

**CEDGG**

**CENTER FOR ENHANCING DEMOCRACY  
& GOOD GOVERNANCE**

# **LAIKIPIA COUNTY**

**Social Audit Report 2018 - Vol. 2**



CENTER FOR ENHANCING DEMOCRACY  
& GOOD GOVERNANCE

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## **Social Audit Report Vol. 2, 2018**

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Center for Enhancing Democracy and Good Governance

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**Masese, Kemunche**  
**Programs Manager**

# PART 1: INTRODUCTION

## 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 marginalized and vulnerable groups to engage with and participate in the decision-making processes* around the constitutional reform agenda and the development process in general.

## CEDGG – GIZ Partnership

Since 2015, CEDGG has partnered with GIZ with the objective of Prevention and Detection of Corruption and abuse of Power. The partnership is part of GIZ's Good Governance Program that supports the efforts of state and non-state-actors to curb corruption and end impunity. The partnership between CEDGG and GIZ to pursue the above objectives has been informed by a number of factors that continue to perpetuate corruption and abuse of power. These include:

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

The GIZ-CEDGG partnership therefore set out to address the above factors by mobilizing and re-organizing citizens to hold their governments to account and be at the 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 one of the social accountability tools. It is a process through which details of public services or projects are scrutinized by users/stakeholders publicly. The process that culminated into the compilation of this report followed the six steps of social audit which include

- i. **Preparation for the audit** –rapport building with duty bearers and other stakeholders, Community mobilization and sensitization; identification and training of auditors, identification of facilities to be audited
- ii. **Information Gathering** - The social audit process involved conducting physical visits to project locations and facilities, conducting interviews with administrators and committee members as well as community members and review of documents. All this was guided by predesigned questionnaires. Information gathering was undertaken using the following methods:
  1. **Key Informant Interviews (KIIs)** -\_Social auditors held intensive interview sessions with in-charges Health Facility Management Committees and County level policy actors
  2. **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.
  3. **Questionnaires** -\_Questionnaires were used to collect data on the sampled, institutions and facilities
  4. **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 analysed 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.
  - a. **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.

- b. **County Level Validation** - This meeting brought together representatives of various County Government departments including health, education, procurement and economic planning and social auditors for purposes of sharing the audit findings and getting their inputs and responses to issues emanating from the audit.

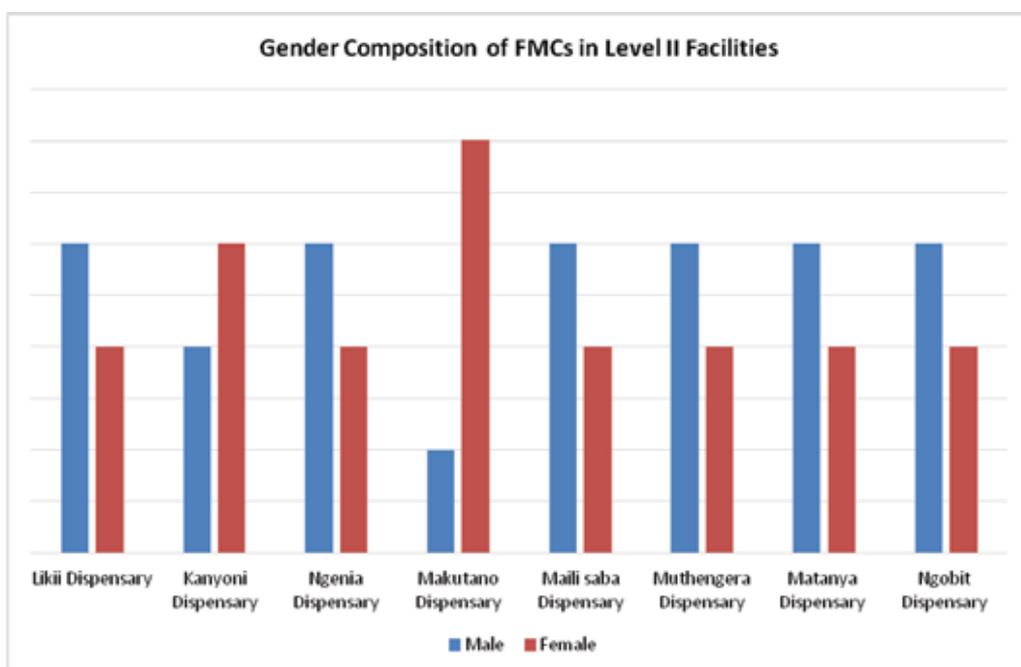
## Part. 2: KEY FINDINGS FOR LAIKIPIA COUNTY

30 Social auditors conducted social audits in 9 health facilities, 7 dispensaries and 2 health centers in Laikipia County. The social audit process focused on inputs available in the health facilities including infrastructure, equipment and staff. The social auditors also captured data relating to governance and access to information by facility users, participation of users in facility affairs, availability of drugs and financial support advanced to the target health facilities by the county and national governments. The key findings of the social audit process are detailed below:

### Best Practices

#### 1. Gender Composition and Training of Facility Management Committees

The social audit process revealed that gender representation in management committee in most targeted health facilities was balanced with the exception of Makutano dispensary as shown in the figure below. Beyond ensuring gender balance in facility management committees, training is necessary to ensure these committees are able to deliver on their mandates effectively. It was the committees for Makutano and Matanya Dispensaries as well as Ngobit Health Center had been trained.



#### 2. Provision of Adequate Infrastructure

Most facilities in Laikipia County have adequate infrastructure that is in good condition. Makutano dispensary for instance has a well-constructed single out patient block. This

block is divided to accommodate important service rooms as provided for by health standards. The facility also has a spacious waiting bay that also serves as a community service room.



**A photo of main structure in Makutano Dispensary**

Muthengera dispensary has two well-constructed buildings that house an operational MCH/FP service room, a store, the out-patient department and a consultation room. Social auditors noted that in Matanya Dispensary, 6 service rooms, a spacious waiting bay and 8 pit latrines are in place. The facility has is also connected to electricity. Makutano and Matanya dispensaries have adequate sanitation blocks and in Matanya dispensary, an incinerator and a placenta pit are in place. Makutano and Matanya dispensaries have also been fitted with ramps to facility access for PWDs.

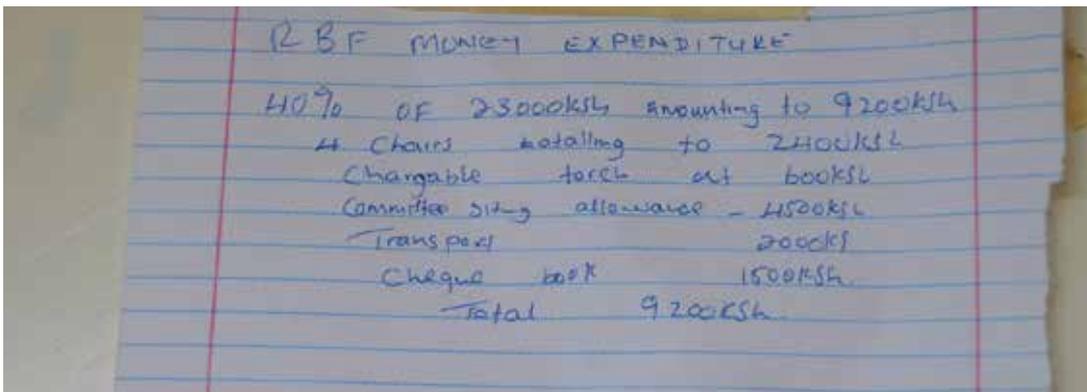
### **3. Installation and Operationalization of Service Charters**

This best practice ensures that facility users access information on services offered, the cost and how long it takes to access those services. Beyond installing service charters, health facilities that operationalize the health charters enable service users to access quality health services in a timely manner. Most health facilities in Laikipia County have service charters installed and properly displayed. Facilities that exhibited this best practice include Oljabet health center and Ngenia, Makutano, Likii, Matanya and Ngobit dispensaries. It was noted that in Likii, Kanyoni, Makutano and Matanya dispensaries, the provisions of the service charters are adhered to.

#### 4. Access to Information

Notice boards have been installed in some health facilities to facilitate information access to service users. Facilities that exhibited this best practice include Kanyoni, Muthengera and Matanya dispensaries. Financial statements had been displayed on the notice board in Muthengera Dispensary and Oljabet Health Center. Financial information displayed by these facilities included details on AIE, HSSF, DANIDA funding. The latter also used a blackboard and a notice board to inform service users about availability of drugs.

It was noted that some of the facilities that lack notice boards had improvised ways to share with facility users on walls. Such facilities include Kanyoni dispensary where staff use walls and doors to pin notices and posters. In Likii Dispensary, there is a mobile phone for official communication by the facility. Makutano dispensary does not have a notice board but financial information had been displayed on one of the windows for users to see. The nurse in-charge pledged readiness to provide information upon request.



