Baringo County Social Audit Report:
Vol. 2, 2018

Empowering the Citizenry to Promote Efficient and Effective Service Delivery in Health Sector through Detection and Prevention of Corruption and Abuse of Power
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May God’s Grace be upon You.

Masese, Kemunche
Programs Manager
About CEDGG

The Centre for Enhancing Democracy and Good Governance (CEDGG) is a grass root civil society organisation that works to empower vulnerable and marginalized citizens to claim their rights in local development and governance processes. CEDGG has been in operation since the year 2001 and legally exists as a Non-Governmental Organisation. Our head office is in Nakuru Town – Nakuru County. Our programme work covers mainly the mid rift valley region i.e. Nakuru, Baringo, Laikipia, Kericho Counties, Elgeyo Marakwet, West Pokot and Turkana Counties.

The core problem that CEDGG is seeking to address in the society is the low capacity of the marginalised and vulnerable groups to engage with and participate in the decision making processes around the constitutional reform agenda and the development process in general.

**CEDGG – GIZ Partnership**

Since 2015, CEDGG has partnered with GIZ with the objective of Prevention and Detection of Corruption and abuse of Power. The partnership is part of GIZ’s Good Governance Program that supports the efforts of state and non-state actors to curb corruption and end impunity.

The partnership between CEDGG and GIZ to pursue the above objectives has been informed by a number of factors that continue to perpetuate corruption and abuse of power. These include:

- Citizen apathy coupled with low levels of awareness on civilian oversight mechanisms and channels of reporting on corruption and unethical conduct;
- Difficulties in accessing information held by public offices and the demand for evidence that makes would be whistle blowers hesitant to report on corruption;
- Low collaboration and coordination between public oversight institutions and civil society networks that impedes expeditious action on reports of corruption and abuse of power;
- Politicization of anti-corruption efforts.

The GIZ-CEDGG partnership therefore set out to address the above factors by mobilizing and re-organizing citizens to hold their governments to account and be at the forefront of promoting constitutionalism. The project focuses on health sector basically because it affects the widest spectrum of the population and has a huge bearing on the performance of other sectors. In addition, the health sector continues to receive steadily increasing revenue share and has in recent years been riddled with allegations of corruption and unethical conduct. Social audit is one of the key strategies deployed by the project.
Methodology

Social audit is one of the social accountability tools. It is a process through which
details of public services or projects are scrutinized by users/stakeholders publicly. The
process that culminated into the compilation of this report followed the six steps of
social audit which include

i. **Preparation for the audit** – rapport building with duty bearers and other
   stakeholders, Community mobilization and sensitization; identification and
   training of auditors, identification of facilities to be audited

ii. **Information Gathering** - The social audit process involved conducting physical
    visits to project locations and facilities, conducting interviews with administrators
    and committee members as well as community members and review of
    documents. All this was guided by predesigned questionnaires. Information
    gathering was undertaken using the following methods:

   - **Key Informant Interviews (KIIs)** - Social auditors held intensive interview sessions
     with in-charges Health Facility Management Committees and County level
     policy actors
   - **Focus Group Discussions** - The social audit team held focus group discussions
     with service users. These discussions were aimed at capturing public views on
     the quality of service they receive from different facilities.
   - **Questionnaires** - Questionnaires were used to collect data on the sampled,
     institutions and facilities
   - **Literature Review** - A review of various documents relating to service delivery
     and implementation of County was undertaken. The documents reviewed as
     part of the social audit process included approved budgets (2014/15 County
     Budget), service charters, and financial documents (where available)

iii. **Information analysis and verification** - Data was analyzed using MS Excel
    Software and presented in table and pie chart formats. This was done in a
    participatory process that involved social auditors.

iv. **Validation of Draft Report** - Validation of this social audit report was done at
    two levels. Ward level validation meeting allowed social auditors to share the
    findings with community members and government officials at local levels. A
    county level validation meeting was organized to share findings with county
    officials and capture their responses and inputs.

v. **Community Level Validation meetings** - The social audit findings were subjected
   to community validation meetings at Ward level. Participants of the validation
   meetings varied based on projects but generally included members of local
   communities, Facility In-Charge, members of Management Committees and
   Ward Administrators. Inputs made by participants during these validation
   meetings were captured and integrated in this report.
County Level Validation - This meeting brought together representatives of various County Government departments including health, education, procurement and economic planning and social auditors for purposes of sharing the audit findings and getting their inputs and responses to issues emanating from the audit.

Part 2: General Social Audit Findings
In Baringo County, a team of 30 social auditors audited 9 health facilities. Out of these, 6 were dispensaries (Level II) while 3 were health centers (Level III) facilities. The focus of the audit was to determine the level of inputs in the facilities, including the governance structure, infrastructural development, equipping and staffing levels in health facilities within Baringo County. Further, the audit focused on availability of drugs, access to information by facility users, the nature of financial support availed to health facilities by the county government and public participation in facility affairs. Below are key findings emerging from the social audit.

Best Practices
1. Good Staff Conduct and Establishment of a Reward System
Save for a few cases of unexplained absenteeism and late reporting, it was noted that the conduct for staff in health facilities within Baringo County has improved over time. Service users engaged in the focus group discussions complemented staff for treating patients with respect and empathy. For instance, service users reported that the nurse in Kabiyet is friendly, does her work to the maximum, works over time and even visits patients who are elderly and unable to go to hospital in their homes. It was also noted that Baringo County Government has established a reward mechanism to motivate staff towards exemplary performance in service delivery.

2. Presence of Active Facility Management Committees (FMCs)
The social audit established most facilities have FMCs whose members are elected into office through public Barazas. This best practice promotes the accountability among their constituencies and ensures proper governance of health facilities as FMCs play an important role in ensuring public participation in the management of health facilities and asserting accountability on management of the facilities. All facilities audited in Baringo County have functional FMCs whose members are elected by the local communities during community barazas. Social auditors noted that in most facilities, members of these committees hold meetings on a quarterly basis and maintain records of the meetings held in the form of minutes.

3. Training of FMCs and Establishment of Procurement Committees
Out of the 9 facilities that were social audited, FMC members in 6 facilities have received training to enhance their capacity in management health facilities. In level 3 facilities, procurement committees are necessary to ensure that procurement processes are conducted correctly in compliance with the law. Out of the three health centers
that were audited, two of (Esageri and Ilng’arua health centers) have procurement committees in place. Social auditors confirmed that the committees are active and that minutes of procurement meetings held are maintained.

4. **Inclusivity in Facility Management Committees**

This best practice ensures participation of men, women, youth and PWDs in the management of health facilities hence encouraging equity in delivery of health services. Data collected during the social audit exercise showed that either gender constituted a third of FMC membership in 6 out of the 9 facilities that were social audited. Figure 1 below shows the gender composition of FMCs in level II facilities.

![Figure 1: Gender Inclusion in FMCs in Level II Facilities](image)

In level III facilities, gender inclusion in FMCs stands at 50% for all the three health facilities audited as shown in figure 2 below.

![Figure 2: Gender Composition of FMCs in Level III Facilities](image)

At the same time, there were notable efforts to include youth and PWDs in FMCs as a way of ensuring that health facilities are sensitive to the unique needs of special interest groups. Facilities such as Kabiyyet dispensary and Eminging health center had PWDs and youth represented in the FMC.
5. **Adequate infrastructure**

Infrastructure is critical in health facilities when it comes to provision of quality service delivery. The social audit shows that the County Government of Baringo has made an effort to construct service rooms as most facilities subjected to social audit have at least 5 rooms against a standard of 6 rooms for level II. For instance, Emining, Esageri and Iling’arua health centers as well as Igure dispensary have most of the service rooms required to deliver services. Igure dispensary has a perimeter fence with a permanent gate and there are separate two door latrines for patients and members of staff that are in good condition. Further, it was noted that all the 6 level II facilities that were subjected to social audit have 2-stance sanitation blocks as required by the MoH standards - see figure 3 below.

