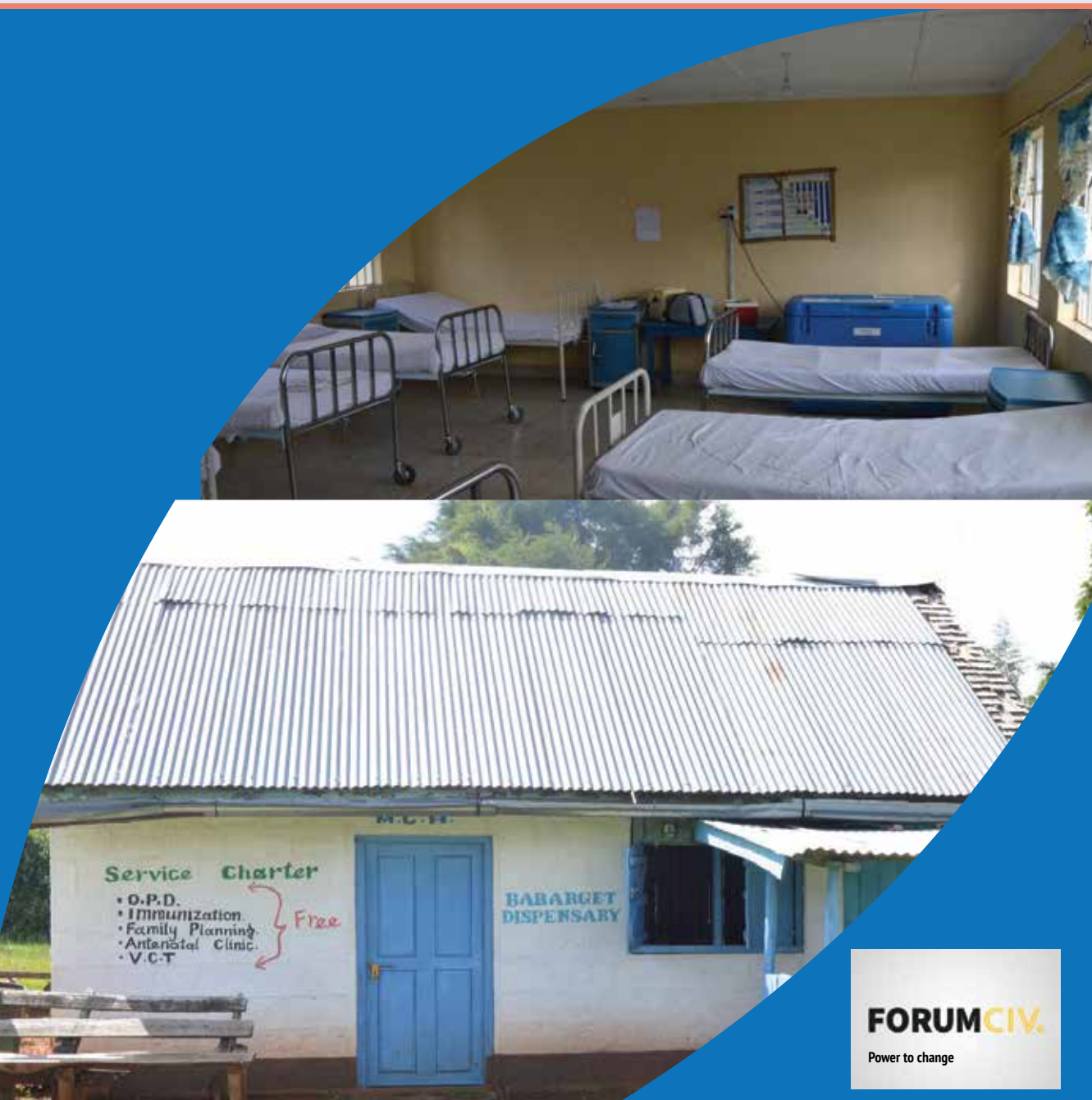
CEDGG

CENTRE FOR ENHANCING DEMOCRACY
& GOOD GOVERNANCE

NAKURU COUNTY

SOCIAL AUDIT REPORT



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NAKURU COUNTY

SOCIAL AUDIT REPORT

CENTRE FOR ENHANCING DEMOCRACY AND GOOD GOVERNANCE

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Table of Contents

ACKNOWLEDGEMENT **IV**

1.0 EXECUTIVE SUMMARY **1**

2.0. ABOUT SOCIAL AUDIT 3

2.1. The social audit process 3

2.2.Policy Framework 5

3.0. CROSS-CUTTING FINDINGS AND RECOMMENDATIONS **13**

3.1. Good Practices 13

3.2. Challenges 13

3.3. Recomendations 15

4.0. PROJECT-SPECIFIC SOCIAL AUDIT FINDINGS **17**

4.1. Bararget Dispensary 17

4.2 Tinet Dispensary 21

4.3 Ndoinet Dispensary 25

4.4 Belbur Dispensary 31

4.5 Lawina Dispensary 35

4.6 Sachagwan Health Centre 39

4.7 Mukorombothi Health Centre 45

ANNEX **49**

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May our Good Lord bless all of you!

Masese, Kemunche,

Programs Manager

1.0 EXECUTIVE SUMMARY

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, in the Republic of Kenya. Our programme work presently covers the counties of Nakuru, Baringo, Kericho, Laikipia, Elgeyo Marakwet, West Pokot and Turkana. The core problem that CEDGG is seeking to address in 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. In the current planning period (2018-2022), CEDGG has focused its financial and technical resources in three thematic areas. The first is the Governance and Devolution Programme whose objective is to promote participatory issue-based decision-making processes in the devolved system of government. The second is the Human Rights and Access to Justice Programme whose objective is to facilitate vulnerable and marginalized groups and communities to access justice and secure their rights. The third is the Organizational Development Programme whose focus is to build the internal capacity of the organization to adopt and apply Result Based Management in her work.

CEDGG, in partnership with Forumciv, has been implementing a project named**: *Social Accountability for Sustainable Development in Baringo and Nakuru Counties.*** The overall objective of the project is to improve service delivery in Health, Water and Education sectors through Social Accountability. The project applies, among other strategies; Public Education on Health Rights and Responsibilities, Social audits, capacity building of duty bearers, Health Budget Analysis and Governor's Roundtable with CSOs.

As part of the project, CEDGG supported community-led social audits to promote transparency and accountability in service delivery. Basically social audit aims at contributing to efficient and effective service delivery through community-led assessment and feedback. In Nakuru County, 20 community social auditors were trained and embarked on information gathering in 7 health facilities selected by the community in community dialogues forum conducted from January to March 2020.

In summary the social audit found out that the County Government of Nakuru has made effort to improve service delivery in the health sector through construction/ expansion of service rooms, supplies of commodities and facilitating participatory governance of health facilities through election of Health Facility Management Committee. Even then, there are challenges that continue to negate this progress. These include: understaffing, inadequate health commodities and delayed funding for health facilities. The community health strategy was also found to be weakening due to reliance on donor funding which has been declining over time.

Therefore, this report recommends as follows: Nakuru County needs to increase budget allocation to drugs and non-pharmaceuticals, recruit more staff and distribute the existing staff equitably and budget for revitalization of community health strategy.

The department of Health Services in Nakuru County has embraced social accountability as tool for receiving feedback from citizens to inform policies, budget allocation and other administrative actions to improve service delivery. This needs to be strengthened through establishment of all-inclusive citizen committees, training of these committees and supporting them to set up mechanisms for facilitating access to information, participation in decision-making and feedback for service users. Roundtable with civil society organizations should be strengthened for health policy deliberations.

2.0. ABOUT SOCIAL AUDIT

Social audit is a process through which all details of a public project are scrutinized in a public meeting. It examines all aspects of the public project, including the management of finances, officers responsible, recordkeeping, access to information, accountability and levels of public involvement.

Through the social audit process, members of the community seek to evaluate how well services are being delivered, how well public resources are being utilized and how to improve performance.It fills the gap by a financial audit by assessing issues such as performance, accountability and impact of the project. From the definition, a social audit is a highly participatory process, where the public (consumers of service, / beneficiaries of projects) are engaged in the scrutiny of all aspects of projects financed using public funds.

2.1. The social audit process

a. Community Organizing

Rapport Building with stakeholders and County Government of Nakuru

At the onset of the Wajibu Wetu project, CEDGG held meetings with the health and water departments to familiarize them with the project. An introduction letter was also written to the County Executive Committee highlighting the objectives of social audit and the support expected from the County Government. The County Government reciprocated with a notification letter to the sub-county team leads and health facility management asking them to support the process.

Community Sensitization/ Dialogue Forums

A total of 15 community sensitization and awareness forums were conducted in 7 wards in sub-counties of Molo, Njoro, Kuresoi North, Kuresoi South to sensitize residents on the legal/ constitutional, institutional and policy frameworks for service delivery in health sector and mechanisms for social accountability.