#### 5. Reliable Water Supply

The social audit established that several health facilities in Laikipia County have reliable sources of water having been connected to main government water supply systems. For instance, Likii Dispensary has consistent supply of clean water from water distributor, NYAHUWASCO and has a solar water heating system installed in the facility. Oljabet Health Center has piped water and Maili Saba and Muthengera Dispensaries are also are connected to the NYAHUWASCO. In Muthengera Dispensary, the County government has installed water storage tanks with gutters to facilitate water harvesting during the rainy season.

#### 6. Timely Provision of Financial Support

Health facilities in Laikipia County receive funds from the government to facilitate service delivery to citizens on a day to day basis. Some of the funds that the county government disburses to health facilities include AIE funds, HSSF and User fee (DANIDA). Timely disbursement of these funds is critical in ensuring that operations in health facilities run

without interruptions. Based on social audit exercise, Likii, Ngenia, Makutano, Maili Saba and Matanya dispensaries reported that the county government disburses financial support in a timely manner.

## **7. Establishment of Complaints Handling Mechanisms**

In terms of handling complaints from facility users, the social audit shows that suggestion boxes have been fitted in most health facilities to collect feedback from facility users. Some of the health facilities where suggestion boxes are available include Muthengera, Ngobit and Makutano dispensaries as well as Oljabet Health Center. In Makutano dispensary and Oljabet health center, it was noted that a register of complaints raised by facility users is maintained and that the management of these health facilities provides feedback to users on complaints raised.

## **8. Adequacy and Professional Conduct of Staff**

It was noted that some health facilities have adequate staff. For instance, Likii Dispensary has 1 Clinical Officer, 3 registered Nurses, a Laboratory Technician, a Nutritionist, 2 HTS Counselors, 2 Casual Workers and a watchman. In most facilities, users said the conduct of staff is good. For instance: In Kanyoni Dispensary, the nurse is friendly and courteous. The staff in Ngenia Dispensary is qualified, courteous and friendly to patients. This has endeared the facility to residents so much so that some travel from far locations to seek services at the facility. In Likii Dispensary, service users confirmed that the nursing staff members serve their obligations professionally and handle client issues with dignity.

# **CHALLENGES**

## **1. Training of Facility Management Committees**

All social audited health facilities have active facility management committees in place. Members of these committees are mostly elected by facility users. Persons who are elected to serve in facility management committees are drawn from the community and do not necessarily have a background in health. As such, building their capacity is critical in enabling them perform their governance role in health facilities effectively. However, the social audit established that in facilities such as Maili Saba, Makutano and Muthengera dispensaries, members of facility management committees have not been trained.

## **2. Inclusion of Special Interest Groups in Facility Management Committees**

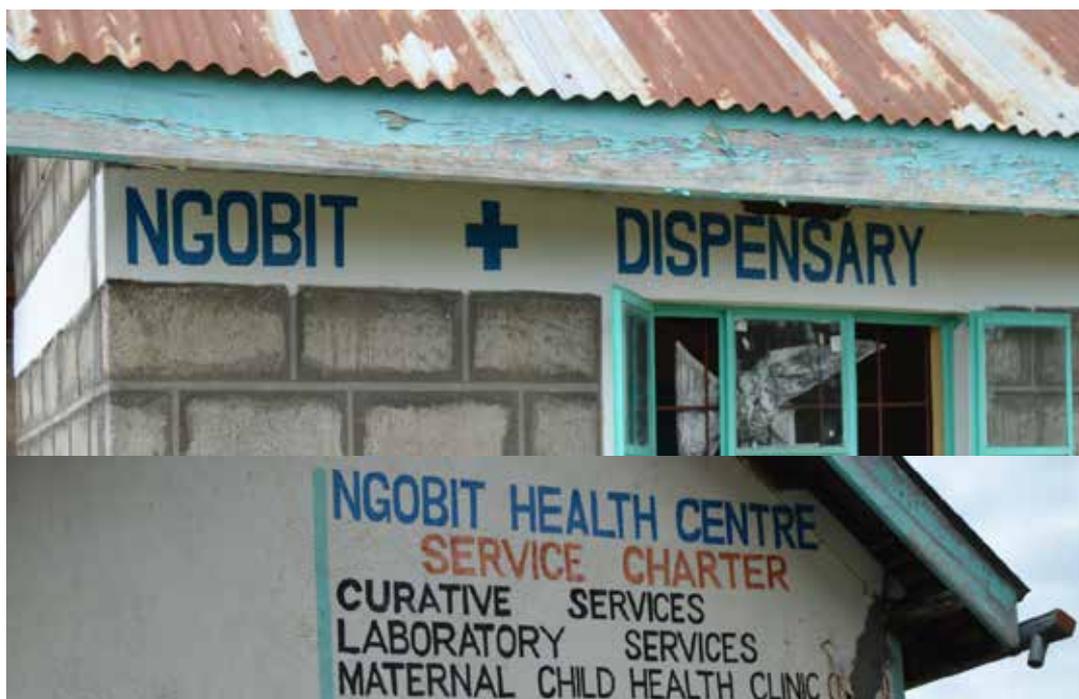
Inclusion of special interest groups like youth and PWDs in facility management committees ensures their unique needs are addressed adequately in delivery of health services. In Laikipia County, it was evident that youth and PWDs are rarely included in

facility management committees. Out of the dispensaries audited, only Likii dispensary had these special interest groups represented in the FMC. In Muthengara and Matanya dispensaries, youth were included in FMCs but PWDs were not.

### 3. Titling of Hospital Land and Conflicting Signage

Social auditors found that several farm houses that were previously used by white settlers were converted into health facilities in Laikipia County. Some of the health facilities that are currently housed in colonial farm houses and were social audited include Oljabet health center and Ngobit dispensary. In a facility like Oljabet Health Center, social auditors noted that records of its establishment are not available and the facility does not have a title of the land where it sits.

In terms of registering health facilities, it was noted that two dispensaries – Ngenia and Matanya – do not have registration numbers. In Ngobit dispensary, social auditors noted conflicting signage. On one part, the facility was branded as a dispensary and on another section as a health center as shown in the photos below. This conflicting signage makes it challenging for users in establishing the nature of health services they can expect to receive from the health facility.



### 4. Poor Condition of Health Facility Infrastructure

Most health facilities have the basic infrastructure as per health standards and guidelines. However, in some instances, the social auditors found that the infrastructure available is in poor condition. There are instances where spaces available are too small, making

it difficult for service providers to serve patients. In Likii dispensary for instance, service rooms are squeezed and congested while the waiting bay is too small to accommodate all patients who seek services from the facility. The dispensary has a single block that hosts the consultation room and the treatment room.

It was also noted that dispensaries such as Makutano and Maili Saba do not have community service rooms. In Ngobit dispensary, an old farm house serves as the main building. Except for a newly constructed pit latrine, none of the other structures in Ngobit dispensary has been refurbished to suit a typical health facility. The service rooms in this facility have been improvised but do not meet health standards provisions. For instance, the maternity wards are cold, dark and poorly ventilated. In Oljabet health center, one observation ward is used by male and female patients, with two beds reserved for men and two others for female patients. The store has a cracked slab and has no ventilation while a tiny room that can only accommodate one patient serves as the labor/delivery room.



**Cracked wall and a section of the Injection room in Ngobit Dispensary**

*In terms of disability friendliness, it was noted that most health facilities had either not been fitted with facilities like ramps to aid PWD access or the facilities are available but are not accessible. For instance, in Oljabet health center, ramps have been installed but they cannot be used by PWDs because they are inaccessible. Sanitation blocks in the health facilities audited are also not disability friendly.*

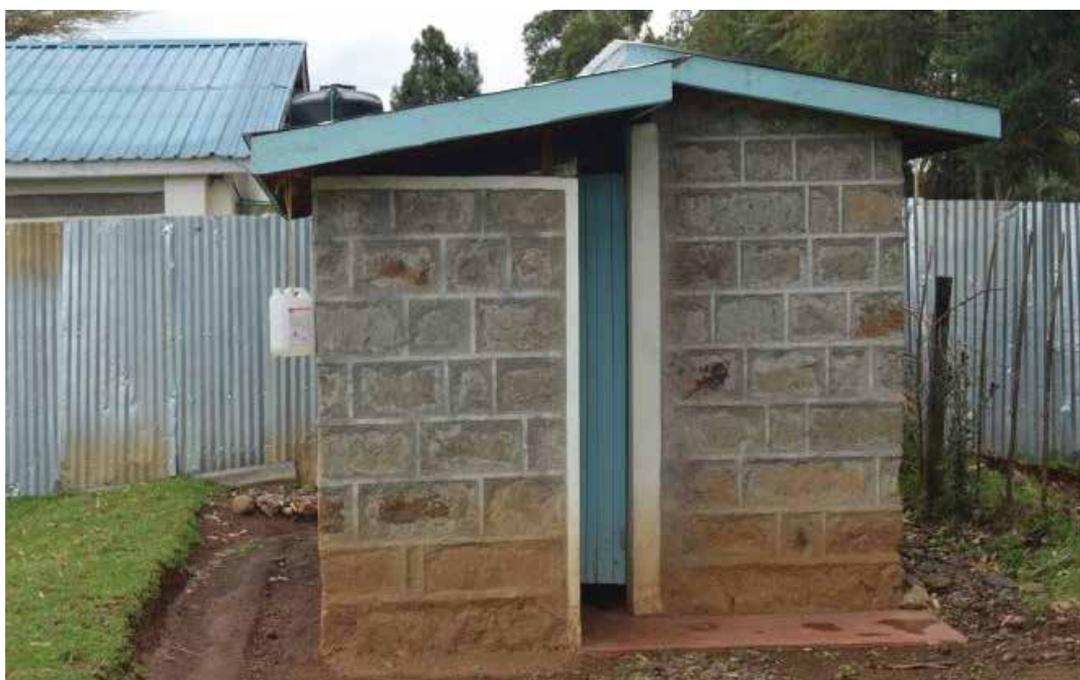
## **5. Inadequate Waste Disposal and Sanitation Facilities**