![Sanitation Facilities in Level 2 Facilities](image)

**Figure 3: Sanitation Facilities in Level 2 Facilities**

6. **Availability of Equipment**

It was noted that the county government has made significant progress in equipping health facilities as per MoH standards. This was demonstrated by the fact that all 6 level II facilities that were audited had a fridge in the MCH/FP section. It was noted that Kapluk dispensary has all the basic equipment required to provide health services as per MoH standards while Igure and Rosoga dispensaries have at least three quarters of the necessary equipment. Emining health center also had operational fridges in the MCH, lab and pharmacy rooms.

7. **Improvements in Facilitating Access to Information**

There have been progressive efforts to make content relating to service delivery accessible to users in Baringo County through installation of service charters and notice boards in health facilities. In Igure, Esageri, Kabimoi, and Kabiyet dispensaries, have been written in a language that users understand. Besides installation of service
charters, it was noted that health facilities are making an effort to make those charters operational by adhering to their provisions. In Esageri health center and Kabiyet and AIC Kiserian dispensaries, service users reported that all the services listed on the charters are provided. Also, the audit showed that all three health centers audited have notice boards in place while 5 out of the 6 level II facilities have the same installed. In Emining health center, financial information is displayed on notice boards.

8. Availability of Water and Power in Health Facilities
It was noted that some facilities have inputs such as reliable water and power connections that enhance service delivery to residents of Baringo County. For instance, Rosoga dispensary is connected to a reliable quality source of water - nearby borehole and has a water tank that is used to harvest water during the rainy season. Rosoga and Kabiyet have also been connected to electricity.

9. Financial Support to Health Facilities
Most health facilities reported that they receive financial support from national and county governments in the form of AIE, HSSF, RBF and DANIDA. This good practice enables health facilities, particularly level III hospitals to acquire inputs necessary for efficient delivery of services to citizens. The social audit exercise also showed that two of the 3 level three health facilities have procurement committees in place, an aspect that allows for open procurement in health facilities.

10. Establishment of Public Complaints Handling Mechanisms
Complaints handling mechanisms in health facilities are critical because they provide an avenue for service providers to understand the needs of the community they serve and receive feedback on the state of service delivery. During the social audit process, it was noted that some health facilities in Baringo County have an established complaints handling mechanism. For instance, there suggestion boxes have been installed in Igure and Kabiyet dispensaries as well as Esageri health center. These facilities also maintain a register of complaints raised by service users and they have a mechanism for providing feedback to service users on complaints raised.

Challenges
1. Youth and PWD Inclusion in Facility Management Committee
Inclusion of youth and PWDs in facility management committees ensures that their unique service delivery needs are addressed adequately. In Baringo County, it was evident from the social audit that youth and PWDs are rarely included in FMCs. Out of the 6 level II facilities that were social audited, only Kabiyet dispensary had these special interest groups represented in FMCs. In Igure and Kabimoi dispensaries, youth were included in FMCs but PWDs were not. None of these groups had been included in FMCs as shown in figure 4 below.
In level III facilities, youth inclusion was very low. Out of the 3 health centers that were social audited, only Eminging health center had a youth present in the FMC, there was no representation of PWDs in any of the health centers.

2. Inadequate Equipment in Health Facilities
   
   While some health facilities such as Kapluk dispensary has all equipped required by the MoH standards, there are health facilities of the same level that lack crucial equipment. For instance, Kabimoto and Kabiyyet dispensaries do not have low cost delivery beds, communication equipment and locally defined referral transport.

   At the time of social audit, it was noted that 5 out of the 6 level II facilities audited did not have motor cycles and 4 of those facilities lacked communication equipment as shown in figure 5 below.
In level 3 facilities, facilities such as Ing’arua and Esageri health centers lacked mobility equipment (wheelchairs and stretchers) and fridge in the pharmacy as shown in the figure below. Emiring and Ing’arua health centers also lacked communication equipment and staff reported use of personal phones for communication.

Some facilities have notice boards but they are not used to share management related information. For instance, in Kabiyet and Kapluk dispensaries, notice board were
available but no information relating to finances or operations had been displayed for public consumption. There were instances where service charters had been translated to enable users access information with ease. For instance, in AIC Kiserian, the service charter is written in English. This makes it challenging for locals to read. It was also noted that some charters have medical terminologies and abbreviations that are not easy for users to understand.

4. Inadequate Waste Disposal Facilities

According to the social audit, many health facilities, particularly level II hospitals, do not have the requisite waste disposal facilities. As such, most facilities use compost pits to dispose waste. Level II facilities such as Rosoga, AIC Kiserian, Kabiyyet and Igure dispensaries do not have burning chambers for safe disposal of medical waste that requires combustion. At the time of the social audit, an incinerator was under construction in Kabiyyet dispensary so the facility was using the one in Eldama Ravine Referral Hospital to dispose pricks and other medical waste. In AIC Kiserian, staff have to separate the medical waste that needs burning and take it to Mogotio Hospital for disposal. Besides the challenge of disposing medical waste, it was noted that drainage is an issue in some level III health facilities. For instance, the social audit shows that Esageri health center has a kitchen and a laundry place but the facility has not been fitted with a drainage system.

5. Inadequate Infrastructure in Health Facilities

While there are facilities with good infrastructure in Baringo County, the social audit revealed there are others that continue to struggle with infrastructure. For instance Kabiyyet and Kabimoi dispensaries have a limited number of service rooms. In Kabiyyet dispensary, treatment, consultation and pharmacy services are offered in one room due to limited space. The facility has a separate room that is being used as a drug store. Rosoga dispensary lacks an MCH/FP room. AIC Kiserian and Rosoga dispensaries also lack an OPD shed and community service rooms. The figure below shows infrastructure in level II facilities.

![Figure 8: Infrastructure in Level II Health Facilities](image-url)
At the time of audit, none of the 3 health centers audited had a minor theatre. However, in Emining health center, the county government had initiated construction of a minor theatre. Community service rooms were also missing in Esageri and Ilng’arua health centers as seen in the figure below.

![Infrastructure in Level III Facilities](image)

**Figure 9: Infrastructure in Level III Facilities**

Sanitation facilities were also wanting in health facilities. In facilities such as Rosoga and Kabimoi dispensaries, it was noted that patients and staff were sharing the sanitation blocks available.

*The sanitation block that is used for patients and staff in Kabimoi Dispensary*

During the social audit, it was noted that there are stalled constructions in some health facilities. In Kapluk dispensary, there is a stalled patient wards funded by the CDF and a stalled lab construction funded by County government. At the time of the social audit, construction of a minor theatre in Emining health center had stalled.
6. Unreliable Water Supply in Health Facilities
This is a major challenge in Baringo County because most facilities do not have a reliable source of water. The main source of water in facilities such as Igure and Kapluk dispensaries is rain and this is not reliable. In the event rains fail, the management of Kapluk dispensary hires someone to fetch water from the river, about 7 km from the facility. Kabiyet dispensary as well as Emining and Ilng’arua health centers are also not connected to a reliable source of clean water. Every week, Kabiyet dispensary receives water that is stored in small-capacity tanks. In Kabimoi dispensary, the audit shows that a 2,500 liter water tank is available but most of the time, it has no water. This situation forces service providers to fetch water from a nearby river. In Igure dispensary, rain water is harvested and stored in a 5000 litre tank at the facility.

7. Inadequate Staff in Health Facilities
Most level II facilities in Baringo County are served by 1 nurse while level III facilities have few key staff. This means that level II facilities that have 1 nurse remain closed when the nurse steps out on official duty or needs to attend to a personal matter. Work schedules or leave notices of staff are not availed to service users so patients continue to visit the facility even when the nurse is on leave. In Igure dispensary, it was noted that the cleaner helps with dispensing drugs to patients upon prescription. The facility has an equipped laboratory that is not functional due to lack of a lab technician. Though it was established that the facility is served by two nurses, the second nurse was on leave at the time of social audit. Kapluk dispensary does not have sub-ordinate staff like watchman and cleaners while Kabiyet and Igure dispensaries have no community extension workers. The figure below shows current staffing in level II facilities.

