: Reasons for rating quality of education poor (n=1,541)



Source: Huduma, 2011/2

An opinion leader had the following to say with regard to quality of education in public schools:

With regard to performance in public primary schools, I can say it has really gone down since the introduction of FPE.....the classrooms are few hence congestion and the ratio of pupils to teachers is wanting, that is, one teacher to over 70 pupils.... the text books are also very few (IDI – Murang'a).

3.4 Water

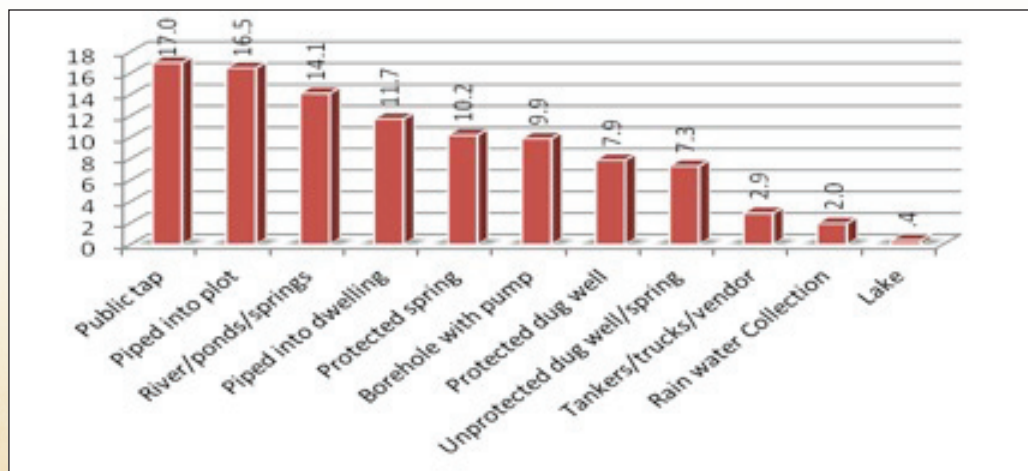
The UN categorizes Kenya as a water scarce country - the country is about 70% arid and semi-arid (World Bank, 2004). Public investment in the sector, though increasing, is still inadequate to meet the swelling demand. The supply of safe water for domestic use is of vital importance because of the high risk of contracting life-threatening diseases from polluted or contaminated water sources and especially in the absence or improper use of sanitation facilities.

This study shows that rural communities continue to depend on unprotected sources of water (rivers/ponds/springs and unprotected wells) for their main sources of water for domestic use while the urban poor also have unreliable access to water. Although rain catchment is an important means of accessing water, the water is not treated to ensure safety. It is noteworthy that many respondents in Nairobi County (Embakasi and Lang'ata) felt that their main water sources are unreliable. This implies that they are forced to use alternative sources, which may not provide them with clean and safe water for domestic use. Indeed, poor residents of urban areas have been known to spend a lot of money on accessing water that is often not clean and safe for use (MDG Report, 2011).

The provision of safe water for domestic use becomes a greater challenge as socio-economic development and population growth place increasing demands on limited water resources (World Bank, 2004). Women and children, especially those living in rural areas, are disproportionately affected. Rural women spend many hours every day collecting and carting water, either from communal taps or directly from streams and rivers. Long carriage distances pose particular difficulties for older persons and people with disabilities. Furthermore, poor communities are often unable to afford the costs of maintaining pumps and boreholes, or lack the skills to do so.

It is notable that 17% of the respondents in this survey got their water from public taps, 16.5% of them get water piped into the plot where they reside, while 14.1% got water from rivers/ponds/springs, as shown in Figure 19.

Figure 19: Main sources of water in the study sites (n=7,247)

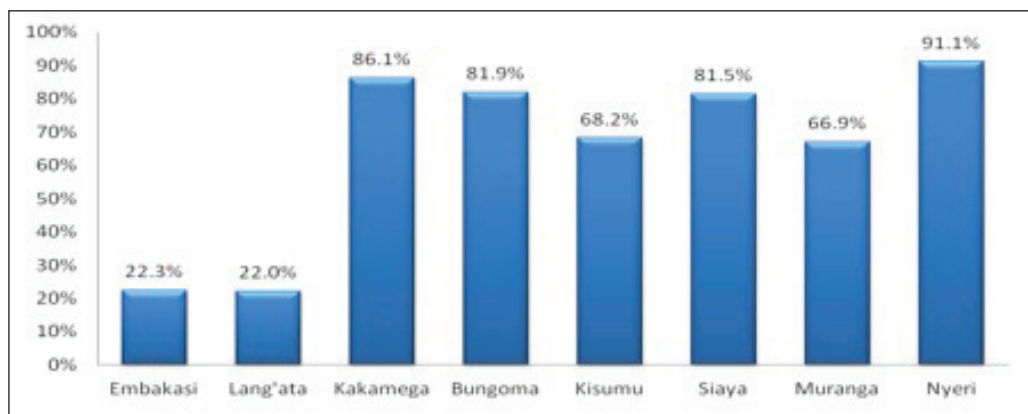


Source: Huduma, 2011/2

The results indicate that many of the respondents did not have access to clean and safe water. The main source of water for Embakasi was public tap (52.9%) and 'piped into plot' for Lang'ata (38.9%) while for Bungoma, Kakamega, Kisumu and Siaya, they relied mainly on rivers, ponds and springs (both protected and unprotected). Basically, most of the existing water supply systems are still in the urban areas.

Almost two-thirds of the respondents (64.7%) reported that their main source was reliable. A high proportion of these people are in Nyeri (91.1%) while the lowest proportions were observed in Embakasi and Lang'ata (22.3% and 22%, respectively) as shown in Figure 20. The latter areas constitute urban settlements with notably high demand for water where optimal access to available water is still not assured in many parts.

Figure 20: Reliability of main source in the study sites(n=4,674)



Source: Huduma, 2011/2

The figure above shows that the reliability of the water sources was almost at par between the control and intervention sites in Nairobi and between Kakamega and Bungoma. There was however a significant difference between Kisumu (68.2%) and Siaya (81.5%) and Murang'a (66.9%) and Nyeri (91.1%).

3.5 Access to Road Infrastructure

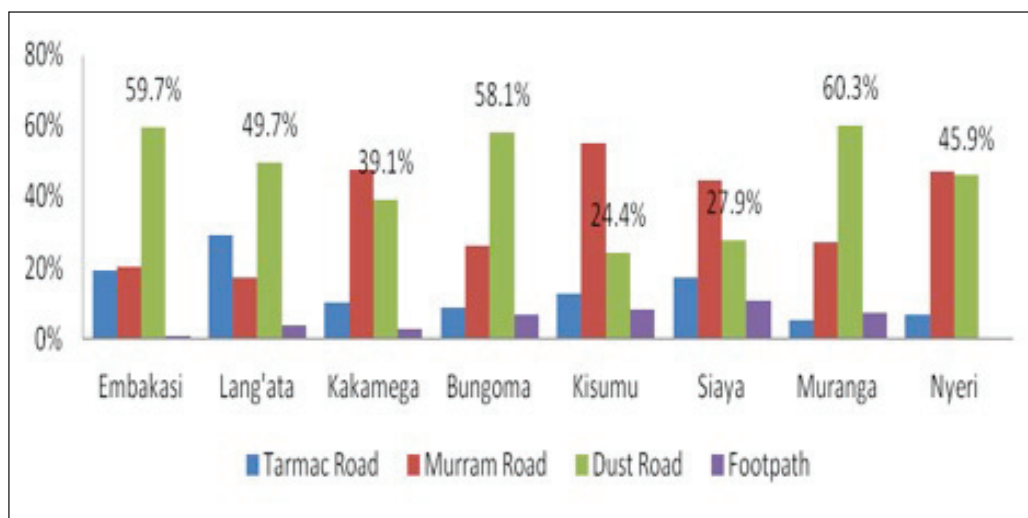
Access to an efficient communication infrastructure is crucial for human development. Good transport would improve development performance, access services, cut costs and enhance physical mobility while access to useful information can facilitate the realisation of other basic rights as the people are enabled to participate effectively in decision making and take up opportunities of socio-economic and political capital. Communication technology for example, facilitates exchange of information and messages which expand people's opportunities and choices.

Furthermore, the development of roads is crucial for promoting productivity and in the rural areas, reducing rural poverty incidence. Poor road network hinders productive investments in addition to making it more difficult for people to access health care and education.

According to findings from this study, the condition of roads in all the areas covered was generally considered to be poor (by about 80% of respondents), with the exception of Nyeri where about 50% felt otherwise. Most of the road infrastructure is non-motorizable, dusty and poor. During the rainy seasons, they became even more battered due to water logging. This can only exacerbate the problem of poverty.

Respondents were asked about the main classification of roads in their areas. The results, as presented in Figure 21 indicate that the main road classes reported by the respondents were earth/gravel. Murang'a accounted for the highest proportion of earth roads at 60.3%.

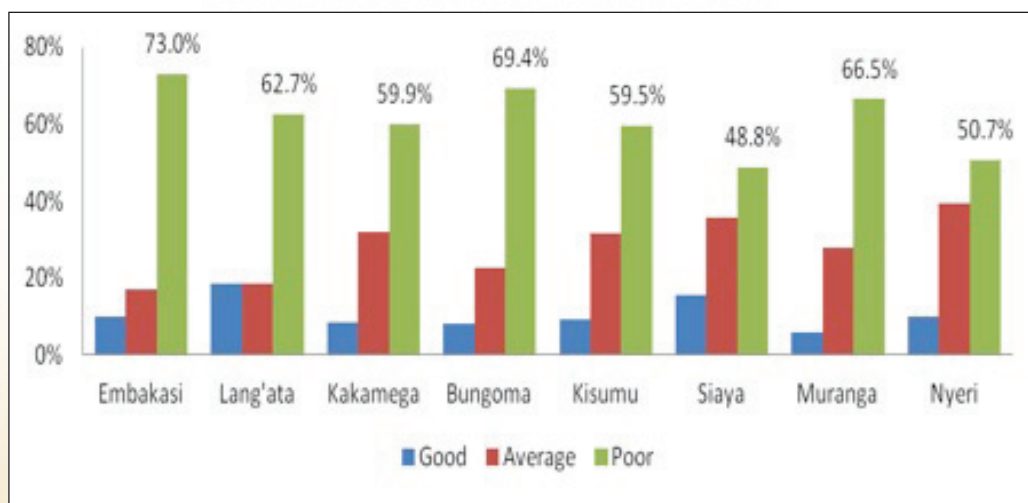
Figure 21: Main type of roads in the study sites (n=7,241)



Sources: Huduma, 2011/2

In terms of the general condition of the roads, it is notable that 73% of the respondents in Embakasi felt the conditions of the roads are poor. This was closely followed by Bungoma (69.5%); Murang'a (66.5%) and Lang'ata (62.7%) as shown in Figure 32. The earth roads were generally poor.