During these activities, community members discussed and agreed on the focus of their social accountability. Service delivery in health facilities was confirmed as an area of interest. The forums yielded action plans that initiated the social audit process and a team of five social auditors was identified in each target Sub-County. The auditors were drawn from community organized groups that included CBOs and self-help groups. The health facilities to be social audited were randomly selected by the participants. Deliberate efforts were made to involve county government officials such as the sub-county and ward administrators during the forums.

Training of Social Auditors

The social auditors were inducted through a training that was held on 9th and 10th July

2020. Training content focused on mechanisms of Social Accountability, legal, policy and institutional frameworks for service delivery, Norms and Standards and the Human Rights Based Approach (HRBA) to service delivery. The social auditors were also familiarized with the social Audit methodology- the objectives of social audit, the steps involved, actors to be involved and the principles of

b. The Information Gathering Process

This involved conducting physical visits to health facilities, conducting interviews with administrators (in-charge) and committee members as well as community members and review of documents availed to them at the facility. All this was guided by predesigned questionnaires.

Data Collection

Social auditors used pre-designed tools to collect data from different target audiences. Data collection was undertaken using the following methods:

- Literature Review

A review of various documents relating to service delivery and implementation of the budget. The documents reviewed as part of the social audit process included approved budgets, service charters, and financial documents and health policy documents , especially norms and standards for service delivery among others.

- Key Informant Interviews (KIIs)

Social auditors held intensive interview sessions with government officials, front-line service providers and Health Facility Management Committees.

- 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 services they receive from different facilities.

- Questionnaires

Questionnaires were used to collect data on the sampled projects, institutions and facilities

c. 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/ interface meeting was organized to share findings with county officials and capture their responses and inputs.

i. Community Level Validation meetings

The social audit findings were subjected to community validation meetings at Ward level in November and December 2020. 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.

ii. County Level Validation meeting

The county validation meeting was held on 18th February 2021 and brought together social auditors and the front-line service providers in the sectors of health sector and public administration. As detailed in annex 1 of this report, the validators included among others: County Health Records Officer, Deputy County Chief Nursing Officer, ward administrators, nurses and clinical officers in-charge, Health Facility Management Committees and Sub-county Health Team Leads. Through the meeting, the report was enriched with inputs from the community representatives and the county government officials. The social audit report was duly validated setting the ground for publication.

2.2.Policy Framework:

Social audit was conducted on the backdrop of global, regional, national and county level commitments on the right to quality health care and the right to clean, safe and adequate water. Among the commitments and key provisions reviewed include:

- **Universal Declaration of Human Rights**: Article 25 (1) of the UDHR recognizes the human right to health. "*Everyone has the right to standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services*". Article 12.2 enumerates a number of 'steps to be taken by the state member to achieve full realization of this right."

- **The International Covenant on Economic, Social and Cultural rights: Article 12 of the ICESCR provides for the right to the highest attainable standards of health.** As per the committee mandated to monitor ICESCR interpretation of the general comment no. 14, the right to health extends to both timely and appropriate health care. The underlying determinants of health include; **safe and portable water, sanitation, food, housing, health-related information and education and gender equality**. This emphasizes the importance of inter-sectoral action to effectively realize the right to health. The general comment no. 14 also explains that elements or standards of availability, accessibility, acceptability and quality are essential to the enjoyment of the right to health

THE RIGHT TO HEALTH

Availability: functioning public health and health care facilities, goods, services and programmes in sufficient quantity

Accessibility: non-discrimination, physical accessibility, economic accessibility, (affordability), information accessibility

Acceptability: respectful of medical ethics and culturally appropriate, sensitive to age and gender

Quality: scientifically and medically appropriate

- **Sustainable Development Goals:** Sustainable Development Goal number 3 seeks to, ***"Ensure healthy lives and promote wellbeing for all at all ages"*** through promoting of universal health coverage, reduction of maternal mortality and ending health-related endemics among others strategies.
- **Africa Union Agenda 2063**: promises a p**rosperous Africa, based on Inclusive Growth and Sustainable Development where all its citizens are '*healthy and well-nourished*'.**

Other Global and Regional Instruments

- **The African Charter of Human and Peoples Rights, 1981 - Article 16 provides for every** individual to enjoy the best attainable state of physical, mental and spiritual health and mandates the state to take measures to pursue full implementation of this right.
- **Abuja declaration, 2001:** commits all African states to allocate at least 15% of the domestic budgets to health towards achieving MDGs and African health priorities. It also urges donor countries to scale up support to the sector.

According to World Health Organizations, a well-functioning health system responds in a balanced way to a population's needs and expectations by:

- improving the health status of individuals, families and communities
- defending the population against what threatens its health
- protecting people against the financial consequences of ill-health
- providing equitable access to people-centred care

The WHO's framework for health systems has six components that guide the organizing of health systems;

1. **Health financing:** Governments must ensure that there are adequate funds for

health and that people can use needed services without experiencing financial catastrophe or impoverishment from out-of-pocket spending.

2. **Health workforce:** Health workers are "all people" engaged in actions whose primary intent is to protect and improve health. These include health service providers, hospital managers, health managers, and support workers (including the Community Health Volunteers) in the public and private sector, who may be paid or unpaid, lay or professional.

3. **Service delivery:** It is the most visible aspect of a health system. It entails provision of healthcare services at community and health facility levels. Its unique key areas of concern related to the organization and management of inputs and services to ensure access, quality, safety and continuity of care.

4. **Medical products, vaccines and technologies:** Health systems must ensure equitable access to essential medicines, vaccines and technologies that are high-quality, safe, effective, and used in scientifically sound and economical ways. Access to essential medicines and supplies is fundamental to the good performance of the health care delivery system.

5. **Health information systems:** Information and research on health and health systems themselves is crucial to the function of the governance building block; Well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely health information by decision-makers at different levels of the health system. (Use of outdated data could be catastrophic).

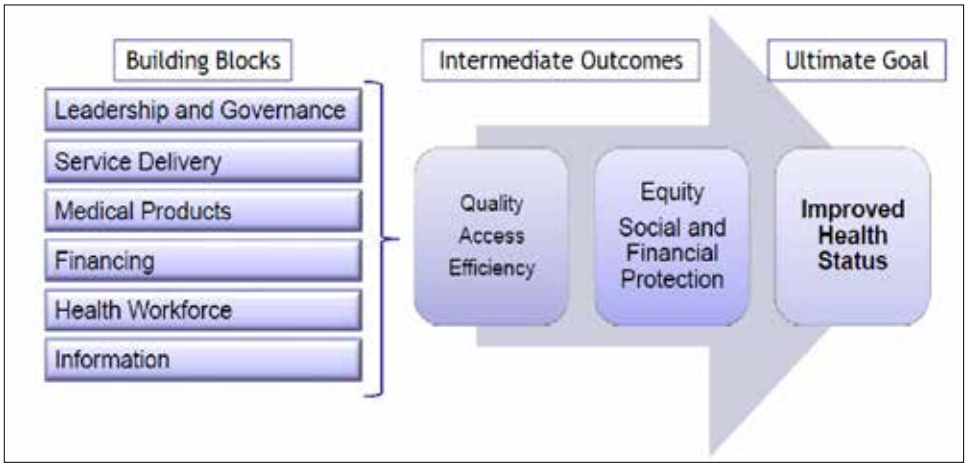


Figure 1: Components of the Health System[1]

The Constitution of Kenya 2010, the Health Act 2017, Kenya Health Policy Strategy Paper, the Nakuru County Integrated Development Plan among other policy documents provide for the right to health care, related goals and the strategies of achieving them in Kenya. All

[1] Source: Kenya Health Policy 2014-2030

these are organised around the WHO framework.

The overarching policy is the **Kenya Health Policy Strategy Paper** whose objective is, ***'attaining the highest possible health standards in a manner responsive to the population needs'***. The policy aims to achieve this goal through supporting provision of ***equitable, affordable and quality*** health and related services at the highest attainable standards to all Kenyans.

The Health Services objective for the Kenya Health Policy is to **attain universal coverage with critical services that positively contribute to the realization of the overall policy goal.**

The paper has outlined six policy objectives that include:

1. ***Eliminate communicable conditions*** - by forcing down the burden of communicable diseases, till they are not of major public health concern.

2. ***Halt, and reverse the rising burden of non-communicable conditions-*** by ensuring clear strategies for implementation to address all the identified non communicable conditions in the country.

3. ***Reduce the burden of violence and injuries*** - by directly putting in place strategies that address each of the causes of injuries and violence at the time.

4. **Provide essential health care** - These shall be medical services that are **affordable, equitable, accessible and responsive to client needs.**

5. ***Minimize exposure to health risk factors*** - by strengthening the health promoting interventions, which address risk factors to health, plus facilitating use of products and services that lead to healthy behaviors in the population.

6. **Strengthen collaboration with health related sectors** - This it aims to achieve by adopting a 'Health in all Policies' approach, which ensures the Health Sector interacts with and influences design, implementation and monitoring processes in all health related sector actions.

