



Ministry of Health

**TRANSFORMING
HEALTH SYSTEMS FOR
UNIVERSAL CARE
(THS-UC)**

**Vulnerable and Marginalized
Groups Plan**

November, 2020

Transforming Health Systems for Universal Care, Vulnerable and Marginalised Group Plans 2020-2021

EXECUTIVE SUMMARY

1.1 Project background

The GoK Kenya, through financial assistance from the World Bank is implementing the project: Transforming Health System for Universal Health Care (THS-UC) in all 47 counties in the country¹. The project aim is “to improve utilization and quality of primary health care services with a focus on reproductive, maternal, newborn, child, and adolescent health services. The key beneficiaries are women of reproductive age (WRA), adolescents and children under five who utilize PHC services most. The key result (outcome) indicators are: (a) Children younger than one year who were fully immunized (percentage); (b) Pregnant women attending at least four Ante Natal Clinic (ANC) visits (percentage); (c) Births attended by skilled health personnel (percentage); (d) Women between the ages of 15-49 years currently using a modern Family Planning (FP) method (percentage); and (e) Inspected facilities meeting safety standards (percentage). Subject to meeting eligibility criteria, a county receives an annual performance allocation based on improved results in the key result indicators. The project triggers the World Bank policy on indigenous people (OP/BP 4.10) but does not trigger OP/BP 4.12 on involuntary resettlement as no resettlement is envisioned.

1.2 World Bank’s Operational Policy 4.10 on Indigenous Peoples

This project triggered the World Bank’s Operational Policy 4.10 on Indigenous People, also known as Vulnerable and Marginalised Groups (VMGs), and carried out a Vulnerable and Marginalised Groups Framework and a Social Assessment to identify VMGs as per the OP4.10 criteria and guide the preparation of the Vulnerable and Marginalised Group Plans (VMGP). The policy aims to ensure World Bank funded project meets six objectives: First, to foster full respect of human rights, dignity, aspirations, identity, culture and natural resources-based livelihoods of Indigenous People. Second, to either avoid, or minimize, or mitigate and/or compensate for such impacts. Third, to promote benefits and opportunities to indigenous peoples in an accessible, culturally appropriate and inclusive manner. Fourth, to improve design and promote local support of project by indigenous peoples through meaningful consultations throughout the life cycle of a project. Fifth, ensure free, prior and informed consultations leading to broad community support for the project to development practices that might influence their traditional practices. Sixth, to recognize, respect and preserve the culture, knowledge, and practices of indigenous peoples, and provide them with an opportunity to adapt to changing conditions in a manner and in a timeframe acceptable to them.

1.3 Implications for THS-UC Project

Counties were to consider the identified priorities of VMGs in their county annual work plans, however by 2019, it was unclear how much counties had budgeted and implemented in VMG areas, thus it was decided to prepare a standalone VMGP, ensuring that at least 5% of a county’s annual performance allocation from THS would be spent on VMG priorities identified in the

¹ <http://documents1.worldbank.org/curated/en/215261467995371106/pdf/PAD1694-PAD-152394-IDA-R2016-0122-1-Box396259B-OUO-9.pdf>

VMGP for 2020/21. In addition, in the 2018 batch of nurse trainees VMG applicants were prioritized in order to encourage coverage of VMG areas and promote accessibility of other health services to VMGs. A workshop was held in January 2020, with the THS and VMG focal points for the project and it was agreed that as VMG priorities may have changed since 2016 when the project was prepared or been met by other funding sources, thus further consultations with the VMG representatives was necessary to check their priorities. Due to COVID-19 restrictions, community meetings were not possible, so virtual consultations were carried out with VMG representatives to check or adjust priorities which formed the basis of the VMGP for 2020/21. Thus the VMGPs outlined in this report provided information about key activities carried out under the project so far, and any initial priorities that were covered using other resources as well as new priorities and the plan for 2020/21.

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN , 2020 -2021

County: Baringo

VMG: Ilchamus

Population 7.5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Ilchamus suffer various forms of marginalization. The community occupy geographically remote areas often experiencing armed insecurity challenges from the neighbouring Pokot Community. Coupled within firm traditional practices that encourage female genital mutilation as well as breakdown of some of the norms that regulate adolescent behaviour, the community is facing numerous challenges. They are majorly pastoralist with small scale farming. Culturally men are the decision makers in the community. Lake Baringo and Bogoria are their water sources.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|--|---|
| 1. 4th ANC visits increased from 25% to 30% among Ilchamus by 2021 | 3 health facilities equipped with vaccine storage equipment over the period 2018/2019 Equip health facilities with lab equipment [kokwa'ilngarua, kampi samaki] 3 lab technologist deployed in three facilities by 2019/2020 | Procure the vaccine storage equipment Procure lab equipment Employ lab technologists | Avail 3 vaccine storage equipment 3 microscopes 3 lab technologist | Done- County Government |
| | | Distribute the vaccine storage equipment | Fuel | Ongoing County Government |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|---|--|--|---|
| | | Train 30 staff on handling of vaccine equipment | Venue, Stationeries, 2facilitators allowance, Refreshments | THS-2018 |
| | 12 ANC outreach conducted around 6 facilities per year | conduct the outreach Sensitize health facility management committee on ANC | Fuel, Driver, 3 mobilizers, Vaccines, Reporting tools, H/F management committee, 3 CHNs, Lunch allowance | Ongoing-Partner Afya Uzazi |
| 2. skilled delivery increased from 25 to 30% by 2021 | 2 community unit (80 volunteers) sensitized on 4 ANC per year | organize the sensitization meeting | Hall hire, Public address, Stationeries Lunch allowance, 1 Focal person, 4CHWs | Not yet done |
| | 40 TBAs to be sensitized on 4ANC visits by 2018/2019 | Organize sensitization meetings | Hall , Fuel, driver, TBAs, 2Facilitators, Lunch allowance | Not yet done |
| | 5142 WCBA sensitized on skilled delivery by quarterly | Organize community dialogue sessions | Hall[venue], CHWs, CHVs, CHCs, Local leaders, Stationeries, Fuel, Lunch allowances | Not yet done |
| | 40 TBAs sensitized on skilled delivery twice per year 5 best performing TBA incentivized | Organize a sensitization meetings Appraise and award of TBAs | Hall, Fuel, 3 facilitators, Lunch allowance 5 awards | Not yet done |
| | 2 CU of 80 CHVs sensitized on skilled delivery per year | Organized sensitization meetings | Hall, Fuel, 4 facilitators, Lunch allowance, Stationeries, 80 identificationshirts[motivation] | Not yet done |
| | Supply 3 health facilities with the delivery sets and delivery beds | Procure delivery sets and delivery beds, distribute | 3 delivery sets and 3 delivery beds fuel | County government |
| 3. Fully immunized children increased by | 6 CHN deployed by 2019/2020 | Identify students from locals to receive scholarship[WB] | 6 scholarship per year , Airtime Conduct persons | Done |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|---|--|---|---|
| 10%[55%-65%] by 2021 | 5142 WCBA sensitized on fully immunization | Procure vaccine storage equipments Distribute fridges | Fuel, driver, 3 fridges purchased | Done-County Government |
| | 2 CUs sensitized on fully immunization | Conduct sensitization meetings on immunization | Hall[venue], 4 facilitators, Fuel, driver, Lunch allowance, Stationeries, Public address | Done-Partner Afya uzazi |
| | 12 outreaches conducted Per annum | Organize outreaches. Conduct community mobilization on out reaches | Fuel, Service providers, CHVs, Lunch allowance, Vaccines, Reporting tools, Publicaddress | Ongoing |
| 4 .Family planning uptake increased by 10% by 2021 | 5142 WCBA sensitized on contraceptive per year | Organize sensitization meetings | CHVs, Local leaders, FHMCs, Refreshments, Fuel, driver, Focal person, Public address | Not yet |
| | 6 secondary schools 10 primary schools sensitized on youth friendly services | Organize health education forums | Fuel, driver, CHWs, Lunch allowance, stationaries | Not yet done |
| | 2 Health facilities with integrated youth friendly services [kampi samaki, ilng'arua] | Provide integrated youth friendly services | Brochures, 2 tables, 2 chairs, bench cupboards | Not yet done |
| | 6 staffs trained on provisionof youth friendly services | Conduct training on youth friendly services | 2 facilitators, Training manual, Stationeries, Hall[venue] | Not yet done |
| 5. To reduce FGM cases by 80% by 2021 | 4 sensitization on FGM[salabanilocation, kwokwa island, ilng'arua and sirata,] | Conduct sensitization meetings. Forming of anti FGM champions | 4 Facilitators, Local leaders, Hall, Lunch allowance, refreshments, Fuel, Visual aids[projector for VMG activities, whitecurtain] | Not yet done |
| 6.Reduce underweight cases from x to y by 2021 | 2 CU sensitization on underweight | Conduct sensitization meetings child nutrition | 2nutritionists, Fuel, Lunch allowance, Stationeries, CHVs | Not yet done |
| | Community dialogue days on child nutritional twice a year | Conduct dialogue days | 2nutritionists, Fuel, Lunch allowance, Stationeries, CHVs | Ongoing |
| | 600kgs of food supplements suppliedto 2 Health facilities | Provision of food supplementation | 600kgs plumpy pinuts, Fuel, Unimix, F75 and F100 | Not yet done |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|-----------------------------------|--|---|
| | 3 health facilities equipped with anthropometric equipment | Procure weighing machines, MUAC | 3 Weighing machines, 3 MUAC tapes, 3 Height boards | Not yet done |
| 7. Water safety and sanitation coverage increasing from 4%-9% by 2021 | 2 CU of 80 CHVs sensitized on CLTS twice a year. | Conduct sensitization meetings | Hall, Fuel, Driver, 4 facilitators, CHVs, Lunch allowance, Stationeries | Ongoing-Partner Afya uzazi |
| | 6 CLTS outreaches conducted twice per year | Conduct outreaches services | Fuel, Driver CHVs, CHCs, CHWs, 2 Local leaders, Lunch allowance | Not yet done |
| | 6 support groups of 20 people establish and link to NGOs for support of IGAs | Form support groups and link them | 2 contact persons, CHWs, 2 Local leaders, Lunch allowance | Not yet done |
| 8. Monitoring and evaluation | Twice review meetings held 2 Days | Data review meetings | Focal County Director persons, Contact persons, SCHSC, SCPHO, Ward PHOS Hall, Fuel, Driver, Transport, Accommodation, Conference Package | Not yet done |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------------------|--|--|------------------------------------|--|---|
| 16/7/2020 and 6/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Margaret Lorabi | Need Ambulance, Water tanks for Neisori, Longewaan, eldume. Equipping and staffing of facilities newly constructed.. Sirata, Mugutani, Loropil, Salabani..including |

| | | | | | |
|-----------|--|--|------------------------------------|-------------|---|
| | | | | | deliverybedsand fridges Employment |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Jacob Leiro | Outreaches in lingarua (Sintaan, Lotilu, Sirata dispensary). Water tanks in the dispensaries. Sensitisation of health facility committees |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Planned integrated monthly outreaches at Longeiwan link facility Eldume disp

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Training of health workers on Cold chain operational
- Emonc and LARC training done

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

NOTHING SO FAR

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|--|-----------------------|----------------------------------|----------|---|
| 1 Johnes Lengusurusanga 2.Regina Sangingo 3 Lendapana Filex 4.Daudi Lenakure 5 Monicah Sululia | Baringo South | Enrolled community health nurses | yes | 4 employed by County except |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Formation of CUs in VMG community
- Incentive to the CHVs to advocate healthy facility utilization
- Sensitisation of health facility committees
- Integrated outreaches

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procure Water tanks to 7 health facilities in VMG Ilchamus community Kokwa disp,Kampi samaki,Kiserian,Sandai,Eldume,ILgarua,Sirata | 1,297,100 | | |
| To carry out integrated out reaches on RMNCAH services at Longeiwan link facility Eldume in Ilchamus ward.6 officers lunches@1000x1 site per monthx12monthsx1facility=72000, 1 driver lunches@750x 1dayx1 site per monthx12 months=9000, 2CHVs to mobilize clients, lunches@750x1 day x 1 site month x 12 months=18000, Fuel 30litres@100 per litrex1 facility x1 site per monthx12 months=36000 | 135,000 | | |
| Sensitization of 80 CORPS and CHVs participants from Makutani ward and 80 participants from Ilchamus ward on demand creation of health services. Lunch 750x160pax=120,000. Transport 1000x160x1=160,000. Facilitators 7000x4x4=112,000 | 392,000 | | |
| TOTALS | 1,824,100 | 88,000,000 | 2.1% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

Yes it will done through their local community leaders and public barazas and CORPs and CHVs will be sensitized on GRM, the VMGs will be sensitized on GRM during outreaches, Procurement and distribution of complain register books to all the links facilities, Appointment of Grievance focal person at county level and at health facility to register and refer complaints.

Prepared by VMG focal point: Name: Ezekiel Kimeto Position: VMG focal point Date: 14th October 2020

Consulted: Representative of VMG community Name: Margaret Lorabiand Jacob Leiro Ilchamus representatives Date: 16th July 2020

Checked and verified by: Name: Margaret Gitau Position: PMT social safeguards officer Date: 14th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Baringo

VMG: Endorois

Population 12%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Endorois is among the socially, economically and politically marginalized groups in Baringo. They have been struggling to regain tenure rights to their ancestral land. They have a dismal representation in the national and county political structures as well as in decision-making processes. They live in an area that is poorly developed in terms of socio-economic dimensions. The health facility is located in Marigat which is about 30 kilometres away and poses a challenge for women to access skilled delivery services, hence the community resorts to use of traditional birth attendants. Coupled with traditional practices that encourage female genital circumcision the maternal, child and adolescent primary health care services are seriously challenged. The Endorois are served by two health facilities: Kapkuikui and Nyimbei dispensaries.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activities | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|---|---------------------------------------|--------------------------------------|---|
| 1. 4th ANC visits increased from 25% to 30% among Endorois by 2021 | 2 health facilities equipped with vaccine storage equipment over the period 2018/2019 | Procure the vaccine storage equipment | Avail 2 vaccine storage equipment | Done by County government |
| | Equip health facilities with lab equipment [Kapkuikui, Nyimbei] | Procure lab equipment | 2 microscopes 2 lab technologists | Not done |
| | 2 lab technologists deployed in three facilities by 2019/2020 | Employ lab technologists | | |
| | | Distribute the vaccine storage | Fuel | Done |

| Objective | Output | Activities | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|--|--|---|
| | | equipment | | |
| | | Train staff on handling of vaccine equipment | Venue, Stationeries, 2facilitators allowance, Refreshments | Done THS |
| | 12 ANC outreach conducted around 6 facilities per year | conduct the outreach Sensitize health facility management committee on ANC | Fuel, Driver, 3 mobilizers, Vaccines, Reporting tools, H/F management committee, 3 CHNs, Lunch allowance | Done by Afya Uzazi and THS |
| | 1 community unit (40 volunteers) sensitized on 4 th ANC per year | organize the sensitization meeting | Hall hire, Public address, Stationeries, Lunch allowance, 1 Focal person, 4CHWs | Not done |
| | 40 TBAs to be sensitized on 4ANC visits by 2018/2019 | Organize sensitization meetings | Hall , Fuel, driver, TBAs, 2Facilitators, Lunch allowance | Not done |
| 2. skilled delivery increased from 25 to 30% by 2021 | 4123 WCBA sensitized on skilled delivery by quarterly | Organize community dialogue sessions | Hall[venue], CHWs, CHVs, CHCs, Local leaders, Stationeries, Fuel, Lunch allowances | Not done |
| | 40 TBAs sensitized on skilled delivery twice per year 5 best performing TBA incentivized | Organize a sensitization meeting Appraise and award of TBAs | Hall, Fuel 3 facilitators, Lunch allowance 5 awards | Not done |
| | 1 CU of 40 CHVs sensitized on skilled delivery per year | Organized sensitization meetings | Hall, Fuel, 2 facilitators, Lunch allowance, Stationeries, 40 identification shirts[motivation] | Not done |
| | Supply 1 health facilities with the delivery set and delivery bed[Kapkuikui] | Procure delivery set and delivery bed distribute | 1 delivery set and 1 delivery bed, fuel | Not done |
| | 6 CHN deployed by 2019/2020 | Identify students from locals to receive scholarship [WB] | 6 scholarships per year; Airtime Conduct persons | 2 employed By BCG |
| 3. Fully immunized children increased by 10%[55%-65%] by 2021 | 4123WCBA sensitized on fully immunization [Nyimbei, Kapkuikui] | Procure vaccine storage equipment Distribute fridges | Fuel, driver, 2 fridges purchased | Done by county government |
| | 1 CUs sensitized on fully immunization | Conduct sensitization meetings on immunization | Hall[venue], 2facilitators, Fuel, driver, Lunch allowance, Stationeries, Public address | Not done |
| | 12 outreaches conducted Per annum | Organize outreaches Conduct community mobilization on out reaches | Fuel, Service providers CHVs, Lunch allowance, Vaccines, Reporting tools, Public address | done by afya uzazi and THS |
| 4. Family planning | 4123 WCBA sensitized on contraceptive per year | Organize sensitization meetings | CHVs,Local leaders, FHMCs, Refreshments, Fuel, | Not done |

| Objective | Output | Activities | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|---|---|
| uptake increased by 5%[16%-21%] by 2021 | | | driver, Focal person, Public address | |
| | 2 secondary schools 10 primary schools sensitized on youth friendly services | Organize health education forums | Fuel, drivers, CHWs, Lunch allowance, stationaries | Not done due to insecurity |
| | 2 Health facilities with integrated youth friendly services [loboi,sandai] | Provide integrated youth friendly services | Brochures,2 tables,2 chairs, bench, cupboards | Not done |
| | 6 staffs trained on provision of youth friendly services | Conduct training on youth friendly services | 2 facilitators, Training manual, Stationeries, Hall[venue] | Not done |
| 5. To reduce FGM cases by 80% by 2021 | 4 sensitization on FGM[kapkuikui,loboi,sandai,nyimbei] | Conduct sensitization meetings Forming of anti FGM champions | 4 Facilitators, Local leaders, Hall, Lunch allowance, refreshments, Fuel, Visual aids [projector for VMG activities, white curtain] | Not done |
| 6. Reduce malnutrition cases from 9% to 8% by 2021 | 1 CU sensitization on malnutrition | Conduct sensitization meetings child nutrition | 1nutritionists, Fuel, Lunch allowance, Stationeries, CHVs | Not done |
| | Community dialogue days on child nutritional twice a year | Conduct dialogue days | 1nutritionists, Fuel, Lunch allowance, Stationeries, CHVs | Not done |
| | 600kgs of food supplements supplied to 2 Health facilities | Provision of food supplementation | 600kgs plumpy nuts, Fuel, Unimix, F75 and F100 | Not done |
| | 3 health facilities equipped with anthropometric equipments[nyimbei,sandai,kapkuikui] | Procure weighing machines, MUAC | 3 Weighing machines, 3 MUAC tapes, 3Height boards | Not done |
| 7. Water safety and sanitation coverage increasing from 4%-9% by 2021 | 1 CU of 40 CHVs sensitized on CLTS twice a year. | Conduct sensitization meetings | Hall, Fuel, Driver, 2 facilitators, CHVs, Lunch allowance, Stationeries | Not done |
| | 6CLTS outreaches conducted twice per year | Conduct outreaches services | Fuel, Driver, CHVs, CHCs, CHWs, 2Local leaders, Lunch allowance | Not done |
| | 6 support groups of 20 people establish and link to NGOs for support of IGAs | Form support groups and link them | 2 contact persons, CHWs, 2 Local leaders, Lunch allowance | Not done |
| 8. Monitoring and evaluation | Twice review meetings held 2 Days | Data review meetings | Focal County Director persons Contact persons SCHSC SCPHO Ward PHOS Hall Fuel, Driver, Transport, Accommodation, Conference Package | Not done |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|---|------------------------------------|--|---|
| 16/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Festus Korir | Had a meeting with the county and agreed on the listed priorities for 2020 2021 |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Monthly integrated outreaches; At Poi link facility Lobo dispensary and Chemutung link facility Molok dispensary

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Training of health workers on Cold chain operational
Emonc and LARC training done

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|----------------------|---------------------------------|---|
| Purchase and installation of 10,000 water tanks and gutters to 29 health facilities which includes the following health facilities to ensure the deliver rooms and maternity blocks have continuous water supply. Kasitet, Kiboino, Tilingwa, Kabuyany, Ngoron, Plesian, Chesirimion, Loruk, Waseges, Ngendalelel, Emsos, Chemoinoi, Majimoto, Molos, Kipcherere, Koroto, Kapkombe, kaptum, kapluk, Nnyimbei, Sinonin, Tugu moi, Seguton, Illingarua, Lobo, oldebes, kipsogon, Cheplambus and kabimoi health facilities | 4,640,000 | 34,000,000 | 0% Budgeted but not implemented due to lack of funding |

| | | | |
|---|-----------|------------|--|
| 29 Water Tanks @ 85,000 = 2,465,000, 29 gutters @5000 per facility = 145,000 , 29 Facilities Plumbing works @5000 =145,000 , 29 Facilities Labour cost @20,000 = 580,000 , 29 H/F Cement @30,000 per facility =870,000 29 H/F painting@15000 per facility =435,000 | | | |
| Connection of electricity to 12 health facilities serving Vulnerable and marginalized groups to scale up immunization coverage by enabling this health facility to use electric cold chain equipment for immunization. This health facilities include: Sirata,Eldume,Olkwokwe,Waseges, Emsos,Kamar ,Kimose,Chemoinoi, Kapkuikui, Sandai,Nyimbei and illngarua dispensaries Wiring@30,000 per facilityx12=360,000 Provision of meter box@ 5000per facilityx12=60,000, Cable wire@15000 per facilityx12 =180000, Connection feex12=240,000, Lightening arresters@5000 per facilityx12=60,000 Labour@25000 per health facilityx12=300000 | 1,200,000 | 34,000,000 | 0% Activity not implemented as no funds allocated |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct advocacy and sensitization meeting of leaders from minority communities , Endorois, Illchamus and Nubians on utilization of health services to improve health seeking behavior to 36 community leaders 12 from each community. 39 Pax that is 36 participants and 3 external facilitators conference package @ 2,500 x 3 days = 292,500, 36 Pax Transport reimbursement @ 1,500 = 54,000, 3 facilitators' DSA for @ 8,400 x 3 = 75,600, Transport reimbursement for external facilitators 3 x 3000 = 9000, 36 Pax Bed and breakfast @ 3,000 x 3 days = 324,000, 36 Pax Dinner for participants @ 1,500 x 3 = 162,000 | 917,100 | 23,252,236 | 3.9% |

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------------------|------------------------------|----------------------------------|-----------------|--|
| 1 Beatrice Lengusuranga | Mogotio | Enrolled community health nurses | yes | Yes by County |

9. Action plan/recommendations for this community for next AWP(activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Formation of CUs in VMG community
- Incentive to the CHVs to advocate healthy facility utilization
- Electrification to all healthy facilities in VMGs areas

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procure an Ambulance -Stationed Nyimbeidispensary | 11,000,000 | | |
| Procure water tanks ;Nyimbeidisp Kasiel disp,Kapkukui disp Waseges disp Maji Moto disp Lobo disp,Molos disp and Emsos dispensary plus accessories and installation | 1,482,400 | | |
| One integrated outreach will be done at Poi link facility Lobo disp in Marigat ward Baringo South subcounty and one at Chemutung link facility molok disp in Eminingward Mogotiosubcounty, 6 officers lunches@1000x 2 sites x per monthx12 months=144,000, 2 driverslunches@750x 2 sites per monthx12 months=36000, 2 CHVs lunches@750x1 day 2 sites per monthx12=36000, Fuel 30 litres@100x 2 sites per month x12 months=144,000=72,000 Total 288,000 | 288,000 | | |
| Sensitization of CORPs and CHVS health facility utilization ,In Endorois 160 participants from Marigat, ,Mochongoi and Emining ward on demand creation .Lunches @ 750x160 pax1day=120,000Transport reimbursement@1000x160pax=160,000, Facilitators DSA @ 7000x 4 officers x 4 group meetings=112,000 | 392,000 | | |
| TOTAL % | 13,009,400 | 88,000,000 | 14.8% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

Yes, the Local leaders are key in sensitizing the community on GRM. Additionally, the following measures will be put into place:

1. CORPs and CHVS will be sensitized on GRM

2. All facilities have suggestion boxes and appropriate service charters.
3. The VMGs will be sensitized on GRM during outreaches.
4. Procurement and distribution of complain register books to all the links facilities
5. Appointment of Grievance focal person at county level and at health facility to register and refer complaints
6. Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Ezekiel Kimeto

Position: VMG focal point

Date: 11th August 2020

Consulted representative of VMG community:

Name: Festus Korir

Position: Endorois representative

Date: 16th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 10th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2018-2019 (SEE OP4.10, ANNEX B)

County: BUNGOMA

VMG: Ogiek, Mt. Elgon Forest

Population 3621 =0.2%

1. What is the legal and institutional framework applicable to these groups? (STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? Why marginalised, health status and barriers to improving health including cultural practices(copied from reference VMGP)

The Ogiek have historically been referred, in derogatory term, as “Itoroboni” meaning the poor without cattle to the Maasai. The community lives in isolated areas either within or at the fringes of the forests. These areas are poorly developed in terms of access to roads and health facilities in their localities suffer low staffing. The community is thus reliant on traditional health practices leading to low indicators and numerous primary health care concerns.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please highlight issues already addressed)

| Objective | Activity | Input | Activity Done, Not Done Or Ongoing. Source Of Funds |
|---|---|---|--|
| Increase utilization of modern FP uptake by 10% from 34% to 44% | Sensitization of the community on the importance of Modern FP Through Local media Monthly Focused FP Outreaches Distribution of FP Commodities Train 10 nurses on modern FP methods Procure IUCD insertion sets and IUCD removal sets | Weekly media talks for at least 6 months Lunches, Fuel Lunches, Fuel Printing of training materials Procure-Insertion Sets, IUCD Removal sets | Ongoing, THS, County government, Marie Stopes Kenya, KEMSA |

| | | | |
|---|--|---|---|
| Increase Skilled Birth attendance by 10% from 48 % to 58% | <p>Reorient 14 TBs into birth companions</p> <p>Renovate Labour ward rooms at (Kaboywa dispensary and Chepkitale dispensary)</p> <p>Procure delivery sets for chepkitale dispensary</p> <p>Procure 10 patient Beds for Chepkitale dispensary</p> <p>Procure Maternity examination beds for Chepkitale dispensary</p> <p>Procure instrument sterilizing drum (medium size)</p> <p>Procure mama/Toto packs</p> <p>Equip Kaboywa dispensary Kubura dispensary</p> | <p>Provide implementation status for these two activities</p> <p>2 delivery beds, 2 Examination Beds Wall painting, Floor Tiling, Hand Wash Sink repairs, Labour ward toilet repairs</p> <p>Procure 2 medium size sterilizing drums</p> <p>Procure 3000 Mama and Toto Packs</p> | On-going, county government and THS-UCP 2019 2020 |
| Increase the proportion of Women accessing at least 4 th ANC from 16% to 32% | <p>Sensitize the community on the importance of the 4 visits through local media</p> <p>Defaulter tracing for pregnant Women</p> <p>Procure Examination Couches for ANC Clinics Enhanced beyond zero clinics in hard to reach areas</p> <p>Re-sensitization of CHVs on RMNCAH</p> | <p>One session of health talk weekly for 5 months</p> <p>-Two mobile phones for calling the women and messaging-Airtime monthly</p> <p>-procure 2 Examination coaches</p> | Ongoing, County government, Save the children International |
| Increase % of children under one year who are fully immunized from 46% to 56% | <p>Carry out focused Immunization outreaches monthly</p> <p>Training of health care providers on vaccine forecasting</p> | <p>Lunches for 4 for HCW.</p> <p>Lunches for 4 CHV</p> <p>Lunches for 2 drivers</p> <p>Fuel</p> | Ongoing, THS, |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------|-------|--|--------------------|--|---------------------------|
|------|-------|--|--------------------|--|---------------------------|

| | | | | | |
|---------------|--|--|--|--|--|
| February 2020 | Laboot, Toboo | Facility level HCW | service provision(RMNCAH) Community dialogue with focus on improved health seeking behaviour on reproductive maternal and neonatal health | Women, men, CHVs and community leaders | Operationalize Chepkitale dispensary implement more outreaches |
| July 2020 | Laboot | MOH/CIPDP | Reproductive health service provision in the context of Covid-19 | CHVs, Community leaders | Provide more health education sessions on Covid-19 |
| 14/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, THS, social safeguards officer | Community priorities for 2020/2021 | Martin Simotwo | Labot dispensary- Equipping, renovations, outreaches, immunisation. Kopsiro Dispensary- renovations- Have gotten consensus with Bungoma team |

5. What outreach is planned for the future are there opportunities to review needs and implementation?

- Enhanced integrated outreaches
- Improved defaulter tracing for immunization
- Hold community dialogues
- Re-sensitization of CHVs and birth companions
- Use of local media houses to educate community on availability of health information and services

6. Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Provision of updates to health care providers on FANC and family planning
- Sensitization of CHVs and Birth companions on RMNCAH
- Instituting mechanisms of obtaining community feedback on services offered
- FANC and EMONC training and mentorship

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)_

2017/2018

| Activity targeting VMGs | KShs for the activity | Total AWP budget for the county | % budget spent on this group |
|---|------------------------------|--|-------------------------------------|
| Carry out monthly integrated outreaches targeting vulnerable and marginalized groups in mt. Elgon forest | 2,010,000 | 52,000,000 | 3.8% |

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Carry out 24 antenatal care outreaches in hard to reach areas of mt elgon sub county. (Chepkitale and Kaboywo facilities that cover VMGs) | 329,350 | 100,000,000 | 0.003% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Renovate Chepkitale dispensary in support of Vulnerable and Marginalized Group @3,000,000 Placenta pit , waiting bay, incinerator, painting tiling, plumbing | 4,000,000 | 141,024,525 | 2.8% |
| Equip Chepkitale dispensary in support of VMGs @1,000,000 10 patient beds ,1 delivery bed,3 examination couches ,15 outpatients benches 5 maternity delivery sets 2 height and weight weighing scales, baby weighing scales solar system installation | | 141,024,525 | 2.8% |

8. Were any health trainees sponsored by this project from this community?

| | NAME | SUB COUNTY | TRAINING COURSE | FINISHED | ARE THEY NOW EMPLOYED IN THEIR COMMUNITIES? |
|----|-------------------------|-------------------|------------------------|-----------------|--|
| 1. | Salome Chepchumba Maru | Mt.Elgon | KECHN | Yes | Employed by County Government |
| 2. | Irine Masai | Mt. Elgon | KECHN | Yes | Shortlisted for Interview But Didn't Turn Up |
| 3 | Leah Chelang'at Moiben | Mt.Elgon | KECHN | Yes | Employed by County Government |
| 4 | Isaac Kiprotich Kaitany | Mt.Elgon | KECHN | No | Still in college |
| 5 | Cherotich Laikong Nancy | Mt.Elgon | KECHN | No | Still in college |

| | | | | | |
|----|------------------------|----------|-------|----|------------------|
| 6 | Yonah Kiplimo Kipsisei | Mt.Elgon | KECHN | No | Still in college |
| 7 | Tirop Ndiema Simon | Mt.Elgon | KECHN | No | Still in college |
| 8 | Harrison Langat Moim | Mt.Elgon | KECHN | No | Still in college |
| 9 | Moses Kotii | Mt.Elgon | KECHN | No | Still in college |
| 10 | Mercy Chepkemei Ndiema | Mt.Elgon | KECHN | No | Still in college |
| 11 | Venah Chemtai Matonyi | Mt.Elgon | KECHN | No | Still in college |

9. Action plan/recommendations for this community for 2021/22 AWP:

- Enhanced integrated outreaches
- Improve defaulter tracing for immunization
- Hold community dialogues
- Renovation and equipping maternity wards at Kopsiro health centre
- Renovation and equipping of Toboo and Labot dispensaries
- Equipping of Chepkitale dispensary
- Training of CHVs on community RMNCAH
- Facilitate CHVs to carry out community case management and FP
- Re-sensitization of CHVs and birth companions on RMNCAH
- Use of local media houses to educate community on availability of health information and services for their consumption

2020/21

| Activity targeting VMGs | KSH. For the activity | Total AWP budget for the county | % budget spent on this group |
|--|------------------------------|--|-------------------------------------|
| Equipping of Kubura and Kaboywo Dispensary- Mt Elgon | 1,605,000 | | |
| Sensitise CHMT/SCHMTs on VMG and GRM | 195,000 | | |
| Conduct 8 Integrated outreaches for Toboo area targeting VMGs | 200,000 | | |
| Monthly Immunization outreaches to three sites(Tomoi, Tepeng'wo and Toboo) | 203,000 | | |
| TOTAL | 2,203,000 | 37,000,000 | 5.9% |

- 10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?**

- Feedback is through community leaders via the CHVs, CHEWs to the public health officers to the SCHMT
- GRM sensitization during community dialogue days
- GRM access is through suggestion box , GRM register in the facility and through facility management committee

Prepared by VMG Focal Person:

Name: Millie Kiplai

Position: VMG Focal Person

Date: 11th August 2020

Consulted representative of VMG community

Name: Michael Simotwo

Position: Sengwer Chairman

Date: 14/7/2020

Checked and verified by Social Safeguards Officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 11/9/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Elgeyo Marakwet

VMGs: Sengwer

Population: 23,293/465,868=0.5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Sengwer (also referred to as Cherangany, a nickname given to them by the Maasai) are hunter-gatherers, who live in the Trans-Nzoia, Elgeyo Marakwet and West Pokot counties in and around the Cherangany Hills. In a letter to the Constitution of Kenya Review Commission, the Sengwer outlined in detail the boundaries of their ancestral land, which covered most of the Cherangany hills and the lowland of the region. Majority of them live in the Cherangany Hill Catchment area. The published data of the 2009 census were approximately 10,000 in Elgeyo-Marakwet County. However, at the time of the foregoing census, the Sengwer themselves claimed to have been numbering between 40,000 (Tiampati 2002:63) and 60,000 (Kiptum 2001) members in the 3 counties. The oral history traces the history of the Sengwer back to a man called Sengwer, who is considered to be the mythical first inhabitant of the Cherangany hills. and were mostly involved in the barter trade of honey and dry meat for food crops and/or milk. As was the case with so many other ethnic minorities and indigenous peoples, the interests of the Sengwer were considered by the British to be served best if they were forced to assimilate with their dominant neighbours. As a consequence of the foregoing British colonial government decision, the traditional structure of the Sengwer was not recognised and integrated as an independent ethnic group in the system of Britain's indirect rule approach. Instead, for purposes of governance and administration, they were considered to be sub-structure of their neighbours. As their land in the plains of Trans Nzoia turned out to be the best area for agricultural production in Kenya, they were displaced entirely from there to make way for white farmers.

A minority stayed behind as farm workers, but the majority went up into the forests [including Embobut Forest] of the Cherangany Hills. When the Colonial Government started to protect the water-catchments and forests in the 1920s and 30s as forest reserves, they acknowledged the presence of the Sengwer in the Embobut Forest and provided them with all usufructuary rights for this area as well as the right to farm on the openings in the forest. They enjoyed these rights until the 1970s, when a new model of conservation recommended that all hunting should be prohibited and forests cleared of people. By 1980,

the pressures of population growth of forest dwelling communities in Kenya, among them the Sengwer, came against the government’s desire and efforts to control the forests. Since then, repeated eviction attempts have been carried and on 16 January 2018 herder Robert Kiroich, was shot and killed and David Kipkosgei Kiptilkesi was injured by Kenya Forest Service officers. Both men were unarmed and herding their cattle at the time.

After the eviction from the forest, the Sengwer were forced to seek refuge in poor land topography e.g. caves that are front to landslides. The terrain is very poor that no roads are able to pass through. This makes it impossible for women and children to seek health care in the available health facilities. Causes of the multiple primary health challenges facing the community are the following:

- Taboos and traditions
- Male dominants in the community
- Distance to health facilities and poor terrain
- Inadequate information on available RMNCAH issues
- Presence of male health care workers in the available facilities
- Insecurity issues i.e. cattle rustling

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|---------------------------------------|--------------------------------------|---|---|
| Skilled deliveries increased by 10% by year of 2018 (from 10% to 50% by end of 2021) | Maternity unit equipment by 2019/2021 | Procure assorted maternity equipment | Eight complete examination tray, 20 delivery sets. four Doppler machine four resuscitators four laundry machine four diesel generators admission packs for mothers non pharmaceutical supplies (buffer stock) | Done under County Development Funds |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|--|---|
| | Effective referral system & quality care by 2021/2022 | Procure 2 fully equipped ambulance Maintenance communication | 2 modern ambulance purchased (1 for Sengwer & 1 for Ogiek facilities maintenance services 4 mobile phones, airtime | Done under County Development Funds |
| | 11 Nurses employed on 3 year contract. | 11 nurses employed on contract terms | 11 nurses employed 1 for each facilities | Done under County Development Funds |
| | 240 CHVs sensitized MC H/FP nutritional indicators | sensitization of 240 CHVs done (for 9 facilities) | lunches transport curriculum photocopies facilitation, fuel | Done by World Vision Kenya |
| | 120 CHVs stipends for referrals | Provide incentives/stipends. | stipends printed T-shirts | Done under THS-UCP |
| | 60 TBAs sensitized on referrals and hospital | 1 sensitization for TBAs per year | lunches transport facilitation fuel | Done by Health Rights International |
| Objective 2 Family planning uptake increases by 10% by end of 2018 (from 18% up to 58% by end of 2021) | 11 health workers trained on ASRH by end of 2018/2019 | 11 health workers trained ASRH on job training. | lunches transport facilitation | Done by Health Rights International and World Vision |
| | 3526 WCBA sensitized on family planning services available per year. | train 120 CHVs on community family planning | Lunches, transport, stationery, facilitators (4) conference package | Done by Health Rights International |
| | 120 CHVs stipends for referrals made | 120 CHVs paid stipend for referrals of FP clients | stipends referrals received | Done under THS-UCP |
| | 4 FP clinics renovated and equipped | 4 FP clinics renovated & equipped | renovated rooms BP machines bought | Done by Health Rights International |
| | 1 integrated outreach per facility done per month | 12 integrated outreaches conducted per facility | lunches staff (6) CHVs (2), fuel | Done under THS-UCP |
| Objective 3 Fully immunized children | 1 integrated outreach conducted per facility per month | 12 integrated outreaches is conducted per facility per month (9 facilities) | lunches, staff (3), fuel, CHVs (2), airtime, transport | Done under THS-UCP |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|---|---|
| increases by 5% by end of 2018(from 58% to 78% by end of 2021) | Procurement of 9 phones for facilities for follow up | Procure 9 phones for follow up In 9 facilities | <ul style="list-style-type: none"> • 7 phones procured • airtime | Not done |
| | Fully immunized children graduated | T-shirts printed given to mothers brings their children for first measles | • 2160 printed T-shirts | Done by Health Rights International and World Vision |
| Objective 4 Fourth ANC visits increased by 12% by end of 2018(from 10% up to 58% by end of 2021. | 3526 WCBA sensitized on importance of completion of ANC visits | 12 integrated outreach conducted per facility in a year. | • 108 outreaches conducted in a year | Done by Health Rights International and World Vision |
| | 4 th ANC Completion reward | 2160 printed materials procured for mothers who complete 4ANC | • 2160 printed materials procured | Done by Health Rights International and World Vision |
| Objective 5 Children status improved (standing rate from 10% to 0% by end of 2021 | Baseline survey on underweight & stunted growth in children conducted | A baseline team of 5 people conducted baseline survey conducted | Transport, lunches, airtime stationery, facilitation | Done by Health Rights International and World Vision |
| | Children under 5 years dewormed | all children under 5 years dewormed during the survey | deworming drugs weighing scale food supplement | Done by Health Rights International and World Vision |
| | Health education on exclusive breast feeding for children below 6 months | All mothers well informed of importance of exclusive breast feeding | mothers children staff | Done by Health Rights International and World Vision |
| Objective 6 Water sanitation and hygiene coverage | -Baseline survey on sanitation coverage status | Conducting of baseline support in 9 villages survey conducted in 9 locations | <ul style="list-style-type: none"> • Trained personnel • fuel • facilitators | Done by SNV |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|---|---|
| by 10% from 12% to 62% by end of 2021 Hygiene and health promotion enhanced | is conducted 2018/2019 -Assembling of tools for the survey. -site visiting -Briefing & sensitizing meetings in the 9 location. -CHVs and opinion leaders sensitized twice in a year. -2,000 households sensitized on water RX and boiling -2,000 water guard bought for water RX. | 100 opinion leaders administration, CHVs Sensitized on water treatment and protection of water sources and use of latrines -2000 household sensitized on water treatment and boiling for domestic purpose. -2000 households supplied with water guard | baseline data survey • staff , CHVs • 3 staff stationeries • lunches 60 opinion leaders 10 administration chiefs 30 CHVs -2000 water guards procured | Done by SNV |
| Objective 7 Quality health services delivered by end of 2022 | Integrated monitoring unit team and support supervisor quality | Quality improvement and assurance team (8 members) health staff formed and VMG | Transport, lunches, facilitation, airtime, per diem | Done by SNV |
| | Infection prevention equipment procured for 9 facilities | -Procure equipment for the 9 facilities year. • colored bins, • colored liners, Procure hand washing equipments for 9 facilities. • | • procured 3 color pins per facility x 4 rooms, • procured liners for 9 facilities, procured 4 hand washing equipment for 9 facilities | Done by SNV |
| | | rubbish pits protected for all facilities | • Procured chainlinks for 9 facilities. | Done by SNV |
| | Incinerators build in 5 facilities | Tender for building incinerators issued | • 5 incinerators completed. | Done by SNV |
| Participatory monitoring and evaluation component on | All 9 facilities | Conduct quarterly support supervisions on the 9 facilities and community | • lunches transport • per diem • facilitation | Done by THS-UCP |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|---|--|--|---|
| improved delivery of services by end of 2021 | 4 indicators data review meetings held per year | Conduct quarterly indicator data review meetings | <ul style="list-style-type: none"> • conference package • transport Airtime, facilitation • stationeries | Done by THS-UCP |
| | Participatory monitoring sessions conducted quarterly | Procure 1 laptop Procure 1 desktop Procure 1 printer | <ul style="list-style-type: none"> • laptop • desktop • printer | Done by THS-UCP |

4. How will free, prior, and **informed** consultation be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|--------------|--|--|------------------------------------|--|---|
| 15 July 2020 | Telephone conversation with VMG representative who participated in 2018 VMGP preparation | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Elizabeth Jepkemoi | The community still interested in improving the RMNCAH indicators on ANC, fully immunised children and increase SBA |

5. **What outreach is planned for the future. Are there opportunities to review needs and implementation?**
- There are planned targeted outreaches using the Beyond Zero Mobile Clinic.
6. **Measures to enhance the capacity of the project implementing agencies (what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs)?**
- Training of health workers on cold chain operations, Emonc and LARC trainings

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2017/2018

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct integrated outreach targeting VMGs | 1,863,000 | 13,763,343 | 14% |

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct 122 monthly integrated outreaches by Level 2 and 3 facilities and will focus especially on hard to reach areas and Vulnerable and Marginalized Groups (Sengwer in Marakwet Sub Counties) | 4,000,000 | 30,000,000 | 13% |
| Provide performance-based incentives to 500 CHVs to accelerate referrals and follow up of MNCAH clients to improve 4 ANC visits, immunization and FP Uptake | 1,000,000 | 30,000,000 | 3% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Purchase 5 examination lamp for Mungwa dispensary, Tenderwa dispensary, Simotwo dispensary, Chebororwa H/C, Songeto dispensary to enhance provision of RMNCAH services | 50,000 | 26,311,572 | 0.2 |
| Purchase 2 Water bath for Chebiemit SCH, Kamwosor SCH. this is for blood grouping and cross match. This will assist in preparing for transfusion in case of bleeding and also for preparing the mothers for theatre if necessary | 140,000 | 26,311,572 | 0.5 |
| Purchase 30 HB meter for all 30-health centres. This will ensure that referrals are minimized for mothers in dispensaries to high level facilities requiring HB tests | 540,000 | 26,311,572 | 2.1 |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Purchase 2 bloodbank fridge for Chebiemit SCH, Kamwosor SCH. Fridge is meant to store blood so that in the event of an emergency the mother or baby can be transfused easily | 700,000 | 26,311,572 | 2.7 |
| Purchase 1 hematology analyser for Chebiemit SCH. This will improve patient care and quality of treatment by ensuring that management of RMNCAH conditions is done scientifically following the requisite tests being done | 1,500,000 | 26,311,572 | 5.7 |
| Purchase 2 electrolyte analyser for Chebiemit SCH, Kamwosor SCH. This will improve patient care and quality of treatment by ensuring that management of RMNCAH conditions is done scientifically following the requisite tests being done | 700,000 | 26,311,572 | 2.7 |
| Provide CHVs with performance-based incentives for referrals for SBD, ANC, Immunization and FP services; targeting 5500 referrals annually. CHVs to accelerate referrals and follow up of RMNCAH clients to improve 4 ANC visits, immunization and FP Uptake as follows: | 2,750,000 | 26,311,572 | 10.5 |
| Increase skilled delivery through purchase of 4,000 Mama packs @ 1,000. The kit will include (Pair of slippers, basin, baby soap, sanitary pad, lessso, diapers, tissue) | 4,000,000 | 26,311,572 | 15.2 |
| Conduct 50 targeted integrated outreaches targeting provision of RMNCAH health services (ANC, PNC, Immunization, Micro nutrient supplementation, FP, deworming and RMNCAH Health Education by officers at Level 2 and 3 facilities (Nurses, Clinical officers, Doctors, Public Health officers) and will focus especially on hard to reach areas and Vulnerable and Marginalized Groups (VMGs) across the county | 1,020,000 | 26,311,572 | 3.9 |
| Purchase 2 motorbikes for VMG targeted health facilities @ 330,000 this are to assist in outreaches, doing follow up and defaulter tracing for mothers and children who miss clinic visits. For (Mungwo Dispensary, Kapterit Dispensary) | 660,000 | 26,311,572 | 2.5 |
| TOTAL | 12,060,000 | 26,311,572 | 46% |

8. Were any health trainees sponsored by this project from the Sengwer?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|---------------|---------------------------------|----------------------------------|---------------------------------|--|
| 26 | Marakwet West and Marakwet East | Enrolled community health nurses | 9 Finished and 17 still ongoing | 13 ECNs were employed this year for a 3 year contract. 17 still undergoing training. |

9. Action plan/recommendations for this community for next AWP (activities from reference VMG to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Skilled delivery increased by an average of 10% in all facilities serving the VMGs.
- Family planning uptake to increase by 10% in all facilities serving the Sengwer and Ogiek will benefit from this activity to improve on indicators of family planning.
- Fully immunized children to increase by 10% all facilities serving the VMGs to improve by giving incentives for every family planning given within 6 weeks postnatally.
- 4th ANC visit service to increase by 10% in all facilities serving the VMGs.
- All facility in charges to be sensitized on GRM registers and CHVS sensitized on the same.
- Community sensitization will be done grievance redress mechanisms in place for them.

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| To increase 4th ANC visits in all facilities serving the VMGS by purchasing 5200 branded lessos and shukas to be issued to our ANC mothers as incentives for completing :4th ANC visits – 1,300;FP at 6 weeks – 1,300;Fully Immunized– 1,300;Facility Delivery– 1,300 5200@320=1,743,040 | 1,743,040 | 32,155,215 | 5.4% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- There is an existing Complaints Handling Structure within the county with a functional Complaints handling committee with representatives in all Departments. The County also has a dedicated complaint and complements handling hotline number.
- The Department has printed and cascaded Complaint Handling Registers and procedures to all Health Facilities.
- All facilities have suggestion boxes and appropriate service charters.
- Major facilities have a designated officer to handle complaints.
- Posters of the dedicated complaints and complements handling hotline number are placed in all public places.
- The County has a commitment under the Open Governance Partnership program to make streamline complaints handling procedures and submit quarterly reports to the Commission on Administrative Justice (CAJ)

- The county has established Ward Development Committees that have representation among VMGs and which guide the community in prioritization of projects and programs implemented within their respective communities. The county further conducts public participation with representation from communities and marginalized groups represented during the sessions
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Lydia Chemno **Position:VMG Focal Point** **Date: 11/8/2020**

Consulted representative of VMG community:

Name: Elizabeth Jepkemoi **Position: VMG Representative** **Date: 15/7/2020**

Checked and verified by social safeguards officer:

Name: Margaret Gitau **Position: PMT Social Safeguards Officer** **Date: 4/9/2020**

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020- 2021 (OP4.10, ANNEX B)

County: Garissa

VMG: Munyoyaya
Malakote/Waliwana

Population: less than 1%
Population: 9,100/870,000=1%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Munyoyaya are dominated by Somali community in Garissa county. Administratively at ward level, the community is represented by the dominant communities and they occupy almost all wards of the county in a sporadic manner and viewed as culturally inferior. It is served by five public health facilities. The PHC indicators are quite dismal in performance e.g. 4th ANC visit 15.9%, Deliveries by SBA is 23.8%, Fully immunized is 45.7%, FP uptake is 68.7%, Underweight is 2.3%, Stunting is 0.6%, Wasting is 0.6%, water sanitation is zero and Latrine coverage is zero.

Munyoyaya are nomadic pastoralists and farmers with occasional seasonal movements. The nomadic practices, although ensuring continued access to water and food, disadvantages them from accessing quality and improved primary health care services. Migration makes the vulnerable groups, such as mothers, children and youth to move away from health facilities.

The Malakote (Waliwana) community mainly live in Tana River county, but now also in Ifin, Bouralagy. Self-identification as Malakote or Waliwana. Identification by others: Malakote are referred to as Munya by the Somali's. Village elders composed of six members moderate and mitigate conflict. Distinct language that is spoken by most community members. A former hunter gatherer community, County along Tana River where they rely on subsistence farming, fishing, bee keeping and charcoal burning for livelihood. The name Malakote (meaning slave) was given to Waliwana community by their Somali neighbors who introduced them to Islam and made them slaves. The people today prefer to be called Waliwana (meaning free men).

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Activity done, not done or ongoing |
|---|---|--|---|---|
| 1. Skilled delivery increased by an average of 5 % from 27% to 32% by the end of 2022 | 10 Health Facility Management Committee trained on skilled delivery annually | Organize training on skilled delivery Facilitate training | Stipend, Hall hire, Stationery Transport, Fuel, Facilitation Refreshment | Done THS CGG |
| | 25 CHVs, 10 CHC members and 5 TBAs trained on skilled delivery | Organize training on skilled delivery Facilitate training | Stipend, hall hire, Stationery Transport, Fuel, Facilitation Refreshment | Done THS |
| | One maternity unit each built at Police line, GK Prison and Bouralgy Dispensaries | Organize for the building construction | BQ Approximate cost of materials Labour charge | Not done insufficient funds from the CG |
| | 5 delivery beds one for each of the five facilities procured once | organize for the procurement | Qualified sellers list | Done CG |
| | 10 delivery kits 2 for each of the five facilities procured | organize for the procurement | Qualified sellers list | Done THS |
| | 10 BP machines 2 for each of the 5 facilities procured | organize for the procurement | Qualified sellers list | |
| | 10 CHN each from each facility trained on EMONC for 5 days annually | Organize for the training Facilitate training | Facilitation per diem Conference package Transport Stationery | Done |
| 2. Family planning uptake increased by 10% (from 8% to 18%) targeting (women of child bearing, adolescents, and youths) by 2021 | 25 CHVs, 10 CHC members and 5 TBAs trained on family planning annually | Organize for training on skilled delivery | Stipend Hall hire Stationery Transport Fuel Facilitation Refreshments | Done CG THS |

| Objective | Output | Activity | Inputs | Activity done, not done or ongoing |
|--|---|--|--|--|
| 3. Fully immunized children increased by 10% from 63% to 73% by 2021 | 25 CHVs and 5TBAs trained on immunization annually | Organize for training Facilitate training | Stipend Hall hire Stationery Transport Fuel Facilitation Refreshments | On-going THS CG |
| | Households with under five year children mapped annually | organize for households facilitate mapping | Transport Lunch allowance | Done Done |
| 4. Child nutritional status improved (underweight from 30.1% to 20%), stunting from 4.1%-2% and wasting from 3% to 2%, by 2021 | 25 CHVs trained on malnutrition | Organize for training Facilitate training | Stipend, Hall hire, Stationery Transport, Fuel, Facilitation Refreshments, Transport | Done THS |
| 5. Water, sanitation and hygiene coverage improved by 10% from 35% to 55% by the year 2021 | 10 VIP latrine constructed, 2 in each of the five facilities catchments | Organize for construction of VIP latrine | Approximate cost of materials Labour charge | Not done as on environmental safe guards exclusionlist Not done as on environmental safe guards exclusionlist |
| | sink and protect 5 boreholes in 1 each at the catchment of 5 facilities | Organize for sinking bore hole | Approximate cost of sinking bore hole | Not done as on environmental safe guards exclusionlist |
| | 4 community dialogue days held of Iftin, Bouralgy, Police line, GK Prison and Sankuri | Organize and facilitate annually in each of the five facilities dialogue days | Refreshments | On-going CGG THS |
| | 6. Quality of health service delivery improved by 2022 | 4 Support supervision done annually in each of the 5 facilities of Iftin, Bouralgy, police line, GK prison and Sankuri | Organize and facilitate support supervision | Lunch allowance for the 6 officers, Fuel |
| 7. Participatory monitoring and evaluation component improved delivery by 2021 | 10 HRIO/Facility in charges trained on Monitoring and evaluation annually | Organize training Facilitate training | Facilitation, per diem, Conference package, Transport, stationery | Done CGG THS |

| Objective | Output | Activity | Inputs | Activity done, not done or ongoing |
|-----------|--|-------------------------------------|--------------|------------------------------------|
| | | | | |
| | 30 HRIO/CHN trained on job on monitoring and evaluation | Organise training | HRIO, Nurses | Done |
| | Quarterly facility data meetings held in each of the five facilities of Iftin, Bouralgy, Police line GK Prison and Sankuri | Organize meeting Facilitate meeting | Refreshments | Done |

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?) What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------|--|--|---|---|---|
| 10-12-2019 | Ziwani, Bakuyu, Iftin, Sankuri, Bouralgy | SCPHN, facility in charges, Nurses, CHEWS | Discussed on immunization, ANC, Skilled delivery and FP services available in the nearby link facilities Health education on improving their health seeking behaviours | Mohamed Satu Hanti. Halima Mohamed Abera. Hussein Ismail Gulu Juma Abdi Huko | Appreciative of the services they received Pointed out on the need for future consistent outreaches |
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Awadh Salim Munyoyaya | Police Lines Representative-Ziwani. Educate/Sensitisation of community on RMNCAH. Mobilisation for FP and Immunisation. Motorbike for CHVs. Motivation for CHVs |
| 29/7/2020 | Telephone conversation with VMG | Margaret Gitau, PMT, social | Community priorities for 2020/2021 | Juma Huka Wailwana-Malakote | Iftin- Transport challenges for mothers- No vehicles, cant afford. Shortage of funds to pay for drugs. Need education and sensitisation. Outreaches |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|---|------------------------------------|--|--|
| | representative | safeguards officer | | | |
| 30/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Mohamed Satu Munyoyaya | GK Prison Representative- Serves Mandogoarea- Mothers prefer attending clinic in GK prison facility as there are better services there. No drugs in mandogo. Community has limited funds to buy drugs. Need for community sensitisation on FP, ANC, prevention of early pregnancies. Education and sponsorship of their children |
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Hussein Ismail Wailwana | Bouralagy area representative. Transport challenges as boat mothers use to cross the river to access services broke down have to now walk 10km to get help. Outreaches needed plus repair of boat |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreaches – ANC, immunization, nutrition, FP and PNC

Community Dialogue and health action days to continue in Sankuri, Bouralgy, Iftin, Gk prison and Police line

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Trained staff on EMONC Larc
- Identification and formation of grievance redress committee from VMG and linked them with the facilities
- Discussions made around harmful behaviour change e.g. FGM and early marriages

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Formation of grievance redress mechanism committee in Bakuyu, Iftin, Sankuri, Bouralgy and Ziwani Training of the GRM Committee from the VMG | 600,000 | 2,998,775,676 | 0.02% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Not included | - | - | - |

8. Were any health trainees sponsored by this project from this community?

None

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | None | None | None | None |

9. Action plan/recommendations for this community for FY 2021/22 (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Continuous integrated outreaches in Sankuri, Bouralgy, Ziwani, Bakuyu and Iftin including consultations on priority needs

2020/2021 ACTION PLAN

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Monthly Community dialogue days held in Iftin, Bouralgy, police line, GK prison and Sankuri, Each CU will get 2,750 KES (CHEW allowance- 1000, 5 CHVs allowance x350 = 1,750) Total 165,000 | 165,000 | | |
| Quarterly meeting with facility committees, community health committees and facility staff Facility staff allowance= 25 pax x 1000 x4 quarters= 100,000 Committees allowance= 75 pax x500 x4=150,000 Total 250,000 | 250,000 | | |

| | | | |
|---|------------------|-------------------|-----------|
| Conduct 10 Monthly integrated Outreaches in 5 Facilities for 2 days per site. 5 facilities x 12 Months x 5000 (1 HCW's lunch allowance for two todays 2000, 1 lunch allowance for two days, CHWs 1000, Fuel 20 litres x 100=2000) 5 x 12 x 5000 = 300,000 | 300,000 | | |
| Procurement of motorcycles Yamaha for 3 facilities serving the VMGS i.e. Iftin health centre, Police line dispensary and Sankuri Heath centre , 3 motorcycles @304,580x 3 Total – 913,740 | 913,740 | | |
| TOTAL | 1,628,740 | 32,574,815 | 5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

GRM sensitization done-

Three representatives from each community and the facility in charges of the link facilities trained on grievance redress mechanism from the 2019/ 2020 GRM budget.

GRM registers disseminated to the facilities.

Prepared by VMG focal point:

Name: Maryan Abdi Hassan

Position: VMG focal point

Date: 9th Sept 2020

Consulted representative of VMG community:

Name: Mohamed Satu Hanti

Position: Munyoyaya representative from GK prison

Date: 25th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 10th Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN FY 2020-2021

County: Isiolo

VMG: Waata

Population 3000 (1.12%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities. Article 27, Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?

The Waata are one of the smallest tribes in Kenya. They are classified as a tribe based on their hunting and gathering strategy. They are closely related to the Gabbra and Borana tribes. The Waata communities continue to suffer marginalization, even, after adoption of Constitution of Kenya. First, the name Waata means hunters and gatherers. They were known for Movement around the desert ecosystem in search of wild animals and fruits, which led the community to be scattered around the country. The community is geographically found in Kenya and Ethiopia. In Kenya, the Waata are found in northern Counties; which include Marsabit, Isiolo and Coastal regions; which are Tana River and Lamu. In Isiolo, the Waata are found in Kinna, Garbatulla, Rapsu, Duse and Sericho. There are 9 dominant Waata clans that include: Chaqo, Tiy'olo, Baches, Kodele, Qochot, Mango and Rogobl'a.

Second, the Waata's main livelihood was hunting and gathering. During the colonial era, wild animals and fruits were used in conservancies depriving the community from their main livelihood. The Borana community engaged most of the Waata community members to herd their livestock with little to no compensation while the community was gradually assimilated into their community. The few remaining were left to be very poor and marginalized by the other tribes. These disenfranchised the Waata community from accessing quality and improved primary health care services.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project.

| Objective | Output | Activity | Inputs | Implementation Status |
|---|---|--|---|--|
| Maternal Skilled delivery increased by an average of 10 % from 48.6% to .58.6%: Kinna HC ,21.4%to 31.4 % Rapsu disp 58.6 to 68.6% Duse dispensaries by the end of 2021 | Ambulance services for effective referral system availed at facility | Procure one standard ambulance | 1 ambulance | Completed through THS and County Resources (3 ambulances- One attached to VMG area- Garba Tulla) |
| | Renovate and equip delivery rooms in Rapsu, Kinna and Duse dispensaries | Renovate rooms for delivery | Renovation of 3 delivery rooms | Ongoing, County funds |
| | Renovate and equip delivery rooms in Rapsu, Kinna and Duse dispensaries | Equipping rooms for deliveries | 3 delivery coaches with one for each facility, 6 delivery sets, 6 beds, 3 incubators, 6 heaters, 3 oxygen, concentrators, 3 nebulizers, 3 Sterilizer, 2 Dropper | Completed in 2015 through UNFPA |
| | Equipped Kinna, Rapsu and Duse health facilities | Procure 3 delivery beds, delivery sets, incubators, heaters oxygen concentrators, nebulizers, wheelchairs, 12 beds, adult weighing scale, resuscitators, manual suction machine, foetal scope and stethoscope for the 3 HC | 3 delivery beds, delivery sets, incubators, heaters, oxygen concentrators, nebulizers, wheelchairs, 12 beds, adult weighing scale, resuscitators, manual suction machine, foetal scope and stethoscope for the 3 HC | Partly done through the County and UNFPA |
| | 20 health care providers Trained on EMONC, AMSTEL | EMONC & AMSTL training | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | Completed through Trainings and mentorships supported by UNFPA |
| | Employ 20 community health nurses | Deploying of nurses to the facility by County government | 35 nurses employed | County employed 35 nurses- 10 ECN nurses trained by world bank, employed and deployed; 10 more to be employed in 2020/2021 |
| | 2 Maternal shelters established | Construct 2 maternal shelter | 2 maternal shelters constructed | 1 maternity waiting home set up in Kinna through UNFPA. Rapsu set up a temporary home from locally available materials |
| | 4 Functional community health units established | Establish Community units | 4 community units established | Done. 2 units I Kinna, 1 in rapsu and 1 in Duse. |

| Objective | Output | Activity | Inputs | Implementation Status |
|--|---|---|--|--|
| | Quarterly Data quality audit in 4 facilities | Data audit carried out | Data quality | Done. Carried out on quarterly basis |
| | 100 CHVs trained on community strategy | Train 100 CHVs on community strategy | 100 CHVs trained | Done. CHVS trained for the 4 CUs |
| | 20 HCWs capacity build on EmONC | Train 20 nurses on EmONC | 20 HCWs trained | Done. All clinical HCWs from Kinna, Rapsu and Duse trained in BEmONC |
| | 20 boxes of Essential drugs and non pharmaceuticals purchased quarterly | Purchase essential drugs and non pharms | 20 Essential drugs and non pharms purchased | Done through KEMSA |
| | 20 HCWS capacity build on AMSTEL | Train 20 HCWs on AMSTEL | 20 HCWs trained | Done. All clinical HCWs from Kinna, Rapsu and Duse trained in BEmONC |
| Family planning uptake increased by 10%. From 30.5.% to 40.5.% Kinna HC, 28.3% to 38.2% for Rapsu dispensary And from 19.7% to 29.7% for Duse dispensary targeting WRA | FP commodities Availed | Availing FP commodities | Fp commodities: Oral contraceptives, Injectable, Implants | KEMSA |
| | 20 Health providers trained on LARC | 20 health care workers trained on LARC | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | UNFPA |
| | 5 CHNs capacity build on via villi | 5 nurses trained on via villi | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | UNFPA - 2 nurses trained; 2019 |
| | 100 CHV Trained on community strategy | CHV training on community strategy | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | Done, through County funds and Living goods |
| | Community members per 4 HFs sensitized on FP services | Community sensitization on FP | Lunch allowance and transport | DONE, UNFPA |
| | 2 Mobile FP clinics Established monthly | FP Mobile outreach services carried out | Mobile outreach services carried out by beyond zero | CG, UNFPA DONE |
| | 150 CHVs motivated monthly | Motivated CHVs | 150 CHVS motivated monthly | Done. Through Isiolo County and Living Goods |

| Objective | Output | Activity | Inputs | Implementation Status |
|---|--|---|---|---|
| | 5 defaulters traced monthly | Defaulters list compiled and handed over to CHV's for tracing | Lunch allowance for 3 CHVs | Partly done. This will be focus area for the current financial year |
| | 200 CHVs motivated | Train 200 CHVs on KEPH | 2000 CHV's trained | Done. Through Isiolo County and Living Goods |
| | Quarterly dialogue days held | Conduct quarterly dialogue days in the community units | | Done. Through Isiolo County and Living Goods |
| | Monthly Mobile outreaches service conducted in hard to reach areas | Conduct mobile outreach services monthly | Staff allowance/perdiem | Continuous activity. Supported by WHO and THS through BZ office |
| Fully immunized children increased by 10 % from 47.7% to 57.7% for Kinna H/C 70.4% to 80.4% Rapsu dispensary and 41.1% to 51.1 % for Duse dispensary by 2021 | 3 modern kepi fridges procured | 3 modern fridges | 3 modern fridges, Fuel for vehicle, Drivers allowance | Completed through THS funds |
| | 10 nurses hired annually | Hire nurses | 10 nurses hired | Done through UHC and ICG |
| | Quarterly support supervision carried out | Carry out supportive supervision | Per Diem for 5 officers | Done. Quarterly through THS |
| | Monthly meeting held by 25 nurses for data dissemination | Nurses attend monthly meetings for data dissemination | Transport, per Diem | Done |
| | 50 CHV, VMGs Defaulters traced monthly | Defaulters traced | Lunch for CHVs , VMGs | Partly done. This will be focus area for the current financial year |
| | Monthly vaccine distributed to facilities | Vaccines distributed | Vehicles, Fuel for vehicle, Drivers allowance | Continuous activity, CG |
| | Defaulters identified | Identification of defaulters by CHV | Routine by CHVs | Continuous activity, CG |
| | Monthly meeting held by nurses for data dissemination | Planning for monthly meetings | Lunch Allowance | Continuous activity, CG |
| 4th ANC visit service utilization increased by 10% from 17.6 to 27.6% for Kinna H/C, 12.5% to 22.5% for Rapsu dispensary and | Monthly ANC mobile outreaches services carried out | Planning for mobile outreaches | Vehicles, Fuel for vehicle, Drivers allowance, CHVs | Continuous activity, CG & WHO |
| | Quarterly community dialogue days held | Carry out community dialogue days quarterly | Vehicles, Fuel for vehicle, Drivers allowance, CHVs | Continuous through CHS & UNFPA |
| | Mother to mother support groups formed | Community mobilization by CHVs | Lunch, transport | Done for 1 st time mothers club through UNFPA |

| Objective | Output | Activity | Inputs | Implementation Status |
|---|--|--|--|--|
| 14% to 24% for Duse dispensary by 2021 | Monthly mother to mother support groups held | 30 mothers meet once a monthly | Lunch | |
| | Health education on health key messages in ANC carried out | Carry out daily health education on ANC | | Done. Continuous activity through CHS |
| | 10 opinion leaders mapped | Map the opinion leaders | Lunch for 10 opinion leaders | Done. Completed |
| Child nutritional status improved (underweight from 2.9% to 0%), stunting from 0% to 0% and wasting from 0....% for, Kinna H/C, underweight from 13.2-% to 3.2%], stunting from % 6.60% and wasting from 0% to 0% for Rapsu dispensary underweight from 1.9% to 0%], stunting from 0 % -0% and wasting from 0....% to 0%, for Duse dispensary by 2021 | Baseline survey on underweight and stunted children conducted | Screening of all under five to rule out malnutrition | Nurse/nutritionist lunch allowance and CHVs | Done through UNICEF/ACF |
| | Purchase 10 MUAC tapes, 10 height board & 10 weighing scale | Purchase 10 height boards and weighing scales | 10 MUAC tapes, 10 height board & 10 weighing scale | Done through UNICEF/ACF |
| | 20 children under 5 assessed on nutrition needs quarterly | Conduct nutrition assessment at the CWC clinic | | Done through UNICEF and other partners |
| | 4 Mother to mother support groups formed | Involve expectant and breastfeeding mothers in feeding programmers | | Done for 1 st time mothers club through UNFPA |
| | 10 mothers Health educated on nutrition support during clinic days | Health education to mothers on nutrition support | | Done. Continuous activity through public health |
| | 25 HCWs trained on IMAM | Train health workers on IMAM | Conference package | Done through UNICEF/ACF |
| | Health providers and 30 CHV trained on IMAM and MIYCN | Training of Health care providers | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | Not yet complete, planned for FY2020/21 through CRS |
| | 10 under-fives screened for malnutrition weekly | Weekly screening of all under ones | | Done. Routine activity at health facilities |

| Objective | Output | Activity | Inputs | Implementation Status |
|---|---|--|--|--|
| | 4 community meetings held annually | Hold community meetings | 250,000 | Done. Through Isiolo County and Living Goods |
| Water, latrine coverage increased by 10% (water from 20 % to 30%; latrine from 15% to 25 % by the year 2021 | 10 hand washing facilities installed in 10 schools annually | Creation of hand washing facilities in schools | Avail clean water and soap, & demonstration on proper hand washing | Not done, financial challenges |
| | 20 CHV's trained on good hygiene practices | Good hygiene practices | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | Not done, financial challenges |
| Quality of health service delivery improved by the year 2021 | Quarterly facility supportive supervision | Support supervision | Per diem, Fuel, Transport | Continuous quarterly through THS & County |
| | 20 HCWs trained on Infection prevention control | Infection prevention control training | Training material, Hall Package, Facilitator, Participants, Transport, reimbursement, facilitators allowance | Done, through COVID-19 funding, FY 2019/20 |
| | Conduct client exit interviews bi annual | Client exit interviews | Lunch -Writing materials Questionnaires | Not done, financial challenges |
| | 10 KQMH TOTs trained for 5 days | KQMH TOTs | Conference package, Per diem | Done. |

4. How will free, prior, and informed consultation be carried out with these groups during project implementation?)

| Date | Where? | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------|--------|---|--|--|---|
| March 2020 | Kinna | Nurses, Clinical officers, Nutritionists | Cancer screening, FP, ANC visits, Hypertension Diabetes and immunization | Men women and children | Good service delivery and need continuity of the outreach program |
| April 2020 | Rapsu | Nurses, Clinical officers, Nutritionists | Cancer screening, FP, ANC visits, Hypertension Diabetes and immunization | Men women and children | Good service delivery and its continuity of the outreach program |

| Date | Where? | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------------------|--|---|--|--|---|
| June 2020 | Duse | Nurses, Clinical officers, Nutritionists | Cancer screening, FP, ANC visits, Hypertension Diabetes and immunization | Men women and children | Good service delivery and its continuity of the outreach program |
| 31/7/2020 and 5/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Galgalo Titima | VMGP had requested for ambulance for Kiina Health center, A borehole for Waatha at Kiina area. Chlorine for water purification in Rapsuand Duse (dam and river water) |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

The project teams will continue with quarterly meetings with VMGs and their leaders to assess progress towards intended outcome in improving uptake of quality maternal and child health services. During these quarterly meetings, the project will further carry out risk assessment of implementation of intended activities. The intention of the project is to integrate and institutionalize VMGs RMNCAH needs into community health strategy through community dialogue and community action days. Whereas due to COVID-19 guidelines is prohibitive in having a large number of people for meetings in one place, the project will leverage on COVID-19 resources in the County including Mass media campaigns and public address systems to reach the community to continue accessing services.

Through the County and Sub-county health management teams, the project will further entrench the needs of the VMGs into any health intervention designed in the County. The VMG focal person with support from project focal person will sensitize CHMTs and SCHMTs on VMGs needs during routine monthly meetings.

6. Measures to enhance the capacity of the project implementing agencies-what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Isiolo County government in collaboration with development partners continue to build capacity of frontline health workers in key RMNCAH modules including emergency obstetric and neonatal care, family planning methods, child and mother nutrition and focused antenatal care. These trainings are expected to increase technical capacity of the health service providers to deliver highest quality services.