Figure 22: Conditions of roads in the study sites (n=7,238)



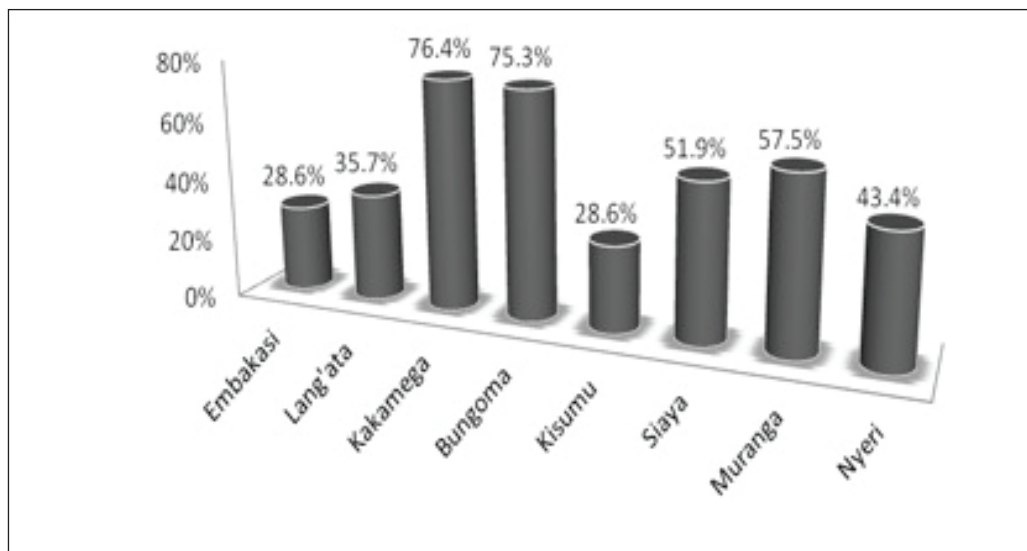
Source: Huduma, 2011/2

A FGD discussant had the following to say about the conditions of the roads:

The road we use to access this place is the only one even when we have a disaster here, it is normally a problem to access this place and it is also not safe to use the roads at night because they are not lit...(Male FGD, Nairobi, Embakasi).

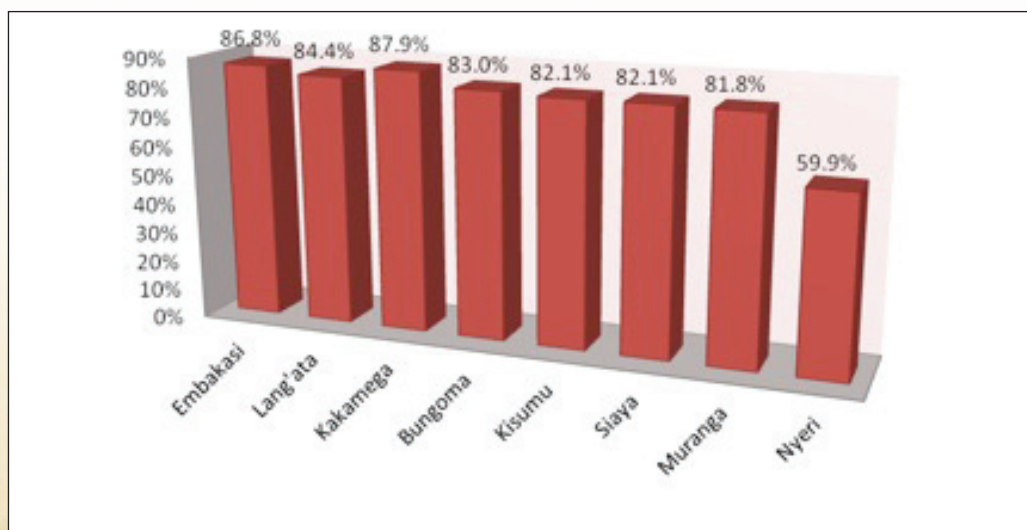
With regard to maintenance of old roads, about half (49.5%) of the respondents reported that there had been some repairs of the old roads in the 12 months preceding the survey. Across the study areas, Kakamega (76.4%) had the highest proportion of respondents who reported road repairs followed by Bungoma (75.3%). The lowest proportions were observed in Embakasi and Kisumu, which accounted for 28.6% each, as indicated in Figure 23 . The earth roads were generally poor and were disproportionately affected by heavy rains due to water logging. Roads in Nyeri were generally felt to be more improved (47.1%) and suffered least from water logging (59.9%). This development could denote the influence of political choices made on public investments on road networks in the area in recent years.

Figure 23: Repair of old road in the study sites (n=3,579)



Source: Huduma, 2011/2

Figure 24: Incidences of water logging in the study sites (5,866)



Source: Hudma, 2011/2

3.6 Sources of Information on Development

As already seen, enhanced information can lead to improved knowledge which is critical in ameliorating living conditions of citizens. The effectiveness of the communication channel used can support citizen access to information and address development disparities or increase it. The results from the study show varied importance for the different communication channels in the eight regions ranging from person-to-person, radio, TV and public meetings.

Although these were the top four main sources of information on development in these areas, religious institutions were considered distinctly, ranking quite high in Nyeri (22.1%) for example. Public meetings seem to be a popular and important source of information, especially in Siaya (53.4%) and Bungoma (43.6%). These findings illustrate the need for more targeted communication through effective channels. Certain popular information dissemination media such as posters and billboards tend to be costly but do not appear to be appropriate for communicating information on development issues since they ranked very low in the study.

Responses on main sources of information on development in the communities are an important indicator for the Huduma team in its civic engagement with service providers and beneficiaries of service delivery. As discussed already, the four main sources of information on development in the study areas were person-to-person; radio; barazas (public meetings) and TV. The entire distributions of the responses are reproduced in Table 4 below.

Table 4: Main sources of information for development in the study sites								
Sources	Embakasi	Lang'ata	Murang'a	Nyeri	Kisumu	Siaya	Kakamega	Bungoma
Person to person	43.1	12.8	6.0	18.2	14.1	3.2	9.0	12.8
Radio	12.4	38.0	65.6	39.4	55.5	38	57.4	37.7
TV	11.6	29.7	0.3	6.4	13.4	2.0	.9	1.0
Baraza	16.0	9.7	21.6	6.4	12.4	53.4	28.9	43.6
None	7.2	1.2	-	-	-	-	-	-
Newspapers	1.3	5.4	0.3	4.7	0.9	0.2	.1	.3
Men/women/youth groups	2.5	-	-	-	-	-	-	-
Religious institution	1.4	.5	5.7	22.1	0.3	1.1	.9	1.2
Internet	.4	1.5	-	0.1	1.6	-	.1	-
Poster	1.0	.3	0.5	0.8	0.7	0.5	.6	.6
Councillors	.9	-	-	-	-	-	-	-
Markets	.3	.6	-	1.6	0.8	0.8	1.9	1.5
Others	.9	.1	-	-	.3	0.6	.1	1.2

Source: Huduma, 2011/2

3.7 Governance

Good governance can improve efforts towards equitable, pro-poor economic growth. Where governance indicators show respect for human rights, they support the development of a safe and predictable enabling environment for investment and growth, and help to ensure the benefits of growth reach all groups in society. Good governance include human rights, democratization, the rule of law, accountability and access to justice. Governance outcomes consistent with human rights approaches would ensure that development objectives are sustainable and empowering.

The application of these principles builds on and strengthens the implementation of the Bill of Rights as contained in the Constitution 2010. However, it is important that people are aware of these rights and put their knowledge into practice. Correspondingly, this challenge is further compounded by the constitutional requirement that citizens should participate in affairs that affect them including setting their development priorities. Participation and consultations between citizens and leaders are therefore crucial.

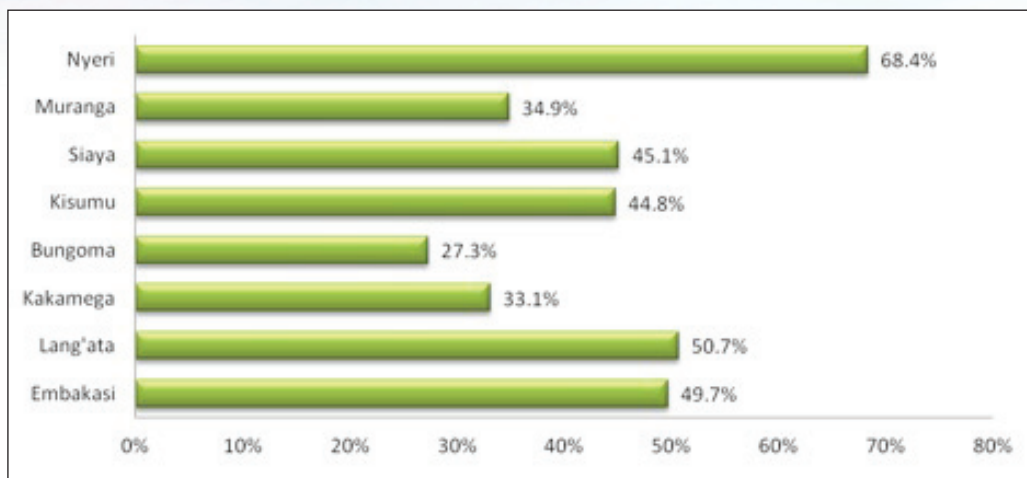
Views expressed in this study still point to the fact that the citizens are 'recipients' rather than 'active players' in development decisions and governance in the country. Furthermore, the people themselves do not feel they have the capacity to engage the government in these roles, apart from Nyeri where about 60% of the respondents indicated that they were always involved in decision making. The perception and/or real lack of community involvement could be a factor of the past political culture where development has been traditionally 'brought to people' rather than the people 'driving' it.

On whether the study participants felt that community members knew their rights, a key element for making legitimate constitutional demands, the results illustrate a relatively average level in knowledge of rights by the people. Awareness of rights is highest in In Nyeri and the lowest recorded in Bungoma, Kakamega and Murang'a. The responses for Lang'ata and Embakasi were marginally at par at 50.7% and 49.7%, respectively (see Figure 25).

However, people may know their rights but fail to realise them because they lack the knowledge on where to seek for redress when aggrieved. An opinion leader in Embakasi summed this up in the following statement:

I can say that most people know their rights but the main challenge is they do not know who to help them when their rights are violated (IDI Nairobi-Embakasi).

