

CEDGG

**CENTER FOR ENHANCING DEMOCRACY
& GOOD GOVERNANCE**

KERICHO COUNTY

Consolidated Social Audit Report 2018 - Vol. 2





CENTER FOR ENHANCING DEMOCRACY
& GOOD GOVERNANCE

KERICHO COUNTY

Consolidated Social Audit Report 2018-2019

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Submitted To

CENTRE FOR ENHANCING DEMOCRACY
AND GOOD GOVERNANCE

Design, Layout & Printing by:

Myner Logistics Ltd
P.O BOX 9110-00200, Nairobi.

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1.0. Acknowledgements

Several people played a role in the process that resulted into the publishing of this report. It is not possible that CEDGG can singularly thank all of them. However, we wish to make special mention of the county and national government department heads who participated in the social audit process and provided information contained in this report. Special thanks go to the Governor's Office and Public Service and Administration for their support throughout the project implementation.

The Health department also deserve special mention for providing resource persons during the social audit training workshop and for being available to provide useful insights into the policy, legal and institutional framework for health service provision. Further, our gratitude goes to all heads of health facilities social audited for their support without which this report could not have been compiled.

Our sincere gratitude also goes to all the social auditors for tirelessly and professionally conducting social audits on health facilities. Indeed, it is the hard work of this gallant men and women that holds the bright future of Nakuru County. In the same vein, we are grateful to the county project focal team led by Mr. David Ruto the CEDGG coordinator for Kericho County, and the membership of Civil Society Focal Team for their leadership and coordination of the process. A special space is reserved for Nancy wanjiru kubutha for technical input into the process and compilation of this report.

We also thank GIZ for their technical and financial support without which we could not have undertaken the work. Last but not least, the CEDGG secretariat members for their dedication and hard work thought-out the project planning, implementation and the compilation of this report. They are Cornelius Oduor, CEO; Evans Kibet, Program Officer, Wilkister Akinyi, Program Officer, Julius Mbui, ICT assistant, James maina, finance officer and Penina Maleve, Administrator 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

The partnership between CEDGG and GIZ to pursue the objective of detection and prevention of corruption and abuse of power 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 fore-front 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 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 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.
- vi. **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

2.0. Summary Social Audit Report: Kericho County 2017 / 2018

2.1. KEY FINDINGS

In 2018, CEDGG worked with a team of 30 trained auditors to undertake social audit exercises in Kericho County. The team audited a total of 10 health facilities (7 dispensaries, 3 health centers) for service delivery across five sub-counties in the county. The social audit identified, among others, best practices that need to be replicated across the two cadres of health facilities as well as challenges that need to be addressed to enhance quality delivery of health services.

2.2 Best Practices

1. Availability of Facility Management Committees

In all 10 health facilities that were social audited, facility management committees (FMCs) were in place and active. It was noted that members of these committees are elected by community members. In most instances, the FMCs meet on a quarterly basis and maintain minutes of such meetings.

2. Availability of Drugs and Management Systems

Though facilities cited use of a manual drug management system, it was evident that drug inventory systems exist in all health facilities that were social audited. It was also noted that replenishment requests for drugs are submitted by facility in charges on a quarterly basis. In Chesanga dispensary, it was reported that drugs are received on a regular basis and that inventories are managed properly using pin cards. In this health facility, there were very little complains on drug shortage by citizens.

3. Financial Support from County Government

The social audit revealed that in all social audited facilities, financial support from county government is available. The staff in health facilities indicated that they have received AIE support from the county government at some point. 80% of the health facilities audited also indicated that they have received HSSF funds. Additional financial support from facilities came from Danida.

4. Composition of Facility Management Committees

It was noted that in some health facilities, youth and PWDs are represented in facility management committees. Such facilities include Chepkunyuk and Kunyak dispensaries. Also, the composition of facility management committees in Chebwor and Chesanga Dispensaries, as well as Ainamoi Health Center meets the two-third gender representation.

5. Access to Information

80% of level II and III health facilities in Kericho County have service charters installed. The charters contain relevant information that service users need to access including services offered in the facilities, fees charged for each service, complaints contact, queuing time, operational hours etc. Facilities that demonstrated this best practice include Kamasega, Jagoror, Kipsegi, Chebwor, Kunyak, and Chepkunyuk dispensaries as well as Kipsitet and Mtaragon health centers.

6. Operationalization of Service Charters

75% of health facilities that have installed service charters are able to provide the services listed on the charters. At least six facilities are able to serve patients within the duration specified on the service charter and open and close as indicated on the charter. In Mtaragon health center and Kunyak, Chebwor, Kipsegi, Jagoror and Kamasega dispensaries, members of the public reported that they are able to access financial information from the facilities upon request.

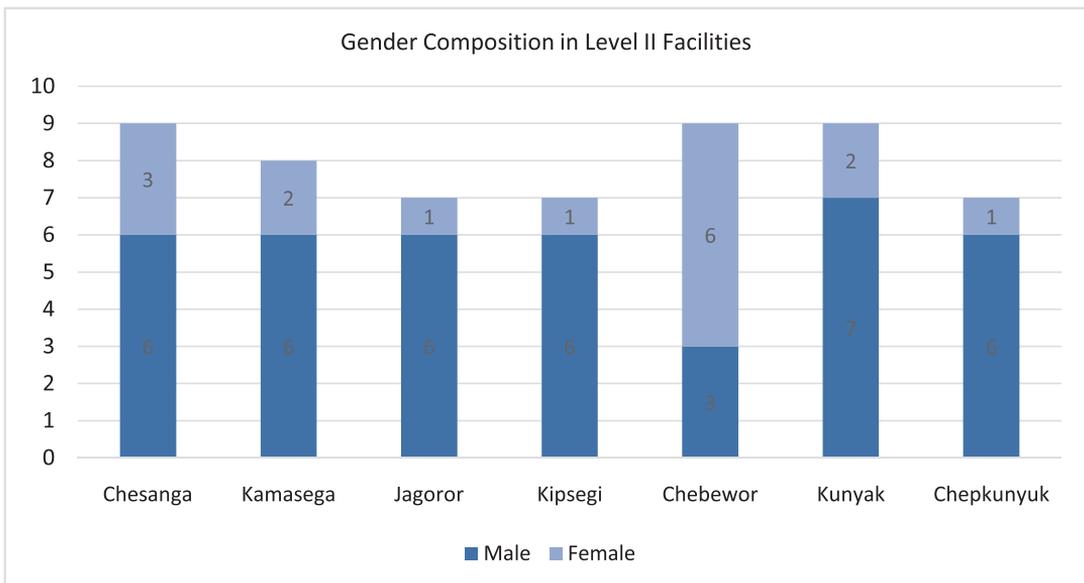
7. Facilitating Public Participation and Complaint Handling

It was noted that there are facilities such as Mtaragon and Kipsitet health centers as well as Kipsegi, Jagoror and Kamasega dispensaries that facilitate public participation for citizens. In these facilities, community open days are held at least once in a year. In terms of handling complaints from facility users, the social audit shows that Mtaragon health center has installed a suggestion box in the health facility as a way of getting feedback from users. Additionally, it was confirmed that the facility maintains a register of complaints raised by users and provided feedback on the same.

2.2. . CHALLENGES

Gender Representation in Facility Management Committees

Gender balance in composition of facility management committees (FMCs) is a challenge that seems widespread in Kericho County. Only 2 out of the 7 level II facilities that were social audited have FMCs whose composition meets the two-third gender representation as shown in figure 1 below.



2. Representation of Youth/PWDs in Facility Management Committees

The challenge of Youth and PWD representation in FMCs was evident in level II and III health facilities in Kericho County. Out of the 7 level II facilities that were social audited, only 1 has both youth and PWDs represented in FMCs. It was noted that at least three dispensaries did not have youth or PWDs represented in FMCs at all while three have representation of either youth or PWDs as shown in figure 3 below. For level III hospitals, none of the 3 social audited facilities have representation of both youth and PWDs in the FMC.

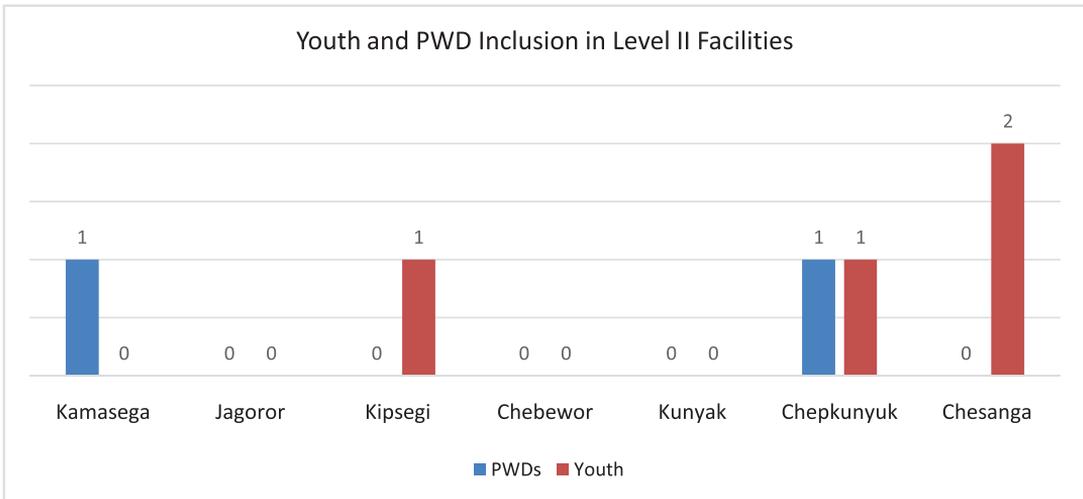


Figure 3: Youth and PWD Representation in Level II Health Facilities

3. Untrained Facility Management Committees

While Kericho County has made significant progress in ensuring that health facilities have FMCs in place, not much effort has gone into building the capacity of these committees as yet. Out of the 10 health facilities that were social audited, none reported that its FMC has undergone training to enhance its capacity to deliver on its mandate effectively.

4. Unregistered and Untitled Health Facilities

There were instances where health facilities have not been registered. This was evident in facilities such as Mtaragon Health Center and Jagoror, Kipsegi and Chebewor dispensaries that do not have registration numbers. It was also not clear whether these facilities have titles for the land that they sit on. The social audit showed that Chesanga dispensary has been constructed on land that was donated by the chief’s camp and that a section of it sits the road reserve which puts it at risk of demolition.

5. Minimal Public Participation and Complaints Handling

Most social audited facilities do not have a structured way of engaging citizens besides electing members of facility management committees. It was noted that in most facilities, community open days are not held and where they are held, they happen once a year. Also, most health facilities do not have established mechanisms of receiving complaints such as suggestion boxes and there was no evidence that complaints registers are maintained. These aspects make citizen participation and feedback mechanisms weak.

6. Inadequate Infrastructure in Health Facilities

Most health facilities have inadequate infrastructure. Out of the three level III facilities that were social audited, none has a community service room. Mtaragon health center does not have a minor theatre and a records room while in Kipsitet health center, male and female patients share the same structure and service providers have to use curtains to separate spaces for patients. Figure 4 below shows distribution of service rooms in level III facilities.