The project further invested in building capacity of health workers and health managers to plan and implement effective interventions including use of RMNCAH score cards, performance review and data quality audit. This is expected to increase efficiency in resources use while implementing evidence-based intervention to improve uptake of MNCAH services.

The project further trained health managers at County and sub-county levels in management and leadership including senior management training and strategic leadership development programme. Through the trainings and mentorships, the project expects CHMT and SCHMT to provide credible leadership in health and health management.

7. What are the cost estimates and financing plan for these mitigating measures? What has been done for this community so far in the project (from AWP)

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Capacity building of CHWs | 1,000,987 | 20.822.696 | 4.8% |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Motivation of TBAs and Pregnant mothers transport voucher | 987.589 | 35.098.786 | 2.5% |

8. Were any health trainees sponsored by this project from this community?

| No | Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-----------|------------------|------------------------------|---|-----------------|--|
| 1 | Ramadhan Ibrahim | Garbatulla sub-county | Enrolled community health nurses (ECHN) | yes | Yes |
| 2 | Abdifatah Dawa | Garbatulla sub-county | ECHN | yes | Yes |
| 3 | Nurow Dokata | Garbatulla sub-county | ECHN | yes | Yes |
| 4 | Wajera Hassan | Merti sub-county | ECHN | yes | Yes |
| 5 | Asha Hassan | Isiolo sub-county | ECHN | yes | Yes |
| 6 | Amina Ali | Merti sub-county | ECHN | yes | Yes |
| 7 | Asli Umuro | Merti sub-county | ECHN | yes | Yes |
| 8 | Nuria Kushu | Garbatulla sub-county | ECHN | yes | Yes |
| 9 | Halima Hussein | Isiolo sub-county | ECHN | yes | Yes |

| No | Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|----|-------------|-----------------------|-----------------|----------|---|
| 10 | Yasmin Tuto | Merti sub-county | ECHN | yes | Yes |

9. Action plan/recommendations for this community for 2021/22

Activities cross cutting into health systems strengthening including:

- Continuous Integrated outreaches services
- hand washing facilities installed in 10 schools annually
- Quarterly support supervision
- Data quality audit
- Performance review
- Capacity building of HSPs
- Piping of water to Duse dispensary

Activities targeting VMGS only

- Continuous Integrated outreaches services
- Piping of water to Duse dispensary
- Installation of hand-washing facilities at schools, health facilities and community
- Mapping of the Sakuye VMG in 2021 2022

2020/2021 PLAN

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Monthly VMG outreaches HCW per diem Allowances @2,000.00 for 2 pax for 12 months twice/month= 96,000 CHVs allowances @500.00 for 5 pax for 12 months twice/month= 60,000 Fuel @ 2,000.00 per outreach for 12 months twice/month= 48,000 Total/month/facility for 2 outreachsites= 204,000 Total/year for 2 health facilities= 408,000.00 | 408,000 | | |
| Piping of water to Duse Dispensary, Connect to piping solar water pump to elevated water tanks- see attached BoQ Total = 828,740.74 | 828,705 | | |

| | | | |
|---|-----------|------------|----|
| Procurement of hand wash facilities for VMG groups in Kinna, Rapsu and Duse 20l handwash tanks with taps @ 500.00 for 80 tanks=40,000.00 | 40,000 | | |
| Total | 1,276,705 | 25,534,815 | 5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- Presence of customer care desk to guide on where to lodge complaints
- Availability and use of grievances and resolution book for recording complaints and resolutions
- Availability of grievances and resolution website
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Presence of Suggestion Boxes and a dedicated hotline established at the facilities
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Alice Mwirigi

Position: VMG focal point

Date: 3rd Sep 2020

Consulted representative of VMG community:

Name: Galgalo Titima

Position: Waata elder involved in 2018 consultations

Date: 31st Jul. 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 9th Sep 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN KAJIADO COUNTY 2020-2021

County: Kajiado

VMG: Sonjo, Iloodokilani and Purko

Population-19,401 = 2.8%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP

Kajiado County has VMGs settled in Kajiado West with their settlements at Shompole (Magadi Ward), Mosiro (Mosiro ward) and Torosei (Iloodokilani ward) areas of Kajiado West. The VMGs here are mainly Purko-Maasai, Iloodokilani and Sonjo. The Sonjo are small group of Maasai that came from Tanzania and settled in Iloodokilani hence are not clearly identified because of intermarriage and are assumed to be Iloodokilani. The three groups are marginalised due to a lack of access to rights to health, resources, and opportunities to education. This leads to exposure to a range of possible harms, and being unable to deal with them adequately especially on health issues like health services, clean water, education etc.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Maasai of Kajiado VMG Action plans

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) if not state reason |
|--|--|---|--|---|
| 1. Skilled delivery increased by 10 % from 13%, 27%, 3.3% to 23%, 37% & 13.3% RESPECTIVELY by the end of 2022 MOSIRO, TOROSEI AND SHOMPOLE | 2 Renovated maternity units by 2018/2019 | Advertise and award contractor for renovation | Materials, Labour, Transport | THS (YR.2018/2019) |
| | 3 Maternity units equipped by 2018/2019 | Procure Assorted maternity equipment | - 9 Delivery sets, - 3 Delivery Beds, - 9 Hospital Beds, - 3 Doppler Machines, - 6 room heaters, - 3 Resuscitaires | THS (YR.2019/2020) Though the resuscitaires were not procured due to inadequate budget allocation |
| | Strengthened Referral mechanism and structures | Procure one fully equipped Ambulance | 1 functional, fully equipped ambulance | THS FUNDED THIS FINANCIAL YEAR (2020/2021) |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) if not state reason |
|---|---|---|---|---|
| DISPENSARIES | across all level of care progressively by 2021/2022 | Maintenance | - Maintenance & Regular Service | THS FUNDED THIS FINANCIAL YEAR(2020/2021) |
| | | Insurance | Ambulance insured yearly | CDH ONCE THE AMBULANCE IS PROCURED |
| | | Refresher Course for 2 Ambulance Drivers | 2 Drivers trained | CDH-ONCE THE AMBULANCE IS PROCURED |
| | Maternity Open Days held per quarterly | Conduct maternity tours and 9 maternity open days | Job Aids, Refreshments, Transport | THS(YR.2018/2019) AND POPULATION SERVICES KENYA(2019/2020) |
| 2. Family planning uptake increased by 10% from 6.5%, 15%, 38.2 to 16.5%, 25% and 48.2%(RESPECTIVELY) by 2021 | 9 health worker trained by 2018/2019 45 CHV trained on community family planning by the end of 2018/2019 | Conduct LAR training Train 45 CHVs on community family planning | Transport reimbursement, Conference package, 3 facilitators, Lunches Transport reimbursement, stationary's, 3 facilitators @ 3000, conference package | THS(YR.2018/2019) AND POPULATION SERVICES KENYA(2019/2020) |
| 3. fully immunized children increased by 10% from 16%, 39.7%, 50.9% to 26%, 49.7% and 60.9%(RESPECTIVELY) by 2022 | 3 Health facilities equipped with cold chain management storage equipment by the end of 2018/19 2 outreaches per month conducted per facilities. Training of nine (9) nurses on operational level training. | Procure of cold chain equipment for 3 facilities. Procure gas cylinders Conduct integrated outreaches in hard to reach areas per year. 9 nurses trained on operational level | 3 EPI fridges, 1 freezer, 6 vaccine carriers 6 gas cylinders with regulators and pipe Staff lunches of 4, Fuel, CHV lunch Airtime, 3 Facilitators, Transport reimbursement, Airtime, Conference package | THS (YR2019/2020) Awaiting delivery by supplier Ongoing- THS and CGK |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community | Feedback from communities |
|------|-------|--|--------------------|---------------------------------|---------------------------|
| | | | | | |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community | Feedback from communities |
|--------------------|--|---|---|---------------------------------|---|
| SEPTEMBER 2019 | Saikeri community unit and Ajam hall in kajiado west | NI(Nutrition international) County coordinator | Importance of skilled delivery Conversion of TBAS to birth companions | Both men and women | TBAs referring mothers for ANC and accompanying them to health facilities for delivery. |
| NOVEMBER 2019 | Oltepesi Health centre | NI(Nutrition international) and county Government of Kajiado County coordinator | baby friendly community initiative(importance of early breasting feeding initiation, complementary feeding food security among others | Both men and women | The community appreciates exclusive breast feeding and importance of food security |
| NOV 2019- FEB 2020 | Monthly outreaches to Hard to reach areas by every link facility | County department of health and THS SCMOH and Facility in charges | Integrated health services was offered | Men ,women and children | The community appreciated the services offered and urged the department to continue with the same |
| 12/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Sempeyo Teeka Kuuu Purko | Mosiro area which is around 200km from Kajiado. Poor road network thus uses boda bodas or gurney bag stretchers to carry patients to the roads. Water challenges in the facility- there is a stream 3km away where water can be piped from to the facility. Consider piping water, a borehole, water tanks in the facility. Need continued integrated outreaches and Mama kits (30 deliveries per month). Ambulance |
| 31/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | John Ole Oye Iltorobo | Mosiro community- Challenges- distance from facilities, poor road network, no transport. Available ambulance broke down. Maternal mortality due to distance. Need to upgrade Mosiro facility to conduct |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community | Feedback from communities |
|-----------|--|---|------------------------------------|------------------------------------|--|
| | | | | | and increase deliveries (facility was constructed by Japan has led to increased SBA, immunisation and ANC. Transport challenges to kajiado high |
| 12/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Peter Sarinke Iloodokilani | CHV chairman- Shomole. Challenges of poor road network. Cultural issues as mothers are not comfortable with male nurses during delivery. Water a major challenge-delivered by tankers. .Shompole a small facility with no maternity, water, staff houses few and need renovation. Renovate Shompole to include at least one ward or maternity. Ambulance needed. Use TBAS as mother companions (give incentives) |
| 12/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Joel Maisho Toshi Iloodokilani CHV | Works as a CHV in Shompole. Facility was formerly a dispensary so has no wards nor maternity wing. Can only deliver one mother at a time, Staff housing a challenge. Need mama kits to encourage SBA, improve facility to handle deliveries. Have regular integrated outreaches (every friday) and Lishe Bora |

5. What outreach plan for the future, are there opportunities to review needs and implementation

The county department of health has planned outreaches across the county in this financial year and the facilities attached to VMG are included

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMG?

- Training of health workers on LARC, BFCI and Emonc done

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|----------------------------------|-----------------------------|--|-------------------------------------|
| Procurement of mother baby packs | 265,325 | 47,000,000 | 0.6% |
| Training on BFCI | 395,000 | 47,000,000 | 0.8% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conducting integrated outreaches in Torosei, Shompole and Mosiro Health facilities every quarter (2 HCW@1000 LA +1CHV@500 LA =2500*100=250,000, +10 Litres Fuel *105*100=105,000, 355000 Per Q*4=14200 | 355,000 | | |
| Acquisition and installation of 5000 litres Water storage tanks in maternity wards@150,000 for Shompole ,Mosiro and Torosei | 450,000 | | |
| Procurement of 3Desk top computers and 3 printers with scanner for Linda Mama services @130,000 for Shompole, Entasopia, Mosiro, | 390,000 | | |
| Provision of basic equipment for Newly completed Primary health facilities to offer RMNCAH- Enkoireroi dispensary and Ewuaso health centre | 2,800,000 | | |
| TOTAL | 3,995,000 | 135,000,000 | 2.96% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| NONE | N/A | N/A | N/A | N/A |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):
- Sensitization of community
 - Continuous outreach services
 - Purchase of ambulance for Mosiro
 - Procure essential obstetric equipment for Shompole, Mosiro, Kumpa, Entasopia and Ewuaso Kedong

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Acquisition of a patient monitors for management of under-fives in the outpatient Shompole H/C | 400,000 | | |
| Renovation of a maternity at Shompole dispensary | 10,000,000 | | |
| Procurement of a three probe ultra sound machine for Mosiro health centre | 700,000 | | |
| Procurement of Pulse oximeters for Kumpa dispensary and Mosiro H/c | 19,600 | | |
| Procurement of power backup UP for Linda Mama services desktop existing (Procured in previous THS-UC budget) for Mosiro h/c | 35,000 | | |
| Improve response to obstetric emergencies & referral by acquisition of emergency trolleys/carts for Ewuaso Kedong; Entasopia and Mosiro Health centres | 600,000 | | |
| Acquisition of 1 ambulances Landcruizer for improvement of referral services in @9,850,000,000 for Mosiro H/C | 9,850,000 | | |
| Total | 21,604,600 | 230,000,000 | 9.4% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? **How the GRM is made accessible to this group and are they made aware of the GRM?**
- Availability of suggestion boxes
 - Community sensitization
 - Availability of grievance and resolution books
 - GRM sensitization and provision of GRM registers is planned for in the FY 2020/21 using THS funds.
 - Procurement and distribution of complain register books to all the links facilities
 - Appointment of Grievance focal person at county level and at health facility to register and refer complaints
 - Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Monica Obiny

Position: VMG focal point

Date: 12 October 2020

Consulted representative of VMG community:

Name: Sempeyo Teeka Kuuu, Joel MaishoToshi, Peter Sarinke, John Ole Oyie

Position: representative

Date: 12/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 21st October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Kiambu

VMGs: DOROBO

Population: 2000/2,417,735=0.08%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (Copied).

Origin:The Dorobo are not actually a single people group, but a diverse group of peoples descended from the ancient San people who originally settled in the Rift Valley around 1000 AD and lived as hunter-gatherers. The name ‘Dorobo’ comes from the Maasai word Il-torrobo for ‘the ones without cattle.’ In Kenya they are also known as the Okiek, and they are considered a pioneering group of Kalenjin who first moved to the Rift Valley from the north.

Culture: Many Dorobo have been assimilated into the cultures of neighboring tribes, such as the Maasai, Samburu, Kipsigis and Nandi. They often provided a service doing jobs considered unclean by the dominant neighbours. Many are still hunter-gatherers. They are adaptable to their environment, and often make their living through beekeeping, especially where hunting has been banned.

Religion: Animism. Perhaps 1% are evangelical Christians.

The DOROBO in Kiambu County are chiefly found in Kinale and Uplands forests in Lari Sub County. Originally, they lived as hunters and Gatherers in all the forests in Kiambu County but due to culturalization, most of them are now practising small scale agricultural activities. Poverty and some stigma still remain a challenge in this community

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program |
|-----------|--------|----------|--------|---|
|-----------|--------|----------|--------|---|

| | | | | (state year or through other funds) |
|--|--|---|--|---|
| Increase antenatal attendance by 10% in Keriita and Kinale dispensaries | Renovate and equip Kinale dispensary with friendly antenatal room | Renovate rooms to provide privacy Equipping rooms for proper FANC | Ante natal room One ante natal couch delivered- | COUNTY. Not done- 2021 2022 Couch bought but awaiting renovation above |
| | Renovate and Equip Laboratory at Keriita dispensary. | Remove Asbestos roof Buy microscope for laboratory Buy laboratory reagents for ante natal profile Renovate former ante natal room to be a laboratory | Asbestos removal (On Exclusion list) BQ done for renovation of Laboratory | THS BUDGET 2020 2021 |
| | Ambulance services for effective referral system availed at facility | Procure one standard ambulance | 1 ambulance provided for the whole Sub-County | THS, Done |
| | 10 Health care providers Trained on EMONC, AMSTEL | 5 nurses trained on EMONC AMSTEL training | Training material, Hall Package, Facilitator, Participants, Transport reimbursement | THS, Done |
| Increase the number of skilled deliveries from 10 to 20 per month in Kinale Dispensary in 2021 | Repaint the unit | Paint the facility with friendly colours. | Repaint the leaking ceiling, Repaint the labor ward store, Repaint labour ward and postnatal ward | COUNTY GOVERNMENT To be done 2021 |
| | Train 10 health workers on EMNOC | 3 NURSES trained on EMNOC | Hall package, Facilitators per diem, Participants allowance, Transport reimbursement | COUNTY GOVERNMENT Done 2018/19 |
| | Equip the maternity with an incubator | Buy one incubator | One incubator | COUNTY Government Done |
| | 50 CHV Trained on community strategy | CHV training on community strategy | Hall package, Facilitators per diem, Participants allowance, Transport reimbursement | THS Done 2018 2019 |
| | 2 Mobile FP clinics Established bi-annually | FP Mobile outreach services carried out | Mobile outreach services carried out by beyond zero | COUNTY GOVERNMENT Done |
| Improve on good nutrition and growth monitoring by reduction of under weight babies from 35 | Fewer underweight babies diagnosed at clinics | Create a demonstration gardens. Put up demonstration trays in all facilities. Purchase hanging salter weighing scales and Muac tapes for CHVs | Kitchen gardens(seedlings, labour, manure), Demonstration trays Salter weighing scales Muac tapes. | COUNTY GOVERNMENT DONE |

| | | | | |
|--|--|---|--|--|
| Improve the number of children fully immunized from 75% to 80% by 2020 | More children attending child welfare clinic | Health education Monthly defaulter tracing | Community dialogue days Immunization diaries Airtime, Refreshments | ONGOING COUNTY GOVERNMENT |
| Reduce number of stunted growth from 10 to 0 by 2020 | Growth monitoring for all children | Vitamin A supplementation in kinale ward for VMGs Purchase weighing scales | 2 schmt members Weighing scale | ONGOING- Partner Nutrition international (NI) |
| | Follow-up of identified children | Purchase stunted growth diary | Stunted growth diary | ONGOING- Partner NI |
| | Proper documentation | Mentorship on documentation | Mentorship | ONGOING- COUNTY GOVERNMENT |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|----------------------------|--|---|------------------------------------|--|--|
| 14 th July 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Peter Karungaru | Kiriita Dispensary- renovation of facility, equipping of laboratory, repair of burning chamber, staffing of facility |

5. What outreach is planned for the future. Are there opportunities to review needs and implementation?

- Continuous targeted community outreaches using the beyond zero van.
- Integrated quarterly RMNCAH outreaches.

6. Measures to enhance the capacity of the project implementing agencies (what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs)?

Training of health workers on LARC and Emonc to improve RMNCAH skills.
No specific discussions for VMG interventions have been done for the county

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Renovation of Kiriita Dispensary(Laboratory Services) | 1,000,000 | 30,000,000 | NIL |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Renovation of Kiriita Dispensary(burning chamber plus water storage tank) | 250,000 | 80,079,440 | 0.3% |

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|---|------------------------------|----------------------------------|-----------------|--|
| None, Request done to the community, but none was qualified | Lari sub-county | Enrolled community health nurses | N/A | N/A |

9. Action plan/recommendations for this community for next AWP (activities from reference VMG to be prioritised next year or other recommendationsto enhance reach and appropriateness):

- Sensitization of healthcare workers and other stake holders about the VMGs.
- Continuous improvement of services delivery in Kinale and Kiriitahospitals.
- Continuous involvement, training and sensitization of CHVs and CHEWS serving the Dorobo community

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Integrated Quarterly RMNCH sensitisation and outreach activities for the marginalized Dorobo population in Lari sub county 50 participants x 5 days x 1000 lunch x 4 quarters=1,000,000 | 1,000,000 | | |
| Train CHVs serving VMGs at Lari sub-county on RH Package | 400,000 | | |
| KIRIITA Forest dispensary face lift renovations (BQ available) | 1,097,670 | | |
| | 2,497,670 | 48,604,600 | 5.14% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- A complaints desks and registers set up to address the concerns of the community and in all level 4 and 5 hospitals.
- A GRM handling mechanism at the departmental level with a GRM focal person.
- The county has a dedicated complaint and complements handling hotline number.
- All facilities have suggestion boxes and appropriate service charters.
- At Lari subcounty where the Dorobo are located, we have a dedicated GRM officer.

Prepared by VMG focal point:

Name: John Irari

Position: VMG focal point

Date: 11/9/2020

Consulted representative of VMG community:

Name: Peter Karungaru

Position: Dorobo Representative

Date: 14/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 10/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: KILIFI

VMG: WAATHA

Population: 8025 (0.8%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The 'Waatha' were hunter-gatherers generally known in the modern literature as the Dahalo. The Waata once hunted and gathered in various coastal forests (including the Arabuko-Sokoke) and throughout the drier thorn-bush country to the west, but lost much of their hunting grounds when they were ejected from Tsavo East National Park (Ville 1995). They are culturally organized into seven clans that include: (i) Wargulu; (ii) Warwayu; (iii) Jalanthu; (iv) Gamadhu; (v) Karara; (vi) Worumetha, (vii) Kojega, (viii) Hajeje and (ix) Ilani. These clans form one of the basis upon which the traditional governance structures and decision-making processes are established and pursued.

The community is remotely located in the geographically remote areas of Kwale and Kilifi where infrastructure and social facilities including health services are poorly developed. Despite the community striving to gain education, and indeed have several educated individuals, it is considered as lagging behind in civilisation and therefore excluded from employment opportunities in Kwale and Kilifi County. With hunting having been illegalised and the area being a semi-arid region, the community has minimal opportunity for livelihood. They therefore depend on casual labour from the dominant community groups. The community's under performance in a number of key primary health care indicators is shown in the Table 1.

Table 1-Primary health care indicators

| Indicators | GedeH/C | Matsangoni H/C | Chamari disp | Adu disp | Marereni disp | Mtoroni disp | Gongoni H/C | Mulungu ni disp | Matolani disp | Sosoni disp | Bombi disp | Fundiisa disp |
|----------------------------------|---------|----------------|--------------|----------|---------------|--------------|-------------|-----------------|---------------|-------------|------------|---------------|
| Total population | 25789 | 17772 | 1818 | 6465 | 2206 | 6204 | 19862 | 2751 | 2199 | 5500 | 2229 | 6334 |
| Under 5 years | 4461 | 3075 | 315 | 1118 | 3812 | 1073 | 3436 | 476 | 380 | 952 | 386 | 1096 |
| Under 1 years | 938 | 647 | 65 | 233 | 793 | 223 | 715 | 99 | 79 | 193 | 80 | 228 |
| Women of child bearing Age | 5983 | 4123 | 425 | 1513 | 5156 | 11452 | 4648 | 644 | 515 | 1287 | 522 | 1482 |
| Health Indicators | | | | | | | | | | | | |
| 1) Fully immunized (%) | 65 | 95 | 110.8 | 95.9 | 79.2 | 7.2 | 88.5 | 13.1 | 165.8 | 124.2 | 111.3 | 25.9 |
| 2) Underweight | 5 | 7 | 1 | 189 | 84 | 0 | 327 | 0 | 93 | 107 | 102 | 0 |
| 3) 4 th ANC visit (%) | 45 | 87 | 6.1 | 7.6 | 6.1 | 2.9 | 10.7 | 6.1 | 0.9 | 8.2 | 5.2 | 0.9 |
| 4) FP uptake (%) | 35 | 45 | 59.8 | 44.2 | 21.4 | 13.6 | 45.5 | 21.1 | 25.2 | 53.1 | 0 | 11.4 |
| 5) Latrine coverage | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND |
| 6) Water sanitation | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND | ND |
| 7) Stunting | 0.5 | 4.7 | 0 | 1.1 | 3.7 | 0 | 7 | 0 | 22.6 | 0 | 6.9 | 0 |
| 8) Wasting | 10 | 56 | 0 | 0 | 9 | 0 | 27 | 0 | 23 | 0 | 6 | 0 |

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Done if not why and whether addressed through the THS program (state year or through other funds) |
|--|-------------------------------|---------------------------------------|---|---|
| 1. Increase Skilled delivery increased by an average of 10% from 21.1% to 31.1% by the end of 2022 | 20 CHCs Trained on RH Package | Train 20 CHC on RH Package | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | To be done in 2020 2021 |
| | 50 CHVs trained on RH Package | Train 50 CHVs on community RH Package | DSA Transport | DONE, THS |

| | | | | |
|---|--|---|---|-------------------------|
| | | | Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | |
| | Four community dialogue meetings conducted | Conduct quarterly community dialogue to 20 community members on importance of hospital delivery | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | QUARTERLY DONE, TCI |
| | Two delivery sets procured | Procure two delivery beds | Funds | To be done 2020 2021 |
| | Three Delivery sets procured | Procure 3 Deliverysets | Funds | DONE, KCG |
| | Four quarterly review meetings conducted | Conduct Quarterly review meeting in the facility | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | DONE, THS |
| | Four Data quality Audits conducted | Conduct quarterly Data Quality Audit | Fuel Per diem Airtime for coordination Driver's lunch | DONE, THS |
| | 100 mama kits procured | Procure 100 mama kits biannually Distributemama kits | funds fuel driver's lunch | DONE,THS |
| 2. Family planning uptake increased by 10% (from 21.1 % to 31.1%) targeting (women of child-bearing age, and adolescent and youths) by 2022 | 20 HCW trained on LARC by 2021 | Organize and Train 20 health workers on Long Acting Reversible methods of family planning | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | To be done in 2020 2021 |

| | | | | |
|--|---|---|---|-------------------------|
| | 20 CHVs trained on FP module by 2021 | Organize and Train 20 CHVs on community family planning module | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | To be done in 2020 2021 |
| | Four community dialogues conducted | Conduct quarterly community dialogue to 20 community members on importance of hospital delivery | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | DONE, AFYA PWANI |
| | 3 implant removal procured | Procure 3 Implant removal kits and distribute | Funds | DONE, JHPIEGO |
| | 2 IUCD Insertion kits procured | Procure 2 IUCD Insertion kits and distribute | Funds | DONE, KCG |
| | 4 mentorship and OJT sessions conducted | Conduct quarterly mentorship and OJT to 5 health workers | DSA Fuel Perdiem, Airtime for coordination Driver's lunch | 2020 2021 |
| | 20 HCW trained on PNC by 2021 | Organize and Train 20 health workers on PNC | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | NOT DONE RH Unit |
| 3. Fully immunized children increased by 10% from 13.1% to 23.1% by 2022 | 40 opinion leaders sensitized on immunization by 2021 | Sensitize 40 Opinion leaders on immunization for one day | DSA Transport Facilitation allowance Facilitators transport Airtime for coordination Hall hire Stationary | To be done in 2020 2021 |

| | | | | |
|---|--|---|---|--------------------------------------|
| | 4support supervision and mentorship visits conducted | Conduct Quarterly supervision and mentorship visits | Funds | QUARTERLY, AFYA PWANI |
| | 4 integrated outreaches conducted | Conduct quarterly integrated outreaches to the community | DSA Fuel Airtime for coordination Driver's lunch | QUARTERLY, THS |
| | 60 CHVs sensitized by 2021 | Sensitize 60 CHVs on importance of immunization | DSA Transport Facilitation allowance Facilitators transport Per diem Airtime for coordination Hall hire Stationary | To be done in 2020 2021 |
| | | Conduct defaulter tracing on immunization by 10 CHVs | Monthly allowance | ON GOING, AFYA PWANI |
| | | Procure assorted spare parts for the immunization fridges | Funds | 2020 2021 |
| | | Procure one SOLAR FRIDGE and distribute | Funds | 2020 2021 |
| 4. Child nutritional status improved (underweight from -% to 0%), stunting from % -0% and wasting from-% to 0%, by 2022 | 60 CHVS Trained on community package by 2021 | Train 60 CHVS on community package on nutrition | DSA Transport Facilitation allowance Facilitators transport Per diem Airtime for coordination Hall hire Stationary | DONE, WORLD VISION |
| | Quarterly data review meetings conducted | conduct quarterly county data review meetings | Lunches for CHVS Lunches for HCW Hall hire | DONE, WORLD VISION |
| | | Organize and | Airtime Per diem Fuel | NOT DONE Environmental safeguards |

| | | | | |
|--|--|---|---|---|
| | | Train 65PHOs/CHEWs on water sampling technique | DSA Transport Facilitation allowance Facilitators transport Per diem Accommodation Airtime for coordination Hall hire Stationary | |
| | Water sampling conducted | Conduct water sampling | Lunches for PHOs (6) Facilitators allowance | NOT DONE Environmental safeguards mandate |
| | 5 public toilets constructed | Construct 5 public toilets | Labour cost | NOT DONE due to exclusion list for environmental safeguards |
| | 3 Villages triggered | Trigger 3 villages | Lunches for 5HCW Lunches for village members (20) Facilitator's allowance(4) | NOT DONE due to exclusion list for environmental safeguards |
| 6. Quality of health service delivery improved by 2022 | 30 HCW Trained on infection prevention and control | Organise training Train 30 health workers on infection prevention and control for 5 days | Airtime Per diem Fuel DSA Transport Facilitation allowance Facilitators transport Per diem Accommodation Airtime for coordination Hall hire Stationary | DONE, THS |
| | 4 sensitization meetings held | Quarterly Sensitization of 30 casuals /cleaners on infection prevention & control | Airtime Per diem Fuel Facilitation allowance Lunches for casuals Transport allowance | DONE, THS |

| | | | | |
|--|--|--|--|---------------------|
| | | Organize and train 80 health workers on KQMH and establish the quality teams | DSA Transport Facilitation allowance Facilitators transport Per diem Accommodation Airtime for coordination Hall hire stationary | DONE, AFYA PWANI |
| Increase 4 ANC Visit by 10% from 6.1 to 16.1% by 2022 | 60 HCW Trained on FANC by 2021 | Organize and Train 60 HCW on FANC | DSA for HCW Transport for HCW Accommodation Facilitators Transport for Facilitators Hall hire Stationery | NOT DONE RH Unit |
| | 60 HCW Trained on EMTCT by 2021 | Organize and Train 60 HCW on EMTCT | DSA for HCW Transport for HCW Accommodation Facilitators Transport for Facilitators Hall hire Stationery | NOT DONE RH Unit |
| | 50 CHV incentivized on 4 th ANC by 2021 | Incentivize 50 TBA/CHV For referring mothers for 4 th ANC Visits | Monthly allowance | DONE, THS |
| 7. Participatory monitoring and evaluation component improved delivery by 2022 | 4 KQMH Meetings held | Conduct quarterly review meetings on KQMH | Lunches for 40 HCW Hall hire Teas and snacks | DONE, AFYA PWANI |
| | | Conduct quarterly Data Quality Audit | Fuel Per diem Airtime for coordination Driver's lunch | DONE, THS |
| | | Organize and train 60 HCW ON RMNCAH Score card | DSA for HCW Transport for HCW Accommodation Facilitators | Ongoing RH Unit |

| | | | | |
|--|--|--|---|--|
| | | | Transport for Facilitators Hall hire Stationery | |
|--|--|--|---|--|

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?)
What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where Accurate answer is required from the county | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------|--|--|---|--|--|
| 11/9/2019 | Chamari | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization | Men women and children | Good service delivery and its continuity of the outreach program |
| 24/9/2019 | Gongoni | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization and immunization | Men women and children | Good service delivery and its continuity of the outreach program |
| 16/10/2019 | Kambicha | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization | Men women and children | Good service delivery and its continuity of the outreach program |
| 22/10/2019 | Msumarini/Marereni | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization | Men, women and children | Good service delivery and its continuity of the outreach program |
| 27/11/2019 | Kadzandani | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization | Men , women and children | Good service delivery and its continuity of the outreach program |

| | | | | | |
|------------|--|--|--|-------------------------|--|
| 18/12/2019 | Mrima wa Ndege | Nurses Clinical Officers Nutrition Officers Public Health Officer | FP, ANC visits, Nutritional assessment, treatment of minor ailments, PNC, HIV Counselling and Testing and immunization | Men, women and children | Good service delivery and its continuity of the outreach program |
| 6/8/2020 | Telephone conversation with VMG representative who participated in 2018 VMGP preparation | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Gedion Badiva | Priorities: Solar panel for Chamari dispensary, water. Mama kits not adequate. Need sensitisation and education for the community on need for ANC, SBA, FIC. Facilities serving them include Kasikini. Donbi, Nakazandani and Marafa. GRM: Request for inclusion of Waatha in health facility committees, Language barriers - Some Waata who visit facilities not able to understand treatment instructions-need to have Waata speaking personnel in health facilities who can translate instructions - Customer desk inclusion of a Waata |
| 13/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Lilian Hashama | Solar panel and vaccine fridge in Chamari dispensary. Sensitisation of mothers on RMNCAH, shortage of drugs. Corona education. Train CHVs on RH |
| 15/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Jacob Kokani | Met VMG FP. Discussed VMGP. Waatha to be included in health facility boards or committees |

5. **What outreach is planned for the future? Are there opportunities to review needs and implementation?**
 - Organize a GRM integrated outreaches
 - RMNCAH dialogues meeting and health action days

6. **(Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**
 Training of health workers on EmONC
 Training CHVs on family planning

7. **(What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)**

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Integrated Outreaches | 1,169,000 | 6,000,000 | 0.19% |
| Sensitize community on male involvement on healthseeking behaviour | 918,000 | 6,000,000 | 0.19% |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct 5 day bi- annual RMNCAH data quality audits to 144 facilities by 35 health care workers. | 925,000 | 8,000,000 | 0.11 |
| Conduct 1-day (bi-annual) feedback meeting to 144 facility in-charges on RMNCAH DQA findings | 626,000 | 8,000,000 | 0.07 |
| Provide cash incentives to 20 CHVs in 2 CUs per sub county for client referral for MNCAH: --4th ANC Visit, FP, Deliveries by SBAs, Immunization services, defaulter tracing (based on performance of CHV) | 6,510,600 | 8,000,000 | 0.81 |

| | | | |
|-------------------------------|-----------|-----------|------|
| Conduct integrated outreaches | 1,360,000 | 8,000,000 | 0.17 |
|-------------------------------|-----------|-----------|------|

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Integrated Outreaches | 1,200,000 | 10,000,000 | 0.12 |
| Procurement of Mobile phones for receiving grievance reports | 152,000 | 10,000,000 | 0.015 |

8. Were any health trainees sponsored by this project from this community?

| No | Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|----|---------------|-----------------------|----------------------------------|----------|---|
| 1 | Amina Hamza | Magarini sub-county | Enrolled community health nurses | No | Trainee |
| 2 | Phillip Wario | Magarini sub-county | Enrolled community health nurses | No | Trainee |
| 3 | Ibrahim Lukho | Ganze sub-county | Enrolled community health nurses | No | Trainee |

9. Action plan/recommendations for this community for 2021/22:

- Training CHVs on importance of immunizations
- Quarterly support supervision
- Integrated outreach services
- Procurement of mama kits
- Training HCWs on FANC

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procure and distribute 1000 mama kits for post-delivery clients @ 3,000 targeting VMGs Fundissa, Chakama, Gandini, ADC Danisa, Shomela, Kamale, Rima ra Pera, Bora imani, Muyu wa Kae, Sosoni, Shakahola, Matolani, Bombi, Baricho, Mulunguni, Marereni, Fundissa, Gongoni, Kambi ya waya, Midoina, shirango, Adu and mtoroni, Boresinwaya dispensaries | 3,000,000 | | |
| Procure and distribute 7 delivery beds @70,000 for Chamari, Shirango, Mulunguni, Adu, Kambi ya Waya, Midoina and Matolani dispensaries | 490,000 | | |
| Procure and distribute and install 5 solar fridges for Midoina, Chakama, Mulunguni matolani and Bombi dispensaries @ Ksh 300,000 AUCMA Meta fridge CFD-50SDD E003/098 supplied with complete plug and play solar system including a temperature monitoring device with voltage regulator | 1,500,000 | | |
| Sensitize 140 CHVs from VMG community on importance of immunization Transport allowance for the training of 140 CHVs for 3 days x 500 = 210,000 Hall hire for 6 session @ 3000 x 3 = 54,000 Facilitators lunch for 5 Pax @1500 x 6 sessions x 3 day = 135,000 facilitators transport 5 @1000 x 6 x 3 = 90,000 Stationery 145 pax @300 = 61,500, Printing & photocopying 145 x 300 = 61,500 Airtime 1,250 * 6 sessions = 7,500 | 619,500 | | |
| Sensitize 200 CHVs on male involvement on health seeking behaviour (FP, ANC and Immunization) for 3 days Transport allowance for the training of 200 CHVs for 3 days x 500 = 300,000 Hall hire for 8 sessions @ 3000 x 5 = 72,000 Facilitators lunch for 5 Pax @1500 x 8 sessions x 3 day = 180,000 Facilitators transport 5 @1000 x 8 = 120,000 Stationery 205 pax @300 = 61,500, Printing & photocopying 205 x 300 = 61,500 | 805,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Airtime 1,250 * 8 sessions = 10,000 | | | |
| Sensitize 100 Opinion leaders on immunization for one day lunch for Opinion leaders @1000*100*1=100,000 Transport for Opinion Leaders @1000*100*1=100,000 Hall hire for 4 session @ 4000 x 1 =16,000 Facilitators lunch for 5 Pax @1500 x 4 sessions x 1 day =30,000 facilitators transport 5 @1000 x 4 = 20,000 Stationery 105 pax @300 = 31,500, Printing & photocopying 105 x 300 =31,500 Airtime 1,000 * 4 sessions *4 = 16,000 Total = 345,000 | 345,000 | | |
| Procure assorted spare parts for immunization fridges: TCW 3000AC -Electronic 3000Ae PQS, Voltage stabilizer, gas regulator complete with horse pipes RCW 42 EG - 2 Cooling units, 3 thermostats, 5 door gaskets, 5 heating elements 85 watts, 5 Piezo igniter cables RCW50 EG - 2 Cooling units, Thermostats, 4 heating elements 120 watts MK144 - Electronic thermostat | 2,200,100 | | |
| Conduct 5 days training of 30 HCWs on LARC (Nurses and clinical officers) Conference Package @3000*30*5=450,000 Transport refund (two way) @1000*2*30=60,000 Accommodation @5000*30*5= 750,000 Facilitators per diem @8400*5*5= 210,000 Dinner allowance @ 1500*30*5= 225,000 Communication Airtime @1000*5=5000 Production of Training materials @500*30= 15,000 Certification @500*30=15,000 Stationery @500*30=15,000 | 1,970,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct monthly integrated outreaches in each of the 25 facilities serving VMG Community in Ganze and Magarini Transport HCWs pax 4 in 25 x 12*1000=1,200,000 Lunches pax 4* 25 x 12*1000=1,200,000 CHV lunch = 25 x 4 x 12 x 500 =600,000 CHVs transport = 25 x 4 x 12 x 500 =600,000 Airtime for coordination 500*4*25*500=50,000 | 3,700,000 | | |
| Conduct quarterly Mama to Mama and Binti to Binti groups meeting in Ganze and Magarini sub counties Transport allowance CHV pax 5, days2*12,@200 = 24,000 Lunch Allowance CHV pax5, days2 x 12months @500 = 60,000 Lunch for MOH mobilizers pax 4, days2 x12 months = 1000 = 96,000 Airtime pax4 x12x @500= 24,000 Transport HCW PAX 8 x 1000 x 12 months x 2 days = 192,000 Lunch HCW PAX 8 x 1000x 12months x 2days= 192,000 Snacks pax100 x 2 x 12 x 200 = 480,000 Total = 1,068,000 | 1,068,000 | | |
| Train 20 HCWs (Clinical officers and nurses) on EPI operation (10 pax per subcounty of Ganze and Magarini) for 5 days Half board for 20 pax for 5 days for 5000 = 500,000 Dinner for 20 pax for 5 days for 1500 =150,000 Transport for 25 pax return for 1000x 2 way=40,000 Facilitators Per diem for 5 pax for 5 days for @8400=210,000 Conference package for 25 pax X 5days for 3000=375,000 Stationery for 20 pax sessions @ 300 =6000 | 1,281,000 | | |
| Quarterly Supportive supervision to lower facilities targeting RMNCAH services by CHMT/s CHMT in Ganze and Magarini sub counties Drivers Allowance pax 7 x 4 x 5 days @750== 105,000 Fuel 30ltrs @ sub county for 5 days in a @quarter [36*7*5*4*100= 504,000 Officers Lunch Allowance @1,000 x 5 officers x 7sc x 5 days =700,000 Total = 1,309,000 | 1,309,000 | | |
| Conduct quarterly targeted family planning mentorship to 160 HCWs (40 per quarter) Lunches for TOTs 1000*7*10=140,000 Transport Allowance TOTs@2000*7*10=280,000 Lunches for mentees 1000*40*4=160,000 | 663,500 | | |

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Transport allowance (mentees)@500*40*4*1=80,000 Airtime for coordination 500*7=3,500 | | | |
| Total | 18,950,600 | 277,819,008 | 6.8% |

10 Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- The VMGs will be sensitized on GRM during outreaches that is planned under GRM budget for 2020/21
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Presence of Suggestion Boxes and a dedicated hotline established at the facilities
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Clarra Juaje

Position: VMG focal point

Date: September 2020

Consulted representative of VMG community:

Lillian Soso, Jacob Kokani and Gedion Badiva

Position: Waatha representatives

Date: July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 7th Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Kisumu

VMG: Nubian

Population 0.80 %

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Nubians are a small tribe within Kisumu County that migrated from Sudan many years ago and settled mainly along the railway line. A few that managed to reach the major towns still excluded themselves and settled in slum areas. Culturally, they discourage intermarriage with other communities. They depend on small businesses for their survival and also engage in manual work. They believe in use of traditional medicines for survival and still believe in their women being delivered by traditional women within their society. They mainly live in Kisumu town, Kaloleni, Manyatta Arabs, Tamuand Kibigori area of Miwani

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

The County had not identified Nubians as VMGs and therefore there no consultations held with the group. Their CAP was not developed and therefore it is not in the reference VMGP

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------|--|---|------------------------------------|---|--|
| 26/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Mabruka Daudi- | Lives in Kibigori area: Challenge of early teenage pregnancies as girls try to get funds for sanitary pads. Unplanned pregnancies. Kibigori dispensary to get 24hr services. Community Sensitisation on FP Myths and misconceptions. More Outreaches needed |
| 27/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | John Seda | Community Health strategy FP in Muhoroni Kibigori area. Noted challenges of Teenage pregnancies, HIV. Priorities. AdvocaCy- Youth and their parents on FP- Youth dialogue, youth/parent dialogue. Conduct Active case finding (door to door) for under 5 malnutrition and immunisation |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

- Integrated RMNCAH Outreaches
- Youth Peer Dialogues on Sexual Reproductive Health
- Parental Dialogues in community on Sexual Reproductive Health
- Community Unit Dialogues on Sexual Reproductive Health
- Dialogues with Community own resource Persons on SRH

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

None so far

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019: No activities done for this community during the said financial year

2019/2020: No activities done for this community during the said financial year

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|------|-----------------------|------------------|----------|---|
| None | none | none | none | none |

9. Action plan/recommendations for this community for next for the FY 2021/22 (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Integrated RMNCAH Outreaches
- Youth Peer Dialogues on Sexual Reproductive Health
- Parental Dialogues in community on Sexual Reproductive Health
- Community Unit Dialogues on Sexual Reproductive Health

2020 2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct Quarterly RMNCAH outreaches Using Beyond Zero Kibigori ,Transport Refund (mobilization) 5 CHVs @ 1000 x3 days x 4 qtrs=100,000, Lunch Refund for 14 (,6 SCHMT,and 8 CHVs) staff @1000 x 5 days x 4qtrs= 280,000, Fuel for Beyond Zero Lorry @ 10,000 per qtr * 4 qtrs=40,000, Lunch for CHMT(5)@ 1000/- per day for 5 days* 4 qtrs.=100,000. Total 520,00 | 520,000 | | |
| Conduct Quarterly 5 days Administrative Ward Focused Group Discussions with 50 Adolescents & Young persons on SRH to reduce teenage pregnancy & SGBV Kibigori and Miwani areas. Hall Hire @2000/ x 5 days * 4 qtrs.=40,000, LCD hire @2000/- x 5 days for 4 qtrs= 40,000, Stationary=28,000 Transport Refund 1000 x 50 x 4 quarter = 200,000, Daily conference package for 50 pax @ 1000/- per person *4 qtrs=200,000, Fuel for CHMT Vehicle @ 3000 x 5 days * 4 qtrs=60,000, Transport refund for 7 Facilitators @1000/-xf 5 days x 4 | 748,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| qtrs=140,000. Lunch Refund for 2 CHMT Officers @ 1000/ x 5 days * 4qtrs=40,000. Total 748,000 | | | |
| Conduct Administrative Ward Dialogue forums with Parents & Stakeholders quarterly on SRH to reduce teenage pregnancy & SGBV Muhoroni, Miwani and Kibigori. (5 days per quarter (4)) Hall Hire @2000/ x 5 x 4.=40,000, LCD hire 2000/- x 5 days x 4 qtrs= 40,000, Stationary=28,000 Transport Refund 1000 x 50 x 4 quarter = 200,000, Daily conference package for 50 pax @ 1000/- per person *4 qtrs=200,000, Fuel for CHMT Vehicle @ 3000 x 5 days * 4 qtrs=60,000, Transport refund for 7 Facilitators @1000/-xf 5 days x 4 qtrs=140,000. Lunch Refund for 2 CHMT Officers @ 1000/ x 5 days * 4qtrs=40,000. Total 748,000 | 748,000 | | |
| Defaulters identified and traced. Lunch Allowance 6 HCW * 1000 kshs * 3 days 4 quarters=72,000. Drivers Lunch Allowance 2 Drivers * 750Kshs * 3days * 4 quarters =18,000. Fuel 110 Kshs x 40Lt x 3days x 4 quarters =52,800. 10 CHV mobilization lunch @ 500/- x 3 days per qtr=60,000 Total 202,800 | 202,800 | | |
| Conduct 2-days quarterly community sensitization meetings Transport for 30pax @ 500 x 2-way x 2 days' x 4 qtrs.=240,000. Fuel 110 x 40L x 4qtrs =44,000. Hall hire @ 5,000 x 2 meetings x 4 qtrs= 40,000, Lunch for Drivers 750Kshs x 3days x 4 qtrs.=9,000. Tea and snacks for 30 x 400 x 2 days x 4 qtrs= 96,000 Stationary (flip charts) =20,000. DSA for 2 facilitators @ 4,000 x 3 days x 4 Qtrs.=96,000 | 545,000 | | |
| Pay incentives to CHVs who carry out defaulter tracing as per county. Performance based incentives as per county =34,229. Airtime for VMG focal person for coordination @ 2,000x12=24,000 | 58,229 | | |
| Total | 2,822,029 | 56,440,460 | 5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

There is general grievance Redress Mechanism but not specific to this community. This area needs to be well established and strengthened with the following actions planned in the current financial year:

- All facilities will have a designated officer to handle complaints.
- The VMGs will be sensitized on GRM during outreaches.
- Complain register books will be procured and distributed to all the health facilities for purposes of recording grievances including how they were resolved
- Appointment of Grievance focal person at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Monica Owuor, Jackton Okeyo

Position: VMG focal point

Date: 21/10/2020

Consulted representative of VMG community:

Name: Mabruka Daudi; John Seda CHFP

Position: Youth, CHFP

Date: 26/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT Social Safeguards officer

Date: 27/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020/21

County: KITUI

VMG: SOMALI-

Population - 11,361/1,136,187x100=1%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Somali are nomadic pastoralist with seasonal migration within the boarder of Tana River, Kitui and Garissa Counties. The nomadic practices disenfranchise the Somali community from accessing quality and improved primary health care services. Migration makes the vulnerable groups, such as mothers, children and youths to move away from health facilities. The community health units are weak and, in most cases, not established thus the communities heavily rely on traditional health attendants such as traditional birth attendants with many home deliveries and many children with zero doses in immunizations. The minority pastoralists have been marginalised by virtue of their small numbers and isolation in remote geographical locations away from their closely associated dominant social groups. Frequent inter clan conflicts due to pasture, food and water has worsened the health situation in the area.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Community CAP not included in the reference VMGP

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|--|--|--|
| 5.3.2019 | Inyale | CMMB/CGOK-MOH -SCPHN/VMG focal person -CMMB program coordinator -PHO-mutha WARD | -Health issues affecting the Somali nomadic community -Create awareness on outreach services and utilization of Maternity services at Ikutha Hospital and Mutha Health centre | -Community members (leaders, women, youth and men) | Community members said they appreciated the outreach services offered so far -They raised the issue of feeling discriminated in issuance of identity cards and birth certificates |
| 16.8.2019 | MUTHA H/C | -PHO-MUTHA WARD -Chief-Mutha location VMG-Focal person | -creating of awareness of rights to accessibility of quality health services in our health facilities -how to raise complaints and grievances through different channels | -community members (youth, men and women) | -Community members said they seek health services from available health facilities with no discrimination and they appreciated the outreach services offered in hard to reach areas. |
| 29.7.2020 | Mutha WARD | VMG FOCAL PERSON Chief –Mutha Location PHO-mutha Ward | -Prioritizing community health needs for the Somali VMG group -GRM awareness creation -Creating human rights awareness | - community members (youth, men and women) | -Community members said they appreciate services offered at Mutha Health Centre, Kalambani Dispensary and Kaatene Dispensary despite most of them having been driven to Tana River County from the illegal inhabitant of Kitui South game reserve. -They preferred outreaches to be taken in hard to reach areas, Adequate water supply at health facilities, Improvement of referral systems and frequent sensitizations meetings and dialogue days with health staff. Equipping of link facilities especially maternity. |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Muktar Aden | High maternal mortality Weldena dispensary has 12-18 deliveries but no maternity. Need basic laboratory services- plus transfusion services. Improve children services. Poor health of mothers, children. Drug shortage |

5. What outreach is planned for the future? Are there opportunities to review needs and implementation?

Integrated outreaches- immunisation, ANC and growth monitoring

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

The County health management team has mapped all the implementing partners in Kitui County and has factored in some budget for VMGs activities in selected wards where VMGs are available in the Annual work plan for 2020/2021

Sensitization and dissemination to the health workers on VMGs activities

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Integrated outreaches | 307,567 | 103,544,392 | 0.3% |
| Dialogue days | 80,000 | | |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| NONE | - | - | - | - |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Integrated Community outreaches
- Defaulter tracing for Immunizations and ANC
- Community dialogue days
- Sensitization meetings on Family planning, ANC attendance and PNC follow up

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| 8 Integrated mobile outreaches (beyond zero truck) at Imuumba, Musenge, Kiimani & Imwange 10 health care workers (4-Nurses, 1-RCO, 1-Pharm/tech, 1-O.T, 1-MLT, 1-HTS, 1-Nutritionist) x 8 days @1,000/= =80,000, 1 Drivers for pick up lunch allowance @1000/=(Transport of HCWs)x8=8,000, 1 per diem for mobile trucks @4200/=x8=33,600, 1 CHMT Coordinator per diem 7000/= x8=56,000, 1 CHMT Drivers per diem @4200/=x8=33,600, Fuel (1 trucks, 2 utility vehicles)=83,180.50, CHV Social mobilizations 4 chv @500 X8 Sites=16,000, Total 310,660.25/= | 310,380.50 | | |
| Supportive Supervision CHMT/SCHMT-Mutha, Kalambani & Kaatene Dispensaries @7000 x 2x2 quarters= 28,000, Driver @4200 x2= 8,400, Fuel @5000 per day x2=10,000, Total Ksh 46,400 | 46,400 | | |
| Community dialogue days on health and hygiene promotion and Grievance redress mechanism awareness 2 dialogue days Lunch allowance: Ward PHO-@1000/=X2=2,000, Facility CHEW@1000/=X2=2,000, 2 SCHMT-@2000/=4,0000, Fuel 3,000/=X 2=6,000, 65 Participants@200 Snacks x2=26,000 | 40,000 | | |
| Defaulter tracing on RNMCH (Immunizations and ANC) 1 ward @500 Airtime per month 12 months (Mutha Ward PHO) | 6,000 | | |
| Total for Somali community | 402,780.50 | 37,134,815 | 1.09 % |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- Sensitization meetings with community members on channels of GRM
- Sensitization of health care workers in VMG link facilities on GRM registers and reporting
- Procurement and distribution of complain register books to all the link facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Japhet Mbinda

Position: VMG focal point

Date: 20th August 2020

Consulted representative of VMG community

Name: Muktar Aden

Position: Somali representative

Date: 27th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 7th Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-21

County: KITUI

VMG: ORMA

Population: 5680(0.5%)

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Orma communities living in Kitui suffer multiple marginalizations. This has implications on access to development opportunities both at the sub-national and national development institutions.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|---|---|--|--|---|
| 1. Skilled delivery increased by an average of 10 % from 28% to 38% for Mutha Health Centre, Kalambani Dispensary and Kaatene dispensarie | 2-Renovated maternity units by 2018/2019 | Award contractor for renovation of Mutha HC and Kalambani Dispensary | Materials | Not done-No funds availed |
| | | | Labour | Not done-No funds availed |
| | 2-Procure Maternity units equipped by 2019/2020 | Procure Assorted maternity equipment | -6-Deliverysets | DONE-THS |
| | | | -2 Delivery Beds | DONE-THS |
| | | | -3 Examination Couches | DONE-THS |
| | | | -4HospitalBeds | DONE-THS |
| | | | -3completeExaminationtrays | DONE-USAID |
| | | | -2 Doppler Machines | DONE-RBF |
| | | | -6 room heaters | DONE-USAID |
| | | | -Assorted commodities and supplies Quarterly | Continuous-KEMSA-CGOK |
| Effective Referral System progressively improved by | Procure one fully equipped Ambulance | 1-complete functional ambulance | DONE-County government of Kitui(CGOK) | |

| | | | | |
|--------------------|-----------|---------------|--------------------------------|--|
| s by the end of | 2021/2022 | Maintenance | -Maintenance & Regular Service | continuous-County Government of kitui |
| | | Communication | 3-Mobile Phones | Done-RBF |

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|--|--|---|--|---|
| 2021 | | | Airtime | Continuous-CGOK |
| | | Fuel | | Continuous-CGOK |
| | | Insurance | | Continuous-CGOK |
| | 6 Staff Skills improved by 2017/2018 | Train 6 Nurses on EMOnC | 6 Nurses trained on EMOnC | 3 Nurses,1 RCO-trained through THS |
| | | Refresher Course for 2-Ambulance Drivers | 2-Drivers trained | 1 Driver trained-Red cross |
| A well-informed community on skilled delivery by 2017/2018 | | Stakeholder Mapping | 60 Opinion leaders | Done-THS |
| | | Sensitization Meetings | Lunches | DONE-THS |
| | | | Transport reimbursement | DONE-THS |
| | | | Curriculum Photocopies | DONE-THS |
| | | | Facilitators | DONE-THS |
| | Result based financing for CHVs improved per annum | -CHVs identify and refer mothers for services | Transport and lunches | DONE & Continuous-CMMB |
| | 3 Functional Community Units established 2017/18 | Recruitment and training of CHVs | | DONE-CMMB |
| | Community Dialogue Days held per quarter | Conduct 3 dialogue days in 3HFs per quarter | 36-Dialogue days held per quarter | DONE-THS |
| | Operation Linda Mama action days held per annum | Carry out 2 door to door advocacy meetings at community level every month | Job Aids, Refreshments | DONE-CMMB |
| | 30 TBAs trained, re-orient and training on IGAs by 2018/19 | | Training Material Approximate costs and Facilitation | NOT DONE- Beyond THS mandate |
| Maternity Open Days held per quarterly Innovations to orient WRA on importance of MCH/FP (Testimonies and experiences) held per annum | Conduct 12 maternity open days | Job Aids Refreshments, Transport | DONE-THS &CMMB &AFYA HALISI- USAID | |
| | Integrate cervical and breast cancer screening services into maternity open days | -Cryotherapy machines -VIA/VILI Consumables-Nitrous oxide | DONE-CMMB DONE-CMMB | |
| 1. 2. Family planning uptake increased targeting women of child bearing age by 2021 at Mutha H/C, Kalambani Dispensary and | 3 FP clinics to be renovated and equipped by 2017/2019 | Renovating of 3 family planning clinics | -Award contracts for renovations | NOT DONE-Funds unavailable |
| | 4-healthworkers trained on ASRH by the end of 2017/ 2018 | Training | Lunches Transport reimbursement 3 facilitators | DONE-USAID |
| | 3.T.V sets to be supplied by the end of 2017/201 | | urchase of 3 TV sets Lunches | DONE-CMMB |
| | | | | NOT DONE-NO electricity in |

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|--|--|--|---|---|
| Kaatene Dispensary | | | | facilities |
| 1. Women of childbearing age, and adolescent and youths) by 2021 | 4606 WCBA sensitized on contraceptive per year All 3-H/facilities supplied and stocked family planning facilities by the end of 2017/2018 5 Secondary and 7 Primary Schools with running school health program by end of 2017/18 | Train 30 CHVs on community family planning Conduct two sensitization meeting per month Redistribution of family planning commodities Carry out school health programs in 7- primary schools and 5 secondary schools on youth friendly services, sex education and life skills. | Transport reimbursement stationary's 3facilitators Conference package transport lunches(1driver), staff airtime lunches transport teaching aids | Ongoing-Mutomo SWEDEN Programme Ongoing-AFYA HALISI-USAID Ongoing-AFYA HALISI-USAID |
| 3. Fully immunized children by ...5% from 75% to 85.% by 2021 at Mutha Health centre Kalambani Dispensary and Kaatene Dispensary | 3 Health facilities equipped with vaccines storage equipment by the end of 2017/18 3 phones for 3facilities for follow-up 2 outreaches per month conducted per facilities. Procurement of EPI commodities Training of six(6)nurses from cold chain maintenance. Workable EPI micro plan to be in place 4606 woman of childbearing age (WCBA) sensitizes on fully immunization of child less than one year. Print and dissemination of job aids. | Procurement of cold chain equipment for 3 facilities. Procure gas cylinders and re-fill EPI gases per year Procure 3 phones for follow up Conduct integrated outreaches in hard to reach areas per year. Procure BCG syringes, vaccine trays, mothers and child booklets, Immunization monitoring charts Carry out a capacity building Of nurses on cold chain maintenance. Micro planning of EPI activities in 3facilities. | 2-EPI fridges 1freezer 6 vaccine carriers 6 gas cylinder re-filled 3phones Airtime Staff lunches Fuel CHV lunch Airtime Conference package Transport reimbursement Airtime Hall hire. Lunches10staffperfacilityTransport, Hall hire, 2facilitators. Transport Airtime, Lunch Transport for 6 staff Lunches for 6 staff | Done -GAVI/UNICEF-Continuous CGOK/CMMB DONE-CGOK/NHP Plus/AFYA HALISI DONE-THS/AFYA HALISI DONE-USAID-AFYA HALISI |

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|--|--|--|--|--|
| | | Conduct 2 sensitization meetings quarterly basis Printing. | printing | Ongoing-CMMB NOT DONE-Lack of funds |
| 4. 4 th ANC visit service utilization increased by10.% (from 40% to 50% by 2021 at Mutha H/C, Kalambani Dispensary and Kaatene Dispensary | 6MCH staff trained on FANC by 2017/18 Health facility equipped Women of child Bearing age sensitized and number of men involved 30CHVs trained on community midwifery Early screening of reproductive conditions and ANC profile | Conduct 6 nurses on FANC Procure MCH kits for 3 health facilities BP machine stethoscope, doppler machine, adult weighing scale, examination coaches, digital thermometer Procure utility vehicle Conducted10 barazas per month to advocate men involvement Sensitize 4606 WCBA on the importance of completing the 4 th ANC visits Integrate community midwifery into community through training 30 CHVs Cervical cancer screening ANC profile screening-conducting reverse ANC profile services fre2 | Transport reimbursement Lunches Stationery 3-MCH kits Lunches Transport reimbursement Lunch/ Transport reimbursement Facilitation PSA kits(50s) Acetic acid(500mls) Disposal speculum, Lugols iodine(500mls)Pregnancy test(50)VDRL kit(50s) Cumber10(100s HB cuvettes (haemocue50) Malaria kits(25s) | DONE-THS DONE-THS & CGOK DONE-THS NOT DONE-Lack of funds Not done-Lack of funds Ongoing-CMMB NOT DONE-Lack of funds DONE-CMMB KEMSA/CGOK |
| 5. Child nutritional status improved (underweight from % to 0 32%), stunting from32 % to 20% and wasting | Baseline survey on underweight and stunted children conducted Nutrition session given to mothers in the project area Bi annual vitamin-A supplementation successfully conducted Children below five years dewormed | Perform a baseline survey team of 6 people Conduct a baseline survey Carryout weekly nutrition education sessions to mothers in the project area on infant and young child feeding(IYCF) Enhance biannual vitamin-A supplementation to the under-five in the project area Deworm children aged five years and below in the project area | Lunches, transport Airtime Stationary Projectors Laptop Assorted foodstuffs(consumables)Stationery Transport Lunch Refreshments Fuel | Done-NHP PLUS Done-NHP PLUS Done-NHP PLUS Done-CMMB/AFYA |

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|--|---|--|--|--|
| | <p>Community demonstrations done</p> <p>Nutrition education sessions carried out to mothers in the project area</p> | <p>Carry out community based demonstrations on home-made calorie dense meals for children in the project area</p> | <p>Lunch</p> | <p>HALISI/UNICEF</p> <p>Done-CMMB/AFYA HALISI/UNICEF</p> <p>Done-NHP PLUS, THS</p> |
| | <p>Nutrition outreaches conducted in the project area</p> <p>Anthropometric equipment purchased</p> <p>Food supplements for the severely malnourished children purchased</p> | <p>Carry out nutrition education sessions to mothers in the project area</p> <p>Conduct nutrition outreach programmes for growth monitoring in the project area</p> <p>Purchase anthropometric equipment for growth monitoring</p> <p>Purchase food supplements for the rehabilitation of the very malnourished under-fives in the project area</p> | <p>Transport Drugs</p> <ul style="list-style-type: none"> • Weighing scales • Measuring tape • BP machine • Consumables • Assorted food supplements/commodities | <p>Done-UNICEF</p> <p>Done-UNICEF</p> <p>Done-UNICEF</p> <p>Done-NHP PLUS</p> |
| <p>6. Water, latrine coverage increased by 10% (water from 60% to 70%; latrine from 80 % to 90% by the year 2021 at Mutha H/C, Kalambani Dispensary and Kaatene Dispensary</p> | <p>Baseline survey on sanitation coverage status conducted 2017/2018</p> <p>Annual assessment on water and sanitation coverage</p> <p>CHV and civic leaders sensitized twice a year</p> <p>Linkage established between key corps Community members empowered on water sanitation and hygiene</p> <p>Data base established.</p> <p>Hygiene and health promotion enhanced.</p> <p>Issues of menstrual hygiene addressed among the school going girls.</p> | <p>Conducting of a base survey Assembling of relevant tool for the survey, Composing a team of professionals</p> <p>Site visits</p> <p>Re-training briefings and sensitization meetings</p> <p>Partnership to be established Amongst the communities and other sectors.</p> <p>Report writing and compilation.</p> <p>Formation of sanitation committees</p> <p>Bringing of other sections onboard, (education dept)</p> <p>Outreaches (clinics)</p> | <p>Trained personnel</p> <p>Allowances</p> <p>Training materials Manuals Stationeries</p> <p>Vehicles Fuel Supervisor Conference package</p> <p>TOT's, Time and venue Driver, PAS</p> <p>Cameras/video machines</p> <p>Driver PAS Cameras/video machines</p> | <p>DONE-UNICEF</p> |

| Objective | Output | Activity | Inputs | Activity Done, Not Done or Ongoing, Source of Funds |
|---|---|---|---|---|
| 7. Quality of health service delivery improved by 2022 | Integrated monitoring and evaluation/VMG team for quality assurance formed | Formation of quality improvement and assurance team-10-member team (health staff and VMGs) | Transport Lunches 3Facilitators Refreshment Airtime | NOT DONE-Disruption by COVID-19 PANDEMIC |
| | Quality team members trained | Capacity build the quality assurance team | Conference package for 3days Transport 3facilitators Airtime | DONE during COVID-19 PANDEMIC |
| | Infection prevention assorted equipment procured for the 3 facilities (Muthahc, Kalambani and Kaatene) | Procure assorted equipments yearly per facility (plastic containers) per facility Procure coloured paper bags for segregation of waste Procure IPC commodities and supplies | 3Sterilizer Coloured container basins Bin liners 3Gasburnerspluscylinders 50litresHypochlorite | Done-RBF DONE-RBF DONE-RBF Procured one-RBF DONE-CGOK |
| | Existing incinerators/burning chambers renovated | Renovate 3 incinerators/burning chambers | 3 incinerators/burning chambers | NOT DONE –On environmental safeguards exclusion list |
| | Placenta pit in place | Provide for placenta pits | 3 Placenta pits | DONE-One at Mutha H/C-CGOK |
| Participatory monitoring and evaluation Component improved delivery by 2021 | All 3 health facilities are visited | Conduct quarterly support supervision on community health facilities | Lunch Transport Airtime Stationary | DONE-THS |
| | 6 service providers trained on family planning contraceptives data request and reporting by 2017/18 | Training of health facility staffs on infection prevention and control measures | Conference package, transport Airtime 3Facilitators | DONE-THS/AFYA HALISI |
| | 4 indicator data review meetings held per year | Conduct quarterly indicator data review meetings | Conference package Transport Airtime Facilitation | DONE-THS/AFYA HALISI |
| | Participatory monitoring and evaluation team (with VMGs representative) formed by the end of 2017/1028 Participatory monitoring sessions conducted per quarter | Procure 10 Mobile phones for M&E in VMG areas and 3 (three) health facilities Procure 1 desktop, 1 laptop 1 printer | Laptop Desktop printer | NOT DONE-Lack of funds NOT DONE-Lack of funds |

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?)What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------------------|---------------|---|---|--|---|
| 16.8.2019 Community dialogue day | Inyale market | CMMB/CGOK-MOH -SCPHN/VMG focal person -CMMB program coordinator | Health issues affecting the Orma nomadic community -Create awareness on outreach services and utilization of Maternity services at Ikutha Hospital and Mutha Health centre | Community members (Leaders, women, youth and men) | Community members said they appreciated the outreach services offered so far They raised the issue of feeling discriminated in issuance of identity cards and birth certificates |
| 18.9.2020 | MUTHA WARD | VMG focal person Chief –mutha LOCATION PHO-Mutha WARD | -Prioritization of health issues in the community | -Orma VMG Community leaders -Mzee Isaak -Abdullah Karme | Community members said they appreciated health services given to them at Kitui County despite their nomadic way of life They preferred integrated outreach services to be taken to Kalalani area as most of their members have been pushed away by the government from the Kitui South game reserve. |

5. What outreach is planned for the future are there opportunities to review needs and implementation?
- Integrated outreaches- immunisation, ANC and growth monitoring
6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?
The County health management team has mapped all the implementing partners in Kitui County and has factored in some budget for VMGs activities in selected wards in the Annual work plan for 2020/2021
7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Integrated outreaches Dialogue days | 307,567 80,000 | | |
| TOTAL | 387,567 | 103,544,392 | 0.37% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| NONE | - | - | - | - |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendationsto enhance reach and appropriateness):

- Integrated Community outreaches

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct integratedmonthly RMNCH outreaches at Kalalani, Fuel @3000/= Lunch@1,000x4 Health staffs x8 days, @ 1000x 1 Driverx8 days, @1000x 2 Security officers x 8 days , @500x 2 CHVs Social mobilizations | 91,400 | 37,134,815 | |
| Purchase of medical equipments for Mutha health centre (maternity ward) 3 Solar batteries(200,000 Ampheres)@30,000 =90,000, 15 Bedsheets @1000=15,000 3 Infrared thermo-guns @8,000=24,000(1-Kalamabani Disp,Kaatene Disp&1 Mutha Health centre), Purchase(One) 10,000litre water storage tanks and installation@120,000 Purchase of 1 Gas Cooker and 13kg Gas cylinder for autoclaving RHMNC Instruments –@14,000- Mutha Health /C Total 263,000 | 263,000 | | |
| Total for Orma | 354,400 | 37,134,815 | 0.95 |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- GRM sensitisation planned with community members
- Sensitization of health care workers in VMG link facilities on GRM

Prepared by VMG Focal Person:

Name: Japheth Mbinda

Position: VMG Focal Person

Date: 6th October 2020

Consulted representative of VMG community

Name: Mzee Isaak, Abdullah Karme

Position: ORMA VMG Leader

Date: 18 September 2020

Checked and verified by Social Safeguards Officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 10th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County:KITUI

VMG: THARAKA

Population: 90,894 (8%)

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

Tharaka communities living in Kitui suffer multiple marginalizations. This has implications on access to development opportunities both at the sub-national and national development institutions. Migration makes the vulnerable groups, such as mothers, children and youths to move away from health facilities. The community health units are weak and, in most cases, not established thus the communities heavily rely on traditional health attendants with many home deliveries and many children with zero doses in immunizations. Tharaka Community are minority group in Kitui County bordering Tharaka Nithi County.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

CAP not in Reference VMGP.

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?)What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--------------|---|--|--|--|
| 28.7.2020 | THARAKA WARD | -VMG FOCAL PERSON -Chief-Tharaka Location -SCPHO-MwingiNorth Sub County | -Prioritization of health matters in the Tharaka community | Community leaders(Lenah Ciangombe, James - Francis Munywoki) | Community members said they wouldlike more women and childrenreachedwith Reproductive maternal child healthservices in the health facilities and in the hard to reach areas. |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|----------|--|---|--|--|--|
| | | | -Grievance redress mechanism -Creating of awareness on their rights | | -Improvement in maternity services by well equipping the maternity and strengthening of the referral systems -Improvement of water storage capacity at Tharaka health centre -Community dialogue days and sensitization on RHMNCH |
| 3/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | James Kyalo Nthenge CHV | Mwingi South bordering Tana River. Challenges on FP myths, none completion of vaccines. Priorities- Sensitisation/education on FP, ANC,. Outreaches- ANC- identify, organise and educate 15-20 women on ANC and SBA. Areas include Katoloni, Kamayagi and Tharaka. TBA to be encouraged to be mother companions. Incentives for CHVs e.g badges, printed T-shirts, caps. Motivate CHVs by providing lunches and transport for mobilisation |

5. What outreach is planned for the future are there opportunities to review needs and implementation?

-Integrated outreaches targeting immunisation and FP messaging

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

The County health management team has mapped all the implementing partners in Kitui County and has factored in some budget for VMGs activities in selected wards where vmgs are available in the Annual work plan for 2020/2021

Sensitization and dissemination to the health workers on VMGs activities

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Integrated outreaches Dialogue days | 307,567 80,000 | | |
| TOTAL | 387,567 | 103,544,392 | 0.37% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| NONE | - | - | - | - |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Integrated Community outreaches
- Mass screening of all under 5 years for malnutrition
- Formation of Community Units in the region

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| 8 Integrated mobile outreaches at kanyenga, Kamayagi, Gatoroni, Nthangani, Gatundu, Kamwerini, kariini & Ituramyura (beyond zero truck) 10 health care workers (4-Nurses, 1-RCO, 1-Pharm/tech, 1-O.T, 1-MLT, 1-HTS, 1-Nutritionist) x 8 days @ 1,000/= = 80,000 1 Drivers for pick up lunch allowance @ 1000/= (Transport of HCWs) x 8 = 8,000 1 per diem for mobile trucks @ 4200/= x 8 = 33,600, 1 CHMT Coordinator per diem 7000/= x 8 = 56,000, 1 CHMT Drivers per diem @ 4200/= x 8 = 33,600 Fuel (1 trucks, 2 utility vehicles) = 83,560.25, CHV Social mobilizations 4 chv @ 500 X 8 Sites = 16,000, Total 310,760.25/= | 310,760.25 | 37,134,815/= | 2.96 % |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Supportive supervision of VMG link facilities . TharakaHC,KonyuDispensary,NthanganiDispensary,Kanzinwa Dispensary (,CDH,THS, VMG focal persons and GRM focal Person) @7000/=x4days=56,000 Driver @4200 x4 days= 16,800, Fuel @5000per day x4= 20,000, Total Ksh 92,800/= | 92,800 | | |
| Incentives and identification of 120 CHVs in Tharaka&Mumoni Wards -Purchase of120 Branded T-shirts @1,200/= 144,000, -Purchase120 Caps @700/= 84,000, Badges 120 @500/= 60,000 Total Ksh 288,000 | 288,000 | | |
| Community dialogue days on health and hygiene promotion,RHMNAC awareness and GRM awareness 2 dialogue days Lunch allowance:Ward PHO-@1000/=X2=2,000 Facility CHEW@1000/=X2 =2,000 2 SCHMT- @1,500/=3,000, Fuel 5,000/=X 2 =10,000, Driver @1,000/x 2=2,000, 65 Participants@200 Snacks x2= 26,000, Total Ksh 45,000 | 45,000 | | |
| Defaulter tracing on RNMCH (Immunizations and ANC) 1 ward @500 Airtime per month 12 months(2 Ward PHOs)in Tharaka and Mumoni Ward | 12,000/= | | |
| Sensitization meeting on Family planning,Immunizations and ANC attendanc :2 CHEWS@lunch 1,000/=x2=2,000, Transport -@1500x2=3,000, 75 participants@200 Snacks=15,000 | 20,000 | | |
| Engagement meeting with Traditional Birth Attendants: 2 CHEWS-Lunch 1,000/=x2=2,000, Transport @1,500 /x2=3,000, 15TBAs @1000/= 15,000 | 20,000/= | | |
| Purchase of medical equipmentsforTharaka health centre(maternity ward) 2 Solar batteries(200,000 Ampheres)@30,000=60,000, 1 Delivery couch @100,000-, 15 Bed sheets @1000-=15,000, 2 Infrared thermo-guns @8,000=16,000(Konyu Dispensary AND Tharaka Health Centre), (One) 10,000litre water storage tank and installation=120,000 –Tharaka Health Centre | 311,000 | | |
| Total for Tharaka | 1,099,560.25 | 37,134,815/= | 2.96 % |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Sensitization meetings with community members on channels of GRM
- Sensitization of health care workers in VMG link facilities on GRM registers and reporting of the grievances and redress mechanisms

Prepared by VMG Focal Person:

Name: Japhet Mbinda

Position: VMG Focal Person

Date: 7/10/2020

Consulted representative of VMG community

Name: James Kyalo Nthenge

Position: CHV/VMG Tharaka Representative

Date: 3/8/2020

Checked and verified by Social Safeguards Officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 10/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020 2021

County: KWALE

VMGs: WAKIFUNDI

Population: 7891 (0.87%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Wakifundi community live in Shimoni area of Kwale County in Lungalunga Sub County. The community has maintained their ancestral land and has not scattered to other areas of the Kwale County. The community communicates by Kitwaka language. Their main economic activity is farming and fishing. The community has several challenges when accessing PHC services. Most of them live very far from the facility which serves their population. They have poor infrastructure especially roads and transport to reach health facilities. They also have challenge in reproductive health matters especially health seeking behaviour, water and sanitation. They are marginalized by the Mijikenda following their association with the ancient slave trade.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Community CAP was not included in 2017 reference VMGP workshop

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------------|--|--|---|--|--|
| 25 th October 2019 | Shimoni catchment area | SCPHN, SCRHC, VMG Focal person | Facility performance VMGs representation in the HFMCs Grievance redress mechanism | Members of the VMGs | Members appreciated the services, requested for extension of services to neighbouring catchment area of Mkwiro which serves their community |
| 15 th July 2020 | Telephone conversation with VMG representative who participated in 2018 VMGP preparation | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Ndalu Mshee, Wakifundi Representative consulted, | Community has benefited from WB KECHN scholarships. Need for Screening for cancers- Breast, cervix, More dialogue days. Increase RMNCAH services |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreaches- immunisation, ANC
RMNCAH dialogues meeting and health action days to continue in Shimoni and Mkwiro.