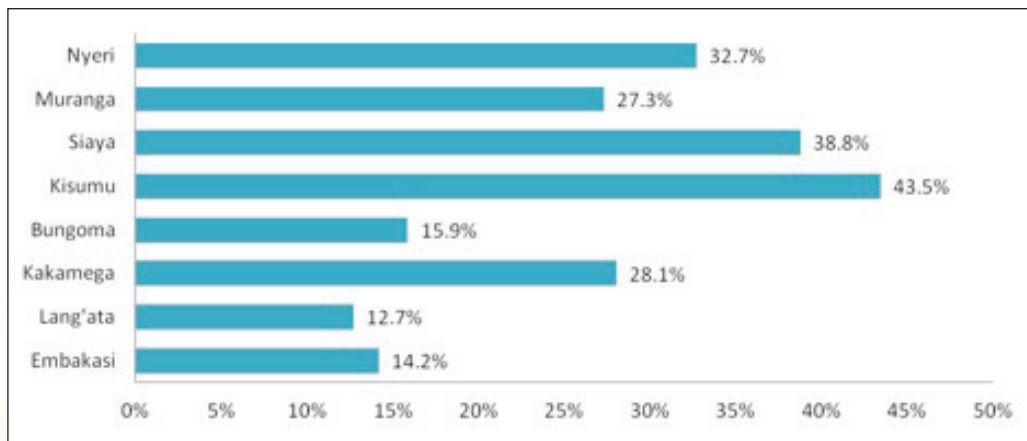
Figure 25: Knowledge of rights in the community (n=3, 208)



Source: Huduma, 2011/2

Asked if they had ever demanded for their rights when they felt aggrieved, slightly over two-fifths of the respondents in Kisumu (43.5%) replied in the affirmative compared to only 12.7% in Lang'ata. This may also reflect the political culture prevailing in a particular social environment. The findings on this question are presented in Figure 26.

Figure 26: Proportion of those who claimed rights (n=1,927)

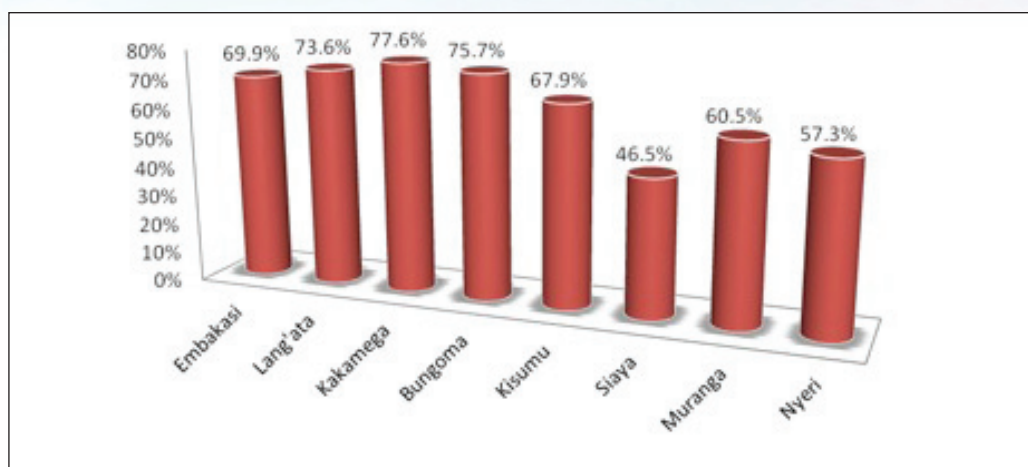


Source: Huduma, 2011/2

It is important to note that fewer respondents in Nairobi (12.7% in Lang'ata and 14.2% in Embakasi) had raised complaints over their rights violations yet they are located in the political center of the country where it is to be expected that the democratic disposition would be more engaging.

Respondents were further asked if they had encountered any problems when claiming their rights. It is notable that a high proportion of respondents in Kakamega (77.6%) followed by Bungoma (75.7%) and Lang'ata (73.6%) reported to have experienced problems of one kind or another. These challenges may explain the low levels of complaints in these regions during perceived violations. Figure 27 is on perception of such problems and threats.

Figure 27: Proportion that encountered problems when claiming rights (n=1,920)



Source: Huduma, 2011/2

The problems encountered by the respondents who sought for their rights have been summarized in Table 5. The major problems across the study sites were “nothing happened”, “no one was willing to listen”, “the process was too complex” and “was intimidated/beaten up”.

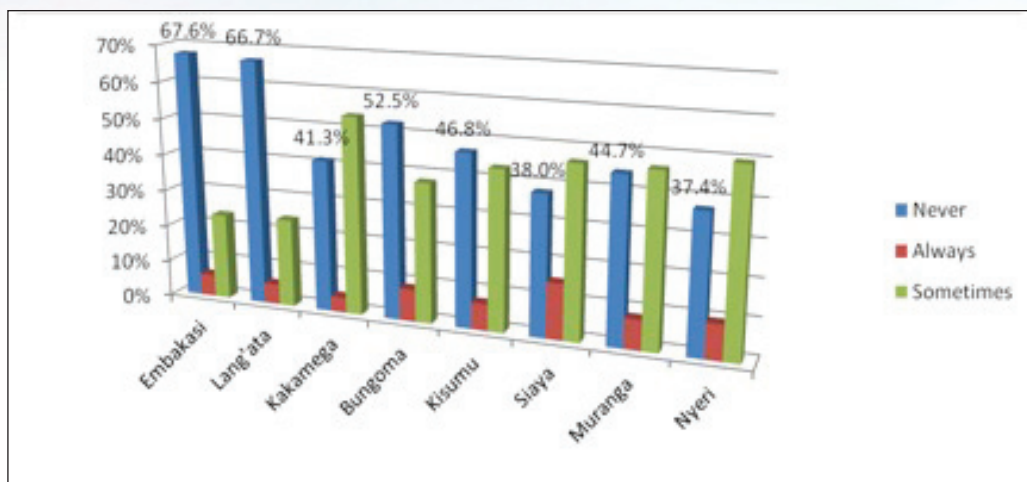
Table 5: Problems encountered when seeking for rights per study site

Problems	Embakasi (n=84)	Lang'ata (n=73)	Kakamega (n=190)	Bungoma (n=106)	Kisumu (n=378)	Siaya (n=186)	Murang'a (n=164)	Nyeri (n=252)
Nothing happened	54.8	31.5	45.9	38.5	17.7	25.3	48.2	19.1
Was thrown to jail	2.4	2.7	4.6	5.9	3.2	4.8	1.2	1.2
Was intimidated/beaten	6.0	24.7	0.9	8.1	1.6	6.5	1.8	5.6
Process too complex	14.3	19.2	30.3	9.6	26.2	19.9	17.7	24.6
A lot of bureaucracy	7.1	5.5	10.6	12.6	7.9	14	2.4	22.6
No one was willing to listen	11.9	15.1	7.8	13.3	16.4	16.7	21.3	11.5
Was asked for a bribe	3.6	1.4	-	11.9	23	12.9	7.3	15.1

Source: Huduma, 2011/2

Unfortunately, community members feel excluded from the development process. Most of the survey respondents felt that they are not involved in setting the development priorities reached by policy makers and local leaders. It is notable that most of the respondents reporting lack of consultations by leaders are in Embakasi (67.6%) and Lang'ata (66.7%), which may be an indication that respondents in these areas are willing to take part in development deliberations but feel left out in the consultations. This is shown in Figure 28.

Figure 28: Extent to which leaders consult community members in development proceses (n=7,237)



Source: Huduma, 2011/2

This has posed a frustrating experience to many people. Indeed, the FGD discussions made similar observations. One FGD participant in Embakasi stated that:

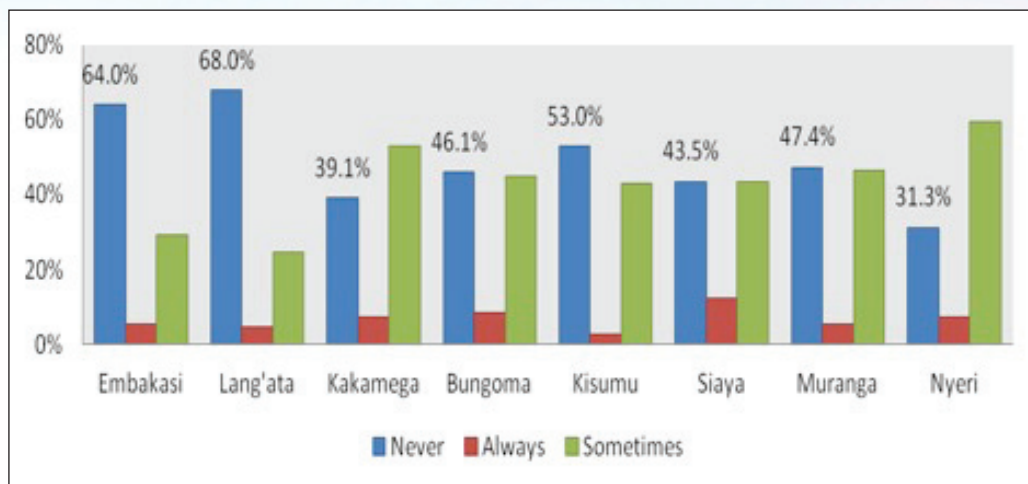
We have our member of parliament but he does not care about us. Ever since we elected him we have not seen him, so how can he consult us on development issues?" (Female, FGD, 25-50 years).

Another FGD participant observed that:

Our politicians are self-centred and they do not consult the community in development processes. We only see them during the campaign periods and that is it. We do not know how funds from CDF are used (Female FGD – Murang'a).

As a result, some respondents feel that the development agenda of their leaders is misplaced. About three in every five respondents in Embakasi (68%) felt that the decisions of those in power did not improve the lives of the poor (Figure 29).

Figure 29: Extent to which leaders attempt to improve the lives of the poor (n=7,237).



Source: Huduma, 2011/2

It is notable that the respondents in Nyeri and Kakamega were more positive about the involvement of the people in decision-making. This is good for public participation and may be indicative of multiple channels of participation for individuals and groups in the area on issues of development. Generally, most of the respondents (78.8%) were ready and willing to vote in the ensuing general elections. However, qualitative discussions in the FGDs echoed sentiments regarding the insufficient focus of the leaders to improve the lives of the poor. A participant in Siaya noted that:

Our leaders are not interested in improving the welfare of the people. As long they have their money nothing else matters to them...may be they feel like when they improve our lives they will not get votes (Male FGD - Siaya).

3.8 Access to Justice

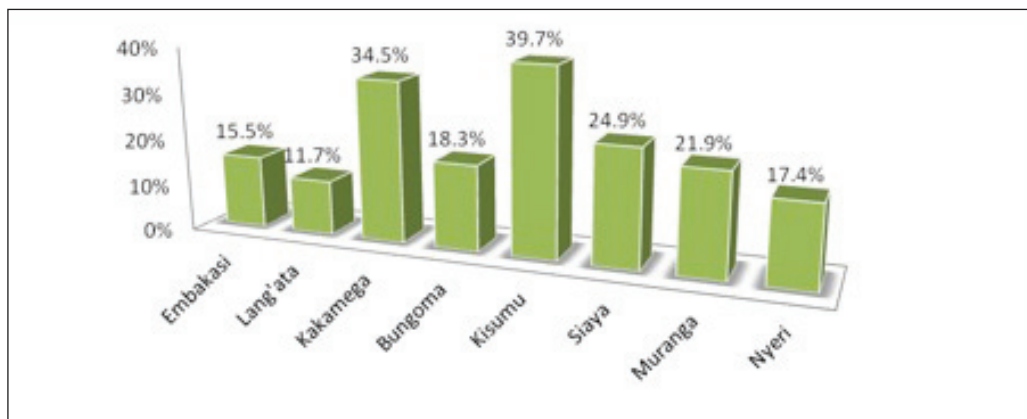
Greater access to justice can institutionalise the human rights principles of accountability and the rule of law. Interventions under it would lead to the ability of poor and marginalised people to claim rights through the formal as well as the informal justice. This would fortify the achievement of the MDG targets in such areas as education, health and water services. The Constitution 2010 supports access to justice by all Kenyans and provides that the state is obliged to ensure access to justice for every citizen (Article 48).