Facilities for disposing medical waste are critical in any health facility. Though there are facilities that have incinerators, placenta and composite pits in place, there are others, especially dispensaries that operate without burning chambers required to dispose-

off medical waste in Laikipia County. For instance, dispensaries such as Likii, Kanyoni, Ngenia, Maili Saba and Muthengera do not have burning chambers. At the same time, Maili Saba dispensary did not have a composite pit in place at the time of the social audit. In Ngenia, an open pit is used to dispose-off waste; the pit is filling up and the fence around it is falling apart. In Oljabet health center, medical waste is burned in an open compost pit because the facility lacks an incinerator.

Health facilities should also have sanitation facilities for use by patients and staff. While these facilities are available in all health facilities audited, it was evident that in many facilities, health facility standards of two stance blocks in level II facilities and four stance blocks in level IV facilities for patients with separate sanitation blocks available for staff, are yet to be met. There are instances where health facilities have inadequate sanitation facilities and in other instances, the facilities are in very poor condition. For instance Likii Dispensary has a two stance sanitation block but this that is used by both staff and patients. A similar situation was noted in Kanyoni dispensary where a single sanitation block is used by both male and female patients. Ngenia Dispensary has three sanitation blocks, but out of these, only one is in good condition while the other two are in poor condition.

Oljabet health center only has 3 sanitation blocks with one of these set aside for both male and female staff. In this facility, it was noted that frequent blockages of the drainage system are experienced because the system was originally designed for domestic use. The septic tank in the facility is also too small for the same reasons.



**Sanitation block in Kanyoni Dispensary**

## 6. Unutilized Infrastructure and Stalled Buildings

Construction of public health facilities is financed by public resources. When such infrastructure is put in place and is not utilized to provide services to citizens, then the resources invested are wasted. Based on information gathered by social auditors, several health facilities have infrastructure that, at the time of the social audit, was not in use. For instance, in Matanya dispensary, a staff house that was constructed and completed with a view of housing facility staff was not being utilized. The staffs working in the facility live outside the facility. At the same time, a maternity wing constructed in Muthengera Dispensary was not in use.



### *Unutilized Maternity Wing in Muthengera Dispensary*

Besides underutilization of health infrastructure, it was noted that in some facilities, construction of infrastructure had stalled. For instance, in Matanya dispensary, construction of a building that was to serve as maternity wing had not been completed. The building was being funded by the National Government through the Laikipia East CDF.



*Photo of the stalled maternity wing in Matanya Dispensary*

## Inadequate Equipment in Health Facilities

Delivery of quality health services is largely determined by availability of equipment in health facilities. Equipping of maternity wings emerged as a challenge in Laikipia County. While facilities have delivery beds available, it was noted that in some facilities, these beds are in poor condition. For instance, Oljabet Health Center has an old, rusted delivery bed and the maternity ward lacks basic supplies such as linen and cellular's, blankets and room heaters. In Muthengera dispensary, the maternity ward has not been equipped at all.

While most level II facilities in Laikipia have basic equipment (MCH/FP fridge, communication equipment and low cost delivery bed) as stipulated, information gathered during the social audit process shows that only Ngenia dispensary had a motor cycle, all the other dispensaries lacked a locally defined transport system to facilitate transportation of patients from the community to the facility. It was noted that level III facilities such as Oljabet Health Center lacked power backup to help in the event of blackouts and there were reports of staff using solar charged torches in the maternity and vaccines getting spoilt when there are prolonged power blackouts.



*A low cost delivery bed in Ngobit Dispensary*

## 7. Failure to Adequately Facilitate Access to Information in Health Facilities

Facilitating access to information for facility users is important for purposes of fostering openness and accountability. It also enables service users to make informed decisions as they seek to access health services. A number of facilities did not have notice boards installed including Kanyoni, Ngenia and Likii dispensaries. At the same time, facilities like Matanya dispensary have notice boards installed but financial information is not displayed on the notice board.

While most facilities have service charters installed, it was noted that the information on those charters is not translated. This makes it difficult for people who cannot read English to access information. This was noted in facilities such as Ngenia, Ngobit and Makutano Dispensaries and Oljabet Health Centers.

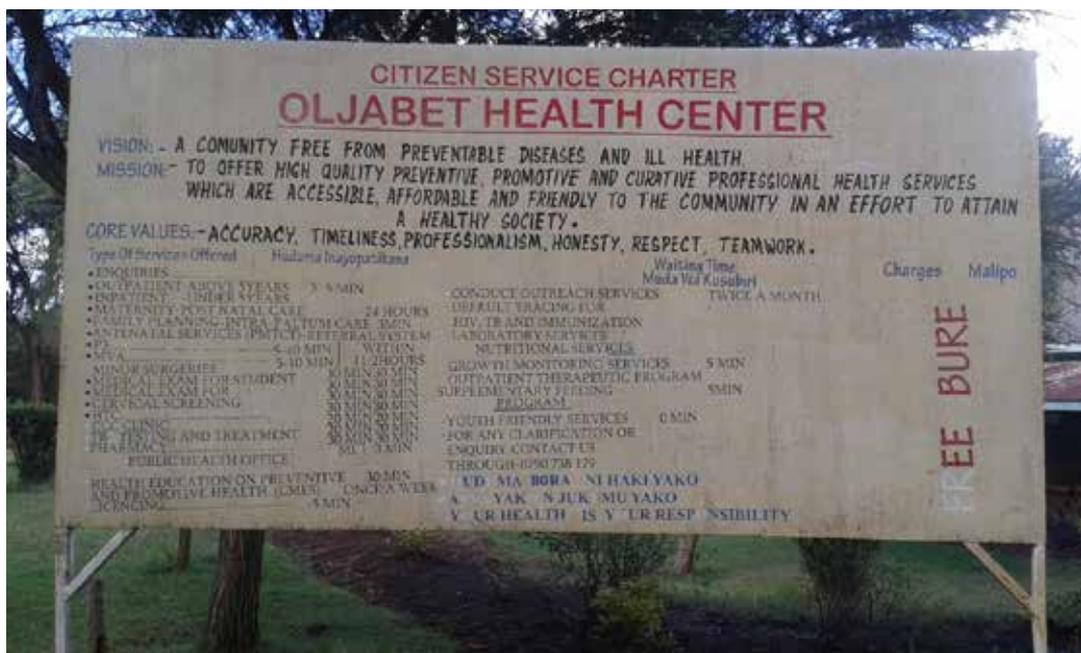


Photo of Service Charter in Oljabet Health Center

## 8. Inadequacy and Poor Conduct of Staff

Based on information gathered during the social audit, three key challenges face staffing in Laikipia County's health facilities:

- a. **Adequacy of Staff:** Most facilities are not adequately staffed, with staff numbers falling below provisions in health standards. For instance, Kanyoni and Maili Saba dispensaries are served by one nurse, which means when the nurses are absent or on leave, delivery of health services in the facilities is hampered. Likii, Kanyoni and Maili Saba dispensaries do not have community health workers while Muthengera dispensary does not have a general attendant. Inadequacy of staff has made it difficult for health facilities to fully operationalize service charters. For instance, in Ngenia dispensary, the duration of accessing services indicated on the service charter is not observed mainly because of shortage of staff. At the same time, level III facilities like Oljabet health center operate with less staff than those provided for by health standards. It was noted that facilities like Ngobit dispensary have staff that according to health standards, should be in health centers. At the time of the audit, the facility was being served by a CO and 3 nurses.