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Health workers have had training on BEmONC and LARC to improve their RMNCAH skills that will also benefit the VMGs.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Health action days, Community sensitization meetings for inclusion in HFMCs, Performance review meetings with HFMCs | 2,615,750 | 35,702,821.20 | 0.07% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|-------------------------------------|-----------------------------|--|-------------------------------------|
| Health action days, mobile clinics, | 2,156,400 | 23,762,184.99 | 0.39% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------------------------|------------------------------|------------------------|-----------------|--|
| Hassan Hatibu Salim | Lungalunga | KECHN | Yes | Yes |
| Juma Hassan Kimate | Lungalunga | KECHN | Yes | Yes |
| Bahati Abdalla Mwadele | Lungalunga | KECHN | Yes | Yes |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

The list below captures the community consultations with the Community, Sub county and County in August 2020 at a meeting held in Shimoni:

- a. Landscaping for safety of Shimoni facility as the land is rocky and not safe for movement

- b. RMNCAH dialogues meeting and health action days to continue in Shimoni and Mkwiro.
- c. They need a boat ambulance to handle emergencies from Mkwiro to the mainland
- d. Also need an ambulance at Shimoni dispensary
- e. 24hour services at Shimoni dispensary
- f. Female nurses to be at Shimoni dispensaries to handle ANCs mothers and deliveries-Cultural concerns
- g. Drilling of borehole at Shimoni dispensary and piping- 2020/2021
- h. Water tanks at Mkwiro dispensary
- i. Protection of open wells and three-month watertreatment
- j. Training of CHVs on MNCH guideline
- k. Registration of births at the community
- l. Equal opportunity for KMTCs entries to be considered.
- m. Laboratory services at Mkwiro dispensary

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct Quarterly dialogue and feedback meetings with VMG including TBAs on RMNCAH services | 24,000 | 34,014,814.81 | 0.07 |
| Conduct quarterly RMCAH health action days in the facility catchment area targeting LARC, cancer screening, Immunization and ANC services | 118,400 | 34,014,814.81 | 0.35 |
| Drilling and piping of bore hole at Shimoni dispensary | 1,499,814.81 | 34,014,814.81 | 4.04 |
| Total | 1,642,214.81 | 34,014,814.81 | 4.83% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

GRM sensitisation planned under GRM budget for 2020/21

- Inclusion of Wakifundi representative in the Health Facility Management Committee (HFMC)
- Sensitization of the community on GRM planned under GRM budget for 2020/21
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Edward Mumbo

Position: VMG focal point

Date: 11th August 2020

Consulted representative of VMG community:

Name: Ndalú Mshee

Position: Wakifundi elder involved in 2018 consultations

Date: 15th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 3rd Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020 -2021

County: KWALE

VMGs: WATSWAKA

Population: 7166(0.79%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (Copied from reference VMGP)

The Watswaka community live in Mzizima area of Kwale County in Lungalunga Sub County. The community has maintained their ancestral land and has not scattered to other areas of the Kwale County. The community communicates by Kitwaka language. Their main economic activity is farming and fishing. The community has several challenges associated with access to PHC services. Most of them live very far from the facility which serves their population. They have poor infrastructure especially roads and transport to reach health facilities. They also have challenge in reproductive health matters especially health seeking behaviour, water and sanitation. They are marginalized by the Mijikenda following their association with the ancient slave trade.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Community CAP not in 2017 reference VMGP

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|--------------------------------|---------|---|---|--|---|
| 9 th September 2019 | Mzizima | SCPHN, SCRHC, VMG Focal person | Facility performance VMGs representation in the HFMCs Grievance redress mechanism | HFMC | Only one member of HFMC is not from VMG |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------------|--|---|---|---|---|
| 25 th October 2019 | Mzizima catchment area | SCPHN, SCRHC, VMG Focal person | Facility performance VMGs representation in the HFMCs Grievance redress mechanism | Members of the VMGs | Delivery services still low. Facility maternity does not have light Suggestion box available not used Facility not identified a focal person for GRM |
| 27 th July 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Bakari Kassim Representative (CHV) consulted, | CHVs have been sensitised on RHMNCAH, Need more CHVs. Poor road network. Consider upgrading Mzizima and Swaka Dispensary to health center status. Increase staff and services offered in the facilities |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Continue with the RMNCAH action days and dialogue meeting

Beyond zero outreaches to be done in these areas- Chiromo, Utsamba, Mtibwa, Magogoni, Guraya

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

BEmONC, LARC, empower CHVs to mobilize clients through orienting them on RMCAH services,

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Health action days, Community sensitization meetings for inclusion in HFMCs, Performance review meetings with HFMCs | 2,615,750 | 35,702,821.20 | 0.07% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|-------------------------------------|-----------------------------|--|-------------------------------------|
| Health Action days, Mobile clinics, | 2,156,400 | 23,762,184.99 | 0.39% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------------------|------------------------------|------------------------|-----------------|--|
| Salima Habubabdu | | KECN | Finished | Yes (private firm) |
| Fatuma Salim | | KECN | Finished | Yes |
| Mwajumbe Abdalla | | KECN | Finished | Yes |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

1. Upgrading the facility to a health Centre and have 24 hours services
2. Continue with the RMNCAH action days and dialogue meeting
3. Since the facility has a large catchment population and serves 19 villages and some of the villages are hard to reach approx. 7 km to the health facility with poor road access these areas includes villages:- Chiromo, Utsamba, Mtibwa, Magogoni, Guraya, the elders felt that there is need for emergency ambulance services and beyond zero outreaches to be done in these areas
4. Renovation of the dispensary
5. Need for piped running water to the facility
6. Painting and maintenance of building and staff house
7. Purchases of steam sterilizer
8. Conduct targeted immunization outreaches to the hard to reach villages
9. Construction of water collection and storage for roof catchment in Chiromo, Kibuyuni and Kijiweni
10. Safeguarding the open wells and treatment
11. TBA engagement dialogue meeting monthly as birth companion
12. Registration of birth and certification at facility to promote skilled delivery

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct quarterly dialogue and feedback meetings on RMCAH services | 24,000 | 34,014,814.81 | 0.07 |
| Procure a solar EPI refrigerator for the Watswaka group of VMGs accessing services at Mzizima dispensary | 450,000 | 34,014,814.81 | 1.32 |
| Conduct Beyond zero outreaches in the facility catchment area targeting LARC, CX Cancer screening, Immunization and ANC services in Chiromo, Utsamba, Mtibwa, Magogoni, Guraya villages in Mzizima dispensary catchment area | 111,233 | 34,014,814.81 | 0.33 |
| Conduct quarterly RMCAH health action days | 118,400 | 34,014,814.81 | 0.35 |
| Total | 703,633 | 34,014,814.81 | 2.07 |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Existence of a community leadership group that speaks for the community.
- Community represented in Health Facility management Committee
- Availability of suggestion boxes in facilities
- GRM sensitisation and discussion during community dialogue days planned under GRM budget for 2020/21
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Edward Mumbo

Position: VMG focal point

Date: 11th August 2020

Consulted representative of VMG community:

Name: Bakari Kassim

Position: Watswaka CHV

Date: 27th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 4rd Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: KWALE

VMGs: MAKONDE

Population 4032 (0.45%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Makonde people are also facing some challenges as far as health is concerned. The Wamakonde live in Kinondo and Pongwe Kikoneni award of Msambweni and Lungalunga sub County respectively. They live relatively near health facilities however they are marginalized because they have not had identity cards for long thus they cannot access health services under social schemes like NHIF and securing formal employment has been a challenge to them. They are small scale farmers in the region with majority employed in casual jobs in the sugarcane estate of Ramisi. They are marginalized among the Mijikenda as they are associated to be foreigners from Malawi.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Makonde of Kwale VMG action plans

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|---|---|---|--|
| 1. Skilled delivery increased by an average of 5 % from 0% to 15% by the end of 2022 | Gazi Dispensary Delivery room completed by end of 2017/18 | Prepare BQs for the renovation, Procurement for contractor, Supervision of the construction | Contract, Fuel | Done Constituency Development Fund-2017/2018 |
| | Gazi dispensary equipped with delivery equipment by 2017/18 | Supplying of delivery equipment | (2 delivery beds, 2 delivery sets, 1 resting bed, 2 weighing machines, 4 green towels, 1 foetal scope and resuscitation equipment 6 bedsheets | Done , CGK, APHIA Pwani (USAID) Delivery beds not yet |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|---|---|---|---|
| | | | purchased IP Equipment Autoclaving machine purchased | |
| | One staff mentored on handling emergencies and pantograph quarterly | Supervision | fuel | Done- THS |
| | 10 CHVs Sensitized on skilled delivery quarterly | Organise meeting | Stationary, Transport reimbursement | Done-THS |
| | 100 households sensitized on skilled delivery quarterly | Mapping households for women of child bearing age, Organise sensitisation meeting, Facilitate meeting | Registers, notebooks, Lunch for 10 CHVs Transport/lunch for 2 facilitators | Done- THS |
| 2. Family planning uptake increased by 5% (from 2% to 27%) targeting (women of child bearing age, and adolescent and youths) by 2021 | 100 households sensitised on FP quarterly | Mapping of households with women of child bearing age, Organise meeting, Facilitate meeting | Registers, notebooks, Lunch/transport for 2 facilitators, Lunch for 10 CHVs | Done - THS |
| | 30 opinion leaders sensitised on FP biannually | training | Stationery, Lunches for 3 officers Transport for 30 opinion leaders | Not done |
| | FP commodities supplied at Gazi quarterly | Delivering of commodities | fuel | Done CGK |
| 3. Fully immunized children increased by 10% from 15% to 65% by 2022 | kepi fridge at Gazi supplied | procurement | Purchasing, transport | Done- THS |
| | 100 households sensitised on immunisation quarterly | Mapping of households for children of under 1 yr. | Registers, Transport for 10 CHVs | Done THS |
| | 10 CHVs Sensitized on defaulter tracing mechanism quarterly | Training | Transport for 10 CHVs | Done THS |
| | 1 Chiefs barazas quarterly | sensitisation | Lunches for 3 officers | Not done |
| 4 th ANC visit improved by 10 % | 1 CU (10 CHVs) sensitised on community Rh package | Organise meeting Facilitate meeting | Airtime, Transport/lunch for 10 CHVs | Done THS |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|---|--------------------------------------|--|---|
| from 11.4 % to 21% annually by 2021 | | Provide refreshment | Refreshment for 10 CHVs and 2 facilitators | |
| | 100 households mapped for pregnant mothers annually | Organise mapping Conduct mapping | Airtime, Lunch/ transport for 10 CHVs, Refreshment for 10 CHVs and 2 health care providers | Done THS |
| | 1 male(100 men) dialogue conducted quarterly | Organise meeting, Conduct meeting | Airtime, Lunch/transport for 2 HCWs | Not done |
| | 2 nurses sensitised on FANC annually | Conduct CME | Refreshment for 5 participants, Transport/lunch for 2 facilitators | Done THS |
| | Quarterly community sensitisation meeting on nutrition conducted | Training | Lunches for 4 officers | Done UNICEF |
| | Daily morning health talks on nutrition at Gazi | Health talks | IEC materials | Done CGK |
| 5. Water, sanitation and hygiene coverage improved by 10% from 65% to 75% by the year 2020 | 1 borehole at Gazi drilled for 3 year | Drilling | contractor | Done CGK |
| Monitoring and evaluation | facility visited quarterly by 6 supervisors by | supervision | Fuel, lunches | Done THS |
| 7. Quality of health service delivery improved by 2022 | Quarterly performance evaluation meetings for 30 officers /CHVs/ CHAS conducted | meetings | lunches | Done |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------|--|--|---|---|--|
| 29/11/2019 | Gazi catchment area | SCPHN, SCRHC, VMG Focal person | Facility performance VMGs representation in the HFMCs Grievance redress mechanism | Members of the VMGs | Community appreciated the initiative |
| 3/9/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Thomas Nguli Chairman | Need involvement/inclusion of VMG community members in the HFMC at the dispensary level- Gazi. Sensitisation of mothers. Challenges of early pregnancies. CHVs involvement in the Mandongoni-Gazi dispensary outreaches. Water pump for the borehole |

5. **What outreach is planned for the future including reviewing VMGs needs and implementation?**
Community dialogues meetings, integrated outreaches using Beyond zero
6. **What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**
BEmONC, LARC
7. **What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)**

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Health action days, Community sensitization meetings for inclusion in HFMCs, Performance review meetings with HFMCs | 2,615,750 | 3,570,282,120 | 0.07% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|-------------------------------------|-----------------------------|--|-------------------------------------|
| Health Action days, Mobile clinics, | 2,156,400 | 2,376,218,499 | 0.39% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | | | | |

9. Action plan/recommendations for this community for next AWP(activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

1. Inclusion of Makonde in Gazi HFMC
2. Purchase of Delivery beds
3. Community Feedback meetings on facility performance and utilisation of services
4. Monthly integrated outreaches

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct Quarterly Dialogue and feedback meetings feedback on RMCAH services with the Wamakonde community | 24,000 | | |
| Conduct quarterly RMCAH health action days in Makongeni and Fihoni village in Gazi health facility catchment area, Water pump 30,000 | 88,400 | | |
| Conduct Beyond zero outreaches in the facility catchment area targeting LARC, CX Cancer screening, Immunization and ANC services in Fihoni village | 222,466 | | |
| Purchase water pump for community borehole serving Gazi health facility | 30,000 | | |
| Total | 364,866 | 34,014,814.81 | 1.07 |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Makonde have a community leadership group that speaks for the community led by a chairman.
- GRM sensitisation planned under GRM budget for 2020/21
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Edward Mumbo

Position: VMG focal point

Date: 5/11/2020

Consulted representative of VMG community:

Name: Thomas Nguli

Position: Chairman

Date: 3/9/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 5/11/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: KWALE

VMGs: WAATHA

Population 3802 (0.42%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

Waatha suffer numerous challenges that affect their access to primary health services. The community is located in the geographically remote areas of Kwale, County in Kinango Sub County. The infrastructure and social facilities are poorly developed. Thus, communication to the trading centre, including to the health facility is often a challenge. Despite the community striving to gain education, and in deed have several educated individuals the school infrastructure in the community is poor. The community suffer stereotypes and are generally regarded as lagging behind in terms of modern civilisation. Thus, they are critically excluded from employment opportunities. With hunting having been illegalised and the area being a semi-arid region, the community has minimal opportunity for livelihood. They therefore depend on casual labour from the dominant society. Couple with stereotyping, stigmatisation leads to a further discrimination and marginalisation of the Waathas.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Community did not participate in 2018 reference VMGP workshop

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------------------------|--|---|---|--|---|
| 27 th August 2019 | Kilibasi dispensary catchment area villages | SCPHN, SCRHC, VMG Focal person | Facility performance VMGs representation in the HFMCs Grievance redress mechanism | Members of the VMGs | -Community appreciated services offered |
| 15 th July 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Guyo Galgalo | Increase Immunisation, more dialogue days |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Conduct quarterly dialogue and feedback meetings with the community

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

BEmONC, LARC

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Health action days, Community sensitization meetings for inclusion in HFMCs, Performance review meetings with HFMCs | 2,615,750 | 35,702,821.20 | 0.07% |

2019/2020

| | | | |
|--------------------------------|-----------------------------|--|-------------------------------------|
| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|

| | | | |
|-------------------------------------|-----------|---------------|-------|
| Health Action days, Mobile clinics, | 2,156,400 | 23,762,184.99 | 0.39% |
|-------------------------------------|-----------|---------------|-------|

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|--------------------------|-----------------------|-----------------|----------|---|
| Ruth Hashora Godana | Kinango | KECHN | No | Not finished college |
| Phelister Diram Kenyatta | Kinango | KECHN | No | Not finished college |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

1. Planning meetings in the facilities
2. Monthly outreaches
3. Quarterly feedback meetings in the community
4. Quarterly Community dialogues to create demand and utilization of services
5. Training of HFMCs in their roles
6. Include Waatha representative in the HFMC
7. Fencing of the health facility

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct Quarterly Dialogue and feedback meetings feedback | 24,000 | | |
| Conduct quarterly RMCAH health action days | 118,400 | | |
| Conduct Beyond zero outreaches in the facility catchment area targeting LARC, CX Cancer screening, Immunization and ANC services | 222,466 | | |
| Total | 364,866 | 34,014,814.81 | 1.07 |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

This will be strengthened 2020 2021 by the following actions:

- Inclusion of Waatha representative in the Health Facility Management Committee HFMC)
- Sensitization of the community on GRM during quarterly dialogue and feedback meetings
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Edward Mumbo

Position: VMG focal point

Date: 11th August 2020

Consulted representative of VMG community:

Name: Guyo Galgalo

Position: Waatha representative

Date: 15th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 3rd September 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Laikipia

VMG: Yiaku

Population: 8000(1.5%)

1. What is the legal and institutional framework applicable to these groups? (STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Yaaku are one of the smallest tribes in Kenya. They were known for hunting game and gathering honey and wild fruit, which led the community to be scattered around the country. Geographically, the Yaaku live in Doldol area Laikipia North Subcounty in Laikipia Kenya. ,They have so far been assimilated into Maasai culture, only a few old men are able to speak the Yaaku dialect. Currently the Yaaku community is treated with low esteem among the Maasai.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|----------------------------|---------------------------------------|---|
| Increase the proportion of fully immunized children from 161 to 213 by year 2021 | 213 of Children under one year fully immunized | Health education | Transport and Lunch | THS 2019. 2020/2021 |
| | | Integrated Mobile Outreach | Fuel (120 Litres) Lunch for 10 HCs | |
| | | | Drugs (assorted) | Done-County Government 2019 |
| | | Dialogue and action days | Transport and Lunch 2 officers | Done-County Government 2019 |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|---|---|
| To reduce the proportion of children < 5 years who are underweight from 41 to 29 | 1140 under five children within normal weight | Health education and nutrition screening | Anthropometrics ((assorted) Lunch 2 Officers, Lunch for 2 CHVs Fuel (120 Litres) | Done -County Government 2019 |
| To reduce number of children dying before they celebrate the first birthday (0-11 months) 39 per 1000 live births to 33 by 2021 | Reduced number of neonates dying within 28 days of life to 33 per 1000 live births | Health education on health cord care by use of Chlorhexine, observe for bleeding and signs of infection | Human resource | Done-County Government and Partner (DSW) and on going |
| | | 5 days Training 25 CHVs on Essential maternal and New born care | Transport reimbursement Conference Package Stationary (assorted) Facilitation allowance for 3 facilitators Accommodation | Partially Done-County Government -2019 |
| | 1000 WCBA Sensitized on care of neonates | Health education on importance of keeping baby warm and exclusive breastfeeding in the first 6 months of life | Human resource Human resource | Ongoing CGL, DFH |
| Increase the number of women of child bearing age accessing and using modern family planning methods from 700 to 892 | 892 women of child bearing age are using and accessing modern family planning methods | Microteaching in the health facility | Human resource | Done- County Government (ongoing) |
| | | Teaching importance of FP in community meetings | Lunch and transport for 10 CHVs | Done-Government (2019 and ongoing) |
| Increase the number of pregnant women attending at least 4 ANC Visits before delivery from 87 per year to 127 | 127 pregnant women attending at least 4 ANC visits hence reduction complication of pregnancy | ASCM, Health education to community on importance of focused antenatal care(FANC) health facilities, churches and other community gatherings | Human resource | Done-County Government (2018,2019 and ongoing 2020 2021) |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|---|---|
| Increase the number of pregnant women delivering in health facility under skilled birth attendant from 130 per year to 170 by 2021 by 2021 at Doldol Sub county Hospital | 170 pregnant women delivering in health facility under skilled birth attendant and reduced complications of labour and delivery | Renovation of the current labour ward to higher standard | Building materials | Done-County Government 2018 |
| | | | Labour | |
| | | Equipping maternity unit with relevant equipment | 2 Delivery bed | Done THS-2018 |
| | | | 10 Delivery set | Done-County Government 2018, THS 2020 |
| | | Construction of maternal shelters | Building materials Construction labour 5 bed and beddings | Not Yet Done Maternity unit constructed in the facility thus shelter not necessary |
| | | Construction of a modern maternity Unit | Building material | Done-County Government 2018 |
| | | Teach community 100 members on starting income generation activities | Lunch for facilitators (Consultant) Lunch CHVs Refreshments (Water) | Not Yet Done. Beyond scope of THS project (IGAs) |
| | | Educating community on importance of delivering in Health facility under skilled birth attendant within the facility, Chief's barazas, Church and other social places | Human resource | Done and ongoing- County Government |
| | | Microteaching in the health facility and mobile outreach | Human resource | Done and in progress-County Government and THS |
| | | Health facility micro teaching, Chief's barazas, Church and other social places | Human resource | Done and in progress-County Government and THS |
| To reduce the emerging burden of non-communicable diseases in the community | 500 Members of the community sensitized on prevention of non-communicable diseases | Health education, Advocacy, Communication on and Social mobilization | Human resource | Partially done-County Government |
| | | Stocking of relevant medicines on non-communicable diseases | Assorted medicine for Diabetes, hypertension Ulcers Asthma etc | Done-County Government |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|---|---|
| To reduce the number of people suffering from preventable diseases | Diarrhoea incidences reduced from 744 to 200 per year by 2021 | Health education on personal and environmental hygiene practices | Human resource | Done- County Government 2018,2019 and on going |
| | Reduced incidences eye infections from 243 per year to 100 by 2021 | Sinking of four (4) boreholes for supply of safe drinking water | Labour, pipes, connection to power | Not yet Done County Government mandate |
| | Reduced incidences skin conditions due to poor hygiene practices from 1030 per year to 500 by 2021 | Construction of sub-service dams | Machinery | Not yet Done County Government mandate |
| | | Supply of water treatment chemicals | Chemicals | Done and in progress County Government |
| To reduce the burden of communicable diseases | Reduced number of people being infected with TB from 6 to 3 per year | Health education on prevention and treatment | Human resource | Ongoing through TB Program |
| | | Conduct mass screening of people with cough | Reagents and equipment Fuel (80 Litres) Lunch for people | |
| To reduce the number of young people engaging in drug and substance abuse | 500 youths trained on income generating activities | Guidance and counselling | Consultant | Not yet done Beyond THS mandate |
| | | Construction of a youth centre | Building materials, Labour Equipment and furniture | |
| | | Construction of 10 green houses | Materials Seeds and seedlings Water tank Water pump Drips (pipes) | Not yet done Beyond THS mandate Ministry of Agriculture |
| | | Making of bricks | Equipment (Machine moulds) Shelter Cement and sand | |
| To reduce the number of young girls entering in early marriages | 500 people sensitized on dangers of early marriage | Strengthening the existing rescue centre | Funds | CGL |
| | | ACSM | Human resource | |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|--|---|
| To reduce number of young girls becoming pregnant | 1000 youths and adolescents sensitized on ASRH by 2021 | School health programs on Adolescent Sexual Reproductive Health (ASRH) | Human resource | CGL Ongoing |
| | | ACSM on ASRH to the community | Human resource | |
| Eradicate female genital mutilation | 1000 people sensitized on dangers of FGM | Organize ceremonies on Right of Passage for 30 for 3 days young girls per year | Stationary (assorted) Meals 6 Facilitators allowance Graduation attire (Lesso and sandals) | CGL Ongoing |
| | | ACSM | Human resource | |
| To reduce the burden of those infected and affected by HIV/AIDS and enrol those positive on care | 1000 people sensitized on prevention of HIV infection and reduction of stigma by 2021 | Do biannual mass testing and counselling for 10 days per session | Test kits Lunch allowance for 4 HIV counsellors | CGL Ongoing |
| | | Health education to community on HIV/AIDS to create awareness | Human resource | |
| To improve environmental and personal hygiene practices | 25 CHVs trained on environmental and personal hygiene | Sensitize community on best practices on personal and environmental hygiene | Human resource | CGL Ongoing with Corvid project |
| To increase the latrine coverage from current 6 of all Yaaku households to 50 by 2021 | 50 households using pit latrine by 2021 | Sensitize the community on importance of using pit latrines to reduce incidences of disease outbreaks | Human resource | CGL Ongoing |

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? | What was | Who attended from | Feedback from communities |
|------|-------|------------------|----------|-------------------|---------------------------|
|------|-------|------------------|----------|-------------------|---------------------------|

| | | (government worker positions) | discussed | VMG community (women, men) | |
|----------------|--|--|------------------------------------|---|---|
| Q 3&4 2018/19 | Doldol, East Laikipia, Chumvi | SCHMT, Health Workers, CHVs, CHAs | Health Talks on RMNCAH matters | Women, Men, Youth and Children | They appreciated the services offered and endeavoured to regularly seek the same from our facilities |
| 14th July 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Jennifer Koinante Representative consulted, | The community was able to Sort out the GRM raised issues with Laikipia CHMT. Consensus arrived at and complaint withdrawn |

5. What outreach is planned for the future, are there opportunities to review needs and implementation

Triannual integrated outreaches are planned for FY 2020/2021, in the same setting views will be received from the Yaaku people on the services received so far, in case priorities have changed the same will be factored in when planning for 2021/22

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs? (Measures to enhance the capacity of the project implementing agencies)

- Training of health workers on LARC done. This will assist in counselling VMGs on long term family planning methods hence improving women of child bearing age health.)
- EMONC training done
- EPI Operational level Training

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Procurement of 2 Delivery Beds for Doldol Subcounty Hospital | 678,000 | | |
| Procurement of 2 Vaccine fridges for Chumvi and East Laikipia dispensaries | 750,000 | | |
| Procurement of 2 HB Machines for Chumvi and East Laikipia Dispensaries | 31,000 | | |
| Procurement of 6 Vaccine Carriers for Doldol SCH, Chumvi, and East Laikipia Dispensaries | 59,880 | | |
| Integrated Outreaches done in Q 3&4 | 120,000 | | |
| TOTAL | 1,638,880 | 42,077,094 | 3.9% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---------------------------------|-----------------------------|--|-------------------------------------|
| Quarterly Integrated Outreaches | 180,000 | | |
| Triannual Support Supervision | 180,000 | | |
| TOTAL | 360,000 | 25,549,880 | 1.4% |

8. Were any health trainees sponsored by this project from this community? (No, we did not get any person with the minimum qualifications at the time.)

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|---------------|------------------------------|------------------------|-----------------|--|
| None | NA | NA | NA | NA |

9. Action plan/recommendations for this community for the financial year 2021/22 (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Regular Integrated mobile outreaches
- Triannual supportive supervision for Doldol subcounty Hospital, Chumvi and East Laikipia Dispensaries

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Procurement of Delivery Beds for Tassia Dispensary | 399,000 | | |
| Procurement of 10 Delivery Kits for Tassia Dispensary and Doldol Subcounty Hospital | 200,000 | | |
| Procurement of 1 Vaccine fridges for Tassia dispensary | 750,000 | | |
| Procurement of 100 babymother kits for Tassia Dispensary and Dodol Subcounty Hospital | 250,000 | | |
| Procurement of 3 Vaccine Carriers for Tasia dispensary | 30,000 | | |
| Monthly Integrated Outreaches in 12 Villages | 2,315,000 | | |
| Capacity Building of Yaaku TBAs to become Referral Agents (Trainings and Refresher trainings for 15 TBAs | 390,000 | | |
| TOTAL | 4,334,000 | 86,677,950 | 5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Presence of suggestion boxes and a dedicated hotline established at the facilities
- Minuted Facility meetings to address the raised complaints and up to date grievance register
- Awareness raising on GRM during outreaches
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Michael Kinga

Position: VMG Focal point

Date: September 2020

Consulted representative of VMG community:

Name: Jennifer Koinante

Position: VMG Representative

Date: 14/7/2020

Checked and verified by social safeguards officer:

Name: Margaret Gitau

Position: PMT Social Safeguards officer

Date: 30/9/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: LAMU

VMG: AWEER

Population 3024/141660=2.1%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?

The Aweer are marginalised across the multiple levels of governance. While nationally they are not recognized as a distinct tribe as no population census code has been assigned to the group. This means that the community receive no affirmative treatment as a minority group. At the county level the community is located in the geographically remote forested areas of Lamu County. The area is far with poorly developed road infrastructure and often experiencing security challenges from the bordering Somalia. Recently, the area has become a hideout for Al Shabab and local dissidents who attack police posts, waylay vehicles traveling along the Minjila-Mpeketoni and Kiunga route, and conduct armed raids on vehicles and villages. These insecurity concerns, dismal regard by other communities, and traditional practices are among the root causes of the multiple primary health challenges facing the community.

3 Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Table 5.3.2 Aweer of Lamu County – PHC Action Plan -2017-2021

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|-----------|--------|----------|--------|---|
| | | | | |

| | | | | |
|--|--|---|--|------------------------|
| 1. Skilled delivery increased by an average of 5 % annually from 16% to 36% by the end of 2021 | 30 CHVs trained on community RH Package by April 2018 | Organise the training Facilitate CHVs on community RH Package | Airtime, Lunch, transport, Stationery Venue Tea and Refreshment, Accommodation | Done. THS |
| | 50 TBA sensitised on skilled deliveries quarterly | Conduct quarterly TBA meetings | Lunches, Transport, Refreshment, | Done. THS |
| | 13 chc members sensitized on Community RH Package | Sensitize CHC on Community RH Package | Lunches, Transport, Stationery, Venue Accommodation for Facilitators | Not DONE |
| | 10 Opinion Leaders sensitized on skilled deliveries | Sensitize community leaders on importance of facility deliveries | Lunches, transport, stationery Accommodation, Venue | Done THS |
| | 8 Community dialogue days | Conduct 2 community dialogue days on Skilled deliveries | Lunches, Transport, stationery | Done THS |
| | 60 HCWs trained on BEMONC | Organize for BEMONC training Train HCWS on BEMONC | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationary | Done |
| | 1 Maternity Unit completed and Functional at Mkunumbi Disp | Complete Maternity unit at Mkunumbi Dispensary | Award Contract for completion | Not DONE |
| | 500 Mama Kits procured | Procure Mama kits for incentivising women delivering at Health Facility | Funds | Done UNICEF, Safaricom |
| 2. Family planning uptake increased by 5% yearly (from 13 % to 33%) targeting (women of child bearing age, and | 60 HCWs trained on LARC | Organise for LARC training Facilitate HCWs on LARC training | Airtime, Conference Package, Transport Accommodation, Facilitation Allowance Venue, Stationery | Done THS |

| | | | | |
|---|--|---|--|-----------------|
| adolescent and youths) by 2021 | | | | |
| | 50 Sets of IP Equipment's procured | Procure IP Equipment's | Funds | Done CHAI |
| | 50 Implants Removal Sets Procured | Procure implants Removal sets | Funds | Not done |
| | 60 sets of supplies procured | Procure cervical cancer screening supplies quarterly | funds | Not done |
| | 4 FP Outreaches conducted | Conduct Quarterly FP Outreaches | Lunches, Fuel, Transport | Done THS, UNFPA |
| | | Organize for FP male champions training | | Not DONE |
| | 20 Male FP Champions trained | Identify and train Male FP Champions | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | Done UNFPA |
| | 30 Religious Leaders sensitized on FP | Conduct meeting with Religious leaders on FP | Lunches, Transport, Venue, Stationary Accommodation for facilitators | Done THS |
| | 5 Cus conducted quarterly dialogue days | Support 5 CUs to Conduct quarterly dialogue days to advocate for Family Planning uptake(3 in lamu west and 2 in lamu east | Lunches, Transport, Lunches for CHV mobilization | Done THS |
| | 4 stakeholders forum conducted | Conduct quarterly stakeholders' forum on ASRH | Lunches, Transport, | Done UNFPA |
| | 20 screens procured for privacy | Procure more privacy screens for FP rooms | Funds | Not done |
| | 30 HCWs trained on Youth Friendly services | Organize for Youth friendly services Facilitate HCWs for Youth Friendly training | Conference Package, transport, Accommodation, Facilitation Allowance | Not done |
| 3. Fully immunized children increased by 5% | 5 villages conducted outreaches monthly | Conduct monthly Integrated outreaches to 5 villages | Lunches , Fuel for transport | Done THS |

| | | | | |
|---|---|---|--|--------------|
| yearly from 38% to 58% by 2021 | | within Mkunumbi (Bahati Njema,Shekale, Kizuke, kwadae, Koreni) | | |
| | 60 CHVs sensitized on defaulter tracing mechanisms | Sensitize CHVs on defaulters tracing | Lunches, Transport, Accommodation | Done THS |
| | 10 Solar Fridge's procured | Procure Solar fridges for HF | Tender | Not done |
| | | Organize for KEPI update training for HCWs | | |
| | 60 HCWs trained on EPI Update | Facilitate HCWs training on on EPI update | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue, Stationery | Done THS |
| | Increased number of children accessing Growth Monitoring services | Establish community growth monitoring sites in the ward | Weighing scales, Lunches, Transport | Done THS |
| | 40 Refilled gas cylinders procured quarterly | Procure Gas every quarter for Vaccine fridges | Funds | Done |
| 4. 4ANC visits increased by 5% Annually from 16%-36% by 2021 | 60 HCWs trained on FANC Update | Organize for FANC training Facilitate FANC training for HCWs | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue, Stationery | Done THS |
| | 12 Radio talks Conducted | Conduct monthly Radiotalks to increased demand on RMNCH services | Funds | Not done |
| | 60 HCWs trained on PMTCT | Conduct update training on PMTCT to 60 health care workers | Conference Package, Transport for HCWs Accommodation for HCWs & facilitators Facilitation Allowance, Venue hire Stationery | Done NASCOP |
| | 50 CHVs from 2 facilities Incentivised | Incentivizing TBAs/CHVs who refer pregnant mothers to health facilities | Monthly allowance | Not done |
| 6.. Child nutritional status improved (underweight from 15.8-% to 10%), stunting from 20% -15% and wasting from 4.2% to | 4 Quarterly screening service clinics | Establish quarterly malnutrition screening services | Lunches for CHVs & Nutritionists Transport, | On-going THS |

| | | | | |
|--|---|---|---|------------------------|
| 2.2%, by 2021 | | | | |
| | 2 meetings held on Nutrition for CHC | Sensitization meeting on Nutrition to CHC | | Not done |
| | 40 CHV trained on Nutrition | Train CHVs on Good Nutrition | | NOT DONE |
| | 60 HCWs trained on IMAM | Train HCWs on IMAM | | Done -UNICEF |
| 7. Water, sanitation and hygiene coverage improved by 10% from 83% to 93% by the year 2021 | 10 Wells chlorinated | Quarterly Treatment of Wells with Chlorine | Lunches, Transport, 30tins @45 Kgs of chlorine, Lunches for PHOs, Aqua tabs | Done County Government |
| | 30 officers trained on sampling technique | Facilitate public officer on sampling technique training | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue hire, stationery | Not done |
| | 4 water sampling done | Sample water sources for bacteriological analysis quarterly | Water sampling kit Aqua tabs | DONE CGL |
| | 3 water sources protected | Protect water sources/Pans | | NOT DONE |
| | 4 Public toilets constructed | Construct public toilets | Award tender | DONE CGL |
| 7. Quality of health service delivery improved by 2022 | 60 HCWs trained on QMH | Train HFs and VMGTWG on the QMH | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, stationery | Not done |
| | 60 HCWs trained on RMNCAH Score card | Organize for training on RMNCAH Scorecard | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, stationery | Done UNICEF |
| | Increased number of health facilities reporting | Conduct Sensitization to 60 HCWs on reporting tools and data management | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | NOT DONE |
| | Improved quality of reports | Conduct quarterly DQAs on RMNCH to identify data | Fuel for transport, Accommodation | DONE-THS |

| | | | | |
|--|--|---|--|----------|
| | | quality issues and improve on quality of data | | |
| 8. Participatory monitoring and evaluation component improved delivery by 2021 | 1 TWG /M&E Team established for VMG Program | Establish a VMG TWG | Refreshments, Lunches | NOT DONE |
| | 10 VMG TWG members trained | Facilitate training for VMG TWG | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | NOT DONE |
| | 4 quarterly VMG monitoring & Evaluation assessment conducted | Conduct Quarterly monitoring and evaluation assessment of VMG program | Accommodation Allowance Transport | NOT DONE |
| | 4 quarterly performance Review Meetings held | Conduct Quarterly performance Review meetings | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | DONE WHO |

- 4 How will free, prior, and **informed** consultation be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated | What was discussed | Who attended from vmg community | Feedback from community |
|-----------|--|--|--|---------------------------------|---|
| June 2019 | Barigoni, Kiangwe | Nurse/Midwife | FP.ANC, Deliveries, harmful practices, | Men, women and children | Very grateful for the consideration for outreach services |
| 26/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Mohamed Yusuf Kitete | Mangai Dispensary-Basuba location. Increase basic drug supply, Awareness creation on corona. Early pregnancies challenge, insecurity, transport. Have 1 Aweer health worker who serves the surrounding communities. Create awareness through chiefs |
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Ali Doza Diza | Bargoni area- No maternity services. Transport a challenge. Need ambulance. Insecurity concerns at night in Boni forest. No drugs and staffing a challenge. 1 Aweer lady- Halima assisting as a CHV (Std 8 drop out)- request if she can be |

| Date | Where | Who facilitated | What was discussed | Who attended from vmg community | Feedback from community |
|------|-------|-----------------|--------------------|---------------------------------|--|
| | | | | | trained as CHV. Corona challenge. The community has no masks or sanitisers |

5 What outreaches is planned for the future, are their opportunities to review needs and implementation

- Hold multi-sectoral collaboration meetings to reach the Aweer community in the security zones

6 Measures to enhance the capacity of the project implementing agencies (what discussions / training have county health staff had on improving reach and appropriate interventions to VMGs.

There has been a lot of discussions with other stakeholders on how to reach the Aweer community who are in Boni forest and these discussions led to the operationalization of Kiangwe dispensary which is now able to serve some of the Aweer community members but who have to travel like 20 km to access the facility. The area is occupied by Al Shabaab fighters and occasionally we have had to get a chopper from American Navy and KDF in order to reach them. However, this is a very expensive undertaking and cannot be done regularly. The health facilities are still closed due to the insecurity and the Nurses trained by world bank cannot be deployed to those areas.

7. What are cost estimates and financing plan for this mitigation measures

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Conduct Outreaches targeting VMG Villages namely Bargoni, Kiangwe, Milimani, Barsuba, Mangai, and Mararani | 1,070,400 | | |
| Establish and sensitize community for growth monitoring 10 sites | 75726 | | |
| Incentivize 50 CHVS IN 5 cus who traces immunization defaulter | 87085 | | |
| Carry out monthly vaccines distribution to all health facilities | 35950 | | |
| | 1,269,161 | 30,000,000 | 4.2% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Support Result Based Financing Programme (RBF) to motivate health workers to improve performance of RMNCAH service delivery indicator (integrated activity targeting 25 Health facilities with 4 VMG Facilities included | 1,160,000 | | |
| Conduct Outreaches targeting VMG Villages namely Bargoni, Kiangwe, Milimani, Barsuba, Mangai, and Mararani | 962,400 | | |
| Incentivise CHVs/TBAs who refer RMNCH clients to facilities(Integrated activity) with 4 VMG Facilities targeting 5072 clients | 273,600 | | |
| Conduct monthly vaccine distribution to all HFs with 4 VMG facilities included | 74,400 | | |
| | 2,470,400 | 34,402,667 | 7.2% |

8. Were any Trainees sponsored by the Project from this community

| Name | Sub-County | Training Course | Finished | Whether Employed by The County |
|---------------------|-------------------|------------------------|-----------------|---------------------------------------|
| Algy Funani Daudi | Lamu west | KECN | 2018 | YES |
| Maryam Luqman Aboud | Lamu west | KECN | 2018 | YES |
| Fatma Yusuf Mzee | Lamu west | KECN | 2018 | YES |
| Ali Mohamed Bwana | Lamu East | KECN | 2018 | YES |
| Mathias Mkoshoro | Lamu East | KECN | 2018 | YES |

9. ACTION PLAN/RECOMMENDATIONS FOR COMMUNITY FOR NEXT AWP

- Conduct targeted dialogue days to sensitize on harmful practices, address cultural issues and referrals to hospital
- Conduct targeted Outreaches to improve access to health services
- Hold multi-sectoral collaboration meetings to reach the Aweer community in the security zones
- TBA Engagement meetings
- Community Reproductive health training for CHVs
- Targeted in reach activities for FP uptake

2020 2021

| Activity targeting VMGs 2020/2021 | KShs for the Activity | Total Budget for AWP | % budget spent on this group |
|--|------------------------------|-----------------------------|-------------------------------------|
| Conduct targeted integrated outreaches to 6 VMG Villages in Aweer Community-Bargoni, Kiangwe, Mararani, Mangai, Milimani, Basuba | 924,000 | | |
| Conduct community dialogue days in 5 AWEER Villages | 444,000 | | |
| Hold Quarterly TBA engagement meetings Bargoni, Kiangwe, Kiunga, Mkokoni health Facilities for VMG (Aweer) Communities | 343,200 | | |
| Conduct 2 Biannual VMG leadership meeting -AWEER | 196,000 | | |
| Incentivise CHVs/TBAs who refer RMNCH clients to facilities(Integrated activity) with 4 VMG Facilities | 514,400 | | |
| Conduct Community Action days in 3 -AWEER Villages | 381,000 | | |
| Conduct community RH package training for 30 CHVs in AWEER group | 357,005 | | |
| Procure 1 ambulance for Aweer community | 10,000,000 | | |
| Total Budget VMG for Aweer | 13,159,605 | 171,042,778 | 7.7% |

10. Are there culturally appropriate procedures to receive address grievances by these groups arising from project implementation. How is the GRM made accessible to this group and are they made aware

The Cultural appropriate procedures to receive grievances is that the complainant has to report to the village elders and the village elders then engage the health facilities committee members who are from the VMG and the members report to the chairman who takes it to the facility in-charge. However, the following measures will be put in place to enhance handling of grievances:

- Appointment of Grievance focal persons at t health facility to register and refer complaints
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Awareness raising of VMGs on GRM during outreaches
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Bahati Mburah

Position: VMG focal point

Date: 23/10/2020

Consulted representative of VMG community:

Name: Ali Doza Diza, Mohamed Yusuf Kitete

Position: Youth, CBO Representative

Date: 29/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 26/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: LAMU

VMG: SANYE

Population 1846/141660=1.3%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?

The Sanye are a group settled around 4 villages in Lamu County namely Mkunumbi, Mapenya, Witu and Hindi. The Sanye, like other VMGs in the county are critically marginalised. Coupled with discrimination and the desire to preserve its unique culture and identity from assimilation. Sanye live in isolated villages. Consequently, the community has remained outside the integrated social and economic life of Lamu County. Addition, Sanye are relatively poor, reserved and with little education. These scenarios lead to early marriage and high infant and maternal mortality. The preference of posting male nurses to hardship than female nurses, often lead to low skilled delivery for Sanye women due to cultural barriers that do not allow them to be assisted by men other than their husband. Being located in geographically remote areas of Lamu and Tana River within forest ecosystem coupled with their small population, stereotyping and stigmatization by the dominant society, the community suffer numerous primary health care challenges. The PHCs relevant basic information are presented in

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed).

Table 5.3.2 Sanye of Lamu County – PHC Action Plan -2017-2021

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|---|--|---|--|--|
| 1.Skilled deliveryincreasedby an average of 5 % annually from 16% to 36% by the end of 2021 | 30 CHVs trained on community RH Package by April2018 | Organise the training Facilitate CHVs on community RH Package | Airtime, Lunch, transport, Stationery Venue Tea and Refreshment, Accommodation | Done. THS |

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|--|--|---|--|---|
| | 50 TBA sensitised on skilled deliveries quarterly | Conduct quarterly TBA meetings | Lunches, Transport, Refreshment, | Done. THS |
| | 13 chc members sensitized on Community RH Package | Sensitize CHC on Community RH Package | Lunches, Transport, Stationery, Venue Accommodation for Facilitators | Not DONE |
| | 10 Opinion Leaders sensitized on skilled deliveries | Sensitize community leaders on importance of facility deliveries | Lunches, transport, stationery Accommodation, Venue | Done THS |
| | 8 Community dialogue days | Conduct 2 community dialogue days on Skilled deliveries | Lunches, Transport, stationery | Done THS |
| | 60 HCWs trained on BEMONC | Organize for BEMONC training Train HCWS on BEMONC | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationary | Done UNFPA/THS |
| | 1 Maternity Unit completed and Functional at Mkunumbi Disp | Complete Maternity unit at Mkunumbi Dispensary | Award Contract for completion | Not DONE |
| | 500 Mama Kits procured | Procure Mama kits for incentivising women delivering at Health Facility | Funds | Done UNICEF, Safaricom |
| 2. Family planning uptake increased by 5% yearly (from 13% to 33%) targeting (women of child bearing age, and adolescent and youths) by 2021 | 60 HCWs trained on LARC | Organise for LARC training Facilitate HCWs on LARC training | Airtime, Conference Package, Transport Accommodation, Facilitation Allowance Venue, Stationery | Done THS |
| | 50 Sets of IP Equipment's procured | Procure IP Equipment's | Funds | Done CHAI |
| | 50 Implants Removal Sets Procured | Procure implants Removal sets | Funds | Not done |
| | 60 sets of supplies procured | Procure cervical cancer screening supplies quarterly | funds | Not done |

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|--|--|---|--|---|
| | 4 FP Outreaches conducted | Conduct Quarterly FP Outreaches | Lunches, Fuel, Transport | Done THS, UNFPA |
| | | Organize for FP male champions training | | Not DONE |
| | 20 Male FP Champions trained | Identify and train Male FP Champions | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | Done UNFPA |
| | 30 Religious Leaders sensitized on FP | Conduct meeting with Religious leaders on FP | Lunches, Transport, Venue, Stationary Accommodation for facilitators | Done THS |
| | 5 CUs conducted quarterly dialogue days | Support 5 CUs to Conduct quarterly dialogue days to advocate for Family Planning uptake (3 in lamu west and 2 in lamu east) | Lunches, Transport, Lunches for CHV mobilization | Done THS |
| | 4 stakeholders forum conducted | Conduct quarterly stakeholders' forum on ASRH | Lunches, Transport, | Done UNFPA |
| | 20 screens procured for privacy | Procure more privacy screens for FP rooms | Funds | Not done |
| | 30 HCWs trained on Youth Friendly services | Organize for Youth friendly services Facilitate HCWs for Youth Friendly training | Conference Package, transport, Accommodation, Facilitation Allowance | Not done |
| 3. Fully immunized children increased by 5% yearly from 38% to 58% by 2021 | 5 villages conducted outreaches monthly | Conduct monthly Integrated outreaches to 5 villages within Mkunumbi (Bahati Njema, Shekale, Kizuke, kwadae, Koreni) | Lunches, Fuel for transport | Done THS |
| | 60 CHVs sensitized on defaulter tracing mechanisms | Sensitize CHVs on defaulters tracing | Lunches, Transport, Accommodation | Done THS |
| | 10 Solar Fridge's procured | Procure Solar fridges for HF | Tender | Not done |
| | | Organize for KEPI update training for HCWs | | Not done |
| | 60 HCWs trained on EPI Update | Facilitate HCWs training on on EPI update | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue, Stationery | Done THS |

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|--|---|---|---|---|
| | Increased number of children accessing Growth Monitoring services | Establish community growth monitoring sites in the ward | Weighing scales, Lunches, Transport | Done THS |
| | 40 Refilled gas cylinders procured quarterly | Procure Gas every quarter for Vaccine fridges | Funds | Done |
| 4. 4ANC visits increased by 5% Annually from 16%-36% by 2021 | 60 HCWs trained on FANC Update | Organize for FANC training Facilitate FANC training for HCWs | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue, Stationery | Done THS |
| | 12 Radio talks Conducted | Conduct monthly Radiotalks to increase demand on RMNCH services | Funds | Not done |
| | 60 HCWs trained on PMTCT | Conduct update training on PMTCT to 60 health care workers | Conference Package, Transport for HCWs Accommodation for HCWs & facilitators Facilitation Allowance, Venue hire Stationery | Done NASCOP |
| | 50 CHVs from 2 facilities Incentivised | Incentivizing TBAs/CHVs who refer pregnant mothers to health facilities | Monthly allowance | Not done |
| 6.. Child nutritional status improved (underweight from 15.8-% to 10%), stunting from 20% -15%% and wasting from 4.2% to 2.2%, by 2021 | 4 Quarterly screening service clinics | Establish quarterly malnutrition screening services | Lunches for CHVs & Nutritionists Transport, | ON GOING THS |
| | 2 meetings held on Nutrition for CHC | Sensitization meeting on Nutrition to CHC | | NOT DONE |
| | 40 CHV trained on Nutrition | Train CHVs on Good Nutrition | | NOT DONE |
| | 60 HCWs trained on IMAM | Train HCWs on IMAM | | NOT DONE |
| 7. Water, sanitation and hygiene coverage improved by 10% from 83% to 93% by the year 2021 | 10 Wells chlorinated | Quarterly Treatment of Wells with Chlorine | Lunches, Transport, 30tins @45 Kgs of chlorine, Lunches for PHOs, Aqua tabs | Done County Government |

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|--|--|--|---|---|
| | 30 officers trained on sampling technique | Facilitate public officer on sampling technique training | Conference Package, Transport for HCWs Accommodation, Facilitation Allowance Venue hire, stationery | Not done |
| | 4 water sampling done | Sample water sources for bacteriological analysis quarterly | Water sampling kit Aqua tabs | DONE CGL |
| | 3 water sources protected | Protect water sources/Pans | | NOT DONE |
| | 4 Public toilets constructed | Construct public toilets | Award tender | DONE CGL |
| 7. Quality of health service delivery improved by 2022 | 60 HCWs trained on KQMH | Train HFs and VMG TWG on the KQMH | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, stationery | Not done |
| | 60 HCWs trained on RMNCAH Score card | Organize for training on RMNCAH Scorecard | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, stationery | Done UNICEF |
| | Increased number of health facilities reporting | Conduct Sensitization to 60 HCWs on reporting tools and data management | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | NOT DONE |
| | Improved quality of reports | Conduct quarterly DQAs on RMNCH to identify data quality issues and improve on quality of data | Fuel for transport, Accommodation | DONE THS |
| 8. Participatory monitoring and evaluation component improved delivery by 2021 | 1 TWG /M&E Team established for VMG Program | Establish a VMG TWG | Refreshments, Lunches | NOT DONE |
| | 10 VMG TWG members trained | Facilitate training for VMG TWG | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | NOT DONE |
| | 4 quarterly VMG monitoring & Evaluation assessment conducted | Conduct Quarterly monitoring and evaluation assessment of VMG program | Accommodation Allowance Transport | NOT DONE |

| Objective | Output | Activity | Inputs | Indicate whether addressed and by which source of funds |
|-----------|--|---|--|---|
| | 4 quarterly performance Review Meetings held | Conduct Quarterly performance Review meetings | Conference Package, Transport, Accommodation, Facilitation Allowance Venue, Stationery | DONE WHO |

4. How will free, prior, and informed consultation be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated | What was discussed | Who attended from VMG community | Feedback from community |
|-----------|---|--|--|---------------------------------|---|
| June 2019 | Ndae, Koreni ,Shekale,Kizuke,Poromoko/Pandanguo, Bahati Njema | Nurse/Midwife | FP ANC, Deliveries, harmful practices, | Men, women and children | Very grateful for the consideration for outreachservices |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Maryam Mohamed Omar | More sensitisation needed, CHVs strengthening. Need more outreaches and social mobilisation. Stigma high due to corona |
| 30/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Athman Underson Dunda | Mkunumbi Dispensary. Has been following mothers in the community. Need for community sensitisation. Mapping of the Sanyes. CHVs need training and motivation. Need for VMG community representation in the dispensaries or health facilities. Challenges of insecurity. |

5. **What outreach is planned for the future, are their opportunities to review needs and implementation**

The outreaches planned for the future are: Family planning targeted Outreaches, Integrated outreaches, defaulter tracing and growth monitoring. There is always an opportunity to review their needs during dialogue days and the outreaches as the community gives feedback and on services and what they would like to be included in the next outreaches

6. What discussions / training have county health staff had on improving reach and appropriate interventions to VMGs.

The Sanye of Lamu are a socially isolated group as they always seek to preserve their culture, tradition and identity hence move away from any other people who seek to live closer to them and to know them better. The discussion has been how to make sure they are not left behind in provision of health services since they have a lot of health needs which they deal with traditionally unless it's complicated and life threatening, they will then take to a facility. Outreaches are conducted to these villages where they have moved and growth monitoring sites have been established in the area to help monitor the children.

7. What are the cost estimates and financing plan for these mitigating measures? What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct Outreaches targeting VMG Villages namely Bahati njema, Koreni, Poromoko, Ndae, Kizuke, and Shekale. | 1,070,400 | | |
| Establish and sensitize community for growth monitoring 10 sites | 75726 | | |
| Incentivize 50 CHVS IN 5 cus who traces immunization defaulter | 87085 | | |
| Carry out monthly vaccines' distribution to all health facilities | 35950 | | |
| | 1,269,161 | 30,000,000 | 4.2% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Support Result Based Financing Programme (RBF) to motivate health workers to improve performance of RMNCAH service delivery indicator (integrated activity targeting 25 Health facilities with 4 VMG Facilities included | 1,160,000 | | |
| Conduct Outreaches targeting VMG Villages namely, Bahati njema, Koreni, Poromoko, Ndae, Kizuke, and Shekale. | 962,400 | | |

| | | | |
|---|------------------|-------------------|-------------|
| Incentivise CHVs/TBAs who refer RMNCH clients to facilities(Integrated activity) with 6 VMG Facilities targeting 5072 clients | 273,600 | | |
| Conduct monthly vaccine distribution to all HFs with 4 VMG facilities included | 74,400 | | |
| | 2,470,400 | 34,402,667 | 7.2% |

7. Were any Trainees sponsored by the Project from this community

| NAME | SUB-COUNTY | TRAINING COURSE | FINISHED | WHETHER EMPLOYED BY THE COUNTY |
|------------------------|------------|-----------------|----------|--------------------------------|
| Sofiya Abdurehman Tilo | Lamu west | KECN | 2018 | YES |
| Madi Shukry Mohamed | Lamu west | KECN | 2018 | YES |
| Omar Haji Kamar | Lamu west | KECN | 2018 | YES |
| Mwanamkuu Athman Shee | Lamu west | KECN | 2018 | YES |

9. ACTION PLAN/RECOMMENDATIONS FOR COMMUNITY FOR NEXT AWP

- Conduct targeted dialogue days to sensitize on harmful practices, address cultural issues and referrals to hospital
- Conduct targeted Outreaches monthly to improve access to health services
- Complete the Maternity wing for Mkunumbi for Sanye community deliveries
- TBA Engagement meetings
- Community Reproductive health training for CHVs in VMG Facilities
- Targeted in reach activities for FP uptake in VMG facilities
- Community leadership engagement

2020 2021

| Activity targeting VMGs 2020/2021 | Ksh for the Activity | Total Budget for AWP | % budget spent on this group |
|---|----------------------|----------------------|-------------------------------------|
| Conduct targeted integrated outreaches to 5 VMG Villages in Sanye Community- Bahati Njema, Koreni, Ndae, Kizuke, Shekale Poromoko | 924,000 | | |
| Conduct community dialogue days in 5 Sanye Villages | 444,000 | | |
| Hold 1-day Quarterly TBA engagement meetings Mkunumbi, Mapenya, Witu & Muhamarani Health Facilities | 343,200 | | |

| | | | |
|---|------------------|-------------|-------|
| Conduct 2 Bi Annual VMG leadership meetings | 196,000 | | |
| Incentivise CHVs/TBAs who refer RMNCH clients to facilities (Integrated activity) with 4 VMG Facilities | 514,400 | | |
| Conduct Community Action days in 3 -SANYE Villages | 381,000 | | |
| Conduct community RH package training for 30 CHVs | 357,005 | | |
| Total Budget Sanye VMG | 3,159,605 | 171,042,778 | 1.8 % |

10. Are there culturally appropriate procedures to receive address grievances by these groups arising from project implementation? How is the GRM Made accessible to this group and are they made aware

The Cultural appropriate procedures to receive grievances is that the complainant has to report to the village elders and the village elders then engage the health facilities committee members who are from the VMG and the members report to the chairman who takes it to the facility in-charge. However, the following measures will be put in place to enhance handling of grievances:

- Appointment of Grievance focal persons at t health facility to register and refer complaints
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Awareness raising of VMGs on GRM during outreaches
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Bahati Mburah

Position: VMG focal point

Date: 23/7/2020

Consulted representative of VMG community:

Name: Maryam Mohamed Omar, Athman Underson Dunda

Position: Representatives

Date: 27/7/&30/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT SS Officer

Date: 26/7/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Mandera

VMG: Waata

Population: 121,439/867,420 (1.4%)

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? Why marginalised, health status and barriers to improving health including cultural practices (copied from reference VMGP)

- The Waata are a small tribe whose economic activity are based on hunting and gathering of wild animals and used dogs to hunt. They are closely related to the Gabra and Borana.
- The Waata in Mandera county lives in an isolated area in Elwak town of Mandera south sub county and Mandera town of Mandera East sub county only. In Elwak they live in an isolated bulla named after their name ie. Bulla Waata and thus stigmatized.
- The Waata suffer multiple marginalization as the name Waata means hunters and gatherers and thus considered as inferior by the Somali community.
- They were known for Movement around the desert ecosystem in search of wild animals and fruits during the early days, which led the community to be scattered around the country i.e. northern Counties and coastal regions. There are 9 dominant Waata clans that include: Chaqo, Tiy'olo, Baches, Kodele, Qochot, Mango and Rogobl'a.
- The Waata's main livelihood was hunting and gathering. During the colonial era, wild animals and fruits were used in conservancies depriving the community from their main livelihood. The Boran community took most of the Waata community to herd their livestock with no payments (slavery) and slowly assimilated them into their community. The few remaining were left to be very poor and marginalized by the other tribes especially the Boran. These disenfranchise the Waata community from accessing quality and improved primary health care services.
- The main barriers to the Waatas health status include poverty, cultural practices such as women prefer to be attended by female rather male, high illiteracy level as they hardly take their children to school, high rampant of FGM practice and living in isolation from the rest of the communities.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please highlight issues already addressed)

Reference VMGP for the Waata group was not done, however discussions held with VMG representative in August 2020 below.

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

There are no specific outreach services that is targeted under THS, however, the group are benefiting from the normal integrated outreach services carried out by the county though still not consistent. However, the Waata VMG has not yet been mapped.

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|---|------------------------------------|--|---|
| 27/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Ibrahim Mohamed Waata representative | Community does not get employment opportunities or get lowly paid jobs. No water, no latrines. Use a local facility ADRA Kenya which has no laboratory services, no maternity wards and equipment. Drug shortages |

5. What outreach is planned for the future are there opportunities to review needs and implementation?

- Integrated normal outreach services.
- Health education on FGM since it is rampant in this community.
- Community sensitization on the importance of skilled deliveries and immunization.

6. Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

There is no training so far conducted for this group.

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)_

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| No activity targeting this group VMG was done | | | N/A |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------------|-----------------------------|--|-------------------------------------|
| No activity targeting Waata VMG done | | | |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| | | | |

| | | | |
|--------------------------------------|--|--|--|
| No activity targeting Waata VMG done | | | |
|--------------------------------------|--|--|--|

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------|-----------------------|-----------------|----------|---|
| None | N/A | | | |

9. Action plan/recommendations for this community for next AWP (2021/22) (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Mapping and social assessment of the Waata VMG
- Community sensitization on the available health service and utilization.
- Conduct outreach services for this communities.
- Conduct community dialogues days to enhance linkage between the facilities and the communities
- Provide mama kit to increase skilled deliveries.
- Sensitize 100 care givers on the importance of immunization.

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Integrated outreach services in Elagarsu and Elache village through beyond zerovan. Health workers lunch allowance = 1,000 per person per day for 3 HCW for 2 Months (30 days x 2 months) = 180,000 Driver allowance = 750 per day for 1 driver for 2 months (30 x 2) = 45,000 CHW allowance = 500 per day for 1 CHV for 2 months (30 x 2) = 30,000 Fuel cost 300 liters x 120 per month for 2 months = 72,000 Vehicle maintenance = 60,000 per months for 2 months = 120,000 Total = 447,00 | 447,000 | | |
| Community sensitization on the importance of skilled deliveries and immunization. Conference package (two teas, two bottles of water, stationery, projector and hall hire) 1,800 x 50 VMGs x 2 = 180,000 Transport for participants 1,000 x 50 x 2 = 100,000 DSA for Officer's 7,000 x 3 Officers x 2 days = 42,000 DSA for Driver at 4,200 x 1 x 2 days = 8,400 Fuel 120 x 40L x 1 = 4,800 | 335,200 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Total = 335,200 | | | |
| Procurement and distribution of mama kits to ADRA Health Centre to attract and improve skill delivery in the facility 200 mama kits x 3,000 x 1 facility = 600,000 | 600,000 | | |
| Procure and preposition standard delivery beds, MVA kits and delivery sets in ADRA Health Centre Procurement of 2 MVA kits for post abortion care at 4,380 KShs, Procurement of 5 delivery sets at 21,000 each to improve quality of care and increase skilled deliveries in health facilities, Procurement of 2 standard delivery bed at 68,000 for ADRA Health Centre. 2 MVA kit @ 4,380 x 1 facility = 8,760 5 delivery set @ 21,000 x 1 facility = 105,000 2 standard delivery bed @ 68,000 x 1 facility = 136,000 Total = 249,700 | 249,700 | | |
| Operationalize ANC profiling capacity in ADRA Health Centre Laboratory unit in order to improve utilization of ANC services Procurement of 1 portable Hemoglobin machine (301 HB Meter) for ANC profiling in order to monitor anaemia in pregnancy at 73,000 Total 73,000 | 73,000 | | |
| Conduct training/sensitization of 20 CHVs from Waata villages on CMNH for 2 days. Conference package @ 1,800 for 20 pax x 2 = 72,000 Transport refund @ 2000 x 20 = 40,000 DSA for CHVs @ 2,500 x 20 CHVs x 3 nights = 150,000 DSA for Driver @ 4,200 for 3 days = 12,600 DSA for HCWs @ 7,000 for 2 officers for 3 days = 42,000 Fuel 80 litres @ 120 = 9,600 Total = 326,200 | 326,200 | | |
| Total | 2,039,860 | 144,609,161 | 1.4% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Use of clan elder, Traditional birth attendants and village committees.
- GRM registers will be procured and distributed to all the link facilities after the group is assessed and mapped.
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

- Presence of Suggestion Boxes and a dedicated hotline established at the facilities
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG Focal Person:

Name: Asha Adan Farah

Position: VMG Focal Person

Date: 29/9/2020

Consulted representative of VMG community

Name: Ibrahim Mohamed

Position: Waata Representative

Date: 27/8/2020

Checked and verified by Social Safeguards Officer: Name: Margaret Gitau

Position: PMT Social Safeguards Officer Date: 30/9/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Mandera

VMG: Gababwein

Population: 34,697/867,420(4%)

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? Why marginalised, health status and barriers to improving health including cultural practices (copied from reference VMGP)

The Gababwein suffer multiple marginalization. First, the name Gababwein means arrow. Oral history indicates that the Gababwein are considered rejected by the Somali's community because of their source of income and how they earn their living because this group are hunter and gatherers using bow and arrows. This explains the meaning of their original name, "Gababwein" Accordingly, "Gababwein" means separated, refused or rejected in the Somali due to the nature of their work and their hard texture of their hair which is quite different from the Somalis community so they are considered culturally inferior to the Somalis. . This has implications on access to development opportunities both at the sub-national and national development institutions.

Second, the Gababwein live near the river and earn their living by cutting the grass along the river to sell for their living but during the dry season this community is really affected and most of the children and mothers suffer malnutrition. although ensuring continued access to water and food, disenfranchise the Gababwein community from accessing quality and improved primary health care services. Poverty makes them vulnerable groups, such as mothers, children and youths to move away from health facilities in such of food through begging.

Third, this community do not educate their children and as a result the literacy level is very low Thus, the Gababwein heavily rely on traditional health attendants such as traditional birth attendants despite the county government establish well equipped health center in their area of jurisdiction.

Fourth, circumcision as a rite of passage is highly ranked among the Gababwein. Consequently, female genital mutilation is devotedly practiced among the Gababwein and safeguarded with strong cultural taboos that surround even the bare mention of it thereby interference with the practice is highly condemned.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please highlight issues already addressed)

This group was not included in the reference VMGP.

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

There are no specific outreach services that is targeted under THS, however, the group are benefiting from the normal integrated outreach services carried out by the county though still not consistent. However, the Gababwein VMG has not yet been mapped.

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|---------------------------------|------------------------|---|----------------------|---|---|
| 15 th September 2020 | Telephone conversation | County VMG FP and director | Community priorities | Ibrahim Faler Mohamed, Gababwein representative | Electricity connection for Neboi and Burabor dispensaries. Community sensitization on the available health service and utilization. Conduct outreach services for this communities. |

5. What outreach is planned for the future are there opportunities to review needs and implementation?

- Integrated normal outreach services.
- Health education on FGM since it is rampant in this community.
- Community sensitization on the importance of skilled deliveries and immunization.

6. Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

There is no training so far conducted for the staff.

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)_

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| No activity targeting this group VMG was done | | | N/A |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| | | | |

| | | | |
|--|--|--|--|
| No activity targeting Gababwein VMG done | | | |
|--|--|--|--|

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------------|-----------------------|-----------------|----------|---|
| None were trained | N/A | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Mapping and social assessment of the Gababwein VMG
- Community sensitization on the available health service and utilization.
- Conduct outreach services for this communities.
- Conduct community dialogues days to enhance linkage between the facilities and the communities

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Integrated outreach services in handadu village through beyond zero van. Health workers lunch allowance = 1,000 per person per day for 3 HCW for 2 Months (30 days x 2 months) = 180,000 Driver allowance = 750 per day for 1 driver for 2 months (30 x 2) = 45,000 CHW allowance = 500 per day for 1 CHV for 2 months (30 x 2) = 30,000 Fuel cost 300 liters x 120 per month for 2 months = 72,000 Vehicle maintenance = 60,000 per months for 2 months = 120,000 Total = 447,000 | 447,000 | 144,609,161 | 1.9% |
| Electricity connection for Neboi and Burabor Dispensary in order to improve access to skilled delivery at night at a cost of 110,000 for each of the 2 facilities 2 facilities x 110,000 = 220,000 | 220,000 | | |
| Community sensitization on the importance of skilled deliveries and immunization. Conference package (two teas, two bottles of water, stationery, projector and hall hire) 1,800 x 100 VMGs x 2 = 360,000 Transport for participants 1,000 x 100 x 2 = 200,000 DSA for Officer's 7,000 x 3 Officers x 2 days = 42,000 DSA for Driver at 4,200 x 1 x 2 days = 8,400 Fuel 120 x 40L x 1 = 4,800 Total = 615,200 | 615,200 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procurement and distribution of mama kits to attract and improve skill delivery in the facility 100 mama kits x 3,000 x 2 facilities= 600,000 | 600,000 | | |
| Procure and preposition standard delivery beds, MVA kits and delivery sets in Neboi and Burabor Dispensary 2 MVA kit@4,380x2 facilities =17,520 5 delivery set @21,000x2 facilities=210,000 1 standard delivery bed @68,000x2 facilities =136,000 Total = 363,520 | 363,520 | | |
| Operationalize ANC profiling capacity of Neboi Dispensary Laboratory unit in order to improve utilization of ANC services Procurement of 1 portable Hemoglobin machine (301 HB Meter) for ANC profiling in order to monitor anaemia in pregnancy at 73,000 Total 73,000 | 73,000 | | |
| Conduct training/sensitization of 20 CHVs from Gababwein villages on CMNH for 2 days. Conference package @1,800 for 25 paxx2 = 90,000 Transport refund @ 2000x25 =50,000 DSA for CHVs@2,500x25 CHVsx3nights = 187,500 DSA for Driver @4200 for 3 days = 12,600 DSA for HCWs @7,000 for 2 officers for 3 days = 42,000 Fuel 40 litres @120=9,600 Total = 388,100 | 388,100 | | |
| Total for Gababwein | 2,706,820 | 144,609,161 | 1.9% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Use of clan elder and village committees.
- The VMGs will be sensitized on GRM in the FY 2020/21

Prepared by VMG Focal Person:

Name: Asha Adan Farah

Position: VMG Focal Person

Date: 6th October 2020

Consulted representative of VMG community

Name: Ibrahim Faler Mohamed

Position: Gababwein representative

Date: 15/9/2020

Checked and verified by Social Safeguards Officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 10/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Mandera

VMG: Warabeya group

Population: 3%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? Why marginalised, health status and barriers to improving health inc cultural practices (copied from reference VMGP)

Warabeya community belongs to the larger Dhul bahante Somali community. They are believed to have originated from Somalia in the late 1950s following heavy drought in Somalia. They practice economic activities like; blacksmiths, and few pastoral activities. Warabeya community is divided into two major sections: Mohamed clan which is further divided into –Abdi Abdille-Idd, yussuf, Mohamed, Gedi, Nur, and Magan-which is divided into two sections-Naleye and Gorot. Warabeya community lives in Hareri Hosle Village of Mandera East Sub County and some in Mandera town of Mandera East sub county. Harer hosle village borders Somalia republic and therefore insecurity is a big challenge. There is only one health facility in the village which is manned by A CHV. The Nurse left the health facility in 2015 due to the deteriorating security situation. The Warabeya community also lives in a small nearby villages which includes Bulla Bisiq, Qalab Hiy, Hawal Waje, Dugsilow, Bidda and Kamar Ele bulla mpya and bulla burwaqo in Mandera East sub county.