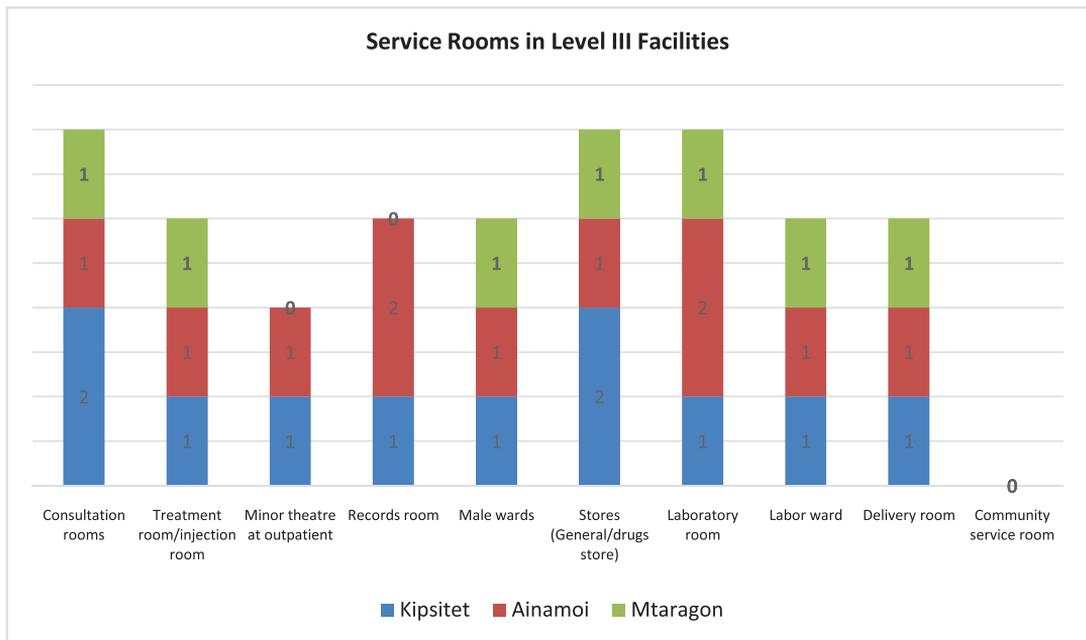


Figure 4: Service Rooms in Level III facilities

In level II facilities, key service rooms such as treatment room, consultation room and MCH/FP room were missing in Kipsegi dispensary. It was noted that none of the 7 dispensaries that were social audited had a community service room. Chesanga dispensary has an MCH room but the space is in poor condition and the public health office already declared it unfit for use. While facilities such as Kamasega, Chebewor and Kunyak dispensaries have most of the service rooms, waiting rooms and outpatient department sheds were missing in Chesanga and Chepkunyuk dispensaries as shown in figure 5 below.

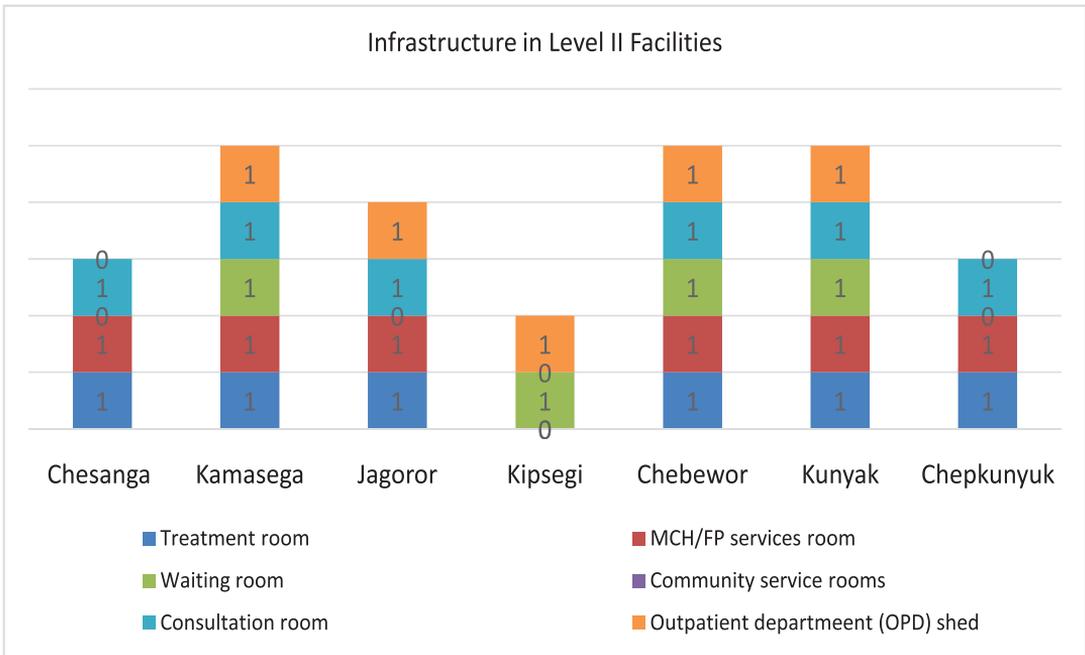


Figure 5: Infrastructure in Level II Facilities

7. Inadequate Waste Disposal Facilities

Waste disposal facilities such as incinerators, burning chambers and sanitation blocks are inadequate in most health facilities across Kericho County. While most level III facilities have 2 sanitation blocks for patients, it was noted level II facilities such as Kipsitet and Chebwor dispensaries do not have separate sanitation blocks for staff which means that staff and patients share the same sanitation blocks.



Was the only toilets available in Kipsegi Dispensary

For some facilities, disposal of medical waste is a major challenge. While level III facilities such as Kipsitet and Ainamoi Health Centers have been fitted with incinerators and placenta pits, it was noted that Mtaragon Health Center does not have either of these waste disposal facilities. In level II facilities, composite pits are the most common ways of disposing medical waste. While such pits are available in health facilities like Jagoror dispensary, it was noted that they are unfenced and open. Burning chambers for use in disposing medical waste are also not available in level II facilities.



An open composite pit in Jagoror Dispensary

8. Underutilization of Available Facilities in Delivery of Services

It was noted that several hospitals have infrastructure and equipment that are not utilized to deliver services to citizens. In Chebewor dispensary, a maternity wing constructed using CDF funds is not functional. All the level 3 facilities have staff quarters, however, in Ainamoi hospital, the staff quarters are being used by a staff who have been transferred to another health facility and are no longer working in the facility. It was also noted that Ainamoi health center has equipment such as beds, incubators that are functional but are not in use.

In Chepkunyuk dispensary, there were reports that administration Police Officers were living in the maternity wing. The maternity wing was constructed using community resources but it is not serving patients as it should. The presence of the Officers in the facility inconveniences service delivery to citizens.



An incubator in Ainamoi Health Center At the time of audit, this was the only toilets available in Kipsegi Dispensary

9. Stalled buildings in Health Facilities

Stalled constructions were noted in several health facilities that were social audited. Buildings under construction ranged from maternity wings, sanitation blocks to incinerators and staff houses. In Chepkunyuk dispensary, a staff house whose construction was initiated in the 2014/15 with a Kshs. 400,000 funding from CDF is yet to be finalized. Funding for the project was stopped midway causing it to stall and the incomplete structure already has cracks. Construction of a staff house in Kunyuk dispensary has not been completed.

In Kipsegi dispensary, the construction of a staff house had not been completed and in Chebewor dispensary, construction of an incinerator had stalled. In Kamasega dispensary, a maternity wing that received Kshs. 500,000 funding in 2016/17 FY was only constructed to the slab level. In the same facility, construction works on a toilet block are yet to be completed.



The slab for maternity wing in Kamasega Dispensary An incomplete toilet block in Kamasega Dispensary

In Kuniyak dispensary, the county government provided Kshs. 800000 funding through the project management committee to facilitate construction of a maternity wing. With this amount, the structure was constructed to lental level. The county government sent a contractor to roof the building but it was not clear how much was paid for roofing of the building because the project management committee had not been informed.

10. Inadequate Staffing in Health Facilities

Staffing levels in majority of the health facilities that were audited do not meet ministry of health standards. While all level II facilities had a registered nurse, facilities such as Kuniyak, Kipsegi, Chesanga and Chepkuniyak dispensaries did not have community health extension workers while Kamasega and Chesanga dispensaries did not have general attendants. Figure 6 below shows the distribution of staff in level II health facilities.

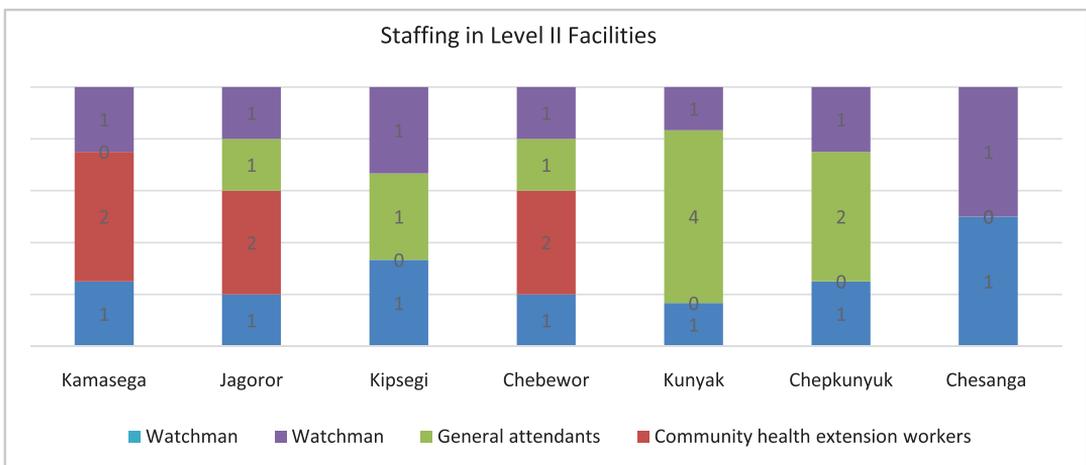


Figure 6: Staffing in Level II Health Facilities

In level III facilities, the number of clinical officers, nurses and technological pharmacists falls way below the set ministry of health standards. For instance, Mtaragon health center does not have a clinical officer. Also, none of the health facilities audited had a statistical clerk which poses the challenge of managing patient data in facilities as shown in figure 7 below.

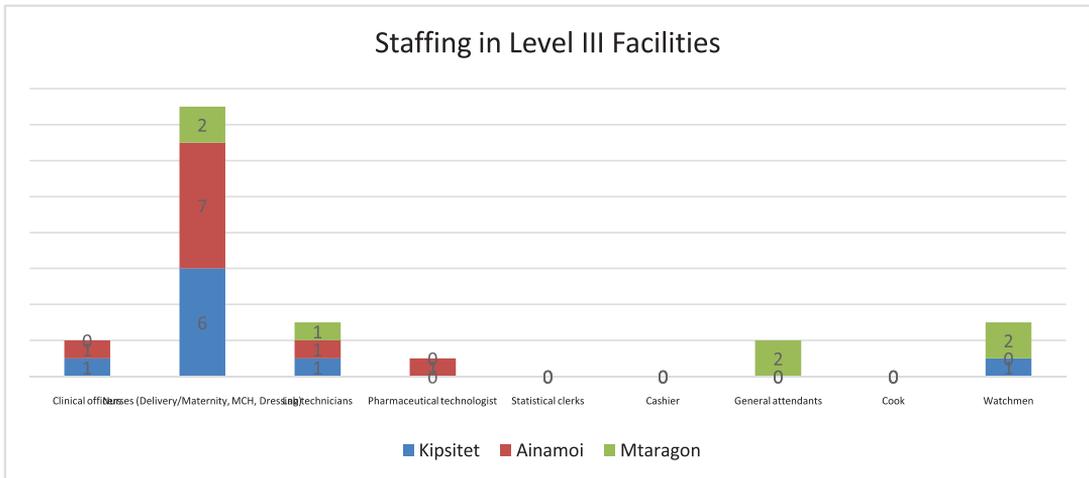


Figure 7: Staffing in Level III Health Facilities

11. Unmet Staff Housing Needs

In most facilities, it was noted that staff housing needs have not been adequately met for various reasons. In facilities such as Ainamoi health center, a staff house is available but it is occupied by a staff who is no longer working in the facility. In Kipsegi dispensary, a maternity wing has been converted into a staff house for the facility in-charge. Although there an operational staff house, it is being occupied by a nurse aide while another that was under construction has stalled.

12. Delays in Paying Subordinate Staff

At the time of social audit, subordinate staff in some health facilities had not been remunerated for a period of up to 1 year. In Chebewor dispensary for instance, subordinate staff had not been paid for 12 months because the facility had not been receiving its capitation amount. Service users in Chesanga dispensary also reported that payment for the watchman had been delayed he had been blaming the nurse for the delay. However, the treasurer of the FMC confirmed that the facility had not received any money for a period of 6 months, a situation that had occasioned the delay in payment of the watchman’s salary.