The health sector has further provided specific standards and entitlements for service delivery. The Norms and standards[2] define the different level of health service provision in terms of: ***catchment population, services offered infrastructure requirement and staff requirement among others***. The Human Resources for Health Norms and Standards Guidelines[3] for the Health Sector updated the minimum requirements for medical staff for each level of health facilities. Table 1 below provides a summary of the inputs and the specific entitlements for Dispensaries and Health Centres, which provided a yardstick for social audit.

[2] http://guidelines.health.go.ke:8000/media/Norms_and_Standards_for_Health_Service_Delivery_2006.pdf
[3] https://www.health.go.ke/wp-content/uploads/2015/09/16th%20october%20WHO%20Norms%20and%20Standarnds%20%20Book.pdf

Table 1: Summary of inputs required in Dispensary (level II) and health Centre (level III)

Input	Indicators	Dispensary Entitlement	Health Centre Entitlements
Staff	No. of staff in the dispensary	[1]Registered Comprehensive nurses Enrolled nurses public health technicians, and dressers (medical assistants) subordinate[2] staff (security and cleaner) Community Health Extension Workers (2) **All staff should adhere to their respective professional code of conduct**	Clinical Officers-2 - 4 Nursing Staff- 14 including: o Community oral officers-4 o Delivery/ inpatients- 4 o MCH activities-4 o Dressing room-2 Lab technicians- 4 Pharmaceutical tech- 4 **Support Staff:** Outpatient support-1 Statistical clerks- 2 Clerk/cashier - 1 overall coordination-1, management support- 1 watchmen-2 cook-1 General attendants-2 **All staff should adhere to their respective professional code of conduct**
Sanitation Blocks	No. of sanitation blocks serving patients	At least 4 toilets per outpatient setting Separate toilets for patients and staff	At least 8 toilets per outpatient setting Separate toilets for patients and staff

Clean Water	Source of water used in the dispensary and treatment	On-site [3]supplies: Water should be available within all treatment wards and in waiting areas Residual disinfectant and water safety plans should be in place. Drinking water should comply with WHO guidelines for drinking water quality for microbial, chemical and physical aspects. Sanitation facilities should be within the facility grounds and accessible to all types of users (females, males, those with disabilities). A reliable water point with soap or alcohol based hand rubs available in all treatment areas, waiting rooms and near latrines for patients and staff. Water storage for roof catchment	On-site supplies: Water should be available within all treatment wards and in waiting areas Residual disinfectant and water safety plans should be in place. Drinking water should comply with WHO guidelines for drinking water quality for microbial, chemical and physical aspects. Sanitation facilities should be within the facility grounds and accessible to all types of users (females, males, those with disabilities). A reliable water point with soap or alcohol based hand rubs available in all treatment areas, waiting rooms and near latrines for patients and staff. Water storage for roof catchment
Equipment	Services that patients are able to access that require use of equip-ment to deliver	Equipment required support the following services: - Basic outpatient curative care - Wound dressing - Immunization services - Laboratory services - Simple stitching - Limited (Emergency) Normal Delivery- Labour bed and Low cost Delivery Bed - Antenatal Care	Equipment required to support the following services: - Basic outpatient curative care - Immunization services - Inpatient bed capacity of not more than 16 beds with four beds each for the male, female, pediatric and maternity wards. - Laboratory services for diagnostic testing. Tests available include: ***blood slides for malaria parasites, sputum acid-fast bacillus AFB, urinalysis, full hemogram, stool ova and cysts, blood sugar, Elisa and CD4 counts in comprehensive care centers for HIV/AIDS patients*** - Radiological and imaging, - Maternity for normal deliveries antenatal care - Immunization and family planning - Minor theatre services e.g. male circum-cision, stitching of wounds and manual vacuum aspiration - Working transport system with a utility vehi-cle or motorcycle and ambulance services

Infrastructure	Number of rooms	Dispensaries should have **6 rooms** including: • 1 Waiting room, • 1 consultation room with an OPD shed • 1 Treatment room, • 1 Treatment room, • 1 Community Services room, • 1 MCH/FP services room and 1 store • 1 observation room (which is not intended to be used for more than 12hrs)	At least **15 rooms** including: • 3 consultation rooms • 1 treatment room • 1 minor theatre at outpatients • 1 records room • 2 rooms with total of 11 inpatients beds • 2 stores; 1 for drugs, 1 general, • 1 laboratory room • 1 labour ward for 2, and delivery room • 1 community service room
	Other Infrastructure	• Staff houses for 2 • Simple Incinerator • Simple transport Equipment • Communication Equipment • Fence and gate • Composite Pit • Pit latrine (2 Stance/ 4 Doors- separate for patients and staff ; Separate for male and female) • Minimum land acreage 1 acre • Furniture- (At least 3 chairs, Drug Cupboard, Table with Drawers, 4 Stools, 4 benches, filing cabinet, 3 examination couches)	• Staff houses for 2 • Simple incinerator • placenta pit • Fence and gate, • Minimum land acreage -2 acres • Supply service unit with • Kitchen and laundry • Pit latrine (4 Stance/ 8 Doors- separate for patients and staff ; Separate for male and female) • Furniture- (chairs, Drug Cupboard, Table with Drawers, Stools, benches, filing cabinet, examination couches etc.)

Drugs	Essential Drugs	• Case management of Malaria, Acute respiratory infections, Fevers, Diarrhea, Simple Skin Conditions and other simple common illnesses. • Antenatal Care- Administration of iron and Folic -Acid, Chemoprophylaxis • Family Planning	• Case management of Malaria, Acute respiratory infections, Fevers, Diarrhea, Simple Skin Conditions and other simple common illnesses • Antenatal Care- Administration of iron and Folic -Acid, Chemoprophylaxis • Post-natal Care • Family Planning

3.0. CROSS-CUTTING FINDINGS AND RECOMMENDATIONS

3.1. Good Practices:

1. The social audit established that members of the Health Facility Management Committees are elected into office through public barazas. This promotes accountability among their constituencies. In all the facilities subjected to social audit, there was fair representation of women, youth and PWDs.

2. Across the facilities audited patients were not being charged for services offered. In some facilities such as Sachangwan Health Centre and Ndoinet Dispensary the entitlement of free services was clearly indicated in the service charters.

3. Out of the 7 facilities audited, 5 had service charters.. This has promoted transparency and accountability in service delivery as the service users are informed of the facility operational hours, the services offered, time taken and what is required of them.

4. All dispensaries subjected to social audit have at least 5 rooms against the policy requirement of 6 rooms. The County Government has made efforts towards constructing service rooms through the ward resource envelope in the annual budgets.

5. All the health facilities audited, except Sachangwan Health Centre, had adequate land to cater for expansion of service rooms in future.

6. Service users across the facilities audited commended staff for their professional conduct and passion at work.

7. The County Government officials including frontline service providers responded positively towards the social audit process by allowing social auditors into their facilities and sharing information. This is a positive step towards adopting open governance.

8. Some Health Centre Facility Management Committees demonstrated a better understanding of their roles, including convening dialogue days, regular meetings, advocating for resources and record keeping. Examples include Sachangwan Health Centre and Belbur Dispensary HFMC members who have constantly mobilized resources through lobbying their communities to consider budget allocations to their facility during the county budget forums.

3.2. Challenges:

1. ***Understaffing***- While the dispensaries subjected to social audit are fairly staffed, there is a shortage of medical staff in Health Centres. Tinet Dispensary which is located in remote location is served by one nurse. This implies that the facility is

closed when the staff is out on official duty or personal errands. The worst case of understaffing is Mukorombothi Health Centre which was serviced by only one nurse against the requirement of at least 2 Clinical Officers and 14 nurses. Social audit observed that the equipment, the structures (service rooms) and the numbers of service users meet the threshold of a Health Centre.

2. ***Power connection***: A key input for service delivery in primary health facilities is power to support immunization (cold-chain equipment), minor surgery and security. At the time of social audit, Bararget, Ndoinet, Tinet and Lawina were not connected to electric power nor did they have alternative sources of power.

3. ***Sanitation level in health***: Out of the 7 facilities audited; 6 facilities were not connected to a reliable source of water. These are: Bararget, Tinet, Lawina, Ndoinet, Belbur Dispensaries and Mukorombothi. Bararget and Tinet Dispensaries had two-door latrines which were shared between patients and staff. Even worse, the latrines at Ndoinet Dispensary were located far from the facility and are in a bad state.

4. ***Inconsistent remuneration for subordinate staff***: Due to delays in disbursement of funds, some health facilities owe subordinate staff their stipend with arrears running up to 6 months. Consequently, some subordinate staffs have since withdrawn their services adding non-medical tasks such as cleaning of facilities to the already overworked nurses.

5. ***Inadequate Drugs supply:*** Review of drugs inventory revealed that facilities do not always receive all the drugs they requisition for and sometimes the restocking is done late. During the social audit site visits conducted in September 2020, most facilities had not received the drugs meant for the first quarter, July -sepetember2020.

6. ***Delayed disbursement of funds***: Delays is disbursement of funds has made it difficult for the Health Facility Management Committees to plan and budget for activities with certainty. Most facilities have pending bills for electricity, water, wages for subordinate staff which at worst have resulted in withdrawal of services or utilities. These cases were reported in Lawina, Tinet and Ndoinet. The worst case was in Ndoinet Dispensary where at the time of the audit the Security Officer had withdrawn his services due to delayed payments running up to 6 months.