Warabeya community are marginalised because of their small number and the kind of their economic activity to earn their living as the general Somali community considers blacksmith as dirty job hence seen as inferior. They also live in remote and in an isolation area which is also in secure along the Somalia border thus affecting their accessibility to essential health services.

The main barriers to their health status includes poverty, cultural practices such as women prefer to be attended by female rather male, high illiteracy level as they hardly take their children to school, insecurity, high rampant of FGM practice and living in isolation from the rest of the communities.

The Warabeya community is facing numerous health challenges in all the indicators-

- (1) Deliveries-lack of skilled health workers coupled with other nomadic challenges and traditional belief which is deep rooted in the community thus contributing to home delivery
- (2) The immunization activities is equally poor as cold chain facilities is lacking at the only health facility serving this community. No outreach services
- (3) Other RMNCH indicators remained very low e. g breastfeeding, FP among others
- (4) Water and sanitation-The Warabeya community equally faces challenges in terms of poor hygiene, sanitation and water.

Only one water storage tank is available with no latrine in the entire village

(5) Low up take of FP as the group are dominated by male and females cannot take their own decisions.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please highlight issues already addressed

| Objective | Output | Activity | Inputs | Done or not Done |
|--|---|--|---|--|
| 1. Skilled delivery increased by an average of 12% from 15% to 25% for Hareri Hosle dispensary by the end of 2021 ¹ | <ul style="list-style-type: none"> One delivery room renovated One delivery room equipped with 2 delivery equipment (2 beds and 4 sets) Drugs and Non pharmaceutical procured 15 CHVs sensitized on skilled delivery Monthly skilled delivery outreaches conducted | Renovation of one of the building for delivery room Procurement of equipments Purchase of drugs and Non pharmaceuticals Sensitize 15 CHVs on the importance skilled delivery Purchase of 2 solar batteries Conduct Community Health Dialogues | Construction labor and materials 2 Delivery beds 10 BCs 2 solar batteries 4 Community Dialogues sessions every year | Done Not Done Planned in the current year |
| 2. Family planning uptake increased by 5% (from 10% to 15%) targeting women of child bearing age by 2021 | <ul style="list-style-type: none"> One FP clinic at Hareri hosle dispensary established Health facilities equipped with FP commodities 15 CHVs sensitized on FP Monthly 50 community members (10 for each of the 5 villages) | <ul style="list-style-type: none"> Staff trained Procure FP commodities 5 BCs sensitized | Fuel, lunch, personnel Fuel, lunch fuel logistic | done |
| 3. Fully immunized children by 10% from 35% to 43% by 2021 | <ul style="list-style-type: none"> Defaulters tracing mechanism strengthened Monthly outreach activities conducted Vaccines and supplies provided 15 CHV sensitized on full immunization | House-to-house visits Defaulter tracing register Monthly outreaches Quarterly dialogue | Defaulter tracing register Vaccines Fuels Personnel | Not Done Planned for current year |

| | | | | |
|---|--|---|--|--|
| | <ul style="list-style-type: none"> • Monthly dialogue for 50 community members (10 for each of the 5 villages) conducted | | Lunch Airtime | |
| 4. 4 th ANC visit service utilization increased by 5% from 12% to 17% by 2021 facilities | <ul style="list-style-type: none"> • ANC defaulter tracing mechanism strengthened • Drugs and lab reagents provided • Mosquito nets and linda mama kits provided • BCs sensitized | House-to-house visits Hold a sensitization meeting for BCs Provision of drugs and reagents Procure mosquito nets | Lunch Drugs Reagents Mosquito nets | Not Done Planned for current year |
| 5. Child nutritional status improved (underweight from 35-% to 0%], stunting from 1 - 0% and wasting from15 to 0%, by 2021 | <ul style="list-style-type: none"> • 50 Mothers sensitized on the prevention of stunting, underweight and wasting. • 15 CHVs trained on IYCF • 1 Mother to Mother support group sensitized on child nutrition | <ul style="list-style-type: none"> • House to House visits • Sensitize CHCs on Child nutrition • Hold mothers sensitization • Promotion of MTMSGs | MUAC tape, weighting scale, logistic Lunch, refreshments fuel ,logistic Lunch ,refreshments, fuel and logistic | Not Done Planned under malnutrition management programme by County Government |
| 6. Water, latrine coverage increased by 5% (water from 5% to 10%; latrine from 5% to 15% by the year 2021 | <ul style="list-style-type: none"> • 10 Water management committee Members sensitized on water sources protection • 15 community leaders Trained on CLTS • 10 CHC members sensitized on the importance of latrine | Sensitize WMC on water sources protection Community leaders trained on CLTS Sensitize of CHCs on importance of latrines | Lunch, refreshments, fuel and logistic Lunch, refreshments, fuel and logistic Lunch, refreshments, fuel and logistic | Done Through WB support under Water Trust Fund programme |
| 7. Quality of health service delivery improved by the year 2021 | <ul style="list-style-type: none"> • OJT for the staffs conducted • Quarterly facilitative support supervision done • Staff training on Infection prevention conducted | OJT Support supervision Trainings | Logistic, per diems, IEC materials Logistic, per diems, Per diems, logistics, facilitation curriculum | Done This an integrated activity which is continuous |

| | | | | |
|--|--|---------------------------------------|--|---|
| 8. Monitoring and Evaluation improved of healthdelivery services | VHC trained on project M%E SCHMT/CHMT put in place for periodic check | Supervision Trainings Follow up | Logistics Lunch allowances Pie Diems | Done This an integrated activity which is continuous |
|--|--|---------------------------------------|--|---|

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

There are no specific outreach services that is targeted under THS, however, the group are benefiting from the normal integrated outreach services carried out by the county though still not consistent.

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|---|
| 29 7 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Mohamed Gudade Ukurow | From Harerhosle Dispensary-A maternity has been constructed, no equipment ,staff and drugs. Solar systems needed, water tanks |

5. What outreach is planned for the future are there opportunities to review needs and implementation?

- Integrated normal outreach services.
- Health education on FGM since it is rampant in this community.
- Community sensitization on the importance of skilled deliveries and immunization.

6. Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

There is no training so far conducted for this group except discussions conducted during the social assessment mapping

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)_

2017/2018

| | | | |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|

| | | | |
|---|--|--|-----|
| No activity targeting this group was done | | | N/A |
|---|--|--|-----|

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| | | | N/A |

8. Were any health trainees sponsored by this project from this community? None

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------|-----------------------|-----------------|----------|---|
| | N/A | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

The Warabeya community representative prioritized and recommended the following activities as their top priority that needs to be considered and included in the VMGP 2020 2021. These includes; Integrated outreach services in Bida, Hawal wajib and Dugsiloy villages, Provide rain water harvesting facilities and repair solar systems in Harerhosle Dispensary, Community sensitization on the importance of skilled deliveries and immunization, Provision of mama kits, delivery beds, MVA kits and delivery sets in Harer Hosle Dispensary.

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Integrated outreach services in Bida, Hawal wajib, Dugsiloy villages through beyond zerovan. | 327,000 | | |

| | | | |
|--|-----------|--------------------|-------------|
| Health workerslunchallowance = 1,000 per person per day for 3 HCW for 2 Months (30 days x 2 months) = 180,000, Driver allowance = 750 per day for 1 driver for 2 months (30x 2) = 45,000, CHW allowance = 500 per day for 1 CHV for 2 months (30 x 2) = 30,000, Fuel cost 300 liters x 120 per month for 2 months = 72,000, Total =327,000 | | | |
| Improve water availability in Harerhosle Dispensary throughimprovingrain water harvesting capacity, Repair and replacement of gutters, connection and supply of 10,000L capacity water tanks erectedon concrete platforms for rain water harvesting@ 664,000 = 664,000, Procurement of 10,000L water tanks for eachfacility – 187,000, Supplyof new gutters in facility defective gutters – 96,000, Provision of concrete platform for the tanks – 120,000, Connectionof gutterswith downpipe to the tank – 52,000, Procurement of plumbing appliances– 89,000, Setting plumbing facilities in all service deliverypoints -32,000, Provision of taps– 22,000, Labour charges – 66,000, Total = 664,000 | 664,000 | | |
| Repair and replacement of defective solar power supply systems and appliances in Harerhosle Dispensary in order to improve access to skilled deliveryat night, 1 solar system@435,000= 435,000 | 435,000 | | |
| Community sensitization on the importance of skilled deliveries and immunization. Conference package (two teas, two bottles of water, stationery, projector and hall hire) 1,800 x 50 VMGs x 2 = 180,000, Transport for participants 1,000x50x2= 100,000, DSA for Officer’s 7,000x 3 Officers x2 days = 42,000, DSA for Driver at 4,200x 1 x 2 days = 8,400 , Fuel 120 x 40Lx 1= 4,800, Total = 335,200 | 335,200 | | |
| Procurement and distribution of mama kits to attract and improve skill delivery in the facility, 120 mama kits x 3,000= 360,000 | 360,000 | | |
| Procure and preposition standard delivery beds, MVA kits and delivery sets in in Harerhosle Dispensary, 2 MVA kit@4,380x2 facilities =17,520, 5 deliveryset @21,000x2 facilities=210,000, 1 standarddeliverybed @68,000x2 facilities =136,000, Total = 363,520 | 363,520 | | |
| Total for warabeey | 2,484,720 | 144,609,161 | 1.7% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Use of clan elders, traditional birth attendants and village committees.
- The VMGs have not been sensitized on GRM and planned for 2020

Prepared by:

Name: Asha Adan Farah

Position: VMG Focal Person

Date: 08/9/2020

Consulted representative of VMG community

Name: Mohamed Gudade Ukurow

Position: Warabeyi Community Representative Date: 08/9/2020

Checked and verified by Social Safeguards Officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 10/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: MARSABIT

VMG: DASANACH

Population: 5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Daasanach are also called Marille especially by their neighbours, the Turkana of Kenya. The Daasanach are traditionally pastoralists, but in recent years have become primarily agropastoral. Having lost the majority of their lands over the past fifty years or so, primarily as a result from being excluded from their traditional Kenyan lands, including on both sides of Lake Turkana, and the 'Ilemi Triangle' of Sudan, they have suffered a massive decrease in the numbers of cattle, goats and sheep. As a result, large numbers of the Daasanach have moved to areas closer to the Omo River, where they attempt to grow enough crops to survive. Like many pastoral peoples throughout this region of Africa, the Daasanach are a highly egalitarian society, with a social system involving age sets and clan lineages - both of which involve strong reciprocity relations. In Marsabit county they live along lake Turkana in Ileret which is over 500 kms from the county headquarters.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

During inception the county VMG focal person and a consultant from the national office were not able to visit the community due to the distance from the County headquarters, poor terrain and insecurity. However, communication was done through phone calls and social media.

Daasanach of Marsabit VMG Action Plan

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|---|---------------------------|--------------------|--|
| Maternal | | | | |
| 1. Skilled delivery increased by an average of 20 % from 13% to 33% for | Ileret health centre maternity ward renovated | Renovating maternity ward | Contraction labour | Construction done by TBI |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|----------------------------------|---|--|---|--|
| Daasanach H/C by the end of 2021 | Illeret H/C Maternity ward equipped with 10 beds and 5 sets. | Equipping maternity ward | Procure 10 beds with mattresses, procure 20 bed sheets, Procure 20 cellular blankets, Procure 5 delivery sets, Procure 2 delivery beds | Done by TBI/CONCERN WORLDWIDE |
| | Solar lighting system in Illeret Maternity ward repaired | Repairing solar lighting system | Procure 2 maintenance free batteries | Done by TBI/CONCERN WORLDWIDE |
| | Sieslucho dispensary equipped | Procure assorted equipments | 1 delivery bed 6 chairs, 3 tables, 3 cupboards, 1 examination couch and 4 benches 1 drug trolley 2 Drip stands, 2 BP machines, 2 stethoscopes, 4 thermometers 2 foetal scopes | Was done –by CONCERN WORLDWIDE |
| | Sieslucho dispensary staffed with 2 nurses, 2 support staffs and 1 watchman | Hire 2 nurses, 2 support staff and 1 watchman | 2 nurses, 2 support staff, 1 watchman | Employment of staffs was done by the County Government of Marsabit and CONCERN WORLDWIDE |
| | Solar system in sieslucho dispensary installed | Installing of solar system at sieslucho | Solar panels, Batteries, Wiring Bulbs Installation labour | CONCERN WORLD WIDE |
| | Sieslucho dispensary compound fenced | Fencing of the dispensary compound | Fencing labour, Materials | DONE BY SIGN OF HOPE |
| | 3 rooms of Sieslucho dispensary renovated | Renovation of 3 rooms of sieslucho dispensary | Construction labour, Materials | CONCERN WORLDWIDE/SIGN OF HOPE |
| | Ambulance repaired and maintained | Repairing the ambulance and procure 5 tyres and tubes Ambulance fueling | LSO – minor repairs on quarterly basis, 5 tyres and tubes 200L/quarter | COUNTY GOVERNMENT OF MARSABIT |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|---|--|--|---|
| | 110 CORPS sensitized on referral for skilled delivery | Hold a one-day Sensitizing meeting for each CORP On skilled delivery | 50 TBAs, 3facilitators, 30CHVs 30 community/religious leaders Facilitators | THS UCP |
| | 3 health care workers trained EMONC, FANC Maternity waiting space equipped with 4 beds Food items purchased for expectant mothers at the Illeret maternity waiting space | Capacity building of health workers Procure beds and beddings Provide food for the mothers quarterly | EMONC; FANC; 4 beds, 4mattresses 4pairs of bed sheets , 4 cellular blankets, 4pillows, 8pillow cases Rice; Milk; Wheat flour; Maize flour; Cooking oil; Sugar; Tealeaves; Salt; Potatoes; Onions; Cabbages; tomatoes | THS UCP CONCERN WORLDWIDE COUNTY GOVERMENT |
| 2. Family planning uptake increased by 5% (from 3.6% to 8.6.%) targeting women of child bearing age by 2021 | 1-day sensitization on FP conducted for each group of 50mothers, 50men and 50youths | Conduct sensitization meeting for WCBA, men and youths | 50 mothers, 50men, 50 youths | THS UCP |
| | 30 youths trained on ASRH | Conduct 5 days training on ASRH for youths | 30 youths, 3facilitators | NOT DONE |
| 3. Fully immunized children by 30% from 50% to 80% for Illeret H/C by 2021 4. 4 th ANC visit service utilization increased by 20.8% (from 9.2% to 30% by 2021 Illeret facility | Integrated outreach services conducted in 5 hard to reach areas | Conducting integrated outreach services in 5 hard to reach sites monthly | 4 Health workers, 2 CHVs, 1Vehicle 100L Fuel, 5 health workers allowances | Integrated outreach supported by/ - malteser/concern/TBI/THS UCP |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|--|--|--|---|
| Child nutritional status improved (underweight from -261 to 0], stunting from 39 to 0 and wasting from 35 to 0, by 2021 | Underweight reduced Stunting reduced Wasting reduced | Mass screening of children, Active case finding Providing supplementary and therapeutic feeds Conducting annual survey | Weighing scale, Height boards, MUAC tapes, CHVs, Lunch allowance for 30 CHVs Plumpy nuts, Plumpy supp, CSB Vegetable oil | CONCERN WORLDWIDE/TBI/MALTESER/SIGNOF HOPE |
| 6. Water, latrine coverage increased by% (water from ...% to ...%; latrine from ...% to ...% by the year 2021 (data not available) | 40 community members trained on CLTS for 5 days | Conducting 5 days CLTS training for 40 community members | Conference , Lunches , Transport , Perdiem , Facilitation , 1vehicle Stationeries | No training on CLTS No villages triggered |
| | 20 latrines constructed in Illeret and Sieslucho villages | Construction of 13 latrines in Illeret and Sieslucho villages | Construction labour, Materials | Done by MALTESER INTERNATIONAL |
| | Piped water connected to Illeret H/C | Connecting piped water to Illeret H/C | Plumbing labour, Materials , Unskilled labour , Two 10,000L Storage tanks | Done by MALTESER INTERNATIONAL |
| 7. Quality of health service delivery improved by the year 2021 | 15 HCWs trained on IPC in Illeret H/C | Conducting 3 days training on IPC measures | Notes, 2 facilitators, Allowances 1 vehicle | Not done |
| | Quarterly Supportive supervision conducted at Illeret and Sieslucho dispensary | Conducting 5 days supportive supervision on quarterly basis | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | Done by THS-UCP, CONCERN WORLDWIDE/FHK |
| 8. Monitoring and evaluation improved of health delivery services. | Biannual monitoring of the progress conducted | Conducting monitoring of the progress twice in a year | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | Done by THS-UCP, CONCERN WORLDWIDE/FHK |
| | 1 Midterm evaluation done | | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | Not done |
| | 1 end term evaluation done | | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | Not done |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|---|------------------------------------|--|---|
| 30/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Korie Mkorie | Ileret area-Need mama kits-increase number. Equip Telesgeye dispensary with drugs and furniture |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreach services planned in 4 sites supported by SIGN OF HOPE

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

NONE

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>get spent on this group</i> |
|---|-----------------------------|--|--------------------------------|
| <ul style="list-style-type: none"> Reach the VMGs with Integrated RMNCAH outreach services across the lake and on the shores Equipping maternity Vouchers for CBRAs vendors Mama kits | 250,000 | 82,000,000 | 1.48% |
| | 600,000 | | |
| | 120,000 | | |
| | 240,000 | | |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| | | | |

| | | | |
|---|---|-------------------|--------------|
| <ul style="list-style-type: none"> • Integrated outreach services • Water tanks @ 5,000ltrs • Voucher for CBRAs vendors | 250,000 60,000 120,000 | 56,000,000 | 0.78% |
|---|---|-------------------|--------------|

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|-----------------------|-----------------------|------------------|----------|---|
| Philip Kalany Locheya | Illetet | KECHN | Not yet | N/A |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness)

- Operationalization of Telesgaye dispensary- equipping and staffing
- Planning for integrated outreach services, vouchers for CBRAs, mama kits

2020/2021

| Activity <i>targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Procure and distribute mama kits to 60 mothers delivering at Illetet 28/HC- Dasanach VMG | 192,000 | | |
| Total Dasanach budget | 192,000 | 94,878,239 | 0.2% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How the GRM is made accessible to this group and are they made aware of the GRM?

Yes-there are established community systems and channels of addressing issues/concerns:

- County GRM focal point person has been appointed and planning done to sensitize on GRM,
- Posters of the dedicated complaints and complements handling hotline number will be placed in all public places,
- Procurement and distribution of complain register books to all the health facilities,
- Appointment of Grievance focal person at health facility to register and refer complaints.

Prepared by VMG focal point:

Name: Sarah Chiwe

Position: VMG focal person

Date: 28/10/2020

Consulted representative of VMG community:

Name: Korie Mkorie

Position: Ward Administrator

Date: 30/07/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

County: Marsabit

VMG: Elmololo

Population 0.5%

1. What is the legal and institutional framework applicable to these groups?

(Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

According to the 2019 Kenya census, there were 1,104 El Molo residents. However, historians have noted that there are few "pure" El Molo left. Most group members are today mixed with adjacent Nilotic populations, primarily Samburu, with only a handful of unmixed El Molo believed to exist. Many El Molo speakers have also adopted cultural customs from these communities. In 1994, there were reportedly only eight unmixed El Molo remaining.

The El Molo today are concentrated in Marsabit District on the southeast shore of Lake Turkana, between El Molo bay and Mount Kulal, In the past, they also dwelled in other parts of the Northern Frontier District. The Elmololo are rather elusive living in the vicinity of other communities and therefore live in isolated villages away from the traditional centers such as Loyangalani in Marsabit. With such tendencies of avoidance coupled with the fact that they live in geographically remote areas with poor infrastructural development, and overreliance on fishing for food and household income, the Elmololo are seriously vulnerable and marginalized in access to primary health care services among other social services.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

During inception the county VMG focal person and a consultant from the national office visited the VMGs at the community level and sensitized them on their rights in regard to involvement in the existing systems, available services including RMCAH , nation building activities. Representatives from VMG organized groups were formed who did the VMG specific action plan themselves.

Elmololo Marsabit Community Action Plan

| Objective | output | Activity | Input | Whether addressed through THS programme(state year or through other funds) |
|--|---|---------------------------|---------------------------------|--|
| Maternal | | | | |
| 1. Skilled delivery increased by an average of 25% from 5% to 30% for Elmololo bay dispensaries by the end of 2021 | 1 Maternity room at Elmololo bay dispensary renovated | Renovating maternity ward | Construction labour, materials | Not Done |
| | Elmololo bay dispensary maternity ward equipped with 1 delivery bed and 4 delivery sets | Equipping maternity ward | 1 delivery bed, 4 delivery sets | Done By THS-UCP |

| Objective | output | Activity | Input | Whether addressed through THS programme(state year or through other funds) |
|--|---|--|--|--|
| | 1 ambulance procured to strengthen referral system | Procure 1 ambulance | Ambulance | One Ambulance Based At Loiyangalan HC By County Government Of Marsabit |
| | 2 nurses deployed at Elmolo bay dispensary | Deploy 2 nurses | 2 nurses | Done by County Government Of Marsabit |
| | 60 CORPs sensitized on skilled delivery | Hold 1 day sensitization meeting for each group | 20 TBAs, 20 leaders/religious, 20 CHVs, 1vehicle, 3facilitators, Stationeries , Notes | Not Done |
| 2. Family planning uptake increased by 5% (from 3.8.% to 8.8%) targeting women of childbearing age for Elmolo bay dispensary by 2021 | 100 Community members sensitized on family planning uptake | Conduct sensitization meeting for 1 day for each group | 50 TBAs, 30 local/religious leaders, 20 CHVs,Facilitators , Stationeries , 1 vehicle Notes | Not Done |
| | 2 nurses trained on contraceptives technology uptake | Training 2 nurses for five days | CTU | DONE BY THS-UCP |
| | 2 nurses trained on LARC | Training of 2 nurses on LARC for 5 days | LARC | DONE BY THS-UCP |
| 3. Fully immunized children by 20% from 60% to 80% for Elmolo dispensary by 2021 | Integrated outreach in 3 hard to reach areas conducted on monthly basis | Identifying and Conducting integrated outreach services in 3 hard to reach areas | 3 sites, 4 Health workers, 2 CHVs, 1 Vehicle, 1supervisor Allowances , Vaccines , Registers Drugs | CONDUCTED BY WORLD VISION, KRCS |
| 4. 4 th ANC visit service utilization increased by 45% (from5% to 50% by 2021 for Elmolo facility | 50 CORPs sensitized on importance of 4 th ANC visits | Sensitizing of CORPs on importance of 4 th ANC visits for 3 days | 60 CORPs (20 TBAs, 20 leaders,20 CHVs), Conference , Lunches , Transport, Facilitators training, Stationeries , 1Vehicle hire, Notes | NOT DONE |
| | 2 nurses trained on pillars of safe motherhood | Conducting OJT on pillars of safe motherhood on monthly basis | Notes , 2 facilitators, Allowances , 1vehicle | DONE BY THS-UCPS |
| 5. Child nutritional status improved (underweight from -% to 0%), stunting from % -0% and wasting from% to 0%, by 2021 (data not available) | Underweight reduced Stunting reduced Wasting reduced | Mass screening of children Active case finding Providing supplementary and therapeutic feeds Conducting annual survey | Weighing scale, Height boards, MUAC tapes CHVs, lunch allowance for 30 CHVs Plumpy nuts, Plumpy supp, CSB Vegetable oil | DONE BY KRCS,WORLD VISION,CONCERN WORLDWIDE |
| 6. Water, latrine coverage increased by% (water from ...% to ...%; latrine from ...% to ...% by the year 2021 (data not available) | 40 community members trained on CLTS for 5 days | Conducting 5 days CLTS training for 40 community members | Conference , Lunches, Transport, Perdiem , Facilitation , Stationeries | DONE BY KRCS |

| Objective | output | Activity | Input | Whether addressed through THS programme(state year or through other funds) |
|--|---|---|---|--|
| | 20 latrines constructed in elmolo bay villages | Construction of 20 latrines in elmolo bay villages | Construction labour Materials | DONE BY KRCS |
| | Piped water connected to elmolo bay dispensary | Connecting piped water to elmolo bay dispensary | Plumbing labour, Materials, Unskilled labour , Two 10,000LStorage tanks | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| 7. Quality of health service delivery improved by the year 2021 | 6 HCWs trained on IPC | Conducting 3 days training on IPC measures | Notes , 2 facilitators, Allowances 1vehicle | NOT DONE |
| | Quarterly Supportive supervision conducted at elmolo bay dispensary | Conducting 5 days supportive supervision on quarterly basis | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | DONE BY THS-UCP |
| 8. Monitoring and evaluation improved of health delivery services. | Biannual monitoring of the progress conducted | Conducting monitoring of the progress twice in a year | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | SUPPORTIVE SUPERVISION CONDUCTED ON QUATERLY BASIS BY THS-UCP |
| | 1 Midterm evaluation done | | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance , | Not done |
| | 1 end term evaluation done | | 5 managers (CHFMT/SCHMT), 1 vehicle, Allowance | Not done |

4. **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|---|---|
| 28/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Jeremy Lesirau Community Health Assistance | Sensitisation on RMNCAH, Sensitisation of community leaders in Layeni and Elmolo Bay. Outreaches around Talo and Lorus dispensaries |

5. **What outreach is planned for the future including reviewing VMGs needs and implementation?**

- Continuation of integrated outreach services and health facility services

6. **What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**

- Community discussions were done on the priorities on RMNCAH services with the VMGs, co-ordinated by CVMG/GRM focal persons

7. **What are the cost estimates and financing plan for these mitigating measures? What has been done for this community so far in the project (from AWP)_**

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Integrated outreach services | 100,000 | 82,000,000 | 0.12% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Integrated outreach services Tanks @5,000 ltrs | 100,000 60,000 | 56,000,000 | 0.29% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|------|-----------------------|------------------|----------|---|
| No | | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness)

- Planning for integrated outreach services, vouchers for CBRAs, mama kits

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct integrated outreach services in 1 site in El Molo Bay – El Molo VMG DSA for 2pax (SCHMT & Lab.) *7,000*2days=28,000, DSA for 1Driver*4200*2days=8,400, Lunch 4pax(2Clinicians+Nutr+CHA) *1000* 2days=8,000, Lunch 2pax CHVs@500*2days=2,000, Fuel: 100litres@130=13,000 Total per month =59,400, Grand total per year=59,400*12=712,800 | 712,800 | | |
| Sensitization of 10 community leaders (MCAs , MPs, Religious leaders, village leaders, youth and representatives) from El Molo VMG on RMNCAH scorecard , Lunch for 10pax@1000*1day =10,000 Transport for 10pax@1000*2 way =20,000, Perdiem for 1Driver@ 4200 for 2 days=8,400, Perdiem for 2 facilitators@8,400 for 2 days=33,600, Fuel: 100litres*130=13,000, Hall hire @ 5000 for 1day=5,000 Stationary for 12pax @150=1,800, Data Bundles Cost= 500 | 92,300 | | |

| | | | |
|--|---------|------------|-------|
| | 805,100 | 94,878,239 | 0.85% |
|--|---------|------------|-------|

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- County GRM focal person has been identified to actively follow up on VMG complaints
- Conduct sensitization of VMGs on GRM
- Community GRM focal person to be identified
- Appointment of Grievance focal person at health facility to register and refer complaints
- All facilities have suggestion boxes and appropriate service charters.
- Major facilities have a designated officer to handle complaints.
- Posters of the dedicated complaints and complements handling hotline number are placed in all public places.
- Procurement and distribution of complain register books to all the links facilities

Prepared by VMG focal point:

Name: Sarah Chiwe

Position: VMG focal person

Date: 28/10/2020

Consulted representative of VMG community:

Name: Jeremy Lesirau

Position: CHA

Date: 28/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

County: MARSABIT

VMG: LKUNONO

Population 5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Lkunono/black smith is a clan of the Samburu, who are simultaneously feared and revered by other Samburu as they have special spiritual powers and are depended upon for the survival for the tribe as a whole. They make spear head knives swords. In Marsabit county they live in Logo area of Laisamis sub county. They are marginalized because of their art of blacksmith which is considered inferior.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

During inception the county VMG focal person and a consultant from the national office visited the VMGs at the community level and sensitized them on their rights in regard to involvement in the existing systems, available services including RMCAH, nation building activities. Representatives from VMG organized groups were formed who did the VMG specific action plan themselves.

Ilkunono-korr of Marsabit Health community action plan

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|---|---------------------------|--|--|
| 1. Skilled delivery increased by an average of 34 % from 41% to 55% for ...Korr health facility by the end of 2021 ¹ | 6 Staffs (4 nurses, 1 clinical officer and 1 nutritionist) employed per annum | Recruitment of staff. | Basic salaries, 1.krchn, 2rco, 3no, Other allowances | 2 NURSES DEPLOYED BY COUNTY GOVERNMENT OF MARSABIT |
| | | Refresher course on EMOC, | Training materials, Facilitators allowance, Transport reimbursements, Participants per diems, Hall hire, LCD | DONE BY THS-UCP |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|--|---|--|---|
| | One delivery room renovated. | Awarding of the contractor | | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| | 3. One Ambulance repaired and maintained | Servicing of the ambulance | Funds for repair and maintenance | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| | 240 Health workers trained on LARC | 2 Training of health workers. | Conference package , Facilitation allowance , Transport reimbursement | DONE BY THS-UCP |
| | | Training of CHV on family planning | . Conference package, Facilitators allowances, Transport reimbursement | NOT DONE |
| | 5 Family planning IUCD insertion kits and examination coach bought | Procurement of FP kits and examination coach | Purchasing 5 FP kits 2 examination coach | DONE BY THS-UCP, UNFPA |
| | 4 integrated Mobile outreaches conducted per quarter | Conducting integrated mobile outreaches in the hard to reach areas | Fuel, Staff allowances | CONDUCTED BY WORLD VISION, CONCERN WORLDWIDE, KRCS |
| Family planning uptake increased by 5% from 76.5% to 86.5% targeting women of child bearing age by 2021 | 1 room renovated for FP services | 2. Awarding of the contractor | | NOT DONE |
| | 2 Examination beds purchased | Purchasing examination coach | Purchase 2 examination coach | DONE BY THS-UCP |
| | 3 community dialogue days per quarter | Conducting community dialogue days | 12 community dialogue held per quarter, Transport refunds CHV, Staff allowance | NOT DONE |
| | 15 Condom dispensers installed in public sites | Procurement of condom dispensers | Purchasing condom dispensers | NOT DONE |
| | 1 Youth friendly centres established | Constructing integrated youth friendly centres within the facility | Funds for construction | NOT DONE |
| | 320 men trained on family planning per quarter | Training 20 men as family planning champions (male involvements) | Facilitation allowances <i>Conference package</i> Transport reimbursement | DONE BY DESIP |
| | 4 Mobile Outreaches in hard to reach areas conducted | Conduct integrated outreach mobile outreaches per quarter | Fuel , Staff allowances | DONE BY KRCS, WORLD VISION; CONCERN WORLDWIDE |
| | 4 Defaulter tracing mechanisms established per quarter | Develop defaulter checklist Conducting defaulter tracing CHV at the household levels and make followup | Developing defaulter checklist CHV lunches , Transportation reimbursement CHV | NOT DONE |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|---|--|--|---|
| Fully immunized children by 39% from 43.6% to 60% by 2021 | 2 Modern fridges for vaccines | Procuring 2 modern vaccine fridges for the facilities | Purchasing 2 Modern fridges | ONE FRIDGE PROCURED BY GAVI, UNICEF |
| | 240 Health workers trained on KEPI | Conducting in house a KEPI training | Transport reimbursement | 4 HCWs TRAINED BY DVI |
| | 120 CHV Motivated per month | Motivating the CHV by giving the small incentives | CHV incentives | DONE BY WORLD VISION, CONCERN WORLDWIDE, KRCS |
| | 4 Quarterly support supervisions per annum | Conducting quarterly support supervision | Fuel transportation means, SCHMT staff allowances, Supervisory checklist SCHMT allowance | DONE BY THS-UCP |
| 4th ANC visit service utilization increased by 28% (from 25.2% to 32% by 2021 (Korr health centre... facilities) | 20 expectant mother health's educated per quarter | Health educate pregnant mother on the | Lunches, refreshments, Staff lunch allowances Transport reimbursement | DONE BY THS-UCP |
| | 1.4 Mother to mother support group formed. Of about 20 mothers, per quarter | Formation of mother to mother support groups | Lunches, Staff allowances , Refreshments Transport reimbursement | DONE BY WORLD VISION |
| | 3.160 men trained quarterly on FANC per quarterly | Conducting an inhouse training for FANC | Staff lunches allowances , Conference package | NOT DONE |
| | 120 mother. health educated | Health educating mothers on the importance of growth monitoring. | Facilitators allowances , Transport reimbursement | DONE BY KRCS, CONCERN WORLDWIDE, WORLDVISION |
| | 4 mass screening per quarter. | Conducting a mass screening within the facility catchment population | Transport means, Fuel, Staff lunch allowances, Mobilization funds | DONE BY KRCS, CONCERN WORLDWIDE, WORLD VISION |
| Child nutritional status improved (underweight from 13-% to 5%), stunting from 1.6%-0% and wasting from 0....% to 0%, by 2021 Korr health centre | 240 health workers trained on IMAM. | Conducting a training for Health worker on IMAM | Facilitation allowances , Conference package Transport reimbursement | WORLD VISION, KRCS, CONCERN WORLDWIDE |
| | 120 CHV trained on IMAM per quarter | Conducting an in-house training of the CHV on IMAM | Facilitation allowances , Conference package , Transport reimbursement | WORLD VISION, KRCS, CONCERN WORLDWIDE |
| | 3 height boards 2 salter scale weight purchased 2 adults digital weight scale machine | Procuring height boards-salter scale weight, and adults weighing machine | Purchase 3-height board, 2 scatter -scales 2 adult digital weighing machine | WORLD VISION, KRCS, CONCERN WORLDWIDE |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|--|--|---|---|
| | 120 CHV trained on CLTS | Developing the CLTS curriculum, Selecting the facilitators Facilitating the training | Facilitation allowances, Facilitators allowances Conference package Transport reimbursement | ON GOING DONE BY KRCS |
| Water, latrine coverage increased by% (water from ...% to ...%; latrine from ...% to ...% by the year 2021 Korr health centre | 3 community dialogue days per quarter | Conducting 3 community dialogue days per quarter | 12 dialogue days held per quarter | ON PROGRESS BY KRCS |
| | | Conducting a community action day per month | 1 community action day per month | ON PROGRESS BY KRCS |
| | One community action day per month | Conducting chief baraza | Refreshment | CONDUCTED BY KRCS |
| | 4 chief barazas per quarter | Establish linkages with other development actor | Awarding contract | NOT DONE |
| | 250 modern latrines constructed | Conducting and in-house training | Facilitation allowance | NOT DONE |
| | 120 CHV trained on hygiene and water sanitation | | Conference package Transport refunds | NOT DONE |
| | | Provision of water tank | Purchasing 1000 water tanks | NOT DONE |
| | 1000 household provided with 100 litre water tanks | Provision of hand washing facilities | Purchase 1000 hand washing facility | 20 LTR HAND WASHING JERRICANS ISSUED BY BOMA FUND |
| | 1000 household provided with hand washing facilities | | Fuel, Supervisory checklist | 20 LTR HAND WASHING JERRICANS ISSUED BY BOMA FUND |
| | Quarterly support supervision | Conducting support supervision SCHMT | Staff allowance (PER DIEM) Supervisory checklist | DONE BY THS-UCP |
| Quality of health service delivery improved by the year 2021 | Standard operational procedures developed | Developing SOPs for the facilities yearly | Conference package Facilitator allowance Transport refund | NOT DONE |
| | | Establishing a data quality audit team to meet monthly | Conference package | |
| | Data quality audit team developed | | Facilitation allowances Transport refunds | THS-UCP |
| | Quarter stakeholder's forum held | Holding a quarter stakeholder forum | Conference package Facilitation allowances Transport refunds | NOT DONE |
| | Reporting tools printed | Printing of reporting tools | Purchasing of printing/photocopying | DONE BY COUNTY GOVERNMENT OF MARSABIT |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|---|--|---|---|
| | | | machine Purchasing of printing papers Purchasing the tonner | |
| Monitoring and evaluation improved of health delivery | M/E technical working group formed (SCHMT and VMGs) | formation of the technical monitoring and evaluation working group | Accommodation Conference package Transport refunds | NOT DONE |
| | | Conducting TWG quarterly meeting | Conference package | NOT DONE |
| | Quarterly TWG meetings | | Accommodation allowance Transport refunds | NOT DONE |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|--|
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Pius Lokuru | Kor area. need to equip Narigi dispensary serving the Ilkunono with delivery beds and drugs- operationalise the maternity |
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Mariam Lesurmat | Nalisulwa location- Kor. Malnutrition. GRM- concern. Discrimination of community by the staff in Kor Health center. First attend to Rendile before treating Lkunono. Not considered in food distribution- skipped, not prioritised, M2M group not prioritised. Need for toilets for the Lkunono. Available toilets are locked with padlocks. Need Sensitisation on nutrition and immunisation. Corona sensitisation- Concern International gave buckets to Rendile and gave only 1 bucket to Lkunono- no masks or sanitisers |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreach services, VMG sensitization on their rights, priorities and GRM has been planned

6. **What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**

Planning has been done for health facility staff, SCHMT, CHMT to be sensitized on the rights, services and how to address grievances for VMGs

7. **(What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP) 2018/2019**

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| <ul style="list-style-type: none"> Integrated outreach services Mama kits | 120,000 192,000 | 82,000,000 | 0.38% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| <ul style="list-style-type: none"> Integrated outreach services Vouchers for CBRAAs Mama kits | 120,000 60,000 64,000 | 56,000,000 | 0.44% |

8. **Were any health trainees sponsored by this project from this community?**

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|-------------|------------------------------|-------------------------|-----------------|--|
| None | | | | |

9. **Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness**

- Integrated outreach services
- Utilization of Nairibi dispensary by the VMGs

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Procure and distribute mama kits to 60 mothers delivering at Nairibi Dispensary- Lkunono VMG (KSH 192,000) | 192,000 | | |
| Equip & Operationalize Nairibi dispensary (Lkunono VMG)-Laisamis Sub county (KSH 2,177,400) | 2,177,400 | | |

| | | | |
|--------------|------------------|-------------------|-------------|
| Total | 2,369,400 | 94,878,239 | 2.5% |
|--------------|------------------|-------------------|-------------|

10. Are there in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- The County GRM focal person has been identified who will now sensitize the VMG how their grievances will be addressed
- Culturally- the community has their mechanisms of addressing using local leaders and elders
- Appointment of Grievance focal person at health facility to register and refer complaints
- Procurement and distribution of complain register books to all the healthfacilities,

Prepared by VMG focal point:

Name: Sarah Chiwe

Position: VMG focal person

Date:28/10/2020

Consulted representative of VMG community:

Name: Pius Lokuru, Mariam Lesurmat

Position: Representatives

Date: 29/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

County: Marsabit

VMG: Rendille

Population 5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Rendille suffer multiple marginalization. First, the name Rendille means rejected. Oral history indicates that the Rendille are considered rejected by the Somali community. This explains the meaning of their original name, “*Rerdid*” which was colonially mispronounced and misspelt as Rendille. Accordingly, “*Rerdid*” means separated, refused or rejected in the Somali and Rendille languages. Thus, they are considered culturally inferior by Somalis. This has implications on access to development opportunities both at the sub-national and national development institutions. Second, the Rendille are nomadic pastoralist with seasonal migration similar to the Gabra community. The nomadic practices, although ensuring continued access to water and food, disenfranchise the Rendille community from accessing quality and improved primary health care services. Migration makes the vulnerable groups, such as mothers, children and youths to move away from health facilities. Third, the community health units are weak and, in most cases, not established. Thus, the Rendille heavily rely on traditional health attendants such as traditional birth attendants. Fourth, circumcision as a rite of passage is highly ranked among the Rendille. Consequently, female genital mutilation is devotedly practiced among the Rendille and safeguarded with strong cultural taboos that surround even the bare mention of it thereby interference with the practice is highly condemned. In Marsabit county the Rendille tribe living in Kargi of Laisamis sub county are marginalized and assimilated into Samburu tribe.

3. The inception meeting was done at the community level by County VMG focal person and a consultant from National office. Representatives from the VMG organized groups were sensitized on their rights in regards to involvement in the existing systems, service delivery including RMNCAH services and their participation in Nation building. The VMG identified their priorities and did an Action Plan themselves

Rendille of Marsabit VMG Action Plans

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|---|---------------------|---|--|
| Maternal | | | | |
| 1. Skilled delivery increased by an average of 10 % | Maternity ward equipped in Kargi H/C, Kurkum disp, Kargi Disp, Ballah | Equipping maternity | 3 delivery coaches, 6 delivery sets, 6 beds 2 incubators, 2 Sterilizer, 2 Dropper | DONE BY THS- UCP, UNFPA, UNICEF, AMREF |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|--|--|--|---|
| from 18% to 28% for dispensaries by the end of 2021 | Adequate water availed in maternity ward Solar lighting system in Ballah disp, h ward repaired (2 maintenance free batteries procured) by the end of FY 2018/19 | Installation of water to maternity ward | 2 Storage Tanks | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| | Ambulance services availed at facility | Repair and maintenance of ambulance | Buying tyres, Fuelling, Full servicing of ambulance | AMBULANCE AT KARGI HC BY COUNTY GOVERNMENT OF MARSABIT |
| | Health providers Trained on EMONC, FANC | EMONC, FANC training | Training material Hall Package, Facilitator, Participants Transport reimbursement | DONE BY THS-UCP |
| | CHV trained on Community Maternal Neonatal Health (CMNH) | CHV training on CMNH | Training material, Hall package, Facilitators participants, Transport reimbursement | DONE BY THS-UCP |
| | 400 Mama Kits Availed at the 4 HFs yearly | Availing Mama kits | Buying of mama kits | DONE BY THS-UCP, BYZ PROGRAMME |
| | Staff Deployed | Deploying of nurses to the facility by County government | Salary and allowances | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| 2. Family planning uptake increased by% (from% to%) targeting women of child bearing age by 2021 | FP commodities Availed | Availing FP commodities | Oral contraceptives, Injectable Implants | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| | 100 Health providers trained on FP | Nurses, Doctors and clinician training on FP | Hall package, Facilitators per diem, Participants allowance Transport reimbursement | 4 CHWs TRAINED BY THS-UCP |
| | 100 CHV Trained on FP from 4 HFs | CHV training on FP | Hall package, Facilitators per diem Participants allowance Transport reimbursement | DONE BY THS-UCP, DESIP |
| | 80 Community members per 4 HFs sensitized on FP services | Community sensitization on FP | Lunch allowance and transport | DONE BY DESIP |
| 3. Fully immunized children by ...8.4%.% from ...30..% to ...38.4..% by 2021 | EPI Vaccines and 8 Vaccine carriers availed | Procuring vaccine carriers Distribution of vaccines and EPI commodities | 8 Vaccines carriers Fuel for vehicle, Drivers allowance EPI nurse/ SCPHN per diem | DONE BY DVI, THS-UCP |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|--|--|--|--|---|
| | Defaulters identified | Identification of defaulters by CHV | Routine by CHVs | DONE BY HEALTH FACILITY STAFF/CHVs |
| | 48 Mobile outreaches clinics done | Planning for mobile outreaches | Vehicle hire, Drivers per diem, Lunch Allowance | DONE BY THS-UCP, CONCERN WORLDWIDE, WORLD VISION |
| 4. 4 th ANC visit service utilization increased by% (from ...% to% by 2021 (..... facilities) | 48 Mobile outreaches clinics done | Planning for mobile outreaches | Vehicle hire, Drivers per diem, Lunch Allowance for nurse/Cos, CHVs all | DONE BY THS-UCP, CONCERN WORLDWIDE, WORLD VISION |
| | 16 CHV motivated | Giving incentives to CHV | CHVs incentives | DONE BY THS-UCP |
| | 1 day Community sensitized on ANC services importance. | Community meetings | Participants 25 | DONE BY THS-UCP |
| 5. Child nutritional status improved (underweight from -% to 0%), stunting from % -0% and wasting | Nutrition mass screening done by 50 health providers for 4 HFs | Screening of all under five to rule malnutrition | Nurse/nutritionist lunch allowance and CHVs | DONE BY WORLD VISION, CONCERN WORLDWIDE, WORLD VISION |
| | Malnourished child identified and managed | Identification and managing malnourished child | Weighing scales, Height board, MUAC tapes Weighing bag | DONE BY WORLD VISION, CONCERN WORLDWIDE, WORLD VISION |
| | 100 Health providers and CHV trained on Nutrition | Training of Health providers and CHV on nutrition | Hall package, Facilitators per diem, Participants allowance, Transport reimbursement | DONE BY WORLD VISION, CONCERN WORLDWIDE, WORLD VISION |
| 6. from% to 0%, by 2021 | 4 Nutrition officers deployed for 4 HFs | Deploying nutrition officers | Salary and allowances | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| 7. Water, latrine coverage increased by% (water from ...% to ...%; latrine from ...% to ...% by the year 2021 | • 20 boreholes Treated 20 | Buying aqua tablets | Aqua tablets | NOT DONE |
| | 14 Protection of shallow well and dams maintained | Protecting and maintaining shallow wells and dams | Fencing Dams | NOT DONE |
| | 100 CHV and community trained on safe water | Training CHV and community on safe water and latrine | Hall package, Facilitators per diem, Participants allowance, Transport reimbursement | NOT DONE |

| Objective | Output | Activity | Inputs | Whether addressed through THS programme (state year or through other funds) |
|---|---|--|---|---|
| 8. Quality of health service delivery improved by the year 2021 | Service delivery Implemented Health workforce deployed Health information Medicine products, vaccines and availed Health financing allocated Support supervision conducted CQI rolled out | Implementing quality service delivery Conduct support supervision Establishment of facility quality improvement system Funds allocation | Quarterly meetings for Managers and Health facilities in charges Support supervision checklist Supervision team county/sub county Training of CHMTs/SCHMTs on CQI roll out | THS-UCP, KRCS, CONCERN WORLDWIDE, WORLD VISION |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|--|
| 30/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Joshua Turuga | Kargi- Kor-Chalbi desert. Mainly pastoralists in chalbi.. Shortage of food and water. Needs sanitary pads for the girls who normally get them while in school. Increase maternal mortality due to home deliveries, distance to facility (between 6-23km) and no ambulance. A lot of early marriages and FGM. Priority- Sensitisation of the community. Outreaches and sensitisations. Mobile clinics taking place on Tuesdays and Wednesdays |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

- Integrated outreach services
- Sensitization of community leaders (MCAs, MPs, Religious leaders, village leaders, youth and representatives)

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

All the VMGs were sensitized during inception and also through social media forums- formed WhatsApp page for VMGs, CVMGFP, CGRMFP for regular communication

7. What are the cost estimates and financing plan for these mitigating measures? What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| <ul style="list-style-type: none"> Integrated outreach services | 120,000 | 82,000,000 | 0.14% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|---|--|-------------------------------------|
| <ul style="list-style-type: none"> Integrated outreach services Mama kits Vouchers for CBRAs Water tank @5,000 ltrs | 120,000 416,000 130,000 60,000 | 56,000,000 | 1.3% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|------|-----------------------|------------------|----------|---|
| No | | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritized next year or other recommendations to enhance reach and appropriateness

- Integrated outreach service
- Sensitization of VMGs on GRM and RMNCAH services

2020/2021

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct integrated outreach services in 5 sites in Kargi-Rendille VMG: DSA for 2pax (SCHMT & Lab.) *7,000*2days=28,000, DSA for 1Driver*4200*2days=8,400, Lunch 4pax(2Clinicians+Nutr+CHA) *1000* 2days=8,000, | 681,600 | | |

| | | | |
|---|----------------|-------------------|--------------|
| Lunch 2pax CHVs@500*2days=2,000, Fuel: 80litres@130=10,400, Total per month =56,800, Grand total per year=56,800*12=681,600 | | | |
| Sensitization of 10 community leaders (MCAs , MPs, Religious leaders, village leaders, youth and representatives) from Rendille VMG on RMNCAH scorecard . Lunch for 10pax@1000*1day =10,000 Transport for 10pax@1000*2 way =20,000, Perdiem for 1Driver@ 4200 for 2 days=8,400, Perdiem for 2 facilitators@8,400 for 2 days=33,600, Fuel: 100litres*130=13,000, Hall hire @ 5000 for 1day=5,000, Stationary for 12pax @150=1,800, Data Bundles Cost= 500 | 92,300 | | |
| Total Rendile Budget | 773,900 | 94,878,239 | 0.82% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Yes- culturally, there are community governance that can address community grievances and disagreements composed of elders and community leaders
- County GRM focal person has been identified
- Conduct sensitization and screening of VMGs and sensitization of GRM
- Community GRM focal person to be identified
- Procurement and distribution of complain register books to all the health facilities,
- Appointment of Grievance focal person at health facility to register and refer complaints.
-

Prepared by VMG focal point:

Name: Sarah Chiwe

Position: VMG focal person

Date: 28/10/2020

Consulted representative of VMG community:

Name: Joshua Turuga

Position: Leader, CHV

Date: 30/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT Social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

County: Marsabit

VMG: Turkana of Moite

Population 2%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Turkana are a Nilotic ethnic community connected to Turkana County, in particular Lake Turkana. One of the largest nomadic communities in Kenya, they are known for their basket weaving and annual Turkana Festival. The Turkana are mostly located in Turkana and Marsabit counties. In Marsabit County the Turkana tribe living in Moite are marginalized because of the distance from the sub county and the county headquarters, vastness and in accessibility due to harsh terrains.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Community not covered in reference VMGP. During inception the county VMG focal person and a consultant from the national government were not able to meet this VMG because of the distance, terrains and occasionally insecurity

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

The area lived by Turkana in Moite is usually inaccessible and high rate of insecurity from the neighbouring communities. It is not easy for one on one communication for this VMG, but rather through phones calls when necessary.

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------|-------|---|--------------------|---|---------------------------|
| | | | | | |

| | | | | | |
|-----------|------------------------|--|------------------------------------|---------------------|--|
| 31/7/2020 | Telephone conversation | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Regina Silale Nurse | Due to insecurity in Moite, the staff do not last. She is at the Elmolo Bay dispensary. Challenges of water and food. Priorities-monthly Outreaches. CHVs mobilise the |
|-----------|------------------------|--|------------------------------------|---------------------|--|

| | | | | | |
|--|-------------------------|--|--|--|---|
| | with VMG representative | | | | communities to attend outreaches. Need community sensitisations. Motivation for the CHVs (chosen from different communities and villages) |
|--|-------------------------|--|--|--|---|

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreaches

Sensitization of community leaders on RMNCAH score card and GRM

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Community discussions were done on the priorities on RMNCAH services with the VMGs, coordinated by CVMG/GRM focal persons

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Integrated outreach services | 360,000 | 82,000,000 | 0.44% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| Integrated outreach services | 360,000 | 56,000,000 | 0.64% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|------|-----------------------|------------------|----------|---|
| None | | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness)

- Integrated outreach services
- Operationalization of Moite dispensary through staffing
- Provision of mama kits and CBRA vendors

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct integrated outreach services at 6 sites in Moite-DSA for 2pax (SCHMT & Lab.) *7,000*2days=28,000, DSA for 1Driver*4200*2days=8,400, Lunch 4pax(2Clinicians+Nutr+CHA) *1000* 2days=8,000, Lunch 2pax CHVs@500*2days=2,000, Fuel: 150litres@130=19,500 Total per month =65,900, Grandtotal per year=65,900*12=790,800 | 790,800 | 94,878,239 | |
| Sensitization of 10 community leaders (MCAs, MPs, Religious leaders, village leaders, youth and representatives) on RMNCAH scorecard. Lunch for 10pax@1000*1day =10,000 Transport for 10pax@1000*2 way =20,000, Perdiem for 1Driver@ 4200 for 2 days=8,400 Perdiem for 2 facilitators@8,400 for 2 days=33,600, Fuel: 150litres*130=19,500, Hall hire @ 5000 for 1day=5,000, Stationary for 12pax @150=1,800, Data Bundles Cost=500 | 98,800 | 94,878,239 | |
| Total | 889,600 | 94,878,239 | 0.9% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- County GRM focal person has been identified
- Conduct sensitization of VMGs on GRM
- Community GRM focal person to be identified
- Posters of the dedicated complaints and complements handling hotline number will be placed in all public places,
- Procurement and distribution of complain registerbooks to all the health facilities

Prepared by VMG focal point:

Name: Sarah Chiwe

Position: VMG focal person

Date: 28/10/2020

Consulted representative of VMG community:

Name: Regina Silale

Position: Nurse

Date: 31/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: MARSABIT

VMG: WAYYU

Population 2%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Wayyu are one of the smallest tribes in Kenya and are closely related to the Gabra and Borana. They suffer from marginalisation including being culturally restrained from owning livestock like the Gabra and Borana. As such they have very limited household income and are generally food insecure and rely on food relief. The Wayyu derive their livelihood from begging and undertaking casual labour such as loading sand on trucks. Because of their low economic status, they also engage in alcoholism and drugs. The community has very low primary health indicators. They are classified as a tribe based on their hunting and gathering strategy. The Wayyu decided to shed off the name Watta, which they said was disparaging and meant to portray them as wanderers or beggars.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

During inception the county VMG focal person and a consultant from the national office visited the VMGs at the community level and sensitized them on their rights in regard to involvement in the existing systems, available services including RMNCAH, nation building activities. Representatives from VMG organized groups were formed who did the VMG specific action plan themselves.

Wayyu and Gabra in Marsabit, Community Action Plan 2017-2021

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS programme (state year or through other funds) |
|-------------------------------------|---------------------------|-----------------------------------|---------------------------------------|--|
| 1. Skilled delivery increased by an | Two staff trained on EMOC | Training staff from each facility | Two staff from each facility per year | DONE BY THS-UCP |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS programme (state year or through other funds) |
|--|---|---|---|---|
| average of 10 % from 18% to 28% for Maikona and North Horr facilities by the end of 2021 ¹ | -CBRA and CHV provided with incentive upon referring a mother for delivery | -provision of incentive for each CBRA and CHV for everyreferral | Incentives | DONE BY THS-UCP |
| | -Maternity wing equipped with lighting system | -installation of solar panel, batteries and charge controller | -6 solar panels,6 batteries, a charge controller and labor | MAIKONA HC-DONE BY COUNTY GOVERNMENT OF MARSABIT |
| | -ambulance maintainedfor free maternityserves | Maintenance repair and fuelling of ambulance | Repair Maintenance | DONE BY COUNTY GOVERNMENT OF MARSABIT |
| 2. Family planning uptake increased by 10% (from 10.85% to 20.85%) targeting women of child bearingage by 2021 | Two staff trained on family planning service provision | -training two staff from each facility on insertionof implants | -two staff from each facility per year | DONE BY THS-UCP |
| | -50 community members sensitized on importance of different methods of family planning per month | Conducting monthly community dialogue days including men, area chiefs and community elders | -allowance for participant, -flip chart, banners and means of transport | DONE BY DESIP, UNICEF |
| 3. Fully immunized childrenby 15% from74.2% to 89.2% by 2021 | Defaulters tracing mechanism improvised | Facilitate monthly defaulter tracing by CHEW and CHV | Register with the number of defaulters to be traced per villages- | CONDUCTED BY HF STAFF |
| | Integrated outreach services conducted | Two weekly integrated outreaches | Vehicle, -allowance for staff and CHVs | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK |
| | 2 Communities (Maikona – 6 villages, North Horr – 3 villages) sensitized on importance of full immunization per month | Mobilizing the 9 villages through area chief and elders Conduct sensitization dialogues for 50 community members | Allowances(10 people) Vehicle, Stationary, Refreshments | DONE BY CONCERNWORLDWIDE |
| 4. 4thANC visit service utilization | 6 villages in maikona,3 villages in North Horr | Mobilizing the 9 villages through area chiefs and village elders | Allowances(10) people | DONE BY THS-UCP |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS programme (state year or through other funds) |
|---|---|---|--|---|
| increased by 20% (from 17.5% to 37.5% by 2021) | sensitized on early initiation of ANC, | | | |
| | Two weekly integrated outreach services conducted | Provision of ANC profile (blood pressure, weight, height, blood group etc.) | Vehicle, Allowances for two staff and two CHVs | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK |
| 5. Child nutritional status improved (underweight from -115% to 95%), stunting from 0.65% -0% and wasting from 30.5% to 0%, by 2021 | Mass screening done quarterly for under five for the two facilities | Quarterly mass screening done for the 6 villages in Maikona and 3 villages in North Horr | Community mobilization done by area chiefs and village elders (10 people), 2 vehicles, Allowances for 3 staff and 4 CHVs per facility 3 weighing scale, 3 height boards, MUAC tapes and batteries | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK |
| | Facilities equipped with enough malnutrition commodities | Monthly request for SFP and OTP supplies | | REQUEST BY HF STAFF SUPPLIES BY UNICEF, WFP |
| | Defaulters tracing mechanism improvised | Two weekly defaulters tracing by CHVs within the 9 villages | SFP and OTP registers | DONE BY CHVs |
| | CHVs sensitized on active referral system of malnourished under five children to facilities | Refresher training for CHV on community facility referral system | CHVs for the two community units (60 people) to be trained per year | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK |
| | Two weekly outreach services conducted (3 days) | Monitoring the weight and height of programed children to know if the child is cured or deteriorating | Vehicle 1 per facility, Two staffs and 3 CHVs for each facility, SFP, OTP registers and patient cards | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK |
| 6. Water, latrine coverage increased by .% (water from ...% to ...%; latrine | Community sensitized on clean water services and use of latrine to halt diarrhoeal | Community mobilization done by area chiefs and village elders for the nine villages | Allowances for the 10 mobilizers Procure aqua tabs | DONE BY CONCERN WORLDWIDE, KRCS, THS-UCP, BYZP, FHK, PACIDA |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS programme (state year or through other funds) |
|--|--|---|---|---|
| from ...% to ...% by the year 2021 | diseases at nine villages on quarterly Monthly distribution of aqua tabs by the PHO and CHVs | Distribution of aqua tabs by CHVs at their village levels monthly Health education on water and sanitation programme | Stationeries for practical session | |
| 7. Quality of health service delivery improved by the year 2021 | 12 staffs trained on infection prevention control mechanism monthly support supervision conducted by sub county health management team Quarterly support supervision by county and sub county health management team | Training of 12 staffs on infection prevention and control | Allowances for staff, 1 vehicle Allowances for SCHMT, 1 vehicle Allowances for CHMT and SCHMT | 2 HCWs TRAINED BY UNFPA |
| 8. Monitoring and evaluation improved of health delivery service | 6 members of VMG trained on monitoring and evaluation processes Monthly and quarterly monitoring and evaluation conducted by SCHMT and CHMT | Training of 6 VMGs members on monitoring and evaluation process SCHMT and CHMT to conduct monitoring and evaluation at Maikona and North Horr facilities | Funds, Stationaries Vehicle, allowances | NOT DONE |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|----------|-----------------------------|--|------------------------------------|--|---|
| 3/8/2020 | Telephone conversation with | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Umuro Sharamo Budha Maikona leader | Outreach to 2 sites in Maikona. Capacity building for 20 mothers on FP and importance of seeking RHS. Awareness campaigns against |

| | | | | | |
|-----------|--|--|------------------------------------|-----------------|--|
| | VMG representative | | | | FGM and early marriages. Expand and equip maternity wing at Maikona health center |
| 29/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Dokata Dida CHV | Maikona area-Create awareness on RMNCAH. Sensitise on immunisation and health seeking behaviours. Get FP commodities and equipment for Maikona |

5. **What outreach is planned for the future including reviewing VMGs needs and implementation?**

Planning done on sensitization of the VMG on their rights and priorities, thereafter planning with them

6. **What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**

Planning has been done to sensitize the health facility staff, SCHMT, CHMT on VMGs rights, services, priorities and how to address their grievances

7. (What are the cost **estimates** and financing plan for these mitigating measures?) What has been done for this community so far in the project (**from AWP**)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| <i>Integrated outreaches</i> | 100,000 | 82,000,000 | 0.12% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| <ul style="list-style-type: none"> • Integrated outreach • Vendors for CBRAs | 120,000 166,000 | 56,000,000 | 0.51% |

8. **Were any health trainees sponsored by this project from this community?**

| Name | From which sub county | Training courses | Finished | Are they now employed in their communities? |
|------|-----------------------|------------------|----------|---|
| No | | | | |

9. **Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness)**

- Integrated outreaches
- Supply of mama kits
- Vouchers for CBRA vendors

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Procure and distribute mama kits to 60 mothers delivering at Maikona HC- Wayuu VMG | 192,000 | 94,878,239 | |
| Sensitization of 10 community leaders (MCAs, MPs, Religious leaders, village leaders, youth and representatives) from Wayuu VMG (Maikona) on RMNCAH scorecard, Lunch for 10pax@1000*1day =10,000, Transport for 10pax@1000*2 way =20,000, Perdiem for 1Driver@ 4200 for 2 days=8,400 Perdiem for 2 facilitators@8,400 for 2 days=33,600, Fuel: 100litres*130=13,000, Hall hire @ 5000 for 1day=5,000, Stationary for 12pax @150=1,800, Data Bundles Cost= 500 | 92,300 | | |
| Sensitization of 20 mothers from Wayuu VMG (Maikona) on FP services and importance of seeking RH services, Lunch for 20pax@1000*1day =20,000, Transport for 20pax@500*2 way =20,000, Perdiem for 1Driver@ 4200 for 2 days=8,400, Perdiem for 2 facilitators@7,000 for 2 days=28,000, Fuel: 100litres*130=13,000, Hall hire @ 5000 for 1day=5,000, Stationary for 22pax @150=3,300 | 97,700 | | |
| Total | 382,000 | 94,878,239 | 0.4% |

10. **Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?**

- County GRM focal person has been identified to actively follow up on VMG complaints
- Conduct sensitization of VMGson GRM
- Community GRM focal person to be identified
- Appointment of Grievance focal person at health facility to register and refer complaints
- All facilities have suggestion boxes and appropriate service charters.
- Major facilities have a designated officer to handle complaints.
- Posters of the dedicated complaints and complements handling hotline number are placed in all public places.
- Procurement and distribution of complain register books to all the links facilities

Prepared by VMG focal point

Name: Sarah Chiwe

Position: VMG focal person

Date: 28/10/2020

Consulted representative of VMG community

Name: Umuro Sharamo Budha, Dokata Dida

Position: Leader, CHV

Date: 3/8 & 29/7/2020

Checked and verified by Social safeguards officer

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 30/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: MIGORI

VMG: ABASUBA

Population:30,000/1,159,972 =2.6%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The **Suba** (*Abasuba*) are Bantu group of people in Kenya who speak the Suba language. The name means from Suba-meaning non local. They call themselves Luo Abasuba as a sign of belonging to the larger group in the community. Their population is estimated at about 300,000, with very few fluent speakers left. They migrated to Kenya from Uganda and settled on the two Lake Victoria islands of Rusinga and Mfangano, others also settled on the mainland areas including Gembe, Gwasssi, Kaksingri of Suba South and Migori and are believed to be the last tribe to have settled in Kenya. Linguistically, the Suba are highly influenced by the neighbouring Luo, to the point of a language shift having taken place among large portions of the mainland Suba. As a result, their own language has been classified as endangered. In Migori they're found in Suna west sub county. Suba clans in Suna include Simbete, Sweta, and Wiga; and they have a clear and distinct ancestry that goes back to forefathers who crossed red Sea from Misri (Egypt).

The community is usually engaged in farming activities to earn a livelihood. Cultural practices that have influenced health include: early marriages, Home deliveries and Traditional medicine, wife inheritance with sexual relationship and Open defecation. Prominent communities next to the group are a mixed group but the majority are Luos with whom they interact well. This community access health services in the following health facilities, Gribbe dispensary, Kopanga dispensary, Masaria dispensary, Nyamaraga health centre and Ogada dispensary.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Basuba Action Plan for the year 2018-2019

| Objective | Activity | Resources and Approximate Budget Inputs | State whether addressed through THS programme(state year or through other funds) if not state reasons |
|--|---|--|---|
| 1. To reduce the number of teenage pregnancy by 10% of the number in the previous similar period | Hold 4 youths and adolescents focused advocacy and 2 dialogue meeting with the parent's representatives and opinion leaders; support 4 youth advocacy meetings, support 4 monthly youth & adolescents outreach programs; monthly local Radio talk shows | Venue, transport, facilitation allowance, refreshments/lunches, service delivery supplies; Payment for 6 radio talk shows | Meetings, outreaches were supported by other partners like afya Halisi, and G-AMINI. Adolescent activities to be supported by THS 2020-2021 AWP |
| 2. To increase immunization coverage by 2% by September 2016 | 1 day Jointly Planning meeting with 20 VMG reps; Support monthly outreach services x 12 and /add 4 sites in the hard to reach parts of the facilities catchment areas.; | Venue, transport, facilitation allowance, refreshments/lunches, service delivery commodities and supplies | Meeting not held. Outreaches done Suna West, Nyatike sites |
| 3. To support 3 facilities to provide EmONC by May 2016 | Train HCP on EmONC; Procure equipment and supplies for EmONC | training venue, training materials, conference package, transport, per diem and allowance. Equipment Approximate cost | 32 health care workers trained. Equipment like delivery beds, couches, delivery packs procured by UNFPA, AFYA HALISI |
| 4. To improve access to health information by the VMGs to improve their health seeking behavior | Hold Advocacy meetings with leaders; sensitize HCP and CHVs on Advocacy, communication of Key MNCAH messages; Identify and train Champions from among the VMGs; Radio talk shows | Meetings/training venues, Advocacy and training materials, conference package, transport, per diem and facilitation allowance | Advocacy meeting not done, champions not trained, radio talk shows on RHMNCAH to continue |
| 5. To ensure commodity security for continuity of services | Train HCP and Managers on commodity management and inventory Keeping; Procure and supply drugs and equipment; redistribution of what is available in the other facilities | training venue, training materials, conference package, transport, per diem or lunches; facilitation allowance | Done. Activity not supported by THS but done by other partners and County Government |
| 6. To improve access to health care services to the VMGs | Train the existing CHVs on RMNCAH technical modules to help reach the community with key messages and support outreach services; Establish more community units; Employ more technical staff; Reward the staff. | training venue, training materials, conference package, transport, per diem and facilitation allowance; IEC materials; Incentives | Training on technical modules partially done, community units not established. |
| 7. To increase the number of women delivered by skilled Birth Attendants by 5% by Sept 2016 | conduct monthly Community social mobilization for ANC clinic attendance and facility deliveries; Hold a day's sensitization meetings on effective advocacy with CHV, CHCs and Village elders; Procure mother/Father baby packs; Use | Venue, transport, PAS facilitation allowance, refreshments/lunches, service delivery supplies; purchase the mother/father baby packs | Mapping of pregnant women done, mama packs procured, advocacy with CHV not done |

| Objective | Activity | Resources and Approximate Budget Inputs | State whether addressed through THS programme (state year or through other funds) if not state reasons |
|---|---|---|--|
| 8. To increase the participation of VMGs in decision making in health | Hold 4SC advocacy meeting Identify champions from the VMG to be incorporated in the community Health committees | Training of 8 Champions; Hold a stakeholder advocacy meeting for champions from the VMGs; Provide the Champions with identification to empower them | Not done. Not supported. |
| 9. To facilitate the establishment / strengthening grievance/ complaints addressing mechanism | Map and carry out a social assessment; Hold a consultative meeting; Establish/strengthen a mechanism; publish and disseminate to the public | Transport, lunches, refreshment, funding for the process and publishing | Social assessment not done, SCHMT sensitized on GRM. Few registers Sent to high volume facilities. |
| 10. To offer adequate monitoring and evaluation mechanism in the VMG areas/SCs | Support supervision by the CHMT and the SCHMTs; Hold quarterly review meetings. Provide Reward for good performance | | Done as an activity in the County not specific to VMGs |
| 11. To Improve Health Financing in the VMGs | Advocacy and Community socio mobilization meetingsx4 - register with Health insurance firms | NHIF Facilitators, Insurance forms, transport and lunches | Not done. Not supported |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------------|---|---|---|--|---|
| March, June 2020 | Kopanga Masaria Giribe Nyamaraga | Health Care Workers | Outreaches Immunizations, Anc , Covid 19 | Men, Women and Children | Well Appreciated |
| 6/8/2020 | Telephone Conversation With VMG Representative | Margaret Gitau, PMT, Social Safeguards Officer | Community Priorities For 2020/2021 | Jafeth Riogi | Suna West Area. Challenges Include Poor Road Networks, Water Challenge, Facilities far from Community. Priorities: Mobile Outreaches in Buhembu, Buwasengo, Ore, Buer Areas. Low immunisation and ANC Coverage. Water purification as they use Boreholes and wells. Mosquito nets at Malaria prone area |

5. What outreach plan for the future, are there opportunities to review needs and implementation
Out reaches have been planned for hard to reach areas Masaria, Nyamaraga, Girbe, Kopanga for epi.

Whole site orientation for family planning have been planned.

6. What discussions /trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Training of health workers on EPI, LARC, FANC,
Mentor ship has been done on FP, GRM
The county Health Management have been sensitized on VMGs
Sub-county Teams sensitized on GRM.