The use of the court system to claim rights were generally low in all the areas covered by the research. Only 23% of respondents reported using this channel. It is important to note that about half of the respondents who pursued their grievances through the court system in Lang'ata, Embakasi and Bungoma reported that a bribe was solicited and perceived to be necessary as a precondition for accessing the services. This can be a discouraging factor for using the judicial process to resolve issues, leading to poor public confidence in the institution.

The public perception in the judicial process is evidently negative, with respondents feeling that there are too many hurdles to using accessing justice through legal litigation. Only 23% of the respondents (n=1,659) knew members of their household who had been involved in a court case three years preceding the survey, mostly in Kisumu (39.7%), Kakamega (34.5%) and Siaya (24.9%). Lang'ata, an urban settlement had the lowest proportion (11.7%) of members with a court matter in the three years preceding the study.

Whereas the figures may indicate a higher prevalence of litigation in the three areas, it could also mean that the court process takes a longer time to settle in the former areas than the latter (Figure 30). However, enumeration on perception towards the judicial process did not support this view (see also Table 6).

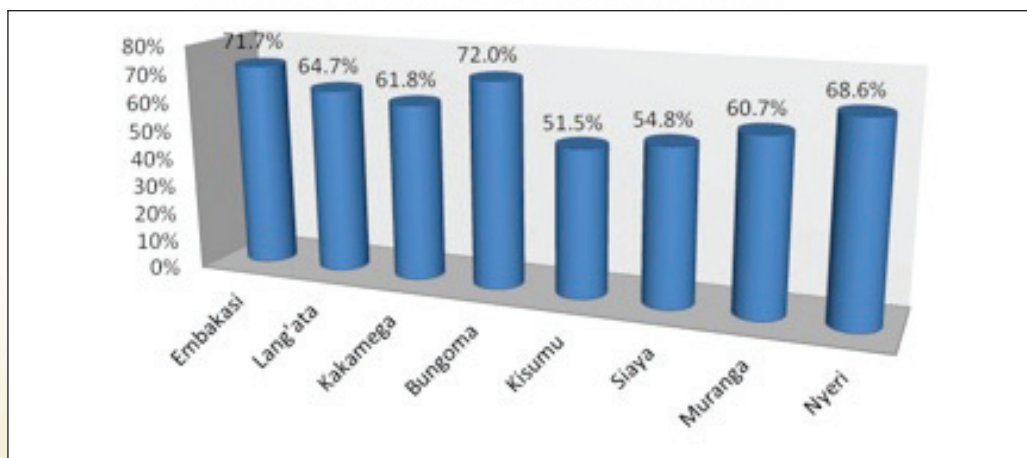
Figure 30: % of those who ever had a case in the last 3 years (n=1,659).



Source: Huduma, 2011/2

Further, respondents who reported to have felt legally aggrieved were asked whether they had sought redress for the violations. As illustrated in Figure 31, a high proportion of respondents in Bungoma (72%) had initiated lawsuits, followed by Lang'ata (71.7%) and Nyeri (68.6%). The lowest proportions were reported in Siaya (54.8%) and Kisumu (51.5%). These responses are generally high and indicate that at least in half of the situations, people in these areas are likely to seek a legal solution to their violations rather than ignore it

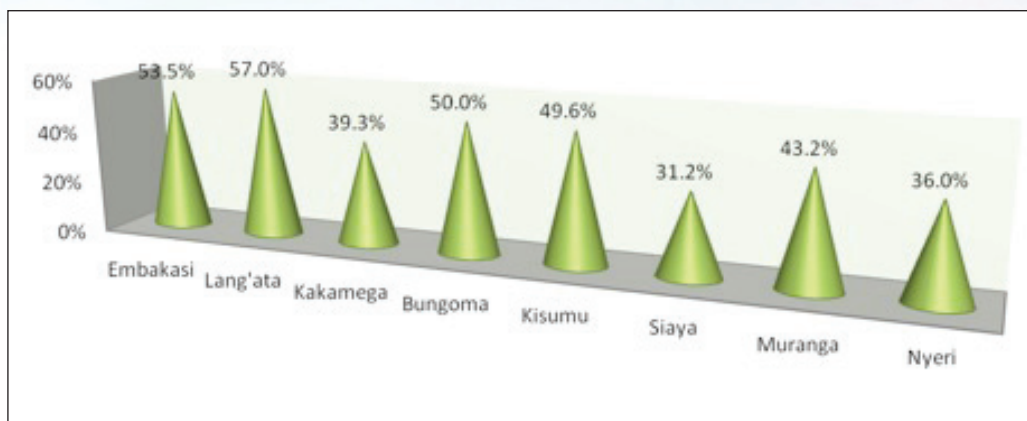
Figure 31: Proportion of household that initiated a lawsuit against perceived violations (n= 1,015).



Source: Huduma, 2011/2

Study participants who reported filing cases were asked whether they or any member of their households faced requests for bribes in order to access judicial services. Unfortunately the practice is reported by about half of the respondents in Lang'ata (57%), Embakasi (53.5%), Bungoma (50%) and Kisumu (49.6%). This is consistent with the past history of wide corruption and poor confidence within the sector, which the current Judiciary Transformation Framework has pledged to address. Bribery fears in the courts are presented in the illustrations in Figure 32.

Figure 32: Proportion of those who were asked for a bribe (n=710).



Source: Huduma, 2011/2

Civil society organisations involved in expanding access to justice have been supporting public awareness and sensitization activities with the use of trained paralegals. Unfortunately the paralegals were reported in the study to be amongst the corrupt officials who solicit for bribes. Three quarters of the respondents in Siaya, Lang'ata and Murang'a have been approached for bribes by the paralegals. In Kisumu, 84.4% of study participants reported that the police are the most corrupt officials while chiefs are leading in soliciting for bribes in Bungoma according to 82.4% of the respondents. Other court officials mentioned in the corruption list were lawyers; in Kakamega (70.4%) and Nyeri (69.7%) and magistrates, mentioned by at least 78.9% of the respondents in Embakasi.

When asked to give their perceptions about the judicial system in Kenya, the most emerging complaints were about the complexity of the process; high costs; lack of trust and the length of time it takes to complete a matter. These are summarized in Table 6 below.

Table 6: Perceptions towards the judicial system (n=7,251)

Perceptions	Lang'ata	Embakasi	Murang'a	Nyeri	Kisumu	Siaya	Kakamega	Bungoma
It is totally independent from the government	0.4	0.3	18.0	14.9	37.4	22.7	1.0	2.6
It is expensive	5.2	6.6	18.3	20.2	21.2	10.2	14.0	11.9
It does not deserve any trust	18.1	20.9	16.9	14.9	12.1	16.1	17.2	34.8
Laws of Kenya are only applied on poor people	4.8	6.6	10.4	13.0	4.5	20.2	2.5	10.0
Laws in Kenya are applied equally for everyone	0.4	0.3	9.8	6.1	6.0	8.7	1.0	5.3
It is totally dependent on the government	4.5	4.4	8.2	7.5	4.0	3.0	5.8	1.1
The judicial system is quite unfair	22.0	15.5	7.7	8.0	2.5	2.5	24.1	22.8
It deserves complete trust	0.8	1.7	5.2	4.6	1.9	2.5	1.0	7.3
Bureaucracy	3.7		1.3	2.1	0.8	2.4	7.1	11.4
It takes too long	8.7	6.6	.7	5.0	1.8	1.4	22.1	24.1
It is manipulated by economic interest	12.1	8.7	.2	1.9	0.7	1.4	14.5	18.2
Don't know	8.2	15.3	2.9	.8	6.8	8.4	18.3	5.8

Source: Huduma, 2011/2

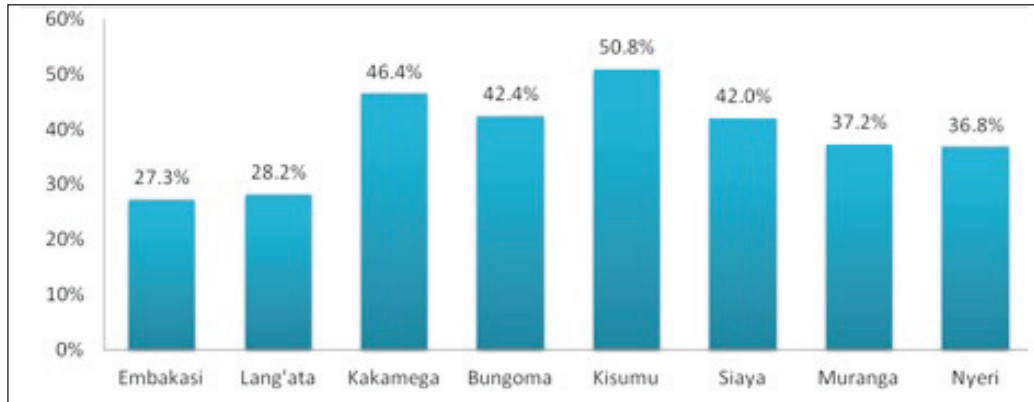
In Kisumu, Siaya, Kakamega and Bungoma, a higher proportion of respondents believe that the judicial system is totally independent of the government. This is significant for judicial reforms as well as the retention of public confidence in the institution of the courts.

Faced with the various challenges, judicial development in Kenya has recently seen an upsurge in the use of Alternative Dispute Resolution (ADR) mechanisms to resolve legal disputes. The constitution has given a momentum to this as it has recognised the role of ADR procedures including traditional community approaches dispute resolutions. The use of family members, friends and other informal leaders such as clan leaders, paralegals and the chiefs constitute some of the facilitators in mediating conflict in ADR procedures. The ADR process, especially for small claim issues is also seen as expedient and cheap. The support for the ADR system was prominent in the study, with certain participants considering courts as a waste of time and resources. An IDI participant in Nairobi observed that:

“Our courts are corrupt such that if you are poor you cannot access justice. Fair trials are just for the rich. Cases filed by the poor turn against them and the accusers become the accused. Why should I therefore waste my time going to the court?”
(IDI, Kibera).