7. ***Weak public feedback mechanism***: Ndoinet Dispensary, Lawina Dispensary and Bararget Dispensary were missing suggestion boxes or complaints register. This implies that service users did not have a mechanism for sharing of feedback in a discreet manner as required by health policy.

8. ***Access to information***: Though most of the facilities audited had service charters, they were not user friendly i.e. they were written with medical terminology, in English language only or with abbreviations which users cannot easily comprehend.

Tinet and Lawina Dispensaries did not have a service charter. The practice of proactive information sharing by displaying information on the notice board is not appreciated in the health facilities. Most facilities display minimal information on the walls inside the consultation rooms.

9. ***Weak Public Participation Mechanism***: Beyond community representation in the facility management committee, there are no other mechanisms put in place to facilitate public participation in decision-making. This also points to weak capacity among members of the Health Facility Management Committees to undertake their role of participatory decision-making.

10. ***Weakening Community Health Strategy:*** Community Health Strategy plays a crucial role in promotion of primary health care. Social audit observed that in Nakuru County this strategy is also weakening especially in locations where there are no donors to fund the programmes. There were cases where Community Health Volunteers, who are the centre of the strategy, had withdrawn their services due to lack stipends and support for their operations. For example in Ndoinet Dispensary there are 10 community health volunteers attached to the facility but only 3 are active.

11. **"Unfriendly" youth services in Primary health care facilities -** During the community validation meetings in October 2020, there was a concern on the rising cases of teenage pregnancy which was attributed lack of youth-friendly services in primary health care facilities.

3.3. Recomendations:

1. There is need for recruitment and deployment of additional staff in the health facilities for optimal service delivery. Priority should be given to facilities with one medical staff. As a stop gap measure, the county government of Nakuru should make arrangements for deploying a reliever when staff leave their working stations for one reason or another to ensure sustained service delivery.

2. Staff welfare concerns ought to be addressed e.g. through construction of staff houses, prioritizing remote facilities, e.g. Tinet, in order to ensure that staff adhere to operational hours and are motivated to offer quality services.

3. There is need to ensure that all facilities are connected to a reliable source of power to sustain provision of critical services e.g. laboratory services, immunization services, minor surgery, normal deliveries and security. As stop gap measure, the County Government of Nakuru should supply solar equipment and more gas cylinders to facilities not connected to electric power.

4. Whereas there are attempts to provide water harvesting structures in health facilities, the County Government of Nakuru should ensure that all facilities are

connected to reliable sources of water. This can be done through liaising with the department of water to create a specific budget-line **i.e. *water for health facilities***.

5. Drugs supply should be regularized. Data concerning catchment population and common ailments should be updated regularly to inform supply of adequate health commodity. Automation of the Inventory Management System should be considered.

6. Accessibility of health facilities' buildings should be enhanced through construction of ramps in all the service rooms.

7. All the Health Facility Management Committees should be trained on their roles and responsibilities with a focus on management and participatory approaches in decision-making. The training approaches should include exchange learning to demonstrate good practices by their counterparts in other facilities.

8. Disbursement of financial support to health centres should be regularized. The health facilities should also be cushioned from the negative effects of delayed disbursement, especially where the facility relies on donor funding.

9. Dispensaries in remote locations should be equipped to offer all critical services especially emergency deliveries and basic laboratory tests.

10. All land belonging to health facilities should be delineated and secured through titling. Proper fencing should also be done across the facilities.

11. To promote access to information, the department of health services should provide a template to standardize the content and language used in the service charters. Tinet Dispensary should be facilitated to publish a service charter.

4.0. PROJECT-SPECIFIC SOCIAL AUDIT FINDINGS

4.1. BARARGET DISPENSARY

Part One: General Information

Name of the Facility	BARARGET DISPENSARY
Type of facility	Level II
Registration number	**17302**
Location of Facility	Keringet Ward – Kuresoi South
Year of establishment	2009
Land size	5 Acres.

Figure 1: Service rooms at Bararget Dispesary

Part Two: Findings

1) Governance and Management

The Facility management committee comprises of seven (7) members who include **4** Male, **3** Female, **1** PWD and **1** Youth.

The HFMC is elected by the community every 3 years in a public meeting convened by the nurse in charge. The last election was done on July 2nd 2020.

Although members have not been trained on their roles and responsibilities, they are active and hold monthly meetings. The social audit confirmed existence of minutes of the FMC meetings.

2) Staffing at the facility

The number and cadre of staff at Bararget Dispensary meets the minimum required standards. The staff establishment is as summarized in the table below:

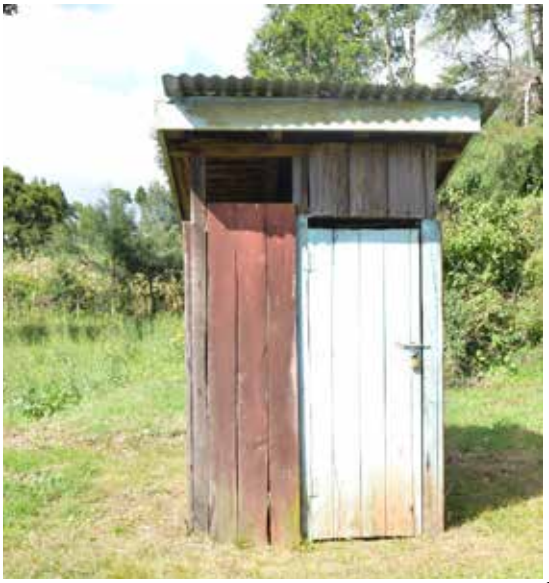
Staff Cadre	Minimum Policy Requirement	Actual No.
Registered Nurses	2	2
General Attendants	2	1
Watch Man	1	2
Community Health Extension Worker	2	1
Community Health Volunteers		5

3) Infrastructure

The facility has a total of four (4) rooms comprising of; Consultation/Treatment room, Maternal and Child Health / Family Planning room, Store, Outpatient Department (OPD)/. Construction of a pharmacy room is ongoing. The facility does not have community service room and laboratory room. The service rooms, including the toilets, have no ramps hence not easily accessible to PWDs. There is also a two-door pit latrine shared between patients and staff.

Bararget dispensary relies on rain water harvesting and a shallow well that normally dries out during dry season. It is equipped with 2000 litre Water storage tank.

In addition, the facility has no power connectivity and relies on other facilities to store vaccines and medical reagents that require refrigeration.



Security at the facility is enhanced with a barbed wire fence and a gate. The facility has a compost pit for waste disposal.

Figure 2: Toilet at Bararget Dispensary

1.0.

4) Availability of drugs

Drugs and non-pharmaceuticals are restocked quarterly while vaccines are restocked on a monthly basis. The facility does not always receive all the drugs as requisitioned for and sometimes the restocking is done late. Sometimes drugs delivery delays for up to three months and the consignment received is half of what was requested. During a social audit site visit conducted in September 2020, the facility had not received the drugs requisitioned in the first quarter (July -sepetember2020).

The facility in-charge maintains a manual drugs inventory system.

5) Equipment

Among the equipment seen at the facility include were a small fridge, a weighing scale and low cost delivery bed. There is neither transport nor communication equipment.

6) Access to information, public participation and feedback mechanism

There is aservice charter placed on the wall in one of the service rooms and it is written in English and has abbreviations that the community may not comprehend. The service charter also lacks vital information including: ***operational hours, time taken to offer each service, requirements for each service and contacts of the administrators***.

There is no notice board at the facility and information about financial expenditure including AIE is not readily available to the public.

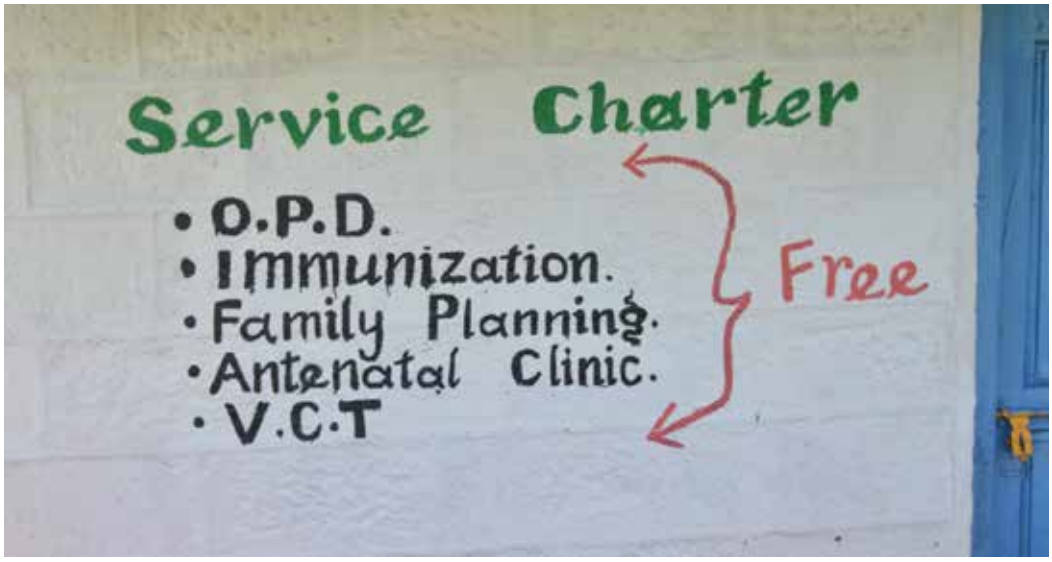


Figure 3: Service charter at Bararget Dispensary

The facility does not have a suggestion box and neither does it hold community open days to get views and feedback from service users.