- b. **Staff Welfare:** Housing and payment of staff salaries are challenges facing staff who work in health facilities within Laikipia County. For instance, a level III facility such as Oljabet Health Center does not have staff quarters yet it runs for 24 hours. The lack of staff housing has contributed to late reporting and early closure in some facilities. For instance, there were reports of late reporting and early closing of Ngenia dispensary because staff do not live within the facility and on Fridays, one nurse travels to Nanyuki to submit reports. Similar scenarios were reported in Kanyoni dispensary. Delayed payment of staff was also identified as a challenge in some facilities. It was reported that salaries for members of support staff in Likii Dispensary are often delayed and have not been reviewed for over a decade.
- c. **Unprofessional staff conduct:** In Likii Dispensary, service users complained that the CO is rude and arrogant to patients. It was reported that on several occasions, patients have been sent back without being treated. A case in point is when a mother and her child are unwell and on getting to the CO, he says he can only attend to one and the other goes to the back of the queue and wait for her turn. Another instance is where someone takes a neighbor's child to the facility, probably, because the parents are not around and they are sent back.

## 9. Unreliable Water Supply to Health Facilities

Water supply remains a major challenge for health facilities in Laikipia County, particularly where facilities are not connected to the main water supply system. It was noted that several health facilities rely on rain water and there rains fail, water is delivered by boozers. Makutano dispensary, for instance, harvests rain water but during dry seasons, the facility relies on county government water boozers deliveries.

Ngenia and Matanya dispensaries also depend on rain water harvested and stored in tanks. It was noted that Ngenia dispensary is not connected to piped water despite the fact that the Sirimon Water project water has been implemented in its locality while a newly drilled borehole in Matanya Dispensary is not yet operational yet. In Oljabet health center, water shortage is experienced during long dry spells, forcing the facility to rely on boozers deliveries. Besides the water supply challenge, a water pollution issue was noted in Oljabet health center. The facility has asbestos roofing that drains water towards the Oljabet spring catchment area nearby when it rains. This raises the risk of pollution for the spring and the Jebi dam that residents of Oljabet center and its environs rely on.

## 10. Delays in Supply of Drugs and Poor Disposal of Expired Drugs

Drugs and other medical supplies are critical inputs in delivery of quality health services. In Laikipia County, social audited facilities confirmed that they request medical supplies from KEMSA on a quarterly basis. However, it was noted that health facilities do not

receive all the drugs requested and that there are delays in receiving requisitioned supplies. These challenges lead to perennial shortage of drugs in health facilities, in some instances, supplies are delayed for up to 4 months as noted in Ngenia dispensary and 6 months in Oljabet health center. It was also noted that once facilities receive drugs from KEMSA, the stocks get depleted fast due to high demand from the public.

Another emerging problem pertaining to drugs in health facilities is disposal of expired drugs. At the time of the audit, there were reports that, expired drugs had not been collected for disposal in Ngobit dispensary since 2012 and it was noted that the expired drugs had not been stored properly. Expired drugs had not been collected for safe disposal in Oljabet health center as well.



*Photos of expired drugs in Ngobit dispensary*

## **11. Low Public Participation and Inadequate Complaints Handling Mechanisms**

Public involvement beyond seeking health services remains low in most health facilities in Laikipia County. According to data gathered by social auditors, only Maili Saba dispensary out of the 7 dispensaries that were social audited holds community open days. Some of the reasons why facilities are unable to hold open days are inadequate staff while others said they relay information to the public during chief barazas. Even so, it was noted that facilities do not have established mechanisms for engaging citizens regularly.

In terms of receiving and handling complaints from the public, it was noted that most health facilities, with the exception of Kanyoni and Makutano dispensaries have suggestion boxes in place. Even so, in Ngobit dispensary, the suggestion box had not been secured at the time of the audit. Rather, it is placed on the floor on the waiting bay, which means it could easily be taken away. It was noted that facilities that have suggestion boxes in place also maintain a record of complains raised but there were instances where facilities did not have an active feedback mechanism.

## 12. Delays in Disbursing Financial Support to Health Facilities

Health facilities receive financial support from the county and national government. Some of the funds that governments disburse to health facilities include RBF, HSSF and DANIDA. Information gathered by social auditors shows that facilities face challenges relating to timely disbursement of funds and the long process involved in accessing the financial support. In Ngobit, Kanyoni and Muthengera dispensaries as well as Oljabet health center, there were reports that the facilities do not receive financial support on time. In Muthengera dispensary, staff said it is difficult to predict when funds will be disbursed, an issue that impacts its plans negatively. In Makutano dispensary, staff raised concerns over the stringent process of getting authorization to access finances provided by government. Specifically, the staff alluded to delays that happen after confirmation that funds are already in the facility's account due to processes at the county level.

## 13. Flooding problems

The social audit team noted that a seasonal stream passes at the entrance of the Maili Saba dispensary compound. During the rainy season, the presence of water in the stream makes it difficult for citizens to access the facility. Murraming works were undertaken after citizens raised the issue with the County Government. However, there is need to build a culvert at the entrance to avert flooding problems in future.



*Photos showing flooded and murramed sections of Maili Saba dispensary*

## RECOMMENDATIONS

### a. **Infrastructural Development**

The county government of Laikipia should prioritize infrastructural development in health facilities, especially those that are currently hosted in old colonial buildings. The government should ensure that infrastructure in such facilities meet the Ministry of Health Standards

### b. **Procurement and distribution of drugs**

In addition to the MoU signed between counties and KEMSA, the county government of Laikipia should circulate a directive on how the drug requisition and distribution system should work to address issues relating to delays in delivery of supplies and quantities delivered.

### c. **Water Supply**

There is need for the county government to prioritize water supply to health facilities by factoring water supply to all facilities in the budget for health department

### d. **Disposal of Expired Drugs**

The county government should put in place mechanisms of ensuring proper storage of expired drugs in health facilities, regular collection and proper disposal of such drugs.

### e. **Staff Welfare and Conduct**

The county government should put in place or ensure implementation of MoH guidelines on staff welfare including provision of staff houses for purposes of ensuring that staffs working in far flung areas are able to provide services without interruptions. There is also need for the county government, through the department of health, to conduct refresher trainings for staff as well as strengthen supervision and disciplinary aspects of staff management to ensure adherence to professional code of conduct

### f. **Capacity of the Facility Management Committees (FMCs)**

The county government should put mechanisms in place to ensure members of FMC are trained to facilitate access to information, complaint handling and participatory approaches including reporting of breach of conduct incidences. There is also need to enhance inclusivity of special interest groups in FMCs to ensure that delivery of health services is sensitive to the unique needs of youth and PWDs

### g. **Staffing and Funding of Health Facilities**

There is need to undertake a needs assessment of health facilities to guide deployment of staff and development of an objective criteria for determining staffing and funding needs of different health facility tiers. Further, the county government should put mechanisms in place to ensure timely disbursement of funds to health facilities.

### h. **Security of facility land**

The county government of Laikipia needs to secure hospital land from grabbing by securing titles for such land

# PART 3: PROFILES OF THE SOCIAL AUDITED FACILITIES

## MUKOGODO EAST WARD

### NGENIA DISPENSARY: MUKOGODO EAST, LAIKIPIA NORTH SUB-COUNTY

#### Basic Information:

Name of the facility	Ngenia Dispensary
Type of the facility	Level 2
Registration ./ MFL No.	Not Known
Year of Establishment	2012
Location	Ethi Location.
Catchment Population	Over 2000 Households

## 1. INTRODUCTION

Ngenia dispensary was started in January 2012. The facility offers level 2 services to the communities in Ngenia, Gitugi, Kibiro, Mutethia, Makara, Gakoe, YY, Kairigire and Magutu villages. The dispensary is located at Ngenia village, Ethi location, Mukogodo East Ward in Laikipia North Sub-county.

#### *Picture of the facility*



## FINDINGS

### Infrastructure

The facility is situated at Ngenia Centre and is easily accessible to residents. The facility has the following rooms

Consultation/Observation room

Pharmacy

MCH/ANC

Injection Room

Store and Kitchen.

Waiting Bay

### Governance and Management

There is a 4-member facility Management Committee (F.M.C) which is composed of 3 males and 1 female that were elected at a community meeting. The committee holds its meetings on a quarterly basis and maintains a record of the meetings. Upon election, the committee was trained on its mandate at the facility. The committee is however not fully representative as it does not have a youth or a person with Disability.

Little is known by the community including the FMC members on funds received by the facility. The FMC chairperson who was present during the community validation forum said they do not know and the nurse does not put on the noticeboard any information about the funds.

The Nurse declined to attend the Community Validation forum.

### Public Participation, complaints/compliments and feedback mechanisms

There is no established mechanism for public consultations and involvement at the facility. For example, the facility does not hold community open days, a practice that is becoming common in other facilities. Whereas there is a suggestion/complaints and compliments Box at the facility, it was not clear how complaints raised by service users were handled and feedback shared. There was no record of any complaints that had been raised and how they had been dealt with.

### Access to information

The service charter is well displayed and written in easy to understand language. It contains useful information on the services offered at the facility and the time they take. It is clearly indicated that all services at the facility are free. The time is however not observed mainly because of shortage of staff. The facility does not have a notice-board but uses walls and doors to pin notices and posters.