Almost two-fifths (38.8%, n=2807) of the respondents had resorted to the Alternative Dispute Resolution mechanisms to address a legal dispute in the last two years preceding the survey. A higher use of the ADR process was notable in Kisumu, Kakamega, Bungoma and Siaya where more than half of the disputes end up being solved outside of the court framework. Although a high proportion of respondents in these areas acknowledged the independence of the judiciary, they also expressed the view that the judicial system discriminate against the poor.

Figure 33: Proportion of households that solved cases without using courts (n=2,807)



Source: Huduma, 2011/2

4.0 Conclusion and Recommendations

4.1 Conclusion

The focus of the baseline survey was to determine levels of access to specific basic services as well as assess how the citizens are engaging with government in order to access them. Huduma is being piloted in four sites which are located in different regions of the country: Nairobi; Central; Western; and Nyanza. Matching of these regions with control samples provided the evidence necessary to compare experiences realised with Huduma.

The results presented in this report show that besides having an average level of awareness of their constitutional rights, community members do not feel empowered enough to seek redress or take up grievances with authorities. Furthermore, practical challenges such as inadequate public facilities, prohibitive costs and physical distance hinder access to basic services. The fact that the citizens feel that they are not involved in decision-making was also exposed as a big gap in the planning processes of leaders despite constitutional requirement that now emphasises citizen participation in issues that affect their lives.

These findings point to the need to fortify governance reforms and improve communication of information on development issues. Critical participation of beneficiaries targeted by particular information is important since the adoption of ordinary social marketing tools such as leaflets, posters and billboards were not found to reach many people. The appropriateness of the channels used for communication would depend on what works best; for some areas, public meetings would be more effective, while for others the radio and religious institutions would be more appropriate. Further, government interventions on access to justice should be more empowering and sensitive to the needs of the poor and the vulnerable. The formal justice sector system is still met with scepticism amongst most citizens. Winning public confidence in the legal procedures for addressing disputes and other grievances remains a significant challenge to the government if stability, rule of law and the protection of the poor is to be assured in the country.

4.2 Recommendations

Enhancing Citizens' Participation in Governance

- i. A key challenge facing service delivery is ineffective engagement of the citizens in the formulation and implementation of development projects and programmes, resulting into lack of ownership. Both the national and county governments should embrace a culture of participation, accountability and transparency. This is a constitutional requirement (Article 10) that must be promoted and the new county government is mandated to ensure citizen participation in all development matters.
- ii. The Government should strengthen existing mechanisms for participation of non-state actors (NSAs) and the private sector in public policy formulation and decision-making in order to improve democracy accountability, efficiency, equity, effectiveness and sustainability in the provision of social services both at the local level and national level. Monitoring the effectiveness of such mechanisms is critical.

Complaints and Redress Mechanisms

- i. An important aspect of quality service delivery is the existence of easily accessible and transparent complaints handling mechanisms which ordinary citizens can access. The creation of the public ombudsman office in 2003 to deal with public complaints at the national level was a good step. The Commission for Administrative Justice as well as the Kenya National Commission for Human Rights (KNCHR) should be strengthened to provide the necessary support in these areas. The Public Service Commission is another body that must institutionalize user-friendly complaints handling mechanisms and promote fulfilments of the commitments made in the Service Charters.
- ii. Ongoing judicial reforms should also emphasise a feedback system with court users and ensure diligent and pro-poor delivery of judicial services. Many aspects of a peoples' friendly judicial process have been integrated in the Judiciary Transformation Framework, and its full implementation is now paramount.

Community Perceptions on Service Delivery

- i. The delivery of public services is still largely characterized by poor understanding of the fundamental principle of the public service to citizens. Thus, there is a need for public servants to recognise citizens as true customers and to involve them in determining policies and priority actions.
- ii. Due to the availability of resources, there is a need to involve community members in service delivery processes including human and financial that can be directed to improving the quality of services. In addition, communities can be incorporated on the service delivery committees.
- iii. Instil values and ethics throughout the public service so as to improve transparency and accountability in service delivery.

Capacity Development of Service Providers

- i. Decentralization of service delivery requires the appropriate capacity to support it in the first instance. While the proximity of county government to beneficiaries of basic services lends it vast potential for expanded participation and transparency, local government remains must corruption and other malpractices, which constrict service delivery. Capacity building must therefore address requisite skills for transparency and public accountability.
- ii. Sensitization and skills development must not only address governments but also other stakeholders in local development including non-state actors. As basic services such as water and sanitation get increasingly privatized, the responsiveness of these institutions to the needs of the poor needs to be appraised and addressed appropriately. Community-based organisations, for instance, should be facilitated to engage effectively with respective county governments and other service providers for enhanced service provision and participation of citizens in development.

Monitoring and Evaluation of Service Provision and Access

- i. There is a need for improved monitoring and evaluation of delivery of public services. Improved data collection would allow the national and county governments and other stakeholders to better design policies and programmes which address the key constraints in service delivery. The community members are an intractable resource in this process.

5.0 References

Amuyunzu-Nyamongo, M. & Nyamongo, I.K. (2006) Health seeking behaviour of mothers of under-five-year children in the slum communities of Nairobi, Kenya. *Anthropology & Medicine*, Vol. 13, No. 1:25-40.

Commission for Revenue Allocation (2012) County Poverty Rankings and Resources

Educational Sector Strategic Plan and Implementation Matrices. (2003). *National Action Plan on Education for All*: Government Printers, Nairobi.

GoK (2005). The National Water Service Strategy 2005-2007: Government Printers, Nairobi.

GoK (2007). Economic Survey 2007. Kenya National Bureau of Statistic, Ministry of State for Planning, National Development and Vision 2030: Government Printers, Nairobi.

GoK and UNDP. (2011). *Millennium Development Goals: Status Report for Kenya*: Government Printers, Nairobi.

Kenya National Bureau of Statistics (KNBS) and ICF Macro. (2010). *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

KNBS & ICF Macro (2010). Kenya Demographic and Health Survey 2008-09. In: KNBS & MACRO, I. (eds.). Calverton, Maryland: KNBS and ICF Macro.

Ministry of Health (2004). *Sessional Paper on National Social Health Insurance in Kenya*: Government Printers, Nairobi.

Ministry of Health (2005). *Reversing the Trends, the Second National Health Sector Strategic Plan*. Nairobi, Kenya.

Ministry of Medical Services (2012). Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya. Nairobi, Kenya

Republic of Kenya (2010) The Constitution

United Nations Organisation (UNO) (1948). *Universal Declaration of Human Rights*. NY: USA.

WHO-AFRO. (2012).

World Bank (1990). *Final Report of the World Conference on Education for All (EFA): Meeting Basic learning needs, Jomtien, Thailand*. World Education Forum (WEF) (2000). Conference on WEF: Dakar, Senegal.

World Bank (2004). Documentation on "Towards Water –Secure Kenya".

SECTION 1: SOCIO-DEMOGRAPHIC INFORMATION

Head of Household could be assisted by any household member (above 18 years)

Q. #	QUESTION	CODES	GO TO Q.
1.	Record sex of respondent as observed	Male 01 Female01	
2.	How old are you?	AGE IN COMPLETED YEARS	
3.	Have you ever attended school? (Formal and non-formal)	Yes01 No01	
4.	What is the highest level of education you have attained?	Formal education Primary01 Secondary02 Vocational03 College04 University05 Post-graduate studies.....06 Religious/non-formal education Islamic/Koran school07 Adult literacy08 Other, specify _____ 96	
5.	What do you do to earn a living?	Farming/hunting/fishing/livestock breeding01 Small scale trading02 Paid employment/salaried03 Artisan04 Business05 Casual labourer06 Waste collection07 None.....08 Other, specify _____ 96	
6.	What is your current marital status?	Single01 Married02 Widowed03 Divorced/separated04 Other, specify _____ 96	
7.	What is your religion?	Christian01 Muslim02 African traditional religion03 No religion04 Other, specify _____ 96	
8.	How long have you lived in this area?	Record actual number (in years/months) _____	

SECTION 2: ACCESS TO HEALTHCARE SERVICES

Q. #	QUESTION	CODES	GO TO Q.
9.	When was the last time that either you or any member of your household needed healthcare? [Circle only one (1) option]	In the last 30 days.....01 Between 1 month and less than 1 year ago.....02 Between 1 year and less than 2 years ago.....03 Between 2 years and less than 3 years ago.....04 Between 3 years and less than 4 years ago.....05 More than 4 years ago.....06 Never needed healthcare.....07 Don't Know.....98	
10.	How many public health facilities are around for you to choose from when you or any member of your household is sick? [Give actual number]	_____ Don't Know.....98	
11.	Why did you or any member of your household last need healthcare? [Multiple answers allowed]	Fever.....01 Severe diarrhoea.....02 Cough.....03 Vomiting.....04 Immunization.....05 Ante-natal consultation.....06 Post-natal care.....07 Skin diseases/itching.....08 Family planning.....09 Childbirth.....10 Dental care.....11 Arthritis.....12 Asthma.....13 Heart disease.....14 Bodily injury or pain.....15 Minor surgery.....16 Sight problems.....17 Hypertension.....18 Diabetes.....19 Malaria.....20 Pneumonia.....21 HIV/AIDS.....22 Tuberculosis.....23 Jiggers.....24 Typhoid.....25 Sexually abused.....26 Other, specify.....96	
12.	The last time you or any member of your household needed healthcare, did you get healthcare?	Yes.....01 No.....02 Cannot Remember.....98	

Q. #	QUESTION	CODES	GO TO Q.
13.	Which reason best explains why you or any member of your household did not get healthcare the last time you needed it? [Circle only one (1) option]	Could not afford the cost of healthcare01 No means of transport02 Distance to health facility.....03 Could not afford cost of transport04 The healthcare provider's drugs were inadequate05 Equipment were inadequate06 The health provider's skills were inadequate07 Unsatisfactory past experience.....08 Could not take time off work09 Had other commitments10 Did not know where to go11 Thought health problem was not serious enough12 Tried but was denied healthcare13 Poor attitude of health workers to patients.....14 No health worker at the facility15 Poor road network16 The facility was closed17 Other, specify _____96 Don't know98	14
14.	The last time you or any member of your household needed healthcare, where was it sought from? [Circle only one (1) option]	Public hospital01 Public dispensaries02 Private hospital/Clinic.....03 Faith based hospital/Clinic.....04 Self medication05 Traditional healer.....06 Faith healing.....07 Prayer08 Pharmacy/Chemist/kiosk09 Medical Vendors10 Other, specify _____96 Cannot remember.....98	
15.	The <u>last time</u> you or any member of your household sought healthcare, did the healthcare provider prescribe any medicine for the health problem?	Yes01 No02 Cannot Remember.....98	22
16.	Of the medicines that were prescribed for you or any member of your household, how many were available from the health facilities? [Circle only one (1) option]	All of them01 Some of them02 None of them.....03 Cannot remember.....98	19
17.	Which reason best explains why you or any member of your household did not get all the medicines prescribed? [Circle only one (1) option]	Could not afford the medicines01 Medicines were not available in the health facility....02 Did not believe all the medications were needed03 Started to feel better04 Already had some of the medicines at home05 Other, specifi_____96 Cannot remember.....98	
18.	Where did you get the medicines which you or any member of your household could not get from the health facility?	Medicine vendor(herbalists)01 Private chemist.....02 Kiosk/shops03 Relative/neighbor04 Leftover medicine05 Other, specify _____96 Cannot remember.....98	