7) Services offered

The facility offers the following services: Basic Outpatient Curative services, VCT counselling services, wound dressing, MCH clinics, Pharmacy. The facility also issues referrals to Keringet Health Centre and Olengurone Level 4 Hospital.

Provision of curative services is however in most times hampered by lack of drugs in the facility especially when stocks run out before next dispatch. Laboratory services are not available.

8) Financial support from county government

The facility receives AIE (Authority to Incur Expenditure) from the county government through request to spending monies. However, the money is not received on time with delays running up to six months.

9) Other key observations

- The access road connecting the facility is not in good condition and is impassible during the rainy seasons.
- There is a shortage of medical staff and subordinate staff i.e. cleaner.
- Service rooms were not easily accessible to PWDS

Part Three: Recommendations

1. County government of Nakuru to employ more medical and non-medical staff – one nurse, a lab technician and a pharmacist.
2. There is need to construct more modern toilets and additional service rooms like waiting bay and lab rooms.
3. The information on the services charter needs to be written in Kiswahili to facilitate wider understanding.
4. There is need for timely supply of essential drugs to the facility.
5. There is need to establish complaints handing mechanisms including installation of suggestion box, provision of complaints register and formation of complaints committee to facilitate feedback and information sharing.
6. The HFMC should be trained on their roles and responsibilities including convening regular meetings for public consultation in their decision.
7. There is need to connect the facility with power to enable smooth running of vaccination program.

Part Four: Annexes

ANNEX 1: Social audit team

	NAME	CONTACTS	RESPONSIBILITY
1.	Thomas maraa Ombati	0722580279	Team Leader
2.	Peter kipngetich Ngeny	0725588046	Member
3.	Lily chepkoech chumo	0700023639	Member
4.	Josephine chepngetich	0726594876	Member

4.2 TINET DISPENSARY

PART ONE: General Information

Name of the Facility	Tinet Dispensary
Type of facility	Level II
Registration number	**14312**
Location of Facility	Tinet Ward – Kuresoi south sub county
Year of establishment	1997
Land size	5 acres

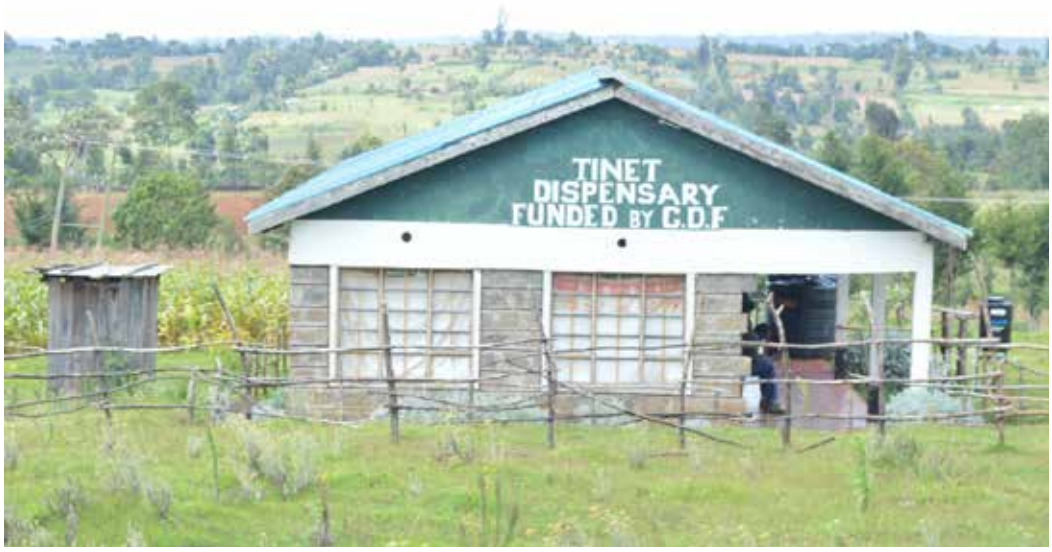


Figure 4: The main building at Tinet Dispensary

PART TWO: Social Audit Findings

1) Governance and Management:

The Facility management committee comprises of five (7) members who include Male **5** and **2** Female, including **1** youth and **1** PWDs representatives. The HFMC members were elected by the community in a public meeting convened by the County Department of Health Services and the local leadership, upon expiry of the three-year term of the previous committee.

The health facility management committee has not been inducted on their roles and responsibilities. The social auditors could not verify meetings as the records of meeting were not availed to them.

2) Staffing at the facility:

The facility is served by one nurse.

	Staff Cadre	Minimum Policy Requirement	Actual No.
1	Registered Nurses	2	1
2	General Attendants	2	1
3	Watch Man	1	1
4	Community Health Extension Worker	2	1
5	Community Health Volunteers		9
6	Pharmacist	0	1

Tinet dispensary was commended for having a vibrant team of community health volunteers. They have initiated an income generating activity (IGA) at the facility as a sustainability measure for their operations.

3) Infrastructure:

Service rooms

The facility has (5)five rooms including the following- a Consultation/Treatment room, a Maternal and Child Health / Family Planning room, a store , a pharmacy and a lab room which is not in use. The rooms are not easily accessible to PWD since no ramps have been installed.

There is a two-door pit latrine that is shared by patients and staff.

The facility relies on rain water and a nearby shallow well and has 1 (One) 500 liter tank Water storage tank. The facility has no compost pit and placenta pit. There is a barbed wire a fence with a broken gate, which compromises the security of the facility.

As at the time of the social audit, construction of staff houses was incomplete. Service providers travelled for long distance to seek accomodation hence affecting their punctuality. This situation is worse during rainy seasons due to the poor state of the roads

in the location.

There is no means of transport at the facility which affects referral services as well as the general operations, in addition to the impassable road network.

Figure 5: Tinet Dispensary Gate as at November 2020

4) Availability of drugs

Drugs and non-pharmaceuticals are restocked on a quarterly basis. The facility does not always receive all the drugs as requisitioned for and sometimes the restocking is done late. Sometimes delivery delays for up to three months and the consignment does not usually tally with the requisition.

5) Services offered

The facility offers the following service: Basic outpatient curative services, VCT/PITC, MCH clinics – Ante/Post-natal services, pharmacy and referral services. The facility has laboratory room but it is not in use mainly because of unavailability of a lab technician.

6) Access to information, public participation and feedback mechanism:

Tinet dispensary has no service charter. At the time of audit, information on MCH and family planning service had been displayed on a notice board. However, this notice board was placed inside the treatment room thus limiting accessibility of the information.

According to the in-charge, financial information can be availed to a member of the public upon request. Even then information relating to the operations facility management committee, e.g. minutes were not availed to social auditors citizens.

The Social audit established that the dispensary has weak public participation, complaints and feedback mechanisms. There was no notice board in place nor a complaints register nor any other evidence of public consultations beyond existence of the Health Facility Management Committee.

7) Quality of services as per Focus Group Discussion with users

A mixed group of service users (men, women, youth, PWDs and elderly persons) were engaged through a Focus Group Discussion and their feedback regarding service delivery at Tinet Dispensary is a summarized as follows:

- Their main concern is shortage of drugs- they complained of constant referrals to private chemist to purchase drugs that should otherwise be available in the dispensary.
- They commended the service providers for professional conduct. They however empathized with the nurse for travelling for long distance from home to the workplace which is worsened by high workload, given that she is the only one treating patients.
- They cited lack of simple laboratory services as a big concern as they had to travel all the way to Olenguruone Sub-county Hospital to seek the service.
- There are staff houses that were commissioned in 2016/17 but thethey are currently stalled. Facility staffs are forced to travel over 3KM to seek accommodation.

Figure 6: Stalled Tinet Dispensary Staff house as at November 2020

PART THREE: Recommendations

1) There is urgent need to construct more pit latrines and completion of staff houses project that are stalled.

2) The county government of Nakuru should employ more staff (at least 1 more nurse and a lab technician) for optimal service delivery. In the meantime, a standby/ reliever nurse to attend to patients when one nurse is on leave and the other is away on official duties

3) There is need for timely supply of essential drugs to the facility and in line with the requisition.