![Staffing in Level II Health Facilities](image)

**Figure 10: Staffing in Level II Health Facilities**

In level II facilities such as Rosoga, Kapluk, Kabiyet and Igure dispensaries, staff absenteeism was reported. Such occurrences were largely attributed to staff shortage because such facilities are served by a single nurse. Staff shortage was also noted in Level 3 facilities. In terms of key staff, a facility such as Ilng’arua does not have a
clinical officer and none of the level 3 facilities has the number of nurses stipulated in MoH standards, which is 14. At the same time, level 3 facilities lack staff such as lab technicians, statistical clerks, pharmaceutical technologists and counsellors as shown in the figure below.

![Staffing in Level III Facilities](image)

**Figure 11: Staffing in Level III Facilities**

8. **Inadequate Drug Supplies in Health Facilities**

This challenge was noted in a significant number of health facilities and was largely attributed to three issues as follows:

a. **Delays in disbursing drugs to health facilities:** Through facilities reported that they requisition for drug supplies on a quarterly basis, it was noted that delays in receiving requisitioned drugs are rife in most health facilities as supplies do not reach facilities on time. In Kabiyet dispensary, there were reports of delays extending for more than a month. A similar challenge was reported in Rosoga and Kabimoi dispensaries where staff reported delays in the replenishing process. Beyond the delays, there were reports in Rosoga and Kabimoi dispensaries that the process of requisitioning drugs is long and tedious.

b. **Drug supplies run out fast:** According to staff in these facilities, these delays result in drug shortage in health facilities as demand builds up and so drugs run out fast. For instance, in Kapluk dispensary, drugs are supplied on a quarterly basis but run out within a period of three days, according to community members.

c. **Disbursement of less quantities than requisitioned:** There are facilities that receive less quantities of drugs than they requisition. It was reported that most of the time, Igure dispensary facility does not receive all the drugs that it orders. Similar reports were also gotten from AIC Kiserian and Kabimoi dispensaries as well as Esageri health center. Only one facility, Kabiyet dispensary, reported that all drugs requisitioned are received.
9. **Delays in Disbursement of Funds to Health Facilities**

Most health facilities experience delays in receiving disbursements from government as noted in Kabimoi, Igure and Kabiyet dispensaries. For example, in Kabiyet dispensary, there were reports of delays in disbursing financial support and at times, they have to wait for almost 12 months before disbursements are made. Igure dispensary went for 6 months without any disbursements in the 2017/2018 financial year. As a result of these delays, there were reports of:

a. Delayed remuneration of subordinate staff that go for months without pay. In some facilities, subordinate staff arrears ran up to 9 months.

b. Consequently, some subordinate staff opt to withdraw their services to find other sources of income. Such withdrawals result to more work for medical staff because they have to ensure that tasks such as cleaning of facilities are undertaken.

c. Further, delays in disbursement of funds makes it difficult for the HFMCs to plan/budget for activities with certainty.

10. **Charging of Services in Level II and III Health Facilities**

It was observed that patients pay for services in facilities such as Kabimoi and AIC Kiserian dispensaries despite the fact that government policies require level II and III facilities to offer services free of charge. In Kabimoi dispensary, service users pay for family planning injectable drugs but no receipts are issued. This cost of accessing family planning services has also not been indicated on the services charter. In AIC Kiserian dispensary, service users cited difficulties in accessing services due to consultation and treatment charges levied by the facility. To access services in this facility, patients are required to pay Kshs. 150 for consultation and Kshs. 200 for any treatment. Levying of these has led to low demand for services in the facility and has caused it not to adequately benefit from the facility Improvement Fund (FIF) that is pegged on service utilization. In AIC Kiserian, it was reported that the FMC is willing to dialogue with the County department of health to review on service fee charged.

11. **Under-Utilization of Health Facilities**

According to the social audit, there are instances where health facilities have inputs such as infrastructure and equipment to deliver services, but such inputs remain under-utilized. For instance, it was noted that Kapluk dispensary has a maternity ward that is complete and equipped but it was not in use at the time of social audit. In Emining health, patient wards have not been utilized effectively due to understaffing. In Ilng’arua health center, a delivery bed and six beds available in maternity wing are not in use due to lack of water in the facility.
12. Poor Coordination between Government and Health Facilities Over Development Projects

The social audit established that there is no clarity as to whether AIC Kiserian dispensary is a private or public facility yet the County Government of Baringo constructed a maternity wing in the facility. The information availed by the facility during the social audit was that the government put the project up against the advice of the sub-county health technical team. It was also noted that members of the local community are not aware of the budgetary allocations made by the County Government for other projects in the facility other than those made to the maternity wing project. It was alleged that a Kshs. 1,000,000 allocation towards construction of a laboratory structure in the facility is not known to the Facility Management Committee.

Lack of PWD Facilities in Hospitals

Based on social audit findings, most health facilities in Baringo County have not been fitted with PWD facilities. Such facilities include Esageri and Ilng’arua health centers as well as Rosogo, Kapluk and Igure dispensaries. The absence of ramps makes it difficult for PWDs to access services from health facilities.

Perception of Users on Delivery of Services in Health Facilities

During focus group discussions, service users in 6 out of the 9 health facilities targeted in the social audit exercise shared their perception on service delivery. Their perceptions were captured in 6 key areas as discussed below:

1. Staff Attitude

Service users in Rosoga dispensary as well as Esageri and Eminging health centers rated staff attitude as good. These ratings were attributed to the fact that staff in these facilities are courteous and friendly to patients, they listen to them and needs treat them with respect. In facilities where ratings were poor, service users reported that staff are unfriendly and discriminatory, they are rude to patients and do not often take time to listen to them.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Staff Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabimoil Dispensary</td>
<td>3</td>
</tr>
<tr>
<td>Kapluk Dispensary</td>
<td>1</td>
</tr>
<tr>
<td>Rosoga Dispensary</td>
<td>4</td>
</tr>
<tr>
<td>Ilng’arua Health Center</td>
<td>3</td>
</tr>
<tr>
<td>Esageri Health Center</td>
<td>4</td>
</tr>
<tr>
<td>Eminging Health Center</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 12: Staff Attitude towards Patients
2. **Conduct of Staff**

Service user perception on staff conduct varied from one health facility to another. Emining, Esageri and Iln’garua health centers as well as Rosoga dispensary received high scores. This was largely attributed to the fact that staff report to work on time and absenteeism rates are low. In facilities that received low scores on staff conduct, service users reported instances of staff reporting to work stations late or closing health facilities early and high absenteeism rates.

![Conduct of Staff in Health Facilities](image)

*Figure 13: Conduct of Staff in Health Facilities*

3. **Adequacy of Staff**

In terms of staffing, service users felt that most health facilities are not adequately staffed. This they say is evidenced by the fact that the facilities they visit always have long queues, patients get referred to other facilities for cases that should be handled at the facility and that staff multitask i.e. same staff attend to patients in different service rooms. In facilities that received high ratings such as Kabimoi dispensary and Emining health center, users say patients do not queue for a long time.

![Adequacy of Staff in Health Facilities](image)

*Figure 14: Adequacy of Staff in Health Facilities*
4. **Availability of Drugs**
Rosoga and Kabimoi dispensaries were rated highly by service users in terms of having drugs available. The reason for these high ratings was the fact that prescribed drugs tend to be available in the facilities most of the time. Service users in Emining and Ilng’arua health centers rated availability of drugs as average because according to users, drugs are available for a short period of time, they tend to run out very fast after supplies are replenished. In Ilng’arua, users recommended increasing supplies because the facility serves a vast area. Users of facilities that received low scores say patients are frequently asked to buy drugs from chemists and that the variety of drugs available in facilities tend to be limited.

5. **Affordability of Services**
In most health facilities, users felt that services are affordable largely because services are offered free of charge. Kapluk dispensary and Esageri, Emining and Ilng’arua health centers received the highest scores.

![Figure 15: Availability of Drugs in Health Facilities](image)

**Figure 15: Availability of Drugs in Health Facilities**

5. **Affordability of Health Services**
Users in most facilities say that health services are affordable largely because they are provided free of charge. Kapluk dispensary as well as Esageri, Emining and Ilng’arua health centers received the highest scores in affordability of services.