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|------------------------------------|-----------------------------|--|-------------------------------------|
| No activities carried out for VMGs | 0 | 50,888,528 | 0% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Integrated Outreaches- Masaria, Giribe, Nyamaraga (March 2020) | 45,000 | 76,811,165 | 0.13% |
| Integrated Outreaches- Kopanga, Giribe, Nyamaraga, Masaria(June 2020) | 67,500 | | |

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------------------|------------------------------|---|-----------------|--|
| Elizabeth Atieno | Suna West | Certificate in Community Health Nursing | 1 | Yes through UHC 2020 |

9. **Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):**

Integrated outreaches

Procure Delivery Beds for Kopanga, Masaria

Procure Water Tanks for Masaria,

Conduct integrated outreaches for immunizations and ANC (4th ANC Coverage)

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct bi-annual community dialogue meetings on RMNCAH (Kopanga, Giribe, Masaria, Ogada, Nyamaraga) Venue 3000x 2 halls = 6,000, Lunches and transport 100 pax @ 1000=100,000 (50pax per meeting) Lunches and transport -5 in charges @ 2500x2 meetings=25,000, 3 SCHMT lunches @ 1500x2 meetings=9000, Lunches CHMT 4 pax @ 1500 x2 meetings=12,000, Lunches 2 drivers @ 850 x 2 meetings=3400 Fuel-THS : TOTAL=155,400X 2 (BI-ANNUAL)=310,800 | 310,800 | | |
| Implementing of Reach every child approach by carrying out targeted outreaches in five (5) hard to reach areas (Buhembu, Buwasengo, Ore, Masaria, Bue) CHVs Lunches (mobilization) 25 CHVs @ 500x 6 days=75,000, HCWs Lunches and Transport 2x5 sites x @ 3000x5 days=150,000, 2 CHAs Lunches and Transport @ 2000x5 days=20,000, Lunches SCHMT 2 PAX @ 1500 X 5 DAYS=15,000, Drivers Lunch 1 PAX @ 850 X 5 DAYS=4250, CHMT per diem 2 Pax @ 7000x 5 days=70,000, CHMT Drivers per diem 1 Pax @ 4200x 5 Days=21,000 TOTAL= 355,250 Fuel- THS | 355,250 | | |
| Scale up 4 th ANC coverage by mapping and Referral of Pregnant women for in reach services (Nyamaraga, Ogada, Kopanga, Masaria And Giribe) CHV mobilization lunches 5 CHVs/site x 5 sites x 5 days x 500=62,500, Lunches for 2 HCWs/ site x 5 sites @ 1500 x 5 days=75,000, Lunches SCHMT Support Supervision 2 HCW @ 1500 x 4 days= 12,000 Lunches for CHMT 2 pax @ 1500x 4 days=12,000, Lunches Driver 2 pax @ 850x4 days= 6800 TOTAL- 168,300, FUEL- THS | 168,300 | | |
| Hold 2 days meeting with VMG Leaders and CHVs for sensitization on Communication of key issues on RMNCAH (Nyamaraga, Ogada, Kopanga, Masaria and Giribe) Lunches and Transport for 25 per site x 5 sites x 2 days x 1000 = 250,000, Venue @ 3000 x 2 days = 6000 Lunches and Transport for 3 SCHMT @ 2500 x 2 days= 15000, Lunches for 3 CHMT 1500 x 2 days = 9000 Drivers Lunches 2 @ 850 x 2 days= 3400, TOTAL= 283,400, Fuel- THS | 283,400 | | |
| Total | 1,117,750 | 39,110,395 | 2.8% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

- Sub county Teams have been trained on GRM,
- Registers already available in high volume facilities.
- GRM focal person has been appointed and oriented on GRM activities.
- The National through C-HERP has supported the county with Additional Registers and a Budget has been factored in the 2020/2021 for more Registers.
- The VMGs will be sensitized on GRM during outreaches.

Prepared by VMG focal point:

Name: Alice Muga

Position: VMG focal point

Date: 19/11/2020

Consulted representative of VMG community:

Name: Jafeth Riogi

Position: Abasuba representative

Date: 6/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 19/11/ 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: MIGORI

VMG: Kaler

Population. 19,000/1,159,972= 1.64%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Kaler Clan

Kaler location is one of the wards in Nyatike constituency of Migori County. The Kaler clan originated from Uyoma in Siaya county to settle in Kadem where they have remained as the dominant tribe. The name is for the area where the people were settled therefore accepted. The main activity to earn a livelihood includes farming, pastoralism. Cultural practices that have influence on the people’s health include; early marriages, home deliveries and use of traditional medicine, wife inheritance with sexual relationship and open defecation. They are the main Kadem People and speak the Luo language. There are high rates of HIV in this part of the County and therefore there are more widows in this community.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

The VMG Reference Manual did not capture this group

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------|--------------|---|--|---|--|
| March 2020 | Olası Bande | Nurses, PHOs, Clinicians | OUTREACH- Importance of immunization COVID 19 Prevention | Mothers and children | Appreciated the visit |
| 27/7/2020 | Telephone | Margaret Gitau, | Community priorities | Veronica Awuor | Facilities serving Kaler include- Olası, Apilo, Yango, Bande and |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------|--------------------------------------|---|--------------------|---|---|
| | conversation with VMG representative | PMT, social safeguards officer | for 2020/2021 | | Nyandego. Priorities include Mama kits-for delivery and immunisation. Daily Immunisation in facilities (currently twice a week), needchlorine or water guards to treat the unclean dam and well water |

5. What outreach is for the future? Are there any opportunities to review needs and Implementation?

There is need to bring facilities on board to voice their own needs for ownership.
There are planned outreaches.

6. Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs

CHMT feedback meeting on VMGs
CEC Health has been given feedback on VMGs
Training of health workers on EPI, LARC, FANC (At least 2 Health care workers have been trained in the link facilities).

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP?)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Procurement of Water Tank (Bande Dispensary) | 70,000 | 50,888,528 | 0.2% |
| Outreaches in Olasi Dispensary catchment to trace defaulters. | 30,000 | | |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Outreaches specific to Kaler on immunizations for Defaulter Tracing - Kanga Ondit i, Olasi, Bande(March and June 2020) | 45,600 | 76,811,165 | 0.05% |

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|----------------------|-----------------------|-----------------|----------|---|
| No nurse was Trained | NA | NA | NA | NA |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Procure water Tanks for Kanga Onditi, Olasi, Ochuna.
- Conduct Integrated Outreaches in Olasi, Kanga Onditi, Bande, Sangenya catchment.
- Conduct Defaulter tracing for immunizations
- Procure Assorted Medical Equipment
- Mapping of all pregnant women to help improve 4 ANC Visits.

AWP 2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct bi-annual community dialogue meetings RMNCAH 20 VMGS reps/facility (5 facilities) Bande, Ochuna, Olasi, Kanga Onditi, Sangenya Venue 3000x2 halls = 6,000, Lunches and transport 100 pax @ 1000 = 100,000 (50 pax per meeting), Lunches and transport - 5 in charges @ 2500 x 2 meetings = 25,000, 3 SCHMT lunches @ 1500 x 2 meetings = 9000, Lunches CHMT 4 pax @ 1500 x 2 meetings = 12,000, Lunches 2 drivers @ 850 x 2 meetings = 3400, Fuel-THS Total = 155,400 x 2 (bi-annual) = 310,800 | 310,800 | | |
| Scale up immunization services and create demand during world Immunization week through In reaches/Outreaches (Bande, Ochuna, Olasi, Kanga Onditi, Sangenya), CHV mobilization lunches 5 CHVs/site x 5 sites x 5 days x 500 = 62,500, Lunches for 1 HCWs/site x 5 sites @ 1500 x 5 days = 37,500, Lunches and Transport for 1 HCW (Outreach) x 5 sites @ 3000 x 5 days = 75,000, Lunches and Transport for SCHMT Support Supervision 2 HCW @ 3000 x 5 days = 30,000, Lunches CHMT 3 pax @ 1500 x 5 days = 21,500, Lunch CHMT Driver 1 @ 850 x 5 days = 4250, Fuel- THS | 230,750 | | |
| Conduct sensitization activities on Sexual Gender Based Violence Hold 1 day's meeting with community members in (Olasi, Bande, Ochuna, Kanga Onditi, Sangenya) Lunches and Transport community members @ 1000 x 100 pax = 100,000, Lunches and Transport for SCHMT 3 @ 3000 = 9000, Venue = 3000, CHMT Lunches 3 @ 1500 = 4500, CHMT Drivers Lunch 850 x 1 day = 850 FUEL = THS | 117,350 | | |
| Procure Water Tank for Sangenya Dispensary @ 100,000, Procure 2 Delivery Beds for Sangenya Dispensary @ 50,000 = 100,000, Procure 4 Delivery sets for Sangenya Dispensary @ 28,000 = 112,000 | 312,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Implementing of Reach every child approach by carrying out targeted outreaches in five (5) hard to reach areas (BANDE, OCHUNA, OLASI, KANGA ONDITI, SANGENYA) . CHVs Lunches (mobilization) 25 CHVs x @ 500 x 6 days = 75,000, HCWs Lunches and Transport 2 x 5 sites x @ 3000 x 5 days = 150,000 2 CHAs Lunches and Transport @ 2000 x 5 days = 20,000, Lunches SCHMT 2 PAX @ 1500 X 5 DAYS = 15,000 Drivers Lunch 1 PAX @ 850 X 5 DAYS = 4250, CHMT per diem 2 Pax @ 7000 x 5 days = 70,000, CHMT Drivers per diem 1 Pax @ 4200 x 5 Days = 21,000 Fuel- THS | 355,250 | 39,110,395 | |
| GRAND TOTAL | 1,326,150 | 39,110,395 | 3.4% |

10. Are there culturally appropriate procedures in place to receive and Address grievances by these Groups arising from Project implementation? How the GRM is made accessible to this group and are they made aware of the GRM?

- Presently Registers are in place at the High-volume facilities only and activities for improvement have been factored in the 2020/2021 AWP.
- Sub county Management Committees have been sensitized.
- The sub county Health Management Team has been sensitized on GRM
- Facilities to designate officers to handle complaints.
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Alice Muga

Position: VMG focal point

Date: 19/11/2020

Consulted representative of VMG community:

Name: Veronica Awuor

Position: Kaler representative

Date: 27/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 19/11/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: MIGORI

VMG: WATENDE

POP: 16024/1,159,972 =1.4%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Related to living in a cave. They hate the name and view it as discriminative by the larger group of Kuria community. Most of them deny that they are marginalized. Found in Kuria East with a population of around 16,000. They earn a living through farming and pastoralism. Cultural practices that have influenced the people’s health include; FGM, early marriages, home deliveries and traditional medicine (Extensive herbal use). The community had some long duration of internal war which left many women as widows and others physically disabled. They are deeply rooted in clanism. The two main clans are Nyabasi and Bwirege. They speak the Kuria dialect. Facilities serving the community include Taragai, Nyamagongwi Dispensary, Kugitimo HC and Siabai Makonge dispensary and Girigiri Dispensary.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

The VMG Reference Manual did not capture this group

4. How will free, prior, and informed consultation be carried out with these groups during project implementation?)What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|---------------------------|------------------|---|---|--|---|
| March 2020 | Kugitimo Taragai | outreach by hcw-ths | immunizations, covid 19, anc | Men, women and children, CHVs | Well appreciated |
| 2 nd Sept 2020 | Kugitimo | scno, vmg focal discussion held during | challenges facing the community of Taragai, | Alfred Gitura, Representative- | The following issues were raised; Frequent tribal clashes along the border creating insecurity. |

| | | | | | |
|--|--|-------------------|---|------------|---|
| | | community meeting | Girigiri, Nyamagongwi, Siabai Makonge and Kugitimo. | 0717134397 | Multiple forms of gender based violence- FGM, low level of education, limited access to health services with Ntitaru East |
|--|--|-------------------|---|------------|---|

5. What outreach is for the future? Are there any opportunities to review needs and Implementation?

Out reaches have been planned for Nyamagongwi, Taragai, Giririgiri, Siabai Makonge and Kugitimu.
In reaches for family planning have been planned for the 5 sites.

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs

CHMT feedback meeting on VMGs and activities included in AWP
CEC Health has been given feedback on VMGs
Training of health workers on EPI, LARC, FANC (At least 2 Health care workers have been trained in the link facilities)
Gender issues have been factored in the AWP.

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Construction of placenta pit (Taragai Disp) | 100,000 | 50,888,528 | 0.2% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------------|-----------------------------|--|-------------------------------------|
| Outreaches in Kugitimo In March 2020 | 22,800 | 76,811,165 | 0.03% |

8. Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|--------|-----------------------|-----------------|----------|---|
| No | NA | NA | NA | NA |

9. **Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):**

- Enhance community sensitization on gender issues
- Conduct integrated health outreaches in the community
- Identify FGM survivor Champions and form survivor Network.
- Procure medical Equipment.

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct Family planning in-reaches Kuria East -Siabai Makonge,Nyamagongwi, Kugitimo,Girigiri, Taragai -CHVs lunch for mobilization 25 pax@500x 5days = 62,500, -HCPs & SCHMT Lunches 13 pax@1,500 x4days = 78,000- CHMT Per-diem 5 pax@7000 x 2 days = 70,000, CHMT drivers per diem 2@4200x 2days=16,800, SCHMT- Driver's Lunch 1 pax@840x 4 days = 4200, Total =231,500 | 231,500 | | |
| Conduct Bi- Annual Community Dialogue Meetings on RMNCAH 20 VMGS reps/facility (Taragai, Kugitimu, Nyamagongwi, Siabai Makonge And Girigiri) Venue 3000x 2 halls= 6,000, Lunches and transport 100 pax@ 1000=100,000 (50pax per meeting) Lunches and transport -5 in charges@2500x 2 meetings= 25,000, 3 SCHMT lunches@ 1500x 2 meetings= 9000, Lunches CHMT 4 pax @ 1500 x2 meetings=12,000, Lunches 2 drivers @ 850 x 2 meetings=3400 Fuel-THS Total=155,400x 2 (bi-annual) =310,800 | 310,800 | | |
| Conduct sensitization activities on Sexual Gender Based Violence (FGM) in Girigiri, Taragai, Nyamagongwi, Kugitimu, Siabai Makonge Mapping of Households with Girls at risk of FGM by CHVs (25 Villages) Lunches for 25CHVs @500 x5 Days=62,500 Hold 1 day's sensitization meeting with identified household members from VMG on Medical Effects of FGM Venue=3000 x 2 Halls= 6000, Lunches and Transport House hold members @1000 x 100 pax =100,000 Lunches SCHMT 3 @ 1500= 4500, CHMT Lunches 3 @ 1500= 4500, 2 Drivers Lunch@ 850 x 1day= 1700 TOTAL=179,200, Fuel = THS | 179,200 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Implementing of Reach every child for Immunizations by carrying out targeted outreaches in five (5) hard to reach areas (Girigiri, Taragai, Nyamagongwi, Kugitimu, Siabai Makonge CHVs Lunches(mobilization) 25 CHVs@500x6days=75,000, HCWs Lunches and Transport 2x5 sites x @3000x5days=150,000, 2CHAs Lunches and Transport@ 2000x5days=20,000, Lunches SCHMT 2PAX@1500 X5DAYS=15,000, Drivers Lunch 1 PAX@850X 5DAYS=4250, CHMT per diem 2Pax@7000x 5days=70,000, CHMT Drivers per diem 1Pax @ 4200x 5Days=21,000, TOTAL= 355,250, Fuel- THS | 355,250 | | |
| TOTAL | 1,076,750 | 39,110,395 | 2.8% |

10. Are there culturally appropriate procedures in place to receive and Address grievances by these Groups arising from Project implementation? How the GRM is made accessible to this group and are they made aware of the GRM?

- Registers to be printed and taken to facilities as per AWP 2020/2021
- The sub county Health Management Team has been sensitized on GRM
- Facilities to designate officers to handle complaints.
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Alice Muga

Position: VMG focal point

Date: 19/11/2020

Consulted representative of VMG community:

Name: Alfred Gitura

Position: Watende representative

Date: 2/9/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 19/11/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Mombasa

VMG: Wafrere

Population: 5.35%(77543)

1 What is the legal and institutional framework applicable to these groups? (STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2 What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (Copied from reference VMGP)

Wafrere are descendants of freed slaves whose origin is Nyasa land, which runs from Mozambique to southern Tanzania. After they were freed from the Arab traders by the British they were settled at Frere Town settlement scheme by the Queen of England and given land rights. They are also predominantly Christians. Due to the history of being descendants of freed slaves, being Christians in predominantly Muslim area, owning land and perceived special attention led to them being segregated by other communities.

3 Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|---|--|
| Skilled delivery increased by an average of 10 percent from 40 to 50 percent by 2022 | 960 members of CHC, HFMC, CHVs, TBAs sensitized On benefits of skilled deliveries | Conduct 32 sensitizations meetings To HFMC, CHC, CHVs, TBAs On skilled deliveries | Transport; Refunds; lunches; Teas; facilitation; Hall hire, projector; hire | Done but not through THS funding Activity on mother to mother dialogue on skilled delivery was conducted but not specific to Wafrere |
| | 8 Advocacy meeting held with opinion leaders | Conduct 8 advocacy Meeting with opinion leaders | Transport; lunches; Teas; facilitation Hall hire; projector, Hire | DONE -TCI 2018/2019 |
| | 32 Dialogue meetings held with WRA | Hold 32 dialogue meetings with WRA | Transport; lunches; Snacks; Teas; facilitation; hall hire | Done THS funding, 2018/2019 |
| | 2 Delivery beds purchased | Procure 2 delivery beds | Funds | NOT DONE To be purchased 2021 2022 after renovation of the delivery rooms below |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|--|---|
| | 4 Delivery sets purchased | Procure 4 delivery sets | Funds | NOT DONE To be purchased 2021 2022 after renovation of the delivery rooms below |
| | 2 Renovated rooms for delivery services | Renovate rooms in mgongeni and majengo to be used as delivery rooms | Funds, BQ | NOT DONE To be prioritised in 2021/2022 |
| | Improved health workers skills in conducting deliveries [30 HCW] | Train service providers in BEMONC | Conference charges; Facilitation; perdiem; Transport; stationary ; Hall hire; projector; hire | NOT DONE Budget not approved as trainings were conducted 2017, 2018FY |
| Fully Immunized children Increased by 10 percent from 61.6 percent to 71.6 percent by 2022 | 960 households heads sensitized on benefits of vaccinations | Hold 32 Sensitization meetings with household heads | Hall hire; lunches; facilitation; Flip charts; marker Pen; immunization fliers | Ongoing 2020 2021 |
| | 240 Gained support of opinion leaders for immunization | Hold 8 advocacy meetings with opinion leaders | Hall hire; lunches; transport; refunds; projector hire; facilitation | To be done during outreaches and dialogue days |
| | 30 Health care workers trained in KEPI operations | Train 30 Health workers on KEPI operation Management | Perdiem; Transport Refunds; Conference package; hall higher; stationery; projector; facilitation | THS 2018/2019 Done |
| | 96 outreaches conducted reach children with immunization | Conduct 96 Outreaches to reach the hard to reach children | Lunches; transport; mobilization; fliers; consumables | THS 2017/2018 Done. |
| 4 th ANC visits increased by 15 percent From 22.7 percent to 35.7 percent by 2022 | 960 houses hold heads sensitized on 4 ANC, Visits attendance | Conduct 32 sensitization meetings for household heads | lunches; transport; facilitation; hall hire; stationary | On going 2020 2021 |
| | 16 Dialogue meeting with WBA held | Conduct 16 dialogue meetings with WCBA | Hall here; snacks; facilitation | Done Partner TCI 2018/2019.. |
| | 30 health care workers trained on FANC | Train 30 HCW on FANC | Conference package; per-diem; facilitation; Hall hire; projector hire; stationary; transport refunds | Done 2019 |
| | 8 Doppler machines purchased | Procure 8 Doppler machines | Funds | 1 doppler machine purchased 2019/2020 (DANIDA), The other 7 are in the 2020/2021 budget |
| Family planning uptake increased by 15 percent from 25 percent to 40 percent by 2022 | 8 Focused group discussion meetings with WCBA held | Conduct 8 focused group meeting with WCBA | Transport; snacks; hall hire. Facilitation | TCI 2018/2019 |
| | 8 Advocacy meetings held with Religious leaders | Conduct 8 advocacy meetings with Religious leaders | Transport; lunches; stationery; hall hire; family planning fliers | THE CHALLENGE INITIATIVE (TCI) 2018 2019 |
| | 16 IUCD insertion sets | Procure 16 IUCD insertion sets | Funds | DONE |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|--|---|
| | procured | | | Under RH budget |
| | 16 implants removal sets purchased | Procure 16 implant removal sets | Funds | DONE Under RH budget |
| | 24 quarterly integrated outreaches conducted | Conduct 24 quarterly integrated outreaches | Lunches; fuel; consumables; mobilization | Ongoing 2020 2021 |
| Child nutritional status improved [underweight] from 10 percent to 5 percent | 960 households; heads sensitized on nutrition | Conduct sensitisation meetings on Nutrition to 960 HHHs | Lunches; Transport; Facilitation; Hall hire; stationery | Ongoing, Nutrition section |
| | 4 growth monitoring centres started | Establish Growth Monitoring centres | CHVs Weighing scales Lunches Vitamin A Documentation tools | Nutrition unit |
| Improved the quality of service delivery | Annual Audit | Annual Audits | Human resource, check list, Lunches, transport | Done M&E annual CDVs conducted 2020/2021 |
| | Quarterly data review | Review meeting | Checklist, transport lunches | NOT DONE M&E To be given priority 2020/2021 |
| | Established QIC | Formation and operationalisation of QIC | Human resource Tea and snacks stationary | DONE 2017/2018 supported by USAID |

NOTE: Most of the activities done targeted the whole of Mombasa county households without specifically targeting Wafrere because we were not aware of this target groups existence as VMGs. However most activities done in Kisauni Sub County were implemented in Kisauni-Frere town which is predominantly the Wafrere.

4 What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|---|--|--|
| 2017 | Election of VMG in the Health facility committee | Chanzera-SCPHN | Sensitization of the roles and responsibilities of 20 committee members. Out of 9 elected committee members 6 were Wafrere. | 3 women and 3 men from Wafrere | Their community was finally represented in the health facility of Kisauni dispensary |
| 2017-2019 | 8 Medical outreach in Kisauni (2) Ziwalangombe (3)Maweni (2) | Health workers from the 3 facilities, (Nurses, CHEWs, CHVs, Clinical officers) | Services offered include Immunization, FP, ANC, and others. | Community members from the area | Community members received services; others referred for further investigations |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VM G community (women, men) | Feedback from communities |
|----------------------------|---|--|--|---|---|
| 16/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | David Ngela | Mosquito nets, masks, sanitisers, FP equipment, training courses for home based care |
| 16/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Agnes Jola | Sensitise mothers on RMNCAH. Challenge of early pregnancies. Corona challenge need mask, sanitisers |
| 28 th July 2020 | Community consultation meeting held at Kisauni dispensary | VMG focal point, Patrick chanzera | David Ngela ,Alice Marafa, Agnes Jola, Fredrick Kombo, Victoria Kalama, Samuel Nguzo Wafrere Representatives | Community priorities | Water supply, construction of a maternity, implement 2018/19 VMGP activities. Change of facility name from Kisauni to Frere Town Dispensary. Cultural day to raise awareness of their community |

NOTE: Activities conducted in the areas populated by VMGs are considered services offered to VMGs

5 What outreach is planned for the future. Are their opportunities to review needs and implementation?

Integrated medical outreaches for Kisauni, Ziwalangombe, Maweni and Mvita areas targeting VMGs where Wafrere's needs will be prioritised.

6 Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

KEPI operational level training- 1 HCW trained for each Wafrere serving dispensaries -Kisauni (frère town), Ziwalangombe, Maweni, Majengo Mvita

Sensitization of VMG members and including them in the health facility committee. Including VMGs in planning and implementing the facility activities.

FANC training for 40 HCW to improve service delivery.

7 (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Integrated outreaches [10] @37670 | 376700 | 31,597,883 | 7.1 |
| Distribution of KEPI fridges to Ziwa La Ngombe and Maweni | 1,860,000 | | |
| TOTAL | 2,236,700 | | |

Note: Most of the activities done targeted all Kisauni households without specifically targeting Wafrere. Activities implemented in areas populated by the Wafrere was considered as service offered to VMGs: Ziwa la ngombe, Maweni and Kisauni (Frère town) dispensaries

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| NONE | 0 | 25,700,038 | 0 |

8 Were any health trainees sponsored by this project from this community?

| Number | From which sub county | Training course | Finished | Are they now employed in their communities? |
|---------------|------------------------------|------------------------|-----------------|--|
| None | 0 | 0 | 0 | 0 |

N.B a few applied for the enrolled nurse sponsored programme but did not meet the admission criteria

9 Action plan/recommendations for this community for 2021/22

- a. Integrated medical outreaches for Kisauni, Ziwa Langombe, Maweni and Mvita targeting VMGs
- b. Upgrade facility borehole and provision of drinking water from Public supply.
- c. Renovate rooms in Mgongeni(Kisauni) and Majengo to be used as delivery rooms
- d. Purchase of delivery beds and delivery sets for Mgongeni and Majengo dispensaries

2020/2021

| | Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|--|-----------------------------|--|-------------------------------------|
| 1 | Sensitization meeting with Wafrere households on immunization | 150,000 | 25,700,038 | |
| 2 | Integrated outreaches in VMG facilities of Kisauni dispensary | 148,500 | | |
| 3 | Procurement of 170 mama packs for VMG young mothers [Wafrere] | 513,600 | | |
| 4 | 1 day sensitization on MNH to 124 young mothers from Wafrere community | 241,000 | | |
| 5 | Procurable item: 1pc Pulse oximeter @10,000 each 1pc infrared thermometer @14,000 each, | 34,000 | | |

| | | | | |
|----------|---|------------------|-------------------|-------------|
| | 4 pcs stethoscope @2500 each=10,000 | | | 8.5% |
| 6 | Provision of borehole and provision of overhead tank and water pump (Kisauni Dispensary)) | 900,000 | | |
| 7 | Review meeting with Wafrere on RNMCAH | 63,000 | | |
| 8 | Procure 7 Doppler machines @ 20000 | 140000 | | |
| | TOTAL | 2,190,100 | 25,700,038 | 8.5% |

10. Are there cultural appropriate procedures in place to receive and address grievances by this groups arising from this project implementation? How the GRM is made accessible in this group and are they made aware of the GRM?

Yes, the facilities have service charters displayed and also complaint boxes in each facility. The county has a GRM focal person and facility focal persons. Activities planned to increase level of awareness include:

- Awareness raising to 40 HCWs and Wafrere leaders on GRM.
- Seek community feedback on services through conducting client exit interview among wafrere on GRM.
- Give feedback on GRM through dialogue session.
- Use of grievances and resolution book for recording complaints and resolutions.
- Procurement and distribution of complain register books to all the links facilities.
- Appointment of Grievance focal person at health facility to register and refer complaints.
- Presence of Suggestion Boxes and a dedicated hotline established at the facilities.

Prepared by VMG focal point:

Name: Patrick Chanzera

Position: VMG focal point

Date: 17th September 2020

Consulted representatives of VMG community:

Name:

David Ngela, Agnes Jola,, Alice marafa, Fredrick kombo, Victoria kalama & Samuel Nguzo

Position: Wafrere Representatives

Date: 16th and 28th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 17th September 2020

Transforming Health Systems program – Vulnerable and Marginalised Group Plan 2020-2021

County: NAIROBI

VMG: Nubians

18,094/339,615 x 100 = 5.3%

1) What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2) What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

Kibera's history goes back to the colonial period when the urban layout was based on government sanctioned population. This was the era of racial segregation that separated people into the enclaves for Africans, Asians and Europeans. As an informal settlement, Kibera dates back to the 1920s when the British colonial government decided to let a group of Nubian soldiers, to settle on a wooded hillside outside Nairobi. The British failed to repatriate the Nubians or to compensate them with title deeds to these acquired lands from the Kenyan people. Consequently, the Nubians built homes, and set up businesses. They were still squatters with no legal rights and they called the place Kibra, meaning jungle. This place became a military reserve in order for the soldiers to act as informal military forces should their services be needed again on a short notice. Later, the colonial government needed labour to construct the Kenya to Uganda railway line, to extract natural resources from the land, and to transport these resources to the near port and load them on ship... The Nubians were means to easily available labour for such British projects

The Nubians of Nairobi county are mainly found in Kibra constituency, the lack of legal clarity on land ownership has been a barrier to the development of adequate government infrastructure and services in Kibera, a densely populated informal settlement where many residents live in poverty. The Nubian are served by 9 facilities. Second, the Nubians experience challenges in ensuring continued access to safe water and food, and accessing quality and improved primary health care services. Cultural/religion practices makes the vulnerable groups, such as mothers, children and youths to move away from health facilities.

3) Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|--|---|
| 1. To increase skilled delivery | · Employment and Deployment of female midwives in the link facilities by end of 2018/2019 | · Posting order · Employment of female midwives · Redistribution of the current midwives | 12 nurses/midwives | Done County Government |
| | · Renovating the nearest health Centre (Kibera south health centre) to have a maternity services | · Award contract to renovate the facility | 18 delivery sets, 6 Delivery Beds, - 3 Examination Couches, - 12 Hospital Beds, - 3 complete Examination trays, - 3 Doppler Machines, - 6 room heaters 3 Solar power & Heating systems, - Linda mama kits, - 3 Resuscitaires Assorted commodities and supplies Quarterly | Done County Government |
| | · Effective Referral System progressively improved by 2021/2022 | · Equipping the current Ambulance, Maintenance | 1 complete functional ambulance Maintenance & Regular Service, Fuel Insurance | Ongoing to upgrade/equip the old ambulance County Government t |
| | | · Communication | - 3 Mobile Phones, Airtime | THS, County done |
| | · Staff Skills improved by 2018/2019 | · Train 20 Nurses on EMOnC · Refresher Course for 2 Ambulance Drivers Religious leaders Meetings on services delivery | 20 Nurses trained on EMOnC , Venue 2 Drivers trained Lunches ,Transport reimbursement Curriculum Photocopies , Facilitators venue | County Government THS Implementing partners Planned for 2019/2020. Done in 2019 twelve nurses trained |
| | · Community Dialogue Days held per quarter | · Conduct 3 dialogue days in 3 HFs per quarter | 36 Dialogue days held per quarter | Planned for 2019/2020 Done in 2020 |
| | · 30 TBAs trained, re-orient and running IGAs per 2018/19 | · Carry out the training of TBAs (2 sessions per year) and initiate IGAs | Lunches Conference facility Transport reimbursement Facilitation Stationery | Not done. TBAs not encouraged anymore as we are trying to increase skilled deliveries. |
| · Training of 30 companion mothers | · Mapping to identify the companion mothers and training for 5 days | Lunches, Conference facility Transport reimbursement, Facilitation Stationery | Planned for 2020/2021 Not done. funds not remitted. | |
| 2. Family planning uptake increased targeting (women of child bearing age, and | · Identification and training of 30 family planning champions | · Conduct mapping of the family planning champions · Training of the champions on family planning for 5 days | Lunches and Transport reimbursement Conference facility Facilitation Stationery | Planned for 2020/2021. not yet done waiting for funds |

| | | | | |
|---|--|--|---|--|
| adolescent and youths) by 2021 | Sensitization of 50 VMGs leaders on VMGs | Identification of the VMGs leaders Invitation for the sensitization meeting for 1 day | Lunches, Venue, 3 facilitators, transport Conference facility Transport Reimbursement Facilitation Stationery | Planned for 2019/2020. Not yet done waiting for THS funds |
| | Formation of 4 youth CBOs | Identification of the youth Identification of a partner to support the Youth CBOs | Lunches Transport reimbursement Conference facility Facilitation Stationery Lunches Transport reimbursement | County Government Planned for 2020/2021 |
| 3. fully immunized children increased by 10% from 37.5% to 47.5% by 2021 | 3 Health facilities equipped vaccine storage equipment by the end of 2017/18 | · Procurement of cold chain equipment for 3 facilities. | 3 EPI fridges 1 freezer, 6 vaccine carriers | Done, by UNICEF |
| | 3 phones for 3 facilities for follow up | · Procure 3 phones for follow up | 3 phones Airtime | Done, by UNICEF |
| | 2 outreaches per month conducted per facilities. | · Conduct integrated outreaches in hard to reach areas per year. | Staff lunches of 4 Fuel CHV lunch Airtime | Done supported by JIEPIEGHO and still ongoing |
| | Procurement of EPI commodities | · Procure BCG syringes, | 9,900 BCG syringes | Done, by UNICEF and county Government |
| | Training of six (6) nurses from cold chain maintenance. | · Carry out a capacity building of 50 nurses on cold chain maintenance (fridge) | 24 vaccine trays | Done, by UNICEF and County government |
| | Workable EPI micro plan to be in place | Micro planning of EPI activities in 3 facilities. Immunization monitoring charts | · mothers and babies' booklets, Transport Lunch | Done, by UNICEF and County government |
| | 4606 woman of child bearing age (WCBA) sensitized on fully immunization of child under one year. | · Conduct 2 sensitization meetings of quarterly basis (door to door meetings). | Lunches Transport reimbursement Conference facility Facilitation Lunches 10staffper facility | Done, by UNICEF and County government |
| | Print dissemination of job aid. | Print Job aids | Printing. | done |
| | | · 6 MCH staff trained on FANC by 2017/18 | · Train 6 nurses on FANC Transport reimbursement, Lunches, Stationery, 6 MCH kits | Done, supported by County government and FHOK |
| | Health facility equipped health facilities | · Procure for 3 health facilities BP machine. stethoscope, Doppler machine, adult weighing scale, examination coaches, digital thermometer | | Done, Supported by County government |
| | · 1 utility vehicle procured by 2021 | | 1 utility vehicle | Done supported by CDF |
| · 40 WCBA of child reproductive age sensitized and number of men involved | · Sensitize 40 WCBA on the importance of completing the 4 th ANC visits · Conducted 10 barazas per month to advocate men involvement | Lunches Transport reimbursement | Not done | |

| | | | | |
|---|---|--|---|--------------------------------------|
| | <ul style="list-style-type: none"> · 30 CHVs trained on community midwifery | <ul style="list-style-type: none"> · Integrate community midwifery into community through training 30 CHVs | Venue Lunch Transport Reimbursement Facilitation | Done supported by county government |
| | <ul style="list-style-type: none"> · Early screening of reproductive conditions and ANC profile | <ul style="list-style-type: none"> · Cervical cancer screening Cancer screening· ANC profile screening | PSA kits (50s) ,PAP smear kits(25s), Acetic acid(500mls) , Disposal speculum, Lugols iodine(500mls), Pregnancy test (50) , VDLkit (50s) | Done supported by county government. |
| 5. Child nutritional status improved (underweight from -% to 0%), stunting from % -0% and wasting from-% to 0%, by 2021 | <ul style="list-style-type: none"> · Baseline survey on underweight and stunted children conducted | Malaria kits(25s) | Cumber 10 (100s , HB cuvettes (haemocue 50) | Done supported by county government |
| | | <ul style="list-style-type: none"> · Form a baseline survey team of 6 people | Lunches, Transport | Done supported by county government |
| | Biannual vitamin A supplementation successfully conducted | <ul style="list-style-type: none"> · Enhance biannual vitamin A supplementation to the under-fives in the project area | | Done supported by county government |
| | Children below five years dewormed | <ul style="list-style-type: none"> · De worm children aged five years and below in the project area | | Done supported by county government |
| | | <ul style="list-style-type: none"> · Carry out nutrition education sessions to mothers in the community | | Done supported by county government |
| | Community demonstrations done | <ul style="list-style-type: none"> · Conduct nutrition outreach programmes for growth monitoring in the community | Lunches Transport | Done supported by county government |
| | Purchase anthropometric equipment for growth monitoring | Anthropometric equipment purchased | <ul style="list-style-type: none"> · Weighing scales, · Measuring tape · BP machine Airtime | Done supported by county government |
| | Purchase food supplements for the rehabilitation of the very malnourished under-fives in the project area | <ul style="list-style-type: none"> · Food supplements for the severely malnourished children purchased | Assorted food stuffs (consumables) Commodities | Done supported by county government |
| | Nutrition education sessions carried out to mothers in the project area | | <ul style="list-style-type: none"> · Consumables Assorted food supplements/commodities | Done supported by county government |
| | Nutrition outreaches conducted in the project area | | Lunch Transport Fuel | Done supported by county government |
| 7. Quality of health service delivery improved by 2022 | Integrated monitoring and evaluation /VMG team for quality assurance formed | <ul style="list-style-type: none"> · Formation of quality improvement and assurance team-10-member team (health staff and VMGs) | Transport Lunches3 Facilitators Refreshment Airtime | Done supported by county government |
| | <ul style="list-style-type: none"> · Quality team members trained | <ul style="list-style-type: none"> · Capacity build the quality assurance team | Conference package for 3 days Transport3 facilitators Airtime | Done supported by county government |

| | | | | |
|--|---|--|---|--|
| | Infection prevention assorted equipment procured for the 3 facilities (Kibera south H/C.Kibera DO H/C,Langata H/ | · Procure assorted equipment yearly per facility (plastic containers) per facility Procure colored paper bags for segregation of waste | 3 Sterilizer | Done, supported by Afya jijini |
| | | · Procure IPC commodities and supplies | Coloured container basins, Bin liners, 3 Gas burners plus cylinders, 50 liters Hypochlorite | Done, supported by Afya jijini |
| | · Existing incinerators/burning chambers renovated | · Renovate 3 incinerators /burning chambers | 3 incinerators /burning chambers | Done, supported THS |
| | · Placenta pit inplace | · Provide for placenta pits | 3 Placenta pits | Done, supported THS |
| 8. Participatory monitoring and evaluation component improved delivery by 2021 | · All 3 health facilities are visited | · Conduct quarterly support supervision on community health facilities | Lunch Transport Airtime Stationary | Done, supported by the county government |
| | · 6 service providers trained on family planning contraceptives data request and reporting by 2017/18 | · Training of health facility staffs on infection prevention control | Conference package | Done, supported Afya jijini |
| | 4 indicator data review meetings held per year | · Conduct quarterly indicator data review meetings | Transport Airtime3 Facilitators | Done, supported by MAMAYE |
| | Participatory monitoring and evaluation team (with VMGs representative) formed by the end of 2017/1028 | Participatory monitoring sessions conducted per quarter | Airtime Facilitation*3 Transport Conference package | Not done |
| | · | · Procure 10 Mobile phones for M&E/VMG and 3 (three) health facilities | | Not done |
| | · | · Procure 1 desktop, 1 laptop, 1printer | Desk top Laptop printer | Not done |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|---------------|--|---|--|--|---|
| Sept 2019 | Makina social hall | Kibra sub county community strategy focal person | Gaps in reproductive health, immunization and nutrition services | VMG community and the rest of the community both men and women | Require more services to be taken close to the community through outreach, Need for youth specific health services. |
| February 2020 | Kibera DO H/C | SCPHN, VMGFP | Quality assurance and complaints redress mechanism | VMGs CHVs, facility incharge | More people need to be sensitized on GRM including the VMGs council. |
| Aug 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Talib Mohamed Member Nubian Council | Kibera area: Held meeting with youth, CHVs and women. Priorities agreed on included maternity health, capacity building of elders, outreaches and community sensitisation |

5. What outreach is planned for the future, are there opportunities to review needs and implementation?

Sensitize the VMG council on MNCH,
 Conduct quarterly community dialogue for root cause analysis of immunization coverage gaps including VMGs
 Conduct three action days per quarter among the VMGs

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

The county health staffs have so far been sensitized on social safeguard and grievance redress mechanism tool and this will be cascaded to the subcounty and facility levels.

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)

In 2017/2018 , specific focus was not on VMGs but in 2018/2019 most of the MNCH activities in Kibra have been geared towards reaching out to the Nubian community . These activities include, integrated family planning outreaches, training of CHVs as community-based distributors, holding monthly community-based distributors review meetings, quarterly action days and youth dialogue days

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Sensitize the VMG council on MNCH | 135,000 | | |
| Train 50 CHVs on community MNCH | 138,375 | | |
| Train 50 HCWs on Respective maternal care (RMC) | 557,218.75 | | |
| Conduct quarterly community dialogue for root cause analysis of immunization coverage gaps including VMGs | 1,390,000 | | |
| Conduct three action days per quarter on immunization including among VMGs | 1,590,000 | | |
| TOTAL | 3,810,593.75 | 96,359,510 | 3.95% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| NONE | | | | |

9. Action plan/recommendations for this community for next AWP(activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

Training 70 CHVs on community MNCH
 Continued Sensitization of VMGs (Nubians) leaders through the VMG council forum
 Conducting quarterly community Dialogue Day
 Conducting monthly community actions day
 Sensitizing the VMGs council and sub counties on the GRM tool

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Train 70 CHVs on community MNCH | 785,167 | | |
| Quarterly VMG Council forums on MNCH | 560,000 | | |
| Quarterly Community dialogues for root cause analysis of immunization coverage gaps including VMGs | 1,440,000 | | |

| | | | |
|---|------------------|-------------------|-------------|
| Conduct 3 action days per quarter in the VMGs community | 1,800,000 | | |
| TOTAL | 4,585,167 | 59,309,244 | 7.7% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- The MOH Grievance Registers are available in the public health facilities.
- Awareness on this will be created during the quarterly community dialogue days
- Sensitization meetings with community members GRM procedures
- Sensitization of health care workers in VMG link facilities on GRM registers and reporting
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Elizabeth Naini

Position: VMG focal point

Date: 6/11/2020

Consulted representative of VMG community:

Name: Talib Mohamed

Position: Nubian Council member

Date: 13/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 6/11/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County:NAKURU

VMG: OGIEK

Population: Appr.4.1%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The term ‘Ogiek’ literally means ‘the caretaker of all plants and wild animals’, and therefore they endeavor to preserve and safeguard the natural environment where they inhabit. They are the first inhabitants of the Mau Forest, holding land communally administered through a council of elders. The fact that the Ogiek live in forests partly explains the pressures they have been subjected to, not least because forests have since colonial times been perceived as inalienable government land. Even though they were in occupation of these lands before their gazettelement as forests, and notwithstanding that they were never consulted in that regard, once the forests were gazetted the Ogiek in effect became squatters on government land, and have been treated as such.

Extensive de-gazettelement of forest land in Mau and elsewhere by the colonial government and throughout post-independence government regimes has created a series of generational problems for this minority community. Dispossession of their land has resulted in discrimination and marginalization of the community creating a cycle of intergenerational poverty. Displacement from their traditionally inhabited lands continues to affect their political, socio-cultural and economic way of life. With continuous evictions, the community has been scattered, their traditional lifestyle disrupted and they have been forced to alter their lifestyles in order to survive. The absence of administrative legal recognition of Ogiek territorial land claims and rights as guaranteed by the new constitution and national land policy has left the community without legal protection and at the mercy of the dynamics of politics at the local and national levels. Also, the fact that the community has been left with differentiated and vulnerable land tenure systems, and the failure by the Kenyan government to provide a permanent solution to the land problems facing the community implies a general disregard of Ogiek rights and the continuation of human rights violations perpetuated by the Kenyan government.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Activity | Output | Inputs | Whether addressed through the THS program (state |
|-----------|----------|--------|--------|--|
|-----------|----------|--------|--------|--|

| | | | | year or through other funds) |
|---|--|---|---|---|
| 1. Skilled delivery increased by 10% by the end of 2021 | Sururu dispensary equipped with 2 delivery beds and 4 delivery sets | Procure 2 delivery beds and 4 delivery sets distribute delivery beds and sets | 2 delivery beds 4 delivery sets | To be purchased 2020/2021 |
| | Nessuit, marioshoni health centres and sururu dispensary equipped with autoclave | Procure 3 autoclaves | 3Autoclaves | Autoclaves provided by CGN |
| | 30TBAs as birth companions. | Train 30TBA's birth companions | Hall hire Stationaries Lunches transport | To be done in 2020/2021 |
| | Equip Sururu dispensary, and Nessuit health centre with resuscitaires. | Procure 2 resuscitaires | 2Resuscitaires | To be purchased in 2020 2021 |
| | Enhance communication and referral | Procure 3 mobile phones | 3phones | Provided by county government |
| | Renovate maternity ward Sururu dispensary | Renovated maternity ward. | Renovated maternity ward. | To consult ward fund through the MCA |
| | Sensitization of the community healthy volunteers skilled birth attendance | 20CHV sensitized | Hall hire Stationary Lunches transport | Done using THS FUNDS |
| Family planning uptake increased by 10% (from xx% to yy%) by 2021 | improve provider competence in offering FP | 10 h/workers trained | accommodation conference package Transport | Not done |
| | train CHVs on FP | 20 CHVs trained | Hall hire Stationary Lunches transport | Not done |
| | identify and recruit 60 fp champions | 60 male champions identified | Hall hire Stationary Lunches transport | Not done |
| | conduct integrated outreach services | monthly outreaches conducted | lunches transport stationeries | Done using THS funds |
| | conduct quarterly dialogue meetings | 4 meetings | attendance list report | Done using THS FUNDS |
| | To establish 2 youth friendly services at Nessuit and Mariashoni health centres | 2 centres' established | Renovate 2 rooms equip centers with youth friendly equipment e.g. T.V | Done through integration in other departments |
| | Train10 health workers on AYSRH | 10 Health Workers Trained | Conference package transport | Trained by FHOK |

| | | | | |
|---|---|--|--|--|
| | Conduct monthly AYSRH outreaches | 12 outreaches | Fuels Lunches | Integrated with other outreaches |
| | Establishment of safe spaces for all pregnant and young | 3 Recovery centres, in Sururu, Mariashoni and Nessuit | funds | Not done. -Mandate of Department of Gender |
| | Development and use of social media platforms through hotlines and counselling | No of media houses visited No of adolescents counselled | transport lunch | Not done |
| To increase 4 th ANC by 10% from 4% to 14% | | | | |
| | Conduct monthly community sensitization on importance ANC attendance | 12 sensitization meeting | Lunches Transport | Not done |
| | Conduct community dialogue | 1 per monthly | Transport Lunches | Done |
| | Sensitization community volunteer on of ANC | 1-day sensitization | lunches Stationeries | Done |
| Child nutritional stunting and wasting | | | | |
| | Capacity building health worker on maternal and infant and nutrition | 10 health workers trained | Conference package Report Attendance list | Done - CGN |
| | Sensitization community volunteer maternal and infant nutrition | 10 community volunteer | Attendance lists Reports Photograph | DONE - Nutrition International (NI) FUNDS |
| Full immunisation increased by 7.2% to 50%) by 2021 | Procure cold chain fridge Sururu dispensary and gas cylinders for the three facilities | 1 fridge 3 gas cylinders | receipts delivery note photographs | Done - GAVI funds |
| | train 20 community healthy volunteers on importance of immunization schedule, and defaulter tracing | 20 CHVs trained | lunches transport Stationaries | 110 trained by KANCO |
| | train 10 health workers on EPI operational level training | 10 H/workers trained | Conference package Accommodation Report Attendance list | 70 trained by GAVI |
| | train 10 h/workers on defaulter training | 10 h/workers trained | Conference package Accommodation Report Attendance list | NOT DONE |
| | train 10 h/workers on preventive cold chain maintenance | 10 h/workers trained | Conference package Accommodation Report Attendance list | Not done |
| | conduct OJT and mentorship on | 10 h/workers mentored | | Not done |

| | | | |
|--|-----------------------------------|--------------------------------|---|
| EMONC | | Report Attendance list | |
| start new outreach sites | 6 new sites started | Attendance R attendance report | ONGOING |
| carry out outreaches in the existing sites | 3 outreached carried out monthly | attendance Report | DONE - THS FUNDS |
| carry out support supervision | 3 facilities supervised quarterly | Supervision report | Support supervision done but not quarterly |
| carry out DQA in the three facilities | DQA done quarterly | Report | DQA done but not specific in the 3 facilities |
| conduct monthly review meetings | 1 meeting held monthly | Report Participants list | DONE USING GAVI |
| conduct curative cold chain maintenance | cold chain repairs done | Report | DONE USING GAVI |

(4) What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where Venue | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|------------------------------------|---|------------------------------------|--|--|
| Oct 2019 | Community dialogue days in all CUs | Sub county management teams through community units | RMNCAH indicators and performance | CHVs, CHCs, Chiefs, and the community | -Late opening of facility esp. maternity -Access to ambulance -Staff shortage |
| 29/7/2020 | Telephone consultations | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Oldaisaba Patrick CHV Chairman | Nessuit- Facility and maternity have no water- a challenge for deliveries. Request for water to be channeled from a nearby stream to the Nessuit dispensary. Minor renovation of Nessuit facility-floor cementing. CHV- Purchase a motorbike for CHV mobilisation. Training and motivation for CHV. sensitisation of community on ANC, SBA and Immunisation. Home deliveries |
| 29/7/2020 | Telephone consultations | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Francis Lesingo Ogiek Chairman | Nessuit- Nessuit dispensary to be upgraded to offer more services, equipment for the facility. To have maternity and staff houses. Reorient TBA to encourage SBA and safe motherhood. Motivate CHVs. Use gravity to pipe water to the dispensary from a stream 2 km away |

(5). What outreach is planned for the future? Are there opportunities to review needs and implementation.

- Conduct dialogue days through the community units
- Community action days
- Maternity open days Mariashoni, Korao and Nessuit
- Community leaders forum
- CONDUCT INTEGRATED MONTHLY OUTREACHES

(6)(Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

None specific to VMGS

(7) What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP?)

2017/2018

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the (Nakuru) | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct integrated RMNCH outreaches in (2) sub counties (3 Wards) in Mariashoni and nessuit including FP, immunization and ANC services 12 HCWs lunch @ 1000/- x 3 x 8 Rounds per ward = 288,000 1 Driver's lunch @ 1000 x 3 x 8 Rounds per ward = 24,000/- 1 Beyond Zero MCH Van Driver per diem @ 4000 x 3 x 8 Rounds per ward = 96,000 2 CHVs @ 500 x 3 days x 3 WARDS x 8 Rounds per ward = 36,000/- S/County MoHs coordination communication costs – 1000 x 3 x 8 = 24,000/- County Coordination Communication costs – 2000 x 8 = 16,000/- | 484,000 | 36,621,500 | 1.32% |

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the (Nakuru) | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct integrated RMNCH outreaches in (2) sub counties (3 Wards) in Mariashoni and nessuit including FP, immunization and ANC services 12 HCWs lunch @ 1000/- x 3 x 8 Rounds per ward = 288,000 1 Driver's lunch @ 1000 x 3 x 8 Rounds per ward = 24,000/- 1 Beyond Zero MCH Van Driver per diem @ 4000 x 3 x 8 Rounds per ward = 96,000 2 CHVs @ 500 x 3 days x 3 WARDS x 8 Rounds per ward = 36,000/- S/County MoHs coordination communication costs – 1000 x 3 x 8 = 24,000/- | 484,000 | 36,621,500 | 1.25% |

| | | | |
|---|--|--|--|
| County Coordination Communication costs – 2000 x 8 = 16,000/- | | | |
|---|--|--|--|

2019/2020(not yet implemented)

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| CHV incentives to conduct defaulter tracing and community referral for immunization, ANC and SBA by CHVs in 22 villages among VMGs (Marioshoni and Nessuit) 4 Referrals @ 500/= x 10 CHVs x 22 H/Facilities x 12 months = 528,000 | 528,000 | 36,621,500 | 1.4% |
| Conduct FANC/PNC training targeting the 10 healthworkers facilities Accommodation@2500*12*5=187,500 Transport@1500*15*5=112,500 Conference package@4000*12*5=240,000 Facilitation@3000*5*5=75,000 | 615,000 | 36,621,500 | 1.6% |

(8) Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | | | | |

9) Action plan/recommendations for this community for next AWP(activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

Integrated Outreaches

CHVS sensitizations on maternal neonatal and child health issues

Purchase mother packs for Mariashoni, Nessuit, Sururu, and Korao DISP

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Procure 2 deliverybeds for Sururu dispensary@50,000*2=100,000 4 deliverysets @28,000*4=112,000 | 212,000 | 38,894,820 | 0.54% |
| Train 30 TBA's birth companions, Hall hire@4000*3 Days=12000, Stationaries @200*30=6000, lunches@600*33*3 | 242,800 | 38,894,820 | 0.62% |

| | | | |
|---|-----------|------------|--------|
| days=59,400, transport@500*30*3 days= 45,000, perdiem for facilitators@8400*3*4=100,800, driver perdiem @4900*1*4=19600 | | | |
| Equip Nessuit ,Mariashoni and Sururuwith resuscittaires @10,000*3=30,000 | 30 ,000 | 38,894,820 | 0.08% |
| Sensitize CHVs on community RH and immunization in vulnerable and marginalized communities. 20 pax @ 1000 inclusive for lunch and transport for 3 days (Nessuit&Sururu)=60,000, Fuels: 100km x 25/- x 3 days x 1 vehicles = 11,250, Driver lunch: 1 driver x @2,500 x 3 days = 7,500, sub County Facilitators perdiems @4,900 x 2 x 3 days=29,400, 15 Pax @1,000 inclusive for lunch and transport 3 days (Mariashoni) = 45,000, stationeries @ 184x35 pax=6440, sub county facilitators transport @ 2000 x 4 x 3 days=24,000, airtime for coordination- 1,000 Total 184,590 | 184,590 | 38,894,820 | 0.47% |
| Purchase mama packs for vulnerable and marginalized communities in nessuit, mariashoni, korao, and sururu 887 clients @1200 per package for each mama packs contents (Slippers, towel, sanitary pads, basin, Baby soap & lessso). | 1,034,400 | 38,894,820 | 2.66%% |
| Conduct defaulter tracing and community referral for immunization, ANC and SBA by CHVs among VMGs (Mariashoni , Sururu, Nessuit and Korao) 1000 Clients @250.00 per Client traced = 250,000 | 250,000 | 38,894,820 | 0.64% |
| | 1,953,790 | 38,894,820 | 5.02% |

(10) Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How GRM is made accessible to this group and are they made aware of the GRM?

The community channels their complains through the Community health Committees, and facility committee, use of suggestion boxes, Customer care desks

Prepared by VMG focal point:

Name: Virginia Njenga

Position: VMG focal point

Date: 9/10/2020

Agreed by representative of VMG community:

Name: Francis Lesingo, Oldaisaba Patrick

Position: Ogiek chairman, CHV chairman

Date: 29/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 10/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM VULNERABLE AND MARGINALISED GROUP PLAN 2020-21 (OP4.10)

County: Nandi:

VMG: Terik

Population 45,456 (5%)

VMG: Ogiek

Population 27,274 (3%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities.

Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (Copied from reference VMGP)

The Terik community is one of the tribes that reside in Aldai Sub County in Terik, Kapkerer and Kapkures locations. Due to their numbers being low compared to the Nandi community they are classified as minority/marginalized (registration Code 617). They border Kisumu, Vihiga and Kakamega counties and live in hilly escarpment areas which are not productive for either farming or Cattle keeping. They have poor access to the primary health care services and use traditional birth attendants and herbalists to address the health needs.

The Ogiek Community is one of the (Kalenjin sub tribes) marginalized communities originally living in Tinderet Sub County. This community was evicted from the forest and are now living around the forest in an area called Ngatipkong, a term arising from the description of the terrain and the landscape which is sharp (ngatip is sharp ended according to the Nandi tribe) and at the highest part of the mountain. These areas are very risky especially during rainy season where there is risk of landslides. Secondly, the Ogiek community are hunters and gatherers being majorly the main occupation. Their daily lifestyle (hunting) disenfranchises the Ogiek community from accessing quality and improved primary health care services and education facilities for their children. Forest life makes vulnerable groups, such as mothers, children, the old and youths to move to health facilities which are way away from the residence (forest).

Third, the community health units are weak and, in most cases, not established particularly in these localities. Thus, the Ogiek heavily rely on traditional health attendants and herbalists.

Barriers to access services by Ogiek community:

- Lack of awareness on service availability

- Accessibility to health facilities
- Cultural beliefs i.e. use of herbal medicine, Home deliveries
- Ignorance
- Cost
- Language barrier

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Terik from Nandi County –Action Plan - Plan 2017-2021

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|--|---|
| 1. Skilled delivery increased from 34% to 46% by 2021 | 6 health facilities conducting deliveries Increased % of deliveries by skilled birth attendants | Procure 6 delivery sets for the 3 operating facilities each Procure 2 delivery beds for each facility Distribute the sets and beds Equip and operationalized 2 completed facilities (Chepkurgung and Chemobo) Complete, equip and operationalize Kesengei facility | 12 Delivery sets 6 Delivery beds 3 Delivery rooms for each facility MCH assorted equipment Diagnostic equipments Pharmaceuticals, Non pharmaceuticals, Laboratory equipment 4 Delivery sets each, 2 Delivery beds, 8 hospital beds,8 mattresses Assorted bed linens (8 beds) Assorted finishing materials MCH assorted equipment Diagnostic equipment Pharmaceuticals, Non pharmaceuticals, Laboratory equipment 2 Delivery sets , 1 Delivery bed, 2 hospital beds, 2 mattresses, Assorted bed linens, Assorted finishing materials Diagnostic equipment Pharmaceuticals, Non-pharmaceuticals, | completed (CGN) Completed (completed -CGN) County Government construction and equipment ongoing Nandi County Government putting up a comprehensive building and equipping |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|------------------------|---|--|---|--|
| | | Complete, upgrade and operationalize Kapsengere dispensary to a health centre | Laboratory equipment 4 Delivery sets each, 2 Delivery beds, 16 hospital beds, 16 mattresses Assorted bed linens (16 beds), HCWs | |
| | 30 health care workers employed | Recruit and deploy health care workers (16 nurses, 4 RCOs, 4 lab techs, 2 HRIO, 4 Pharm tech, nutritionist) Identify and recruit 12 support staff on contract terms | Monthly salary Monthly wages | Employment done in 2018 and 2020 CGN Employment done in 2018 and 2020 |
| | HCWs capacity build on EMOC | Train the HCW on EMOC (5 days) | Training hall hire Facilitators, Writing materials(assorted) LCD hire, Training material (photocopies), Conference package, Accommodation (24 pax), Accommodation, 4 facilitators) ,Fuel | THS Training done 2018/19 |
| | 3 functional community units 45 CHVs sensitized on skilled delivery per year | establish and support 3 community units Identify and train 45 CHVs | CHVs stipends (45),Barasa- refreshments Lunches(facilitators),Fuel, community leaders meeting(lunch + transport) Stationeries (books, pen/pencils, flipchart, felt pen), Training hall hire,Conference package, Facilitators, LCD hire, Training material(Photocopies) | Done- CGN and Red Cross 2,700,000(trained CHVs by REDCROSS and CGN)on community strategy and RMNCAH |
| | 13 community dialogue days on skilled birth attendants | Conduct quarterly community dialogues on SBA | 2 Tents hire, 200 chairs hire, refreshment, Facilitators, Demonstration materials, Fuel, CHVs,Driver | CGN and THS ongoing |
| 2. Increase the uptake | Routine ANC services | equip and operationalize the | Examination coaches (3), BP machines | |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|--|---|
| of fourth ANC visits among the expectant mothers to from 49% to 65% by 2021 | offered at the three additional HF's | completed health facilities i.e. Chemobo and Chepkurgung complete, equip and operationalize Kesengei HF | Weighing scales (3), Mother child booklets HIV test kits | THS 2020 |
| | No of expectant women attending 4 th ANC clinic | conduct monthly integrated outreaches in the community | Vaccine i.e. TT,Vaccine carrier Lunches for health workers, refreshments, Fuel,Driver | CGN Ongoing |
| | | Organize and conduct quarterly review meetings | Hall hire,Conference package Facilitators, Stationeries assorted) LCD hire, Transport, Fuel | In THS 2020 county plan |
| | | Conduct monthly support supervision | Fuel, Lunches, driver | In Planned AWP |
| | | Conduct community quarterly sensitization and feedback meetings | 2 Tents hire,200 chairs , FP commodities Refreshments, Facilitators, Flip charts Fuel | <i>Planned in AWP 2020 2021</i> |
| 3. Increase uptake FP services among WRA from 24% to 54% by 2021 | Routine FP services offered at the two additional HF's | equip and operationalize the completed health facilities i.e Chemobo and Chepkurgung | FP commodities, 2 IUCD sets 4 Implanon removal sets | - <i>Planned in AWP 2020</i> |
| | 42 outreaches conducted Number of WRA using modern FP methods | -conduct monthly outreaches in the community | FP commodities, Lunches for health workers, Refreshments, Fuel, Driver | AWP 2020/2021 |
| | 13 review meetings conducted | Organize and conduct FP quarterly review meetings | Hall hire, Conference package Facilitators, Stationeries (assorted) LCD hire, Transport, Fuel | Planned in AWP 2020 2021 |
| | Supervision reports | Conduct monthly support supervision to | Fuel, Lunches, Supervision tools (Printing photocopies) | Done |
| | 13 sensitization and feedback meetings conducted | Conduct quarterly community dialogue and feedback meeting on the importance of FP | 2 Tents, 200 chairs hire, Public address system hire, Social mobilization, Refreshments, Facilitators, Flip charts, Fuel, Driver | Planned in AWP |
| | Consistent supply of FP commodities in the HF's | ensure continuous supply of FP commodities | FP commodities, Monthly reports | CGN ongoing |
| 4. Child immunization coverage increased from 34.4% to 50% by 2021 | Routine immunization services offered at the three additional HF's | equip and operationalize the completed health facilities i.e. Chemobo and Chepkurgung complete, equip and operationalize Kesengei HF | EPI fridge, Vaccine antigens Vaccine monitoring charts, HCWs Weighing scales, Vitamin A supplements Mother child booklets | CGN |
| | % of children fully | Conduct quarterly community | 2 Tents ,200 chairs hire, Public address | Planned in AWP |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|--|---|
| | immunized | dialogue and feedback meetings on the importance of child immunization | system hire, Social mobilization, Refreshments, Facilitators, Flip charts, Fuel, Driver | |
| | No of outreaches conducted | Conduct monthly integrated outreaches in the community | Vaccines, Lunches for health workers Refreshments, Social mobilization, Fuel, Driver | Planned in AWP |
| | 13 immunization review meetings | Organize and conduct immunization quarterly review meetings | Hall hire, Conference package Facilitators, Stationeries (assorted) LCD hire, Transport, Fuel | Planned in AWP |
| | Supervision reports | Perform monthly support supervisions | Fuel, Supervision tools, Lunches | CGN |
| 5. Improve child nutritional status from (underweight 11% to 6%, wasting 7% to 4%, stunting 32% to 24%) by 2021 | Nutrition baseline survey report | Conduct community baseline survey on child nutritional status over 2017/8 | Data collector's sensitization (6) Facilitators (4), Survey tools, Lunches *5 days, MUAC tapes, Fuel, Airtime, transport | Nutrition unit |
| | Community dialogue days held | Conduct quarterly community dialogue on nutritional issues | 2 Tents ,200 chairs hire, Public address system hire, Social mobilization, Refreshments, Facilitators, Flip charts, Fuel, Driver | Planned in AWP |
| | No. of outreaches conducted | Conduct monthly integrated outreaches in the community | Vaccines, Lunches for health workers Refreshments, Social mobilization Fuel, Driver | CGN |
| | 6 HFs offering nutritional assessment services | Provide routine nutritional assessment in the HFs | Weighing scale, MUAC tapes, Growth monitoring chart, Nutritionists Nutrient supplements, Reporting tools | CGN Nutrition unit ongoing |
| | 13 nutrition review meetings conducted | Organize and conduct quarterly nutrition review meetings | Hall hire, Conference package, Facilitators Writing materials, LCD hire, Transport airtime | 20,000Planned in AWP |
| | Supervision reports | Conduct monthly support supervision | Fuel, Supervision tools, Lunch allowance Driver | Planned in AWP |
| 6. Water and sanitation coverage increased from 30% to 60% by2021 | Baseline survey report on water and sanitation coverage status conducted over 2017/8 | Conduct baseline survey on water and sanitation in the community | Data collector's sensitization (6) Facilitators (4), Survey tools, Lunches *5 days, MUAC tapes, Fuel, Airtime transport | CGN Environmental safeguards |
| | 6 review meetings conducted | Conduct biannual review meeting on water and sanitation coverage | Hall hire, Conference package Facilitators, Writing materials LCD hire, Transport, airtime | Planned in AWP 2020 |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|--|---|
| | Annual assessment report on water and sanitation average for 6 HFs | Conduct annual water and sanitation coverage assessment | Assessment tools, Lunches, Fuel driver | AWP 2020/2021 |
| | 3 community units (45 CHVS) sensitized on water and sanitation biannually | Conduct CHVs sensitization meeting on water and sanitation activities | 1 Tents hire, 50 chairs hire Demonstration materials, Lunches Transport, Stationeries, 4 facilitators Fuel, driver | CGN Environmental safeguards |
| | 6 community dialogues conducted on water and sanitation | Conduct biannual community dialogue on water and sanitation | 2 Tents, 200 chairs hire, Public address system hire, Social mobilization Refreshments, Coordination- airtime, lunch, transport, Facilitators, Flip charts Fuel, Driver, Demonstration materials | THS AWP2020/2021 |
| Latrine coverage increased from 65% to 80% by 2021 | Biannual assessment on latrine coverage for 3 community units | Conduct latrine assessment in the community units twice a year. | Fuel, Assessment tool (photocopies) Driver, Lunches (5* 3 CUs) | AWP2020/2021 |
| | 6 community dialogue days conducted | Conduct biannual community dialogue on latrine coverage | 2 Tents, 200 chairs hire, Public address system hire, Social mobilization, Refreshments, Facilitators, Flip charts, Fuel, Driver | AWP2020/2021 |

4. How will free, prior, and informed consultation be carried out with this groups during project implementation? What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|------------------------|--|---|--|---|
| 17/2/2020 | Kipsigak Baibai(Terik) | County Government and World Bank | Cancer prevention strategies and treatment of | Women, children and General population | The need to sustain outreaches and integrated medical camps |

| | | | minor ailments | | |
|-----------|--|--|------------------------------------|------------------------------|---|
| 16/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Patrick Tabut Ogiek Chairman | Ogiek displaced from forest. No shelter for pregnant mothers thus living in nearby markets, Low immunisation. No representation in the health facility. Request for food supplements, food for displaced children, masks, water. |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Julius Kipkoskei Terik Elder | Educate the community on importance of all child immunization stages, on hygiene and RHMNCAH- Conduct outreaches- Equipping facilities Kapsamoch, Chemobo, Kipsigak-baibai and Kapsengere health facilities with maternity equipment and 24 hour service. Educate the Terik community about Corvid-19 and supply them with face masks and sanitizers. |
| 1/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Jane Ndiwo Kipro Terik | Completion of maternity structures in Kapsengere, Chemobon, Kipsigak-bai bai. Continue with mobile clinics and out reaches. Community sensitisation on Corvid 19 |
| 31/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Miriam Jepkor | Terik bordering Nyanza and Western. Kipchemwon village. Poor road network, inaccessibility. Shortage of drugs in health facilities. Kapsengere. Request for chlorine to treat their water. Sensitisation of community, mothers on ANC, immunisation, SBA. |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Ogiek and Terik communities Integrated outreaches- immunisation, ANC as per the 2020/2021 AWP

Sensitize the CHMT and SCHMT on VMG activities

Sensitise staff at VMG facilities on VMG activities

6. Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Health workers have had generic training on EMONC, FANC, Kangaroo Mother Care

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Sensitization of VMG communities on RMNCAH services | 167,200 | | |
| Orientation of VMG (Terik)community focal persons (5) on FP community based distribution | 180,000 | | |
| Equip and operationalize two facilities (Chemobo and Chepkurgung) serving VMGs to provide RMNCAH Services | 546,000 | | |
| Operationalize and equip Kapsengere to enhance provision of MCH services | 1,085,700 | | |
| Equip Chemobo dispensary to provide MCH/FP services | 114,000 | | |
| Equip and operationalize Chepkurgung Disp to offer MCH/FP services | 188000 | | |
| TOTAL | 2,280,700 | 49,821,285 | 4.6 % |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Vulnerable and Marginalized groups (VMGS)– Conduct RAMNCAH outreach activities in the VMG sites for Ogiek and Terik communities (Chemobo, Chepkurgung, Kapkirwa and Kamelil) | 147360 | | |
| Commemoration of world immunization day in Terik and Ogiek communities | 140000 | | |
| TOTAL | 287360 | 41,826,841 | 0.6% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|--------------------|------------------------------|------------------------|-----------------|--|
| Joseph Maiyo Koech | Aldai | KECHN | Finished | Yes |
| Jebet Nancy | Aldai | KECHN | Finished | Yes |
| Hopkin Kipkemboi | Aldai | KECHN | Finished | Yes |

9. **Action plan/recommendations for this community for next AWP(activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):**

- Sensitisation of community, mothers on ANC, immunisation, SBA
- Continue with mobile clinics and outreaches.

2020/2021 AWP for TERIK AND OGIEK COMMUNITIES

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct monthly integrated outreaches to provide RMNCAH Services targeting the VMG communities Terik and Ogiek Communities (Kaplelach, Labuiywo and Lamaywet) in Tinderet (Kipsigakbaibai, Korongoi and kereri/Kitaor)Aldai Subcounty respectively | 882,000 | 103,000,000 | 0.856% |
| Scale up Family planning services among VMG communities through Identification of 24 community FP champions (12 from @VMG community) and Training and provision of a FP pack | 263,100 | | |
| Procure immunization fridges, 1 UCMA refrigerator for Kitaor Disp and 1 SDD for Chepkurkung Dispensary | 850,000 | | |
| Refill 40 cylinders @2500 for support for vaccine storage in Health facilities (fridges) where there is no electricity serving VMG Communities (Setek, Kamelil, Kapkirwa, Chemobo, Chepkurkung, Kitaor, Kamelilo, Kipsigak Baibai and Kapsamoch) | 120,000 | | |
| Conduct mother to mother support group among the ogiek community on SBA | 203,000 | | |
| Renovate SETEK Health MCH/FP Department serving VMG (Ogiek) community | 540,000 | | |
| Conduct targeted integrated Medical Camps (RMNCAH, treatment of minor ailments, screening and Health Education) among Terik and Ogiek communities | 152,000 | | |
| Scale up Immunization services and create demand for other RMNCAH services among VMG communities (Terik and Ogiek) during world immunization week. | 540,000 | | |
| Community dialogue and open days on RMNCAH activities among Ogiek VMG communities | 684,200 | | |
| Train 15 Terik women and 15 Ogiek Women on community Focussed Antenatal Care | 320,000 | | |
| Sensitization Ogiek women of child bearing age (Terik and Ogiek) on family planning services | 150,000 | | |
| Conduct sensitization activities on Sexual Gender Based Violence, GM VMG communities | 340,800 | | |
| Conduct father to father and peer to peer support biannually among the VMG groups on RMNCAH services | 180,000 | | |
| Provide Birth Companion, CHVs and TBAs with Incentives for Referrals for RMNCAH services | 432,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| among VMG communities. | | | |
| Procure 3 water tanks (5000 litres capacity) for the community and provision of water guards to Ogiek community | 200,000 | | |
| TOTAL | 5,856,000 | 103,000,000 | 5.685% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- Sensitization of the community on complaint redress mechanism
- Community engagement meetings
- Use of grievances and resolution book for recording complaints and resolutions.
- Procurement and distribution of complain register books to all the links facilities.
- Appointment of Grievance focal person at health facility to register and refer complaints.

Prepared by VMG focal point:

Name: Rachel Rop

Position: VMG focal person

Date: 7th September 2020

Consulted representative of VMG community:

Name: Julius Kipkosgei

Position: Terik community leader involved in 2018 consultations

Date: 4th August 2020

Name: Patrick Tabut

Position: Ogiek community leader

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 8th September 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Narok

VMG: Ilkunono

Population 0.4%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 1.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned, customarily used, or occupied, and the natural resources on which they depend?(copied from reference VMGP)

Among the Maasai there exists some distinctive groups which play a very important role in ensuring Maasai culture is upheld. They exist outside the sections and territorial divisions of the Maasai hence more often referred to as occupational groups. This include the ilkunono (the blacksmiths). They are treated as a dejected caste or underclass within the pastoral communities. In fact to some sections of the Maasai such as the Purko marriage with the ilkunono is traditionally restricted. Ilkunono are the blacksmiths who are mostly found in Leshuta , narok west and some parts of morijo loitai.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed).