PART FOUR: Annexures

ANNEX 1: Social audit teams

	NAME	CONTACTS	RESPONSIBILITY
1.	Thomas maraa Ombati	0722580279	Team Leader
2.	Peter kipngetich Ngeny	0725588046	Member
3.	Lily chepkoech chumo	0700023639	Member
4.	Josephine chepngetich	0726594876	Member

4.3 NDOINET DISPENSARY

PART ONE: General Information

Name of the facility	Ndoinet Dispensary
Type pf the facility	Level II
Location	Ndoinet Village, Chematich Location, Kiptororo Ward, Kuresoi North Sub County, Nakuru County
Year Establishment	1973
Registration number	15326
Catchment Population	3,500 people from Kipsapta, Sachangwan, Kiptenden, Ndeffo, Kaptembwo, Chekoburot and Chematich Villages
Land Size	7 acres
Workload	800 patients per month

Figure 7: Main building – consultation room and treatment room- at Ndoinet Dispensary

PART TWO: Findings

1) Management and Governance

The facility has a Facility Management Committee comprising of 8 members. The facility management committee was elected by community /service users and has representation of all service user groups including: 4 men, 2 women, a male PWD and a male youth. However, at time of the audit the youth representative was not active.

The committee members reported that they had not received any kind of training to better their understanding on their roles and responsibilities. Absence of minutes confirmed that the committee rarely meets and does not execute their mandate in management of the facility.

2) Staffing

Generally the staffing level in at Ndoinet Dispensary meets the required started. See table below for the staff establishment:

Staff Cadre	Minimum Policy Requirement	Actual No.
Registered Nurses	2	2
General Attendants	2	2
Watch Man	1	1

Community Health Extension Worker	2	2
Community Health Volunteers		10
Pharmacist	0	0

NB- Thought there are 10 community health volunteers attached to the facility, only 3 are active, which was attributed to lack of stipend.

3) Infrastructure

3.1) Service Rooms

Rooms	Policy Requirement	Actual Number	Deficit	Remark
Consultation Room	1	1	None	The consultation room is available although also used as treatment room and community services
Treatment Room	1	1	None	Treatment room is available although due high mother and child health visits it used to support provision of MCH/FP services
Waiting Room	1	1	None	Available and in good condition
Community Service Room	1	0	None	Room Not available. CHVs are forced to use the consultation room as the community services room
MCH/FP service room	1	1	None	The facility has a high workload of MCH/FP services and therefore the MCH/FP is not adequate to meet this demand.
Delivery Room	-	1	None	Road network coverage in the area is poor, therefore access to maternity services has been a challenge to many residents. Due to high demand of these services the facility had to adopt an additional room to cater for delivery services.
Pharmacy	1	1	None	Room available and in use
Store	1	1	More Space Needed	The store at the facility is squeezed and does not have adequate storage space
Toilet Block	2 stance (4 doors)	3 door toilets	More toilet blocks needed	Although there is are separate toilet blocks for patients and staff there are no adequate toilets for patients. The toilet blocks at the facility are not demarcated for male and female.

3.2) Other requisite Infrastructure

Infrastructure	Availability	Remark
PWD friendly Infrastructure	Not Available	There are no ramps for PWD at the entrance of the facility.
Water Storage	Available	There are two water tanks (2500 litres, 5000 litres)
Fence and Gate	Available	There is a permanent gate and a temporary fence at the facility

Composite Pit	Available	Composite pit available and in use
Burning Chamber	Available	There is a burning chamber that is well secured and safe for use
OPD shed	Not Available	The facility does not have an OPD shed
Power Connection	Not Available	There is no power connection at the facility although there is a **signage by Rural Electrification Authority that the facility is connected to power**. The facility relies on solar power that was donated by Delight Company for lighting in the night and phone charging.
Reliable Source of Water	Not Available	The facility relies on rainwater and shallow well for water harvesting which are unreliable especially during the dry season.

Figure 8: A conspicuous Signage of Rural electrification Program at Ndionet Dispensary – At the time this photo was taken (November 2020) the facility had not been connected to electricity power

3.3 Equipment

Required Equipment	Availability/Number	Remarks
Simple means of transport	Not Available	Facility does not have a motorcycle
Communication Equipment	Not Available	There is no dedicated communication device at the facility and thus the service providers depend on their personal devices and phone that was donated by USAID- Afya Uzazi. Lack of power has led to unreliable communication and security threat to the facility.
Low-Cost Delivery Couch and maternity Beds	Low-cost delivery Couch and Beds Available	There are 3 low-cost maternity beds and 1 Couch which are not in good condition.
Fridge- MCH/FP	1 fridge available	There is a fridge for MCH/FP services although operated by Gas.
Locally defined Transport (Ambulance from Community/ Facility)	Not Available	There is no locally defined transport for the facility although sometimes an ambulance located at sub county levels conducts the referral. However, poor road network limits access to the facility during such referrals especially during rainy seasons
Staff House	Available	The staff houses available are in dilapidated state.

4) Drugs and Pharmaceuticals

Service uses reported that supply of drugs and pharmaceuticals at the facility is satisfactory. Drugs are requisitioned on a quarterly basis in addition to quarterly basis and on when urgent need arises. The facility in charge admitted that at times there are delays in disbursement of drugs sometimes leading up to two weeks.

Through discussions with service users, complained that they said that wound dressing services are not offered consistently due to shortage of drugs and non-pharmaceuticals.

5) Quality of services as per feedback from service users

Service users at the facility commended the quality of services offered. The facility has further been commended for the dedicated provision of MCH/FP services. Staff conduct was also reported as satisfactory. The facility opens and closes at the stipulated hours. It was reported that the facility offers these services even during the night despite lack of power connection and adequate staff.

Service	Availability	Charges	Remarks as per interviews with service providers and service users
Outpatient	Available	Free	Satisfactory
VCT services	Available	Free	Satisfactory
TB services	Available	Free	Satisfactory
Laboratory	Available	Free	Laboratory services are administrated manually due to lack of power connection. This at times hinders effective provision of these services
Baby Clinics	Available	Free	These services are highly commendable- community members were pleased by delivery of these services
Ante natal	Available	Free	
Postnatal	Available	Free	
Pharmacy	Available	Free	Although pharmacy services are limited at times due to delay in disbursement of drugs and pharmaceuticals
Counselling Services	Available	Free	Satisfactory
Curative Treatment	Available	Free	Satisfactory
Issue referral Letters to other facilities	Available	Free	Satisfactory

6)Finance Resource Management and Procurement

The facility receives financial support from the County Department of Health Services. The funds are disbursed on a quarterly basis although there are sometimes delays in disbursement leading up to three months. The late disbursement occasions delay in payment of wages for the support staff and withdrawal of services. One of the security personnel who guarded the facility at night resigned citing late payment.

Committee members are not involved in the procurement process and thus do not take part in decision making processes during procurement.

7) Access to Information, Public Participation and Feedback Mechanism

A service charter is posted on the gate and written in English, a language that most services users do not understand. Further, the services listed are not exhaustive of the services provided.

The facility does not have a notice board to display information relating to management of the facility including financial information.

Community members reported that beyond having elected to represent them in the Health Facility Management Committee, they were hardly consulted in decision-making at the facility.

8) Other key observations

Due to high demand of MCH/FP services at the facility, a condemned pit latrine has been adopted to serve as a placenta pit. However, this is unsafe and a health hazard.

Although emergency delivery services are supposed to be available round the clock, service providers in Ndoinet Dispensary could not offer the service at night due to lack of electricity and inadequate maternity staff.

Demand for maternity services at the facility is high due to remoteness of the location coupled with poor infrastructure. With support from community health volunteers the facility has also been championing the government NO HOME DELIVERY policy.

Part Three: Recommendations

1. There is need for installation of Power Connection at the facility to ensure that delivery of key services including lab, MCH/FP and other emergency services are effectively delivered.
2. Due to the challenge of poor road network coverage in the area, there is need for a dedicated local means of transport attached to the facility to facilitate timely referrals of patients to other facilities.
3. In order for the community to effectively deliver on its mandate, there is need to conduct training for capacity building for the Facility Management Committee and the general community to understand their roles.
4. There is need for development of an exhaustive service charter separate from the gate and written in simple language and understandable to the local community.
5. There is no modernized porch for the maternity just a normal bed in bad condition. Therefore, the county government should purchase at least three low-cost beds and a maternity porch.

PART FOUR: Annexes

ANNEX 1: Social audit team

	Name	Contacts	Responsibility
1.	Charles Chepkwony	07260692732	Team Leader
2.	Nathan Chumba	0721949651	Member
3.	Wesley Ngeno	0798758284	Member

4.4 BELBUR DISPENSARY

PART ONE: General Information

Name of the facility	Belbur Dispensary
Type of the facility	Level II
Location	Kikapu Sub-Location Piave Location, NjoroWard, Njoro Sub-county & Nakuru County
Date of Establishment	16/8/2017
Registration No	Gk-013406
Year of Operation	2018
Catchment	15,000 people living within the entire Kikapu Location
Land size	0.5 acres
Work load	5000 - 6000 patients per year

Part Two: Findings

1) Management and Governance

The facility has active facility management committee with 9 members who were elected by the service users. The committee has a representation of 4 women, 5 men. Among these members there is representation of 1 male youth and a female PWD.

