Contribution from PHM Kenya for the manual Building a movement for health

Authors: A sub-group of PHM Kenya drafted this contribution (Ravi Ram, Erick Otieno, Dan Owalla, Bernadette Muyomi, Kamlas Oodhus). The draft was shared with the PHM Kenya email list, and all suggestions from members will be incorporated into the final.

Context

Kenya is a dynamic society, a political democracy and the economic hub of East Africa. Economic growth has been consistent but the high growth rates hide massive inequalities in resources and health across districts, ethnicities, gender and urban/rural residence. Health services are a mix of public and private, but public services are low quality and carry hidden costs, and the poor cannot afford quality private health care services. The right to health is enshrined in the new constitution, but the government has not acted on it. Government focus is on controlling resources through devolution/decentralization and its own ethnicity-linked political rivalries. Additionally, the government has used conflict in neighboring Somalia, a decline in law and order, and high profile acts of insurgency and terrorism to attempt to restrict civil society and the fulfillment of human rights, including activism and media.

Background and founding of PHM Kenya

A group of activists first set up a PHM Kenya country circle but it did not sustain itself. Partly this is because it was centered outside the capital, Nairobi, with low levels of awareness and fewer members could participate. It therefore did not achieve a 'critical mass' of active supporters. PHM Kenya was re-established two years later by a several health rights groups, with a base in Nairobi and active outreach with partners and activities in various parts of the country. Membership expanded greatly with an IPHU held in western Kenya.

PHM Kenya has been through periods of active collaboration, internal disagreements, routine meetings and also times when members work for health for all independently of the movement. Additionally, PHM Kenya along with PHM Uganda and others in the region have at times supported regional health rights through an informal grouping called PHM East Africa. The regional engagement has been useful, and helps to generate a wider solidarity around health rights even though it is not always active.

Organizational structure, membership and coordination

Soon after PHM Kenya was established, we spent a lot of time trying to decide on organizational matters, such as means of communication, office bearers, criteria for membership, etc. Those issues were natural concerns but they distracted us from actually collaborating to improve health and health rights. Without resolving many of those organizational matters, PHM Kenya gradually proceeded to build connections among its members. The members include activist groups, national and international NGOs, local civil society organizations and interested individuals. Approximately

half of the members are based in the capital, Nairobi, and half are working elsewhere around the country. Most members are passive, signing up to receive email and occasionally contributing or attending meetings. A core group of 5-8 members has been critical to keep PHM Kenya active, and those include the formal office holders (president, secretary, treasurer).

Regular meetings are typically held once a month, hosted by a rotation among Nairobi-based members – but, we have had extended gaps in meeting as well, up to eight months. Many times, we have used skype to link members who are elsewhere in the country to a monthly meeting. The success of that depends on the quality of the internet connection, but it is good for inclusion of others.

PHM Kenya received short-term project funding for drought relief and health rights training from Medico. The project allowed PHM Kenya to purchase assets, including a hard-body vehicle, a laptop computer, a PHM Kenya banner and a camera. In order to own the assets legally, PHM Kenya registered itself as a civil society organization, which involves payment of fees and other obligations. Due to convenience and other reasons, however, PHM Kenya never actually registered the vehicle in its name nor opened any bank account. So, official registration was not in fact useful.

Activities, resources and assets

Most of PHM Kenya's activities are conducted by members through their own group, as civil society organizations, NGOs or individuals. Even though others in the movement are not aware of many of these activities, they often use the name of PHM Kenya and the global call for 'Health for All … Now!". That is good because it shows our members have a dedication to PHM's principles, but it is also a challenge based on insufficient communication internally and lack of enough solidarity to engage others.

PHM Kenya held a national civil society meeting in April 2011 that was linked to the IPHU Kisumu and was well attended, even with many participants from outside the IPHU. Since then, there have been many sub-national events but no other national activity. PHM Kenya has had many good ambitions to work nationally, including holding another national civil society meeting, launching the GHW3, or linking to members' national events. It is difficult to make those happen, because members work full-time for their own organizations and often lack enough capacity to conduct further activities.

In 2012, PHM Kenya collaborated with Medico (Germany) to receive USD60,000 for use in drought-relief, community health rights training and strengthening of the movement. The movement strengthening included purchase of a vehicle, camera, PHM banner and laptop computer. The intent was for those assets to belong to PHM Kenya, as a registered civil society organization. In reality, they have been held and managed by two of the more active member organizations. PHM Kenya faced a crisis of solidarity due to misunderstandings and conflict related to those assets – see the section "Solidarity and managing disagreements" below. PHM Kenya largely delivered on the project, and its members used the experience to obtain further funding. One of those member organizations has since gone quiet, and the vehicle that is intended for use by PHM Kenya members remains in the custody of that organization. Therefore, the vehicle is not accessible to any PHM

Kenya member. No additional funding for PHM staff was budgeted even for movement strengthening. Strengthening of PHM Kenya has therefore happened at the member level, but still not at the country level.