Q. #	QUESTION	CODES	GO TO Q.
19.	Did you pay for the drugs you or any member of your household received the last time you needed healthcare?	Yes.....01 No02	22
20.	Was the money that you, or any member of your household, used to pay for the medicine reimbursed?	Yes.....01 No02 Cannot Remember.....98	22
21.	Who made the reimbursement?	Employer01 NGO.....02 Government03 Community associations04 Family members05 Health Insurance.....06 Member of parliament07 Councilor08 Religious groups09 Benevolent Individual.....10 Chief.....11 Other, specify _____96 Cannot remember.....98	
22.	Do you or any member of your family have health insurance?	Yes.....01 No02	
23.	Are there other ways people get subsidies for health costs?	Yes.....01 No02 Cannot Remember.....98	25 25
24.	In what other ways do people get subsidies for health costs?	Community effort.....01 Vouchers/waivers02 Group membership03 From employers.....04 Religious groups05 Government contributory scheme06 Other, specify _____96 Don't know98	
25.	How would you rate the provision of healthcare services in your community?	Good01 Average02 Poor03 Don't know98	
26.	Which reason best explains your rating of healthcare service in your community? [Circle only one (1) option]	Attitude of the staff to clients01 The number of staff02 Poor communication03 Inadequate drugs and equipment.....04 Very responsive to clients' needs.....05 Adequate drugs and equipment06 Friendly environment07 Clean environment08 Delays in provision of healthcare09 Long queue10 Absence of health workers from the facility.....11 Referral practices in the facility12 Qualification level of service provider13 Other, specify _____96	

Q. #	QUESTION	CODES	GO TO Q.
27.	Have you ever felt dissatisfied with the healthcare services provided to you in this community?	Yes01 No02	32
28.	Did you complain?	Yes01 No02	32
29.	Who did you complain to? [Multiple answers allowed]	Hospital management01 Community Health representatives02 Ministry of Health offic03 Local government04 Ngo's/CBO's05 Media06 Suggestion Box 07 Religious Group08 Health facility worker09 Other, specify 96	
30.	How long did you wait for the response?	Less than an hour01 An hour02 More than an hour03 A day04 Less than a day05 More than a day06 Did not wait07 Don't know98	
31.	How did you feel about the response you received?	Satisfied01 Dissatisfied02 No response03	
32.	How would you rate the way in which healthcare providers in your community involve you in deciding what services it provides and where it provides them?	Good01 Average02 Poor03 Don't know98	
33.	What can be done to improve the way healthcare services are delivered in your community? [Multiple answers allowed] Probe [Ask any other?]	Provide medicines/drugs01 Involve community in the management02 Provide personnel03 Construct hospital04 Reduce cost of services05 Select community members to help in delivery of health services06 Reduce outpatient waiting time07 Provide the equipment08 Replace retired personnel09 Provide free healthcare to the poor0 Engage in outreach.11 Provide technology12 Improve infrastructure13 Operate for longer hours14 Improve the health facilities15 Licensing of health facilities16 Other, specify 96 Don't know98	

Q. #	QUESTION	CODES	GO TO Q.
34.	In the last 12 months, did your household experience death of a female due to pregnancy related complications?	Yes01 No02	
35.	In the last three years did your household experience death of a child aged 0-5 years?	Yes01 No02	
36.	In the last 3 months did it happen even once that your household lacked food? [Probe on breakfast, lunch and dinner]	Yes01 No02	

SECTION 3: ACCESS TO EDUCATION

Q. #	QUESTION	CODES	GO TO Q.
37.	Are any members of your household attending school at the moment?	Yes01 No02	50
38.	Are any members of your household attending public school (s)?	Yes01 No02	48
39.	How many members of your household are attending public schools? [Please count all students in nursery, primary school, secondary school, college]	ECD person Primary person Secondary person Tertiary person	
40.	Why are members of your household in the public school (s)? [Multiple answers allowed]	Free primary education01 Good quality of education02 Cannot afford fees for private school03 Proximity of school to the house04 Unavailability of private school05 Good performance in national exams06 Good attitude of teachers07 The only school in the locality08 Sponsorship09 School feeding program10 Religious Values11 Other, specify 96	
41.	In your opinion how do you rate, information given to you about performance of your child?	Good01 Average02 Poor03 Don't know98	

Q. #	QUESTION	CODES	GO TO Q.
42.	How much are the annual 'instructional' or 'tuition related' costs? [Per child]	ECD _____ Kshs Primary school _____ Kshs Secondary School _____ Kshs College/university _____ Kshs Don't know98	
43.	Do parents/guardians have to pay 'other non tuition/non-instructional costs' apart from school materials in primary school (s)?	Yes01 No02 Don't know98	
44.	Have you ever felt dissatisfied with the education services provided to you in public school (s)?	Yes01 No02	48
45.	Did you complain?	Yes01 No02	48
46.	Who did you complain to?	School01 Community Education Representatives02 Ministry of Education Office03 Local authority04 Member of parliament05 Religious leader06 Media07 Suggestion box08 NGO,CBO09 Telephony10 Provincial administration11 Other, specify 96	
47.	How did you feel about the outcome of your complain?	Satisfied01 Dissatisfied02 No Response.03	
48.	How many household members are attending private school (s) Please count all students in nursery, primary school, secondary school, college?	ECD _____ person Primary _____ person Secondary _____ person Tertiary _____ person	
49.	Why are members of your household in private institution (s)? [Multiple answers allowed]	Good quality of education01 Good performance in national exams02 Good attitude of teachers03 Proximity of school to the house04 Affordability of private school fees05 Pressure06 Sponsorship07 Good foundation08 Other, specify 96	
50.	<u>In general</u> is the community involved in managing or supervising the public school (s)?	Yes01 No02 Don't know02	

Q. #	QUESTION	CODES	GO TO Q.
51.	In general what is the distance to the nearest public primary school from your dwelling unit?	Less than 1 Km.....01 1 – 2 Km02 2 – 4 Km03 More than 5 Km.....04 Other, specify 96	
52.	In general what is your opinion regarding the overall quality of the public school (s)?	Good01 Average02 Poor03 Don't know98	
53.	Which reason best explains your rating as poor with regard to quality of education in the public schools? [Circle only one (1) option]	Attitude of teachers is poor01 Inadequate teachers in school02 Inadequate classrooms03 Inadequate teaching materials/equipment04 Lack of a friendly environment.....05 Lack of a clean environment06 Teachers absenteeism from school.....07 Poor performance of school in national exam08 Parents not engaged in management.....09 School safety10 Poor school facilities.....11 Access to learning materials12 Continuous assessment13 Congestion14 Poor state of classroom15 Strikes16 Not paying school fees17 Other, specify 96 Don't know98	
54.	How do most of the children in this area access the public primary schools?	By foot01 Vehicle02 Animal transport03 Wheelbarrow/cart04 Motorbike/bicycles05 Other, specify 96	
55.	To your knowledge, how would you rate the teachers' attendance in public schools?	Good01 Average02 Poor03 Don't know98	
56.	In your opinion is it common for teachers or other school officials to request or demand a gratification for school services?	Never.....01 Always02 Sometimes03 Don't know98	58 58
57.	What type of gratification is required?	Cash01 Gift02 Sexual favor03 Other, specify 96	

Q. #	QUESTION	CODES	GO TO Q.
58.	<p>What are some of the challenges that hinder people from taking their children to school in this area?</p> <p>[Multiple answers allowed]</p> <p>Probe [Ask any other?]</p>	Cannot afford the cost of education01 Cannot afford school uniform02 No means of transport to school03 Distance to school.....04 Could not afford cost of transport05 Low education quality in school.....06 Lack of teachers in school07 Unsatisfactory past experience.....08 Cultural belief09 Religious beliefs10 Poor road network11 Child labour12 Other, specify 96 Don't know98	

SECTION 4: ACCESS TO WATER

Q. #	QUESTION	CODES	GO TO Q.
59.	<p>What is your household's main source of water over the past month (drinking and water for domestic use)?</p> <p>[Circle only one (1) option]</p>	Piped into dwelling.....01 Piped into plot.....02 Public tap.....03 Borehole with pump04 Protected dug well.....05 Protected spring06 Rain water collection.....07 Unprotected dug well/spring08 River/pond/streams.....09 Tankers/trucks/vendor10 Lake11 Other, specify 96	
60.	<p>Is the above mentioned source constant?</p>	Yes01 No02	
61.	<p>How long does it take (minutes) to walk (one way) to the main source from dwelling?</p> <p>[If in dwelling enter 97]</p>	_____ Minutes	
62.	<p><u>Typically</u> when you get to this water source, how much time (minutes) do you have to wait in a queue to collect the water?</p> <p>[If in dwelling enter 97]</p>	_____ Minutes	
63.	<p>How much do you pay for water for your household consumption (per month)?</p>	Nothing01 Less than Kshs. 50002 Kshs. 500 - 1000.....03 Kshs. 1000 – 200004 Kshs. 2000 – 400005 Above Kshs. 4000.....06	

Q. #	QUESTION	CODES	GO TO Q.
64.	In case you do not get water from your main source, to whom do you complain to? [Multiple answers allowed]	No one.....01 Provincial administrator.....02 Church/religious leader03 Local authority04 Water Vendors05 Ministry of water.....06 Water company07 Suggestion box08 Telephony.....09 Media10 Member of parliament11 Other, specify96	
65.	Have you or any members of your household ever personally complained about the provision of water services in your community?	Yes.....01 No02	
66.	How did you feel about the response you received?	Satisfied.....01 Dissatisfied.....02 No response03	67

SECTION 5: ACCESS TO GOVERNANCE

Q. #	QUESTION	CODES	GO TO Q.
67.	Have you ever claimed/demanded your rights from government structures (ministries, local authorities, parastatals, commissions' etc) in the last 12 months?	Yes.....01 No02	71
68.	What was the issue you were demanding your rights about? [Multiple answers allowed]	Health01 Education02 Water03 Infrastructure04 Justice.....05 Governance06 Roads07 Security08 Agriculture.....09 Wildlife.....10 Land.....11 Licenses/permits.....12 Other, specify96	
69.	From your own experience, did you encounter any problems when claiming your civic rights? (Right to water, education, infrastructure, health, Justice etc).	Yes.....01 No02	