The committee meets on a quarterly basis and minutes recorded are under the custody of the facility in charge. However the facility health management committee has not been trained.

2) Staffing

The facility has one registered nurse employed by the county government. There are two members of support staff; one cleaner who also works as community health volunteer and one watchman.

Staff Cadre	Minimum Policy Requirement	Actual No.
Registered Nurses	2	1
General Attendants	2	1
Watch Man	1	1
Community Health Extension Worker	2	2
Community Health Volunteers		20

3) Infrastructure

3.1 *Service rooms:*

Rooms		Number	Deficit	Remark
Consultation Room	1	1	None	Room Available in use
Treatment Room	1	1	None	Available .yes
Waiting Room	1	1	None	Available
Community Series Room	1	1	1	Not Available
MCH/FP Service Room	1	1	None	Available
Pharmacy	1	1	None	Available
Store	1	1	None	Available
Toilet block	4 stance	4 door toilet	4	Two are being used by staff and Two used by patients

3.2 Other requisite infrastructure

Infrastructure	Availability	Remarks
Friendly PWD Infrastructure	Available	The facility is equipped with PWD friendly infrastructure including ramps and wide doors
Water Storage	Available	There is a water tank one that's hold 3000lts another holds 2000lts of water, which is adequate for storage of water at the facility
Fence and Gate	Not available	There is no permanent fence or gate at the facility making it porous and open to other intruders
Composite pit	Available	Available
Burning Chamber	Not Available	The facility does not have a burning chamber. The officers are forced to dispose medical waste to Njoro Sub County Hospital.
OPD shed	Not available	There is no OPD shade at the facility
Power connection	Available	The facility is connected with power
Reliable source of water	Not available	The facility has piping facilities, storage tank but not connected to the water source- borehole.

3.3 Equipment

Equipment	Availability/ Number	Remarks
Simple means	Not Available	The facility does not have a motorcycle or any other means of transport
Low cost delivery bed	Not available	The facility does not have a low cost delivery bed at thus ordinary medical bed is used for this purpose
Communication equipment	Not available	There is no dedicated communication device at the facility
Fridge MCH/FP	Available	The facility has a fridge and is in use

4) Drugs and pharmaceuticals

The facility receives drugs from the county health department on a quarterly basis. A times, there are delays in delivery up to 2 months. Service users complained that most of the drugs required at the facility are not readily available.

'Drugs provided for patients are mostly painkillers'- remarks by one of the service users in a focus group discussion.

Additionally the facility has confirmed not all drugs requisitioned are delivered to the facility.

5) Service users feedback on quality of services

Service users commended the quality of services at the facility. Opening and closing hours at the facility was also commended (8-5 pm). However due to shortage of medical staff, opening and closing hours sometimes vary since the officer in charge is forced to attend to other external affairs for the facility.

Service	Available	Charges	Remarks
Out patient	Available	Free	Satisfactory
VCT	Available	Free	Satisfactory
TB Service	Not available	N/A	N/A
Baby clinic	Available	Free	Satisfactory
Laboratory	Not available	N/A	N/A
Antenatal	Available	Free	Satisfactory
Postnatal	Available	Free	Satisfactory
Pharmacy	Available	Free	Satisfactory
Counseling Service	Available	Free	Satisfactory
Curative Services	Available	Free	Satisfactory
Issue referral letters to other facilities	Available	Free	Satisfactory

6) Finance Resource Management and Procurement

The facility receives AIE amounting to Ksh. 100,000 from the county health department on an annual basis. These funds support operations at the facility and payment of wages for members of the support staff.

7) Public Participation , Access to Information and Feedback mechanism

There is a suggestion box at the facility for service users to provide feedback on services. The facility also has a service charter and notice board to facilitate citizen access to information. However, there are some terms on service charter written in English language and some service users confirmed that it was not easily understood.

Beyond community representation in the facility management committee, there are no other mechanisms put in place to facilitate public participation in the facility. There was no evidence to show that the facility conducts any community open days.

8) Other Observations

Lack of a fence and gate at the facility has rendered it too open for intrusion. Most of the time, livestock and unauthorized persons access the facility from all ends. Additionally, the facility land is mostly bear with very little vegetation thus very limited spaces for shade and resting points.

Part Three: Recommendations For Improvement

1. There is a need for additional member of staff to support the workload at the facility.
2. The facility is in need of a permanent gate & fence to secure its land and ensure it's free from entry of unauthorized persons and livestock. The facility also requires a title deed to give it autonomy from the surrounding public utilities.
3. Piping at the facility should be completed to avail adequate supply of water for use at the facility.
4. Facility should be provided with low-cost delivery bed in case of emergency deliveries at the facility.
5. The county government to liaise with KEMSA to improve on regular and adequate supply of drugs.
6. There is need to train HFMC to enhance governance and management.

PART FOUR: Annexes

ANNEX 1: Social audit teams

	Name	Contacts	Responsibility
1.	Namwel Ratemo	0726729394	Team Leader
2.	Solei cheptoo Nickson	0712425897	Member
3.	Jelimo samoei	0716327240	Member

4.5 LAWINA DISPENSARY

Part one: background information

Name of the facility	Lawina Dispensary
Location	Lawina Sub Location, Ndoswa Location, Marioshoni Ward, Molo Sub County, Nakuru County
Year Establishment	2015
Registration number	26168
Year Operations began	July 2020
Catchment	15,000 – 20,000 Residents from Lawina Area and Larger Marioshoni Ward
Land Size	1.8 acres
Workload	4,795 patients served between July 2020 and November 2020
Budgetary Allocation	2015/16 – 3,000,000 (Infrastructure Development) 2017/18 – 500,000 (Toilet Block) 2018/19 – 1,000,000 (Key delivery inputs)

PART TWO: Findings

1) Management and Governance

The facility has an active Facility Management Committee of 9 members who were elected by the community. The committee has a representation of 4 men, 3 women, 1 female youth and a male PWD. The committee meets on a quarterly basis and evidence of minutes was traced to the nurse in charge.

However, members of the FMC have not received any kind of training. They meet to assess progress of the facility and other emerging issues.

2) Staffing

The facility is fairly staffed with medical staff meeting the minimum policy requirements.

Staff Cadre	Minimum Policy Requirement	Actual No.
Registered Nurses	2	2
General Attendants	2	1
Watch Man	1	1
Community Health Extension Worker	2	1
Community Health Volunteers		4

3) Infrastructure

3.1 Service Rooms

Rooms	Entitlement	Number	Deficit	Remark
Consultation Room	1	1	None	Room available and in use
Treatment Room	1	1	None	Room available although also used as the MCH/FP room
Waiting Room	1	1	None	Available and in good condition
Community Service Room	1	0	1	Room not available
MCH/FP service room	1	1	None	The MCH/FP room available and in use.
Pharmacy	1	1	0	Room available and in use
Store	1	1	None	Room available and in use
Toilet Block	2 stance	5 door toilet	None	There are three toilet rooms for women and two for men with a urinal. There are no separate toilets for staff

3.2 Other Infrastructure

Infrastructure	Availability	Remark
PWD friendly Infrastructure	Available	The facility hasPWD friendly infrastructure including ramps and a standby wheel chair
Water Storage	Available	There is a small water tank (only 500 litres) which is not adequate for storage of water at the facility
Fence and Gate	Not Available	There is no fence or gate at the facility making it porous and open to livestock and other intruders
Composite Pit	Available	Was rated as "too small and not well maintained"
Burning Chamber	Not Available	The facility does not have a burning chamber. Medical waste is transported to Nyakiambi Health Centre that is nearby
OPD shed	Not Available	The facility does not have an OPD shed
Power Connection	Not Available	There is no power connection at the facility
Reliable Source of Water	Not Available	The facility only relies on rainwater harvesting which is unreliable especially during the dry season

3.3 Equipment

Equipment	Availability/Number	Remarks
Motor Cycle	Not Available	Facility does not have a motorcycle
Communication Equipment	Not Available	There is no dedicated communication device at the facility and thus service users depend on their personal devices which are unreliable due to lack of power connection and network issues in the area
Low Cost Delivery Bed	Available	Low cost delivery bed available and in good condition
Fridge- MCH/FP	1 fridge available	There is a fridge for MCH/FP services although not in use due to unavailability of power connection
Locally defined Transport (Ambulance from Community/ Facility)	Not Available	Despite poor road network coverage to the facility there is no locally defined transport to the facility
Other Equipment	Available	The facility also has other equipment that is in use and in good shape. These include; basic furniture (chairs, tables, drawers), sinks etc

Although there is basic furniture equipment at the facility, there were no shelves installed in the respective room thus drugs and pharmaceuticals are placed on the floors which is not the appropriate storage method at the time of the social audit.

The sinks at the facility were also not installed and thus unusable due to lack of plumbing at the institutions.

4) Drugs and non-pharmaceuticals

The facility receives drugs from the County Health Department on a quarterly basis. Supply of drugs at the facility was reported to be satisfactory. The facility drugs drawing rights is 384,000 shillings.