Ilkunono of Narok -Leshuta Community Action plan

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|---|--|--------------------------|--|--|
| 1. Skilled delivery increased by an average of 34 % from 41 % to 55 % for Leshuta dispensary by end of 2021 | 6 Staff (4 nurses, 1 clinical officer and 1 nutritionist) employed per annum | 1 recruitment of staff | Basic salaries, 1.krchn, 2rco, Other allowances | Two nurses, 1 social worker by county |
| | | Refresher course on EMOC | Training materials, Facilitators allowance, Transport reimbursements, Participants per diems, Hall hire, LCD | NOT DONE |

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|---|--|--|--|--|
| | One delivery room renovated. | 2.Awarding of the contractor | Procure materials, labour charges | NOT DONE |
| | 3. One Ambulance repaired and maintained | 3.Servicing of the ambulance | Funds for repair and maintenance | NOT DONE |
| | 240 Health workers trained on LARC | 2Training of health workers. | Conference package, Facilitation allowance, Transport reimbursement | NOT DONE |
| | | Training of CHV on family planning | Conference package, Facilitators allowances, Transport reimbursement | Addressed by THS UCP 2018/19 FY |
| | 5 Family planning IUCD insertion kits and examination couch bought | Procurement of FP kits and examination couch | Purchasing 5 FP kits, 2 examination couch | Addressed by DESIP |
| | 4 integrated Mobile outreaches conducted per quarter | Conducting integrated mobile outreaches in the hard to reach areas | Fuel, Staff allowances | Supported by THS with effect from FY 2017/18 to date |
| Family planning uptake increased by 5% from 76.5% to 86.5% targeting women of child bearing age by 2021 | 1 room renovated for FP services | 2.Awarding of the contractor | Procure materials and labor charges | To be factored next FY 2021/22 |
| | 2 Examination beds purchased | Purchasing examination coach | Purchase 2 examination couches | Addressed by DESIP |
| | 3 community dialogue days per quarter | Conducting community dialogue days | 12 community dialogue held per quarter, Transport refunds CHV, Staff allowance | Ongoing by Narok county government |
| | 15 Condom dispensers installed in public sites | Procurement of condom dispensers | Purchasing condom dispensers | NOT DONE |

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|---|--|---|---|---|
| | 1 Youth friendly centres established | Constructing integrated youth friendly centres within the facility | Funds for construction | NOT DONE |
| | 320 men trained on family planning per quarter | Training 20 men as family planning champions (male involvements) | Facilitation allowances, Conference package, Transport reimbursement | NOT DONE |
| | 4 Mobile Outreaches in hard to reach areas conducted | Conduct integrated outreach mobile outreaches per quarter | Fuel, Staff allowances | Ongoing THS supported |
| | 4 Defaulter tracing mechanisms established per quarter | Develop defaulter checklist, Conducting defaulter tracing, CHV at the household levels and make follow up | CHV lunches, Transportation reimbursement CHV, Developing defaulter checklist | Ongoing THS supported, |
| | 2 Modern fridges for vaccines | Procuring 2 modern vaccine fridges for the facilities | Purchasing 2 Modern fridges | NOT DONE |
| | 240 Health workers trained on KEPI | Conducting in house a KEPI training | Facilitation allowances, conference, Transport reimbursement | NOT DONE |
| | 120 CHV Motivated per month | Motivating the CHV by giving the small incentives | CHV incentives | NOT DONE |
| | 4 Quarterly support supervisions per annum | Conducting quarterly support supervision | Fuel transportation means, SCHMT staff allowances, Supervisory checklist, SCHMT allowance | THS support since 2017/18 and on course |
| 4th ANC visit service utilization increased by 28% (from 25.2% to | 20 expectant mother health's educated per quarter | Health educate pregnant mother | Lunches, refreshments, Staff lunch allowances, Transport reimbursement | Ongoing by facility staff through health talks sessions |

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|---|---|--|--|--|
| 32% by 2021 (Leshuta Dispensary) | 4 Mother to mother support group formed. Of about 20 mothers, per quarter | Formation of mother to mother support groups | Lunches, refreshments, Staff lunch allowances, Transport reimbursement, Staff lunches allowances | Addressed by THS 2018/19 FY |
| | 160 men trained quarterly on FANC per quarterly | Training 160 men on FANC | Lunches, refreshments, Staff lunch allowances, Transport reimbursement, Staff lunches allowances | NOT DONE |
| | | Conducting an in-house training for FANC | Conference package | NOT DONE |
| | 120 mother health educated | Health educating mothers on the importance of growth monitoring. | Facilitators allowances Transport reimbursement | Ongoing by facility staff through health talks sessions |
| 4 mass screening per quarter | Conducting a mass screening within the facility catchment population | Transport means, Fuel, Staff lunch allowances, Mobilization funds | NOT DONE | |
| Child nutritional status improved (underweight from 13-% to 5%), stunting from 1.6% -0% and wasting from 0....% to 0%, by 2021 Leshuta Dispensary | 240 health workers trained on IMAM. | Conducting a training for Health worker on IMAM | Facilitation allowances, Conference package, Transport reimbursement | NOT DONE |
| | 120 CHV trained on IMAM per quarter | Conducting an in-house training of the CHV on IMAM | Facilitation allowances, Conference package, Transport reimbursement | NOT DONE |
| | 3 height boards | Procuring height boards-salter scale weight, and adults weighing machine | Purchase 3-height boards | NOT DONE |
| | 2 salter scale weight purchased | | 2 scatter -scales | NOT DONE |
| | 2 adults digital weight scale machine | | 2 adult digital weighing machine | NOT DONE |
| | 120 CHV trained on CLTS | Developing the CLTS curriculum | Facilitation allowances Conference package, Transport reimbursement | NOT DONE |

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|--|--|--|---|--|
| | 120 CHV trained on CLTS | Selecting the facilitators | Facilitation allowances Conference package, Transport reimbursement | NOT DONE |
| Water, latrine coverage increased by% (water from ...% to ...%; latrine from ...% to ...% by the year 2021 Leshuta Dispensary | 120 CHV trained on CLTS | Facilitating the training | Facilitation allowances Conference package Transport reimbursement | NOT DONE |
| | 3 community dialogue days per quarter | Facilitating the training | Facilitation allowances Conference package Transport reimbursement | NOT DONE |
| | | Conducting 3 community dialogue days per quarter | 12 dialogue days held per quarter | NOT DONE |
| | | Conducting a community action day per month | Refreshment | NOT DONE |
| | One community action day per month | Conducting chiefbaraza | Refreshment | NOT DONE |
| | 4 chief baraza per quarter | Establish linkages with other development actor | Awarding contract | NOT DONE |
| | 250 modern latrines constructed | Conducting and in-house training | Facilitation allowance | NOT DONE |
| | 120 CHV trained on hygiene and water sanitation | | Conference package | NOT DONE |
| | | | Transport refunds | NOT DONE |
| | 1000 household provided with 100 litre water tanks | Provision of water tank | Purchasing 1000 water tanks | NOT DONE |
| | 1000 household provided with hand washing facilities | Provision of hand washing facilities | Purchase 1000 hand washing facility | NOT DONE |
| Quarterly support supervision | By County and SCHMTs | Staff allowance (Per Diem), supervisory checklist, Fuel, Supervisory checklist | NOT DONE | |

| Objective | Output | Activity | Inputs | Whether addressed through THS program (state year or through other funds) if not state reasons |
|--|---|--|--|--|
| Quality of health service delivery improved by the year 2021 | Standard operational procedures developed | Developing SOPs for the facilities yearly | Conference package, Facilitator allowance, Transport refund | Already addressed by county Government |
| | Data quality audit team developed | Establishing a data quality audit team to meet monthly | Conference package, Facilitation allowances, Transport refunds | Planned and to be implemented this FY 2020/21 when funds are available |
| | Quarter stakeholder's forum held | Holding a quarter stakeholder forum | Conference package, Facilitation allowances, Transport refunds | Supported by DESIP |
| | Reporting tools printed | Printing of reporting tools | Purchasing of printing/photocopying machine, Purchasing the tonner | Done and distributed to health facilities supported by HIS |
| | M/E technical working group formed (SCHMT and VMGs) | formation of the technical monitoring and evaluation working group | Accommodation | Approximate cost |
| Conference package | | | Transport refunds | Already factored through THS this FY 2020/22 |
| Monitoring and evaluation improved of health delivery | Quarterly TWGs meetings | Conducting TWGs quarterly meeting | Conference package Accommodation allowance Transport refunds | Supported by DESIP and county Government |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|--|
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Philip Leshishi Chairman | Leshuka- Narok west. Low immunisation. Maternity structure but not complete. Shortage of staff, home deliveries. Need CHV sensitisation, community sensitisation. Ikonono to be represented in health committee. Low |

| | | | | | |
|-----------|--|----------------|------------------------------------|---|---|
| | | | | | Immunisation of children in Enpash, Enarurarakua. Mobilisation and outreaches for ANC and immunisation |
| 3/08/2020 | Telephone conversation with VMG representative | KELLY L. SIDAI | Community priorities for 2020/2021 | Philip Leshishi – LESHUTA VMG ILKUNONO REPRESENTATIVE | Solar system for the facility. Increase outreach sites by two. Complete construction of stalled maternity block. A motorcycle for the facility for mobile outreaches. Need for a water tank |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

- Conduct dialogue days through the community units
- Conduct monthly integrated outreaches
- Community action days
- Maternity open days at Empaash and Enarurarakua
- Community leaders' forum

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Sensitize the county health management teams and sub county teams on the VMGPs
- Orient the facility in charges on the VMGPs and their priority needs
- Inform the administrative units of the VMGPs

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Supported integrated Outreaches | 75,000 | | |
| Mama Kits distributed health facilities serving the VGM communities at Leshuta Dispensary | 45,000 | | |
| Total | 120,000 | 69,649,080/- | 0.2% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Supported 2 integrated Outreaches sites at leshuta dispensary | 137,640/- | | |
| Mama Kits distributed health facilities serving the VGM communities at Leshuta Dispensary | 60,000/- | | |
| Total | 197,640 | 27,200,699/- | 0.7% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|----------------------------|------------------------------|--|-----------------|--|
| Kumomoru Statian Emily | Narok county | Two and a half year course in Kenya enrolled community health nursing (KECHN) | Completed | Employed |
| Elijah Lekirie Twala | | | | Employed |
| Miriam Soita Tuukwo | | | | Not yet |
| Gladys Cherono | | | | Employed |
| Bernard Kiprotich S. Ngeno | | | | Not yet |
| Jane Nashipai Nkuito | | | | Not yet |
| Langat Kibiegon | | | | Not yet |
| Salepo Kasale | | | | Not yet |
| Cheruiyot Elijah Mutai | | | | Not yet |
| Dominic Kortom | | | | Not yet |
| Lydia Miyiai Simat | | | | Employed |

9. Action plan/recommendations for this community for next AWP 2020/21 (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

Most of the health plans targeting VMGs were not operationalized thus the need to factor in subsequent AWP.

- Integrated outreaches should be continuous
- Community action days emphasised so that community issues are captured and addressed
- Health education on various health issues affecting the VMG

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Monthly-integrated outreaches focusing on RMNCAH interventions i.e. (FP, ANC & Immunization) - Three outreaches per month in Leshuta | 711,900 | | |
| Procurement & distribution of 1 obstetric beds @ Ksh. 72,340/-Leshuta dispensary | 72,340 | | |
| Procure & distribution of 50 Mama kits (@ Ksh 2000/Mama Kit) to, Leshuta community | 100,000 | | |
| Procure and distribute 2 Filing Metal cabinets with 4 Drawers for Filing and archiving facility documents and reports. | 26,025 | | |
| Total | 910,265 | 100,129,710 | 0.9% |

10. 10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- The community channels their complaints through the community health committees, and facility committee
- Use of suggestion boxes and customer care desks
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Kelly Sidai

Position: VMG focal point

Date: 22 10 2020

Consulted representative of VMG community:

Name: Philip Leshishi

Position: Ilkunono representative

Date: 3/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 23/10/ 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Narok

VMG: Ogiek

Population 81,051/ 1,157,876=7%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned, customarily used, or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The name Ogiek is used by professional anthropologists to refer to the hunters-gatherer communities that inhabit the forest in Kenya central rift valley. Many historical works refer to them in the contemptuous nickname DOROBO which means “poor people who cannot afford cattle”. There is controversy on the origins of the Ogiek with some earlier scholars thinking the Ogieks were probably remnants of some pre-Maasai people. This neglected community occupies both Narok north and Narok south areas such as Oloropils, Enabelbel, Olokurto, Nkareta, Sogoo, Osanankururii and have been isolated from many socio economic activities and benefits.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Ogiek of Narok–Topoti, Olorropil, Enabelibel, Olokurto, and Nkareta Community Action plan 2017-2021

| Objective | Activity | Outputs | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|---|---|
| 1. Skilled delivery increased by 10 % by end of 2021 in five facilities <ul style="list-style-type: none"> • Topoti • Sogoo | 5 dispensaries equipped with 2 deliverybedsand 4 delivery sets | Procure and distribute 2 deliverybedsand 4 deliverysets | 2 deliver beds, 4 deliverysets | Addressed by THS |
| | 5 health facilities equippedwith autoclave | Procure 5 autoclaves | 5 autoclaves | Addressed by DESIP |
| | Re orientate 30 TBAs as re birth companions | Train 30 TBAs birth companions | Hall hire, stationaries, Lunches, Transport | Addressed by CHP |

| Objective | Activity | Outputs | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|--|---|
| <ul style="list-style-type: none"> Enaibelbel Olokurto Nkareta | Equip 5 dispensaries with resuscitators | Procure 5 resuscitators | 5 resuscitators | NOT DONE |
| | Enhance communication and referral | Procure 5 mobile android phones | 5 mobile phones | Addressed by county government |
| | Renovate maternity ward in 5 dispensaries (| Renovate maternity ward | Renovated maternity ward | NOT DONE |
| | Sensitization of community health volunteers on skilled birth delivery | 20 CHVs sensitized | Hall hire, Stationary, Lunches, Transport | Not addressed |
| 2. Family planning uptake increased by 10% (from xx% to y%) by 2021 | Improve provider competence in offering FP | 10 health workers trained | Accommodation Conference package transport | Addressed by DESIP |
| | Train CHVs on FP | 20 CHVs trained | Hall hire, Stationary, Lunches, Transport | Addressed by DESIP |
| | Identify and recruit 60 FP champions | 60 male champions identified | Hall hire, Stationary, Transport | NOT DONE |
| | Conduct quarterly dialogue meetings | 4 meetings | Attendance list report | Addressed by DESIP |
| | To establish 2 youth friendly services at 5 centres | 2 centres established | Renovate 2 rooms, equip centre with youth friendly equip e.g. TV | Addressed by the County Government |
| | Train 10 health workers on AYSRH | 10 health workers trained | Hall hire, conference package, transport | NOT DONE |
| | Conduct monthly AYSRH outreach | 12 outreaches | Fuel and lunch | NOT DONE |
| | Establishment of safe spaces for all pregnant and young | 3 Recovery centres, in 5 HF | funds | NOT DONE |
| | Development and use of social media platforms E.g local FM stations | No. of media houses visited No. of adolescents counselled | Transport Lunch | NOT DONE |

| Objective | Activity | Outputs | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|---|---|
| 3. To increase 4 th ANC by 10% from 4% to 14% | Conduct monthly community sensitization on importance of ANC attendance | 12 sensitization meetings | Lunches, Transport | NOT DONE |
| | Conduct community dialogue | 1 per month | Lunches and transport | NOT DONE |
| | Sensitization of community volunteers on importance of ANC | 1 day sensitization | Lunches Stationaries | Addressed – Narok County Government |
| 4. Child nutritional stunting and wasting | Capacity building health workers on maternal and infant nutrition | 10 health workers trained | Conference package Report, Attendance list | Addressed – Narok County Government |
| | Sensitization of community health volunteers on maternal and infant nutrition | 10 community volunteers sensitized | Attendance list, Reports photographs | Addressed – Narok County Government |
| 4. Fully immunized increased by 7.2% to 50% by 2021 | Procure cold chain equipment fridge and gas for three facilities | 3 KEPI fridge's and accessories | Receipts, Delivery note Photographs | NOT DONE |
| | Train 20 community health volunteers on importance of immunization schedule and defaulter tracing. | 20 CHVs trained | Lunches, Transport Stationary | Addressed COUNTY GOVERNMENT |
| | Train 10 health care workers on EPI operational level training | 10 health care workers trained | Conference package Accommodation report | Done – UNICEF |
| | Defaulter tracing activities by CHVs | CHVs to participate in defaulter tracing | Conference package, Accommodation, Report | ON GOING – THS UCP |
| | Train 10 Bio-medical engineers on cold chain maintenance | 10 h/workers trained | Conference package, Accommodation, Report | Trained 3 –Supported by UNICEF |
| | Conduct OJT and mentorship | 10 h/workers mentored | Report, Attendance list | Addressed |
| | Support new outreach sites | 6 sites started | Attendance report | On Going - THS UCP |

| Objective | Activity | Outputs | Inputs | Whether addressed through the THS program (state year or through other funds) |
|-----------|---|-----------------------------------|-------------------------|---|
| | Support 3 existing outreaches sites | 3 outreaches per month | Attendance report | On Going - THS UCP |
| | Carry out support supervision | 3 facilities supervised quarterly | Supervision report | On Going - THS UCP |
| | Carry out DQA in the 3 facilities | DQA done quarterly | Report | To be addressed FY 2020/21 |
| | Conduct monthly review meetings | 1 meeting held monthly | Report Participant list | Addressed Supported by DESIP |
| | conduct preventive cold chain maintenance | cold chain repairs done | Report | Addressed by Narok County Government |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------------|---|--|---|--|--|
| 2017/2018 /2019 | Saire in narok south and osanangruriiin narok north | Health workers, Cos, Nurses | Integrated outreach health services i.e. immunization, family planning, ANC, health education | Women and children | The community are very receptive to the outreaches and scaled up uptake of RMNCAH services |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Kihara Kuyoni | OSanankururi Site- Narok North- THS container already on the ground- but not operational- no staffing. Challenge of home deliveries due to long distances |
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Maleyo Oiyie | Nairenke/ Parkarara- Narok North, THS container and water tanks available. No staff- community willing to house/construct for them. Need for SBA as mothers delivering at home. High maternal mortality. Many children not immunised- Introduce immunisation clinic. Construct toilets and placenta pit. Sensitize community |

| | | | | | |
|-----------|--|---------------------------------------|------------------------------------|----------------|--|
| 03/8/2020 | Telephone conversation with VMG representative | Kelly I. Sidai, VMG focal person/ GRM | Community priorities for 2020/2021 | Kihara kuiyoni | Osanankururii site, Need to fence the facility Need of staff housing, Need to increase outreach sites, Need for solar lighting system Need for staff and patients' toilets |
|-----------|--|---------------------------------------|------------------------------------|----------------|--|

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

- Conduct Integrated monthly outreaches
- Sensitization of community leaders
- Community leaders' forum
- Have open maternity days

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

All sub county health management team from the VMG sites were sensitized.

- Health facility staff in this VMG sites sensitized during support supervision.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Supported integrated Outreaches | 300,000/- | 69,649,080 | 4.9% |
| Procured, installed and commissioned 2 fabricated 40 feet containers as health Kiosks including assorted medical equipment at Saire and Osananguri VMG sites | 2,760,000/- | | |
| Procured and installed 10,000 litre water at Saire and Osananguri VMG sites | 228,699/- | | |
| Mama Kits distributed health facilities serving the VGM communities (Dispensary, Nkaretta Dispensary, Sogoo Health Centre and Olchorro Health Centre | 150,000/- | | |
| Total | 3,438,699 | | |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Supported 6 integrated Outreaches sites (Narok North, Narok South and Narok West sub counties) | 300,000/- | | |
| Procured, installed and commissioned a fabricated 40 feet containers as health Kiosks including assorted medical equipment at Nairenke VMG site | 1,380,000/- | | |
| Mama Kits distributed health facilities serving the VGM communities (, Nkaretta Dispensary, Sogoo Health Centre, Olchorro Health Centre and Saire health Kiosk. | 180,000/- | | |
| Total | 1,860,000 | 27,200,699/- | 6.83% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their Counties? |
|----------------------------|------------------------------|--|-----------------|---|
| Kumomoru Statian Emily | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Employed |
| Elijah Lekirie Twala | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Employed |
| Miriam Soita Tuukwo | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Gladys Cheron | Narok South | Kenya enrolled community health nursing (KECHN) | Completed | Employed |
| Bernard Kiprotich S. Ngeno | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Jane Nashipai Nkuito | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Langat Kibiegog | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Salepo Kasale | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Cheruiyot Elijah Mutai | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Dominic Kortom | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Not yet |
| Lydia Miyiai Simat | Narok county | Kenya enrolled community health nursing (KECHN) | Completed | Employed |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

Most of the health plans targeting VMGs were not operationalized thus the need to factor in subsequent AWP.

- Integrated outreaches should be continuous
- Community action days emphasised so that community issues are captured and addressed

- Health education on various health issues affecting the VMG
2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Monthly-integrated outreaches focusing on RMNCAH interventions i.e. (FP, ANC & Immunization) - Three outreaches per month in three sites Nairenge, Osanangururi and Nchurra | 2,135,700 | | |
| Procurement & distribution of 2 obstetric beds @ Ksh. 72,340/- Nchurra and Nkaretta dispensaries | 144,680 | | |
| Procure & distribution of 910 Mama kits (@ Ksh 2000/Mama Kit) to, Nkaretta and Nchurra Dispensaries | 1,820,000 | | |
| Installation of 10,000 liters capacity water tanks at Nairenge standard health Kiosk (Nairenge in Narok North Sub - County) | 115,060 | | |
| Procure and distribute 2 Filing Metal cabinets with 4 Drawers for Filing and archiving facility documents and reports. | 52,050 | | |
| Total | 4,267,490 | 100,129,710 | 4.3% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM? The community channels their complains through the Community health Committees, and facility committee

- Use of suggestion boxes
- Improvised GRM are available at facility.
- Customer care desks
-

The following additional measures will be put in place to enhance handling of grievances:

- Appointment of Grievance focal persons at the health facility to register and refer complaints
- Minuted facility meetings to address the raised complaints and up to date grievance register
- Awareness raising of VMGs on GRM during outreaches
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Kelly Sidai

Position: VMG focal point

Date: 22/10/ 2020

Consulted representative of VMG community:

Name: Kihara Kuyoni, Maleyo Oiyie

Position: Ogiek representative

Date: 27/7/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 23/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

COUNTY: SAMBURU

VMG: Lkunono

Population: 4.9%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP.

The Inkunono are a Cushitic minority blacksmith group living in Samburu County with duo ancestry as defined by the three constituent tribes. The first two, Lmasula and Lpikichu have links and are referred to first people in the evolution of the Samburu community. The third, Ltumaal are linked to the Rendille clans having been culturally excluded for having violated some cultural norms and rules. The Lkunono subclans linked to the Samburu are traditionally blacksmiths and depend on it for their livelihood which gives them social status among the Samburu that is considered lagging behind in socioeconomic development. The community makes several artisan tools such as: (i) cutting instruments: (Axes, household knives, circumcision knives, swords); (ii) security objects: Spear (Short for Morans and long one for Elders) and arrows. In addition, the Nkunono make ornaments which include: hand and foot bangles, necklaces, headgears. These tools and ornaments are purchased by the dominant Samburu community for rituals and economic purposes. Currently, the Lkunono, mainly the Lmasula and Lpisikishu are adopting other livelihood types such as keeping sheep and goats

The Lkunono subclans linked to the Rendille clans are considered social misfits as they constitute subclans that have been expelled from the community having broken from the mainstream Rendille social norms and rules. Nevertheless, the Ltumaal practice traditional pastoralist lifestyle and livelihood very similar to the Rendille but with lesser herd of Camel, goats and sheep. The Lkunono have many cultural practices shared with both the Samburu and Rendille community. Some of the cultural practices eg circumcision are a threat to women reproduction health. Currently, the traditional practice of physically inducing abortion for girls who become pregnant outside wedlock has to a greater proportion been reduced due to enforcement of government laws but the vice is still secretly performed using other technics. Although nomadism by the whole family is reducing, there still a huge proportion of families practicing. This lifestyle poses health concerns especially limited maternal care, immunization and nutrition for children, and adolescents' issues.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Ilkunono of Samburu -Suguta and Losuk Health County Action Plan -2017 -2021

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme(state year or through other funds)If not state reasons |
|---|--|--|--|--|
| Skilled delivery increased by an average of 34 % from 41% to 55% for ...Loosuk health facility by the end of 2021 | 6 Staffs (4 nurses,1 clinical officer and 1 nutritionist) employed per annum | 1 recruitment of staff. | Basic salaries,1.krchn, 2rco, 3no, Other allowances | Samburu county government 2018 |
| | | Refresher course on EMOC, | Training materials, Facilitators allowance, Transport reimbursements, Participants per diems, Hall hire, LCD | AMREF project UZAZI SALAMA 2017-2018 |
| | One Ambulance repairedand maintained | 3.Servicing of the ambulance | Funds for repair and maintenance | Samburu countygovernment 2018 |
| | 240 Health workers trained on LARC | 2Training of health workers. | Conference package | THS-a class of 30 pax 2018 AFYA TIMIZA(AMREF) 120 pax 2017-2018 |
| | 1 Utility vehicle 4 wheel drive purchased | Procuring a utility vehicle | Purchase a 4 wheel vehicle | THS 2019 |
| | cryotherapymachine bought | Procuring a cryotherapy machine | Purchasinga cryotherapy machine | NOT YET –Not funded |
| Family planning uptake increased by 29.3% from 10.7% to 40% targeting women of child bearing age by 2021 | | Training of CHV on family planning | .Facilitation allowance, Transport reimbursement, Conference package, Facilitators allowances, Transport reimbursement | THS -2018 UZAZAI salama 2017 -2018 |
| | 5 Family planning IUCD insertion kits and examination coach bought | Procurement of FP kits and examination coach | Purchasing5 FP kits, 2 examination coach | AFYA TIMIZA AMREF 2018/2019 |
| | 4 integrated Mobile outreaches conducted per quarter | Conducting integrated mobile outreaches in the hard to reach areas | Fuel, Staff allowances | THS 2018/2019 |
| | 1 room renovated for FP services | 2.Awarding of the contractor | | NOT YET –Not funded |
| | Examination beds purchased | Purchasingexamination coach | Purchase 2 examination coach | DESIP FY 2019/2020 |
| | 3 community dialogue days per quarter | Conducting community dialogue days | 12communitydialogue held per quarter Transport refundsCHV, Staff allowance | THS UC 2018/2019, 2019/2020 |
| | 15 Condomdispensers installed in public sites | Procurement of condom dispensers | Purchasingcondom dispensers | NOT YET –Not funded |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds) If not state reasons |
|---|--|---|--|--|
| | 1 Youth friendly Centre's established | Constructing integrated youth friendly centres within the facility | Funds for contraction | NOT YET –Not funded |
| | 320 men trained on family planning per quarter | Training 20 men as family planning champions (male involvements) | Facilitation allowances, Conference package, Transport reimbursement, Staff allowances | NOT YET –Not funded |
| Fully immunized children by 36.6% from 13.4% to 50% by 2021 | 4 Defaulter tracing mechanisms established per quarter | <ul style="list-style-type: none"> Develop defaulter checklist Conducting defaulter tracing CHV at the household levels and make follow up | CHV lunches Transportation reimbursement CHV Developing defaulter checklist | Yes – THS UC 2018/2019 DONE BY AFYA TIMIZA AMREF PROJECT 2018 |
| | 2 Modern fridges for vaccines | Procuring 2 modern vaccine fridges for the facilities | Purchasing 2 Modern fridges | THS 2018 AND 2019 |
| | 120 CHV Motivated per month | <ul style="list-style-type: none"> Motivating the CHV by giving the small incentives | CHV incentives | NOT YET CHV motivation allowance has been table the county assembly still on the process |
| | 4 Quarterly support supervisions per annum | <ul style="list-style-type: none"> Conducting quarterly support supervision | Fuel, transportation means, SCHMT staff allowances, Supervisory checklist, SCHMT allowance | Yes - THS 2017-2020 |
| 4 th ANC visit service utilization increased by 34.6% (from 5.6% to 40% by 2021) | .20 expectant mother health's educated per quarter | <ul style="list-style-type: none"> Health educate pregnant mother on the importance of ANC | Lunches, refreshments, Staff lunch allowances, Transport reimbursement | NOT YET –Not funded |
| | 14 Mother to mother support group formed. Of about 20 mothers, per quarter | <ul style="list-style-type: none"> Formation of mother to mother support groups | Lunches, Staff allowances, Refreshments Transport reimbursement | Yes World Vision Lorroki ADP 2018/2019 |
| | | <ul style="list-style-type: none"> Conducting an in-house training for FANC | Conference package | Yes supported by AFYA TIMIZA 2018/2019 |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds) If not state reasons |
|--|---|--|--|--|
| Child nutritional status improved (underweight from 5.6-% to 0%), stunting from 4% to 0% and wasting from 7.5% to 2%, by 2021 WAMBA health centres | 4 mass screening per quarter. | <ul style="list-style-type: none"> Conducting a mass screening within the facility catchment population | Transport means, Fuel, Staff lunch allowances, Mobilization funds | Yes Supported by UNICEF ADP FY 2017/18, 2018/2019 |
| | 240 health workers trained on IMAM. | <ul style="list-style-type: none"> Conducting a training for Health worker on IMAM | Facilitation allowances, Conference package Transport reimbursement | Yes Supported by World Vision Lorroki ADP FY 2017/18, 2018/2019 |
| | 120 CHV trained on IMAM per quarter | <ul style="list-style-type: none"> Conducting an in-house training of the CHV on IMAM | Facilitation allowances, Conference package Transport reimbursement | Yes Supported by World Vision Lorroki ADP ADP FY 2017/18, 2018/2019 |
| | 3 height boards, 2 salter scale weight purchased 2 adults digital weight scale machine | Procuring height boards, salter scale weight, and adults weighing machine | Purchase 3-height board, 2 scatter scale 2 adult digital weighing machine | Yes Supported by UNICEF ADP FY 2017/18, 2018/2019 |
| Water, latrine coverage increased by 20...% (water from 8...% to .28...%; latrine from ...1.4.% to ...21.4% by the year 2021 WAMBA health Centre | 120 CHV trained on CLTS | Developing the CLTS curriculum Selecting the facilitators Facilitating the training | Facilitation allowances, Facilitators allowances, Conference package Transport reimbursement | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 3 community dialogue days per quarter | Conducting 3 community dialogue days per quarter | 12 dialogue days held per quarter | Yes supported by THS UC, 2017 -2020 |
| | One community action day per month | Conducting an community action day per month | 1 community actiona day per month | Yes supported by THS UC, 2017 -2020 |
| | 4 chief barasa per quarter | Conducting chiefbaraza | Refreshment | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 250 modern latrine constructed | Establish linkages with other development actor | Awarding contract | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 120 CHV trained on hygiene and water sanitation | Conducting and in house training | Facilitation allowance, Conference package Transport refunds | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 1000 household provided with 100litre water tanks | Provision of water tank | Purchasing 1000 water tanks | Yes Supported By Red cross 2018/2019, 2019/2020 |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds) If not state reasons |
|--|--|--|---|--|
| | 1000 household provided with hand washing facilities | Provision of hand washing facilities | Purchase 1000 hand washing facility | Yes Supported By Red cross 2018/2019, 2019/2020 |
| Quality of health service delivery improved by the year 2021 | Quarterly support supervision | Conducting support supervision SCHMT | Fuel, Supervisory checklist, Staff allowance (PERDIEM), Supervisory checklist | Yes supported by THS UC 2017 -2020 |
| | Standard operational procedures developed | Developing SOPs for the facilities yearly | Conference package, Facilitator allowance, Transport refund | NOT YET –Not funded |
| | Data quality audit team developed | Establishing a data quality audit team to meet monthly | Conference package, Facilitation allowances, Transport refunds | Yes supported by THS UC, 2017-2020 |
| | Quarter stakeholders forum held | Holding quarterly stakeholder forum | Conference package, Facilitation allowances, Transport refunds | Supported by AFYA TIMIZA 2018/2019, 2019/2020 |
| | Reporting tools printed | Printing of reporting tools | Purchasing of printing/photocopying machine, Purchasing of printing papers, Purchasing the tonner | By National Government 2019/2020 |
| Monitoring and evaluation improved of health delivery | M/E technical working group formed (SCHMT and VMGs) | formation of the technical monitoring and evaluation working group | Accommodation Approximate cost Conference package Transport refunds | Yes, AFYA TIMIZA for SCHMT 2018-2020 |
| | Quarterly TWG meetings | Conducting TWGS quarterly meeting | Conference package Accommodation allowance Transport refunds | Yes, supported by THS UC, 2017-2020 |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------|---|--|--|--|--|
| 2018/2019 every quarter | Suguta Marmar, Sirata-Ikurum, Tamiyoi, Baawa, Loosuk-Loiragai | AFYA TIMIZA | integrated in reach and outreaches where all the servicers were equally offered in the facility. | All clients attending facility for services | It was good and relevant They request the same to be conducted at least every month with good mobilization. |

| | | | | | |
|-------------------------|--|--|---|--|---|
| 2018/2019 every quarter | Lpashie, Tamiyoi/Ngari. Ndonyo Nasipa, Lengusaka, Ndikir Nanyekie, and Ilaut | THS UC | Integrated medical Outreaches | Sick patients, ANC mothers, Children brought for immunization services | The community was happy with services |
| 2018/2019 every quarter | Lpashie, Suguta Marmar and Tamiyoi/Ngari. | THS UC | Dialogue and action days on health related issues | CHVs from the community unit and CHEW | It was good and relevant |
| 13/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Safina Leboiyare Attended 2018 VMG meeting | Poor road networks. Transport challenges. A lot of home deliveries, Water challenges and food shortage. Priority: Integrated outreaches especially during market days-areas Lpuropo, Ngare Narok, Ndonyo Nasipa, Ndikir Nanyikie. |
| 13/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Regina Lekisolish | Women representative- Samburu Central. Poor road networks. Sensitise community on need for ANC, SBA and immunisation. Mobile outreaches in Ng'ari, Tamiyoi and Baawa |
| 23/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Raphael Lolokuru | Motivation for CHVs, Increase number of CHVs- Wamba H/C. Lengusaka dispensary- equip the facility |

5. What outreach is planned for the future VMG including reviewing needs and implementation?

- Monthly integrated medical outreaches
- Quarterly dialogue and action days to discuss health related issues affecting the VMGs

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Health worker from this community has been deployed to the health facility as in charges one clinical officer and nurses
- Community units have been formed in all linked facility
- Functional health facility management committee from the VMGs in the linked facility
- Training health workers on EmonC/Bemoc/IMCI, ANC, PNC, LARC, MPDSR
- Training health workers on IMAM, BFCI
- Formation of the binti shujaa model where school drop out girls are brought together to start their own IGM activities, back to school from the VMGs community

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP?)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Conduct 6 monthly integrated outreaches targeting ANC, PNC, Fp and Immunization for Lkunono VMG at Lpashie, Ndonyo Nasipa, Tamiyoi/Ngari, Lengusaka, Ndikir Nanyekie, and Ilau | 831,600.00 | | |
| Establishment of 1 new Community health Units to scale up uptake of RMNCAH services at Baawa | 1,159,000.00 | | |
| Quarterly dialogue and action days focusing RNMCAH services involving 145 CHVs in 3 Community Units with Lkunonom VMGs at Lpashie, Suguta Marmar and Tamiyoi/Ngari. | 1,256,000.00 | | |
| TOTAL | 3,246,600 | 2,037,970,735 | 0.16 |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Conduct for 9 integrated RMNCAH outreaches monthly targeting ANC, Immunization and FP services in Samburu North Sub County targeting hard to reach areas and vulnerable and marginalized groups at Ilaut (Lkunono) | 690,000.00 | 2,386,887,908.00 | 0.03 |
| Procure 1 water tanks (10,000 litres) for Wamba HC | 150,000.00 | | |
| Procurement of 141 colour coded waste segregation bins -100 litres for Baawa Dispensary, Lenkusaka, Sirata Oirobi, suguta Marmar and Wamba HC | 127,500.00 | | |
| Establishment of 1 new community units in Tamiyoi(VMGs) | 963,200.00 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Quarterly dialogue and action days focusing RNMCAH services involving 145 CHVs in 3 Community Units with Lkunonom VMGs at Lpashie, Suguta Marmar and Tamiyoi/Ngari. | 1,256,000.00 | | |
| | 2,496,200 | 2,386,887,908 | 0.1% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------------|-----------------------|-----------------|----------|---|
| Triza Amgit Anoya | Samburu Central | KECHN | 8/2018 | Yes |
| Kennedy Lekatap | Samburu North | KECHN | 8/2018 | Yes |
| Lesintiyo Dennis | Samburu Central | KECHN | 8/2018 | Yes |
| Shabina Erupe | Samburu North | KECHN | 8/2018 | Yes |
| Fred Lemarti | Samburu East | KECHN | 8/2018 | Yes |
| Luisa Akuam | Samburu Central | KECHN | 8/2018 | Yes |
| Fred Lenkobe | Samburu Central | KECHN | 8/2018 | Yes |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Integrated outreaches especially during market days
- Lengusaka dispensary-equip the facility

2020 2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Conduct 6 monthly integrated outreaches on ANC, Immunization and FP services targeting vulnerable and marginalized groups (Lkunono) in Samburu County at (Lpashie, Ndonyo Nasipa, Tamiyoi/Ngari, Lengusaka, Ndikir Nanyekie, and Ilaut) 5 HCW lunches @ 1000*6 outreaches*12 months = 360,000, 2 CHVs lunches @ at 500 *6*12 =72,000 , Driver's lunches @ at 1000*6*12)= 72,000 Fuel 24.93 litres @ at 100 *6*12) = 179,496 | 683,500 | | |
| Establishment of 2 new community units targeting VMGs at Ndonyo Nasipa Lengusaka (Lkunono). Training of 25 CHVs on Basic package for 10 days Lunch and snacks for 25 CHVs = 500*25*10= 125,000 , Stationery@ 300 =300*25*1= 7,500 Traveling cost for 50 CHVs @ 500 daily*25*10 each = 125,000 External Facilitators DSA 3 at 7000 each = 7,000*3*11 x 2 =462,000. Driver DSA @ 4200X11X2=92,400. Hall hire at 3000 for 10 days' x 2 units= 60,000. Fuel 30Lt *100*11*2=66,000. Provision of tools (House registers, Service log books and referral forms 1000) = 1000x3x25=75,000. LCD Hire 3,000 x10x2=60,000. Total = 702,500 Training of 11 CHCs Members for the 1 units for 7 days each. lunch and snacks for 11 @ 500*11*7= 38,500 , stationery @ 300 = 300*11 = 6,600 Traveling cost for 11 CHCs @ 500 daily = 500*11*7 = 38,500 , External Facilitators DSA 3 at 7000 each =7,000*3*8*1=168,000 Driver DSA @ 4200X8 = 33,600. Hall hire at 3000 for 7 days x1 units= 21,000. LCD Hire 3,000 x7=21,000. Fuel 30Lt *100*8= 24,000,000. Total = 351,200 | 1,053,700 | | |
| Quarterly dialogue and action days focusing RNMCAH services involving 145 CHVs in 3 Community Units with Lkunono VMGs at Lpashie, Suguta Marmar and Tamiyoi/Ngari. Lunches at 500 each and transport at 500 each for 145 CHVs will be paid as per G.O.K Community strategy policy guidelines) Lunches and transport during dialogue days = 1000*145*4=580,000 Lunches and transport during action days = 1000*145*4=580,000 Lunch and transport for CHEWs and SCCSFP 2*2000*3*2*4 =96,000 | 1,256,000.00 | | |
| Sensitization of 300 VMG members from Lkunono community on RMNCAH services 100 per community (Sordo, Gogoltim, and Longewan,) lunches for 300 members @ at 500 = 300*500 = 150, 000, Lunch and Transport for CHEW s and SCCSFPs 2*2000*3= 12,000 | 162,000.00 | | |
| Total | 3,155,200 | 30,135,603.81 | 10.5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- GRM activities including sensitization have been planned to be conducted in the FY 2020/2021
- The County will dedicate a complaint and complements handling hotline number.
- The Department will print and cascade Complaint Handling Registers and procedures to all Health Facilities.
- All facilities have suggestion boxes and appropriate service charters to enhance service delivery
- Major facilities will designate officer to handle complaints.
- Posters of the dedicated complaints and complements handling hotline number will be placed in all public places.
- Appointment of Grievance focal person at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Samson Leerte

Position: VMG focal point

Date: 22/3/2020

Consulted representative of VMG community:

Name: Safina Leboiyare, Regina Lekisolish, Raphael Lolokur

Position: Ilkunonorepresentative

Date: 13/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 23/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: SAMBURU

VMG: Dorobo

Population: 3.5%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP.

The word Dorobo comes from a Samburu word Ltorobo meaning the one without cattle; hence this term was used to refer to the original forest dwellers, hunters and gatherers. The Dorobo lived on the mountain due to their life style of hunting and gathering as they were basically nomadic. The Dorobo mainly lived by honey harvested from the forest and also hunting the wild animals through setting up. The Dorobo community have been assimilated into the Samburu culture, although there are still some of the things they do differently. In 19th century the Dorobo community were forced by the colonial government to come down the mountain and hence they mixed up with dominant tribes of Samburu and Turkana who lived on the plains. The Dorobo initially had their own language of communication but they were assimilated by the Samburu and Turkana. The dominant tribes have taken advantage of the Dorobo as they are poorer and do not deserve to own Cattle or any other livestock. This has affected the Dorobo to date as they still do not have equal chances of getting job opportunities in the current devolved government. Their land has been taken by the dominant tribes converting them into conservancies for wild animals to promote tourism industry in Samburu county.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Dorobo of Samburu County -Community Action Plan 2017-2021

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds) If not state reasons |
|--|---|---------------------------|---|--|
| Skilled delivery increased by an average of 25.9% from 14.1% to 40% health facility by the | 1.6 Staffs (4 nurses, 1 clinical officer and 1 nutritionist) employed per annum | 1 recruitment of staff. | Basic salaries, 1. krchn, 2rco, 3no, Other allowances | Samburu county government 2018 |
| | | Refresher course on EMOC, | Training materials, Facilitators allowance, | AMREF project UZAZI SALAMA 2017- |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds)If not state reasons |
|--|--|--|--|---|
| end of 2021 1 | | | Transport reimbursements, Participants per diems, Hall hire, LCD | 2018 |
| | 3. One Ambulance repaired and maintained | 3.Servicing of the ambulance | Funds for repair and maintenance | Samburu county government 2018 |
| | 240 Health workers trained on LARC | 2Training of health workers. | Conference package | THS-a class of 30 pax 2018 AFYA TIMIZA(AMREF) 120 pax 2017-2018 |
| | 1 Utility vehicle 4 wheel drive purchased | Procuring a utility vehicle | Purchase a 4 wheel vehicle | THS 2019 |
| | cryotherapy machine bought | Procuring a cryotherapy machine | Purchasing a cryotherapy machine | NOT YET –Not funded |
| Family planning uptake increased by 29.3% from 10.7% to 40% targeting women of child bearing age by 2021 | | Training of CHV on family planning | .Facilitation allowance, Transport reimbursement, Conference package, Facilitators allowances, Transport reimbursement | THS -2018 UZAZAI salama 2017 -2018 |
| | 5 Family planning IUCD insertion kits and examination coach bought | Procurement of FP kits and examination coach | Purchasing 5 FP kits, 2 examination coach | AFYA TIMIZA AMREF 2018/2019 |
| | 4 integrated Mobile outreaches conducted per quarter | Conducting integrated mobile outreaches in the hard to reach areas | Fuel, Staff allowances | THS 2018/2019 |
| | 1 room renovated for FP services | 2.Awarding of the contractor | | NOT YET –Not funded |
| | Examination beds purchased | Purchasing examination coach | Purchase 2 examination coach | DESIP FY 2019/2020 |
| | 3 community dialogue days per quarter | Conducting community dialogue days | 12community dialogue held per quarter Transport refunds CHV, Staff allowance | THS UC 2018/2019, 2019/2020 |
| | 15 Condom dispensers installed in public sites | Procurement of condoms dispensers | Purchasing condom dispensers | NOT YET –Not funded |
| | 1 Youth friendly Centre's established | Constructing integrated youth friendly centres within the facility | Funds for contraction | NOT YET –Not funded |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds)If not state reasons |
|---|---|---|--|---|
| | 320 men trained on family planning per quarter | Training 20 men as family planning champions(male involvements) | Facilitation allowances, Conference package, Transport reimbursement, Staff allowances | NOT YET –Not funded |
| Fully immunized children by36.6% from13.4% to 50% by 2021 | 4 Defaulter tracing mechanisms established per quarter | <ul style="list-style-type: none"> Develop defaulter checklist Conducting defaulter tracing CHV at the household levels and make follow up | CHV lunches Transportation reimbursement CHV Developing defaulter checklist | Yes – THS UC 2018/2019 DONE BY AFYA TIMIZA AMREF PROJECT 2018 |
| | 2 Modern fridges for vaccines | Procuring 2 modern vaccine fridges for the facilities | Purchasing 2 Modern fridges | THS 2018 AND 2019 |
| | 120 CHV Motivated per month | <ul style="list-style-type: none"> Motivating the CHV by giving the small incentives | CHV incentives | NOT YET CHV motivation allowance has been tabled in the county assembly still on the process |
| | 4 Quarterly support supervisions per annum | <ul style="list-style-type: none"> Conducting quarterly support supervision | Fuel, transportation means, SCHMT staff allowances, Supervisory check list , SCHMT allowance | Yes - THS 2017-2020 |
| 4 th ANC visit service utilization increased by 34.6% (from5.6% to 40% by 2021) | .20 expectant mother health's educated per quarter | <ul style="list-style-type: none"> Health educate pregnant mother on the importance of ANC | Lunches, refreshments, Staff lunch allowances, Transport reimbursement | NOT YET –Not funded |
| | 14 Mother to mother support group formed. Of about 20 mother, per quarter | <ul style="list-style-type: none"> Formation of mother to mother support groups | Lunches, Staff allowances, Refreshments Transport reimbursement | Yes World Vision Lorroki ADP 2018/2019 |
| | | <ul style="list-style-type: none"> Conducting an in house training for FANC | Conference package | Yes supported by AFYA TIMIZA 2018/2019 |
| Child nutritional status improved (underweight from 5.6-% to 0%), stunting from 4% to 0% and wasting from 7.5% to 2%, by 2021 | 4 mass screening per quarter. | <ul style="list-style-type: none"> Conducting a mass screening within the facility catchment population | Transport means, Fuel, Staff lunch allowances, Mobilization funds | Yes Supported by World Vision Lorroki ADP FY 2017/18, 2018/2019 |
| | 240 health workers trained on IMAM. | <ul style="list-style-type: none"> Conducting a training for Health worker on IMAM | Facilitation allowances, Conference package Transport reimbursement | Yes Supported by World Vision Lorroki ADP FY 2017/18, 2018/2019 |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds)If not state reasons |
|--|---|--|--|---|
| WAMBA health centres | 120 CHV trained on IMAM per quarter | <ul style="list-style-type: none"> Conducting an in house training of the CHV on IMAM | Facilitation allowances, Conference package Transport reimbursement | Yes Supported by World Vision Lorroki ADP ADP FY 2017/18, 2018/2019 |
| | 3 height boards, 2 salter scale weight purchased 2 adults digital weight scale machine | Procuring height boards, salter scale weight, and adults weighing machine | Purchase 3-height board, 2 scatter scale 2 adult digital weighing machine | Yes Supported by UNICEF ADP FY 2017/18, 2018/2019 |
| Water, latrine coverage increased by 20.... % (water from 8...% to .28...%; latrine from ...1.4.% to ...21.4% by the year 2021 WAMBA health Centre | 120 CHV trained on CLTS | Developing the CLTS curriculum Selecting the facilitators Facilitating the training | Facilitation allowances, Facilitators allowances, Conference package Transport reimbursement | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 3 community dialogue days per quarter | Conducting 3 community dialogue days per quarter | 12 dialogue days held per quarter | Yes supported by THS UC, 2017 -2020 |
| | One community action day per month | Conducting an community action day per month | 1community action a day per month | Yes supported by THS UC, 2017 -2020 |
| | 4 chief barasa per quarter | Conducting chief baraza | Refreshment | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 250 modern latrine constructed | Establish linkages with other development actor | Awarding contract | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 120 CHV trained on hygiene and water sanitation | Conducting and in house training | Facilitation allowance, Conference package Transport refunds | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 1000houseould provided with 100litre water tanks | Provision of water tank | Purchasing 1000water tanks | Yes Supported By Red cross 2018/2019, 2019/2020 |
| | 1000 household provided with hand washing facilities | Provision of hand washing facilities | Purchase 1000 hand washing facility | Yes Supported By Red cross 2018/2019, 2019/2020 |
| Quality of health service delivery improved by the year 2021 | Quarterly support supervision | Conducting support supervision SCHMT | Fuel, Supervisory checklist, Staff allowance(PER DIEM), Supervisory checklist | Yes supported by THS UC 2017 -2020 |
| | Standard operational procedures developed | Developing SOPs for the facilities yearly | Conference package, Facilitator allowance, Transport refund | NOT YET –Not funded |
| | Data quality audit team developed | Establishing a data quality audit team to meet monthly | Conference package, Facilitation allowances, Transport refunds | Yes supported by THS UC, 2017-2020 |
| | Quarter stakeholders forum held | Holding quarterly stakeholder forum | Conference package, Facilitation allowances, Transport refunds | Supported by AFYA TIMIZA 2018/2019, 2019/2020 |
| | Reporting tools printed | Printing of reporting tools | Purchasing of printing/photocopying machine, Purchasing of printing papers, Purchasing the tonner | By National Government 2019/2020 |
| Monitoring and | | | | |

| Objective | Output | Activity | Inputs | Whether it has been addressed through THS Programme (state year or through other funds) If not state reasons |
|--|---|--|---|--|
| evaluation improved of health delivery | M/E technical working group formed (SCHMT and VMGs) | formation of the technical monitoring and evaluation working group | Accommodation Approximate cost Conference package Transport refunds | Yes, AFYA TIMIZA for SCHMT 2018-2020 |
| | Quarterly TWGs meetings | Conducting TWGS quarterly meeting | Conference package Accommodation allowance Transport refunds | Yes, supported by THS UC, 2017-2020 |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------|--|--|---|---|--|
| 2018/2019 every quarter | Wamba, Suguta marmar and Longewan | Nurses, Cos, Nutritionists | It was an integrated in reach where all the servicers were equally offered in the facility. | Lactating mothers -pregnant women Adolescent and youths School going children for deworming Under five children for immunization and other servicers Health women for family planning services Sick men and women seeking prompt treatment | It was good and relevant They request the same to be conducted at least every month with good mobilization. |
| 31/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Fridah Ntimama Lekungu | Challenges of home deliveries and low immunisation due to distance from facilities. No food for the small children. Children not completing all vaccines. Challenge of water and toilets in Golgotin and Ntetes. Nearest facility Wamba. Ambulance services needed |
| 13/8/2020 | Telephone conversation with VMG | Margaret Gitau, PMT, social | Community priorities for 2020/2021 | Isaiah Lekikunit | Samburu Central. Long distances to facilities. Culture issues preventing facility deliveries, high poverty levels, poor road networks. |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|--|
| | representative | safeguards officer | | | Priorities- Sensitisation and education of community on benefits of RMNCAH, Integrated outreaches in Longewan and Logarate areas |
| 23/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Stephen Lenengwesi | Samburu-West. Mobilisation, create awareness, water tanks for Wamba H/C and Lengusaka |
| 31/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Musa Lepuyapui | CHV in wamba health center. Priority Sensitisation of community on RMNCAH. CHV sensitisation and motivation. Sensitisation on Covid 19 |

5. What outreach is planned for the future VMG including reviewing needs and implementation?

- Monthly integrated medical outreaches
- Quarterly dialogue and action days to discuss health related issues affecting the VMGs

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Training health workers on EmonC/ Bemoc/ IMCI, ANC, PNC, LARC, MPDSR

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP?)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct 6 monthly integrated outreach targeting ANC, PNC, Fp and Immunization for (Ndorobo) in Samburu County at Sordo, Gogoltim, Longewan, Nkare Narok, South Horr and Tuum) | 623,700.00 | | |
| Establishment of 1 new Community health Units to scale up uptake of RMNCAH services at Sordo | 579,500.00 | | |

| | | | |
|---|--------------|---------------|-------|
| Quarterly dialogue and action days focusing RMNCAH services involving 145 CHVs in 3 Community Units with Ndorobo VMGs at Sordo, Gogoltim, and Longewan. | 1,256,000.00 | 2,037,970,735 | 0.06% |
|---|--------------|---------------|-------|

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Conduct for 9 integrated RMNCAH outreaches monthly targeting ANC, Immunization and FP services in Samburu North Sub County targeting hard to reach areas and vulnerable and marginalized groups at South Horr, Tuum, Ura | 552,000.00 | | |
| Procurement of 141 colour coded waste segregation bins -100 litres for Longewan, Tuum and Ndonyo Nasipa | 688,500.00 | | |
| Establishment of 1 new community units in Gogoltim (VMGs) | 963,200.00 | | |
| Quarterly dialogue and action days focusing RMNCAH services involving 145 CHVs in 3 Community Units with Ndorobo VMGs at Sordo, Gogoltim, and Longewan. | 1,256,000.00 | 2,386,887,908.00 | 0.05% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------------|------------------------------|------------------------|-----------------|--|
| Triza Amgit Anoya | Samburu Central | KECHN | 8/2018 | YES |
| Kennedy Lekatap | Samburu North | KECHN | 8/2018 | YES |
| Lesintiyio Dennis | Samburu Central | KECHN | 8/2018 | YES |
| Shabina Erupe | Samburu North | KECHN | 8/2018 | YES |
| Fred Lemarti | Samburu East | KECHN | 8/2018 | YES |
| Luisa Akuam | Samburu Central | KECHN | 8/2018 | YES |
| Fred Lenkobe | Samburu Central | KECHN | 8/2018 | YES |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Sensitisation of community on RMNCAH.
- CHV sensitisation and motivation.

2020 2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| | | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| (Ndorobo) in Samburu County at Sordo, Gogoltim, Longewan, Nkare Narok, South Horr and Tuum 5 HCW lunches @ 1000*6 outreaches*12 months = 360,000, 2 CHVs lunches @ at 500 *6*12 =72,000 Driver's lunches @ at 1000*6*12)= 72,000 Fuel 24.93 litres @ at 100 *6*12) = 179,496 | 683,500 | | |
| Establishment of 2 new community units targeting VMGs at Ndonyo Nasipa Training of 25 CHVs on Basic package for 10 days Lunch and snacks for 25 CHVs = 500*25*10= 125,000 , Stationery @ 300 =300*25*1 = 7,500 Traveling cost for 25 CHVs @ 500 daily*25*10 each = 125,000 , External Facilitators DSA 3 at 7000 each = 7,000*3*11 x 2 =462,000. Driver DSA @ 4200X11X2=92,400. Hall hire at 3000 for 10 days' x 2 units= 60,000. Fuel 30Lt *100*11*2=66,000. Provision of tools (House registers, Service log books and referral forms 1000) = 1000x3x25=75,000. LCD Hire 3,000 x10x2=60,000. Total = 702,500 Training of 11 CHCs Members for the 1 units for 7 days each. lunch and snacks for 11 @ 500*11*7= 38,500 , stationery @ 300 = 300*11 = 6,600 Traveling cost for 11 CHCs @ 500 daily = 500*11*7 = 38,500 , External Facilitators DSA 3 at 7000 each =7,000*3*8*1=168,000 Driver DSA @ 4200X8 = 33,600. Hall hire at 3000 for 7 days x1 units= 21,000. LCD Hire 3,000 x7=21,000. Fuel 30Lt *100*8= 24,000,000. Total = 351,200 | 1,053,700 | | |
| Quarterly dialogue and action days focusing RNMCAH services involving 145 CHVs in 3 Community Units with Ndorobo VMGs at Sordo, Gogoltim, and Longewan.. Lunches at 500 each and transport at 500 each for 145 CHVs will be paid as per G.O.K Community strategy policy guidelines) Lunches and transport during dialogue days = 1000*145*4=580,000 Lunches and transport during action days = 1000*145*4=580,000 Lunch and transport for CHEWs and SCCSFP 2*2000*3*2*4 =96,000 | 1,256,000.00 | | |
| Sensitization of 300 from Ndorobos community on RMNCAH services 100 per community (Sordo, Gogoltim, and Longewan,) lunches for 300 members @ at 500 = 300*500 = 150, 000, Lunch and Transport for CHEW s and SCCSFPs 2*2000*3= 12,000 | 162,000.00 | | |
| Total | 3,155,200 | 30,135,603.81 | 10.5% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- GRM activities including sensitization have been planned to be conducted in the FY 2021/2020

- The County will dedicate a complaint and complements handling hotline number.
- The Department will print and cascade Complaint Handling Registers and procedures to all Health Facilities.
- All facilities have suggestion boxes and appropriate service charters to enhance service delivery
- Major facilities will designate officer to handle complaints.
- Posters of the dedicated complaints and complements handling hotline number will be placed in all public places.
- Appointment of Grievance focal person at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Samson Leerte

Position: VMG focal point

Date: 22/3/2020

Consulted representative of VMG community:

**Name: Fridah Ntimama Lekungu,
Stephen Lenengwesi, Musa Lepuyapui, Isaiah Lekikunit**

Position: Ndorobos Representative

Date: 31/7 & 13/8/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 23/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM - VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

County: Taita Taveta

VMG: Wapare

Population 1.3%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP).

The **Wapare** community live in Mata area in Taveta Sub County. They came from Taita Hills on their way to Pare Mountains in Tanzania. They have lived here for many years. They live in the border along Jipe division in Kachero Sub Location. The community is distributed along Lake Jipe, Kitobo and Kitoghotu areas. The other tribes that relate to them are Wasunya, Warutu, Wazirai, Wakwizi, Wailole, Wambagha and Wamare who also originated from Taita. The community feel marginalized because they live at the border of Kenya and Tanzania, separated during the colonial times. They have different traditions and one of the distinct traditions is a type of dance which is done during circumcision and wedding ceremonies. This dance is known as Ngasu. The Wapare have been marginalized since colonial times and were only recognized as Kenyans in the year (during President Moi era) and were issued with Identity cards. Their ancestral land was confiscated by both the colonial and subsequent governments. This has deprived them their main economic activities which are farming and fishing. A larger percentage of the Pare are squatters in their own ancestral land in the area of Mata, Kachero and Eldoro. The evidence showing that the Pare are a community separated by the colonial border demarcation is found at Lake Jipe which half is found both in Kenya and Tanzania. The name Jipe comes from the word 'IPE' which means lake. The lake is shared both by Pare in Kenya and Tanzania in which they use the same language and traditions.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|-----------|--------|----------|--------|---|
| | | | | |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|--|---|---|
| 1. Skilled delivery increased by an average of 10%. mata-9%-19%. Rekeke-55%-65% by the end of 2022 | 50 CHCs sensitized on skilled delivery annually | Organize a sensitization meeting committee Facilitate the meeting | stationery : lunches transport airtime facilitation | Not done- Inadequate funds |
| | 40 Community dialogue days held in ten villages to sensitize the community on 4th ANC visit by 2022 | organize and conduct quarterly community dialogue days | Transport, Facilitation Airtime | Not done- Inadequate funds |
| | 80 community health volunteers trained on RHF package | Organize and conduct a training on RHF package | Conference package Transport, Facilitation Stationery, Airtime Fuel for local transport | Not done- Inadequate funds |
| | 104 TBAs trained on skilled deliveries and given incentives quarterly by 2022 | Organize the training Conduct training of 100 TBAs on safe delivery | Conference package Transport, Facilitation, Stationery, Airtime Fuel for local transport Allowances | Not done- Inadequate funds |
| | 40 Health staff trained on EMONC by 2022 | Organize the training Conduct training of 40 HCW on EMONC | Conference package, Transport. Facilitation, Stationery, Airtime, Fuel transport, Accommodation | Partially done- Inadequate funds Funded by WB |
| | 4 dispensaries and 1 health centre each equipped with two delivery beds by 2022 | Procure and distribute delivery beds to the facilities | 10 delivery beds Transport for distribution | Done Funded by WB |
| | Four dispensaries and one health centre each equipped with 20 delivery sets by 2022 | Procure and distribute delivery sets to the facilities | 80 delivery sets Transport for distribution | Funded by WB |
| | 1 autoclave, 2 drums, 1 doppler machine, 2 blood pressure machines. 5 | Procure and distribute to the facilities the equipment | 5 large autoclaves 10 large storage drums, 1 doppler machines. 10 blood | Funded by WB 1 for each facility |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|--|---|
| | examination couches. 5 rescucitaires 5 oxygen concentrators procured for four dispensaries and one health centre by 2022 | | pressure machines 5 examination couches 5 oxygen concentrators. 5 rescucitaire . transport | |
| | 600 mama kits provided annually to five facilities by 2021 | Procure mama kits | 2400 mama kits | Not done- Inadequate funds |
| | Four deliveryrooms renovated by the year 2021 | Procure buildingmaterials and labour for renovating the facilities | Paints, Tiles, Cement Sand, Labour Approximate costs | Funded by WB 2 done |
| | 1,Placenta pitconstructed at Kimorigho dispensary by 2021 | Procure materials and labour for renovating the facilities | Cement, Ballast, Sand Building blocks, Ironbars | Not done- Inadequate funds |
| | 5 facilities each equipped with 5 hospital beds linen by 2021 | Procure patients beds /mattresses/bedsheets/cellular blankets and distribute them to the facilities. | 25 beds, 75 bedsheets 75 cellular blankets, Transport | Funded by WB Done |
| | 10 Registered community health nurses hiredby the 2022 | Link with the department of health to hire 10 nurses | Staff emoluments | Not done- Inadequate funds |
| 2. Family planning uptake increased by 10% (Mata disp.25% to 35% and 71% to 81% Rekeke Disp) targeting (women of child bearing age, and adolescent and youths) by 2021 | 50 CHC members sensitized on FP uptake, quarterly | Organize a sensitizationmeeting committee Facilitate the meeting | stationery : lunches, transport, airtime facilitation | Not done- Inadequate funds |
| | 60 health care workers trained on LARC | Organize and conduct a training on LARC | Conference package Transport, Accommodation Facilitation, Stationery Airtime | Funded by WB |
| | 5 facilities are equipped with infection prevention equipment | Procure and distribute IP equipment | Buckets, Codedbins Bin liners | Funded by WB Done |
| | 5 facilities equipped with implant removal sets | Procure and distribute the sets | Implant removal sets | Funded by WB Done |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|--|---|
| | 5 facilities equipped with cancer screening material Cryotherapy machines | Procure and distribute the cancer screening materials and treating equipment | Vinegar, Lugols iodine Disposable speculum Cryotherapy machines | Funded by WB Done |
| | 5 facilities equipped with portable examination lamps | Procure and distribute the examination lamps | 5 portable lamps | Funded by WB Done |
| | 20 RH outreaches conducted on reproductive health services in five sites | Organize and conduct outreaches on RH | Fuel, Lunches 4 HCW Lunches 2 CHVs, Lunch driver, Airtime | Funded by WB Done |
| | 60 health care workers trained on youth friendly services | Organize and conduct training on youth friendly services | Conference package Transport, Accommodation Facilitation allowance, Stationery, Airtime | 2 trained- Insufficient funds |
| | 48 support supervision visits on family planning done | Conduct support supervision monthly | Fuel , DSA | Partially done- Funded by WB |
| Fully immunized children increased by 20% Mata dispensary from 69% to 89%, and Rekeke H/C 65% to 85% by 2021 | 48 outreach clinics held in 3 villages | . Organize and conduct outreach clinics | Lunches 4 HCW, Lunches CHV, Lunches driver, Fuel Airtime | Done Funded by WB |
| | 60 HCW trained on KEPI operational programme | Organize and conduct the training | Conference package Transport, Accommodation Facilitation allowance, Stationery, Airtime | Funded by WB Done- 2 trained |
| 4th ANC visit increased by 10% from 34%-39%. From 49 - 64 mothers | 80 community health volunteers trained on RHF package | organize and conduct a training on RHF package | Stationery, Lunches, Transport, Facilitation Air time | Partially done Funded by WB |
| | 40 Community dialogue days held to sensitize the community on 4th ANC visit. | organize and conduct quarterly community dialogue days | Transport, Facilitation Airtime | Done Funded by WB |
| | 50 HCW trained on FANC | organize and conduct training on FANC | Conference package Transport, Accommodation Facilitation allowance | Done 2 trained Funded by WB |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|---|--|
| | Sensitize community through radio talk shows | Hold 16 quarterly radio talk shows | Participation Fee | Not done Insufficient funds |
| | Incentivise CHVS to bring pregnant mothers to the clinic | Give incentives to 50 CHV | Monthly allowances | Not done Insufficient funds |
| Child nutritional status improved (underweight from -% to 0%), stunting from % -0% and wasting from% to 0%, by 2021 | Conduct a baseline survey on underweight and stunted children. | Conduct a baseline survey on underweight and stunted children | Transport-1000x4x5 Stationery-2000 Lunches-1000x4x5 Airtime 1000x4 | Not done Insufficient funds |
| | 3 height boards 2 salter scale weight purchased 2 adults digital weight scale machine available in the 5 facilities 60 CHV trained on community package on nutrition (IMAM) Staff in the 5 facilities are mentored and updated on latest developments on nutrition | Procurement and distribution of 3 height boards 2 salter scale weight purchased 2 adults digital weight scale machine available in the 5 facilities Conduct a training on community package on (IMAM) Conduct monthly support supervision visits on child nutrition | Transport -1000x60x5 Facilitation-2000x4x5 Airtime -1000x4x1 Stationery-5000 LCD – 2000 Fuel-3000x12x5 Lunches=5x1000x12x5 Airtime-1000x12x5 | Done Funded by WB Not done Insufficient funds Partially done Funded by WB |
| Water, sanitation and hygiene coverage improved by 10% from 35% to 45% by the year 2021 | 10 Well chlorinated and protected water wells | Procure and distribute water chlorination chemicals | Chlorine, Transport Lunches | Not done Insufficient funds |
| | 20 PHO trained on water sampling 5 hand washing facilities installed in 6 schools. | Organize and conduct the training Procure distribute and install handwashing equipment to 6 schools. | Conference package Transport, Accommodation Facilitation allowance Stationery Taps pipes wash basins cement sand ballast blocks labor | Not done Insufficient funds done |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|--|---|
| | 2 CU of 80 CHVs sensitized on CLTS twice a year. 6 CLTS outreaches conducted twice a year | Conduct outreach in the catchment areas. | | Not done Insufficient funds |
| Quality of health service delivery improved by 2022 SCPHN | 60 HCW trained on RMNCHAH scorecard | Organize and conduct the training | Conference package Transport Accommodation Facilitation allowance Stationery | Done Funded by WB |
| | 60 HCW trained on reporting tools | Organize and conduct the training | Conference package Transport Accommodation Facilitation allowance | Done Funded by WB |
| | 60 health care workers trained on KQMH | Organize and conduct the training | Conference package Transport Accommodation Facilitation allowance | Not done Insufficient funds |
| | Improve on quarterly reporting | Conduct a data quarterly assessment | Transport Lunches' Fuel | Funded by WB Done |
| 7. Participatory monitoring and evaluation component improved delivery by 2021 | Establish a TG/M&E for VMG | Conduct a meeting | Refreshments Lunches Transport | Not done Insufficient funds |
| | 12 VMG/TWG members trained on monitoring | Organize and conduct the training | Conference package Transport Accommodation Facilitation allowance Stationery | Not done Insufficient funds |
| | 4 quarterly performance review meetings held | Conduct quarterly performance review meetings | Refreshments Lunches Transport | Funded by WB Done |

4. What outreach has been carried out with this group so far (Other than social assessment and discussion around reference VMGP)?

| Date 2018/2019 | Where | Who facilitated | What was discussed | Who attended from VMG community | Feedback from communities |
|-----------------------|--------------|------------------------|--------------------------------|---|---|
| | Madarasani | Nurse In-charge | Importance of antenatal care | Women of child bearing age | Appreciated, committed to support the services |
| | Mata | Nurse in-charge | Reproductive Health | Women of child bearing age | Appreciated, committed to support the services |
| | Madarasani | Public Health Officer | Community led total sanitation | Community representative, women & men | Appreciated, committed to support the services |
| | Mata | County VMG FP | Community needs and priorities | Community representatives... Halima Mruttu, Mwatum meja, Thomas Hussein | Renovate Mata dispensary, CHV and TBA involvement and sensitisation |

5. What outreach plan for the future, are there opportunities to review needs and implementation

Future outreach Plan:

- Continue with community dialogues
- Continue with outreaches
- Improve infrastructure of their link health facilities
- Have representation in their link health facilities

6. What discussions /trainings have county health staff had on improving reach and appropriate interventions to VMGs :

- Staff have been trained on emergency obstetric care
- Trained on child health including MIYCN

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)

2017/2018 AWP ACTIVITIES

| Activity targeting VMGs | KSH for the activity | Total World Bank budget for the county | % budget spent on this group |
|---|-----------------------------|---|-------------------------------------|
| Conducting integrated outreaches | 2,400,000.00 | 14,863,474.00 | 0.16 |
| Capacity build 4 health workers on maternal health, EMoNC, FANC, FP | 24,000.00 | 750,000.00 | 3.2 |
| Conduct community awareness to 4 members on importance of four ANC visits | 24,000.00 | 750,000.00 | 3.2 |
| Distribution of immunization commodities | 14,000.00 | 420,000.00 | 3.3 |
| TOTAL | 2,462,000.00 | 16,783,474.00 | 9.7% |

2018/2019 AWPACTIVITIES

| Activity targeting VMGs | KSH for the activity | Total budget for the county | % budget spent on this group |
|---|-----------------------------|------------------------------------|-------------------------------------|
| Conducting integrated outreaches | 2,285,400.00 | | |
| Renovation of Maternal shelter at Mata Dispensary | 1,060,000.00 | | |
| TOTAL | 1,345,400.00 | 32,913,941 | 4 % |

2019/2020 AWPACTIVITIES

| NO. | Activity Targeting VMGs | Ksh for the activity | Total AWP budget for the county | % budget spent on this group |
|------------|--|-----------------------------|--|-------------------------------------|
| 1 | To conduct integrated outreaches in the Mata, Kitobo | 2,736,000.00 | | |
| 2 | Renovation of Mata Dispensary delivery room | 700,000.00 | | |
| 3 | Renovation of Mata Dispensary staff house | 1,700,000.00 | | |
| 4 | Conduct Quarterly Health Action Days for VMGs | 1,162,000.00 | | |
| | TOTAL | 6,298,000.00 | 56,942,903 | 9.0% |

8. Were any health trainees sponsored by this project from this community?

| SNO. | NAME | SUB-COUNTY | TRAINING COURSE | FINISHED | WHETHER EMPLOYED BY THE COUNTY |
|------|-----------------------|------------|----------------------------|----------|--------------------------------|
| 1 | Mwanake Liverson Alex | Taveta | Enrolled Community Nursing | 2018 | Employed |
| 2 | Getrude Mumo Zongo | Taveta | Enrolled Community Nursing | 2018 | Not Employed |
| 3 | Crispin Mweke Mkoroni | Taveta | Enrolled Community Nursing | 2018 | Employed |
| 4 | David Muoki Mutie | Taveta | Enrolled Community Nursing | 2018 | Employed |
| 4 | Magdaline Mghoi Moka | Taveta | Enrolled Community Nursing | 2018 | Employed |

9. Action Plan/Recommendations for these VMGs communities for the rest of the project

- Improve staffing on their link health facilities
- Sensitize health workers on VMGs within their catchment areas
- Engage their representatives in AWP formulation and implementation
- Lobby for adequate funding from the county assemble

2020/2021 AWP ACTIVITIES:

| No. | Activity Targeting VMGs | Ksh for the activity | Total AWP budget for the county | % budget spent on this group |
|-----|--|----------------------|---------------------------------|------------------------------|
| 1 | Conduct sensitization meeting with TBAs and retired midwives on identification and referral of pregnant women to health facilities for 1 day in each Sub county. | 550,000 | | |
| 2 | Conduct 3 dialogue meetings at community level with VMGs for sensitization on RMNCAH interventions within their communities | 225,750 | | |
| 3 | Conduct 4 outreaches in hard to reach areas per month, through beyond zero clinic | 456,000 | | |
| 4 | Conduct Positive Deviant hearth/ in 2 VMG Wapare Communities –in Mata by sensitizing CHVs and child caregivers in the 2 Community Units | 426,000 | | |
| 5 | Extension of Waiting Bay at Mata Dispensary (20 ft by 24 ft) | 385,000 | | |
| 6. | Renovation of Mata Maternity Block (VMG Health facility) | 426,000 | | |
| 7 | Renovation of Pathway at Mata Dispensary- VMG – facility. | 600,000 | | |
| 8 | Equipping of Mata Maternal Shelter | 287,000 | | |
| 9 | Equipping Mata Maternity - | 273,750 | | |

| No. | Activity Targeting VMGs | Ksh for the activity | Total AWP budget for the county | % budget spent on this group |
|-----|---------------------------------------|----------------------|---------------------------------|------------------------------|
| 9 | Face-lifting of Mata Dispensary = VMG | 299,887 | | |
| | TOTAL | 3,929,387 | 38,012.941.13 | 10.3% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation? How the GRM is made accessible to this group and are they made aware of the GRM?