Q. #	QUESTION	CODES	GO TO Q.
70.	If yes, what was the major problem that you encountered? [Multiple answers allowed]	Nothing happened01 Was thrown in jail/cell.....02 Was intimidated/beaten03 The process was very complex.....04 A lot of bureaucracy05 No one was willing to listen.....06 Was asked for a bribe07 Other, specify 96	
71.	Do you know if someone in this community has sought for his / her rights in the last 12 months?	Yes01 No02	73
72.	What was his/her experience? [Multiple answers allowed]	Nothing happened01 Was thrown in jail/cell.....02 Was intimidated.....03 The process was very complex.....04 A lot of bureaucracy05 No one was willing to listen.....06 Was asked for a bribe07 Other, specify 96	
73.	If general elections were to be held next week would you vote?	Yes01 No02 Don't Know98	
74.	To what extent do the government officials consult with the citizens to include their priorities in the development of this county?	Never.....01 Always02 Sometimes03 Don't know98	
75.	Do you think people in this community know their rights?	Yes01 No02	
76.	To what extent do you feel that the decisions of those in power at the local government (municipal, city councils, and central government offices at local level) reflect your own priorities?	Never.....01 Always02 Sometimes03 Don't know98	
77.	To what extent do you feel that the decisions of those in power in government structures attempt to improve the life of the poor?	Never.....01 Always02 Sometimes03 Don't know98	
78.	What is your view regarding capacity of citizens to influence the decision taken by government structures (ministries, local authorities, parastatals, commissions' etc)?	Strong01 Weak.....02 Non-influential.....03 Don't know98	

Q. #	QUESTION	CODES	GO TO Q.
79.	Do you think there is a difference between the capacity of women and men to influence the decisions taken by government structures?	Men's influence is stronger01 Women's influence is stronger.....02 Men and women have equal influence03 Non has Influence04 Don't know98	
80.	Which groups in this community have the capacity to influence decisions [Multiple answers allowed]	Media01 Teachers.....02 Religious leaders.....03 NGOs/CBOs.....04 Women groups.....05 Youth groups.....06 Unions07 PTAs08 Legal people.....09 Legislators10 Militia/vigilante11 Community elders12 Other, specify 96 Don't know98	

SECTION 6: ACCESS TO JUSTICE

81.	What is your opinion regarding the judicial system? [Multiple response allowed]	It does not deserve any trust.....01 It is totally dependent on the government02 Laws in Kenya are applied only for poor people.....03 The judicial system is quite unfair04 It is manipulated by economic interests.....05 It is totally independent from the government06 It is expensive07 It takes too long08 Bureaucracy.....09 It deserves complete trust0 Laws in Kenya are applied equally for everyone, rich or poor11 It is quite fair.....12 It is totally independent of economic interests.....13 Other, specify96 Don't know98	
82.	In the last 3 years have you or any member of your household had a case?	Yes01 No.....02	89
83.	Did you or any members of your household initiate a lawsuit in the above mentioned case?	Yes.....01 No.....02	85

Q. #	QUESTION	CODES	GO TO Q.
84.	If No to question 83, which reasons made you decide not to initiate a lawsuit? [Multiple response allowed]	Too high court fees.....01 Too high lawyer fees.....02 Need to pay gratification.....03 Corruption in courts.....04 Incompetent judges.....05 Courts are too far.....06 Files disappeared or lost.....07 Too complex process.....08 Too long process.....09 Lack of effective enforcement of court decisions.....10 Pressure from family members.....11 Out of court settlement.....12 Other.....96 (specify)	
85.	On average how long did the case take to be concluded? [Only if case is concluded]	_____ months/years	
86.	If yet to be resolved, for how long has the case been going on? [Only if case is on-going]	_____ months/years	
87.	Did you or any household member receive any indication that you were expected to make some gratification in order to get a favorable decision?	Yes01 No.....02	
88.	If yes, which type of official gave you the indication of soliciting for gratification?	Judges01 Magistrate02 Lawyer.....03 Police.....04 Chiefs05 Paralegal06 Prosecutor.....07 Government Official08 Legislator09 Other, specify 96	
89.	In general, what are the obstacles to using courts in Kenya? [Multiple answers allowed]	Too high court fees.....01 Too high lawyer fees.....02 Corruption in courts.....03 Incompetent judges.....04 Courts are too far05 Files disappeared or lost.....06 Too complex process07 Too long process08 Lack of effective enforcement of court decisions.....09 Church leader10 Other, specify 96 Don't know 98	

Q. #	QUESTION	CODES	GO TO Q.
90.	During the past two years, have you or any member of your household resolved an important dispute without going to formal courts (for example using traditional justice, using a mediator, paralegal, etc.)	Yes.....01 No.....02	
91.	Whom did you use? [Multiple answers allowed]	Village elder.....01 Religious leader.....02 Paralegal03 Traditional leader04 Friend/family.....05 Security firm.....06 Formal Mediator/ Arbitrator07 Government Official.....08 Provincial administration09 Other, specify 96	

SECTION 7: ACCESS TO INFRASTRUCTURE

Q. #	QUESTION	CODES	GO TO Q.
92.	What is the main type of road used within this community?	Tarmac road.....01 Murrum road.....02 Dust road.....03 Footpath.....04 Other, specify _____ 96	
93.	<u>In general</u> , how would you describe the condition of roads in this area?	Good.....01 Average.....02 Poor.....03 Don't know.....98	
94.	How far in (Km) is the nearest tarmac road from your house?	_____ (km)	
95.	Has there been any construction of new roads in your neighborhood during the past 12 months?	Yes.....01 No.....02	
96.	Has there been any repair of old roads in your neighborhood during the past 12 months?	Yes.....01 No.....02	
97.	Has there been any involvement of the community in your neighborhood in the construction or maintenance of local roads?	Yes.....01 No.....02 Don't know98	

Q. #	QUESTION	CODES	GO TO Q.
98.	Who maintains the roads in your neighborhood/community? [Multiple answers allowed]	Public utility company.....01 Citizens.....02 Specialized private company.....03 Non-specialized private company.....04 None.....05 Local authority.....06 Ministry of roads.....07 Kenya Urban Authority (KURA).....08 Kenya Rural Authority (KERA)09 Kenya National Highways Authority.....10 Other, specify _____ 96 Don't know.....98	
99.	Is there incidence of water logging or deterioration of the local roads during heavy rains?	Yes.....01 No.....02	
100.	Are the roads in this area lit?	Yes.....01 No.....02	
101.	What changes would you like to see on the road infrastructure? [Multiple answers allowed]	Tarmacking01 Putting Murram.....02 Patching.....03 Construct bypasses.....04 Foot/bicycle path05 Construction of Drainage systems.....06 Putting up road signs.....07 Construction of bumps08 Putting lights.....09 Construction of foot bridges.....10 Other, specify _____ 96	
102.	What is your <u>main</u> source of development information in this area?	Radio.....01 News Papers.....02 Road shows.....03 Markets.....04 Baraza05 Poster06 Religious institutions.....07 Person to person.....08 Internet09 Brochures10 TV11 Other, specify _____ 96	

Do you have any comment?

Interviewer's observations:

THANK THE RESPONDENT

ANNEX 2: Focus Group Discussion Guide

APPROPRIATE GREETINGS AND PRESENTATION OF THE TEAM

Good morning/afternoon/evening. My name is _____ (Moderator). I am here on behalf of a research team from African Institute for Health and Development. My colleague is _____ and s/he will be taking notes during this discussion. We are conducting a study on access to services that will enable an effective feedback mechanism between citizens and service providers. Your community has been chosen among others in the country for this study. We will hold discussions with you on issues related to the delivery of essential social services on healthcare, water, education, justice, governance, and infrastructure in this community.

Your participation in the discussion is very valuable if you are willing to be involved. All information will be used without mentioning your names and will be held in confidence within the research team and among its collaborators. We expect this discussion to last for about 60 minutes.

We seek your consent to record the discussion so that we could capture all the ideas expressed.

Agree to use tape? Yes No

If agree repeat the question on tape followed by introductions.

INTRODUCTIONS

County: _____

Constituency: _____

Enumeration area: _____

Community: _____

Number of participants: _____

Type of group: _____

Start time: _____

End time: _____

Length of discussion: _____

Date: _____

Moderator: _____

Note-taker: _____

[ICE BREAKER]

- What are the main problems experienced by people in this community? (*Probe on access to healthcare, education, water, education, justice, governance and justice*).

(1) ACCESS TO HEALTHCARE

- Where do people in this community get medical care? (*Probe on public hospitals, private clinics, alternative medicine, etc*).
- How would you describe the quality of services provided in government/public health facilities? (*Probe on waiting time at the facility; number of personnel; distance to the facility; availability of medicines; maintenance & cleanliness of buildings internally & externally*).

- If members of this community are not satisfied by a service at the health facility whom do you report to? What type of results do you receive from your actions? *(Use concrete examples to explain what happens when people complain about service delivery in this community).*
- What is your opinion with regard to the relationship between the health providers and the community members?
- What do you see as the main challenges to providing or receiving healthcare services? *(Probe on distance, cost, availability of drugs, road network, etc).*

(2) ACCESS TO EDUCATION

- How accessible is education to members of this community? *(Probe on number of schools available including formal and non-formal, primary, secondary, distance, cost).*
- How would you describe the quality of education offered in public schools in this area? *(Probe on teachers-pupil ratio, accessibility, resources, performance in national exams, performance of the teachers, leadership of the schools etc).*
- How would you describe the general attitude of community members towards education? *(Probe on cultural beliefs, gender preferences etc).*
- What is the relationship between this community and the education service providers? *(Probe on frequency of meetings between them, existence of feedback channels, how they handle complaints from community members etc).*
- What is the involvement of community members in ensuring access to education in this community? *(Probe on budgeting, financing, planning, monitoring and evaluation of school activities).*
- What government programmes are in place to ensure that the community members have access to education in this community? *(Probe on FPE, bursary funds, education grants, education loans).*
- What other initiatives exist in this community to ensure that children access education? *Probe on the role of religious groups, non-governmental Organisations, individual sponsorships).*
- What are your views about these programmes? *Probe on adequacy, transparency, accountability, sustainability).*

(3) ACCESS TO WATER

- Where do most people in this community get their water for household use? *(Probe on distance, reliability, safety of the water and cost).*
- What government programmes are in place to ensure that the community members have access to safe water in this community? *(Probe on CDF, LATF funds etc).*

- How are community members involved in ensuring access to safe water in this community? *(Probe on financing, budgeting, planning, monitoring and evaluation of water projects etc).*
- What are the rights of communities in access to safe and reliable water and sanitation services? *(Probe on awareness of service charter, existence of community water committee, ability to demand for services and responsiveness of service providers etc).*
- What are the major challenges facing people in accessing water in this community? *(Probe on distance, reliability, safety of water and cost).*
- What coping mechanisms are adopted by members of this community to deal with water shortages? *(Probe on the implications of these measures on the lives of the people).*
- What changes would you like to see in the area of water in this community?