![Figure 16: Affordability of Health Services](image)

**Figure 16: Affordability of Health Services**
6. **Accessibility of Health Services**

In most facilities, accessibility to services received relatively high ratings from service users for varying reasons. Emining health center and Kabimoi dispensary got high ratings because they have been fitted with ramps to facilitate PWD access. At the same time, the two facilities alongside Rosoga dispensary, Ilng’arua and Esageri health centers provide all the services listed on the service charters to users. Users also noted that all these facilities, with the exception of Kabimoi dispensary, have functional equipment. Facilities that got low ratings do not provide all services listed on the service charter and most equipment available are not functional.

![Accessibility of Services in Health Facilities](image)

*Figure 17: Accessibility of Services in Health Facilities*
Recommendations

1. **Composition of FMCs**
   There is need to enhance inclusivity of special interest groups in FMCs to ensure that delivery of health services is sensitive to the unique needs of youth and PWDs.

2. **Equipment and Infrastructure in Health Facilities**
   The county government of Baringo needs to prioritize equipping of health facilities and improvement of infrastructure in health facilities. The county government should progressively factor these inputs in the department of health budgets. Further, the county government should establish mechanisms for ensuring that equipment and infrastructure in health facilities are fully utilized.

3. **Water Supply in Health Facilities**
   The county government needs to prioritize water supply in health facilities. The county government should factor water supply in health facilities in the budget for health department.

4. **Service Fees**
   There is need to establish a standard on whether to offer services for free, or what services can be charged. As such, the county government should provide policy direction on whether facilities need to charge for services or not. There is also need to standardize charges across board, depending on the facility level.

5. **Procurement and Distribution of Drugs**
   In addition to the MoU signed between counties and KEMSA, the county government should circulate a directive on how the drug requisition and distribution system should work to address issues relating to timeliness and quantity of deliveries.

6. **Availability of Drugs in Health Facilities**
   Drug supply in health facilities should be regularized. Data concerning catchment population and common ailments should be updated regularly to inform supply of adequate pharmaceutical supplies in health facilities.

7. **Staffing of Health Facilities**
   There is need to increase the level of staffing in level I and II facilities in Baringo County. As a stop gap measure, the county government should make arrangements for deploying a reliever when the designated nurses are on leave. The county government should put in place mechanisms for providing housing for staff in far flung areas. Further, the government should conduct refresher trainings for staff and strengthen supervision and disciplinary aspects of staff management to ensure adherence to professional code of conduct.
8. **Funding of health facilities**
Disbursement of financial support to health facilities needs to be regularized. The county government should make provisions for cushioning health facilities from the negative effects of delayed disbursement.

9. **PWD Access**
The county government of Baringo should enhance accessibility of health facilities’ buildings through construction of ramps

10. **Coordination between county government and health facilities**
There is need to enhance coordination between the county government and health facilities in developing health infrastructure. A framework to guide the process of implementing infrastructural projects that factors in the role of FMCs and project management committees should needs to be put in place.

**Part 3: Profiles of Audited Facilities**

1. **Igure Dispensary**

<table>
<thead>
<tr>
<th>Basic information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the facility</td>
<td>Igure dispensary</td>
</tr>
<tr>
<td>Type of facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration number</td>
<td>14557</td>
</tr>
<tr>
<td>Location</td>
<td>Maji Mazui Numberes Ward</td>
</tr>
<tr>
<td>Year of establishment</td>
<td>?</td>
</tr>
<tr>
<td>Catchment population</td>
<td>5000-6000</td>
</tr>
<tr>
<td>Land size</td>
<td>2.5Acres</td>
</tr>
</tbody>
</table>

**Picture of the Facility**
Part two: Findings

2.0 Infrastructure

Service rooms in the facility are adequate. Available rooms include treatment room, MCH/FP services room, spacious waiting room, consultation room, Outpatient department (OPD shed and a store. The facility has a perimeter fence with a permanent gate. There are no ramps connecting service rooms making it difficult for PWDs to access services within the facility.

Igure dispensary is connected to a reliable source of water from a nearby borehole. Rain water is also harvested and stored in a 5000 litre tank at the facility. Separate two door latrines for patients and members of staff are available. Both are in good condition. There is electricity at the facility. This facilitates storage of essential vaccines.

There is a maternity wing operational during the day with one low cost delivery bed and a resting room. The management says they need an additional bed and linen. On referral cases, the facility consults with the sub-county referral hospital to be issued with an ambulance. There is a communication equipment available at the facility. The facility does not have an incenator. It uses a composite pit to dispose off its waste.

2.1 Governance and Management

The facility has a Management Committee with a total of nine members (5 males and 4 females,) elected by community members in a public baraza. The committee does not have a PWD representative. Members of the committee have been trained on their roles. The committee meets on a quarterly basis or when need arises. Minutes of HFMC meetings are available.

Staffing at the facility

<table>
<thead>
<tr>
<th>No</th>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registered nurse</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Community Health Extension workers</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>General attendants(cleaner)</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Watchman</td>
<td>1</td>
</tr>
</tbody>
</table>

There is a request for additional staff because of the heavy workload experienced especially when one of the staff is on leave. The cleaner also helps with dispensing drugs once prescribed.

Availability of Drugs at the Facility

Drugs at the facility are replenished each quarter. It was reported that most of the time the facility does not receive all the drugs ordered. A manual system for managing drug inventory (stock control Card) is used.
Access to Information
There is a service charter at the health facility. It’s written in a language that is easy for users to understand. It provides relevant information concerning the services being offered, fees charged, the time it takes and gives a telephone number of the person to complain in case of any issues. Financial reports are available at the notice board and a detailed report is available on request.

Financial support
The facility receives AIE support from the county government. Other financial support received at the facility include; HSSF, RBF and DANIDA. However, there have been instances where the facility has experienced delayed disbursements. For example, in the financial year 2017/2018, it went for over 6 months without any disbursements occasioning lack of payments to casual staff.

Public participation and public complaints handling mechanism
The facility does not hold community open days.
There is a suggestion box installed at the facility and they maintain a register of complaints raised by the users and there is a feedback mechanism.

Other findings and recommendations
- **Staffing:** the facility needs additional staff which includes; Clinical officer, pharmacist, nurse and lab technician. This is because the facility has an equipped laboratory which is not functional due to lack of a lab technician, the subordinate staff doubles up as a pharmacist and long queues are experienced as the second nurse is on sick leave.
- The residents of Igure proposed that the suggestion box should be put at the gate where it is accessible by everyone in order to enhance communication between the community members, nurse and the FMC.
- Subordinates should be paid at the end of every month and even be put in the main government payrolls system. Delayed payments kills their morale and affects service delivery
- The accessibility of the facility is wanting as the two roads leading to the hospital are in bad condition. This has affected service delivery as even delivery of drugs to the dispensary has been affected and also mobility of the nurse. The situation worsens during the rainy season.
- The members requested for a referral system i.e. an ambulance to be located at a strategic place i.e central place of each ward to enable transportation of patients who have been referred and to aid in emergencies.
- Community Health Volunteers should be supported by giving them a stipend to enable them move from one place to another and also as a motivation system.
- After the social audit a new FMC were elected and it has included the representatives of PWDs and the FMC has met the set standards.
Any pictorials especially the service charter? is it written in Swahili or local language?

2. Kapluk Dispensary

Basic Information:

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Kapluk Dispensary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration ./ MFL No.</td>
<td></td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>1958</td>
</tr>
<tr>
<td>Location</td>
<td>Barwessa ward, Baringo county.</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>Kapluk dispensary offer health services to an approximate population of 10,000 residents.</td>
</tr>
</tbody>
</table>

Brief Background of the Facility

Kapluk dispensary was established in the year 1958 by missionaries to promote accessibility of essential health services in Kerio Valley during the colonial period. Since then, the facility has been registered as a government facility. Kapluk dispensary offers health services to an approximate population of 10,000 residents.

Findings

2.1 Governance

Kapluk Dispensary is managed by a management committee comprising of 9 members (Male 6, female 3) who were elected 5 years ago by the community members during a chief’s baraza. The committee was found not to be holding regular meetings. Community members said that they were not involved or consulted in any way in management of facility.