13. Unprofessional Staff Conduct

There were reports of unprofessional staff conduct in health facilities. This unprofessional conduct was reported in the form of lateness, absenteeism, negligence and overcharging patients as discussed below:

- a. Lateness: In facilities such as Ainamoi health center, service users reported that staff report to work late and leave early. There were reports of nurses giving themselves time off and at any given time, the facility is served by 1 nurse despite having 7 nurses. In Chesanga dispensary, late reporting and absenteeism were reported. These reports were attributed to the fact that the facility is served by 1 nurse and on several occasions, the facility is closed when the nurse is attending seminars or has gone to get vaccines.
- b. Absenteeism: In Kipsitet health center, there were reports of absenteeism. Service users also reported that the staff arrive late on Mondays and tend to leave early on Fridays. In Kunyak dispensary, service users reported instances of absenteeism as well
- c. Professional negligence: There were reports of staff turning patients away for lack of money in Kipsitet health center. A case in point was when a mother came to deliver in the facility and was turned away because she didn't have money. In Ainamoi dispensary, there were reports of patients being treated by unskilled staff
- d. Overcharging patients: In Kipsitet health center, patients seeking emergency services are asked to pay a higher fee, especially at night. A case in point was when a boda boda rider had an accident. He was asked to pay Kshs. 300 to be attended.

14. Unreliable Water Sources

Access to reliable sources of water is a major challenge for health facilities in Kericho County. Facilities such as Ainamoi health center and Kunyak dispensary do not have reliable water sources and rely heavily and rely on roof catchment done during rainy seasons. Ainamoi Health Centre draws water from a stream.. The water challenge in this facility has rendered water closet (WC) toilets unusable.

15. Inadequate Equipment in Health Facilities

Equipping of health facilities in Kericho County remains low compared to ministry of health standards for level II and III facilities. In level III facilities it was noted that Kipsitet and Mtaragon health centers facilities did not have a fridge in the pharmacy. The number of beds in Mtaragon health center's maternity was also very low considering that it's a level III facility. The 2 beds in the maternity ward are also not commensurate to the 4 delivery beds in the facility in terms of service delivery. Figure 8 below shows equipping levels in level III facilities.

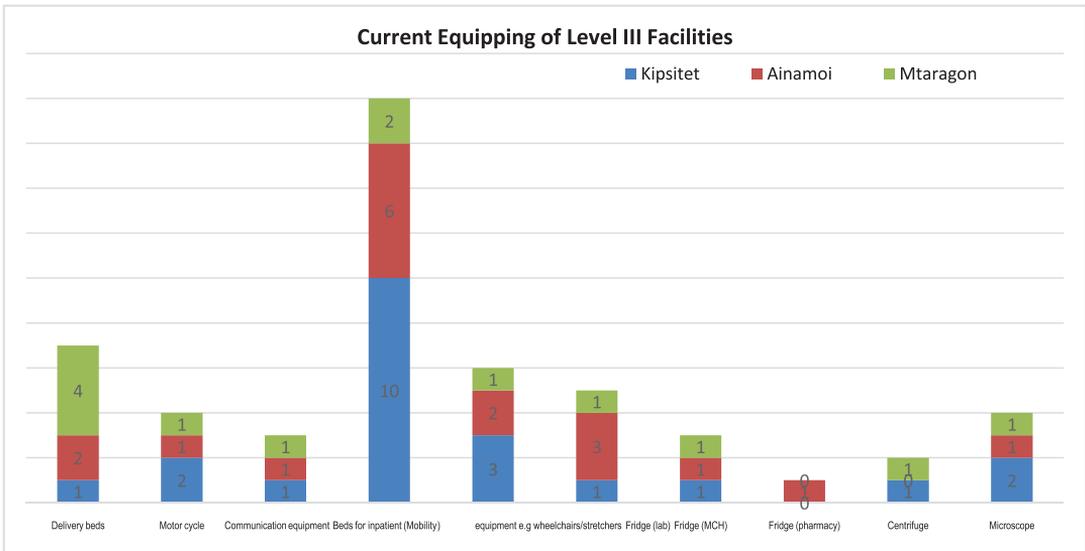


Figure 8: Current Equipping in Level III Health Facilities

While all level II facilities audited have been equipped with fridge in the MCH/FP rooms, Jagoror dispensary did not have a low cost delivery bed. None of the health facilities had a motor cycle ambulance and only Chepkunyuk dispensary had communication equipment as indicated in figure 9 below:

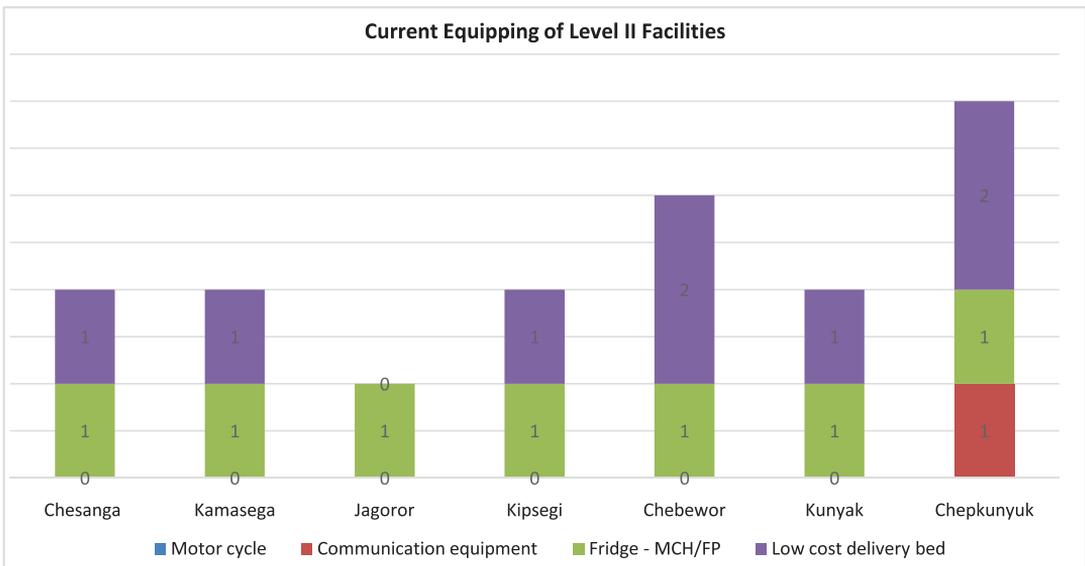


Figure 9: Current Equipping in Level II Health Facilities

16. Inadequate Drugs in Health Facilities

In Ainamoi and Chesanga, patients are frequently asked to buy drugs from chemists. In facilities such as Jagoror dispensary, most prescribed drugs are available but there are still instances where patients are asked to purchase drugs from private chemistry. Besides inadequacies in drug supply, there were reports of expired drugs being present in some health facilities. In Ainamoi health center, there were reports of drugs remaining unused due to low demand and therefore risking expiry. A similar situation was noted in Kamasega dispensary.

17. Delays in Receiving Requisitioned Drugs

Reports on delays in disbursing drugs to health facilities were rampant. For instance, in Ainamoi health center, service providers have to wait for months before pharmaceutical supplies are dispatched to the facility after requisitions are submitted. In some instances, facilities receive less drugs than they requisitioned. For instance, in June 2018, Chebawor dispensary requisitioned 10000 Septrine drug but only 400 Septrine drug were supplied. In some facilities such as Chepkunyuk dispensary, there were reports of drugs being disbursed to that had not been requisitioned by the facility.

18. Delays in Disbursement of Funds to Health Facilities

In Kamasega, there were reports that it has been almost 1 year since the facility received HSSF funds. In Chebawor, the facility had not received capitation for 12 months while in Chesanga dispensary, the treasurer of the FMC confirmed the facility had not received any money for the last 6 months

19. Inconsistent Service Fees

The social audit established that the rates charged for health services were inconsistent. In Kipsitet health center, it emerged that the charges displayed on the service charter and the actual amounts that patients are charged differ. In Chepkunyuk and Kunyak dispensaries, the cost of accessing services is indicated as free on service charters. However, patients who seek services from the facilities are charged varying amounts for lab services based on the tests they need. Costs range from Kshs. 100 for Malaria tests, Kshs. 200 for Typhoid and Kshs. 100 for Blood group tests. In Kipsitet health center, patients pay Kshs. 150 and Kshs. 200 for Malaria and Typhoid tests respectively. In Kunyak dispensary, it was established that patients have to pay Kshs. 1000 to access maternity services. This is despite the Kericho County Government Policy that level 2 and level 3 services should not be charged.

20. Un-Receipted Payments

In some health facilities, patients pay for services but are not issued with receipts. For instance, in Jagoror dispensary, patients pay Kshs. 50/- for a prescription book but it is alleged that a receipt is written and after being served, patients hand it back to the nurse. In Chepkunyuk and Kunyak dispensaries, patients pay Kshs 50/= that is not receipted. In Kipsitet health center, patients pay Kshs. 150 and Kshs. 200 for Malaria and Typhoid tests respectively – the amounts are not receipted.

2.3. Citizen Perceptions on Service Delivery in Level I and II Facilities

1. Staff Attitude

Users in Jagoror, Chepkunyuk and Kamasega dispensaries rated staff attitude towards patients as very high. In these facilities, users said staff are courteous and friendly to patients. They listen to their needs and treat them with respect. In facilities such as Kipsitet health center where ratings were below average, facility users said the staff are rude to patients and tend not to listen to patients.

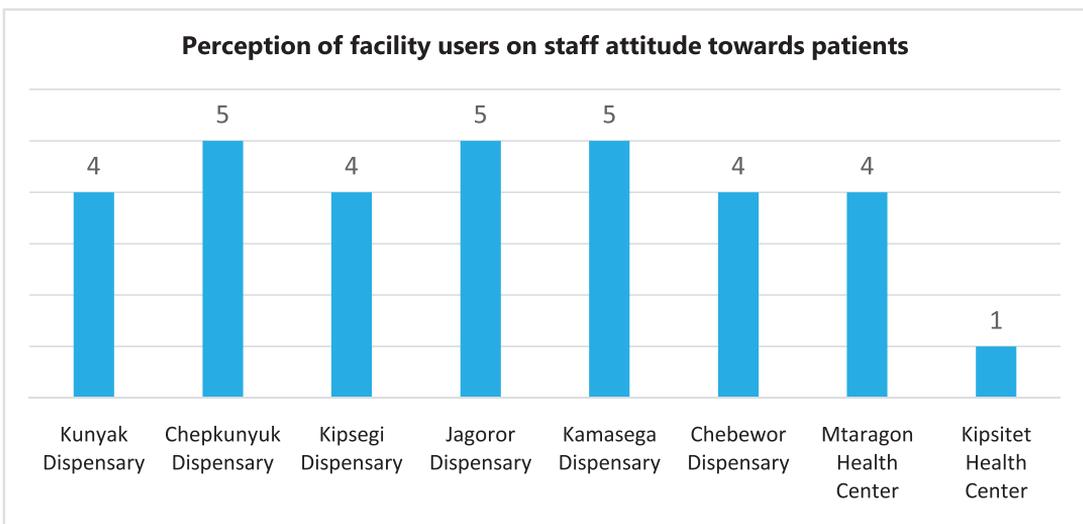


Figure 10: Perception of facility users on staff attitude towards patients

2. Staff Conduct

In most health facilities, users rated staff conduct highly. They attributed this high score to the fact that staff report to work on time. Across the facilities where users participated in the perception survey, there were no reports of gross misconduct such as drunkenness. However, in Kipsitet health center, facility users reported cases of late reporting

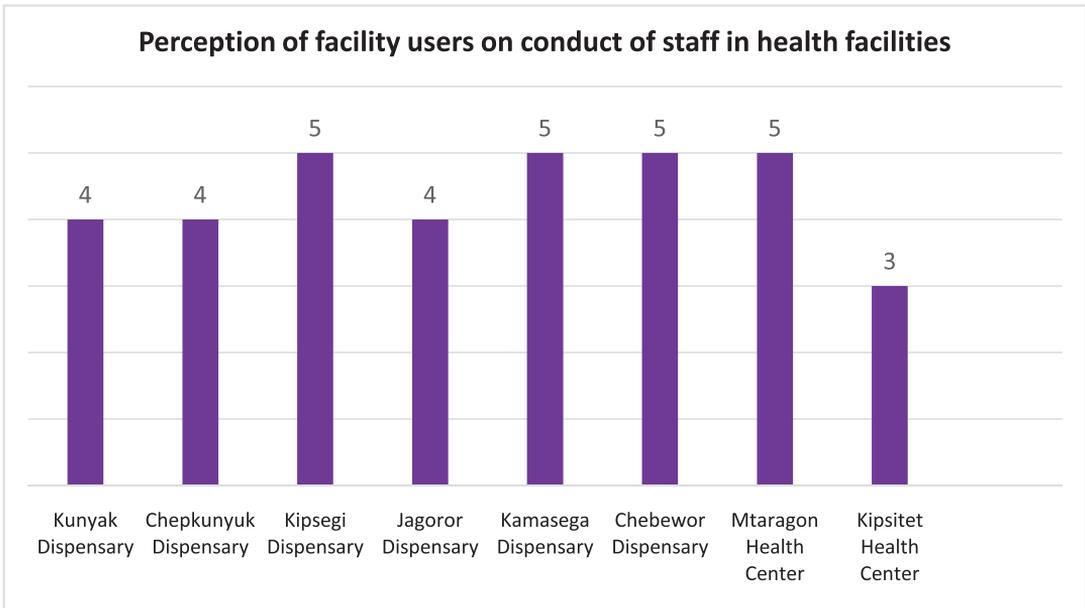


Figure 11: Perception of facility users on conduct of staff in health facilities

3. Adequacy of Staff

Users in Chepkunyuk dispensary rated adequacy of staff in the facility highly because they do not queue for long hours to be served. However, in facilities such as Kipsegi, and Jagoror dispensaries, as well as Mtaragon health center, users reported that queues are always long, patients are referred to other facilities for cases that can be handled in the facilities and staff are forced to multitask i.e same staff attending to patients in different service rooms.