(4) ACCESS TO GOVERNANCE

- How do government officials and other stakeholders ask the opinions of people in this community about quality of local services? How do they seek the opinions of people in this community? *(Probe on public meeting; use of media, etc).*
- Who are involved in providing opinions to government? Which groups of people or individuals does the government consult? *(Probe on men or women, rich or poor, land owners or landless, those with jobs, business people, farmers or some other type of person).*
- How would you describe the level of political participation in this community? *(Probe on voting, community participation in political forums etc).*
- How would you describe the level of trust between community members and local leaders? *(Probe on members of parliament, local councillors, administrative leaders, etc).*

(5) ACCESS TO JUSTICE

- How would you describe the process of accessing justice in this community? *(Probe on trust, accessibility of courts, reliability etc).*
- What types of justice services are available in this community? *(Probe on lawyers, magistrate, police, judges, paralegals, etc).*
- What are some of the barriers/challenges that community members encounter in trying to access justice in this country? *(Probe on corruption, complexity of the process, red tapes, etc).*
- How does this community typically handle conflicts? *(Probe on use of traditional rulers, paralegals).*
- What changes have you noticed in access to justice in the last 6 months? *(Probe on space for people to talk, community sensitization, etc).*

(5) ACCESS TO INFRASTRUCTURE

- How would you describe road networks in this area? *(Probe on condition of roads, regular maintenance of the road, accessibility of the road, etc).*
- If you are dissatisfied with the road network in this area, whom do you complain to? How complaints are handled (formal, informal and ad hoc approaches)?
- Who is responsible for the provision and maintenance of roads in this community? *(Probe on interaction between service providers and citizen, ability of citizen to demand for services and responsiveness of service providers).*
- How are community members involved in road projects in this community? *(Probe on labor, budgeting, financing, planning, monitoring and evaluation of road projects).*

ANNEX 3: In-Depth Interview (IDI) Guide

Introduction and consent

Good morning/afternoon/evening. My name is _____ (Interviewer). I am here on behalf of a research team from African Institute for Health and Development. We are conducting research on access to services that will enable an effective feedback mechanism between citizens and service providers. I would like to ask you some questions related to the delivery of essential social services on healthcare, water, education, justice, governance, and infrastructure in this community.

Your participation in the discussion is very valuable if you are willing to be involved. All information will be used without mentioning your names and held in confidence within the research team and among its collaborators.

Do you have any questions? Do I have your permission to continue?

Yes.....1

No.....2 **[Thank the respondent and leave]**

(1) INSTITUTIONAL INFORMATION

- How long has your Organisation/institution been operating in this area?
- What motivated your Organisation/institution to work in this area?
- What are priority areas for your Organisation/institution in this area?

(2) ACCESS TO HEALTHCARE SERVICES

- What is your view regarding the community members' access to healthcare? (*Probe on distance, cost, road network, etc*).
- Where do people in this area get medical care? (*Probe on public hospitals, private clinics, traditional healers, self medication, etc*).
- What is your view on government health facilities in this area? (*Probe on whether the service they offer is up to the community satisfaction, attitude of health providers, waiting time and availability of drugs, etc*).
- If community members in this area are not satisfied with services at public health facilities, whom do they report to? (*Probe on the responsiveness of service providers, level of demand for services by community members, budgeting processes, etc*).
- How are community members involved in ensuring access to healthcare services in this community? (*Budgeting, mobilization, sensitization, financing, planning and monitoring and evaluation, etc*).
- Do community members have access to subsidized healthcare services? (*Probe on health insurance services, NHIF and government subsidies, waivers/vouchers, etc*).
- In your opinion, what should be done to improve access to healthcare services by all members of this community?

(3) ACCESS TO EDUCATION

- What is your view regarding access to education in this area? *(Probe on distance, cost, road network, etc).*
- In your own opinion, what is the attitude of community members towards schools in this area? *(Probe on private schools, public schools, etc).*
- Since the introduction of FPE what is your view regarding the quality of government schools? *(Probe on teachers pupil ratio, performance in national exams, resources, class rooms, textbooks etc).*
- What are the feedback channels between education providers and community members in this area? *(Probe on the responsiveness of the service providers, the capacity of community to demand on services, on PTA, BoD, Annual general meetings, budgeting processes, financing monitoring and evaluation, etc).*
- What are some of the challenges that hinder community members from accessing education? *(Probe on corruption, cost, distance of schools, traditional beliefs).*
- In your opinion, how could these challenges be resolved to improve access to education in this community?

(4) ACCESS TO WATER

- What are the main sources of water available to the members of this community for domestic use? *(Probe on distance, reliability, safety of water and cost etc).*
- What is the level of awareness of the community members regarding their rights of access to safe and reliable water in this community? *(Probe on awareness of service charter, community committee, capacity of citizens to demand for water services; responsiveness of service providers).*
- How is this community empowered to voice its concerns through feedback channels with water service providers? *(Probe on regular meeting with service providers, use of suggestion box, water committee representatives, use of media etc).*
- What challenges do people in this community face in terms of access to safe water for domestic use? *(Probe on cost, distance and time spent on waiting, how and who should address these challenges).*

(5) ACCESS TO GOVERNANCE

- In your view, what is the level of awareness of the citizens in this community about their civic rights? Whose responsibility is it to inform citizens about their rights?
- What are the main challenges citizens face when claiming their rights? *(Probe on complex process, corruption, intimidation, ignorance, etc).*
- What is your view regarding community members trust in government and state institutions to protect their civic rights? *(Probe on members of parliament, local councillors, administrative leaders, etc).*
- What is the level of political participation at the local level in this community? *(Probe on voting, participation on public forums, interaction with the political leaders, etc).*
- What are some of the means or channels that people in this community use to provide feedback to government and state institutions? *(Probe on effectiveness, efficiency, priorities, responsiveness, etc).*
- What is your opinion on the capacity of women and men to influence decisions taken by government and state institutions in this community?

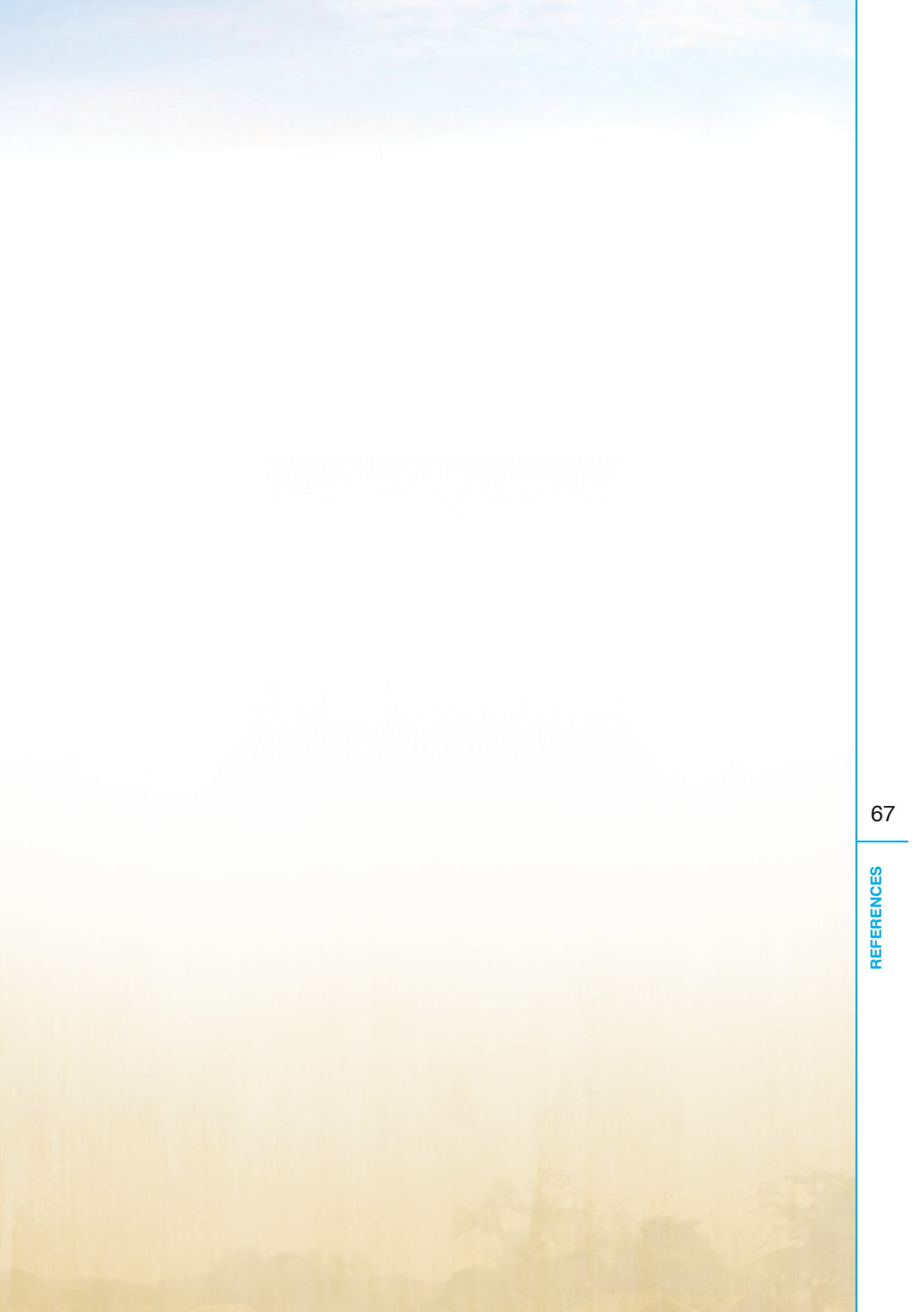
(6) ACCESS TO JUSTICE

- Generally what is your opinion on access to justice by people in this community? *(Probe on trust, dependency of the system, equity and fairness, time taken to handle cases, etc).*
- What other means do people in this community use to access to justice outside the judicial system? *(Probe on traditional leaders, religious leaders, paralegals, etc).*
- What are some of the reasons why people would prefer to use alternative means of seeking justice? *(Probe on accessibility, reliability, efficiency, etc).*
- What challenges do people in this area face when seeking access to justice? *(Probe on corruption, complexity of the process, affordability of the process, etc).*

(7) ACCESS TO INFRASTRUCTURE

- What are the various types of roads available for community members in this area? *(Probe on tarmac roads, footpaths, murrum roads, etc).*
- Generally, how would you describe the quality of roads in this community? *(Probe on maintenance roads, bridges, etc).*
- Over the last 6 months, what changes have you seen in the construction of new roads in this community? *(Probe on the quality of construction, who was involved in the construction of the road, who funded the road construction, etc).*
- How are the community members involved in the development of infrastructure in this area? *(Probe on labour, road committees, budgeting of roads, etc).*

[Note that the interviewer is encouraged to follow specific informative issues in detail during a discussion. For example: if the respondent has experienced negative treatment at a health facility, it would be important to discuss her/his experiences in detail rather than address more general issues.]







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