- GRM registers are available at the link facilities
- Suggestion boxes in use
- Community dialogues days and outreaches will be used for sensitizing VMGs on GRM
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Margaret Chuya

Position: VMG focal point

Date: 12/10/2020

Consulted representative of VMG community:

Name: Halima Mruttu, Mwatum meja, Thomas Hussein

Position: representative

Date: 17/9/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 14/10/20 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Tanariver

VMG: Waata

Population: 15274 of 315943 (1%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

Basically, Waata community were formally hunter gatherers and lived near or in the forests. The Waata in Tanariver are found in Sombo along River Tana, Darime (Tana North), few in Hola (Galole) and Garsen (Tana Delta). Economically the VMG has shifted to farming, burning of charcoal, small stock rearing (sheep, goats). Cultural barriers and natural calamities such as floods, poor terrain and drought are some of the barriers to access to health services. FGM is also rampant in this community leading to maternal and neonatal deaths of girls and women of childbearing age. Child marriage is still a practice among the VMG. Literacy level is also very low.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

CAP not in reference VMGP

4. (What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?)

| Date | Where Accurate answer is required from the county | Who facilitated? (government worker position) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|---|---|--|--|---|
| 7/10/2020 | Telephone consultation | Gatie Victor VMGFP | Community priorities for 2020/2021 | Abdi Bute Shure | -Piped water with kiosks. -Irrigation farming. -Bee keeping. -Construction of a maternity wing at Sombo dispensary. |

5. What outreach is planned for the future, are there opportunities to review needs and implementation?

- To conduct barazas to the Waata so as to gather information on challenges faced on health matters.
- Monthly integrated outreaches to the hard to reach VMGs.

6. Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- HCWs were trained on FP uptake, FANC, EMOC.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| N/A | 0 | 32,445,803 | 0% |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| No activities carried out. | 0 | 81,651,067 | 0% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| VMG Grievance Redress Sensitization Meetings done to HCW in Tana North, Tana river and Tana Delta Sub Counties. Monthly integrated outreach services. | 1,260,000 | 50,848,653 | 2.5% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------|-----------------------|-----------------|----------|---|
| None | | | | |

9. Action plan/recommendations for this VMG community for next project (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Conduct monthly-integrated outreaches in VMG areas in 3 sites. (Darime, Boramoyo, Eghekumbi)

2020/2021

| | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
|--|-----------------------------|--|-------------------------------------|

| | | | |
|--|------------------|--------------------|-------------|
| <p>Provision of 2 SOLAR DIRECT FRIDGES (SDD) B medical systems TCW 15 SDD for Darime and Sombo dispensaries respectively @ 100,000/= each. Total = 200,000</p> <p>Provision of 10,000liters capacity PVC water storage tank at Sombo dispensaryand Darime dispensaries 2 @ 120,000/= Total – 240,000/=</p> <p>Provision of incentives to mothers attending the 4th ANC visits and going for skilled births attendance. Procurement of cloth (Leso) 1000 pairs @ 600 = Total 600,000</p> <p>Conduct monthly-integrated outreaches in VMG areas in 3 sites. (Darime, Boramoyo, Eghekumbi) 9 HWCs x1,000 x 3 sites x12 months (2 nurse, 2nutr, 1 PHO,1 CHA 2 RCO, 1 Lab tech) = 324, 000, 2 CHVs x 500 x 3 sites x 12 months = 36,000, DSA Driver 4,200 x 1 x 3 days' x 12 = 151,200, Fuel 110 x 95Lt x 3 days' x 12 = 376,200 Total = 887,200</p> <p>Hold one-day quarterly sensitization meetings with 40 TBAs on ANC mother companion during deliveries. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000 Facilitation allowance @2 x 1000 x 4 = 8,000, Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGP)@ 1000 x 2 x 4 qtrs. = 8,000, Transport @ 1000 x 2 x 4 qtrs. = 8,000, Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000, Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000, Stationary (flip charts) @600 x 5 x 4qtrs = 12,000, Total = 332,000</p> <p>Conduct a one-day sensitization meeting with 40 CHVs on 4th ANC visits quarterly. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000, Facilitation allowance @2 x 1000 x 4 = 8,000,Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGP)@ 1000 x 2 x 4 qtrs. = 8,000 Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000, Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000,Stationary (flip charts) @600 x 5 x 4qtrs = 12,000 Total = 332,000</p> <p>Conduct a one-day sensitization meeting with 30 TBAs on 4th ANC visits quarterly. Transport for 30pax @ 500 x 2-way x 1 x 4 = 120,000, Facilitation allowance @2 x 1000 x 4</p> | <p>2,867,200</p> | <p>176,678,335</p> | <p>1.6%</p> |
|--|------------------|--------------------|-------------|

| | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| = 8,000, Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGP)@ 1000 x 2 x 4 qtrs. = 8,000 Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000, Tea and snacks for 30 pax x 400 x 1-day x 4 qtrs = 48,000, Stationary (flip charts) @600 x 5 x 4qtrs = 12,000, Total = 276,000 TOTAL - 2,867,200 1.6% | | | |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from the project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- No procedures in place currently
- The VMGs will be engaged in GRM when implementing 2020/2021 THS/VMG activities.
 - The VMGs will be sensitized on GRM during outreaches.
 - Procurement and distribution of complain register books to all the links facilities
 - Appointment of Grievance focal person at county level and at health facility to register and refer complaints
 - Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Gatie Victor

Position: VMG focal point

Date: 11th October 2020

Consulted representative of VMG community:

Name: Abdi Bute Shure

Position: Chief

Date: 7/10/2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 11th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Tana River

VMG: Munyoyaya

Population 12,526 of 315943 (4%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Munyoyaya are dominated by Pokomo and Orma in Tana River county. The community is located mostly in Tana North Sub County in villages that include Mororo, Madogo, Konoramadha, Mulanjo, Asako. Madogo ward is represented by Abdi Ergamso (MCA) from the Munyoyaya community while the other wards are represented by the dominant communities in both Garissa and Tana River Counties. This community mainly practice goat and sheep rearing at a small scale, bee keeping, small businesses. Cultural practices such as FGM is rampant and really embraced by this community. All the VMGs in the County face similar Challenges such as long distances covered to the nearest health facilities, costs incurred, cultural barriers and occasional floods. The Munyoyaya community is served by five public health facilities in Garissa county and 3 health facilities in Tana River County.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

This community not covered in reference VMGP

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach.

No outreaches conducted.

| Date | Where Accurate answer is required from | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------|--|--|--------------------|--|---------------------------|
|------|--|--|--------------------|--|---------------------------|

| | | | | | |
|------------------|-------------------------|--|------------------------------------|-----------------------------|--|
| | the county | | | | |
| 31/7/2020 | Telephone consultations | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Kesi Wario Munyoyaya leader | Challenges Home deliveries, immunisation of children. Priority-outreaches in Mandogo. Community sensitisation on SBA, ANC. Educate TBA to support mothers on safe motherhood |

5. What outreach is planned for the future, are there opportunities to review needs and implementation?

- To conduct barazas to the Munyoyaya, so as to gather information on challenges faced on health matters.
- Monthly integrated outreaches to the hard to reach VMGs.

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- HCWs weretrained on FANC, FP, EMOC.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP) 2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| N/A | 0 | 32,445,803.00 | 0% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--------------------------------------|-----------------------------|--|-------------------------------------|
| Monthly integrated outreach services | 1,260,000 | 50,848,653 | 2.5% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness)

- Monthly integrated outreaches to VMGs.

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget to be spent on this group |
|---|-----------------------------|--|---|
| <p>Provision of a solar fridge to Adama and Mulanjo dispensaries. Procurement of a SOLAR DIRECT FRIDGE (SDD) B medical systems TCW 15 SDD for Adama and Mulanjo dispensaries @ 100,000/= each. Total =200,000/= Conduct monthly-integrated outreaches in VMG areas in 3 sites – Madogo area (Adama, Mulanjo, Buwa) 9 HWCs x1,000 x 3 sites x12 months (2 nurse, 2nutr, 1 PHO,1 CHA, 2 RCO,1 Lab tech) = 324, 000 2 CHVs x 500 x 3 sites x 12 months = 36,000, DSA Driver 4,200 x 1 x 3 days x 12 = 151,200 Fuel 110 x 95Lt x 3 days x 12 = 376,200, Total = 887,400/= Hold one-day quarterly sensitization meetings with 30 TBAs on ANC mother companion during deliveries. Transport for 30pax @ 500 x 2-way x day x 4 qtrs.= 120,000, Facilitation allowance @ 2pax x 1000 x 4 = 8,000, Transport for facilitators 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGFP) @ 1000 x 2 x 4 qtrs. = 8,000, Hall hire @ 5,000 x 1 meeting x 4 qtrs. = 20,000, Tea and snacks for 30 pax x 400 x 1 day x 4 qtrs. = 48,000 Stationary (flip charts) @600 x 5 4qtrs = 12,000, Total = 276,000/=</p> <p>Conduct a one-day sensitization meeting with 40 CHVs on 4th ANC visits quarterly. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000, Facilitation allowance @2 x 1000 x 4 = 8,000,Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGFP) 1000X 2 X 4 = 8,000,Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000, Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000, Stationary (flip charts) @600 x 5 x 4qtrs = 12,000, Total = 332,000</p> <p>Conduct a one-day sensitization meeting with 40 TBAs on 4th ANC visits quarterly. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000, Facilitation</p> | | 176,678,335 | 1.6% |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget to be spent on this group |
|--|-----------------------------|--|---|
| allowance @2 x 1000 x 4 = 8,000, Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Transport (VMGFP) 1000X 2 X 4 = 8,000, Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000, Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000, Stationary (flip charts) @600 x 5 x 4qtrs = 12,000, Total = 332,000 Provision of incentives to mothers attending up to the 4 th ANC visit. Procurement of cloth (Leso)1200 pairs @ 600 = 720,000 Total = 720,000/= | 2,747,200 | | |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from the project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- -VMGs to be sensitized under 2020/2021 budget allocation.
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Gatie Victor

Position: VMG focal point

Date: 10th October 2020

Consulted representative of VMG community:

Name: Kesi Wario

Position: Munyoyaya Leader

Date: 31st July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 11th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Tana River

VMG: Wailwana

Population: 15274/315943 x 100 = 4.8%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Wailwana are basically found along the riverine area which includes Madogo, Mororo, Bakuyu, Anole, Nanighi, Chewele, Hola, Garsen. These people are mainly farmers while others are engaged in businesses. Wailwana is also one community that practice female genital despite awareness creation and law in place. In terms of political aspect, the VMG group has been representation at Ward level, Parliamentary level as well as at County level. All the VMGs in the County face similar Challenges such as long distances covered to the nearest health facilities, costs incurred, cultural barriers and occasional floods.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed).

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|---|--|
| Maternal | | | | |
| 1.Skilled delivery increased by an average of 10 % from 18% to 28% by the end of 2022 | 18 CHCs sensitized on skilled delivery | <ul style="list-style-type: none"> Organize the sensitization meeting. Facilitate the sensitization meeting. | <ul style="list-style-type: none"> Airtime Facilitation package Lunch allowance Transport, Fuel, Stationery | -Not done. -There was no specific budget for VMGs by then. -the activity was carried out across all the communities in the county. |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|-------------------------------------|---|---|---|--|
| | 50HH sensitized on skilled delivery quarterly | <ul style="list-style-type: none"> Conduct quarterly community dialogue days. | <ul style="list-style-type: none"> Facilitation package Fuel Snacks Transport | COUNTY GOVERNMENT |
| | 20 CHVs sensitized on skilled delivery and referral quarterly | <ul style="list-style-type: none"> Train 20CHVs on the dangers in pregnancy and referral | <ul style="list-style-type: none"> Airtime Facilitation Lunch allowance Transport | FUNDING - THS General sensitization on health matters was done including referral of ANC 1 ST visit to 100 CHVs. |
| | 20 TBAs trained on skilled deliveries and incentivized quarterly | <ul style="list-style-type: none"> Organize the training. Conduct training of 20 TBAs on safe delivery. | Airtime Facilitation package Stationary Lunch allowance Transport | FUNDING - THS TBAs were sensitized on referral of ANC mothers on quarterly basis. |
| | 2HFs equipped with delivery kits (2bed, 10 delivery packs, 4 drip stands) | <ul style="list-style-type: none"> Distribute 4 delivery bedsto Nanighi and Chewele dispensaries | Fuel DSA Delivery Beds Delivery packs <ul style="list-style-type: none"> Drip stands | KEMSA |
| | 2HFs supplied with drugs for SD monthly | Supply drugs i.e. oxytocin to Nanighi (not Sombo) and Chewele dispensaries. | 2HFs supplied with drugs for SD monthly Fuel , DSA | FUNDING - WORLD BANK (KEMSA) |
| | 4 Health staff trained on EMOC by 2017/2018 | <ul style="list-style-type: none"> Organize the training Facilitate the training | Airtime Facilitation package Transport Per diem, Fuel | FUNDING - THS |
| | 8MVA kits provided | Procure MVA kits | MVA KITS | FUNDING - UNICEF |
| 2. Family planning uptake increased | 40 CHVs sensitized on FP uptake | Organize the sensitization | Airtime Facilitation package | COUNTY GOVERNMENT |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|---|---|
| by 10% (from 35% to 45%) targeting (women of child bearing age, and adolescent and youths) by 2022 | | meetings. Train 40 CHVs on distribution of condoms. | Lunch allowance | Done routinely by HCWs |
| | 40 CHC members sensitized on FP uptake, quarterly. | Orientate 40 CHC members on distribution of condom and condom use | Penile model Condoms Lunch allowance Transport Facilitation package | COUNTY GOVERNMENT Done routinely by HCWs |
| | 2 HFs stocked with FP commodities | Distribute FP commodities to 2 facilities monthly | DSA Fuel FP pills, Depo provera and LARC Vehicle | FUNDING - COUNTY GOVERNMENT |
| | 4 HCWs trained on FP Uptake | Organize the training Facilitate the training | Airtime Per diem Transport Stationary Facilitation package | FUNDING - COUNTY GOVERNMENT Trained HCWs on FP uptake - 4 No |
| | FP activities monitored. | Conduct support supervision monthly | Fuel DSA | FUNDING - THS Done twice |
| | 10 Implant removal kits procured | Purchase implant removal kits | Funding | County Government. |
| 3. Fully immunized children increased by 10% from 78% to 88% by 2022 | 20 CHCs sensitized on importance of FIC | Organize sensitization meeting Facilitate the meeting | Airtime Facilitation package Lunch allowance Transport Fuel stationary | County Government |
| | 20 CHVs sensitized on FIC | Train 20 CHVs on FIC | Airtime Facilitation Package Lunch allowance Transport | County Government |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|--|---|
| | 50HHs sensitized on FIC | Conduct quarterly community dialogue days | Facilitation package Fuel Snacks Transport | County Government |
| | 4 HCWs trained on EPI operational level | Organize EPI operational level update training Conduct the training | Airtime Perdiem Transport Stationary Facilitation package | FUNDING - COUNTY GOVERNMENT 3 HCWs trained. |
| | 1 solar fridge provided | Procure 1 solar fridge | Approximate budget | 2020 2021 |
| 4. Child nutritional status improved (underweight from - 23.2% to 13%), stunting from 27.8% - 17% and wasting from- 13.7% to 3.7%, by 2022 | 40 CHC members sensitized on improved nutritional status by annually | Organize the sensitization meeting Facilitate the sensitization meeting | Airtime Fuel DSA Stationary MUAC Height board Lunch allowance transport | County Government |
| | 50HH sensitized on good nutrition quarterly | Organize the meeting Advocate for good nutrition through barazas | PAS Airtime Facilitation package Lunch allowance Transport Fuel | County Government |
| | 20CHVs sensitized on good nutrition | Train 20CHVs on good nutrition (community nutritional package) | Airtime Facilitation package Transport Lunch allowance Fuel Stationary | FUNDING - CONCERN WORLDWIDE |
| | 40TBAs sensitized on good nutrition quarterly | Organize the meeting Sensitize 40 TBAs on | Airtime Lunch allowance Transport Facilitation package | County Government |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|---|---|
| | | balanced diet | | |
| | 4HCWs updated on IMAM | Organize the training Facilitate the training | Airtime Per-diem Transport Facilitation package | 3 HCW updated on IMAM |
| | RUTF, RUSF, CSB, height boards, weighing scales, MUAC distributed quarterly | Distribute RUTF, RUSF, CSB, Height boards, MUAC, weighing scales. | Fuel DSA Procure height boards | Procurement done by WFP Distribution done by KEMSA. |
| 5. Water, sanitation and hygiene coverage improved by 10% from 65% to 75% by the year 2021 | 40CHC orientated on water, sanitation and hygiene by annually | Train CHC on water treatment and good storage | Chlorine Lunch allowance Facilitation package Fuel | Done routinely, not yet facilitated. |
| | 20 CHVs trained on water treatment and sanitation by annually | Organize the training Facilitate the training | Airtime Facilitation package Lunch allowance Transport Stationary | FUNDING – WORLD VISION CHVs, CHAs, PHOs, community leaders trained. |
| | S20TBAs sensitized on water treatment and good storage. | Organize the sensitization meeting Facilitate the meeting | Airtime Facilitation package Lunch allowance Transport Stationary | FUNDING – WORLD CONCERN Sensitization done in community barazas, not specifically to TBAs. |
| | 2000 power-tabs and 360kgs of chlorine distributed | Supply power tabs and chlorine | DSA Fuel Chlorine | FUNDING - UNICEF |
| 6. 4 th ANC Visit improved by 10% from 26% to 36% by 2022 | 20 CHCs sensitized on the 4 th ANC visit quarterly | Organize the sensitization meeting Facilitate the meeting | Airtime Facilitation package Lunch allowance Transport Stationary | County Government |
| | 20 TBAs sensitized on | Organize the | Airtime | FUNDING - THS |

| Objective | Output | Activity | Input | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|--|---|
| | importance of 4 th ANC Attendance | meeting Train TBAs on the danger signs in pregnancy and referral | Facilitation package Lunch allowance Transport Stationary | |
| | 200 Mother-childbooklets distributed by annually | Distribute mother-child booklet | DSA FUEL | FUNDING - KEMSA |
| | 4 HCWs trained on FANC | Organize for the training Facilitate the training | Airtime Stationary Per-diem Facilitation package Fuel | FUNDING - THS 3 HCWs trained |
| Quality of health service delivery improved by 2022 | 2HFs audited by annually | Conduct data quality audit | Stationary DSA Fuel Lunch allowance | FUNDING - THS Conducted. |
| | 4 Data review meetings conducted quarterly | Organize data review meeting Facilitate the meeting | Airtime Lunch allowance Transport Facilitation package | FUNDING – THS Done until August 2019. |
| | 2HFs DQS(data quality self-assessment) conducted by annually | Organize the assessment Carry out assessment. | | FUNDING - THS Conducted quarterly |

4. **(How will free, prior, and informed consultation be carried out with these groups during project implementation?) What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

Outreaches were conducted to the general population where health facilities are not accessible due to long distances but none specific to Wailwana

| Date | Where Accurate answer is required from the county | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|---|--|------------------------------------|--|---|
| 27/7/2020 | Telephone consultations | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Ramadhan Babisan Wailwana Leader/ King | High maternal mortality, shortage of staff in Darime and Hadhama. Consider maternity units in every location or at least a delivery bed. Increase staffing in dispensaries. Complete structure in Nanigi. Need ambulance for Nanighi, hadhama |

5. What outreach is planned for the future, are there opportunities to review needs and implementation?

- Conduct monthly-integrated outreaches in VMG areas in 2 sites.
- Hold 2-days quarterly sensitization meetings with 20 VMGs on skilled deliveries

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs

- Health staff were trained on EMOC, FANC, F.P, EPI operational levels.

7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2017/2018

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| There was no specific budget for VMGs. | 0 | 32,445,803 | 0 |

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| No activities carried out due to lack of a specific budget for VMGs. | 0 | 81,651,067 | 0 |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| -VMG Grievance Redress Sensitization Meetings done to HCW in Tana River and Tana Delta Sub Counties -Monthly Integrated outreaches. | 1,260,000 | 50,848,653 | 2.5% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|------------------|------------------------------|--------------------------|-----------------|--|
| Juma G. Said | Tana North | Enrolled Community Nurse | Finished | Working in another Sub County (Tana Delta) |
| Omar Hassan Soba | Tana North | Enrolled Community Nurse | Finished | Working in another Sub County (Tana Delta) |
| Yusuf B. Juma | Tana North | Enrolled Community Nurse | Finished | Employed by Kenya Defence Forces. |

9. Action plan/recommendations for this VMG community for next project (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Monthly integrated outreaches to VMGs.
- Provision of incentives to mothers attending the 4th ANC visits and going for skilled births attendance.
- Provision of incentives to CHVs referring mothers for 1st ANC visit within the first trimester.

2020 2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget to be spent on this group |
|--|-----------------------------|--|---|
| Conduct monthly-integrated outreaches in VMG areas in 3 sites. (Nanighi, Chewele, Sala) 9 HWCs x1,000 x 3 sites x12 months (2 nurse, 2nutr, 1 PHO,1 CHA, 2 RCO, 1 Lab tech) = 324, 000 2 CHVs x 500 x 3 sites x 12 months = 36,000 , DSA Driver 4,200 x 1 x 3 days x 12 = 151,200 , Fuel 110 x 95Lt x 3 days x 12 = 376,200 , Total = 887,200 Provision of incentives to mothers attending up to the 4 th ANC visit. (Bura, Chewele, Nanighi, Madogo) Procurement of cloth (Leso)1200 pairs @ 600 = Total = 720,000/= Procurement of a SOLAR DIRECT FRIDGE (SDD) B medical systems TCW 15 SDD for | | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget to be spent on this group |
|--|-----------------------------|--|---|
| <p>Nanighi dispensary @ 100,000</p> <p>Conduct a one-day sensitization meeting with 40 TBAs on 4th ANC visits quarterly. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000, Facilitation allowance @ 2 x 1000 x 4 = 8,000 Transport for facilitators @ 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000 Hall hire @ 5,000 x 1 x 2 meetings x 4qtrs = 20,000, Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000, Stationary (flip charts) @ 600 x 5 x 4qtrs = 12,000, Total = 324,000</p> <p>Provision of delivery beds (obstetric beds complete set), examination coaches and infusion stands to two health facilities. (Nanighi, Chewele), 2 delivery beds @ 180,000 = 360,000, 2 examination coaches @ 50,000= 100,000, 4 drip (infusion stands) @ 20,000 = 80,000, Total = 540,000/=</p> <p>Hold one-day quarterly sensitization meetings with 30 TBAs on ANC mother companion during deliveries. Transport for 30pax @ 500 x 2-way x day x 4 qtrs.= 120,000, Facilitation allowance @ 2pax x 1000 x 4 = 8,000, Transport for facilitators 2 x 500 x 4 = 4,000, DSA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000 Transport (VMGFP)@ 1000 x 2 x 4 qtrs. = 8,000, Hall hire @ 5,000 x 1 meeting x 4 qtrs. = 20,000 Tea and snacks for 30 pax x 400 x 1 day x 4 qtrs. = 48,000, Stationary (flip charts) @ 600 x 5 4qtrs = 12,000 Total = 276,000</p> <p>Conduct a one-day sensitization meeting with 40 CHVs on 4th ANC visits quarterly. Transport for 40pax @ 500 x 2-way x 1 x 4 = 160,000, Facilitation allowance @ 2 x 1000 x 4 = 8,000 Transport for facilitators @ 2 x 500 x 4 = 4,000, Transport (VMGFP) @ 1000 x 2 x 4 qtrs. = 8,000 SA for VMGFP @ 7,000 x 2 days x 4 Qtrs. = 56,000, Hall hire @ 5,000 x 1 meeting x 4qtrs = 20,000</p> | | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget to be spent on this group |
|---|-----------------------------|--|---|
| Tea and snacks for 40 pax x 400 x 1-day x 4 qtrs = 64,000, Stationary (flip charts) @600 x 5 x 4qtrs = 12,000 Total = 332,000 TOTAL - 3,179,400/= | 3,179,400/= | 176,678,335 | 1.8% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from the project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- No procedures in place.
- GRM will be operationalised in 2020/2021 work plan and budget.
- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Gatie Victor

Position: VMG focal point

Date: 8th October 2020

Consulted representative of VMG community:

Name: Ramadhan Babisan

Position: Wailwana Leader

Date: 27th July 2020

Checked and verified by Socialsafeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 11th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020 2021

County: Tharaka Nithi

VMG: Tharaka (in Hard to reach areas)

Populations: 20%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Tharaka Nithi county has the following sub tribes-the Chuka, Mwimbi, Tharaka and the Wambere of Igambang'ombe. The communities have been generally a marginalised community having been part of the larger Meru community. Moreover, the Tharaka sub-tribe living in both Tharaka and Igambang'ombe has been more marginalized compared to the others sub-tribes due to the semi-arid climatic nature of the area.

The Tharaka people live on the eastern side of Mount Kenya – mainly in Tharaka constituency with some spread out in Chuka Igambang'ombe constituency-the lower zone below Chuka town. About 10% live in towns, the rest in the villages of the area. The Name Tharaka Means “**starving**” the area having been characterized by food insecurity and inadequate water for domestic use and for animals. Geographically, much of the area is Semi-Arid, many a times receiving minimal rainfall. Majority of the community members travel long distances in such of water with many health facilities depend on water harvesting much as some households do.

The Tharaka people belong to the Ameru ethnic group. They speak a Bantu-language, Kimeru- but *Kitharaka* dialect. They like using folk songs to communicate especially to their elected leaders. They are farmers and shepherds: they grow cereal crops, cotton, and sun flowers and rear cows, goats and sheep. Other income generating activities include sand harvesting. The decline in livestock holdings attributes due to droughts and declining available lands is a concern for the Tharaka people because meat is central in their diet and custom. Occasionally, the Tharaka community living near the Meru border have conflict with the Tigania over land boundary and grazing land. They also experience animal-human conflict with elephants from Meru National game reserve. The Tharaka are also merchants, since they trade with people all over the country. Culturally the many among Tharaka community, still regard circumcision as a rite of passage very highly for boys with the *KIRIMO* being practiced (where the newly circumcised boys are heavily punished by older men. During this rite of passage, boys of 9-12 years and gathered together at night and taken to a permanent river to bath. Boys were not supposed to go near their mothers and were taught that women were inferior. A substantial number still practice Female Genital Mutilation that lead to School drop outs, teenage pregnancies and early marriages. In terms of health facility coverage, the area has been underserved with few health service delivery points

with majority being under-staffed, though this is a county wide problem. The identified health facilities that serve these hard to reach communities include Kathangacini, Njoguni, Kamacabi, Gacheuni, Kamaindi, Makanyanga, Kabururu and Kamanyaki.

3. **Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)**

Community CAP not included in the reference VMGP

4. **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|---------------|---------------------|--|--|--|---|
| July, 2019 | Chuka | County Director, CHRIO and THS FP-County Government | Schedule for Outreaches for year 2019/2020, -Teams were guided to consult with the CHVs and facilities for the actual venues for the monthly outreaches | -This was a meeting with sub county Manager's- SCMOH, SCHRIO, SCPHNS, CHSFP and the CHMT -Was held during the HPV roll out sensitization planning meeting | - Further sensitization to be done for communities during the Dialogue days and outreach |
| August 2019 | Gatagani | SCHMT-County Government | ANC, Immunization, FP | Community members | -Continue regular Out-reaches |
| February 2020 | Khangacini | CHEWS-County Government/THS | Importance of utilization of preventive services- ANC, FP, Immunization, Deworming Vitamin A Supplementation, | Community Members & their leaders, CHVs | -Need to have the laboratory expanded at Kathangacini Health centre - Increase staff at Kathangacini |
| August 2020 | Kamacabi Dispensary | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | -Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free | Community leaders both men and women | The community raised the following issues: -Train both CHC and HFMC on leadership roles - The facility serves a wide area and there is need to conduct mobile clinics -Construction of staff house to accommodate staff -Community sensitization on teenage pregnancy situation and mitigation -Construction of more Toilets in the facility -Facility renovation and fencing -Provide furniture for the health facility |

| | | | | | |
|-------------|----------------------------|--|--|--------------------------------------|---|
| | | | number 1513 and addressing them , - Teenage pregnancy,- Adherence to Covid-19 preventive guidelines and seeking services early | | - Community said they have planned a tree planting exercise |
| August 2020 | Gaceuni Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy,- Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | <ul style="list-style-type: none"> - Provide water storage tanks since the one available is small - Teenage pregnancy is a problem- need community engagement -Expand health facility to include ample space for MCH, Laboratory, drug store and a waiting bay - Provide Filling cabinets - Provide a refrigerator for vaccines - Some vulnerable groups live 7-9kms and need outreach services - CHC and HFMC yet to be trained - Connect power to the facility or install a bigger solar unit for lighting -Provide finances for operations and maintenance -Provide a tent and chairs for community leaders and Dialogue meetings |
| August 2020 | Kathangacini Health Centre | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy,- Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | <ul style="list-style-type: none"> - Community appreciated the additional Health staff recently posted to the facility that has enabled the community to access services on a 24 hours basis - Still some community members come from very far like ucweni near Tana River at the border of Mwingi Kitui, Kiamiramba and Gatagani , hence need an out-reach clinic -County Government ton Construction of staff house to accommodate the Health Care workers To sustain the day and night coverage - The community has Referral challenges since the facility has no Ambulance especially for pregnant women - There is no Kitchen to serve the admitted maternity mothers - Need a bore hole for water supply to the facility and community - There is need to avail Anti Rabies Vaccine and Anti-snake Venom as dog and snake bites are common - Teenage pregnancy is an issue in the community |

| | | | | | |
|-------------|-----------------|--|---|--------------------------------------|---|
| | | | | | <ul style="list-style-type: none"> -There is malnutrition, Nutrition supplements needed -Need oxygen for emergency |
| August 2020 | Makanyanga Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | <ul style="list-style-type: none"> -Facility is small and need to be expanded to accommodate MCH services -Laboratory to be completed and operationalized - Water to be connected to the facility -Inadequate water storage tanks - Not connected to electricity for power supply -Some community members live far and need health services like mobile clinics taken near them -Committee yet to be trained -Teenage pregnancy is a problem in the community -Need to plant trees in the facility land to improve the vegetation cover - Facility Need fencing |
| August 2020 | Kamaindi Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | | <ul style="list-style-type: none"> -Community needs a bigger waiting bay at the facility -Latrines are few, need more -Facility need fencing renovation and expansion -Teenage pregnancy is a challenge in the community hence need for community dialogue and school health education -Water storage tank is one and not adequate - Completion of staff house Health committee and CHC need training -Some community members who live far need a mobile clinic - Construct and equip a maternity |
| August 2020 | Kabururu Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free | Community leaders both men and women | <ul style="list-style-type: none"> -Expand waiting bay -Fencing of the facility land -Construct and equip maternity -Laboratory for basic tests (ANC) needed -Committee and CHC not trained -Need for out-Reach services in Kiaritha, Marembo, Ngunga, Kadega, Karambari and Kandigi villages -School health education to mitigate on the teenage pregnancy |

| | | | | | |
|-------------|-------------------------|--|---|--------------------------------------|--|
| | | | number 1513 and addressing them Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | | |
| August 2020 | Kamwimbi Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | -Renovate and expand facility to include Maternity services since the nearest is Kibugua health centre which is very far -Facility has two nurses, more staff needed to cover weekend -Water storage tanks needed and connection of water in the facility rooms - CHC and HFMC need training -Community Dialogue and school health education to discuss teenage pregnancy which is a challenge -Facility Needs a generator -Mobile out reaches are needed to take services to those far from the facility |
| August 2020 | Njoguni Dispensary | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | -Renovation and expansion of the facility to provide MCH services and a waiting bay -Construct an ablution block for staff -More water storage tanks are needed -Facility not connected to electricity hence should be connected -HFMC and CHC need to be trained on their roles - Community living far need health services taken closer-Out-reach services - There is need for a laboratory that will encourage women to attend ANC -Procure furniture for the facility -Teenage pregnancy a challenge therefore needs community dialogue and School health Education to discuss |
| August 2020 | Kamanyaki Health Centre | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - | Community leaders both men and women | -Ambulance for referral and picking patients especially mothers in labour -Kitchen for maternity clients -Additional Staff house -Additional water tanks to sustain maternity services -Provide nutritional commodities for the vulnerable and malnourished children |

| | | | | | |
|-------------|---------------------|--|---|--------------------------------------|--|
| | | SCPHN, CHEWS, CHMT | Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | | <ul style="list-style-type: none"> -Connect facility to electricity - Facility be secured with a fence - More staffing - The community leaders asked for outreach to serve those who live far away from the facility in places like Gitumbi, Kamurembere, Muraria and Nkari - Community Sensitization, dialogue and school health education on teenage pregnancy prevention |
| August 2020 | Gitogoto Dispensary | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | <ul style="list-style-type: none"> -The facility has only two rooms hence need Renovation and expansion to include MCH and a store -Laboratory to be equipped for basic investigations services especially for pregnant women.-A laboratory officer be deployed -The community live near Mt. Kenya far from the main roads, Staff need houses for accommodation -Water is connected but irregular, so storage tanks are needed - The facility lacks autoclave sterilization of Equipment and a Light for examination hence some procedures cannot be done -A procedure trolley is needed -Train HFMC and CHC on their roles -Conduct school health education |
| August 2020 | Kaare Disp | Health Administrator (GRM FP), SCMOH, Community Strategy Coordinator, SCPHN, CHEWS, CHMT | Improving health service access, - Demand creation for health services especially RMNCAH, - Facility improvement, - Sources of health finances including County Government, grants- THS and DANIDA, other donations, - Channelling of grievances through the GRM Register, Community leaders and County Toll-free number 1513 and addressing them , - Teenage pregnancy, - Adherence to Covid-19 preventive guidelines and seeking services early | Community leaders both men and women | <ul style="list-style-type: none"> -The community representatives said that teenage pregnancy is very common, this was confirmed by the in-charge who reported that in the year 2019/2020, 69 teenage girls were attended at the facility. This needs school health education and community sensitization and dialogue -Facility needs renovation, removal and replacement of the asbestos roofing. -The ablution block for patients and staff are needed - Complete and equip the maternity wing -Construct and equip a Kitchen to serve maternity clients -Train the Leaders on their roles - The facility needs water tanks for water security |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | - The community want the facility be upgraded to a Health centre level |
|--|--|--|--|--|--|

5. What Outreach is planned for the future –are there opportunities to review needs and implementation

- Sensitization meetings with Boda Boda Riders to create demand for RMNCAH services and any emerging issues, CHVs and CHEWs to be included with Community Health Strategy coordinator taking lead.
- Community Dialogue with VMG community representatives /facility open days at the community Health Units
- Integrated RMNCAH Community Outreach sessions
- Health Facility Committee consultation meetings with staff prior to developing the VMGP/AWP
- Participation of Health facility in-charges in the development of the AWP

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMG communities

- CHMT, SCHMT, Health facility Managers and other health care workers sensitized on the THS-UCP project implementation including social and environmental safeguards and the need to ensure activities addressing the needs of the vulnerable and marginalised group in the county by the health department were factored in the AWP.
- 32 health care workers serving Tharaka community were sensitized on Rights Based Approach to Health Care service delivery in June 2019- **(the County Legal Officer led the process).**
- 17 Health care workers trained on LARC in June 2019 , 32 health care workers serving Tharaka community were trained on EPI Operational level between May and June 2018.
- Planning meeting held with SCHMT to schedule the out reaches and in consultations with the community through the CHVs from the respective community units
- Health facility in-charges were sensitized on the AWP development process and guided to hold meetings with HFMC members and staff prior to the planning meetings at sub county level

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Integrated quarterly outreaches in Tharaka community- Njoguni, Kamacabi, Kathangacini, Gaceuni, Kabururu & Makanyaga areas | 203,940 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Health care workers sensitized on Rights Based Approach to Health care service delivery Procurement and distribution of Citizen Service charters to Kathangacini, Kamanyaki Health Centres, Gaceuni, Kamaindi, Njoguni, Kamachabi, Makanyanga Kamwimbi, Kabururu, and Kaare and Gitogoto, health facilities serving VMG communities. | 112,000 14,520 | | |
| Procurement and installation of Six (6) Vaccine Refrigerators to improve access to immunization services | 2,400,000 | | |
| Sensitization of 42 Health care workers serving Tharaka on Medical waste handling | 42,000 | | |
| Printing and distribution of GRM registers | 100,000 | | |
| Health Education in Schools and community that covered six schools in Tharaka | 80,640 | | |
| Bags procured and issued to 50 CHVs in 10 CHUs of Tharaka | 187,500 | | |
| Training of 17 HCWs serving in Tharaka on LARC | 85,000 | | |
| Total (2018/19) | 3,225,600 | 22,500,000. | 14.3% |

2019/2020 AWP

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Integrated monthly outreach sessions to VMG - Tharaka North and South -2 per month for 12 months | 321,600 | | |
| Procurement and installation of two Water tanks of 5000 litres each at Kathangacini Health Centre Using THS funds | 300,000 | | |
| Train HCWs serving VMG communities on EPI operational level | 350,000 | | |
| Conduct defaulter tracing involving the CHVs from Tharaka community and CUs linked to health facilities serving the VMG communities | 480,000 | | |
| Training of HCWs serving VMGs on EMONC | 350,000 | | |
| Procure and commission a Blood bank Refrigerator for Tharaka Hospital the referral health facility for the Tharaka community | 1,500,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Community Dialogue Days involving Community Units linked to health facilities serving the VMG communities- Kathanacini, Kamacabi, Makanyanga, Njoguni Kamayaki in Tharaka and Tharaka community | 270,000 | | |
| Conduct Customer satisfaction survey to get information on services provided to these community | 88,452 | | |
| Procurement of one (1) Motorcycle which will be assigned to officer in Tharaka | 400,000 | | |
| Conduct Vaccine and immunization logistics distribution to the link health facilities serving Vulnerable and Marginalized communities Tharaka | 72,600 | | |
| Total | 4,132,652 | 40,049,752 | 10.3% |

8. Were any health trainees sponsored by this project from this community?

| | Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|----|--------------------------|------------------------------|-----------------------------------|-----------------|--|
| 1 | Gitari Murangiri Denis | Muthambi | Enrolled Community Health Nursing | Yes | Yes- In Tharaka Nithi |
| 2 | Pauline Kagendo Nyaga | Tharaka South | | | Yes- In Tharaka Nithi |
| 3 | Charity Muthoni Kamwara | Tharaka North | | | Yes- In Tharaka Nithi |
| 4 | Martin Kariuki Kiruja | Mwimbi | | | Yes- In Tharaka Nithi |
| 5 | Murithi Idah Nyawira | Mwimbi | | | Yes- In Tharaka Nithi |
| 6 | David Mugendi Njoka | Chuka | | | Yes- In Tharaka Nithi |
| 7 | Norah Wanja Samuel | Chuka | | | Yes- In Tharaka Nithi |
| 8 | Elikanah Kanyaru Mutinda | Tharaka South | | | Yes- In Tharaka Nithi |
| 9 | John Mwitiki Kirema | Tharaka North | | | No |
| 10 | Frida Wanja Mutegi | Mwimbi | | | No |
| 11 | Stella Karutani Kawira | Mwimbi | | | No |
| 12 | Floridah Mwengwa Mugendi | Mwimbi | | | No |

NB: Out of the twelve (12) trained Enrolled Community Health Nurses, eight (8) were employed by the county government of Tharaka Nithi under the Universal Health coverage (UHC) programme during the recently concluded recruitment by the county Public Service Board.

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- i) Sensitization of HFMCs on their roles and protection of the girl child to reduce teenage pregnancy that is high in Tharaka

- ii) Increase the number of Midwives at Kathangacini, Gatunga Model Health Centre and Kamanyaki Health centres
- iii) Community health education, Dialogue/engagement and outreach services
- iv) Establish an effective and sustainable referral mechanism to promote health seeking behaviour especially for Skilled births in health facilities
- v) School health education and outreach services are scheduled
- vi) Train CHVs & CHEW on CB-MNCH to improve and sustain demand for RMNCAH services
- vii) Community Sensitization to Rights based approach to health services to enable them claim their rights

Tharaka Nithi has some population of Chuka living next to mount forest (North West of the county) bordering Embu County who have been underserved. Accessibility is difficult due to poor roads. There is also animal /human conflict especially elephants. Gitogoto Dispensary was opened near Gitogoto primary school to provide PHC services to the community. The community around this area need some special attention to improve access to services

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Procure and install 2 Water tanks (5000cc*2) per health facility for the following Health facilities serving VMGs (Njoguni, Kamacabi, Gaceuni, Gitogoto and Kamaindi Dispensaries @ 300,000 *5 = 1,500,000 | 1,500,000 | | |
| Conduct quarterly Integrated Outreach services with VMG link health facilities with 7 HCW and 2 CHV and 1 driver (11 sites per quarter)- | 574,000 | | |
| Conduct 2-day Sensitization of HFMCs on their roles and protection of the girl child to reduce teenage pregnancy that is high in Tharaka in the 11 VMG link health facilities and CHCs= 5 Committee Members per facility and 5 CHC members in the VMG units | 519,000 | | |
| Renovate Makanyanga and Njoguni Dispensaries to accommodate MCH services with a waiting bay at a cost of 2,000,000 per health facility = 4,000,000 | 4,000,000 | | |
| Procure one (1) Delivery Bed for Kaare Dispensary@ Ksh.80,000 | 80,000 | | |
| Procure two (2) Angle Lights for Kaare and Gitogoto Dispensaries @ Ksh.18,000 each | 36,000 | | |
| Procure two (2) space Heaters for Kaare Dispensary @ Ksh. 8,000 each | 16,000 | | |
| Procure and install one (1) New-born Resuscitator for the maternity wing at Kaare dispensary @Ksh.250,000. | 250,000 | | |
| Procure five (5) Delivery packs for the maternity wing at Kaare dispensary @ Ksh.25,000 | 125,000 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procure one (1) Examination couch for the maternity wing at Kaare dispensary @ Ksh.15,000 | 15,000 | | |
| Procure three (3) Autoclave Equipment for Gitogoto , Kaare and Kamachabi Dispensaries @ 50,000 | 150,000 | | |
| Procure one (1) Suction Machine Electric for the maternity wing at Kaare dispensary @ Ksh. 50,000. | 50,000 | | |
| Procure one (1) medicine trolley for the maternity wing at Kaare dispensary @ Ksh. 110,000. | 110,000 | | |
| Procure two (2) Instrument Trolleys: one for the maternity wing at Kaare and one (1) the MCH at Gitogoto dispensary @ Ksh. 20,000 each | 40,000 | | |
| Procure one (1) Fetal Doppler for the maternity wing at Kaare dispensary @ Ksh. 18,000. | 18,000 | | |
| Procure four (4) Fetal Scopes @ Ksh. 800 Each for Kaare, Kamacabi and Gitogoto Dispensaries. | 3,200 | | |
| Procure one Suction Machine (manual) for the maternity wing at Kaare dispensary @ Ksh. 15,000. | 15,000 | | |
| Procure three (3) infusion Stands @ Ksh. 8,000 for the maternity wing at Kaare dispensary. | 24,000 | | |
| Procure and install a Vaccine Refrigerator for Gaceuni Dispensary | 400,000 | | |
| Renovation of MCH Block at Tharaka Hospital MCH @ 2,000,000 (<i>which a referral facility for the Tharaka Community</i>) | 2,000,000 | | |
| Procure one C-PAP equipment for Tharaka L4 Hospital's New-born Unit @ 300,000 (<i>the referral facility for Tharaka Community</i>) | 300,000 | | |
| Procure One patient monitor for Tharaka L4 Hospital @ 400,000 | 400,000 | | |
| Procure one Obstetric /Gynaecological Examination Light for Kathangacini Health Centre | 17,000 | | |
| Provide Airtime to the Facility In-charge for Reporting @ 500 per month for 11 health facilities=66,000 | 66,000 | | |
| Total | 10,708,200 | 102,064,741.52 | 10.5% |

Notes:

1. Community leader's engagement and dialogue was done in February 2019
2. As a follow up of the community dialogue done in February, Community leaders' engagement and dialogue was conducted in august 2020 and the priorities of activities for implementation were ratified. Some will be addressed in the current year while others will be factored in the next financial year.

3. The specific activities include-procurement and installation of Water Tanks, Community engagement to mitigate Teenage pregnancy, School health education, Community Out-reach services, Training of the leaders (CHC and HFMC), Expansion of some facilities (Gaceuni and Njoguni Dispensaries) to accommodate MCH services.
4. Kathangacini community needed a Laboratory which has been built at Kathangacini Health centre and is to be equipped by the County Government of Tharaka Nithi during this financial year (2020/2021).
5. Kamachabi leaders want the staff to be housed within the Dispensary. The staff house has been prioritized and factored in the County Government Budget
6. All the VMG areas are well covered by Community Health Volunteers with fully functional Community Health Units with 100% reporting into the DHIS. Community Dialogue involving the VMG community units has also been included in the current AWP.

10.. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- Community leaders available in the different CHU
- Strong community representative in the HFMC
- Dedicated county VMG FP

In addition, the following measures will be put in place:

- Sensitization meetings with community members GRM procedures
- Sensitization of health care workers in VMG link facilities on GRM registers and reporting
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Rose Micheni

Position: VMG focal point

Date: 26/8/2020

Consulted representative of VMG community:

Name: Different community members in facilities

Position: Community members

Date: August 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 8/11/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021 (SEE OP4.10, ANNEX B)

County: Trans-Nzoia

VMGs: Sengwer

Population: 3780/900,000=0.4%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Sengwer, like other forest-dwelling communities face various forms of marginalization. They live in forest areas or forest land with contested tenure rights between the Sengwer and the government. Thus, the government has avoided to establish health facilities in such areas without tenure of development investment. However, some areas such as Kobolet forest has some health facility which still experience staffing challenges and supply of drugs and medical equipment. Coupled with the cultural practices of the community, the area experience low primary health indicators and numerous primary health challenges.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) | STATUS of planned activities |
|--|---|---|--|---|-----------------------------------|
| Maternal | | | | | |
| Skilled delivery increased by an average of 10 % | Delivery room equipped with 2 delivery sets | Procure the 2 delivery sets and Distribute the sets to H/F | 2 Delivery sets 2 delivery trays 2 delivery couches Health staff – various cadres | Partially addressed through THS FY 2019/20 | Ongoing – 1 delivery bed procured |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) | STATUS of planned activities |
|--|---|---|---|--|--|
| in Kipsoen health facility by 2022 ¹ | Ambulance services availed at Cherangany sub-county | Repair and maintain the ambulance | Tyres, Fuelling, Full servicing of ambulance | County government of Trans-Nzoia | Ongoing |
| | 2 community health nurses hired per annum | Request for addition staff | Stationaries (books, pen/pencils, flipchart, felt pen) | County government of Trans-Nzoia , & national government through UHC during FY 2018/19 & 2019/20 | Done- 3 nurses hired. |
| | 2 Community units (40 CHVs) sensitized on skilled delivery per year | Organize sensitization sessions | Training Curriculum (photocopy) Fuel Driver | THS program | Ongoing |
| | 8 skilled delivery dialogues held per year (2 per quarter) | Organize dialogue days | Hiring of Hall Facilitators | County government & THS program | Ongoing – 4 dialogue days conducted. |
| | Availed 50 Mama toto Kits at the HF | Avail 100 Mama toto kits | Mama Toto kits | THS-UC Project | 1st and 2nd consignments received |
| | Staff of different cadres Deployed to the H/F | Deploy nurses and other cadres to the facility by County government | Salary and allowances | County government of Trans-Nzoia, National government (UHC) | Deployment of additional staff is ongoing. |
| Family planning uptake increased by 5 % (from 40 % (360) to 80% (720) targeting women of child bearing age by 2022 | FP commodities Availed | Avail FP commodities | Oral contraceptives Injectable Implants | THS-UCP | Done |
| | Health providers trained on FP | Train Nurses onFP/LARC | Hall package Facilitators DSA Participants transport allowance reimbursement | County government and THS-UC | Trained in LARC |
| Fully immunized children from 30..% to ...38.4..% by 2022 | Availed EPI Vaccines, solar vaccine fridge and commodities | Procure vaccine fridge, Distribute vaccines and EPI commodities | 1 vaccine fridge, vaccines and commodities Fuel for vehicle Drivers allowance EPI nurse/ SCPHN allowance | THS-UC & county government of Trans-Nzoia | Solar fridge procured Cold chain supplies/commodities available |
| | Defaulters identified | Identify defaulters by CHVs | Routine defaulter tracing by CHEWs & CHVs | County government of Trans-Nzoia & THS-UC | Ongoing on quarterly basis |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) | STATUS of planned activities |
|--|--|--|---|---|------------------------------|
| | Outreaches health services clinics done | Plan and conduct outreaches | Vehicle hire Drivers per diem Lunch Allowance for | County government of Trans-Nzoia & THS-UC | Ongoing on monthly basis |
| 4 th ANC visit from 20% to 30% among the Sengwer by the year 2018 | 4 th ANC visit increased from 56 women to 84 women by 2018 / 2019. In Kipsoen Health Centre | Conduct Outreaches services in 5 villages: - .Kapkonyor; .Kapchemakwer .Mogotu .Kipsoer .Sekerker | Vehicle hire Drivers per diem Lunch Allowance for nurse/Cos, CHVs | County government of Trans-Nzoia, partner SETH, & THS -UCP | Ongoing on monthly basis |
| | 1monthly dialogue day and Community sensitization on importance of ANC services done | Conduct Community dialogue and sensitization meetings | Participants 25 | THS-UC, county government of Trans-Nzoia | Ongoing on monthly basis |
| | | Defaulters tracing | Airtime for (3) CHVs Lunches (3) CHV's Airtime (1) Chew Lunches (2) Chews Lunches 3 CHVs | THS-UC, county government of Trans-Nzoia | Ongoing |
| Increase 4 th ANC coverage from 20% to 25% by (2018) | 1 community unit trained in Kabolet follow up of 4 th ANC mothers by 2018 / 2019 | Training of CHV | Lunches (25 CHV's) 13 days Lunches (5 facilitators) Fuel Photocopies of the curriculum Photocopies 2 rolls Flip charts Felt pens (2 dozens) Stationary (30 pax) Hall Hire Masking Tape | County government & other partners | For implementation |
| | | Creation of awareness of C.U | Sub-chief (Lunch) Transport (15 Chief) Lunch (1 CHEW) Transport (1 CHEW) | County government & other partners | For implementation |
| | | Identification of CHV's | Opinion leaders (20) Pax (soda and bread) Lunch (1 Sub-Chief) | County government and other partners | For implementation |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) | STATUS of planned activities |
|--|--|--|--|---|------------------------------|
| | | | Transport (1 Sub-Chief) Lunch (1 CHEW) | | |
| | 9 CNC Trained on supervision of community units by 2018 / 2019 | Training | Lunches (3 facilitators) Lunches Participate (9) Fuel 2 rolls flip charts 2 dozen Felt Pens Stationary (14 Pax) Photocopying Photocopies for handouts | County government and other partners | For implementation |
| Child nutritional status improved (underweight from -% to 0%], stunting from % - 0% and wasting | Nutrition mass screening done by 30 health providers | Screening of all under five to rule out malnutrition | Nurse/nutritionist lunch allowance and CHVs | County government of Trans-Nzoia & SETH partner | Ongoing |
| | Malnourished child identified and managed | Identification and managing malnourished child | Weighing scales, Height board MUAC tapes Weighing bag | County government of Trans-Nzoia & SETH partner | Ongoing |
| Water, latrine coverage (Latrine coverage increased by 10% water coverage increased by 5% by the year 2021 | Boreholes to be Treated | Buying aqua tablets | Aqua tablets | County Government of Trans-Nzoia, UNICEF | Ongoing |
| | Protection of shallow well at Kabolet forest | Protecting and maintaining shallow wells | Fencing water source- shallow well | County Government of Trans-Nzoia, UNICEF | Ongoing |
| | CHV and community to be trained on safe water | Training CHV and community on safe water and latrine | Hall package Facilitators per diem Participants allowance Transport reimbursement | County Government of Trans-Nzoia, UNICEF | ongoing |

4. (How will free, prior, and informed consultation be carried out with these groups during project implementation?) What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------|-------|--|--------------------|--|---------------------------|
| | | | | | |

| | | | | | |
|-------------------------------|--|--|---|--|---|
| 8 th November 2019 | Kabolet/Kipsoen community | County government Trans-Nzoia-THS-UC (SCPHN, SCMOH, VMG Focal Person,) | <ul style="list-style-type: none"> • Importance of health seeking behaviour on RMNCAH • Immunization and maternal health services was offered | VMG community health volunteers and other community members | Need of equipping the Kabolet H/C so that it can offer 24 health services |
| 24 th May 2020 | Kabolet H/C | County government Trans-Nzoia-THS-UC (VMG Focal Person, SCPHN, H/F NOI/C) | <ul style="list-style-type: none"> • Sensitization/update of the THS-UC project to VMG community members • VMG representatives inputs in the annual work plan FY2020/21 • Sensitization on grievance redress Mechanism | <ul style="list-style-type: none"> • VMG representatives of community leaders: (Evans Kirui, Charles Kiberen) • H/C staff | Community has benefited from WB KECHN scholarships. Need of more outreaches and dialogue days |
| 14 th July 2020 | Kabolet H/C | County government Trans-Nzoia-THS-UC (VMG Focal Person, SCPHN, H/F NOI/C) | <ul style="list-style-type: none"> • Review of the work plan FY 2020/21 • Motivation to THS trained nurse (Nicolus) | <ul style="list-style-type: none"> • VMG representatives of community leaders: (Evans Kirui, Charles Kiberen,) • H/F staff | Complaint desk put in place Minutes of the meeting as evidence of VMG participation |
| 26 th August 2020 | Kabolet H/C | VMG Focal Person, SCPHN, H/F NOI/C) | <ul style="list-style-type: none"> • Phone communication on AWP feedback from National social safeguard officer | VMG representatives of community leaders : (Evans Kirui, Charles Kiberen, Peter Kimutai, Agness Kimaiyo) H/F staff | Minutes of previous meeting. Updates of THS project through holding regular meetings. Appreciated the WB support, |
| 15/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Joseph Kipkorir Matonyi | The community held a meeting and Yator Kiptum gave feedback. Community thought VMG funds had been released in previous years. This was clarified that 5% only allocated for VMG 2020/2021 will be released. |
| 16/7/2020 | | | | Yator Kiptum | |

| | | | | | |
|--|--|--|--|----------|--|
| | Telephone conversation with VMG representative | | | Chairman | Kabolet Dispensary- To set up committee, concerned that the national leaders meeting was cancelled, strengthen CHV, incinerator, employment of one of the sons trained in KMTC (Dec 2019) currently volunteering at Kabolet dispensary |
|--|--|--|--|----------|--|

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreaches- immunisation, ANC, community sensitization

RMNCAH dialogues meeting and health action days to continue in the community units

6. (Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Some HCW have been trained and mentored on BEmONC

HCW trained in LARC

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP) 2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Conduct Immunization /defaulter tracing services, vaccine collection, commodities, outreaches, dialogue days, infant weighing scales | 208,000 | | |
| Procure solar fridge | 450,000 | | |
| TOTAL | 658,000 | 74,049,732 (county received 40,855,977.76) | 0.9% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Vulnerable and Marginalized groups (VMGS)–2 delivery couches @ 80,000/- (160,000) 12 patient beds @ 80,000(960,000), dialogue day (6063/-)sensitization of community members on health issues@ (350,000/-), waste segregation-colorcodedbins (16,000/-), autoclave 1 @ (400,000/-), lab reagents @ (50,000/-) | 2,036,063 | 36,800,000 | 3% |

8. Were any health trainees sponsored by this project from Sengwer community? Yes

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|---------------------|------------------------------|------------------------|--------------------|--|
| 1.Nicolus Kiprotich | Cheranganysub-county | KECHN | Yes: December 2019 | No .Volunteer @ community facility-Kabolet |
| 2 Damaris Nyaris | Cherangany Sub-County | KECHN | Yes: December 2019 | No. Employed in West Pokot County |
| 3.Marion Cheptanui | Cherangany Sub-County | KECHN | Yes: December 2019 | Yes- UHC |

9. Action plan/recommendations for this community for 2021/2022:

- Equip the health facility with required staffs (more nurses, a clinical officer, lab technician etc, equipment /instruments- e.g. patient and delivery couches) to offer 24 hr services
- Intensify outreaches (monthly outreaches)
- Enhance Community sensitization on primary health care matters
- Start laboratory services
- Initiate youth Friendly services
- Quarterly support supervision

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| <i>Integrated outreaches: Officers Lunches: 6 pax@1,000 x 12 months = (72,000.00),CHVs Allowance: Social mobilization 10CHVs @500 x2days x 12 months = (120,000.00),Total =192,000</i> | 192,000 | | |
| Sensitization of community opinion leaders on RMNCAH health services: 10 community leaders @1,000x 1 day x 4 quarters = (40,000.00) , 3 officer @1000.00x 1day x 4quarters=(12,000.000),Total= 52,000 | 52,000 | | |
| Procurement of assorted equipment and supplies for Kobolet Health center: 1 autoclave for @ 250,000 5 patients beds for @ 60,000 = (300,000) ,Delivery bed 1@ 180,000.= (180,000) ,Delivery sets @ 5000.00= (50,000) 10 Delivery trays 10@ 1000.00= (10,000) ,5 patient mattresses with mackintosh@ 5,000 = 25,000),Assorted patient linen (Kobolet Health Centre):Cellular blankets 20 pieces @2,500 = (100,000) ,Bedsheets 30 @1,500 = 45,000),Counterpanes 15 @2,500 = 37,500), Total=997,500 | 997,500 | | |
| Monthly Dialogue days: 5 officers @1,000 x 12 months = 60,000), 10 CHVs @ 500.00 x 12months=20,000),Total= 80,000 | 80,000 | | |
| Action days :5 officers @1,000 x 4 quarters = 20,000), 10 CHVs @ 500.00x 4quarters = 20,000.00 Total=40,000 | 40,000 | | |
| Laboratory equipment for Kobolet Health Centre: Olympus microscope = 200,000),Centrifuge machine = 35,000 Assorted small laboratory equipment e.g. pipettes, microscopy slides, test tubes etc = 170,000 Laboratory reagents = 50,000) Total= 455,000 | 455,000 | | |
| Allowance to motivate 1 Sengwer trained KECN nurse serving @ Kobolet Health Centre. 1 nurse @ x 30,000x 12 months= 360,000 | 360,000 | | |
| Total amount | 2,176,500 | 43,201,564 | 5.04% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these groups arising from project implementation?

How is the GRM made accessible to this group and are they made aware of the GRM?

- Sensitization of the community on complaint redress mechanism
- Formation of the committee on complaint redress mechanism
- Initiate customer care desk
- Development of grievances and resolution hotline, email & website

PREPARED BY VMG FOCAL POINT:

NAME: CATHERINE MACHIMBO

POSITION: VMG FOCAL POINT

DATE:21TH SEPT 2020

CONSULTED REPRESENTATIVE OF VMG COMMUNITY:

NAME: YATOR KIPTUM , EVANS KIRUI

POSITION: CHAIRMAN,COMMUNITY REP.

DATE: 17TH JULY 2020

CHECKED AND VERIFIED BY SOCIAL SAFEGUARDS OFFICER:

NAME: MARGARET GITAU

POSITION: PMT SOCIAL SAFEGUARDS OFFICER

DATE:30THSEPT 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: Turkana

VMG: Elmolo (ILIMANYANG)

Population: 1100/1,000,000 (0.11%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Elmolo are a minority group living around Lake Turkana. In Turkana County they call themselves "Ilimanyang"-they claim their descendant is Ilimanyang from Loyangalani in Marsabit County. It is claimed Mr Ilimanyang came and married a Turkana lady and the intermarriage has continued since then. They live in Turkana central subcounty along Kalokol, Kapua and Nasiger area. These areas are proximal to the Lake Turkana. Livelihood is fishing and for those far from the lake, have adopted pastoralism (Kapua, Nasiger areas). The community features physical disability affecting skin, lack of teeth, minimal or lack of hair growth and lack of eyelashes. Their landmark character is having water to cool their foreheads. The few Elmolos (Ilimanyang) live in Turkana shores with majority being in the Islands and the Neighbouring Marsabit County-specifically Loyangalani area. The health facilities that are within proximal vicinity of the population. Namukuse, Longechkapua and Nasiger Dispensaries. Interventions ongoing for them are:

1. The facilities mentioned here provide RMNCAH services and have EPI fridges.
2. Their physical and skin disabilities are addressed by the Department of health through the Physiotherapy and Occupational Therapy sections of health department –Turkana County.
3. To further give them support, some of them have also been registered with the National Council of People with Disabilities.
4. These community members have been registered with Social protection department in Turkana County.

There are other community members living on the Islands on Lake Turkana. These populations are assumed to be either served by Marsabit County or Turkana County. It is for this reason, under the project in our Turkana AWP 2018/19, we planned to procure a motorboat to be able to reach these communities with RMNCAH services. (to be delivered in Oct 2020)

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

In Turkana county there was no social needs assessment conducted for the El Molo group hence no reference VMGP available. However, as a community with special needs, the County through THS funds had budgeted for a boat to aid in accessing them in Elmolo Bay.

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women? men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|---|
| 21/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | VMG representative- Elizabeth Kuri | Shortage of food. Community has special needs and conditions. Need drugs and recruitment of members into NHIF. Water distribution |

5. What outreach is planned for the future. Are there opportunities to review needs and implementation?

A needs assessment for all the 4 VMG communities in the county will be conducted in FY 2020 2021 during outreaches. This will include awareness raising on the project, GRM and RCRM services and all outreaches not yet done. Activities will be prioritised in the next financial year.

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

The County appointed 2 officers-VMG focal person and GRM focal person. The two officers have had orientation on their roles on how to improve or guiding on appropriate interventions for VMGs (Through THS and CoG-zoom Meetings, technical support to counties and joint meetings -THS and VMG focal persons-2019/20). Awareness raising on all sub-county staff on the needs of VMGs and how to address them will be carried out in the next financial year.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Procurement of a boat to reach them with integrated rmncah interventions, physiotherapy services ((The money for the boat not utilised, tender given out awaiting delivery of the boat. Physiotherapy services were offered using other support not THS.) | 1,626,060 | 126,589,766 | 0.7% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Boat outreaches (the funds were used to hire boat services crossing flooded river Kerio for outreaches) | 228,000 | 220,728,045 | 0.1% |

8. Were any health trainees sponsored by this project from this community?

None of them was identified for scholarship as they did not meet the admission criteria

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | | | | |

9. Action plan/recommendations for this community for 2021/2022 (to be included in AWP)

Based on issues raised by VMG representative, *recommendations are:*

- *Monthly integrated health outreaches for those on the lake shores and those on mainland to address their special health needs: chest pains, skin problems*
- *Provide water*
- *Support referral/transport*
- *Engage more with CHVs capacity build on Mother and Child Health packages.*
- *Linkage with other departments-physiotherapy, dental, education and social services for 2021/22*
- *Further community consultations to determine priority needs for 2021/2022 including need for sunscreen, nutrition,*

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| VMG-ELMOLO Community – monthly integrated Health outreaches; Boat Outreaches Health workers DSA@4700 x 5 pax x4 days x6 months=564,000 , Driver dsa @4,200 x1 pax x4 days x 6 months=100,800, Boat coxswain Allowance@7,000 x1 pax x4 days x6 Months= 168,000 , Boat fuel@100 x200ltrs x 6months=120,000, CHV Lunches@500 x5 pax x4 days x6 Months =60,000, Subtotal - 1012800 | 1012800 | | |

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| VMG-ELMOLO Community – Integrated Health Outreaches-Mainland use of vehicle Health workers dsa @ 1000 X8 pax x4 days x12 months=384,000, Driver @4200 x4 days x 12 months=48,000, Fuel @100 x130ltrs x 12 months=156,000, CHVs @500 x5 pax x4 days x12 months=120,000, Subtotal-708,000 | 708,000 | | |
| Elmolos Community support: Special Health needs Headcaps@400 x200 pcs=120,000, Sunglasses /goggles@300 x200 pcs =60,000, Lip Balm-VASELINE PETROLEUM JELLY 20GMS @200 x200 pcs=40,000, Umbrellas POCKET UMBRELAS @1000 x200 pcs=200,000, Sunscreen lotion 30 SPF 200ml @1900 x200 pcs=380,000, Dentures partial flexi-denture 7 or more teeth@25,000 x40 pax=1,000,000, Water tanks Kapua, Kalokol and Monti- 10,000litrs @200,000 x3 tanks=600,000, Water tankering @27,000 x (bimonthly)9 months=243,000, Fuel for motorbike at Kapua disp@3000 x12 months=36,000, Maintenance of motorbike at kapua@3000 x12 months=36,000, Fuel and maintenance motorbike at monti@3000 x12 months=36,000 Referral of pregnant women, ANC, Post-natal and immunization defaulter tracing by CHVs @500 x100 clients =50,000 Nutrition/ Food support RICE @240 /- x5 kg x 11 months x 40 households =528,000, BEANS @9100/- x 1 bag x40 households=364,000,Wimbi finger millet (Ujimix) flour @200/- x 40 households x 10 months=320,000, sugar@200/- x40 households x 10 months=320,000, oil @300 /-x10 litrs x40 households x12 months=1,200,000, maize @3400 /- x1 bag x40 households x4 quarters=544,000, Dried vegetables(NAIVASHA)@1000/- X40 Households x10months=400,000 Airtime for VMG focal person @6100/- Subtotal-6,439,100 | 6,439,100 | | |
| Total for Elmo community | 8,159,900 | 300,000,000 | 2.7% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

There is no appropriate procedure in place to resolve and address grievances for this group. This is because the dissemination and sensitization has not been done to this group. GRM sensitization and provision of GRM registers is planned for in the FY 2020/21 THS funds. In addition, the following activities to enhance accessibility of the GRM to VMGs will be undertaken:

- The VMGs will be sensitized on GRM during outreaches.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints

Prepared by VMG focal point:

Name: Margaret Lokota

Position: VMG focal point

Date: 11th October 2020

Consulted representative of VMG community:

Name: Elizabeth Kuri

Position: Elmolo Rep

Date: 21st August 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 12th October 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: TURKANA

VMGs: NGIKEBOTOK

Population: 50,000/1,000,000=5%

1. What is the legal and institutional framework applicable to these groups?(STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The people of Turkana County refer to themselves as Ngiturkana and their land as “Turkana”. The Turkana ethnic group as a whole is composed of two major divisions each composed territorial sections. The major divisions are: ngiomonia divided into ngisir and non-ngisir. The second division is ngichoro divided into ngilukumong and Ngikebotok. The Turkana being essentially pastoralists, they measure their wealth in the number of livestock they own and those without livestock as poor (Ekebotonit singular and Ngikebotok plural), even if one had great wealth in other ways besides owning livestock. The Ngikebotok mostly inhabit the southern part of Turkana county and consist of farmers who grow vegetables and fruits as well as collecting honey along the banks of river Turkwel. The Turkana might consider the person Ekebotonit, perhaps even a non-Turkana. This perspective puts significance of owning, sharing and taking care of animals for the flourishing of Turkana Identity and meaningful belonging. Some of the ngikebotok are found in Turkana north and they depend mostly on hunting and gathering.

KRAALS

There is need to consider the indigenous pastoral and Nomadic communities who live in Kraals under the leadership of a traditional leader/seer called (EMURON). This traditional leader controls day to day activities of the community under his jurisdiction including accessing health services and other social services. These Communities are found in kibish parts of Turkana Central /Turkana East and Loima sub counties.

These Communities are identified by their traditional leader/Seers Name. The Community in Kibish move across to Sudan and Ethiopia, while the one in Loima move across to Uganda. Previous experience shows that when you engage these communities through their leaders, they mobilize their communities to accept modern RMNCAH services-particularly for those in Loima and Kibish sub counties.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

A social assessment was not carried out for the Ngebetok or Loima or Kibish Kraals, thus no reference VMGP available.

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|---|
| 13/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Daniel Lokosio: Ngekebotok Representative | Long distance to health clinics- Kaptil area. TBA still conducting deliveries due to distance. Lack of/low immunisation . Lokwar dispensary have staff shortage, no drugs, no maternity, no water (can be sourced from River Turkwel), noelectricity. Would request for completion of maternity or provide mothershelter in Lokwar. Lokwar also needs solar panel and solar vaccine fridge. Need delivery bed in Kaptur, drugs, treatment of sick animals , laboratoryequipment. Lishe Bora for childrenprogramme. Increase number of CHVs (4) Community sensitization andoutreaches. |
| 28/8/2020 | Telephone conversation | County VMG focal point | Community priorities for 2020/2021 | Mr Epem, Loima Kraal Representative | Camels(louwei), goats and cattle diseases, Human health issues- malaria,cough and skin diseases, drugs to be availed in Lochor Elim dispensary,Transport challenges. |
| 13/8/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Ikong Epetet, Kibish Kraal Representative | Language barrier so spoke to Priscilla Akaloong- CHV. Challenges include poor road networks and inaccessible areas, insecurity. Use goats to pay for boda bodas and security that transport them to health facility. Priority: need for constant community sensitisationand follow up by CHVs. Integrated outreaches. Motorbikes for Kokurohealth facility and bicycles for CHV for mobilisation and recruitment for immunisationand ANC/PNC |

5. What outreach is planned for the future VMG including reviewing needs and implementation?

Integrated Health outreaches specifically targeting the Ngekebotok during which 2021/22 community priorities will be identified and community will raise awareness on complaints redress mechanism

6. What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

The County has appointed 2 officers-VMG focal person and GRM focal person. The two officers have had orientation on their roles on how to improve or guide on appropriate interventions for VMGs (Through THS, CoG-zoom Meetings, technical support to counties and joint meetings -THS and VMG focal persons-2019/20).

7. (What are the cost estimates **and** financing plan for these mitigating measures?) What has been done for this community so far in the project (**from AWP**)

There were no activities specifically targeting this particular community. They were treated like any other normal community 2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| None | | | |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| None | | | |

8. Were any health trainees sponsored by this project from this community? Ngikebotok

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|--------------------------|-----------------------|----------------------------------|----------|---|
| James Lowoi | T SOUTH | Enrolled Community Nursing | YES | waiting for nursing council final exam |
| Ekuwam Miriam | | | | employed by turkana county government |
| Edung Prudence | | | | |
| Elim Felin | | | | |
| Ikaale Irine | | | | |
| Winnie Tata | | | | |
| Lilian Ngipuo | | | | |
| Sharon Lokaala | | | | |
| Lolimo Leonard | | | | |
| Samson Lodunga | | | | |
| Erot Mele Johnstone | | | | |
| Dancun Ekatorot | | | | |
| Caren Loole | | | | |
| Stella Losike | | | | |
| Mary Ekai | | | | |
| Jacinta Ekuwom | | | | |
| Mathew Kalapatan Lomodei | | | | |
| Kaleapus Dancun | | | | |
| Daniel Ekusi Eroo | | | | |
| Queentillar Douno Lokale | | | | |
| Span Rachel | | | | |
| Benard Ekidor Lopeta | | | | |
| Mercy Achuka | | | | |
| Chama Faith Kopeto | | | | |
| Rael Lokwawi | | | | |

9. Action plan/recommendations for this community for next AWP (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

A. Ngibetook:

1. Integrated Health outreaches specifically targeting the Ngekebotok during which 2021/22 community priorities will be identified and community will raise awareness on complaints redress mechanism

2. Provide lighting, furniture and water to Lokwar Dispensary.
3. Maternity shelter
4. Engage more with CHVs capacity build on Mother and Child Health packages.