PHM Kenya has also contributed to movement building in the East African region, initially through follow-up contacts with PHM activists from Uganda, Rwanda and Tanzania who attended the Kenya IPHU. Ease of transport and communication has allowed greater contact with PHM Uganda. Further, the PHM Africa coordinator (from South Africa) organized a regional meeting in Kampala, Uganda, in 2013, which deepened contacts with Uganda members. That meeting developed country work plans for all East African members, including PHM Kenya. The meeting also issued the Kampala Call to Action.

Solidarity and managing disagreements

PHM Kenya has grown because its members value solidarity and the right to health above disagreements over the way to achieve health rights. However, the PHM Kenya movement did suffer when its members had serious disagreements and were not able to have those resolved easily. We share this because we want other PHM country circles to learn from our experience. The causes of our internal disagreements were (1) sharing of resources and assets and (2) misunderstandings and poor communications, and are described below.

(1) Sharing resources and assets: As mentioned, PHM Kenya received funding for a project to support communities facing drought, and to build its movement by working together and acquiring some assets including a vehicle, camera, banner and laptop computer. The intentions for collaboration on the project were good, and the activity budget was shared among active and capable members. Actually sharing the project assets proved difficult, however, particularly the vehicle and the laptop computer. PHM Kenya decided to register itself as a legal entity in order put the vehicle title under the name of PHM Kenya, but even after registration the vehicle was never transferred to PHM Kenya's ownership. A lot of time and discussion went into deciding how to manage competing demands among PHM Kenya members for use of those assets. The other assets including the laptop computer were ultimately shared with other members, but the vehicle has not. Ultimately, a few members benefitted from these assets and have contributed those resources toward PHM goals, but the country circle did not strengthen as intended. It may have been preferable to use some funds to hire a dedicated country coordinator, who could work full-time on PHM Kenya priorities such as launching GHW-3, the PHM Kenya work plan and other national issues.

(2) Misunderstandings and poor communications: As an active and relatively strong country circle, PHM Kenya tries to contribute to the global movement. Just before the PHA-3, the PHM global movement asked for representatives from different regions. PHM Kenya shared this request with its members on email, but could not hold a meeting in time before the PHA-3. Several members were therefore surprised when it appeared that a decision on regional representatives had been made without their involvement. This resulted in a public breakdown in solidarity, which was ultimately resolved after PHA-3 and with some intervention from the PHM global office. PHM Kenya members reconciled and agreed on a way forward, but this conflict damaged the country

circle and movement for some time. It could have been prevented with more proactive communication among the core PHM Kenya members and with greater value on solidarity toward PHM among all members.

In summary, PHM Kenya faced some serious internal conflicts related to assets and communication. The movement learned and grew stronger from those conflicts, but they could have been prevented or managed better.

Communications

PHM Kenya has used several communication methods as described below.

- **Email**: PHM Kenya set up an email group using Google groups. It is easy to use and highly recommended. The settings for the group allow all members to contribute without going through a moderator. The group manager/owners approve new members, only because we started getting automatic spam messages from email accounts not related to PHM. The link to set up an email list on Google groups is here: groups.google.com . You have to set up a Google account if you do not have one.

- **Skype** for PHM meetings has been useful to involve PHM members outside of Nairobi, where many of the meetings take place. Skype is a bit limited because our bandwidth does not allow video calls for more than two connections, and the audio is sometimes poor depending on internet in various parts of the country. Still, in general Skype is a useful way to include members who cannot attend a meeting in person.

- **Facebook**: PHM Kenya has a Facebook page (www.facebook.com/PHMkenya) that is very active. Members can post announcements of activities and plans, photos, news about health and other material. We have not yet used it for meetings or other events, though. PHM Kenya is also an active contributor on the PHM East Africa Facebook site (www.facebook.com/PHMeastafrica).

- **PHM website**: PHM Kenya has a web page on the PHM global website (www.phmovement.org/en/kenya), but that webpage contains just a few documents and minutes of meetings. We have not used it for more interesting information.

Relevance for the global PHM movement

Some lessons that PHM Kenya can share with other health activists are below.

1. **Do not focus too much on internal matters.** The most important things are to have a core group of committed members and to encourage diversity in the background of members, which brings different skills, perspectives and resources.

2. **Start first by building a country movement through collaboration and solidarity**, by linking with the existing work of members.

3. **Obtaining funds and assets can be both a benefit and a source of problems.** Managing and sharing internal assets among different groups can provoke conflict and undermine

solidarity of the movement. Consider carefully about collaborating with separate funding managed by members themselves, versus creating a joint programme with shared assets.

4. **Plan on how to handle conflicts** among members before they happen, and be sure that all value solidarity so that the movement does not suffer.

5. Sometimes **the movement appears to go quiet, but in reality there is a lot happening** by members themselves.

6. **Use as much communication as possible.** We rely on Google Groups for our email list and Facebook sites for photos and events. We have a page on the PHM website, but have not updated it much apart from minutes of meetings.