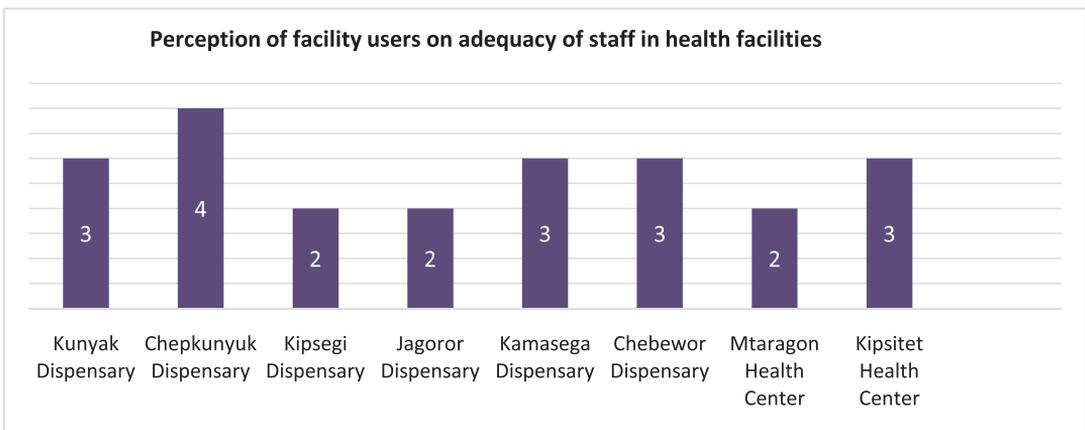


Figure 12: Perception of facility users on adequacy of staff in health facilities

Affordability of Services

Services users in facilities like Kipsegi, Chebewor, Chepkunyuk and Jagoror dispensaries felt services are affordable. In facilities like Kamasega dispensaries, users felt some services are costly, and others are affordable. However, there are service users who felt that some facilities charge Ksh. 50 plus lab charges for which no receipt is issued

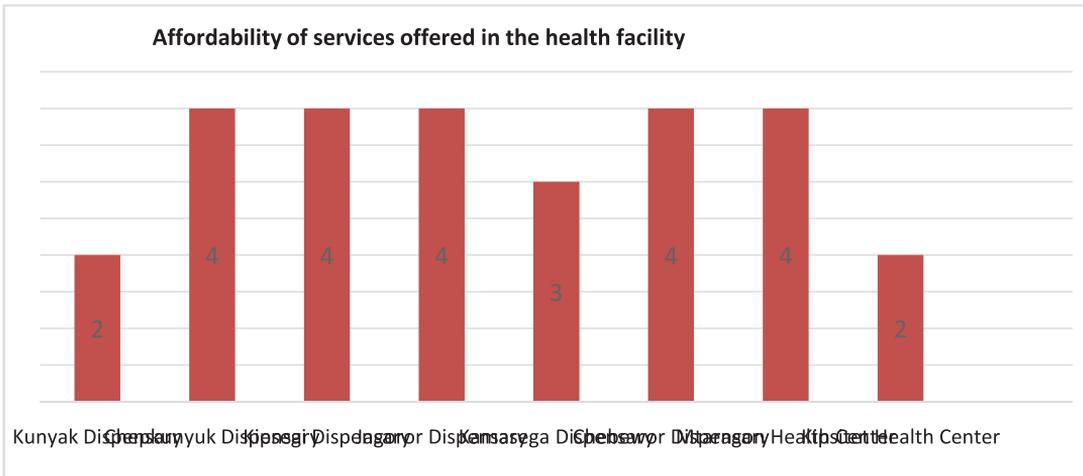


Figure 13: Affordability of services offered in the health facility

Availability of Drugs

Users in facilities such as Kunyak and Chepkunyuk dispensaries that scored highly in availability of drugs said prescribed drugs are always available in the facilities. In facilities where ratings were average, users said the variety of drugs available in the facilities is limited and in some instances, drugs are available but run out fast due to high demand and limited supply. Users of facilities that got below average scores, users said patients are frequently asked to buy drugs from chemists.

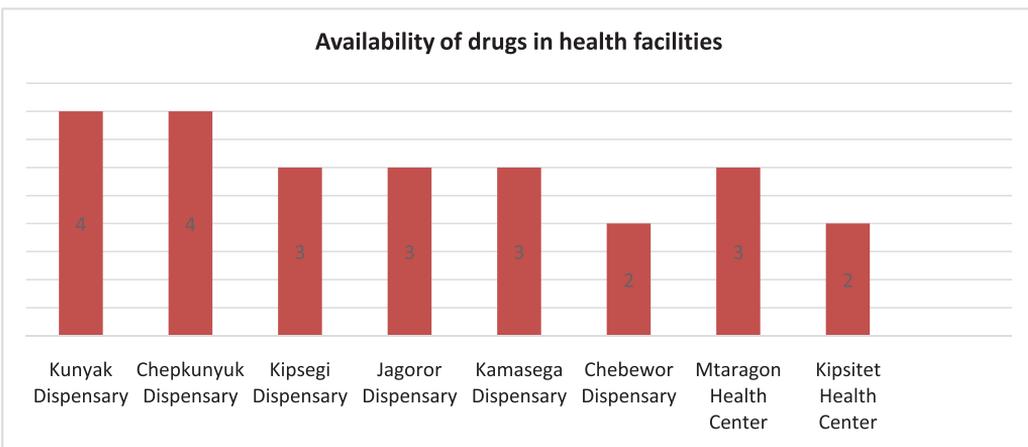


Figure 14: Availability of drugs in health facilities

Accessibility of Services

Facilities such as Kipsegi and Kamasega dispensaries as well as Mtaragon and Kipsitet Health Centers scored averagely on accessibility. In these facilities, users said most services on the service charter were available and that the facilities have functional equipment. In facilities where ratings were low, service users felt most services on the service charter were not offered in the facility, ramps had not been installed to facilitate access for PWDs.

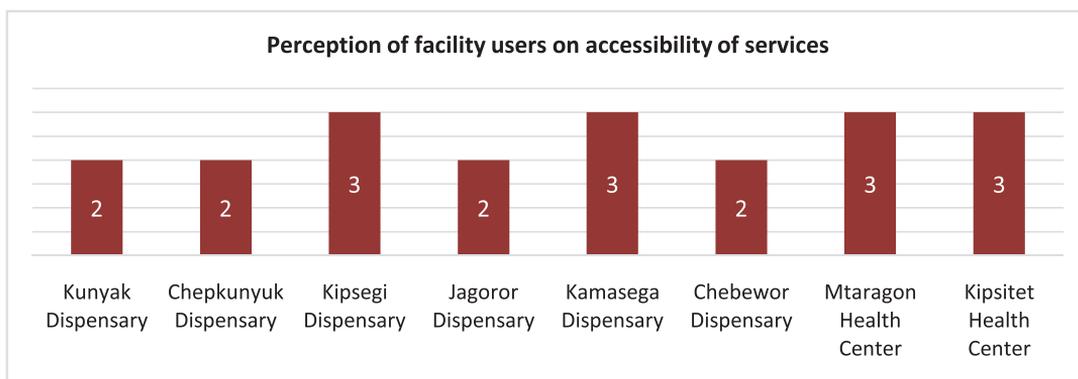


Figure 15: Perception of facility users on accessibility of services

2.4. RECOMMENDATIONS

To address the challenges facing level II and III health facilities in Kericho County, the following recommendations should be implemented:

- **Service Fees:** The county should provide a policy direction on whether level II and III facilities should charge for health services or not. There is need to establish a standard on whether to offer services for free, or what services can be charged. There is also need to standardize charges across board based on facility levels.
- **Procurement and distribution of drugs-** In addition to the MoU signed between counties and KEMSA, the county government of Kericho needs to circulate a directive informing health facilities how drug requisition procedure will tale and how the distribution system should work. This will help in addressing issues relating to timeliness in delivery of medical supplies and improve on the quantity of deliveries that are made to health facilities.
- **Staff Welfare:** Kericho county government should either put in place or where necessary, ensure implementation of MoH guidelines on transition and handing over procedures of infrastructure such as staff houses to ensure that staff welfare facilities such as houses are put into appropriate use and handed over to facility staff appropriately in the event of staff changes.

- Capacity building of Facility Management Committees: Kericho county government should put mechanisms in place to ensure members of FMCs are trained on management, participatory approaches including reporting incidences of breach of conduct by staff. The county government should also put mechanisms in place to facilitate inclusivity of special interest groups in FMCs for purposes of ensuring that delivery of health services is sensitive to the unique needs of youth and PWDs across level I and II health facilities.
- Staff Conduct: The county government, through the department of health should conduct refresher trainings for staff and strengthen supervision and disciplinary aspects of staff management to ensure adherence to professional code of conduct
- Funding of Health Facilities: There is need to undertake a needs assessment of level I and II health facilities to determine funding needs. There is also need to establish guidelines or mechanisms for ensuring that health facilities receive disbursement on time so that the process of delivering services is not interrupted
- Security of facility land: The county government needs to secure hospital land from grabbing by gazetting unregistered facilities and acquiring titles for hospital land
- Water Supply: The county government of Kericho should prioritize provision of reliable water supply in health facilities by factoring in water supply in for health department budgets

3.0. Facility Specific Reports

3.1. SOCIAL AUDIT REPORT FOR AINAMOI DISPENSARY/HEALTH CENTRE PART ONE: INTRODUCTION

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information

Name of the facility	Ainamoi Health Centre
Type of the facility	Level 3
Registration ./ MFL No.	14192.
Year of Establishment	1990
Location	Ainamoi trading centre in Ainamoi village, Ainamoi ward, Ainamoi Sub-county, Kericho County. It is about 9km from Kericho town.
Catchment Population	The facility serves a total population of over 5000 from Ainamoi, Kipchimchim, Kapsaos and Kapsoit wards. Being along an all-weather road, it is easily accessible to all people including travelers.

Picture of the facility



Figure 1: The main structure for Ainamoi Dispensary/Health centre

PART TWO: FINDINGS

a) Infrastructure

Ainamoi Health Centre is built on a 3-acre land. Having benefited in the past from the Nyayo Ward Programmes in the late 1990s, Ainamoi Health Centre is one of the facilities in the County with sufficient and up to standard infrastructural settings with 20 operational rooms, 2 toilets for the patients and separate ones for the staff. The facility also has two staff houses and other infrastructural requirements of a health centre.

b) Governance and management

i. Composition of HFMC (Election Process, Gender and technical competence)
The management committee of the facility is elected by the community every three years. Ainamoi Health Facility Management Committee members is as follows: MEN

- 3 WOMEN
- 1 PWD
- 1-YOUTH

The committee meets quarterly but the chairman is available as and when required. The social audit exercise revealed that the members of the committee are yet to be trained.

There is no separate procurement committee.

ii. Financial management and procurement

All financial matters are under the control of the in-charge but at the time of undertaking the social audit, the facility had no AIE and the HSSF support. Subordinate staff had not been paid for six months.. .

iii. Public participation

The facility does not hold community open days, no register to record complaints and therefore no mechanisms for the provision of feedbacks..

iv. Access to information

The facility does not have a service Charter nor does it have notice board to facilitate access to information

c) Service Delivery

Staffing – numbers, qualifications, attitude and professional conduct

Ainamoi Health Centre is served by the following members of staff:

- Clinical officers-1-(There is one seconded from Walter Reed but it could be ascertained if he is working on full time or is on a specific project)
- Nurses-7
- Phamacists-1

- Lab technician-1
- Watchmen -2

The facility is headed by a nurse contrary to policy requirement of health centre. Moreover, the number of staff in each category falls below the recommended standard.