1.2 Financial management and procurement

Kapluk Dispensary benefits from Results Based Fund. It also received money for infrastructure development from NG-CDF. However, financial records were not availed to the social audit team for scrutiny.

2.3 Public participation and access to information.

There is no any mechanism for public consultation/involvement in affairs of the facility. There is a limited access to public information even though a notice board is available, there is no information regarding service delivery or facility operations displayed for public consumption.

2.4 Service Delivery

There is one registered nurse at the facility against the required minimum of two. There are no subordinates including facility watchman and cleaners.
The facility mainly depends on rain water which is not reliable. In the event that there are no rains the management hires someone to fetch water from the river which is 7 km from the facility. County Government through KEMSA makes quarterly supply of commodities including drugs to the facility. However, the drugs get finished within a period of three days according to community members. It was reported that the nurse is often absent; a situation that has discouraged most locals from going to the facility to seek treatment.

2 Any other observation and cross cutting issues
There is notable low uptake of health services in Kapluk dispensary contributed by frequent shortage of essential drugs, under-staffing and frequent absenteeism of the only service provider. There is observable huge investment of infrastructure in the facility which includes stalled patients wards funded by NG-CDF, stalled lab construction funded by County government and a complete and equipped maternity wing that is not in use.

3 Recommendations for improvements
These recommendations were given during Focused Group Discussions with community opinion leaders.
✓ There is need to elect new FMHC to improve the management of the facility. The FMHC committee has become inactive over time. The chair of the facility has relocated from Kapluk and is hardly available to handle issues at the facility in a timely manner.
✓ At least two sub-ordinate staff (Cleaner and cleaner), additional nurse and pharmacist need to be deployed at the facility
✓ There is need for provision of clean, reliable and piped water to the facility to improve sanitation wholesomely
✓ There is need to repair fence and gate that are in bad condition .
✓ The latrine doors have been consumed by termites its almost falling thus need for replacement
✓ The stalled projects at the facility should be completed expeditiously for better services. The maternity should be equipped and staff deployed for it to start offering the much needed maternity services
✓ There is need for provision of anti-venom drugs in the facility since the area is prone to snake bites
✓ There is need for an audit on drugs usage since the drugs supplied by KEMSA run out very fast. There’ s general apprehension in the community pertaining this issue.
✓ There is need to also audit the funds received by the facility to ensure there is proper use of the funds.
4. **Name and contacts of the social audit team**

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolyne Jerop Boswony</td>
<td>0706132405</td>
</tr>
<tr>
<td>Lucilla Jesang Kandie</td>
<td>0707969201</td>
</tr>
<tr>
<td>Isaiah Biwott</td>
<td>0726110839</td>
</tr>
<tr>
<td>Jonathan Kirui</td>
<td></td>
</tr>
<tr>
<td>Antony Chirchir</td>
<td></td>
</tr>
</tbody>
</table>

**Community Recommendations**

a. County government should upgrade the health facility to level 3 to improve on the quality of health services. This is particularly important seeing as it is that the catchment area and population are big.

b. County government to ensure frequent supply of anti-malaria drugs because the area is malaria prone zone

c. Office of the ward administrator to make a follow up to ensure additional nurse is posted to the health facility.

3. **Kabiyet Dispensary.**

**Basic Information:**

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Kabiyet dispensary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration ./ MFL No.</td>
<td>17087.</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>2005</td>
</tr>
<tr>
<td>Location</td>
<td>Kabiyet Location, Eldama Ravine ward, Eldama Ravine sub-county in Baringo County.</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>An average of 100-150 patients use the facility every day.</td>
</tr>
</tbody>
</table>
GOVERNANCE
The facility has a Management Committee which has a total of nine members, five of which are male and four females. This includes two representatives of people living with disability (PWDs) and one youth. Members of the committee have been trained and meet on a quarterly basis and when need arises. They maintain minutes of meetings they hold. They were elected by the members of the community during a baraza.

INFRASTRUCTURE AVAILABLE IN THE FACILITY
Treatment room, consultation and pharmacy services are rendered under one room because there are limited space available. There is a separate room that is being used as a pharmacy store. MCH/FP services room is available at the facility. The incinerator is under construction and the facility currently uses one that is available at Eldama Ravine Refferal hospital for pricks and drug wastes. Other wastes are being disposed in a composite pit.
There is a two door pit latrine at the facility-one door for male and the other for women that is being shared by both the staff and patients. There are no ramps at the facility and this inhibits movement by those using wheelchairs. The facility is not connected to a realible source of clean water. Every week, it receives supply of water that is stored in small-capacity tanks. There is electricity at the facility.

EQUIPMENT AVAILABLE AT THE FACILITY
There is one fridge that is being used to store vaccines. On refferal cases they have to wait or consult with the subcounty refferal hospital to be issued with an ambulance.

Staffing at the Facility

<table>
<thead>
<tr>
<th>No</th>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registered nurse</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Community Health Extension workers</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>General attendants(cleaner)</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Watchman</td>
<td>1</td>
</tr>
</tbody>
</table>

There is a request for an additional nurse to assist the current nurse because of the heavy workload that makes the nurse not to go on leave.

AVAILABILITY OF DRUGS AT THE FACILITY
Drugs at the facility are supplied quarterly. However, the drugs are not received on time, often delaying up to one month, they receive all the drugs being requisitioned. The facility uses a manual system for managing drug inventory.
ACCESS TO INFORMATION AT THE FACILITY
There is a service charter at the health facility, its written in a language that is easy for users to understand. It does provide the relevant information concerning the services being offered this includes services offered, fees charged and complaints contact, queuing time and operational hours. The facility is able to provide all the services listed in the service charter. The facility has a notice board however the financial reports are not being displayed but is available on request.

FINANCIAL SUPPORT FROM THE COUNTY GOVERNMENT
The facility receives AIE support from the county government and the following financial support are being received at the facility: HSSF, RBF and DANID. This financial support does not come on time and at times they have to wait for almost 12 months. This has caused the subordinate staff to miss salaries for some months.

PUBLIC PARTICIPATION
The facility holds community open days and it is usually held mostly when the area chief has a baraza. There is a suggestion box installed at the facility and they maintain a register of complaints raised by the users and there is a feedback mechanism.

Additional findings and recommendations documented during Community validation forum.
The facility need additional nurse due to increased work load as long queues are experienced in the hospital, the nurse works over time as well. She has not gone for leave in three years. The nurse of the facility is friendly, does her work to the maximum, works over time and even visits patients who are elderly and unable to go to hospital in their homes.

Subordinates should be paid promptly every month and their salary to be increased to the rates set by the government. Also they should be incorporated to other social benefits like pension as well as NHIF. Main road- Kabiyet dispensary road is impassable making accessibility of the facility hard hence there is need to improve the road i.e. upgrading the road to a murram road. There is need for a male nurse as some patients who are men do not visit the facility because the nurse is female. The facility has no community health extension officer.

4. Name of the Facility: Rosoga Dispensary

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Rosoga dispensary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration / MFL No.</td>
<td>2008</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>2014</td>
</tr>
</tbody>
</table>
Location | Mogotio Ward, Baringo county.
---|---
Catchment Population | The facility serves a population of approximately 5000 people.

**Governance**

Rosoga community dispensary was established in the year 2014 with registration done in 2008. Facility management committee is in place with a composition of 5 male and 4 Female appointed community leaders, however PWDs and Youth are not represented in the management committee. The FMC has not attended any training on management skills but then they meet on quarterly basis to deliberate on management issues for the facility, and the Committee chairperson is always available to respond to emerging issues.

**Infrastructure Available in the Facility**

According to the level of the facility, the service rooms available are 4 which seems adequate, but then, MCH/FP room is not available and the situation has forced service providers to render different services in a single room. All service rooms have been connected to electricity.