## Staffing

The facility has 2 nurses, a general worker and a watchman who only is available at night. The staff is qualified, courteous and friendly to patients. This has endeared the facility to residents so much so that some travel from far locations to seek services at the facility. There were however reports of late reporting and early closing by staff at the facility. **'There are days the staff open late since they do not live within the facility (There is no staff house) and also on Fridays, one nurse goes to Nanyuki to take reports leaving only one nurse to attend to patients'**.

## Access to clean, safe and adequate water and sanitation

The facility depends on rain water harvested and stored in 3 tanks. 2 tanks have a capacity of 10,000 litres each and the 3<sup>rd</sup> tank has a capacity of 3000 litres. The facility is not connected to piped water despite its proximity to Sirimon Water project. The tanks are not regularly cleaned. There are three blocks of latrines at the facility. Of the three, one is in good condition while the other two are in poor condition.

## Drugs and non-Pharmaceutical Supplies

The facility receives medicines and non-pharmaceuticals quarterly from KEMSA. It was reported that often, the facility does not receive all the drugs it requests. In addition, delays of supplies were common leading to perennial shortages of drugs.

## ANY OTHER OBSERVATION AND CUTTING ISSUE

The facility does not have a combustion chamber. It uses an open pit to dispose waste.

The open waste disposal pit is filling up and the fence around it is falling off. The facility lacks a placenta pit. The drugs supplied to the facility get depleted fast due to the catchment population and number people seeking service.



### 3. RECOMMENDATIONS FOR IMPROVEMENT

- i. All necessary equipment for this facility should be supplied
- ii. The facility should get an incinerator for disposal of the clinical waste. The open pit should be well fenced and covered to avoid danger to children and animals.
- iii. The facility management committee should include youth and PWDs representatives
- iv. The facility management committee should conduct open days to consult and involve users in decision making. This would help the facility address the challenges it faces such as lack of necessary equipment through public budget making process.
- v. A proper public complaints and feedback mechanism should be put in place at the facility.
- vi. The facility need to apply to the Sirimon Water project for connection to piped water.

### NANYUKI WARD

#### LIKII DISPENSARY – REG NO 15035

Name of the facility	Likii Dispensary
Type of the facility	LEVEL 2
Registration ./ MFL No.	15035
Year of establishment	
Location	Ntrukuma location, Nanyuki ward, Laikipia east sub county. The facility serves 3 locations in Nanyuki ward.
Catchment population	



Figure : The Dispensary Block at Likii Dispensary in Nanyuki Ward

## **Governance and Management**

The Health Facility Management Committee consists of five members. There are three male and two female representatives. One member of the committee members is a Community Health Volunteer and one is a youth representative. The members were elected consultatively by the community.

## **Public participation**

Community members are rarely involved in the affairs of the facility as stakeholders' meetings are rarely done at the facility. A number of service users confirmed that the facility has inadequate structures to ensure that the community is cognizant on the affairs of the facility and service users admitted that this impedes a sense of ownership for the facility on their part.

## **Access to information**

The facility has a well elaborated and detailed service charter that explicitly expounds on the services offered at the facility, the department responsible and duration for offering a particular service. Furthermore, the facility has a mobile phone for official communication and other purposeful correspondence with stakeholders at the facility.

## **Financial Management and Procurement**

The facility does not have a notice board therefore information pertaining the affairs of the facility is rarely availed for the members of the public. Particularly, financial records, procurement processes and other expenditures incurred at the facility are quite inaccessible and limited to only the management team at the facility. Procurement is done by the County Department of Health.

## **Staff and Staff Conduct**

Likii Dispensary has 1 Clinical Officer, 3 registered Nurses, a Laboratory Technician, a Nutritionist, 2 HTS Counsellors, 2 Casual Workers and a watchman. But the facility has no community Health Extension Worker. Service users confirmed that the nursing staff members serve their obligations professionally and handle client issues with dignity. However, it was reported that the Clinical Officer is rude and arrogant. He has on several occasions sent back patients without treating them. A case in point is where a mother and her child are unwell and on getting to the CO, he says he can only attend to one and the other goes to the back of the queue until her turn. Another instance is where someone takes a neighbor's kid to the facility probably because the parents are not around and they are sent back. However, it is reported that salaries for the members of support staff are often delayed and has not been reviewed for the past decade.

### **Water Adequacy**

The facility has sufficient supply of clean water from NAWASCO. The facility is equipped with two storage tanks of 2500lts capacity. There is also a solar water heating system installed in the facility.

### **Adequacy of drugs**

Drugs at the facility are supplied on a quarterly basis although the officers' in charge confirmed that the amount of drugs supplied is not enough to sustain the demand before a subsequent supply is delivered. The demand is high since the facility attends to patients from as far as Mukima, Ntrukuma, Nkando and Kabiru villages.

### **Infrastructure**

The facility's waiting bay is too small to accommodate patients who turn out every day, and the dispensary is squeezed and congested. The only block available hosts the consultation room and the treatment room which limits ease of delivery of services. The facility has a two stance toilet shared by both staff and patients who are male and female. However, the facility including the toilets at the facility is not disability friendly.



**Figure: The Toilet Block at the facility shared by men and women who are both patients and staff**

## Recommendations

- There is need for government in partnership with the surrounding community to look into affairs of the land where the facility is located to create and ease expansion and development of the facility.
- Government should ensure that salaries and remuneration for staff are disbursed on time. Further, remuneration policies should be reviewed regularly and performance appraisals be conducted from time to time to encourage promotion and friendly human resource practices.
- The facility should be decongested and separate rooms for treatment and consultation.

### **Notes from the Community Validation Forum.**

*The fact that the facility shares a compound with a community Hall, and Chiefs office limits space for expansion. There are no staff quarters within the facility compound.*

*The last meeting for the dispensary was in December 2016 and the community feels there should have been at least a biannual open day for the facility.*

*The maternity room has 5 beds. 4 are ready to be used but one due to lack of space is stored. However, deliveries are not frequent save for very rare emergency cases. This is because of the close proximity to the Nanyuki Teaching and Referral Hospital where citizens prefer due to availability of inpatient services.*

*The facility lacks a proper placenta pit compost pit. This is mainly hampered by availability of space. The compound is already congested. The community urged the government to look for more spacious land that could accommodate expansion.*

*The latrines in the facility compound are not PWD friendly. They also are not enough as they are shared by patients, staff, Chief's guests, community members or guests using the community hall and passersby since they are just by the gate near a busy street.*

*The nurse confirmed that they open the suggestion box at least once a month by the seventh day of every month but it's very rare to find anything in it. The complaints file is empty since the community does not lodge complaints.*

*Even though there may be no enough space for expansion, the community insisted that at least the little space available is enough to expand the waiting bay. They complained of the hardships they experience especially when the weather is not favorable to stay outside.*

*They were also for the opinion that the little space available is enough to add additional toilets to cater for the demand.*

*According to the nurse, the catchment area for the facility has well over 5000 households. In the past one month, they have attended to an average of 80 patients per day. In the month of June, OPD had over 900 patients, 150 FP and over 400 CCC clients.*



## NGOBIT WARD SOCIAL AUDIT REPORT: PART ONE

### Makutano dispensary

#### Introduction

Name of facility	Makutano Dispensary
Type of facility	Level 2
Registration ./ MFL No.	22244
Year of establishment	March 2017
Location	Shalom village, nyambogishi location. It is about 350 m away from Nyeri-Nyahururu highway
Catchment population	



Photograph of Makutano dispensary

## **PART TWO**

### **FINDINGS ON MAKUTANO DISPENSARY**

#### **Governance**

The facility management committee consists of 1 male and 4 females. The team was elected in a public meeting and has gone induction training. However, the FMC lacks representation of youths and PWDS. It meets quarterly or on needs basis and keeps minutes of the meetings. The facility has two registered nurses.

#### **Infrastructure**

Makutano dispensary operates in a well-constructed single out patient block. This block is divided to accommodate the most important rooms in a standard dispensary. It has a very large waiting bay which is also used as a community service room since there is no such separate room in the facility. Ramps are well installed for the PWDS. The facility has 3 doors, a standard pit latrine and a compose pit. However, the pit latrines are not PWDs friendly.

The facility has two 10,000 -litre storage tanks but the source of water is not reliable. One tank is installed to harvest rain water from the roofs of the dispensary block while the other is high lifted for easy supply of piped water within the facility rooms as necessary. These tanks are from time to time filled by the county government through a water tanker fetching water from a borehole that serves the villages. This is after the break down of the machine that pumps the water from the borehole. The dispensary is on 2 acres of land. Some of the missing and notable infrastructures include combustion chamber, community service room and staff quarters. The compound is not fenced and does not have a gate. An MCH/FP fridge has been provided.

**Staffing in the facility-** The facility has 7 active community health workers, 2 registered nurses, 1 casual worker and 1 watchman.

#### **Drug availability**

The nurses informed the social auditors that the dispensary receives drugs on quarterly basis. Considering the large numbers of patients served by the facility the drugs get depleted fast. The facility uses a manual system of managing drug inventory.