According to members of the HFMC, cases of absenteeism among staff are very high. Even when all staff are present there is a tendency taking off leaving less staff at any given time to attend to patients.

“The duty roaster does not march the work load... there are lapses in the shift arrangement such that sometimes the facility remains unattended ...Many a times I come out to advise patients on critical cases to seek treatment in alternative facilities because of absence of service providers...” these were the remarks of a public official who resides near the facility captured during the social audit focus group discussion.

There were also reports of arrogance and unwillingness to attend to expectant mothers by the staff. Participants in the FGD narrated an incident that had occurred recently where an expectant mother was turned away only to give birth in a vehicle on her way to Kericho referral hospital.

Access to Clean, Safe and Adequate Water and Sanitation

The facility does not have a reliable source of water and relies on rain water and the nearby stream. Consequently, the Water Closed (WC) toilets at the facility are not in use.

Availability of services, drugs and supplies

Required services are available but the effectiveness is compromised mainly by understaffing and administrative challenges. Drugs and non-pharmaceuticals are said to be supplied on a quarterly basis although social auditors could not get the records to confirm this. Apparently, there were observable gaps, service users said that some drugs were rarely available while social audit discovered that some drugs had expired due to low demand.

There were reports from users, including members of Health Facility Management Committee, of differences between the clinical officer seconded from Walter Reed (PEFAR) and the nurse in charge, a factor that compromises performance at the facility.

Moreover, the number of staff in each category falls below the recommended standard which also contributes to low level of service provisions in the facility.

3.0. Any other observation and cross cutting issues

- Lack of clarity on the status of the facility: The facility is registered as Ainamoi Dispensary. Even then, the infrastructural standard is higher than that of health centre while staffing levels are closer to a health center. Writing on the walls, that had been rubbed partly, indicates the facility as a sub-county hospital. Therefore, there exists confusion as to whether it is a dispensary, a health centre or a sub-county hospital.
This controversy has had a negative implication on the inputs (staffing, infrastructure, equipment and drugs and non-pharmaceuticals) availed to the facility and thus the poor state of service delivery.
- Administrative gaps: It is not clear as to who is in charge of the facility i.e. the clinical officer or the nurse in-charge. This had resulted in poor supervision of staff giving rise to the challenges reported above i.e. absenteeism, late reporting and laxity among members of staff.
- No service Charter: In addition to the administrative gaps reported above, lack of a service Charter has created room for unscrupulous staff to charge unsuspecting patients for services offered.
- Staff house: The facility staff house is occupied by a former service provider who has since been transferred to another facility. Further probing there is no interest among the existing staff to reside in the staff house and thus no demand.

4.0 Recommendations for improvements

1. The county government should clarify the status of the facility and provide the required inputs.
2. The county Government should facilitate the facility to have a reliable source of clean water in order to operationalize all the services e.g. maternity wards, modern toilets etc
3. There is need to improve supply of drugs and non-pharmaceuticals and streamline inventory management
4. A service charter should be published as a matter of urgency.
5. The county government to provide induction training for staff and strengthen supervision to address the gaps in the conduct and attitude of staff.
6. Maternal Healthcare services should be made available immediately since necessary infrastructure and equipment are available.



Figure 1: A toilet which seems to have been used without water



Figure 5: Patient's Beds at the post-natal ward in Aimaoi Health Centre

SOCIAL AUDIT REPORT FOR CHESANGA DISPENSARY

PART ONE: INTRODUCTION

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information:

Name of the facility	Chesanga Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	21091
Year of Establishment	2015
Location	Chesanga dispensary is located at Chesanga village, Kipchebor Sub-location, Kipchebor ward, Ainamoi Sub-county of Kericho County.
Catchment Population	The facility serves estimated population of 1000 residents. Majority of the residents around the facility use Kericho referral Hospital because most of them work in government offices, private companies or as casuals in the construction companies, leaving a limited number who work on their own farms or casual workers working in large farms.



Figure 12: The main Building for Chesanga Dispensary. Due to upgrading of a road adjacent to the facility to tarmac road, the facility may be affected as it was built very close to the road

PART TWO: FINDINGS

a) Infrastructure

The facility stands on 0.1 acre of land which is said to be a road reserve. There is a steep section at the gate of the facility making it difficult for accessibility of the facility by persons with disabilities and other patients.

b) Governance and management

i) *Composition of HFMC (Election Process, Gender and technical competence)*

The facility has a health facility management committee (HFMC) comprising of 9 members. Among these, 6 are men while 3 are women. Although there are two youth representatives in the committee, there is no representation of persons with disabilities. The committee meets every 3 months.

There is no separate sub-committee for procurement. Members of the HFMC interviewed claimed that they saw no need to have procurement after since all procurement of goods, service and works at the facility is done at the County headquarters.

The committee is yet to undergo induction on their roles and responsibilities.

ii) *Financial management and procurement*

The facility started receiving AIE of Kshs.50, 000 in January 2018. Since there is no procurement of services or goods at the facility level, the in-charge handles all financial matter. Furthermore, the facility does not charge patients for the services offered.

iii) *Public participation and feedback mechanism*

The only way the community practice public participation is during the election of the committee members as the social audit found out that the facility does not hold any community open days.

The facility does not have suggestion box, a register for complaints or any means of facilitating citizens' feedback on service delivery.

iv) *Access to information*

The facilities do not have a service charter or a suggestion box.

c) Service Delivery

i) *Staffing – numbers, qualifications, attitude and professional conduct*

The facility has only one staff a nurse and a watchman. The nurse is rated as being good in terms of courteousness and friendly to the patients. The service users reported that the watchman has been complaining over delayed payment and he seems to be blaming the nurse and the issue is in public domain. The HFMC chair Stated that the committee was seeking money to pay the arrears.

"Huyu nurse amekosana na watchman kwa sababu watchman hajalipwa na anafikiria nurse alipewa pesa,na hataki kumpatia..." comments given by one of the participants during the service users Focused Group Discussion

ii) ***Access to Clean, Safe and Adequate Water and Sanitation***

The facility is located in the Peri-urban setting to Kericho and therefore it is connected to the main water supply KEWASCO in addition to having water harvesting and storage tank.

iii) ***Availability of services, drugs and supplies***

The drugs supply to the facility is on quarterly basis but much of them stay in the stores unused thus risk getting expired.

The receipts of drugs is regular, properly managed using pin cards and very little or no complain for shortages of drugs was expected to be found at the facility.

Any other observation and cross cutting issues

- Staff ratio: The facility is understaffed. For instance, the social audit exercise delayed because the nurse was on leave and the facility had been closed down.
- Land Size and the effects of the Road works: The facility is located on a 0.1 acre of land which is less than the recommended standard of 1 acre. Even worse the building is so close to the road that worst it may be affected by the road construction works going. In fact, there are unconfirmed reports that part of the land is a road reserve.

Recommendations for improvements

1. The county government should deploy more staff to the facility to avoid the frequent closure of the facility.
2. There is need for immediate installation of the service charter and the suggestion box in the facility.
3. The In-Charge should also develop a complaint register and design satisfactory feedback method.
4. The county government should initiate the process of acquiring more land to ensure that the facility attains the required standards in terms of land coverage and mitigate from the effects of road development.
5. The facility should have community action days to enhance public participation⁶. The management should fast-track payment to the Watchmen and maintains proper accounts for the AIE they receive from County Government

SOCIAL AUDIT REPORT FOR CHEBEWOR DISPENSARY

PART ONE: INTRODUCTION.

(a) Basic Information

Name of the facility	Chebewor Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	
Year of Establishment	2014
Location	Chebewor village Kedowa/ Kimugul Ward of Kipkelion East Sub County , Kericho County.
Catchment Population	An average of 30-50 patients use the facility daily drawn from tendeno,londiani Junction, Kahorora,Jubat and parts of Kedowa and Kimugul

Picture of the facility



Figure 14 : Chebewor Dispensary Gate

PART TWO: FINDINGS

α) Infrastructure

Having received support from the European Union and CDF, the facility has the prerequisite infrastructure of a Dispensary. The infrastructural standard of the facility are above the standard with enough service rooms except an incomplete MCH/FP unit. The following structures are available:

Structure	Number
COUNSELING/ TREATMENT ROOM	1
WAITING ROOM	1
OPD SHED	1
STORE	1
PIT LATRINE	2

- There are two pit latrine shared among both staff members and patients.
- The gate is in good condition but part of the fence is broken down.
- There is a power line connection that is functional.



Figure 16: The main Toilet being used by both the staff and patients at Chebwor Dispensary.

b) Governance and management

i. Composition of HFMC (Process, Gender and technical competence)

Chebwor Dispensary is managed by a HFMC comprising of 9 members; 3 males and 6 female who were elected by community. PWDs and youth are not represented in the committee. The HFMC meets quarterly. The current HFMC is still new and thus has not been inducted on their roles and responsibilities.

ii. Financial management and procurement

The facility receives AIE and HSSF from the County Government of Kericho. There were claims that the in-charge was not involving management committee members in making financial decisions.

iii. Public participation

Through the elected committees and public meetings are convened regularly which enhances the public participation of the residents in the affairs of the facility. The facility does not have suggestion box and register for complaints and thus the citizen feedback mechanism is weak.

iv. Access to information

There is a well displayed charter but lacks some vital information such as operating hours, contact of the person to be reached in case of a query. The charter is also written in English only and thus not friendly to some users. On the other hand, some services provided at the facility are not shown on the service charter. The time specified on the service charter is not adhered to in most cases due to shortage of staff.

c) Service Delivery

Staffing – numbers, qualifications, attitude and professional conduct

Chebwor Dispensary staff establishment is as in the table below:

STAFF	NUMBERS	RECOMMENDED	DEFICIT
Registered nurses	1	2	1
Community Health Workers	2	8	6
General attendant	1	2	1
Watchman	1	2	1
Lab technician	0	1	1

The staff in the facility have positive attitude towards patients. They also conduct themselves and handle patients in a professional manner. However, staff shortage slows service delivery especially during clinic days.

Access to Clean, Safe and Adequate Water and Sanitation

Water supply remains a big challenge especially during dry season. The facility has to fetch water from the borehole which does not meet the requirement of WHO guidelines for drinking water.

Availability of services, drugs and supplies

Service users had been paying for service, against the government policy on free health services at the dispensary level, until a new service provider was posted to the facility in February 2018. The service provider stopped the charges and also sensitized members of the public that services at the dispensary were offered for free.

Service delivery at the dispensary is limited by inadequate supply of drugs and non-pharmaceuticals. The facility orders for drugs and non-pharmaceuticals on quarterly basis. Even then, it does not receive the drugs on time and as per requisitions made to the county government. For instance, at the time of social audit, a case was cited where a requisition was made on 20th May 2018 but drugs was delivered, 20th June, 2018, a month later. Besides requisition stipulated quantity of 10000 Seprine drug while only 400 Seprine drug were supplied. Service users complained that they are sometimes sent to purchase certain basic drugs from private chemists. The facility remains closed in any event where the only nurse is not available.

3.0: ANY OTHER OBSERVATION AND CROSS CUTTING ISSUES

- Stalled public project: The EU, through the HFMC, funded construction of maternity wing at a total cost of ksh 8M. According to a former member of the project committee, the donor disbursed Kshs. 6Million. However, this information could not be corroborated. There are also concerns among community members that the work done so far is not commensurate to said kshs.6 M disbursed.
- Unpaid Subordinate staff: As at the time of social audit, subordinate staff had not been paid for 12 months.. The In-Charge acknowledged the challenge of payments to the subordinate staff and said that the facility was not receiving AIE.

4.0: Recommendations for improvements

1. There is need for project evaluation of the EU funded project to ascertain claims by residents..
2. There is need to have a reliable source of safe drinking water.
3. The fence should be repaired properly to enhance security.
4. A follow up should be made on the salaries owed to staff.
5. The service charter should be simplified and updated to include all the services offered and other relevant inform such as complaint contact.