There is low level of sanitation in the facility, there is one stand pit latrine with two doors which is shared by both patients and staff. Also the facility has no incinerator for proper disposal of solid waste, but only a composite pit in place. Ramps have not been installed to ease accessibility for PWDs to service rooms hence poses a challenge to such special interest groups. The facility is connected to a reliable quality source of water from a nearby borehole, and also a water tank is available to enhance roof water harvesting. The facility sits on a one-acre piece of land with a temporary perimeter fence and a gate.

**Equipment Available in the Facility**

Essential equipment is available in the facility which includes a functional fridge and low cost delivery bed, making it possible for mothers and children to access post-natal health services. However, the facility does not have communication equipment but the service provider has been utilizing personal phone to liaise on referral and emergency services within the facility. Referral cases are done through private boda-boda services.

**Staffing in the Facility**

<table>
<thead>
<tr>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Registered Nurses</td>
<td>1</td>
</tr>
<tr>
<td>2 Community Health Extension workers</td>
<td>1</td>
</tr>
</tbody>
</table>
Notable shortage of medical staff in the facility has contributed to inaccessibility of services when the only nurse is out on other administrative official duties.

**Availability of Drugs in the Facility**
County Government through KEMSA supply relevant drugs as per the facility requisition on a quarterly basis, but then, the nurse cited long process involved in the requisition which sometimes contribute to delay in replenishing of essential drugs in the facility. The facility uses stock control card as a manual system of managing drugs.

**Access to Information in the facility**
Service delivery charter has not been established in the facility, therefore making it difficult for the service users to ascertain the variety and cost of services offered in the facility. Sometimes the facility experiences long queues of patients in morning hours contributed by late opening of the facility simply because the nurse resides 8 kilometers away and there is no reliable means for transport except use of ‘bodaboda’. The facility has established a temporary notice board to display general information but financial information can only be accessed by members of public upon request.

**Public Participation**
Community open days are conducted once in a month to disseminate health talks and as an opportunity for service users to give feedback on service delivery, but the facility invites community members to open days when urgent health information needs to be shared to public. The facility has installed a suggestion box to provide a mechanism for feedback from service users, however there is no register for documenting public complaints.

**Additional Social Audit Findings and recommendations documented during community validation forum:**
There is need for additional medical staff in Rosaga dispensary to ensure smooth provision of services in the facility. Service delivery chart which indicates variety of services offered in the facility has been established.

The action was triggered after the first site visit of social audit team. Temporary fence has been erected in the facility. There is delay in disbursement of RBF and NSSF funds by the County government which has led to delayed payment of support staff wages and other utilities contributing to poor service delivery.
5. Emining Health Centre

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Emining health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 3</td>
</tr>
<tr>
<td>Registration /MFL No.</td>
<td></td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>1976</td>
</tr>
<tr>
<td>Location</td>
<td>Mogotio Ward, Baringo county.</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>The facility serves a population of between 20,000-25,000 within Emining and its environs.</td>
</tr>
</tbody>
</table>

**Governance**

Emining Health Centre was started in the year 1976. Currently the facility serves a population of between 20,000-25,000 people within Emining and its environs. The facility is managed together with the facility committee with a membership of 9 members. They have all been trained on basic management skills. It has been a tradition in that facility that the management committee are elected by community members with representation from all special groups. The Management committee has not established a procurement committee.

**Infrastructure in the Facility**

The facility is well endowed with service rooms necessary as per the level of the facility, but then, patient’s wards have not been utilized effectively due to understaffing of medical staff. There is an upcoming construction of minor theatre being funded by County government which has stalled for some time. There is a serious need for power back up in the facility for the maternity wing. Service users cited incidents where they use torch lighting during deliveries at night.
The facility has no reliable source of water, they rely on rain water harvesting and during dry season water boozers supply water to the facility. The facility lab is well equipped with appropriate equipment. There is a sterilization room stationed in the maternity wing. The facility has a well-stocked pharmacy with relevant drugs. The facility has not considered building staff houses, and majority of the staff reside in Mogotio which is relatively distant from the facility.

**Equipment in the facility**

Emining health facility is adequately equipped, but then it lacks effective referral mechanism. This is contributed by lack of a stationed ambulance vehicle allocated to the facility. Also there is no communication equipment, and personal phone calls for service providers are utilized to coordinate referrals and emergency cases. The facility has two fridges in MCH room and Lab, but then, pharmacy room has not been allocated a fridge.

**Staffing at the facility**

The facility faces serious challenges of understaffing of medical and support staff, therefore contributing to non-provision of inpatients services in the facility except maternity wing which is partially operational. There is established community units, where community health volunteers disseminate health information and make referrals of individuals with notable health problems to the facility.

**Availability of Drugs in the Facility**

Drugs are supplied on a quarterly basis to the facility by County Government through KEMSA. Drugs received are as per the facility requisition as indicated in GOK S 11 form and delivery invoice, but then, service provider cited long process involved in the requisition which sometimes contribute to delay replenishing of essential drugs in the facility. The facility uses stock control card as a manual system of managing drugs.

**Access to information in the Facility**

There is a service charter at the health facility, its written in a language that is easy for users to understand. It does provide the relevent information concerning the services being offered, this includes services offered, fees charged and complaints contact, queing time and operational hours. The facility is able to provide all the services listed in the service charter. The facility has a notice board however the financial reports are not being displayed but is available on request.

**Financial Support from County Government**

The facility receives AIE support from the county government and the following
financial support are being received at the facility: RBF This facility does not receive financial support on time; sometimes they have to wait for almost 6 months and this has contributed to untimely payment of support staff salaries where they go for months without pay. There is a fee chargeable for individuals or business premises seeking for medical certification, where the facility issues an electronic receipt.

**Public Participation**

Emining health Centre conducts a series of community open days which includes Community dialogue days and Action days. All this activities happen in the established community units to disseminate health talks and as an opportunity for service users to give feedback on service delivery, but the facility invites community members to open days when urgent health information should be shared to public. The facility has installed a suggestion box to provide a mechanism for feedback from service users, however there is no register for documenting public complaints.

**Additional Social Audit Findings and Recommendations documented during Community Validation Forum**

1. Elections were conducted in the month of June 2018 and the facility now has a new Health Facility Management Committee
2. The catchment area used by the county government of 18,000 people to supply health commodities does not include patients from other locations who visit the health facility during market days in Emining open air market.
3. There is delay in disbursement of RBF and HSSF funds by the County government which has led to delayed payment of support staff wages and other utilities contributing to poor service delivery.
4. The facility has no store room, however one of the patient’s wards has been converted into a store.
5. There is need to erect a chain link perimeter fence in the facility to secure facility properties from vandalism and also regulate on unnecessary disturbance from livestock.
6. There is need for additional service rooms in the facility which includes; administration block and a room to provide specialized treatments like TB.
7. The facility has no modern kitchen, recently the County government delivered a food stuff fridge to be used for preserving food stuff for maternity wing patients, but then, the facility lacks a conducive room to install/keep the fridge.
6. Kabimoi Dispensary

Basic Information:

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Kabimoi Dispensary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration ./ MFL No.</td>
<td>14619</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>2008</td>
</tr>
<tr>
<td>Location</td>
<td>Lembus Perkera Ward, Baringo county.</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>Kabimoi dispensary serves a population 5000-10000 people.</td>
</tr>
</tbody>
</table>

Governance

Kabimoi dispensary was founded in the year 2008 with a registration certificate number 14619. The facility has an active facility management committee elected by the community members in a public baraza and it comprises of 5 male and 3 female, but doesn’t have a PWD representation. The committee has two youth representatives. Facility management committee converges every quarter to deliberate on management issues for the facility; minutes for every meeting are documented and filed by the facility in-charge.

Infrastructure Available in the Facility

According to the level of the facility there is limited service rooms, the facility has not been connected to reliable sources of power, but the process to connect the facility to main grid power has been initiated. The facility is not connected to reliable source of water, but then, there is a 2,500 litres water tank and mostly without water. Most of the time, the service provider fetches water from a nearby river. The facility sits on a 2 acre piece of land with temporary fence.