#### **Access to information and public participation**

The facility does not have a notice-board. Some financial information has however been displayed on one of the windows.. The nurse in-charge pledged readiness to provide information upon request by anybody. It has a service charter written in English and provides the relevant information. Services are provided according to the charter. The facility does not have its own public open days but uses other forums to pass information to the community

## Financial support and complaint handling and feedback mechanisms

The facility receives AIE funds from the county government. Other funds received include HSSF, USER FEE (DANIDA) or maternity level funds. The nurse confirmed that the funds are received in time most of the time. A suggestion box is available and the facility. The management maintains a register of complaints raised by the users and provides feedback to users.

## Staffing

### Conduct and adequacy of staff

Service users reported that staffs were of good conduct. They were punctual and always present. Even though they served many clients (an average of 70 per day), they were respectful and courteous.

### Drugs and access to services

The facility receives adequate drugs. In addition to the professional conduct of staff, locals travel far distances for treatment.

## RECOMMENDATIONS

1. There is need for a staff quarter within the facility.
2. The facility should be fenced and modern gate erected.
3. There is need to upgrade the facility to a health centre, Proximity to the highway, population density around the facility and distance to the nearest referral facility being some of the factors that necessitates need to upgrade.
4. There is need for an incinerator in the facility

## NGOBIT DISPENSARY PART ONE

Name of the facility	Ngobit health Centre
Type of the facility	Level 3
Registration ./ MFL No.	15349
Year of establishment	1987
Location	Ngobit location near Matopeni shopping centre about 4km off Nyahururu-Nyeri highway.
Catchment population	

Ngobit health center as it is known is located in Ngobit location near Matopeni shopping centre about 4km off Nyahururu-Nyeri highway. This health facility was started as a dispensary back in 1987 at an old white settler farmhouse. Some years back and as far as 1987 the

farm house and the compound housed different public offices including chief's offices at the time when the location was as large as the now Ngobit ward consisting of six locations. Other offices that had been housed here include zonal education offices, police post and agricultural offices to mention a few. The dispensary was the main and occupied in the main farm house.

After the split of the administrative locations and relocation of most offices to Makutano and elsewhere, the dispensary remained and the whole area of 19.5 acres and the farmhouse was allocated for health facility.



**The Photos of the NGOBIT HEALTH CENTER which was a white settler farmhouse**



**Above: Modern Pit Latrines in the Facility. Below: Older Pit latrine but still in use.**



***Above: unused latrines in the facility.***



***Below: A dangerously exposed manhole just outside the facility's laboratory***



## PART TWO

### FINDINGS IN NGOBIT HEALTH CENTER

#### Governance

Ngobit health center is registered with registration number 15349. It has a management committee comprising of 3 male and 2 females has been trained. The FMC is all inclusive not leaving out PWDS and youths. The FMC is elected by the local community. However, the facility does not have a procurement committee.

Procurement and Tendering is done at the County Level Department of health. The Nurse in-charge stated that she one day found people digging and building the new pit latrine. The FMC, Nursing staff and the local community were not involved at all.

#### Infrastructure

The infrastructure of Ngobit facility is generally dilapidated. Except for the new modern pit latrine, nothing else has been altered or changed to fit a typical health facility. The old farm house had been designed as a residential house. All the rooms in this facility have been improvised and most of them do not meet the health standards of a health facility. For example, the room used for wards (maternity) is so cold, dark and not well ventilated. It was initially a bedroom that has been furnished with several beds to make it a maternity ward.

The house veranda is used as the waiting bay, with each room trying to accommodate some health services. There are notable cracks on the wall and worn out ceiling's at the

waiting bay. The irony is that amidst all these cracks is a very legible writing on the wall stating 'renovation by Laikipia East CDF'. The health facility is indicated as dispensary and a health center at the same time.

### **Equipment and availability of drugs**

The facility has the following equipment's: one delivery bed, one motor cycle, one maternity bed, one centrifuge, one microscope, one resuscitation equipment, one stethoscope, one foetus-scope and one dressing kit. The facility receives drugs quarterly as requested but does not receive all drugs requisitioned. They have a manual system of managing drug inventory.

***However, there is a room full of expired drugs that has not been collected for disposal since 2012.***

### **Staffing in the facility**

The facility has got the following staff: one clinical officer, 3 nurses, 1 laboratory technician, 1 HTS counselor, 1 community health volunteer and 1 watchman and an assigned public health officer.

### **Access to information and complaints handling and feedback mechanisms**

The facility has a service charter written in English though not well understood by those who speak the local language. It provides relevant information to services offered, fees charged and operational hours. It is able to serve patients within the duration specified in the charter and opens and closes as stated. It has a notice board but they don't display financial information though the financial information is accessible to the public upon request. There are suggestion boxes and the facility maintains a register of complaints raised by users of which feedback is facilitated to the service users on complaints raised.

### **Financial support from the county government and public participation**

The facility receives RBF and user fee (DANIDA), the facility does not collect fee from users and no issuance of receipts. The facility does not hold community open days

### **Availability of drugs and accessibility of services in the facility**

Essential drugs are not available, prescribed drugs are not always available. The service users said that the services are affordable as there are no no payments for drugs. However, not all essential services are available.

## RECOMMENDATIONS

The service providers and the community gave the following recommendations:

- 1- Construction of a standard outpatient block
- 2- Additional staff should be employed at the facility
- 3- Provision or supply of drugs that cater for those ailments treatable at the health center. The drugs that the facility now receives are those of a dispensary and makes services very costly to consumers due to referrals. This also causes the low attitude of members of the community towards the facility.
- 4- The county ministry of health should visit the facility and ascertain some of the deficits that requires direct intervention
- 5- The gate should be renovated.
- 6- Expired drugs should be removed from the facility immediately
- 7- Regular clearing of the grass in the compound is recommended.



**Above: Overgrown bushes around the area where the placenta pit is said to be at Ngobit Health Centre.**

## NGOBIT HEALTH CENTRE SERVICE CHARTER

SERVICES	CLIENTS REQUIREMENT	TIME TAKEN	CHARGES Ksh
CURATIVE	—	15 — 20 MINS	NIL
LABORATORY	LAB REQUEST FORM	15 — 30 MINS	NIL
MATERNAL CHILD HEALTH CLINIC (MCH)	—	15 — 20 MINS	NIL
FAMILY PLANNING	—	15 — 30 MINS	NIL
ANTENATAL CARE	—	15 — 30 MINS	NIL
MATERNITY 24 Hrs	—	—	—
VCT/HIV/AIDS TESTING	—	20 — 40 MINS	NIL
TB SCREENING/CLINIC	—	15 — 20 MINS	NIL
PROVISION OF ARVS/CCC	—	30 — 40 MINS	NIL
HOME BASED CARE	—	30 MINS	NIL
NUTRITION	—	30 MINS	NIL
PUBLIC HEALTH	—	20 MINS	NIL
MENTAL HEALTH	—	30 MINS	NIL
DIABETES & HYPERTENSION CLINIC	—	30 — 40 MINS	NIL
YOUTH FRIENDLY SERVICES	—	—	—



Above and Below: Cracks and unkempt walls in Ngobit Health Centre.



*Above: A Mugumo Tree growing from the walls of Ngobit Health Centre.*



***Above: unsecured Suggestion Box. Lying at the waiting bay:***



***Above: Left: The Nurse In-charge and Right: The Team Leader Ngobit Ward Social Audit Team During Community Validation Forum***

## TIGITHI WARD

### Matanya Dispensary,

Name of the facility	Matanya dispensary
Type of facility	Level 2
Registration ./ MFL No.	
Year of establishment	1981
Location	Weru village, matanya sub-location, Tigithi Location, Tigithi ward, Laikipia east sub-county.
Catchment population	The facility serves a population of over 6000 households.

### History and Background

Matanya Dispensary was started in 1981 in the managerial residence of a white settlers' farmhouse in Weru-ini village in Matanya sub location, Tigithi Ward in Laikipia East Sub County. It is the only facility in the entire Tigithi Location meant to serve the location population of over 6000 people from Tigithi, Mukuri, Weru-ini, Waguthiru, Iriuko, Thome, Miteero, Matanya, Kabanga, and Kiahuko villages.

**The facility lies on a 2.1hectare piece of land.**

### Infrastructure



**Above left: The service charter at Matanya Dispensary and left is social auditors and local village elders after the FDG at the facility.**



**Above Left: Social Auditors, The Facility in-charge and a GIZ rep after a successful FDG. Right: A stalled building at the facility that was being constructed by NG-CDF Laikipia East.**

### **The facility has the following:**

- ✓ 1 staff house.
- ✓ 1 room for laboratory service.
- ✓ 1 drug store (Pharmacy)
- ✓ 8 pit latrines (Both staff and patients) **(There are 4 toilets inside the new OPD block but are not in use because they don't have a septic tank)**
- ✓ 1 modern outpatient wing
- ✓ 6 treatment rooms. These are:
  - MCH/ANC
  - Consultation
  - TB/CCC
  - Dressing Room
  - Maternity/ Delivery room
- ✓ 2 delivery beds
- ✓ An incinerator and a placenta pit.
- ✓ It has a ramp for PWDs
- ✓ The facility is served with electricity.
- ✓ It has a spacious waiting bay.
- ✓ There is a stalled building that was meant to be the maternity.