6. At least one more nurse should be deployed to the facility
7. The County government should strictly supply the requested quantity and type of drugs
8. There is need for more latrines at the facility
9. Staff supervision should be enhanced
10. The construction of combustion chamber should be fast-tracked

SOCIAL AUDIT REPORT FOR JAGOROR DISPENSARY

PART ONE: INTRODUCTION.

Name of the facility	Jagoror Dispensary
Type of the facility	Level 2
Registration ./MFL No.	
Year of Establishment	7/10/1997
Location	Jagoror Village, Londiani ward, Kipkelion East sub-county, Kericho County
Catchment Population	With a catchment population of 2500, the facility is rated as the busiest Dispensary in Kipkelion East. Approximately 500 patients visit the dispensary from Siret, Londiani, Chesilyot, Kipsirichet and parts of Kedowa



Figure 19: A photo of Jagoror Dispensary

PART TWO: FINDINGS

a) Infrastructure

The number of rooms at the facility meets the required standard of 4 service rooms. Jagoror Dispensary has 5 rooms including:

Infrastructure	Numbers
Treatment room	1
MCH wing	1 (not in use)
Consultation room	1
OPD shed	1
Store	1
Composite pit	1
Water tanks	1

There is one staff house at the dispensary

The dispensary has 2-door latrine for the patients but only one-door latrine for the staff which is also dilapidated. There is no combustion at the facility. The compost pit is open and exposes medical waste. The facility relies on rain water despite it being only 200 meters away from a water project funded by the County government. It was explained that the water committee disconnected the supply to the facility because of two reasons: the facility allowed illegal connections by traders at Jagoror centre, community members had demanded that the water goes to a storage tank before being piped to the facility. The facility could not meet the cost of piping. Jagoror Dispensary stands on a 4-acre piece of land. The facility compound is properly fenced and therefore well secured with a permanent gate

b) Governance

i. **Composition of Health Facility Management**

The facility has a management committee comprising of 7 members (6 male and 1 female) elected in a public meeting to serve a three year term. There is no representation of youth and PWDs in the committee. The committee has been trained on its roles and responsibilities.

ii. **Financial management and procurement**

The committee does not handle any kind of finances or procurement but it keep records of the cost sharing amounts paid by the patients.

That patients pay for services is inconsistent with the Official free service policy. The HFMC was unhappy that projects were being done at the facility without being involved.

A Case was cited where a contractor carried out renovation at the facility without involvement of the HFMC. "...we only realized the county had funded our facility when the contractor came over to do renovations"- A comment by one of the HFMC during the social audit FGD. Other financial matters including HSSF and AIE are handled by the in-Charge with little involvement of the HFMC.

iii. Public participation

The facility holds community open days on a yearly basis. Members of the public were also involved in electing members of HFMC role service for a term of 3years, renewable. Even then, the HFMC hardly involves members of the public in their decisions, largely due to limited capacity.

iv. Access to information

Service charter: The charter is kept at the store. The HFMC explained the information displayed on the charter is out of date. The service charter is also written in English only
 Compliment and complaint handing mechanisms: The facility does not have a suggestion box or a complaints committee in place.
 Financial information: The facility lacks a notice board and thus financial information is not displayed for public use. The facility receives financial support from county government and DANIDA but the management did not provide a breakdown of all the financial information received in the 2017/201/ financial year on request by the social audit team.

c) Service Delivery

Staffing

There is shortage of staffing at the facility. The table below shows the staff establishment at the facility:

Staff	Number available	Policy requirement	Shortage
Registered nurse	1	2	1
CHW	2	8	6
General attendant	1	2	1
Watchmen	1	2	1
Lab technician	1	1	0

Service users complained that sometimes there are long queues at the facility though they were satisfied with staff conduct.

Availability of services, drugs and supplies

Most prescriptive drugs are available at the facility. However, there are few cases where patients are asked to purchase drugs from private chemist especially when there are delays in supply from county stores. The facility has a manual system for managing drugs. This poses serious drug security issues at the facility.

Supply of drugs to the facility is on a quarterly basis. Not all drugs requested by the facility are received.

3.0: Any other observation and cross cutting issues

- (i) **Unauthorized Service charges:** During the FGD with service users and the social audit report validation meeting, it emerged that patients were being charged ksh. 50 and ksh. 100 for consultation and laboratory services respectively against the government policy of free services for level 2 facilities. In their defense of the practice, the Committee explained that they had to do this to fill in the gaps in medical supplies and human resource. For instance, prior to deployment of the lab technician, the community had to cater for the stipends of the volunteer lab technologist. Part of the charges also caters for purchase of reagents due to delays of supplies by the county government. Even after deployment of the laboratory technologist by the county government in March 2018, the charges have remained constant. However, there was no record of collections and expenditures. Service users were also not issued with receipts for the payments made.
- (ii) **Under staffing and engagement of uncertified personnel:** The facility has only one nurse and closes down whenever the nurse is out of the station on official duties or for personal reasons. The committee members confirmed that having raised the issue with the authorities without any response, they decided to engage a volunteer who is said to have been working in one of the private clinics around who is not certified to work for the County Government in that capacity .
- (iii) **Non-payment of the subordinate staff:** The security guard and cleaner had not been paid for six months by the time of the audit
- (iv) **Conflicting political and catchment population boundaries affecting funding opportunities for the facility:** The facility is physically located in Kipkelion Ward while the majority of the users are residents of Londiani ward. This has created a lot of controversy especially with regards to the support from the Members of County Assemblies of the two wards are concerned. One (londiani MCA) claims that it is not located in his ward while the other (Kipkelion MCA) claims that the majority of the users are not his voters. So neither of the wards considers it for funding during public budget hearings.

4.0: Recommendations for improvements

1. The county Government should deploy at least one nurse to the facility to address understaffing and engagement of unqualified persons to handle nursing assignments.
2. A service charter with relevant information should be published. The charter should be written in both English and Kiswahili or any other language to make it user friendly.
3. Supply of drugs and non-pharmaceutical should be regularized.
4. A combustion chambers should be constructed.
5. The facility management committee should liaise with the Kericho Water and Sanitation Company (KEWASCO), through the Department of Medical services, to address the challenge of water supply.
6. The modern sanitation blocks should be completed for use.
7. The committee be trained on their roles and responsibilities and involved in the management of all affair of the facility including procurement and management of the projects at the facility.
8. The County should investigate why the facility charges for services that are supposed to be free, and establish accountability measures for the funds collected.

SOCIAL AUDIT REPORT FOR KAMASEGA DISPENSARY

PART ONE: INTRODUCTION.

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information:

Name of the facility	Kamasega Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	17209
Year of Establishment	2000
Location	Siryat village, Kamasega Sub-Location, Soliat ward, Sigowet/Soin Sub-County of Kericho and it is about 15Kms off Kericho-Kisumu Road.
Catchment Population	The facility serves a total population of 3000 residents drawn from Kiplogoi, Soko Uhuru and Kapsorok villages.

Picture of the facility



Figure 24: The main administrative and service building for Kamasega Dispensary:

PART TWO: FINDINGS

a. Infrastructure

The facility meets the policy standard since it has at least seven rooms which are used for the designated services of a standard dispensary which include;

- i. Treatment room, MCH –which doubles up as room for emergency delivery room
- ii. Waiting room
- iii. Consultation room
- iv. Out-patient room
- v. Store-which also acts as pharmacy.

As far as sanitation is concerned, the facility has a two-door pit latrine and a bath room which are used by the patients and staff. There is an eco-toilet which is yet to be assembled. There is no staff house. The facility does not have ramps for ease of access by persons with disabilities or patients on wheel chairs.

b. Governance and management

i) *Composition of HFMC (Process, Gender and technical competence)*

The facility has an active Health Facility Management Committee (HFMC) of 10 members who were elected by the community in 2016. Membership comprises of 6 Men, 4 Women including 1 representative of PWD The committee members have not been trained as required but all the members meet the requirement of form four level of education.

ii) ***Financial management and procurement***

The facility receives AIE of Kes. 50,000 on a monthly basis although there have been cases of late disbursements. There are allegations of misappropriation of funds involving a stalled maternity wing project funded by the county government. It is alleged that the project has so far consumed well over Kshs.500,000 yet it is just at the slab level. No action has been taken against the contractor despite complaints by the community members.

iii) ***Public participation and access to information***

The facility has a fairly effective public participation mechanism since it holds community open days once a year. Compliments and complaints are handled by the Health Facility Management Committee and although there is no suggestion box they use a temporary carton and a register.

Although the financial information is not displayed on the notice board, financial records are available and the In-Charge and committee are willing to show to the public on request.

c. Service Delivery

i) ***Staffing – numbers, qualifications, attitude and professional conduct***

Kamasega dispensary has only one nurse, an intern, working in the laboratory and a watch man. As at the time of social audit, there was no cleaner despite the records indicating that there used to be one and that the county Government provides funds for the position. The nurse was praised by community members as being exceptional in her work.. A case was cited where she goes to an extent of accommodating some expectant mothers in her house and attending to patients any time she is called upon.

ii) ***Access to Clean, Safe and Adequate Water and Sanitation***

Rain water and a nearby stream are the only sources of water for the facility. Once in a while, the county government supplies water through Kericho water and sanitation company (KEWASCO) water Boozer.

iii) ***Availability of services, drugs and supplies***

According to the in charge, committee and some users, there has been a great improvement in this year as far as availability of drugs is concerned compared to 2016 and 2017. This was mainly due to the MOU the county Government of Kericho and KEMSA entered into..Although the facility uses manual method to manage drugs, it was said to be very effective. There is demand for maternity services. According to records available at the facility 13,5 and 5 women delivered at the facility in March, April and May respectively.

PART THREE: Any other observation and cross cutting issues.

- **High demand for maternity services attributed to a dedicated nurse at Kamasega Dispensary:** The nurse was available to attend to delivery cases even during the nurses' strike.
- **Lack of placenta pit:** The facility in-charge could not explain how and where they dispose the placenta but the service users explained that this is done at the pit latrine, a factor that poses serious health problems.

PART FOUR: Recommendations for improvements

1. Deployment of at least two additional staff is urgent to enhance better service delivery in the facility.
2. The County Government of Kericho should facilitate consistent supply of water at the dispensary.
3. The service charter should be written in English and Kiswahili and the local language to increase utility.
4. The HFMC should be trained to enhance their capacities especially on participatory decision making mechanism.
5. There is need for a financial audit/ evaluation of the stalled project.
6. More toilets should be put up at the facility to meet the standard at least 2 stances pit latrine.
7. A placenta pit should be put in place for proper disposal.

SOCIAL AUDIT REPORT FOR HEALTH/DISPENSARY

PART ONE: INTRODUCTION

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information

Name of the facility	Kipsitet Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	420
Year of Establishment	1968
Location	Siryat village, Kamasega Sub-Location, Soliat ward, Sigowet/Soin Sub-County of Kericho and it is about 15Kms off Kericho-Kisumu Road.
Catchment Population	6000 people from Kiptenden,kipsitet,laitiko,ndonyomare and kaptalamwa,The facility is located within kipsitet trading centre on the Kericho-kisumu highway handily 2km from the main road towards Ainamoi.

Picture of the facility



Figure 29: The main building for Kipsitet Dispensary/Health centre (Front Side)

PART TWO: FINDINGS

a) Infrastructure

The facility has total of 17 service rooms and four staff houses. Although the pit latrines are in fairly good condition they are not enough.

b) Governance and management

i. Composition of HFMC (Election Process, Gender and technical competence)

The current HFMC of Kipsitet Health Centre comprises of 8 members (6 male, 2 female and 1 youth representative.) elected in a public meeting.

Records and information availed to the social auditors shows that the committee meets quarterly but the chairperson and one member are available at intervals at the facility. There is a procurement committee which holds its own meetings and when they are required. Even then the chairperson explained that since the onset of a devolved system of governance, most of the procurement roles such as identification of project contractors are being done at the County headquarters.

ii. Financial management and procurement

Service users revealed that they pay shs. 30 and shs. 100 as cost sharing and laboratory charges respectively. This is despite the official government policy of no charges for level two and level three facilities

iii. Public participation and complaint handling mechanism

The facility holds facility open days every three months as an avenue used more to pass health information to members of the public. There was no indication of complaints register or feedback to any complaint.

iv. Access to information

The facility has a service charter though written in English. There was no notice-board at the facility. Community members claimed that they could not access information at the facility..

c) Service Delivery

i) Staffing – numbers, qualifications, attitude and professional conduct

The facility has a total of 10 members of staff. Numbers in the following categories

- Clinical officer-1
- Nurses-6
- Lab-technician-1
- consellers-2
- Watchman -1

There is no pharmacist at the facility.