Equipment Available in the Facility

Kabimoi dispensary has moderate equipment which includes a functional fridge solar powered and low cost delivery bed for responding to emergency deliveries. Service
users do not access MCH services due to lack of a functional fridge in the facility. However, the facility does not have communication equipment but the service provider has been utilizing personal phone to liaise on referral and emergency services within the facility. Referral cases are done through private services or the facility in-charge organizes for County government supported ambulance services.

**Staffing in the Facility**

<table>
<thead>
<tr>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Registered Nurses</td>
<td>2</td>
</tr>
<tr>
<td>2 Community Health Extension workers</td>
<td>1</td>
</tr>
<tr>
<td>3 General attendance</td>
<td>1</td>
</tr>
<tr>
<td>4 Watchman</td>
<td>1</td>
</tr>
</tbody>
</table>

Notable availability of medical and support staff in the facility has contributed to improved service delivery in the facility.

**Availability of Drugs in the Facility**

Drug are supplied in quarterly basis to the facility by County Government through KEMSA, but then, service providers cited long process involved in the requisition which sometimes contribute to delay in replenishing of essential drugs. Sometimes drugs supplied do not match with the requisition order forwarded by the facility to County government. The facility uses stock control card as a manual system of managing drugs.

**Access to information in the Facility**

Service charter has been established in the facility, therefore making it easy for the service users to ascertain the variety of services offered in the facility. Service users pay for family planning injectable drugs yet they are not issued with official receipts. The cost of accessing FP services has not been indicated in the services charter. The facility has established a permanent notice board to display general information but financial information can only be accessed by members of public upon request.

**Financial Support from County Government**

The facility receives support from the county government through result based fund (RBF), but then there has been frequent delay in disbursement of the funds to the facility accounts and this has contributed to delay in prompt payment of support staff salaries. Service provider stated that they usually received the fund once in four month instead of the provided disbursement monthly.

**Public Participation**

There is no proactive planning of community open days in the facility. But then, the
service provider participates during community baraza, where the area chief and ward administrator allocate time for health talk and community members are allowed to give feedback regarding the standard of service delivery in Kabimoi dispensary. The facility has no mechanism of documenting complaints raised by the service users.

**Additional Photos for Kabimoi Dispensary**

**Pit latrine used for patients and Staff**

**SERVICE CHARTER**

<table>
<thead>
<tr>
<th>SERVICES OFFERED</th>
<th>REQUIREMENT TIME</th>
<th>CHARGES</th>
<th>DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Kuona Dokatari</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Dispensing of Medicine</td>
<td>Prescription Upto 5min</td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Material &amp; Child Health Clinic</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Maternal &amp; Child Health Clinic</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Antenatal Care</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>VCT PITC Service</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Maternity Service</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td>Public Health Service</td>
<td></td>
<td>FREE</td>
<td>Mon-Fri</td>
</tr>
</tbody>
</table>

**7. A.I.C Kiserian Dispensary**

**Basic Information:**

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>A.I.C Kiserian Dispensary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 2</td>
</tr>
<tr>
<td>Registration ./ MFL No.</td>
<td>04914</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>1986</td>
</tr>
<tr>
<td>Location</td>
<td>Mukutani Ward, Baringo county</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>The facility offers services to about 50-70 patients daily.</td>
</tr>
</tbody>
</table>
Governance
AIC Kiserian dispensary was started in the year 1986 by missionaries with registration number 04914. There is a facility management committee who are appointed by the AIC mission church and it comprises of 7 males and 2 female, but doesn’t have a PWD and youth representatives. There is no stipulated schedule for Facility management committee meetings, in short the facility is managed like a private clinic.

Infrastructure in the Facility
According to the level of the facility, the service rooms available are 4 which seems adequate. The facility lab is not appropriately equipped, it still lacks some basic equipment for diagnosis. Notable also, are low levels of sanitation, the facility has door two pit latrine which is shared by staff and patients. The facility uses a composite to dispose hospital waste after proper segregation where other high risk waste which requires an incinerator are transported to Marigat Sub-County hospital. The facility is powered by solar as the only source of power connection.

Availability of Drugs in the Facility
AIC Kiserian facility receives drugs from the County Government on Monthly basis. The facility places monthly procurement of drugs to supplement Government supplies, therefore, the facility does not receive drugs as per the requisition. A manual system for managing drug inventory has been adopted by the facility.

Access to Information in the Facility
A Service charter has been established in the health facility written in English language which is not easily understood by majority of the service users. It does provide the relevent information concerning the services being offered. This includes services offered, fees charged and complaints contact. Some of residents of Kiserian cited difficulties in accessing services in the facility due to high cost charged as consultation and treatment. Patients pay kshs. 150 for consultation and kshs.200 for any treatment. The facility provides all the services listed in the service charter. The facility has a notice board however the financial reports are not being displayed and are never accessible by the members of public.
**Public Participation**

AIC Kiserian has never conducted open days with services users, but then, information relating to management issues are raised during church service only on Sunday. This has contributed to low levels of public participation as a feedback mechanism on service delivery by Kiserian residents. Suggestion box has been installed in the facility under control of Facility management committee chairperson. Facility has no avenue for documenting public complaints raised verbally or through suggestion box.

**Additional Findings and recommendations documented during community validation forum.**

The County Government of Baringo Constructed the maternity wing project on the AIC land against the advice of the sub-county health technical team- As per the operations of the dispensary, there is no clarity whether the facility is private or public. Kiserian Dispensary charges users up to ksh. 150 per head per visit. This is against the National and County Health policies which provides for free services at Level 2 and level 3 facilities. The implication of the high fee has been low service consumption and thus the facility has not adequately benefited from the facility Improvement Fund (FIF) pegged on service utilization.

The community members are not aware of the budgetary allocations to other projects in the facility other that the maternity wing project- e.g. ksh 1,000,000 allocated for laboratory is not known even to the Health Facility Management Committee. There are critical facilities missing within the health facility - e.g. the MCH and laboratory service are still being offered in a common room.

There is dire need for maternity wing – The sub-county PHO cited a recent case where 5 women gave birth at home- This was recorded during the antenatal care. The HFMC are ready to dialogue with County Government, department of health to review on service fee charged at the facility at the moment.

**Name and contacts of the social audit team**

<table>
<thead>
<tr>
<th>Mukutani</th>
<th>Baringo South Sub-County</th>
<th>Name</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Salim Lowan</td>
<td>0729482112</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paul Kirongozi</td>
<td>0726064203</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Josphat Lesuno</td>
<td>0726064203</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loice Milalo</td>
<td>0715720332</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maria Katim</td>
<td>0713188390</td>
</tr>
</tbody>
</table>
**Construction of Maternity wing at AIC Kiserian Dispensary**

**Esageri Health Centre**

**Part one: Introduction**

<table>
<thead>
<tr>
<th>Name of the Facility</th>
<th>Esageri Health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Facility</td>
<td>Koibatek Ward, E/ Ravine Sub County</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Level 3: Health Centre</td>
</tr>
<tr>
<td>Registration/ MFL NO.</td>
<td>14477</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>1994 and upgraded in 2004</td>
</tr>
<tr>
<td>Catchment Population</td>
<td>Approximately 16000 people</td>
</tr>
</tbody>
</table>

**Brief Background of the Facility**

Esageri dispensary was established 1994 and was upgraded in the year 2004. It is registered with facility registration number 14477. The facility sits on a two acre land.

**Part two**

**2.0 Infrastructure**

Services rooms in the facility are adequate, available rooms include: one treatment room, a small consultation room, records room, labor ward, two stores and one laboratory. The facility also has a delivery room , one pharmacy room, waiting bay, one placenta pit,triage section and staff changing room. The facility has no rams to aid movement of PWDs.

The facility has one kitchen with a laundry place that does not have drainage system. Also the kitchen floor has cracks. The facility has two toilets for patients and none for staff. This means the staff share with the patients. The facility has perimitre fence with a permanent gate.
The facility is not connected to a reliable source of water but the County government organizes for water boozers to deliver water to the facility. Also the facility has a water tank. The facility is connected to reliable source of electricity but has no backup generator. The electricity contributes to improved service delivery among patients seeking for emergency vaccines and post natal care services. The solar installed in the facility does not function.