### **Water Supply**

The facility depends on rain water. There are 10 storage tanks for water harvesting at the facility. Some of the tanks can hold up to 10000 litres of water. There is a solar water heater connected to the tanks and supplies the facility with hot water. Recently, there has been a newly drilled borehole at the facility that is yet to be operational.

### **Governance and management**

The facility has an active Health Facility Management Committee made up of five members, three male and two female representatives elected by the local community through popular vote.. The committee meets on a quarterly basis and has undergone training on best practices for health facilities' management. However, there is no representation of persons with disabilities in the committee.

### **Financial Management**

The facility gets AIE from the County Government and the officers in charge at the facility confirmed that the financial support reaches the facility in good time. Service users do not pay for any charges for services offered at the facility. There is no procurement/tendering committee at the facility. Complicated cases and other emergencies are handled by the County Department of Health.

## Public Participation

The facility involves the local community in activities such as elections, implementation of projects, and provisions of laborers during construction and any other activities involving the running of the facility. Information is passed through public announcements in local schools and churches and also on the facility notice board. However, there is no active feedback mechanism on complains raised by users and there is no record of complains raised.

## Access to Information

The users and the public get information from the notice board and the service charter. Any other information is available from the records on request.

## SERVICE DELIVERY:

### Staff and Staff Attitude

The facility has 1 clinical officer, two enrolled nurses, one laboratory technician and two members of the support staff. The staffs at the facility are dedicated to their work, always use appropriate language and use and serve patients professionally.

However, complaints were raised by service users that at times the facility is opened late and closed early.

### Adequacy of Drugs

After drugs have been supplied at the facility, they are always available. But supply is low and at times supply runs out after a number of weeks save for painkillers which are always in constant supply at the facility. Other services are offered as indicated on the service charter.



**Above Left: Participants during FGD at Matanya Dispensary. Right: Staff house in the compound at Matanya Dispensary. The staff house is not used by the staff at the facility.**

## Recommendations

1. Matanya dispensary being the only health facility in Tingithi ward does not provide maternity services despite existence of a Maternity Wing funded by NG-CDF to a tune of Kshs2.1million. However, the project has stalled and is at the risk of wearing out. This therefore demands completion of the project and equipping it to cater for the many demands for maternity services in the area.

2. Supply of drugs should be increased as per the amounts requisitioned to provide for continuous supply of drugs at the facility at all times.
3. Piping at the newly drilled borehole ought to be undertaken to ensure that there is enough clean running water at all times.
4. Complaint handling mechanisms especially use of the suggestion box and complaints and complements file should be enhanced and encouraged by both staff and service users to promote user responsiveness and encourage regular feedback in the running of the facility.

### **Community Validation Forum Notes.**

*The facility received 5 beds donated by Olpejeta Conservancy as part of their CSR. However, the beds are not in use for 2 reasons: One, because the facility does not have inpatient services and secondly, the beds are electric and they need a 110 volts power input whereas locally there is only 220-240 volts power connection.*

*Whenever public participation for the facility is called, citizens do not turn up in numbers. They complained that ways and methods used to call for these forums do not reach them.*

*The suggestion box is mostly dormant. The in-charge confirmed that it's extremely rare to get anything inside it. However, the placing of the suggestion box is not strategic as it is placed behind an old building in the compound where patients rarely go. It was suggested the suggestion box to be moved to a more strategic place. The nurse in-charge committed to find another suggestion box and place it strategically around or near the new block where it will be visible and accessible by all who visit the facility.*

*Drugs get depleted fast before the intended time. Sometimes there is delay in supply of medicine. Mostly the drugs that are left are painkillers and antibiotics.*



*The staff house surrounded by overgrown grass. The old block with overgrown grass all around it*



*The in-charge (Left) and the FMC treasurer (Right) during the community validation meeting.*



**Community members following the proceedings during the social audit validation forum.OL**

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

Name of the facility	Oljabet Health Centre
Type of the facility	Level 3
Registration ./ MFL No.	15404
Year of Establishment	1979
Location	Located 18km from Nyahururu- rumuruti road, Ol-jabett sub-location, marmanet location, oljabetti Centre.
Catchment population	The facility serves a population of 80-100 patients Within oljabet sub-location, Marmanet location.

Ol-jabettihealthfacilitywasasettler'shousesetaspUBLICUTILITYlandbutlaterstartedasacommunity dispensaryinitiatedbythecommunityandgazetedgivencode(15404)inlate1979.Itwaslater upgradedtoahHealthCentre(level3)It sits on a 7 acre piece of land which has no title deed.

The facility is roofed by asbestos which drains its water towards Ol-jabet spring catchment area that is just nearby, causing a risk of water pollution to the spring and Jebi dam that feed most resident of Ol-jabetti Centre and its environs.

**Ol-jabbet Health Centre**



*Social Audit Team with service providers.*



### **Governance and management**

The H.F.M.C consists of 5 members -One youth, three female and 2 males. There are no PWDs representatives in the committee.

**The management and the social auditors**

**Financial management and procurement**

Financial information is accessible and displayed on the notice board for the community to access although during the social auditors visit, the information on the notice board was outdated. The facility receives support from RBF, Danida, and free maternity users fee.

The management highlighted cases of drug delivery delays and failure to deliver all requested drugs.

**Public participation**

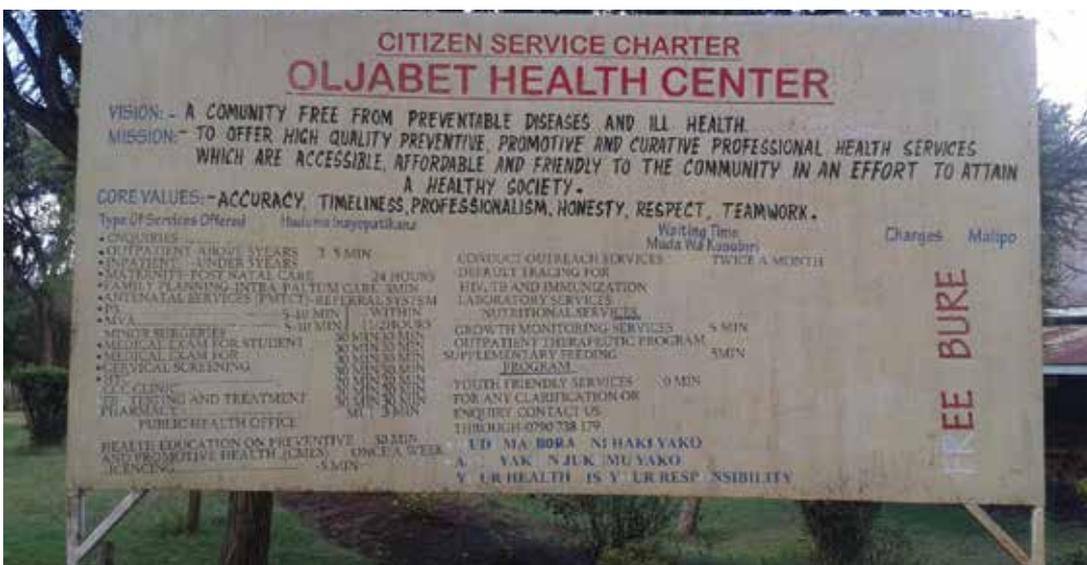
Information is shared to the public through important events such as World AIDS days. Management or operational information is hardly shared.

There are suggestions boxes installed in the facility which are accessible. The facility also maintains registers and provides feedback to users on complaints raised. Feedback is mainly given to Community Health Volunteers who pass it to the community.

**Access to information**

The presence of **service charter** and sign board was observed providing information offered. The information in the service charter was not clearly understood to all due to the language used and small font used. Information is also passed to the community on a blackboard on the walls of the facility and a notice board. Some of the information passed is availability of drugs, AIE, HSSF, DANIDA and other available financial information.

**Service charter (They are two in the facility: Above & Below)**





## SERVICE DELIVERY

### Staffing- the number of staff in the facility

3 Clinical Officers, one is seconded to the facility by partners HDSA (HIV Delivery Services Activities Programme)
8 Nurses : one is seconded by HDSA
1 Pharmacy technician
1 Statistical clerks- is a casual worker
<b>General attendants –</b>
1 watchman and 3 casuals.
The facility has 23 community health workers of which 17 are active.
There is also a Customer link desk

There is also a father Champion and a Mentor Mother whose roles are to share the workload with other staff, volunteers and the facility users. They act as key contacts for external partners and also assist to advocate for health and wellness among the facility users.