The staff at the facility were posted by the county government after recruitment by the County Public Service Board based on their professional qualifications. FGD participants shared feedback that staff members at the facility were rude and not observing time.. "They report to work late on Mondays and leave early on Fridays, they go for lunch for too long leaving patients waiting in the queues. " stated one participant to the agreement of the rest.

"Sometimes you come to this facility and queue for so long without being served only to see nurses stuck in the TV room. During lunch hour, they all leave at the same time leaving patients unattended to" said another service user during a focused group discussion. There were allegations that patients were referred to " a specific chemist" to buy drugs.

ii) Access to Clean, Safe and Adequate Water and Sanitation

The facility relies on rain water stored in tanks. During dry periods, the county supplies water.

iii) Availability of services, drugs and supplies

Services

The facility charges Ksh.200. lab tests yet the lab-technologist at the facility is being paid by the County Government of Kericho and the reagents are also supplied. This was the case when the community had engaged the Lab technologist at their own cost. Surprisingly, members of the HFMC were not aware about any charges at the facility.

Drugs:

At the time of the social Audit, the facility had no drugs at all and yet according to the schedule, drugs are supplied every three months. Service users reported that most of the times, they are referred to a specific chemist at Kipsitet Trading Centre to purchase drugs in the prescription . Further, social audit could not authenticate a drugs inventory management system.

Equipment: Generally, the facility is fairly equipped. In addition to the basic equipment expected of a dispensary, there are two motorcycles for use by the field staff, communication phone and reasonable number of beds. It lacks an oxygen gas and a fridge.

PART 3: Any other observation and cross cutting issues

- Confusion over status of the facility: The facility has operated as a dispensary for a very long time. However, its staffing levels, infrastructural capacity march those of a health centre. On the contrary service providers have stuck to officering services e.g. operational hours have remained 8.00 am-5.00 pm Towards the end of 2017, there was a political pronouncement by the Governor that the dispensary had been conferred the status of a health centre. However, as at the time of social audit, June 2018, this was yet to be institutionalized.
- Frequent deployment of staff who are about to retire to the facility - The residents of Kipsitet complained that many times, new staff posted to Kipsitet health Centre are old and almost going to retire. This has had negative implication on service delivery especially when the workload is overwhelming.

Recommendations for improvements

1. There is urgent need to sensitize staff and enforce code of conduct
2. The perpetual drug shortages at the facility should be investigated and mitigation measures put in place
3. The County Government should convene a consultative meeting to discuss and make clear the cost sharing issues. This should be accompanied by clear accountability mechanisms.
4. The County Government should clarify and document the facility status.
5. The missing inputs should be provided.
6. More toilets should be put up in the facility

SOCIAL AUDIT REPORT FOR KIPSEGI DISPENSARY

PART ONE: INTRODUCTION.

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information

Name of the facility	Kipsegi Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	?
Year of Establishment	1992
Location	Kipsegi village, Kamasian ward, Kipkelion west sub-county Kericho County.
Catchment Population	2000

Picture of the facility



Figure 31 Main operational building for Kipsegi Dispensary:

PART TWO: FINDINGS

a) Infrastructure:

Kipsegi dispensary is built on a 2-acre piece of land. It has only 3 rooms against the standard of 6 rooms. MCH room and a general store are missing. The two pit latrines available at the dispensary are at the verge of sinking. The completed maternity wing has been converted into a staff house. Although there is one complete staff house, it is being occupied by the nurse aid while another is under construction



Figure 33: Stalled staff house project at Kipsegi Dispensary



Figure 34: Staff house -Complete and use by the nurse aide

b) Governance and management;

i. Composition of HFMC (Election Process, Gender and technical competence)

The facility has 7-member management committee elected into office in 2016 by members of the public. The committee comprises of 6 male and 1 female members which is below the constitutional requirement of 2/3 gender representation. There is no Youth and PWD representation. Members have not been trained. According to records in the facility the executive committee (Chairman, Secretary and the Treasurer) meets monthly while the full committee meets on a quarterly basis.

ii. Financial management and procurement

The facility receives financial support from County Government. Construction of the modern maternity wing (used as a staff house) was funded by the CDF in 2007. All financial matters with specific focus on AIE and HSSF are handled by the nurse in charge including procurement of drugs. Procurement of development project is done at the County headquarter and thus the HFMC has no role in the procurement processes.

iii. Public participation

There is no evidence that the facility promotes public participation in its affairs.. There was no suggestion box, nor a register to record complaints. Generally, public participation and complaint handling mechanism were missing.

iv. Access to information

The facility has a service Charter written in English. Other than the limitation of the language used, most of the users interviewed confirmed that it is adhered to. The Service charter was in the open where the public could access, but the conversion of part of the verandah, on which the service charter is located into a service room, has limited its visibility. Financial information is available for public scrutiny on request. However, the facility does not have a notice board to place the same for the public to see.

c) Service Delivery

i. Staffing – numbers, qualifications, attitude and professional conduct

The facility is understaffed. The available members of staff are:

- Registered nurse-in charge-1
- General attendant (Nurse Aide)-1
- Watchman-1

Service users, rated the attitude and conduct of staff as highly positive and professional.

ii. Access to Clean, Safe and Adequate Water and Sanitation

The facility does not have a reliable source of water and water tanks for harvesting and storage of rain water. There is an old masonry tank constructed in 1970s that cannot even hold any water as it is leaking. Service users reported that whenever one seeks delivery services at the facility, it is the responsibility of the relatives to fetch water from a nearby stream.

iii. Availability of services, drugs and supplies

The facility receives requisitioned drugs on a quarterly basis. A manual drug inventory is maintained to track the usage of drugs. Even then, the quantity supplied does not march the demand as drugs run out within a month, forcing patients to buy from private chemists while they wait for the next supply. A maternity wing constructed in 2007 has since been converted into staff house, a factor that compromises the quality maternity services. Social audit found out that the facility remains closed whenever the nurse is on leave or is out on official duties.

Any other observation and cross cutting issues

- Bad state of the pit latrine: The pit latrines are at the verge of collapsing owing to the nature of the land (water logged) and lack of attention from the authorities.

4.0 Recommendations for improvements

1. The maternity wing should be operationalized as soon as possible and made to operate for 24hrs..
2. The staffing level should be improved to the recommended standard.
3. The facility requires urgent access to clean and adequate water supply. Water harvesting equipment should be purchased as stop gap measure while a long term solution is being sought.
4. The state of the pit latrine requires an emergency response from the county government.
5. The service charter should be written in Kiswahili and if possible the local dialect and be placed in a visible location at the facility.
6. The health facility management committee should be trained and involved in the management of all affairs of the facility, including implementation of development project.
7. The staff house should be completed to facilitate the relocation of the staff residence from the maternity building and thus facilitate access to MCH services.

SOCIAL AUDIT REPORT FOR MTARAGON HEALTH CENTRE

PART ONE: INTRODUCTION

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information

Name of the facility	Mtaragon Health Centre
Type of the facility	Level 3
Registration ./ MFL No.	?
Year of Establishment	1997
Location	Mtaragon village, Kamasian sub-location, Kamasian ward, Kipkelion west sub-county Kericho County
Catchment Population	The facility serves as an estimated population of 5000 from the nearby village of Kamasian Kasheen, Kipkelion and Jambo Kenya.

(d) Picture of the facility



Image 1.0 The main outpatient Building for Mtaragon Health centre



Figure 36: Modern Toilets which were put up after the recommendations were given to the County Government after the previous social Audit exercise supported by CEDGG and GiZ

PART TWO: FINDINGS

a) Infrastructure

Having benefited from the Economic Stimulus Program, the facility has very good infrastructural set up. The facility has enough service rooms to enable it operate as a health centre. Even then, the wards are not functional (both female and male) and thus no patients are admitted. The facility has adequate toilets and staff houses. Some of the toilets were built following the recommendations of previous social audit exercise. The facility is built on a 2- acre piece of land that is well fenced. The terrain of the land is very hilly and there are no provisions for ease of movements for persons with disabilities and patients. Access road linking the facility is narrow and impassable during the rainy season. Consequently, vehicles can hardly access the facility thus impeding emergency treatment

b) Governance and management

i. Composition of HFMC (Process, Gender and technical competence)

The facility is managed by 9-member Health Facility Management Committee comprising of 7 men and 2 women elected by members of the public. There is no representation for persons with disabilities. The minutes of the meetings availed to the social auditors showed that the committee meets quarterly. They are not trained and they do not have a separate sub-committee for procurement because the committee feels that they do not have any role

in procurement after the County government department of health services took over the mandate of managing development projects.

ii. Financial management and procurement

It was among the facilities to benefit from the famous economic stimulus programme initiated in 2005 and the infrastructural developments made it qualify as a health centre in the new constitutional dispensation. The only funds in the facility are the AIE and HSSF and cost sharing payments by the patients and all these are under the control of the in charge.

iii. Public participation

Following the recommendations made in the previous social audit exercise supported by CEDGG and GIZ, the facility has put in place mechanisms to receive and respond to complaints raised by the citizens. In addition to a suggestion box and complaint register, the facility has established a customer care desk.

iv. Access to information

The facility has detailed service Charter but it is written in English which is not understood by the majority of the users, Although the facility does not have a notice board, financial information is accessible for members of the public upon request.

c) Service Delivery

i) Staffing – numbers, qualifications, attitude and professional conduct

Though the policy standard requires the facility to have 14 nurses and headed by a clinical officer, this is not the case. There were only two nurses and a lab technologist supported by two general attendants, two watchmen and 25 Community Health Volunteers. Service users complimented staff as having good attitude towards patients and conducting themselves professionally.

ii) Access to Clean, Safe and Adequate Water and Sanitation

The facility relies on rain water and this becomes a challenge during the dry season. Social audit confirmed that there is a reliable source of water (funded by the CDF) a few metres from the health centre but there is no connection to the facility.

iii) Availability of services, drugs and supplies

The facility receives drugs on a quarterly basis but the supply does not match the drugs they requisitioned especially in terms of quantity.

Service providers described the method for drugs supply as more of a push system than the pull system. Cases were cited where drugs not needed are supplied. In most cases the common drugs with low demand like Panadol and other pain killers are supplied in plenty while the critical ones are in very small quantities and thus they get exhausted very quickly. The social audit exercise confirmed that the drugs inventory management system is manual but is fairly effective.

According to the informants we met, the outpatient is opened in time but there are claims that they are closed early at around 3pm. It was also confirmed that the facility does not operate at night and during the weekends despite it being a health centre, expected to operate for 24 hours. There were long queues at the time of social audit which implies that the durations indicated in the service charter were not adhered to. The facility has a very good maternity wing and wards which are not being used but no reason was given for this.

Any other observation and cross cutting issues

- **Operational Hours:** The facility does not operate at night or weekends forcing patients to go all the way to either Kericho or Londiani. During the FGD, service providers reported that all the nurses come from around and therefore do not stay at the facility even though there are some staff houses at the facility.
- **Road Access:** The facility is inaccessible by road. The issue has been raised severally to county the leadership without any response.
- **Health facility is underutilized:** The maternity wing and wards at the facility are not operational. There are also a number of high standard equipment in the health centre which have been lying at the facility since 2016 but they are not in use due to lack of expertise among the staff.

4.0 Recommendations for improvements

- i. There is need for additional staff at the facility. Deployment of a clinical officer is urgent.
- ii. The service charter should be written in languages understood by the majority of the people as in Kiswahili and if possible in Kipsigis.
- iii. The management should take initiatives to connect the facility to the reliable source of water nearby.
- iv. There is need to increase the operational hours (24 hours) of the facility as required of health centre.

- v. Opening up of the access road should be prioritized.
- vi. The maternity wing should be operationalized as soon as possible. The County government should establish the reasons for non-utilization of the wards and equipment and put in place remedial measures including hiring specialized staff to operate the equipments.

KUNYAK DISPENSARY

PART ONE: INTRODUCTION

Name and brief Background of the facility including demographics (A brief History, catchment and population being served)

Basic Information:

Name of the facility	Kunyak Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	1500
Year of Establishment	1984
Location	Ngirimori area, Kunyak ward, Kipkelion West Constituency of Kericho County.
Catchment Population	Serves a population of all over 3000 people most of whom are those living in the nearby trading centre NGIRIMORI and schools around.