**Equipments in the facility**
There is one delivery bed, two motor cycles, a communication equipment, eight beds available in maternity wing which are in good condition, one MCH-fridge, one lab – fridge, one microscope, one cetrifuge, one resuscitation equipment, one delivery set, one stethoscope, one foetuscope and dressing kits. All the equipments are in good condition. On referral cases, the facility has a communication equipment (phone) used for consultation with the sub-county referral hospital to ask for an ambulance when in need of. Also the facility has two motor cycles for community outreach and referral cases.

**2.1 Governance and Management**
The facility has instituted Health Facility Management Committee (FMC) with a total of six members elected by community members in a public baraza. The FMC comprises of four males and two female and has no representative of youth and PWDs. Members of the committee have been trained and they meet on a quarterly basis. Minutes of FMC meetings are kept and are available. The facility has a procurement committee and minutes of the committee are maintained in the facility.

**Staffing at the facility**

<table>
<thead>
<tr>
<th>No</th>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registered nurse</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Community Health Extension workers</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>General attendants(cleaner)</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Watchman</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Clinical officers</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Lab technicians</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Pharmaceutical technologist</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>cook</td>
<td>1</td>
</tr>
</tbody>
</table>

There is a request for additional staff because of the heavy workload experienced. Also there is need for a general attendant as all staff do the work of a general attendant.
Availability of Drugs at the Facility
Drugs at the facility are being replenished quarterly but are not received as requisitioned. Also the drugs are not delivered on time which affects effectiveness of services delivered to the citizens. The facility has a manual system for managing drug inventory.

Access to Information
There is a service charter and a notice board at the health facility. The service charter is written in a language that is easily understood by the users. It provides the relevant information concerning the services being offered these include: services offered, fees charged and complaints contact, queuing time and operational hours. The facility is able to provide all the services listed in the service charter within the duration specified on the service charter. The facility opens and closes as indicated on the service charter. Financial reports are not available at the notice board but are available on request.

Financial support
The facility receives AIE support from the county government and the following financial support are being received at the facility: RBF. The facility does not receive financial support on time at times they have to wait for almost 6 months. This has caused the subordinate staff to miss salaries for some months. Services are offered for free in the facility enhancing its affordability to all patients seeking for services.

Public participation and public complaints handling
The facility holds community open days monthly. There is a suggestion box installed at the facility and it maintains a register of complaints raised by the users and there is a feedback mechanism.

8: Irng’arua Health Centre
Part one: Introduction

Basic Information:

<table>
<thead>
<tr>
<th>Name of the facility</th>
<th>Ilngarua Health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of the facility</td>
<td>Level 3: Health Centre</td>
</tr>
<tr>
<td>Registration . / MFL No.</td>
<td>14568</td>
</tr>
<tr>
<td>Year of Establishment</td>
<td>?</td>
</tr>
<tr>
<td>Location</td>
<td>Ilchamus Ward, Baringo South</td>
</tr>
<tr>
<td>Catchment Population</td>
<td></td>
</tr>
</tbody>
</table>

Brief Background of the Facility
Ilng’arua dispensary was established by community members to respond to challenges of inaccessibility of health services among the residents. It is registered with facility registration number 14568. The facility sits on a five-acre land which is enough.
Part two

2.0 Infrastructure

Services rooms in the facility are adequate. Available rooms include: treatment room which is too small, consultation room with enough space, labor ward which is not used due to lack of water in the facility and a store which does not have enough shelves for drug storage. The facility also has a delivery room, one pharmacy room, waiting bay with no enough chairs, one placenta pit and one semi permanent staff house. The facility has two toilets for patients and one toilet for staff. The facility has perimeter fence with a permanent gate. The facility is not connected to a reliable source of water but the County government organizes for delivery of water to the facility by a bowser. Also the facility has a water tank. The facility is connected to reliable source of electricity.

Equipment

There is one delivery bed which is not in use, six beds available in maternity wing which are not in use due to lack of water in the facility, one MCH-fridge, two microscopes, one cetrifuge, one resuscitation equipment, one stethoscope, one foetuscope and four dressing kits which is not enough for the users. On refferal cases, the facility has no communication equipment to consult with the sub-county refferal hospital to be issued with an ambulance as it does not have a motocycle for referral.

2.1 Governance and Management

The facility has a Health Facility Management Committee (FMC) with a total of nine members elected by community members in a public baraza. The FMC comprises of 6 males and 3 female and has no representative of youth and PWDs. Members of the committee have not been trained and they meet on a quarterly basis. Minutes of FMC meetings are kept and are available.

The facility has a five member procurement committee made up of three men and two female and minutes of the committee are maintained in the facility.

2.2 Staffing at the facility

<table>
<thead>
<tr>
<th>No</th>
<th>Staff Cadre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registered nurse</td>
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<tr>
<td>2</td>
<td>Community Health Extension workers</td>
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<tr>
<td>3</td>
<td>General attendants(cleaner)</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Volunteers</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Watchman</td>
<td>1</td>
</tr>
</tbody>
</table>

There is a request for additional staff because of the heavy workload experienced especially .... Also there is need for a general attendant.
Adequacy of staff at the facility:

- The facility provides services to about 80-150 persons per day – The number increases during the clinic sessions.
- Ilngarua Health centre has had a long time problem of staffing, despite the commitment by the county government to upgrade the facility to a health centre. For instance, the maternity wing is fully equipped but not operational because of lack of staff.
- The nurse cannot take his annual leave because the facility shall remain closed. Therefore, during his leave period, he serves for two days and takes a three-day off until his leave days are over.
- When the nurse takes breaks for lunch and tea, it brings about discord among service users because they do not appreciate need for health break.

Staff attitude towards patients:

- By nature, the nurse is a silent person and thus some patients find it hard to interact with him.
  “Mimi nimeshindwa na huyu daktari. Wakati mwingine anashika piki piki na kuondoka bila kueleza watu – anawaacha tu, ameshika tabia ya wazungu ya kutozungumzia na watu”- comments by one of the service user at Ilngarua Health Centre
- The nurse is sometime overwhelmed with work, a factor that affects his attitude. Even then there have been many cases of altercations between patients and the nurses.

Conduct of staff at the health facility:

- There are cases of unexplained absenteeism- “ Every time, we ask the nurse where he goes, he tells us that he take reports to the sub-county MOH. We are not clear on reporting schedules for sub- county meetings. Therefore, when the nurse is absent we cannot tell whether he has gone out for official duty or personal issues”- Health Facility Management Committee member
- The facility in-charge has a challenge with interpersonal relationship – “he rarely speaks to patients instead he listens to you , writes a prescription and then calls the next patient"
- The service provider rarely wears uniform

Availability of Drugs at the Facility

- Drugs at the facility are replenished quarterly and are being received as requested but not timely. The facility has a system for managing drug inventory.
- The facility in-charge ensures that committee members are present during the delivery of drugs
The facility is allocated Level 1 drugs yet number of users is approaching that of a health centre facility. Therefore, drugs last up to 2 weeks after which users have to wait for the next supply which takes up to 6 months.

In times of dire need, the in-charge sources drugs from other dispensaries

**Access to Information**

There is a service charter at the health facility, its written in a language that is easily understood by the users. It does provide the relevant information concerning the services being offered this includes: services offered, fees charged and complaints contact, queuing time and operational hours. The facility is not able to provide all the services listed in the service charter due to lack of a laboratory. This involves cases which require diagnosis.

The facility does not serve patients within the duration specified on the service charter as the facility is understaffed. The facility opens and closes as indicated on the service charter. Financial reports are not available at the notice board but are available on request.

**Financial support**

The facility receives AIE support from the county government and the following financial support are being received at the facility: HSSF and RBF. The facility does not receive financial support on time and at times they have to wait for almost 6 months. This has caused the subordinate staff to miss salaries for some months. Services are offered for free in the facility enhancing its affordability to all patients seeking services.

**Public participation**

The facility holds community open days on need basis for example when commissioning of facility, new projects, and when receiving new staff. There is a suggestion box installed at the facility and they maintain a register of complaints raised by the users and there is a feedback mechanism.