### Availability of services, drugs and other supplies

Under staffing and delays of drugs in OI-Jabett health Centre has contributed to congestion at Nyahuru General Hospital. The drugs supplied to the facility are reported not to be enough to cope with the high population of the users.

**(b) ACCESS TO CLEAN, SAFE AND ADEQUATE WATER AND SANITATION**

The social auditors noted that the facility does not have much problem with water supply. There is piped water as the main source of water and is only a challenge during long dry spells that result to massive rationing of water. Water is stored in a large concrete tank and there is also a 10,000lts water tank donated by the county government. Sometimes Water shortage and poor drainage system of the facility has contributed to blockage of sewerage system of the facility. Unblocking of the sewerage/drainage system is done by NYAHUWASCO who charge Kshs 600 per manhole plus Kshs300 per kilometer in mileage charges. This is quite expensive for the facility.



*Small septic tank*



*Filled dump pit*

## INFRASTRUCTURE

- I **Wards** - male & females share the same wards which have only two beds
- II **Store** - lacks ventilation and has a cracked slab which serves as a ceiling thus posing a risk.
- III **Labor ward / delivery room** - very small room that can accommodate only one patient  
The team observed the worn out delivery bed with rust that is on use
- IV **Patient latrines & toilets**  
No patient toilet for the inpatient, the available one is shared by both staff and patient.
- V **Incinerator** - the team noted that the facility has no incinerator but have improvised a dumping pit.
- VI **Laundry** - poor condition noted with no adequate water.
- VII **Ramps** - PWDs - the availability of ramps was observed but not accessible.
- VIII **Power & power backup** - the facility is connected to single phase electricity and no power back up found. They end up losing vaccine when there is power blackout. They rely on solar charged torch for maternity service.



**Injection Room**



**Figure: dumping pit**



**Figure: Toilets**

## **2. RECOMMENDATION FOR IMPROVEMENT**

- 1) There need to remove the asbestos roof and replace with safe roofing materials to mitigate water pollution.
- 2) Enlarge the drainage syste/ septic tank and pipes to accommodate the increased effluent.
- 3) The county governments to assist the facility acquire title deed.
- 4) Upgrade the maternity wing
- 5) Install/construct incinerator to curb the menace of pollution.
- 6) The facility requires three phase electricity and a powerful power back-up.

- 7) (Infrastructure) – 80% of the infrastructure in the facility is in poor with no ventilation, cracked slab, poor drainage system; extremely cold rooms not meant for health facility.
- 8) Separation of male and females to a different ward.

### **Notes from Community Validation.**

- ✓ The facility drainage system experiences frequent blockages. This is because, the initial design for the drainage system was to cater for domestic use. Now with increased load, it is susceptible to blockages.
- ✓ The facility lacks an incinerator. Sharps and injectable plus all other medical waste is burned in an open compost pit.
- ✓ Despite the facility having a large spacious piece of land, there are no staff quarters within the compound.
- ✓ The facility has one observation ward that is mainly shared by male and female patients. Inpatient cases are however rare despite the facility being in a level that could offer inpatient services. However, in a scenario where there is a male and female patients that need to be admitted for further observation, the female patient is moved to the maternity wing.
- ✓ The drugs and general stores need to be refurbished. The drugs store is not well ventilated as required. It's mainly stuffy with heavy smell of a mix of drugs.
- ✓ There are no urinals in the facility. Male and Female staff share one toilet
- ✓ Renovation is not recommended on the facility because it is mainly a clay bricks structure. Considering it has been there for over 60years, it may not withstand renovations or modifications.
- ✓ Besides the single phase power connection, the facility has kerosene lamps and solar lamps and also gas refrigeration on standby. The backup generator is dead. One of the recommendations was to connect the facility with a 3 phase power supply and also provide fridge guards to safeguard the available fridges.
- ✓ There is need to provide the nurses with a cloak room. The nurses and staff also do not have a nurses' station where they can have their tea. This prompts them to either take their tea in the kitchen or in the consultation rooms.
- ✓ Additional staff needed in the facility are a medical doctor and a daytime watchman.
- ✓ The facility is in need of extra sockets to cater for extra equipment that need to be plugged into power. Currently there are no enough sockets.
- ✓ The facility needs curtains and bed sheets. The current ones are insufficient and worn out.
- ✓ There is need to expand the drainage system and the septic tanks to accommodate the sanitation needs of the facility.
- ✓ Change of the asbestos roofing should be a matter of priority. This will help mitigate the hazardous pollution and also installing iron sheets will help in water harvesting.

- ✓ There are expired drugs in the facility that have not been collected by the county department of health for safe disposal. Part of these drugs are family planning drugs.
- ✓ The maternity is in dire need of supplies like linen and cellular's, blankets and room heaters.
- ✓ The facility has had newly acquired equipments like:
  1. A new manual sucker
  2. A new maternity bed
  3. 2 KEPI Fridges (UNICEF)
  4. 2 other fridges from the county government: one for patient foods the other in the lab.
  5. RBF bought a new digital weighing machine but there's need for more.

One of the fridges is not in use for lack of sockets.

However, there is need for an extra maternity bed to cater for more than one patient. There is also need for extra curtains.

- ✓ Workload: The facility caters for an average of 130 OPD patients per day. It operates 24hrs per day and there are mainly 1 or 2 nurses at given night.
  - 30 persons at CWC
  - 10 persons at ANC
  - 15 at FP
  - 2 to 3 Maternity cases

**Other emerging issues:**

- ✓ There is need for another extra water tank
- ✓ The nurses/staff have to improvise using buckets since there are no sinks in the facility.
- ✓ The CHVs raised an issue of extra workload in the local ECD centers and requested if they could get portable weighing machines and tapes.
- ✓ The Public Health officer committed to organize for the health facility open day in this 2018-19 Financial Year.
- ✓ There is need to consider construction of a new and modern facility since the current one has been originally designed as a residential dwelling and has been there for over half a century and nothing much can be done in terms of modifications. There was a suggestion that it could be used as a residential house that can be used by interns on medical experience at the facility. It is also a historical and monumental structure that speaks volumes in terms of history and heritage.
- ✓ There is need for a new modern and spacious sanitation block at the facility.
- ✓ There is need to repair or get a new power backup generator for the facility.
- ✓ There's need to purchase curtains for the maternity wing. The available ones doesn't accord patients the necessary privacy.



*Nurse in-charge during the community validation.*



*The Pit Latrines at Oljabet Health Centre. Right: The Laundry Room.*

Inside the laundry room.



*The newly acquired delivery bed*



*The maternity (The curtains)*

## HEALTH FACILITY: MAILI SABA DISPENSARY

Name of the facility	Maili saba dispensary
Type of the facility	Level 2
Registration ./ MFL No.	1020
Year of Establishment	20 <sup>th</sup> march 2017
Location	Nyahururu kinamba road within siron location, oljabet sub-location.
Catchment Population	The facility serves a population of about 1300 patients drawn from maili saba junction, siron location, Oljabet sub-location.



### Management

The FMC consists of 5 members. 3 males and 2 female with no representation of youths and persons with disability. The FMC members are not trained.

### Infrastructure



The facility has 6 rooms and a spacious waiting bay but no community service room, store, incinerator, pit latrines. There is need to add more benches at the waiting bay as currently there are only 3 benches. Instead have two toilets one for the staffs and one for the patients sharing both male and females.



### **Electricity**

The facility is not connected to electricity.

### **Accessibility to Water**

The facility has 1 tank of 10,000 litres capacity. There are gutters connected to harvest rain water. There is also connection from Nyahuwasco pipeline. There are no water challenges.

### **Staffing**

There are 2 registered nurses, 1 Casual worker and 1 Watchman.

They do not receive all drugs requisitioned but they get most of what they asked for. However, the drugs are not timely delivered; hence they get supplementary from other facilities.

### **Access to information**

The service charter, notice boards are in the process of fixing. So far some information like notices are put on the wall, however, financial information is not publicly shared.

## **Recommendations**

1. Extra staffs are needed to assist with the high workload.
2. Availability and timely supply of drugs should be checked by the county government. Replenishing of drugs is done quarterly and sometimes it is late.
3. There is need to train the FMC to equip them with health facility management skills.
4. There is need to properly manage the seasonal water flow across the compound. The citizens suggested construction of a furrow with half-culvert to ease the water flow.
5. There is need to expeditiously put up a service charter, a notice board and a suggestion box on the facility.



*There is a seasonal river cutting across the facility's compound and it makes accessibility to the facility hard during the rainy season.*



*The issue was raised on Facebook and the Acting Chief Officer confirmed they would be working on it. Soon after that, murraming was done on the site.*



*However, the murraming may only be temporary and if the rains persist, it may end up getting washed away. A month after the murram was put; water has already started washing it away bit by bit.*



*A culvert would have been necessary to ease water flow*





**CENTRE FOR ENHANCING DEMOCRACY  
& GOOD GOVERNANCE**

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