B. Loima Kraal:

1. Integrated Health outreaches specifically targeting Loima kraal during which 2021/22 community priorities will be identified and community will raise awareness on complaints redress mechanism
2. Engage more the CHVs and capacity build on mother and child health packages.
3. More linkages with relevant departments-veterinary and needs assessment evaluation in 2021/22

C. Kibish Kraal

1. Integrated Health outreaches specifically targeting Kibish kraal during which 2021/22 community priorities will be identified and community will raise awareness on complaints redress mechanism
2. Support with transport means
3. Engage more the CHVs and capacity built on mother and child health packages (this covers all VMG groups in Turkana)
4. More linkages with relevant departments-veterinary and needs assessment evaluation in 2021/22

2020 2021

| Activity targeting VMGs: Ngebetok | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Integrated health outreaches; Lokwar, Nakuuse Health workers DSA @1000 X7 pax x4 days X12 months =336,000, Driver dsa @1000 X1 pax x4 days x 12 months=48,000, vehicle fuel @100 x 100ltrs x12 months=120,000, CHV lunch @500 x5 pax x4 days x 12months=120,000, Subtotal-624,000 | 624,000 | 300,000,000 | 0.21% |
| Ngekebotok Community Support; Furniture for Lokwar Dispensary @100,000=100,000, Solar system and installation in Lokwar dispensary wiring, solar panels, batteries and labour@400,000, Procure Water tank (10,000 ltrs) and installation in Lokwar Dispensary @200,000 x1 =200,000 Tankering @27,000 x(bimonthly)6 months=162,000, Laboratory furnishing with equipment @500,000, Solar fridge with accessories @800,000, Delivery bed @40,000, Maternity shelter at Lokwar disp @200,000, CHV s Incentive for referral of ANC, Pregnant and postnatal mothers@500 x100clients=50,000 , SUBTOTAL-2,352,000 | 2,452,000 | 300,000,000 | 0.82% |

| Activity targeting VMGs: Ngebetok | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Total for Ngekebotok | 3,076,000 | 300,000,000 | 1% |

| Activity targeting VMGs: Kibish kraal | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| VMG-KIBISH Kraal Community; Integrated health outreach. Merikuka, Ekope, Nachuro, Lomanakeju Health workers DSA @4700 x5 pax x5 days x6 months=705,000, Driver DSA @4200 X1 Pax x4 days x6 months=126,000, Fuel @100 x150ltrs x 6 months=90,000, CHV Lunch @500 x5 pax x4 days x 6 months=75,000, Subtotal =996,000 | 996,000 | 300,000,000 | |
| VMG -Kibish Kraal community support –Kokuro; Motorbike for Kokuro health center @180,000, Bicycles for 10 CHVS@ 10000=100,000 Fuel for Motorbike @4000 per month x 12 months=48,000, maintenance of motorbike and bicycles@4000 per month x12 months=48,000-, CHV incentives for referral of Immunization, ANC, pregnant and postnatal mothers @500x 100 clients=50,000, Subtotal 426,000 | 426,000 | 300,000,000 | 0.15% |

| Activity targeting VMGs: Kibish kraal | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| VMG – LOIMA Kraal Community; Integrated health outreach- Lopuke, Ulukuse, Lochorelim, Moruongor, Alablab Health workers dsa @4700 X5 Pax X5 days X 6 Months=705,000, Driver DSA @4,200 X1 pax x5 days x6 Months=126,000, Vehicle fuel @100 x 130 ltrs x6 sessions=60,000, chvS LUNCH @500 x5 pax x5 days x6 months, Subtotal = 966,000 | 966,000 | 300,000,000 | |
| LOIMA KRAAL COMMUNITY SUPPORT Motorbike to be stationed at lopuke village @180,000 x1 pc=180,000 Fuel for motorbike @300,000 X12 months =36,000 Maintenance of the motorbike @4,000 X 12 months=48,000 | 318,000 | 300,000,000 | 0.1% |

| Activity targeting VMGs: Kibish kraal | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| CHV incentives for referral of immunization defaulters tracing, referring ANC mothers, pregnant women for delivery and post-natal mothers,5 new recruits @500 x108 clients =54,000 Subtotal-318,000 | | | |
| TRAINING OF CHVs FROM VMG COMMUNITIES ON; Commuity Health Information System,ICCM-Integrated Community Case Managementfor under-fives and Community Maternal &New born Health ; 30 CHVS lunches @1000 x 5 days x 2 packages=450,000, 30 chvs transport refund @500 x 5 days x3 sessions=225,000, Stationery hall hire@2,500 x 5 days x3 sessions=37,500, Facilitators dsa @7000 x4 pax x 5 days x3 sessions=420,000, Transport refund for facilitators @2000 x4 pax x3 sessions=24,000, County supervisors dsa @7000 x2 pax x2 days x 3 sessions =84,000, County driver @4200 x1 pax x2 days x3sessions=25,200, Fuel@1100 x150 litres x 3 sessions=45,000 , Generator Hire and fuel @15000 x 3 sessions, Printing of job aids 30 @1000 x3 sets =90,000, Airtime @400 x 2 pax x3 sessions=2400, Subtotal-1,448,100 | 1,448,100 | 300,000,000 | 0.48% |
| Total | 7,230,100 | 300,000,000 | 2.41% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- For Ngikebotok there is no appropriate procedure in place to resolve and address grievances. For Kibish and Loima Kraal: any grievances in the community are addressed by or through the Kraal Leader (Emuron). However, there is no appropriate procedure in place to resolve and address grievances for these groups. This is because the dissemination and sensitization has not been done to this group. In the current financial year however, the following activities are planned:
- GRM sensitization and provision of GRM registers is planned for in the FY 2020/21 using THS funds.
- Procurement and distribution of complain register books to all the links facilities
- Appointment of Grievance focal person at county level and at health facility to register and refer complaints
- Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Margaret Lokota

Position: VMG Focal person

Date: 11/10/2020

Consulted representative of VMG community:

Name: Daniel Lokosio

Position: Ngikebotok Representative

Date: 13/8/2020

Name: Mr Epem

Position: Loima Kraal Representative

Date: 21/8/2020

Name: Ikong Epetet

Position: Kibish Kraal Representative

Date: 13/8/2020

Checked and verified by social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 13/10/2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020/2021

County: Uasin Gishu

VMG: Ogiek

Population: 52,596 (4.5%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Ogiek/Akiek have historically been referred, in derogatory term, as “Iltoroboni” meaning the poor without cattle to the Maasai “Dorobo” as poor, lagging in civilisation and living in forests backward and forest to other communities like Kalenjin. The community live in isolated areas either within or at the fringes of the forests. These areas are poorly developed in terms of access road, health facilities and where they exist they suffer low staffing. The community is thus reliant on traditional health practices in almost all primary health concerns lead to low indicators and the numerous primary health care concerns presented below.

The community pre-dominantly occupy Ndungulu settlement scheme, Tarakwa ward, Kesses Sub-County in Uasin Gishu County. Ndungulu has 5 villages namely; tachasis, Koibeiyo, Lengut, Tulwet and Kaptaragon. They occupy a total of 740 hectares of land as a compensation for being evicted from neighbouring forests namely (Nabkoi forest, Cheboror currently Cengalo forest, Kipsangany, Seren’gonik, Kipkurere and Ng’atipkong forests. According to 2019 census, it was estimated that the Ogiek community were approximately 52,596.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) | |
|---|--|--|--|--|---|--------------------|
| 1. Skilled delivery increased by an average of 10 % from 18% to 28% by the end of 2022 ⁸ | • 3 Renovated maternity units by 2018/2019 | • Award a contractor for renovation | Materials Labour Transport | Renovation done in Burnt forest subcounty hospital Cengalo and Nabkoi not yet done | THS-UCP | |
| | • 3 Maternity units equipped by 2019/2020 | • Procure Assorted maternity equipment | - 18 Delivery sets | 3 delivery sets purchased | THS-UCP | |
| | | | - 6 Delivery Beds | 1 delivery bed purchased | THS-UCP | |
| | | | - 3 Examination Couches | One examination couch purchased | THS-UCP | |
| | | | - 12 Hospital Beds | 3 hospital beds | UGC County | |
| | | | - 3 complete Examination trays | Not purchased to be purchased by June 2021 | UGC County | |
| | | | - 3 Doppler Machines | 1 doppler machine purchased | USAID/Ampath support | |
| | | | - 6 room heaters | 2 space heaters purchased | UGC County | |
| | | | - 3 Solar power & Heating systems | Generator was purchased | UGC County | |
| | | | - Linda mama kits | 150 mama kits purchased | THS-UCP | |
| - 3 Resuscitaires | | | 3 Resuscitaires purchased | USAID/Ampath support | | |
| • Effective Referral System progressively improved by 2021/2022 | • Procure one fully equipped Ambulance | 1 complete functional ambulance | One Ambulance bought for Burnt forest | UGC County | | |
| | | • Maintenance | - Maintenance & Regular Service | Done and ongoing | UGC County | |
| | | • Communication | 3 Mobile Phones | One | UGC County | |
| | | | Airtime | Available | UGC County | |
| | | • Fuel | | Available | UGC County | |
| | | • Insurance | | Available | UGC County | |
| | | • 6 Staff Skills improved by 2017/2018 | • Train 6 Nurses on EMOnC | 6 Nurses trained on EMOnC | Done | UGC County/THS-UCP |
| | | | • Refresher Course for 2 Ambulance Drivers | 2 Drivers trained | Not done, To be done by March 2021 | UGC County/THS-UCP |
| | | | • Stakeholder Mapping | 60 Opinion leaders | Done | UGC County/THS-UCP |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|-----------|--|--|--|----------------------------------|---|
| | <ul style="list-style-type: none"> A well-informed community on skilled delivery by 2017/2018 | <ul style="list-style-type: none"> Sensitization Meetings | <ul style="list-style-type: none"> Lunches Transport reimbursement Curriculum Photocopies Facilitators | Done | UGC County/THS-UCP |
| | <ul style="list-style-type: none"> Result based financing for CHVs improved per annum | <ul style="list-style-type: none"> - CHVs identify and refer mothers for services | <ul style="list-style-type: none"> Transport and lunches | Done | UGC County/THS-UCP/Ampath |
| | <ul style="list-style-type: none"> 3 Functional Community Units established 2017/18 | <ul style="list-style-type: none"> Recruitment and Training of CHVs | | Done | UGC County/THS-UCP/Ampath |
| | <ul style="list-style-type: none"> 90 CHVs motivated per annum | <ul style="list-style-type: none"> Provide incentives for 30 CHVs | <ul style="list-style-type: none"> Stipends and Identification badges, T-Shirts etc | Not done, to be done by Feb 2021 | UGC County/THS-UCP |
| | <ul style="list-style-type: none"> Community Dialogue Days held per quarter | <ul style="list-style-type: none"> Conduct 3 dialogue days in 3 HFs per quarter | <ul style="list-style-type: none"> 36 Dialogue days held per quarter | Done and ongoing | UGC County/Ampath |
| | <ul style="list-style-type: none"> Operation linda mama action days held per annum | <ul style="list-style-type: none"> Carry out 2 door to door advocacy meetings at community level every month | <ul style="list-style-type: none"> Job Aids Refreshments | One done | UGC County/Ampath |
| | <ul style="list-style-type: none"> 90 TBAs trained, re-orient and running IGAs per 2018/19 | <ul style="list-style-type: none"> Carry out the training of TBAs (2 sessions per year) and initiate IGAs | <ul style="list-style-type: none"> Training Material Approximate costs and Facilitation | Not done to be replanned | UGC County |
| | <ul style="list-style-type: none"> Maternity Open Days held per quarterly | <ul style="list-style-type: none"> Conduct 12 maternity open days | <ul style="list-style-type: none"> Job Aids Refreshments Transport | 3 maternity open days done | THS-UCP |
| | <ul style="list-style-type: none"> Innovations to orient WBA on importance of MCH/FP (Testimonies and experiences) held per annum | <ul style="list-style-type: none"> Integrate cervical and breast cancer screening services into maternity open days | <ul style="list-style-type: none"> - Cryotherapy machines - VIA/VILI Consumables - Nitrous oxide | Not done as it was not feasible | |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|--|---|--|---|---|---|
| 2. Family planning uptake increased by 10% (from 39% to 49%) targeting (women of child bearing age, and adolescent and youths) by 2021 | <ul style="list-style-type: none"> 3 FP clinic renovated and equipped by 2017/2019 7 health workers trained on ASRH by the end of 2017/2018 3 T.V set supplied by the end of 2017/2018 4606 WCBA sensitized on contraceptive per year All 3 H/facilities supplied and stocked family planning facilities by the end of 2017/2018 5 Secondary and 7 Primary Schools with running school health program by end of 2017/18 | <ul style="list-style-type: none"> Renovating of 3 family planning clinics Training Train 30 CHVs on community family planning Conduct two sensitization meeting per month Redistribution of family planning commodities Carry out school health programs in 7 primary schools and 5 secondary schools on youth friendly services and sex education. | <p>Lunches Transport reimbursement</p> <p>3 facilitators</p> <p>Purchase of 3 TV set</p> <p>Lunches Transport reimbursement stationary's 3 facilitators @ 2000 conference package</p> <p>transport lunches (1 driver staff airtime lunches transport teaching aid</p> | <p>LARC training done</p> <p>AYSRH training done One TV set purchased</p> <p>Sensitization done and ongoing</p> <p>5 school health programmes conducted</p> | <p>THS-UCP</p> <p>THS-UCP UGC County</p> <p>UGC County/Ampath/TCI</p> <p>Ampath</p> |
| 3. fully immunized children increased by 10% from 37.5% to 47.5% by 2021 | <p>3 Health facilities equipped vaccine storage equipment by the end of 2017/18</p> <ul style="list-style-type: none"> 3 phones for 3 facilities | <ul style="list-style-type: none"> Procurement of cold chain equipment for 3 facilities. Procure gas cylinders and re-fill per year | <p>3 EPI fridges 1 freezer</p> <p>6 vaccine carriers</p> <p>6 gas cylinder re-filled</p> <p>3 phones Airtime</p> | <p>EPI fridges purchased</p> | <p>UNICEF/ GAVI</p> |
| | <p>for follow up</p> <ul style="list-style-type: none"> 2 outreaches per month conducted per facilities. Procure EPI commodities | <ul style="list-style-type: none"> Procure 3 phones for follow up | <p>Staff lunches of 4 Fuel</p> <p>CHV lunch Airtime</p> <p>9,900 BCG syringes 24 trays</p> <p>5,000</p> | <p>Outreaches Conducted by facilities monthly</p> | <p>UGC County/THS-UCP/Ampath</p> |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|--|--|---|
| | <ul style="list-style-type: none"> Training of six (6) nurses from cold chain maintenance Workable EPI micro plan to be in place 4606 woman of child bearing age (WCBA) sensitized on fully | <ul style="list-style-type: none"> Conduct integrated outreaches in hand to reach areas per year. Procure BCG syringes, vaccine tray, mothers and babies booklets, Immunization monitoring charts Carry out a capacity building of nurses on cold chain maintenance. Micro planning of EPI activities in 3 facilities. | <p>50</p> <p>Conference package 3 Facilitators Transport reimbursement Airtime Hall hire.</p> <p>Lunches 10 staff per facility Transport Hall hire</p> <p>2 facilitators. Transport Airtime Lunch Transport for 6 staff Lunches for 6 staff printing</p> | <p>Capacity building on cold chain maintenance was done</p> <p>Microplanning was done</p> | <p>GAVI</p> <p>GAVI</p> |
| | <p>immunization of child under one year.</p> <ul style="list-style-type: none"> Print and dissemination of job aid. | <ul style="list-style-type: none"> Conduct 2 sensitization meetings of quarterly basis (door to door meetings). Printing. | | Sensitization meetings done (door to door) | Ampath |
| 4. 4 th ANC visit service utilization increased by 15% from 18.6% TO 33.6% by 2021 in Cengalo, Barkeywo and Nabkoi dispensaries | <ul style="list-style-type: none"> 6 MCH staff trained on FANC by 2017/18 equipped health facilities 1 utility vehicle procured by 2021 | <ul style="list-style-type: none"> Conduct 6 nurses on FANC procure MCH equipments for 3 health facilities BP machine. stethoscope, Doppler machine, adult weighing scale, examination couches, digital thermometer Procure utility vehicle Conducted 10 barazas per month to | <p>Transport reimbursement Lunches Stationery</p> <p>6 MCH kits</p> <p>1 utility vehicle</p> <p>Lunches Transport reimbursement</p> | <p>FANC training conducted</p> <p>BP machine procured</p> <p>Doppler machine purchased Examination couches purchased</p> <p>Done by the responsible department</p> | <p>THS-UCP</p> <p>THS-UCP</p> <p>USAID Ampath</p> <p>THS-UCP</p> |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|---|---|--|--|---|---|
| | <ul style="list-style-type: none"> 4606 WOCB of child reproductive agesensitized and number of men involved | | Lunch Transport reimbursement Facilitation | | Ministry of interior |
| | <ul style="list-style-type: none"> 30 CHVs trained on community midwifery Early screening of reproductive conditions and ANC profile | <ul style="list-style-type: none"> advocate men involvement Sensitize 4606 WCBA on the importance of completing the 4th ANC visits Integrate community midwifery into community through training 30 CHVs Cancer screening Cervical cancer screening ANC profile screening | <ul style="list-style-type: none"> PSA kits(50s) PAP smear kits(25s) Acetic acid(500mls) Disposal speculum Lugols iodine(500mls) Pregnancy test (50) VDLkit (50s) Cumber 10 (100s) HB cuvettes (haemocue 50) Malaria kits(25s) | Not done for replanning other activities were done during integrated outreaches and inreaches | UGC County |
| 5. Child nutritional status improved (underweight from -% to 0%], stunting from % -0% and wasting from-% to 0%, by 2021 (level missing) | <ul style="list-style-type: none"> Baseline survey on underweight andstunted children conducted Nutrition session given to mothers in the project area Biannual vitamin A supplementation successfully conducted Children below five years dewormed | <ul style="list-style-type: none"> Form a baseline survey team of 6 people Conduct a baseline survey Carry out weekly nutrition education sessions to mothers in the project area on infant and young child feeding (IYCF) Enhance biannual vitamin A supplementation to the under-fives in the project area De worm children aged five years and below in the project area Carry out community based demonstratio ns on home-made calorie | <ul style="list-style-type: none"> Lunches Transport Airtime Stationary Lunches Transport Airtime Stationery Projectors Laptop Transport reimbursement Fuel Lunch Airtime Commodities Lunch Transport Fuel Assorted food stuffs (consumables) Stationery Transport Lunch Refreshments Fuel | <ul style="list-style-type: none"> Not done to be done by April 2020 Activity done Activity done and ongoing | UGC County/A mpath |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|--|--|---|
| | <ul style="list-style-type: none"> Community demonstrations done | | Fuel Lunch Transport Drugs | | |
| | <ul style="list-style-type: none"> Nutrition education sessions carried out to mothers in the project area Nutrition outreaches conducted in the project area Anthropometric equipment purchased Food supplements for the severely malnourished children purchased | <ul style="list-style-type: none"> dance meals for children in the project area Carry out nutrition education sessions to mothers in the project area Conduct nutrition outreach programmes for growth monitoring in the project area Purchase anthropometric equipment for growth monitoring Purchase food supplements for the rehabilitation of the very malnourished under-fives in the project area | <ul style="list-style-type: none"> Weighing scales Measuring tape BP machine Consumables Assorted food supplements/commodities | Done and is ongoing at the facility Done Purchased length boards for facilities and MUAC tapes for facilities and CHVs Done | UGC County/Ampath AMPATH Ampath |
| 6. Water, sanitation and hygiene (Latrine) coverage improved by 10% from 65% to 75% by the year 2021 | <ul style="list-style-type: none"> Baseline survey on sanitation coverage status conducted 2017/2018 Annual assessment on water and sanitation coverage CHV and civic leaders sensitized twice a year Linkage established between key corps Community members empowered on water sanitation and hygiene | <ul style="list-style-type: none"> Conducting of a base survey Assembling of relevant tool for the survey Composing a team of professional action Site visits Re-training briefings and sensitization meetings Partnership to be established amongst the communities and other sectors. Report writing and compilation. | Trained personnel Allowances Training materials Manuals Stationeries Vehicles Fuel Supervisor Conference package TOT's Time and venue Driver | Purchased and distributed sanitary towels to the needy adolescent girls, CHV and civic leaders sensitized, other activities to be replanned | UGC County/Ampath |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|---|---|---|
| | <ul style="list-style-type: none"> Database established. Hygiene and health promotion enhanced. Issues of menstrual hygiene addressed among the school going girls. | <ul style="list-style-type: none"> Formation of sanitation committees Bringing of other sections on board. (education dept) Outreaches (clinics) | PAS Cameras/video machines | | |
| | | <ul style="list-style-type: none"> Conducting of jigger sessions. | | | |
| 7. Quality of health service delivery improved by 2022 | <ul style="list-style-type: none"> Integrated monitoring and evaluation /VMG team for quality assurance formed | <ul style="list-style-type: none"> Formation of quality improvement and assurance team-10-member team (health staff and VMGs) | Transport Lunches 3 Facilitators Refreshment Airtime | Not done, to be done by April 2021 | UGC County |
| | <ul style="list-style-type: none"> Quality team members trained | <ul style="list-style-type: none"> Capacity build the quality assurance team | Conference package for 3 days Transport 3 facilitators Airtime | Not done, to be replanned | UGC County |
| | <ul style="list-style-type: none"> Infection prevention assorted equipment procured for the 4 facilities (Burnt forest, Cengalo, Nabkoi and Barkeiywo dispensaries) | <ul style="list-style-type: none"> Procure assorted equipments yearly per facility(plastic containers) per facility Procure coloured paper bags for segregation of waste Procure IPC commodities and supplies | Coloured coded bins Bin liners 3 Gas burners plus cylinders 50 litres Hypochlorite | Procured except for gas burners which will be procured by June 2021 | UGC County |
| | <ul style="list-style-type: none"> Existing incinerators/burning chambers renovated | <ul style="list-style-type: none"> Renovate 3 incinerators /burning chambers | 3 incinerators /burning chambers | Not done, will be constructing a new incinerator | UGC County |
| 8. Participatory monitoring and evaluation component improved delivery by 2021 | <ul style="list-style-type: none"> All 3 health facilities are visited | <ul style="list-style-type: none"> Conduct quarterly support supervision on community health facilities | Lunch Transport Airtime Stationary | Activity done | UGC County/Am path/THS-UCP |
| | <ul style="list-style-type: none"> 6 service providers trained on family planning contraceptives data request and reporting by 2017/18 | <ul style="list-style-type: none"> Training of health facility staffs on infection prevention control | Conference package Transport Airtime 3 Facilitators | Mentorship on commodity management done | APHIA UGAVI |
| | 4 indicator data review meetings held per year | <ul style="list-style-type: none"> Conduct quarterly indicator data review meetings | Conference package Transport Airtime Facilitation*3 | Data review done at county and subcounty Ward Data reviews | THS-UCP |

| Objective | Output | Activity | Inputs | Current status of activity | Whether addressed through the THS program (state year or through other funds) |
|-----------|---|---|---|----------------------------|---|
| | | | | | Ampath/ UGC County |
| | <ul style="list-style-type: none"> Participatory monitoring and evaluation team (with VMGs representative) formed by the end of 2017/1028 Participatory monitoring sessions conducted per quarter | <ul style="list-style-type: none"> Procure 10 Mobile phones for M\$E/VMG and 3 (three) health facilities Procure 1 desktop, 1 laptop • 1 printer | *10=350000 Laptop Desk top printer | Not done to be replanned | UGC County |

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|---------------------------|-------------------------|--|---|--|--|
| 19/06/2019 | Ndungulu Village | Focal person and subcounty team | ANC visits Hospital deliveries Cervical cancer screening Family planning | Men, women and children | Continuity of outreach services |
| 27/06/2019 | Teldet Village | Focal person and subcounty team | ANC visits Hospital deliveries Cervical cancer screening Family planning | Men, women and children | Continuity of outreach services |
| 31/7/2020 6/8/2020 | Telephone consultations | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Joseph kiplagat Kaila- - Involved in 2018 VMGP preparation Emily Jeptoo Tuwei- | Ogiek displaced. Current facilities serving them in Kesses subcounty include Nabkoi, Barekiywo, Cengalo dispensaries and Burnt Forest subcounty Hospital in Ainabkoi subcounty need improvement. Need delivery beds, Patient monitors and thermoscans. Malezibora food and mosquito nets donations Priority. Outreaches. Sensitisation on RMNCA Hand maternity open days especially need for FP in Ndungulu |

5. **What outreach is planned for the future? Are there opportunities to review needs and implementation?**
- Organize a GRM awareness during integrated outreaches
 - RMNCAH dialogues meeting and health action days to be done in Nabkoi, Cengallo and Burnt Forest
6. **Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?**
- 3 Functional Community Units established 2017/18
 - Trained 6 Nurses on EMOnC from the 4 facilities serving VMG
 - Refresher Course for 2 ambulance drivers from Burnt Forest subcounty hospital
 - Recruitment and Training of CHVs to form more community units
7. What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Sensitisation Service Awareness and Linkage 2018/ 2019 Medical Camps 2018/2019, | 332,640 | 52,723,540 | 4% |
| Integrated outreaches in Burnt forest, Cengalo, Baregeiywo and Nabkoi | 38,000 | | |
| Renovation of facility Burnt forest maternity | 2,000,000 | | |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Washing Machine - For Burnt Forest Sub- County Hospital | 2,360,000 | 27,000,027 | 11% |
| Conduct medical camps for VMG communities | 188,000 | | |
| Conduct maternity open days for 2 facilities(Burnt forest and Nabkoi) | 54,000 | | |
| Training of HCWs on EMONC, LARC, MPDSR (for staff from Burnt forest, Nabkoi, Baregeiywo and Cengalo) | 500,000 | | |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-----------------------|-----------------------|-----------------|-----------|---|
| Joan Jepkoech Ngetich | Kesses | KECN | Qualified | No |
| Jeremiah Kemboi | Kesses | KECN | Qualified | No |
| Johnstone Kipleting | Kesses | KECN | Qualified | No |
| Vibian Jepkirui Barno | Kesses | KECN | Qualified | No |

9. Action plan/recommendations for this community for 2021/22

The list below captures the community consultations with the Community, sub county, at a meeting held by the focal person at Cengalo in August 2020

1. Delivery beds, patient monitors and Thermoscans
2. Outreach sensitisation on RMNCAH and especially need for FP in Ndungulu
3. Establish fully equipped maternity ensure one facility is a full level 4 facility
4. Deploy 3 more nurses/ employ from the community
5. Sensitization of the community to scale up uptake of services through CHVs and open maternity days
6. Strengthen community units through frequent updates and meetings

2020/2021 plan activities

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| Conduct RMNCAH targeted Medical camps providing MCH services namely; Immunization, FP, ANC, Nutrient Supplementation, Deworming Growth Monitoring and Health Education targeting the VMGs Communities (Ogiek community in Kesses and Ainabkoi subcounties) | 1,198,000.00 | | |
| Conduct 48 RMNCAH integrated outreaches in facilities with low 4 th ANC, Fp uptake and 3 rd Penta coverage focusing on Immunization, nutrient supplementation, deworming, FP, ANC and Growth Monitoring, PNC, Health Education. in slums and ogiek community in, Chemusian, Ndungulu, Cengalo Nabkoi and baregeiywo, VMG) | 744,000.00 | | |
| Conduct 4 Maternity open days in facilities with underutilized maternity services and serving the VMGs ie, Cengalo, Burnt forest and Nabkoi | 160,000.00 | | |
| Conduct RMNCAH targeted Mentorships focusing on EMONC and MPDSR in Burnt forest, Nabkoi and Cengalo | 24,000.00 | | |

| | | | |
|---|------------------|--------------------|--------------|
| Renovation of Cengalo Maternity Tiling of the floor -@280,000 Walls repair and tiling/shelves in delivery room -245,000 Replacement of roof and ceiling=@420,000 Painting of entire maternity @300,000 Repair of drainages @ 200,00 Fix sluice pan/sink/drawers@252,000 Repair windows @53,000 Expanding of nurse station@250,000 | 2,000,000.00 | | |
| Procure vital signs monitor machine for 2 high-volume delivering facilities -Burnt forest, Cengalo @ 150,000 each | 300,000.00 | | |
| Procure high quality obstetric bed multifunctional bed for high volume delivering facility -Burnt forest and Nabkoi @520,000 each | 1,040,000.00 | | |
| Procure bed linen for 3 delivering facilities to include Burnt forest, Nabkoi and cengalo 10,5, and 5 respectively (Patients blankets and bedsheets) @ 3500 for blankets and 1200 for bedsheets total 70,000 for blankets and 24,000 for bed sheets | 94,000.00 | | |
| Total | 5,560,000 | 110,753,761 | 5.02% |

10. Culturally appropriate procedures in place to receive and address grievances by this group arising from project implementation? How is the GRM made accessible to this group are they made aware of the GRM?

1. VMG representation in the hospital management board (HMB).
2. Incidence registers at the hospital and all facilities
3. Awareness raising on project and GRM during outreach
4. GRM register at every Facility
5. Identify GRM focal person in every facility and community unit

Prepared by VMG focal point:

Name: Betty Chirchir

Position: VMG focal point

Date: 14 Aug 2020

Agreed by representative of VMG community:

Name: Joseph Kiplagat Kaila

Position: Ogiek Community Focal person

Date: 31st July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 3rd Sept 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALISED GROUP PLAN 2020-2021

County: VIHIGA

VMGs: TERIK

Population: 3500(0.61%)

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend?(copied from reference VMGP)

The Terik, being small in population and geographically located at the corner of the border of Nandi, Vihiga and Kisumu County, is considered insignificant in terms of political positions. Thus, the community is often excluded in the political and decision-making spaces in these three counties. The area is therefore, less developed compared to other areas within the same county occupied by the dominant community groups. In addition, the community is culturally and socially influenced by the Luo, Nandi and Luyha communities which makes them socially vulnerable. Noting the precarious vulnerability of the community, the social assessment revealed several primary health care challenges. The community is served by six health facilities including: (i) Likindu Dispensary; (ii) Jepkoyai Dispensary;(iii) Kimogoi Dispensary;(iv) Malombe Dispensary (v)Kapchemwan Dispensary and (vi)Jerok Dispensary.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--------------------------------------|-------------------------------|---|
| Maternal | | | | |
| 1. Skilled delivery increased by an average of 10 % from | 4 Renovated maternity units by 2018/2019 | Awarded a contractor for renovation. | Materials, Labour, Transport. | THS and County Funds 2018/2019- Completed |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|---|---|
| 45% to 65% by the end of 2022 | 4 maternity units equipped by 2019/2020 | Procure assorted maternity equipment. | 4 delivery beds, 4 Examination Couches, Mama packs, 10 Hospital Beds, 4 Doppler Machines, 4 room heaters, 4 Solar power & Heating systems Assorted commodities and supplies 4 Resuscitaires | THS 2020/2021 |
| | Effective Referral System progressively improved by 2019/2020 | Procure one fully equipped Ambulance | 1 complete functional ambulance | THS 2020/2021 |
| | | Maintenance | Maintenance & Regular Service. Fuel | |
| | | Communication | 4 Airtime Procure 4 mobile phones | |
| | Maternity Open Days held per quarter | Conduct 5 maternity open days | Job Aids, Refreshments Transport | CGV 2019-done |
| | Innovations to orient WBA on importance of MCH/FP (Testimonies and experiences) held per annum | Integrate cervical and breast cancer screening services into maternity open days | Medical Supplies and Technologies Transport, Refreshments Lunch allowances for staff. | |
| | 5 Staff Skills improved by 2017/2018 | Train 5 Nurses on EMOnC | 5 Nurses trained on EMOnC | THS FUNDS 2018/2019 |
| | Result based financing for CHVs improved per annum | CHVs identify and refer mothers for services | Transport and lunches | Done CGV 2017/2018 |
| Community Dialogue Days held per quarter | Conduct 5 dialogue days in 3 HFs per quarter | Transport reimbursement Refreshments | Ongoing CGV 2020 2021 | |
| Family planning uptake increased by 14% (from 46 % to 60%) targeting (women of child | 5 FP clinic renovated and equipped by 2017/2019 | Renovate 4 family planning clinics | | THS FUNDS 2018/2019-Done |
| | 5 health worker trained on ASRH by the end of 2017/2018 | Train 20 CHVs on community family planning | Lunches, Transport reimbursement, | |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|---|---|
| bearing age, and adolescent and youths by 2021 | 30% WCBA sensitized on contraceptive per year | Conduct two sensitization meeting per month | Facilitators, Fuel, Lunch allowances, Transport reimbursement stationary's | County government of Vihiga-On going |
| | All 5 H/facilities supplied and stocked family planning Commodities annually | Redistribution of family planning commodities | 4 facilitators conference package, fuel, lunches (1 driver staff airtime, | |
| | 11 Secondary and 18 Primary Schools with running school health program by end of 2017/18 | Carry out school health programs in 7 primary schools and 5 secondary schools on youth friendly services and sex education | lunches ,teaching aid | |
| | HCW training on FP | Nurses, Doctors and clinician training on FP | Hall package Facilitation fee Transport reimbursement | |
| Train 20 CHVs on community family planning | CHV training on FP | Hall package Facilitation fee Participants allowance Transport reimbursement | IPAS 2019 -Done | |
| 80 Community members per 4 HFs sensitized on FP services | Community sensitization on FP | Lunch allowance and transport | JHPIEGO 2020 | |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|--|--|---|---|
| <p>fully immunized children increased by 10% from 67% to 77% by 2021</p> | <p>4 Health facilities equipped vaccine storage equipment by the end of 2017/18, 5 phones for 5 facilities for follow up</p> <p>2 outreaches per month conducted per facilities.</p> <p>Procurement of EPI commodities</p> <p>Training of five (5) nurses from cold chain maintenance.</p> <p>Workable EPI micro plan to be in place</p> <p>30% woman of child bearing age (WCBA) sensitized on fully immunization of child under one year.</p> <p>Print and dissemination of job aid.</p> | <p>Procurement of cold chain equipment for 5 facilities., Procure gas cylinders and re-fill per year</p> <p>Conduct integrated outreaches in hand to reach areas per year.</p> <p>Procure BCG syringes, vaccine tray, mothers and babies booklets, Immunization monitoring charts</p> <p>Carry out a capacity building of nurses on cold chain maintenance.</p> <p>Micro planning of EPI activities in 3 facilities.</p> <p>Conduct 2 sensitization meetings of quarterly basis (door to door meetings).</p> <p>outreach Printing.</p> | <p>EPI fridges ,1 freezer ,18 vaccine carriers, 5 gas cylinder re-filled, 5 phones ,</p> <p>2300 BCG syringes, 24 trays 50 mother to child booklets Conference package</p> <p>4 Facilitators, Transport reimbursement, Airtime Hall hire, lunches 10 staff per facility, Transport Hall hire, 2 facilitators, transport , airtime, Lunch</p> <p>Transport for 6 staff Lunches for 6 staff</p> <p>Printing</p> | <p>County Government of Vihiga Done and still ongoing</p> <p>County government of Vihiga-On going</p> |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|--|--|---|
| 4 th ANC visit service utilization increased by 15% from 30% TO 45% by 2021 | <p>5 MCH staff trained on FANC by 2017/18</p> <p>Health facility equipped health facilities</p> <p>20 CHVs trained on community midwifery</p> <p>Early screening of reproductive conditions and ANC profile</p> | <p>Conduct Training 5 nurses on FANC</p> <p>Procure BP machine, stethoscope, Doppler machine, adult weighing scale, examination coaches, digital thermometer for 4 facilities</p> <p>Conducted 10 barazas per month to advocate men involvement</p> <p>Sensitize 30% WCBA on the importance of completing the 4th ANC visits</p> <p>Integrate community midwifery into community through training 30 CHVs</p> <p>Cancer screening</p> <p>Cervical cancer screening</p> <p>ANC profile</p> | <p>Transport reimbursement</p> <p>Lunches, Stationery</p> <p>5 MCH kits</p> <p>Lunches</p> <p>Transport reimbursement</p> <p>Lunch</p> <p>Transport reimbursement</p> <p>Facilitation fee</p> <p>PAP smear kits(25s)</p> <p>Acetic acid(500mls)</p> <p>Disposal speculum Lugols iodine(500mls)</p> <p>Assorted medical products and technologies</p> | CGV-Done |
| 5. Child nutritional status improved (underweight from 3.8% to 1.8%), stunting from % 14.6 to 10% and wasting from 3% to 1%, by 2021 | <p>Baseline survey on underweight and stunted children conducted</p> <p>Nutrition session given to mothers in the project area</p> <p>Biannual vitamin A supplementation successfully conducted</p> <p>Children below five years dewormed</p> | <p>Form a baseline survey team of 6 people, Conduct a baseline survey</p> <p>Carry out weekly nutrition education sessions to mothers in the project area on infant and young child feeding (IYCF)</p> <p>Enhance biannual vitamin A supplementation to the under-fives in the project area</p> <p>De worm children aged five years and below in the project area</p> | <p>Lunches, Transport, Airtime</p> <p>Stationary, Lunches, Transport</p> <p>Projectors, Laptop</p> <p>Transport reimbursement, fuel, lunch, Airtime</p> <p>Commodities, Lunch</p> <p>Fuel</p> | Nutrition international 2020/2021 |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|--|---|---|--|---|
| | Community demonstrations done. Nutrition education sessions carried out to mothers in the project area | Carry out community-based demonstrationson home-made calorie dance mealsfor childrenin the project area Carry out nutrition education sessions to mothers in the project area | Transport Fuel Assorted food stuffs (consumables) Stationery Transport Lunch Refreshments | CGV 2021 Nutrition unit |
| | Nutrition outreaches conducted in the project area Anthropometric equipment purchased Food supplements for the severely malnourished children purchased | Conduct nutrition outreach programmes for growth monitoring in the project area Purchase anthropometric equipment for growth monitoring Purchase food supplements for the rehabilitation of the very malnourished under-fivesin the project area | Lunches, Transport, Airtime Stationary, Lunches | Ongoing Nutrition unit |
| 6. Water, sanitation and hygiene coverage improved by 10% from 65% to 75% by the year 2021 | Baseline survey on sanitation coverage status conducted 2017/2018 Annual assessment on water and sanitation coverage CHV and civic leaders sensitized twice a year Linkage established between key corps Community members empowered on water sanitation and hygiene Database established. Hygiene and health promotion enhanced. | Conducting of a base survey Assembling of relevant tool for the survey, Composing a team of professional action, Site visits Re-training briefings and sensitization meetings Partnership to be established amongst the communities and other sectors. Report writing and compilation. Formation of sanitation committees Bringing of other sections on board. (education dept) Outreaches (clinics) | Trained personnel Allowances Training materials Manuals Stationeries Vehicles Fuel Supervisor Conference package TOT's Time and venue Driver PAS Cameras/video machines | CGV 2021 Public Health Unit CGV 2021 Public Health Unit |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|---|---|--|---|---|
| | Issues of menstrual hygiene addressed among the school going girls. | Conducting of jigger sessions. | | |
| 7. Quality of health service delivery improved by 2022 | Integrated monitoring and evaluation /VMG team for quality assurance formed | Formation of quality improvement and assurance team-10-member team (health staff and VMGs) | Transport Lunches 3 Facilitators Refreshment Airtime | CGV 2021 M&E |
| | Quality team members trained | Capacity build the quality assurance team | Conference package for 3 days Transport 3 facilitators Airtime | Quality Improvement Unit |
| | Infection prevention assorted equipment procured for the 3 facilities | Procure assorted equipment yearly per facility (plastic containers) per facility Procure coloured paper bags for segregation of waste Procure IPC commodities and supplies | 3 Sterilizer Coloured container basins Bin liners 3 Gas burners plus cylinders | THS FUNDS 2018-Assorted IPC commodities procured |
| | Existing incinerators/burning chambers renovated | Renovate 3 incinerators /burning chambers | 3 incinerators /burning chambers | CGV-Ongoing Environmental |
| | Placenta pit in place | provide for placenta pits | 3 Placenta pits | CGV Environmental |
| Participatory monitoring and evaluation component improved delivery by 2021 | All health facilities are visited | Conduct quarterly support supervision on community health facilities | Lunch, Transport, Airtime Stationary | THS FUNDS Ongoing M&E |
| | 5 service providers trained on family planning contraceptives data request and reporting by 2017/18 | Training of health facility staffs on infection prevention control | Conference package Transport Airtime 4 Facilitators | CGV-Done RH Unit |

| Objective | Output | Activity | Inputs | Whether addressed through the THS program (state year or through other funds) |
|-----------|---|---|--|---|
| | 4 indicator data review meetings held per year | Conduct quarterly indicator data review meetings | Conference package Transport Airtime Facilitation*3 | THS FUNDS 2021-Ongoing M&E |
| | Participatory monitoring and evaluation team (with VMGs representative) formed by the end of 2017/1028 Participatory monitoring sessions conducted per quarter | Procure 10 Mobile phones for MŞE/VMG and 3 (three) health facilities Procure 1 desktop, 1 laptop 1 printer | Laptop Desktop Printer | Monitoring and evaluation team formed |

4. (How will free, prior, and informed **consultation** be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|------------|--|--|--|--|---|
| 15/6/2018 | Kamobong church | SCMOH SCPHN | -Health needs of the community -Upgrading of one dispensary to a health Centre to Cover 24hrs | Council of elders (Terik) and community members Health care providers | Likindu dispensary is covering 24hour. |
| 15/12/2019 | Kimogoi dispensary | -SCMOH -SCPHN | -Importance of hospital delivery and Immunization | Council of elders (Terik) and community members Health care providers | -Improved child survival -Increased hospital delivery. |
| 16/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | John Chepseba Terik Chairman | Ambulance and delivery beds. Sensitisation of the mothers, community on benefits of RMNCAH. Drug shortages. Need outreaches- surrounding facilities include |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | Kimogoni, Kapchemwani, Malombe, Jebrok, Jeikoyai |
|--|--|--|--|--|--|

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

- Integrated outreach activity has been budgeted in financial year 2020/2021
- Planned review meeting to check on implementation of VMG activities

6. (Measures to enhance the capacity of the project implementing agencies) what discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

- Trained on EMNOC, Infection prevention and waste management.
- Trained on Contraceptive Technology Update.
- Mentorship on UBT and AMSTL.

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2018/2019

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|---|-----------------------------|--|-------------------------------------|
| -Integrated RMNCHN outreach activities. -Equipping of Jebrock and Malombe dispensary, Training of Health Care providers. | 920,000 | 36,814,772 | 2.5% |

2019/2020

| <i>Activity targeting VMGs</i> | <i>KSH for the activity</i> | <i>Total AWP budget for the county</i> | <i>% budget spent on this group</i> |
|--|-----------------------------|--|-------------------------------------|
| Procure Mama packs Integrated outreach activities | 2,000,000 1,000,000 | 52,387,250 | 5.7% |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Completed the course | Are they now employed in their communities? |
|------------------|-----------------------|---|----------------------|---|
| Sylvester Kibuga | Hamisi | Kenya enrolled community health nursing | yes | yes |
| Francis Kimanoi | Hamisi | Kenya enrolled community health nursing | yes | yes |
| Sheila Imali | Hamisi | Kenya enrolled community health nursing | yes | yes |
| Mildred Chesang | Hamisi | Kenya enrolled community health nursing | yes | not yet |

9. Action plan/recommendations for this community for 2021/22:

- Upgrade one dispensary to a health centre.
- Sensitize the community on the importance of male involvement in health care delivery
- Renovate and equip Kimogoi dispensary.

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the County | %budget spent on this group |
|---|----------------------|---------------------------------|-----------------------------|
| Conduct monthly integrated outreach activities for RMCHN | 144,000 | | |
| Procure fully equipped ambulance to serve VMG community | 10,000,000 | | |
| Procure doppler machine for facilities covering the VMG community | 210,000 | | |
| Hold quarterly review meetings with Terik elders to reinforce messages and address problems | 180,000 | | |
| Grand total | 10,534,000 | 101,463,361 | 10.4% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

1. Health facilities in the VMG community have improvised GRM registers
2. Suggestion boxes are available for the clients to air their complaints.
3. GRM sensitization and provision of GRM registers is planned for in the FY 2020/21 using THS funds.
4. Procurement and distribution of complain register books to all the links facilities
5. Appointment of Grievance focal person at county level and at health facility to register and refer complaints
6. Appointment of a VMG focal point at county level to actively follow up on VMG complaints

Prepared by VMG focal point:

Name: Esolio Rebecca

Position: VMG focal person

Date: 9th October 2020

Consulted representative of VMG community:

Name: John Chepseba

Position: Terik Chairman

Date: 15th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 21st October 2020

Transforming Health Systems Program – Vulnerable and Marginalised Group plan 2020-2021 (see OP4.10, annex B)

County: WAJIR

VMGs: RIBA

Population: 6186=0.79%

1. What is the legal and institutional framework applicable to these groups?

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristics of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

Riba community belongs to the Hawiya Somali community. They are believed to have originated from central Somalia, Baidoa. Historically, they belong to the ancient hunters and gatherers but of late they have turned to be pastoralist keeping mostly cattle and goats. Culturally Riba community is divided into 5 clans; Mahat, Makaran, Hilmamis, Qeyra and Modin. They have collective attachment to ancestral areas, territories, and habitats and live in Ganyure, Boji and Barwaqo villages of Ganyure ward with the Ajuran community. Barriers to PHC services, they suffer marginalization as depicted by exclusion from accessing employment opportunities and having political representation. Thus, live in villages that lack permanent water source and poor latrine coverage. They are served by two dispensaries. However after the social assessment we have identified two more VMG communities which according to our understanding we fill the fit for the criteria and we are therefore planning to consider them in our next plan for social assessment and plan for them.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

Riba Community Action Plan at Ganyure Dispensary

| Objective | Output | Activity | Inputs | Budget | Done if not why | Whether addressed through the THS program (state year or through other funds) |
|--|--|---|------------------------------------|---------|-----------------|---|
| Maternal | | | | | | |
| Skilled delivery increased by an average of 10 % from 18% to 28% for | Ganyure dispensary delivery room renovated | ☑ Awarding contract to renovate the delivery room | ☑ Construction labor and materials | 500,000 | Done | CGW |

| Objective | Output | Activity | Inputs | Budget | Done if not why | Whether addressed through the THS program (state year or through other funds) |
|---|---|--|--|--|-----------------|---|
| Ganyure dispensaries by the end of 2021 | Ganyure dispensary Delivery equipment procured | ☐ Procure delivery equipment | ☐3delivery packs, 2 deliverybedsand 1 resistor | 445,000 | Done | CGW |
| | Purchase of solar panels and 2 batteries | ☐Procurement of solar panels, invertor and batteries | 2solar panel 150W,2 battaries,1 invertor | 120,000 | Done | CGW |
| Family planning uptake increased by ...4..% (from 13....% to ...17.%) targetin2g women of child bearing age by 2021 | 20 religious leaders,40CHVs and women leader sensitized on FP Monthly outreach done to improve on accessibility of services5 | ☐Sensitization of CHVs and religious leaders on FP | <ul style="list-style-type: none"> • Lunch allowances • Refreshments • Participants list • Allowances FP registers | 200,000 120,000 300,000 300,000 | Done | SUPKEM |
| | 4 monthly mobile outreach conductedfor 4 village (300 mothers per village) | ☐Mobilize 4 villages ☐Facilitated te outreach | ☐personnel ☐lunch allowance ☐fuel ☐vehicle ☐Vaccines | 680,000 | Done | THS |
| | Facility based immunization Defaulter tracing mechanism developed | Defaulter tracing mechanism developed | <ul style="list-style-type: none"> • Immunization registers lunch | 80,000 | Done | THS |
| 4 th ANC visit service utilization increasedby ...5.% (from 42...% to 47.....% by 2021 (...1... facilities) Child nutritional status improved (underweight from -0.1% to 0%), stunting from6 % -0% and wasting from% to 0%, by 2021 | 300Linda mama kits for all mothers who complete 4 ANC visits procured per year | ☐Procuring of 300 linda mama kits | <ul style="list-style-type: none"> • Lindamama kits registers | 300,000 | DONE | THS |
| | ANC defaulter tracing mechanism developed | ☐Develop ANC defaulter tracing mechanism for | 1.ANC register lunch | 80,000 100,000 | DONE | THS |
| | 20 CHVs,20 CHCs sensitized on IMAM | Vs ,CHCs sensitized on IMAM TMSG trained on IMAM | ☐Lunch ☐Refreshment ☐fuel | 260,000 80,000 10,000 | DONE | THS |

| Objective | Output | Activity | Inputs | Budget | Done if not why | Whether addressed through the THS program (state year or through other funds) |
|---|--|--|--|-------------------------------|---|---|
| | | Monthly ordering of nutritional commodities done | | | | |
| | 1 MTMSG(10 mothers) trained on IMAM | ☑facilitation | ☑Lunch ☑Facilitation allowance | 75,000 60,000 | DONE | THS |
| Water, latrine coverage increased by ...10.% (water from .0..% to ...10%; latrine from .0..% to 10...% by the year 2021 Quality of health service delivery improved by the year 2021 | Timely ordering of nutritional commodities to avoid stock outs | Staff orientation computer | ☑Standard order forms ☑Reliable network | | NOT DONE Nutrition | NUTRITION UNIT |
| | <ul style="list-style-type: none"> • Training of 20 CHVs on water and sanitation done Monthly Community action/dialogue days done | ☑Training of CHVs on water and sanitation ☑Monthly community dialogue and action days | ☑Per diems, ☑lunch Allowances ☑Training materials | 250,000 250,000 100,000 | DONE | THS |
| | 10 VIP latrine constructed | ☑Awarding tenders to construct 10 VIP latrines | ☑Construction labour ☑Building materials | 900,000 2,100,000 | NOT DONE as part of environmental safeguards exclusion list | |
| | <ul style="list-style-type: none"> • Quarterly support supervision done • OJT of the health personnel done. 6 staffs trained on infection prevention | Quality health services available in the health facility | <ul style="list-style-type: none"> • Allowances • Training materials • Motor vehicle fuel | 260,000 20,000 20,000 | DONE | THS |

Riba of Wajir Plan at Barwaqo Dispensary

| Objective | Output | Activity | Inputs | Budget | Done if not why | Whether addressed through the THS program (state year or through other funds) |
|---|---|---|---|---------------------------------------|------------------------------|---|
| Maternal | | | | | | |
| Skilled delivery increased by an average of 10 % from 18% to 28% for Barwaqo dispensaries by the end of 2021 | <ul style="list-style-type: none"> • Renovation of Barwaqo dispensary maternity done • delivery equipment procured 2 solar panels, inverter and 2 batteries procured | <ul style="list-style-type: none"> • Awarding contract to renovate the maternity • Procure delivery equipment Procurement of solar panels, inverter, and batteries | <ul style="list-style-type: none"> • Contraction labor and materials • 5 delivery packs, 3 delivery beds and 2 resistors • 2 solar panel 150W, 2 batteries, 1 inverter | 800,000 845,000 120,000 | DONE DONE DONE | CGW CGW CGW |
| Family planning uptake increased by ...3% (from ...6.% to ...9.%) targeting women of child bearing age by 2021 | 20 religious leaders, 20 CHVs and women leader sensitized on FP | <ul style="list-style-type: none"> • Sensitization of CHVs and religious leaders on FP | <ul style="list-style-type: none"> • Lunch allowances Participants list | 200,000 | DONE | SUPKEM |
| Fully immunized children by ...5, % from ...85..% to 90.....% by 2021 | <ul style="list-style-type: none"> • 4 monthly Mobile outreaches conducted Facility based immunization Defaulter tracing mechanism developed | <ul style="list-style-type: none"> • 4 outreaches per month for six months in different sites undertaken Defaulter tracing mechanism developed | <ul style="list-style-type: none"> • Vaccines • personnel • lunch allowance • fuel vehicle | 480,000 | DONE | THS |
| 4 th ANC visit service utilization increased by ...3.%(from ...17% to 20.....% by 2021 (..... facilities) | <ul style="list-style-type: none"> • 300 Linda mama kits for all mothers who complete 4 ANC visits procured per year ANC defaulter tracing mechanism developed | <ul style="list-style-type: none"> • 300 Linda mama kits procured ANC defaulter tracing mechanism developed | <ul style="list-style-type: none"> • Linda mama kits Registers | 300,000 | DONE | THS |
| Child nutritional status improved (underweight from -% to 0%), stunting | <ul style="list-style-type: none"> • 20 CHVs, 20 CHCs sensitized on IMAM • 1 MTMSG (10 mothers) trained on IMAM | <ul style="list-style-type: none"> • CHVs, CHCs sensitized on IMAM • 1 MTMSG trained on IMAM | <ul style="list-style-type: none"> • Lunch • Refreshment fuel | 160,000 70,000 10,000 | DONE | THS |

| Objective | Output | Activity | Inputs | Budget | Done if not why | Whether addressed through the THS program (state year or through other funds) |
|---|--|---|--|---------------------------------|-----------------|---|
| from % -0% and wasting from% to 0%, by 2021 | Timely ordering of nutritional commodities to avoid stock outs | Monthly ordering of nutritional commodities done | | | | |
| Water, latrine coverage increased by 10....% (water from ..0.% to 10...%; latrine from .0..% to 10...% by the year 2021 | <ul style="list-style-type: none"> • Training of 20 CHVs on water and sanitation done. • Monthly Community action/dialogue days done. 10 VIP latrines constructed | <ul style="list-style-type: none"> • Training of CHVs on water and sanitation • Monthly community dialogue and action days Awarding contract to construct 10VIP latrines | <ul style="list-style-type: none"> • Per diems, • Lunch allowances <ul style="list-style-type: none"> • Training materials • Constructionlabour • Building materials | 600,000 900,000 2,100,000 | DONE | THS |
| Quality of health service deliveryimproved by the year 2021 | <ul style="list-style-type: none"> • Quarterly support supervision done • OJT of the health personnel. Training of staffs 4 on infection prevention done, | <ul style="list-style-type: none"> • Quality health services available in the health facility | <ul style="list-style-type: none"> • Allowances • Training materials • Motor vehicle fuel | 260,000 20,000 20,000 | done | THS |

4. How will free, prior, and **informed** consultation be carried out with these groups during project implementation?) **What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP), include awareness raising on complaints mechanism and outreach?**

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-------------------------------|------------------------|--|--|--|--|
| 25 th October 2019 | Barwako catchment area | Nurses and CHW | Integrated facility based outreaches targeting both VMG and the community members. | Both men and women attended for the services since the services are integrated | The community appreciated the services and promised to utilize |

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|--------------------------------|--|---|------------------------------------|--|---|
| | | | | | it well in the subsequent outreach visits. |
| 3 rd September 2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Riba Representative consulted, Abdikadir Nuro Kato | Renovation of maternity in Ganyure, Barwako, Leheley. Equipping of maternity. Sensitisation of community who are nomads. Outreaches |

5. What outreach is planned for the future including reviewing VMGs needs and implementation?

Integrated outreaches are planned for financial year 2020/2021 and priorities of the community will also be factored in. RMNCAH dialogues meeting and health action days to continue in Ganyure and Barwako

6. (Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs?

Trained health care workers on generic RH packages such as EMOC, LARC, EPI operational level training and MPDSR

No discussion specific to improving reach and appropriate interventions for VMGs was carried out and NEED TO BE CARRIED OUT IN 2020-21

7. (What are the cost estimates and financing plan for these mitigating measures?) What has been done for this community so far in the project (from AWP)

2017/2018

| <u>Activity targeting VMGS</u> | <u>KSH for the activity</u> | <u>Total AWP budget for the county</u> | <u>% budget spent on this group</u> |
|--|-----------------------------|--|-------------------------------------|
| Sensitization of VMG community integrated outreaches in both areas | 0 | 0 | 0 |

2018/2019

| <u>Activity targeting VMGS</u> | <u>KSH for the activity</u> | <u>Total AWP budget for the county</u> | <u>% budget spent on this group</u> |
|--------------------------------|-----------------------------|--|-------------------------------------|
| None | - | 44,828,335 | 0% |

2019/2020

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--------------------------------|-----------------------------|--|-------------------------------------|
| None | | | |

8. Were any health trainees sponsored by this project from this community?

| Name | From which sub county | Training course | Finished | Are they now employed in their communities? |
|-------------|------------------------------|------------------------|-----------------|--|
| None | | | | |

9. Action plan/recommendations for this community for 2021/22 (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- Procure assorted RMNCH equipment for facilities in the area
- Integrated targeted outreaches for this community including prioritising community needs for 2020/21

2020 2021 PLAN

Outputs

1. Integrated outreaches are planned for financial year 2020/2021 and priorities of the community will also be discussed, as well as Sensitization of staff and community on GRM
2. Procure and dissemination of GRM registers to linked facilities
3. Integrating VMG into health facility management committee

| Activity targeting VMGS | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Purchase Maternity equipment for VMG serving Health facilities (Ganyure, Barwaqo, Leheley and Habasweni health facilities). Delivery pack 90*1*5,000@ 450,000 suction machine for newborn resuscitation 6*40,006@ = 240,036 | 1,841,036 | | |

| Activity targeting VMGS | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|----------------------|---------------------------------|------------------------------|
| autoclave machine for equipment sterilization 4*1*90,000 = 360,000 hospital delivery beds 4*1*120,000@ 480,000 Stethoscope 11*6,000 = 66,000 Glucometer 22*5,000 = 110,000 Weighing scale 45*3,000 = 135,000 Total = 1,841,036 | | | |
| Total | 1,841,036 | 36,414,815 | 5.10% |

10. **Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?**

- Sensitization of staff and community on GRM
- Procure and dissemination of GRM registers to linked facilities
- Integrating VMG into health facility management committee

Prepared by VMG focal point:

Name: Ahmed Isaac Abdullahi

Position: VMG focal point

Date: 8th September 2020

Consulted representative of VMG community:

Name: Abdikadir Nuro Kato

Position: Riba Representative

Date: 3rd September 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT Social Safeguards Officer

Date: 8th September 2020

TRANSFORMING HEALTH SYSTEMS PROGRAM – VULNERABLE AND MARGINALIZED GROUP PLAN 2020-2021

COUNTY: WEST POKOT

VMG: Sengwer

Population: 1.8%

1. What is the legal and institutional framework applicable to these groups? (STANDARD TEXT FOR ALL VMGS)

Article 21 of the Constitution, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities. Article 27: Affirmative action to redress past disadvantage suffered by individuals or groups because of past discrimination. County Government Act 2012, Section 35 (1.b), Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102.

2. What is the demographic, social, cultural, and political characteristic of these groups, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend? (copied from reference VMGP)

The Sengwer suffer multiple marginalization. First, the majority tribe in the county is Pokots who do not consider Sengwer as part of their historic background and hence considered culturally inferior to Pokots. This has implications on access to development opportunities both at the sub-national and national development institutions. The Sengwer, like other forest-dwelling communities face various forms of marginalization. They live in forest areas or forest land with contested tenure rights between the Sengwer and the government. Thus, the government has avoided establishing health facilities in such areas without tenure of development investment. However, some areas such as Kobolet forest has some health facility which still experience challenges in staffing, supply of drugs and medical equipment. Coupled with the cultural practices of the community, the area experiences low primary health indicators and numerous primary health challenges. The community health units are weak and, in most cases, not established. Thus, the Sengwer heavily rely on traditional health attendants such as traditional birth attendants.

Circumcision as a rite of passage is highly ranked among the Sengwer. Consequently, female genital mutilation is devotedly practiced and safeguarded with strong cultural taboos that surround even the bare mention of it and hence interference with the practice is highly condemned.

3. Provide a summary of results of the free, prior, and informed consultation with these groups that was carried out during the sub-project preparation and that led to broad community support for the project. Community action plan copied from reference VMGP (please describe whether issues have been addressed)

| OBJECTIVE | OUTPUT | ACTIVITY | INPUTS | Whether addressed through THS programme (state year or thro. Other funds) | Done or Not Done and Reasons |
|--|---|---|---|---|--|
| Skilled delivery in Talau & Kaprech dispensary increased (from 0-15% and Kaibos dispensary (5% to 30%) by end of the year 2021 | 28 additional Skilled delivery conducted in Talau dispensary per annum | Procuring of delivery beds | Two delivery beds procured for Kaprech and Talau already Kaibos has it through the county | THS-UCP | Procured/Done |
| | Construction and equipping of a maternity wing in ,Talau and kaibos health facilities and completed Kaprech facility by 2018/19 | Construction of kaprech HF and maternity wing in Talau and Kaibos | | County GVN | Talu and Kaibos in Final stages Kaprech facility was completed last year and staff posted. |
| | Procure 385 mother child health hand book | Procuring of 385 mother child booklets | Mother child booklets Procured | THS-UCP | Done and more this financial year worth 30,000 2020/2021 |
| | Procure and distribute 300 mama kits to all mothers who have delivered in health facility. | Procuring of 300 mama kit | Mama kit | THS-UCP | Done and more this financial year worth 300,000 2020/2021 |
| | Provide incentives to 30 birth Companions (100 per facility) to enhance prompt referrals and accompaniment of pregnant women to health facilities for skilled delivery | Providing of incentives to 30 birth companions | Incentives | THS-UCP | Done financial year 2018/2019 |
| | 2 community units (150 CHVs) sensitized on skilled delivery by 2021/22 Sensitize 60 CHVs and 30 TBAs on timely referral mechanism in 40 trainings | Organize 6 training session for community units on skilled delivery | Stationary [books, pens/pencil] Training curriculum [photocopy] Fuel, Driver, Hall hire, Facilitators [5] PAX 150X500 | County GVN | To be done 2021/2020 through THS-UCP if County Government does not pick it up |
| Family planning uptake in Talau dispensary increased (from 31.77% to | 24 Community dialogues conducted at Talau and Kaibos HF by 2021 | Conduct community 24 dialogue days | Refreshment Fuel | THS-UCP | Not done Budget 2020/2021 |
| | 12 local FM radio talks on family planning | Conduct 12 radio | Radio firm | THS-UCP | Budgeted for October 2020 |

| OBJECTIVE | OUTPUT | ACTIVITY | INPUTS | Whether addressed through THS programme (state year or thro. Other funds) | Done or Not Done and Reasons |
|---|--|---|---|---|--|
| 46%) and Kaibos dispensary (from 14.3 to 30%) by 2021 | conducted in Sengwer language by 2021/2020 | talks | 3pax lunches | | |
| | Training of 6health professionals to offer long-acting reversible contraceptive (LARC) services in health facilities to women of all ages. | Training of 6 health facility staff | Training materials and logistics | THS-UCP | Training done |
| | 36 integrated mobile clinics Conducted in Talau,Kaprech and Kaibos per year | Conduct 24 integrated outreach clinics in Talau,Kaprech and Kaibos H/Fs | Lunch for 4 pax Fuel | THS-UCP In progress | Done and still in progress |
| | Two health facilities with well-established youth friendly services | Construction of two youth friendly centers and equipping | Estimated Approximate cost | County GVN | Not yet started or budgeted. Plans to engage Executive and budget committee to Budget 2021/2022 |
| | Three health workers trained on youth friendly services | Conduct training sessions for 2 health workers | Hall hire Facilitators Fuel ,Pax [2] | THS-UCP In the plan for 2019/2020 | -Training done |
| | 6 secondary schools and 8 primary schools sensitized on youth friendly services | Organize 10 sensitization meetings in Kaibos, KaprechandTalau | Refreshments Fuel | THS-UCP | Not yet done, to be budgeted 2020/2021 by Ministry of Health in Partnership with Ministry of Education |
| 3 Fully immunized increased in Kaibos dispensary and Talau dispensary from 45.6 %to 60% and 45.58 to 60% respectively by 2021 | Target 250 fully immunized in Kaibos kaprech and Talau dispensaries by 2021 | Conduct 3 integrated mobile clinic every month | Lunch for pax | THS-UCP | In progress, the budget for2019/2020-2020/2021 |
| | Procurement of a fridges for Kaprech dispensary | Procurement | Fridge | County GVN | Procured |
| | Conduct defaulter tracing | Conducting defaulter tracing | Lunches for 60 CHVS every Quarter | THS-UCP | Done 2018/2019 |
| | Conduct Training and capacity building 5 health care providers on FANC. | Training | Lunches and requirements | THS-UCP Done | Done 2018/2019 |
| | 3 health facilities Kaibos and Talau equipped with laboratory equipment's over the period 2018/2020 | Procure laboratory equipment's | Estimated Approximate cost for the facilities | County GVN | Done 2018/2019 |

| OBJECTIVE | OUTPUT | ACTIVITY | INPUTS | Whether addressed through THS programme (state year or thro. Other funds) | Done or Not Done and Reasons |
|-----------|---|--|-----------------------------------|---|---------------------------------------|
| | 1 community unit sensitized on importance of 4 th ANC visits twice per year for the period 2020-2021 | Organize 6 community units on importance of 4 th ANC visits | Hall hire Refreshments Fuel | THS-UCP | Not yet done to be budgeted 2020/2021 |

Note: the % from 32% to 45% is the county coverage because the facility is beginning to offer Deliveries; Family planning radiotalks covers the two-catchment pop.

4. What outreach has been carried out with these groups so far (other than social assessment and discussions around reference VMGP)?

| Date | Where | Who facilitated? (government worker positions) | What was discussed | Who attended from VMG community (women, men) | Feedback from communities |
|-----------|--|--|------------------------------------|--|--|
| 27/7/2020 | Telephone conversation with VMG representative | Margaret Gitau, PMT, social safeguards officer | Community priorities for 2020/2021 | Charles Kisang Chepkut Chairman | Challenges-Women fear going to deliver in health facilities-looked down upon, Long distances. Improve sanitation in dispensaries near them e.g. toilets, no delivery rooms. Priorities- deploy Sengwer speaking health workers to their dispensaries. Sensitise community on ANC, hygiene, sanitation, immunisation, SBA. Increase immunisation for children. facilities to improve- Talau Disp, Kaibos disp, Kaprech dispensary |

5. What outreach is planned for Sengwer in the future ?

- ✓ Community Barazas and outreaches on RMNCAH
- ✓ Increase Community Dialogue days and outreach areas

6. Measures to enhance the capacity of the project implementing agencies) What discussions/trainings have county health staff had on improving reach and appropriate interventions to VMGs

- ✓ Creating awareness through Barazas
- ✓ Health talks during Integrated immunization outreaches

7. What are the cost estimates and financing plan for these mitigating measures? (from AWP)_

2018/2019

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|---|-----------------------------|--|-------------------------------------|
| Procure 6 deliverysets to be distributed to three facilities in VMG area. | 60,000 | | |
| Procure 513 booklets to be distributed to VMG facilities(Talu,Koibos and Kaprech) | 153,846 | | |
| Procure IPC materials for three VMGs health facilities @ kshs.5000 | 15,000 | | |
| Procure and distribute 256 mama kits to all mothers who have deliveredin health facility, | 256,000 | | |
| Provide incentives to 16 birth Companions(to enhance prompt referrals and accompaniment of pregnant womento health facilities for skilled delivery, | 20,000 | | |
| 20 TBAS sensitizedon skilleddelivery | 120,000 | | |
| Conduct 3 integratedoutreach clinics in Talau-Chepkotii and Kaibos -Kaplain | 100,000 | | |
| Conduct defaulter tracing in Talau,Koibos and Kaprech Communities. | 50,000 | | |
| Total | 774,846 | 35,000,000 | 2.2% |

2019/2020

| Activity targeting VMGs Kindly input only activities that targeted the Sengwer... | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Procure and distribute 66 mama kits to all mothers who have delivered in healthfacility. | 65,650 | | |
| TBAS sensitized on skilled delivery every quarter | 20,000 | | |
| Provide incentives to 40 birth Companionsand accompaniment of pregnant women to health facilities for skilled delivery | 10,000 | | |

| | | | |
|---|---------|------------|-------|
| Conduct 3 integrated outreach clinics in Talau ,Kaprech and Kaibos H/Fs | 100,000 | | |
| Conduct defaulter tracing in Talau,Kaibos and Kaprech area | 40,000 | | |
| | 235,650 | 31,052,184 | 0.76% |

8. Were any health trainees sponsored by this project from this community? Yes

| SNO. | Name | From which sub county | Training course | Finished/Graduated | Are they now employed in their communities? |
|------|--------------------------|-----------------------|-----------------|-----------------------------|---|
| 1. | Psinen Pkopus Hosea | West Pokot | Nursing | Completed and graduated | Under UHC-Contract |
| 2. | Kipkemoi K Nicholas | West Pokot | Nursing | Completed and graduated | Under UHC -contract |
| 3. | Stephen Kisang Samikwa | West Pokot | Nursing | Completed and Not graduated | N/A |
| 4. | Jonathan Kibet Kapkundos | West Pokot | Nursing | Not completed | N/A |
| 5. | Domtila Cherop Tirem | West Pokot | Nursing | Completed | Not Employed |
| 6. | Silas Biwott | West Pokot | Nursing | Completed | Not Employed |

9. Action plan or recommendations for this community for next AWP 2020/21 FY (activities from reference VMP to be prioritised next year or other recommendations to enhance reach and appropriateness):

- ✓ To increase VMG Budget in the next subsequent financial budgets (for Kaprech maternity wing construction-)
- ✓ Involvement of VMG in various committees for decision making
- ✓ Sensitise community on ANC, hygiene, sanitation, immunisation, SBA

2020/2021

| Activity targeting VMGs | KSH for the activity | Total AWP budget for the county | % budget spent on this group |
|--|-----------------------------|--|-------------------------------------|
| Community dialogue days Talau and Koibos health facilities | 113,418 | | |
| Procure DIGITAL BP-machines for Kaprech, Talau and Koibos | 30,000 | | |
| FETAL DOPPLER MACHINE for Koibos | 80,000 | | |
| Sensitise community on ANC, hygiene, sanitation, immunisation, SBA | 97,350 | | |
| Conduct outreaches per month to offer integrated health services | 105,600 | | |
| Conduct maternity open Day (MOD) in koibos dispensary | 46,000 | | |

| | | | |
|---|------------------|----------------------|-------------|
| Procure and distribute 300 mama kits to all mothers who have delivered in health facility in Talau, Kaibos and Kaprech | 300,000 | | |
| Renovation of Talau Dispensaries Labour and delivery rooms | 1,000,000 | | |
| Provide incentives to 20 birth companions to enhance prompt referrals and accompaniment of pregnant women to health facilities for skilled delivery | 31,000 | | |
| Total | 1,803,368 | 31,052,183.81 | 5.8% |

10. Are there culturally appropriate procedures in place to receive and address grievances by these VMGs arising from project implementation? How is the GRM made accessible to this group and are they made aware of the GRM?

- GRM Committee visited the VMGs facilities and the community
- Procuring of GRM registers and tools in processes, already in the AWP 2020/2021

Prepared by VMG focal point:

Name: Stephen Kaptengor

Position: VMG focal point

Date: 07/10/2020

Consulted representative of VMG community:

Name: Charles Kisang Chepkut

Position: Sengwer chairman

Date: 15th July 2020

Checked and verified by Social safeguards officer:

Name: Margaret Gitau

Position: PMT social safeguards officer

Date: 10th October 2020