Picture of the facility:



Figure 37: The main building of Kunyak Dispensary holding most of the rooms

PART TWO: FINDINGS

a) Infrastructure

The facility stands on a 5- acre piece of land previously owned by a white settler, hence the main building was once a residential house of the settler. During 2007/2008 Post Election Violence, the facility was completely destroyed leaving only the main framework but was rehabilitated by the Catholic Church.

Kunyak dispensary has a total of 5 rooms' i.e.

- MCH/FP room
- Waiting room
- consultation room
- Outpatient shed
- Store.

The facility has a total of 4 pit latrines being used separately by the staff and the patients and further disaggregated by gender for each category. Even then they are not of good condition as they are made of old wooden materials. There is an unassembled ECO-Toilet which is said to have been donated by Lake Victoria South Water Services Board (LVSWSB). The accessibility by persons with disability is a challenge since there are no ramps to enable entry into the rooms nor are there wheel Chairs for use by the old, expectant mothers and seriously sick patients. The facility is not fenced on almost all sides and has no gate and thus compromising on security.

b) Governance and management

i) *Composition of HFMC (Process, Gender and technical competence)*

Kunyak Dispensary (Health Centre) has an operational facility management committee elected democratically by the community. It comprises of 7 men and 2 women which in essence does not meet the 2/3 gender requirement. There are no youth and PWDs representatives in the committee. Social audit found out that members of the facility management committee have not been trained despite the policy requirement of the County Government for them to be inducted. The HFMC meets every 3 months and records of meetings are available and well kept.

ii) *Financial management and procurement*

The only committee in the facility is the facility management committee and currently as per the reports available, the committee has no role in the procurement of services and goods at the facility. Therefore, it became unnecessary to have finance and procurement committees.

iii) **Public participation and complain handling mechanisms**

The findings indicate that the facility does not hold any open days. There are no public compliment and complaint mechanisms e.g. a suggestion box. This therefore implies that there is no public participation in the running of the facility except through the committee representatives. The in charge insisted that the users are given instant answers on all queries. There was no way the social auditors could verify this information. The users spoken to confirmed that most services take reasonable time.

iv) **Access to information**

Although the facility has a service charter, the information therein is not sufficient. Specifically, the service charter lacks the following aspects:

- ❖ Time taken to access the stated service.
- ❖ The fee chargeable on services
- ❖ Some services are available but are not indicated in the service charter while some services which are not available are indicated.

Despite the fact that the facility management does not display the financial information on the notice board, the records are well kept and accessible to members of the publics. For instance, social auditors were able to peruse through the financial documents.

c) **Service Delivery**

i) **Staffing-numbers, qualifications, attitude and professional conduct:**

The facility has 9 members of staff headed by a registered nurse. A new nurse having been posted to the facility was expected to report by the end of April, There is a trained Nurse Aide, two lab technologists, one employed by the County Government and another engaged by the community and an HTC expert. The facility also has two general attendants and a watchman making...????incomplete sentence.. .

ii) **Access to Clean, Safe and Adequate Water and Sanitation.**

The facility relies on rain water and therefore it cannot be said to be having sufficient and clean water. In fact, during the dry season the problem of shortage of water worsens that the County Government steps in to supply the water using a water Boozer. At the very worst, the staff and some hired community members fetch the water from a nearby stream.

In all cases the facility uses pit latrines which are sufficient for use by the patients and staff despite the fact that the one for the patients is very old.

iii) Availability of services, drugs and supplies

The records availed to the social auditors indicates that the County governments supplies the facility with drugs on a quarterly basis although this has changed to a situation whereby the facility can procure drugs from the sub-county offices as and when they run short of any specific drugs. This came about after the County Government of Kericho entered into a Memorandum of Understanding (MOU) with Kenya Medical Supplies Agency (KEMSA) to supply the County with medical Supplies every three months which are taken directly to the Sub-county level.

Even then, the type of drugs supplied by KEMSA are in accordance to the orders given by the Chief Executive Committee (CEC) for health and in most cases they do not match the facility requirements. The drugs are sometimes supplied later than the stipulated quarterly arrangements yet the MOU stipulates unconditional supply by KEMSA every three months. Social audit ascertained that the drugs management is up to standard as the social auditors' verified use of recommended documents including delivery notes, SII1 forms and Pin cards.

Members of the community believe that the facility is a health centre basing on the political pronouncements of the Governor during the campaign trails before the 2017 general election. There is lab technician engaged by the community, who has been serving alone all along until recently when the County Government deployed one. For this reason, service users are charged for laboratory diagnosis.

PART THREE; ANY OTHER OBSERVATION AND CROSS CUTTING ISSUES

- Status of the facility: The facility is registered as a Dispensary. However, during the political campaigns, the Governor declared that the facility was being elevated to a health centre. While this is yet to be ratified, there are all indications that that the facility has a status falling in between the dispensary and a health centre, a laboratory technologist paid by the county unlike all the other dispensaries.
- Unreceipted payments; The facility charges Ksh.50, explained by the in-charge used to pay the extra staff at the facility. However, there are no receipts nor minutes to indicate that the community agreed about the payment. In fact, during an interview with the service providers, the payment is not enforced and the In-Charge and the committee members confess that those who do not pay are still treated any way.

PART FOUR: Recommendations for improvements

- i. The facility should be elevated to a health centre to enable it provide more services as it serves a large area. The nearest health centre is Fort-tenant which is well over 30 kms away and the terrain to reach the place is a big challenge.
- ii. Standard toilets should be constructed to replace the old ones being used currently by the patients.
- iii. A borehole should be dug in the facility to provide a reliable source of water.
- iv. The county Government should deploy more staff to enhance service delivery, and stop the current payments which are not clearly defined.
- v. The supply of drugs should be done in accordance to the requisitions of the facility rather than the current mechanism whereby KEMSA supplies the drugs using the push system.
- vi. The Health Facility Management Committee should make arrangements and ensure that the facility is properly fenced.
- vii. The County Government should allocate funds to put up ramps and ensure that there are wheel chairs at the facility to aid movements of PWDs, Pregnant mothers, the old and very sick patients.

CHEPKUNYUK DISPENSARY

PART ONE: INTRODUCTION

Name and brief Background of Chepkunyuk Dispensary including demographics, brief History, catchment and population being served)

Name of the facility	Chepkunyuk Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	1500
Year of Establishment	MFLNO14350
Location	Kapkoros village sub-location Kunyak ward, Kipkelion East of Kericho County
Catchment Population	Serve a population of approximately 2500 residents.

Picture of the facility



PART TWO: FINDINGS

a) Infrastructure

It stands on about 2 acres of land which undulates downwards. It is fairly fenced on all sides and has a gate. The dispensary has a total of 4 operational rooms and an almost complete maternity wing, and an unused maternity which is unfortunately being occupied by Administration officers under unclear circumstances. The dispensary has a decent staff house which can be used by two staffs. The patients' latrines are poorly built with very old iron sheets.

There are also dangerously dug pits latrines which were never built or filled up. These were said to have been dug in 2015. Apart from reflecting wastage of resources, they also pose a lot of danger to the facility users. The facility has 2 staff houses. One is complete and another is nearing completion. The facility in-Charge could not explain why the construction had stalled and whether there are plans to complete the same.



Figure 38: Staff House(In-Charge)



Figure 39: Maternity Building Constructed through community efforts but currently being occupied by the local Administration officers under unexplained circumstances

b) Governance and management

i) Composition of HFMC (Process, Gender and technical competence)

At the time of social audit, Chepkunyuk Dispensary had two sets of committees one elected in 2016 and another 2017. The problem arose from a petition raised by a resident on the composition of the first committee. The in-charge opted to work with the team elected before 2016. Social auditors did not get the records of the two committees but the In-Charge provided the information about the committee he was working with. All the three committee did not meet the constitutional threshold of $\frac{2}{3}$ gender representation.

ii) **Financial management and procurement**

The current Kericho county procurement procedures deprive the committee of all powers related to procurement of goods, service and works at the dispensary. Therefore, the In-charge handles all the money related to the operations of the facility single-handedly while the contracts for development projects are awarded directly at the County headquarters. The facility receives Kshs. 50,000/- monthly as an AIE and is strictly under custody of the In-Charge. As to whether the disbursement reach the facility in time, the In-Charge confirmed that sometimes it delays for a very long time going as far as 6months making it difficult to meet some of the financial obligations of the facility.

iii) **Public participation**

The Dispensary does not hold community open days. There was no evidence of any form of complaints handling mechanism. During the FGD, two main complaints were said to have been lodged directly to the service providers by service users but no action had been taken yet. These are:

- A complaint against illegal occupation of the maternity building by the Administration police and the fact that they rear cattle in the facility compound.
- The unresolved election issues of the committees -There is a complaint letter from one of the community members to that effect.

iv) **Access to information**

Although the dispensary has a service charter, it is written in English only, a language most users don't understand. The service charter also lacks details of charges, contact person in-case of complaint or time to be taken for specific services. There is no notice board to post the information especially the financial expenditures and clinic days schedule. The existing wrangles over leadership in the HFMC and intrigues surrounding conflict of interests and the fact that there are three sets of management committees make it difficult for members of the public to access financial information at the facility.

d) **Service Delivery**

a) **Staffing**

Social audit revealed that the facility has one registered nurse, two general attendants and a watch man. There is a lab technologists employed by the community

Staff Category	Numbers	Recommended	Deficit
Registered nurses	1	2	1
CHW	0	8	8
General attendant	2	2	0
Watchman	1	2	1
Lab technician	0	1 (Engaged by the community)	1

Through the FGD, service users said that attitude of staff had drastically changed positively after a new in-charge was posted to the facility early 2018. They described as active and professional in supervising the staff.

ii) ***Access to Clean, Safe and Adequate Water and Sanitation***

The facility relies on rain water which is harvested during the rainy season. During the dry seasons, the in-charge engages local community members to fetch water from a nearby stream.

iii) ***Availability of services, drugs and supplies***

The facility receives requisitioned drugs on a quarterly basis and documents availed indicated that the drugs management is up to standard. The only challenge is that the systems used by the Kenya Medical Supplies Agency (KEMSA) to supply medicine has created dead stocks of drugs which are not needed in the facility. There are unfriendly timelines in providing MCH services. The users especially mothers claim that the facility offers MCH services once a week and only then up to noon. This discourages the mothers from using the facility, some opting to go to other public facilities which are far from the area or use private clinics which are expensive. Despite the fact that the facility is a level 2 facility, which is expected not to have a laboratory, the community has initiated a laboratory and engaged a technician whom they pay as part of cost sharing.

PART THREE: Any other observation and cross cutting issues

- Parallel Health Facility Management Committees; In essence, the facility does not have a legitimate facility management committee. There is committee which is working with the in charge and two other teams elected in 2016 and 2017 claiming the leadership. This has led to poor management of the facility especially with regards to participatory decision-making and follow up of development projects.
- Occupation of Maternity wing by the local Administration Police Officers: The presence of the administration police officers in the facility is a very contentious issue in the community. The in charge claims that some patients fear coming for treatment due to the fact that they may be having unresolved issues with Administration Police Officers or fear. These officers also rear cows which destroy the flowers around the

facility and make the compound untidy.

- Mistrust on the reproductive health drugs by the users: There are claims by the young mothers that contraceptives administered on some of them are never effective raising the questions as to whether the drugs are fake or even expired. Some even believe strongly that the in-charge could be colluding with their husbands to inject them with “multi-vitamins” instead of the recommended contraceptives drugs which renders them susceptible to conceiving against their wishes.

PART FOUR: Recommendations for improvements

1. The management wrangle at the facility should be resolved. The sub-county public health officer, the ward administrator should intervene to organize for a public meeting to resolve the issue.
2. The administration police residing at the facility should be relocated to pave way for the facility management to reorganize the facility plans and utilize all the rooms for the intended purpose.
3. An investigation should be carried out to ascertain the claims on contraceptives provided at the facility.
4. MCH services should be regularized.
5. The county government departments of health should speed up the completion of the new maternity wing
6. The Health facility management committee should be involved in implementation of development project of the facility to promote transparency, accountability and public participation.
7. An elaborate means of supplying clean, safe and reliable water should be put in place.
8. The county Government should allocate funds or seek support from development partners to put up modern and adequate toilets at the facility.



Figure 41: Stalled maternity wing project at Chepkunyuk Dispensary



**CENTRE FOR ENHANCING DEMOCRACY
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