5) Quality of services as per service user's feedback

Service users commended the quality of services offered at the facility. They also acknowledged efforts by the service providers who are dedicated to their work and selfless service to patients.

They sympathized with them for having to travel for long distance very day due to lack of staff houses at the dispensary. Lawina Dispensary is in a remote location where there are no houses to rent. This is worsened by poor road network.

The following services are offered at the facility.

Service	Available	Charges	Remarks
Outpatient	Available	Free	Satisfactory
VCT services	Available	Free	Satisfactory
TB services	Available	Free	Satisfactory
Laboratory	Not Available	Free	There are no basis lab services offered at the facility
Baby Clinics	Available	Free	Satisfactory
Ante natal	Available	Free	Satisfactory
Postnatal	Available	Free	Satisfactory
Pharmacy	Available	Free	Satisfactory
Counselling Services	Available	Free	Satisfactory
Curative Treatment	Available	Free	Satisfactory
Issue referral Letters to other facilities	Available	Free	Satisfactory

6) Finance Resource Management and Procurement

Being a new facility, operationalized in July 2020, Lawina Dispensary had not started receiving financial support from the County Government at the time of the audit. Due to this, the support staffs at the facility have not received any payment yet the workload has been rising steadily owing to high demand for health services.

7) Access to information, Public Participation, Feedback Mechanism.

The facility neither has a service charter nor a notice board. Additionally, there is a small signage that is not visible and not strategically placed to indicate location of the facility. Further there is neither suggestion box nor a complaints register at the facility. No community open days are conducted at the facility. This limits the level of participation of the service users in the affairs of the facility.

Part Three: Recommendations For Improvement

1. There is need for the facility to be equipped with power connection in order to facilitate provision of key services include storage of MCH/FP services.
2. There is need to install a larger storage tank to ensure that there is adequate supply of water at the facility. Further, there is need for piping and plumbing facilities to ensure that the facility is connected to a reliable source of water.
3. To facilitate access to information for service users the facility needs to have a service charter in place, a notice board and a complaints handling mechanism.
4. With an active health management committee in place, there is a dire need for

training to enable them deliver on their roles and responsibilities.

5. There is need to erect a permanent fence and gate at the facility to secure the facility land and ensure there are no intruders and unwanted entry of livestock grazing around the area.

PART FOUR: Annexes

Annex 1: Social Audit Teams

	Name	Contacts	Responsibility
1.	Solei cheptoo Nickson	0712425897	Team Leader
2.	Marcy Chepkurui seribebi	0723121701	Member
3.	Jelimo samoei	0716327240	Member

4.6 SACHAGWAN HEALTH CENTRE

PART ONE: Introduction

Name of the Facility	Sachangwan Health Centre
Type of facility	Level III
Registration number	**15509**
Location of Facility	Molo ward, Molo sub county
Year of establishment	1990
Land size	l.5 Acres
Patients served between August and October 2020	3000

Figure 9: A standardized service charter at Sachangwan Health Centre

PART TWO: Findings

1) Governance and Management

The facility is managed by a Facility management committee which comprises of Seven (7) members. These include including: **4** Male and **3** Female, **1** youth and **1** PWD representatives.

The HFMC members are elected by the community every 3 years in a meeting convened by the County department of Health and the local leadership.

Members of the Health facility management committee have not been trained on their roles and responsibility. Even then, they have actively embraced their duties. They meet on quarterly basis to deliberate on the running of the facility and budget for monies allocated to the facility. Social auditors also confirmed that minutes of the meeting are recorded and are available upon request.

2) Staffing at the facility

No.	Staff Cadre	Policy Requirement	Actual No.
	Clinical officers	2	2
	Nurse	14	7
	Pharmacists	4	1
	Lab technician	4	1
	Oupatient support	1	0
	In patient support	1	1
	Stastical Clerk	2	1
	Management support	1	0
	Cook	1	0
	Watch Man	2	2
	General attendants	2	2
	Overall coordination for support staff	1	1
	Community health volunteers		16

3) Infrastructure

3.1 Service rooms

The facility has nine rooms:

- 2 consultations rooms
- Treatment room/injection room

- Laboratory room
- Ward/isolation room
- Delivery room
- Pharmacy room
- Comprehensive care centre
- Anti-natal room/ ANC /CWC Room
- Post-natal ward

Figure 10: Fully established ward with up to standard beds at Sachangwan Health Centre.

3.2 Other infrastructure

Sachangwan Health Centre stands on a 1.5 acre of land. This hardly meets the requirement of 2 acres and limits room for expansion.

The facility is connected to a reliable water supply i.e. a borehole. It is also connected to electricity. However, there is no power back-up at the facility.

The facility has five-door modern sanitation block that is shared by both patients and staff.

Accessibility by PWDs is facilitated by ramps.

Figure 11: Patients/ PWD friendly access to service rooms at Sachagwan Health Centre

3.3 Equipment

Equipment available at the facility includes:

No.	Equipment	Number	Remarks
3.1	Delivery beds	**1**	Need for 2 more dressing kits
3.2	Motor Cycle	**1**	
3.3	Communication equipment	**1**	Need for motorcycle for movements
3.4	Beds in inpatient (maternity)	**8**	
3.5	Mobility equipment e.g. wheelchairs/stretchers	**1wheel chair**	
3.6	Fridge – lab	**1**	Two wheelchairs and two stretchers are required.
3.7	Fridge – MCH	**1**	
3.8	Fridge – Pharmacy	**0**	
3.9	Cetrifuge	**1**	Two additional resuscitation equipment and delivery sets to be purchased.
3.10	Microscope	**1**	
3.11	Resuscitation equipment	**0**	
3.12	Delivery sets	**4**	There's need purchasing oxygen cylinder and gas mask.
3.13	Stethoscope	**2**	
3.14	Foetuscope	**2**	
3.15	Oxygen gas &Mask	**0**	
3.16	Dressing Kits	**3**	
3.17	BP machine	**3**	
3.18	Weighing scale	**3**	

Figure 12: Delivery bed and assorted medical equipment at SachAgwan Health Centre

4) Financing

The facility receives funds from DANIDA and NHIF which is used to support payment of subordinate staff, utility bills and other operations at the facility.

There are delays in disbursement of funds. This has resulted into delay in the remuneration of support staff. For instance, at the time of the social audit, the facility owed wages in arrears of 6 months for the watchmen and cleaners.

5) Supply of drugs and non-pharmaceuticals

Drugs are requisitioned and restocked quarterly by KEMSA however the facility does not always receive all the drugs requisitioned and sometimes restocking delays up to three months. For instance, the facility drawing rights is Ksh 750,000 but by the end of the 1st quarter of 2020/21, the facility was yet to receive the drugs. This has resulted into consistent shortage of drugs.

6) Services offered

Services		Charges	Remarks
Outpatient	Available	Free	
Maternity in-patient services with ward	Available	Free	It is functional but not optimal due to staff shortage and lack of staff houses.
Curative services	Available	Free	Affected by lapses in supply of drugs
Laboratory services	Available	Free	Sometime affected by shortage of re-agents.
Counselling	Available	Free	
Pharmacy	Available	Free	
Tuberculosis Clinics	Available	Free	
Ante-natal care	Available	Free	
Post-natal clinic	Available	Free	

7) Access to information, public participation and feedback mechanism

- There is a service charter written in English and Kiswahili with information of services offered and the entitlement
- The facility conducts quarterly community open days where management and governance issues are discussed.
- Access to financial information is available upon request.

Part 3: Recommendations

1. There is need to employ more staff especially nurses and lab technicians for the facility to operate optimally as a Health Centre.
2. General improvement of infrastructure is required in order to enhance service delivery. Specifically, Construction of kitchen, staff houses, placenta pit and laundry stricture should be undertaken to facilitate round the clock operations of maternity and inpatients services.
3. A casualty department should be established in the facility because of its proximity to the trans-African high way.
4. Facility committee members to be trained on their roles and responsibilities in order to improve on governance and accountability.
5. Improve on drug supply to the facility.
6. There is need of construction of proper perimeter fence to enhance security.

PART FOUR: Annexures

Annex 1: Social Audit Team

	Name	Contacts	Responsibility
1.	Peter Karanja	0721334120	Team Leader
2.	John Kanja Thuo	0724677132	Member
3.	Endwin Nganga	0729307280	Member
4.	Milcah Mwangi	0719640368	Member

4.7 MUKOROMBOTHI HEALTH CENTRE

PART ONE: Background Information

Name of the Facility	Mukorombothi Health Centre
Type of facility	Level III
Registration number	**Unknown**
Location of Facility	Chandera location, Turi ward, Molo sub-county
Year of establishment	2018
Land size	1.3 Acres
Patients served between August and October 2020	3000
Catchment population	15000

PART TWO: Findings

1) Governance and Management

The Facility management committee comprises of eleven (11) members who include 7 Male and **4** Female with an inclusion of ONE Youth and ONE PWD.

At the time of social audit, the health facility management committee had been trained on their roles and responsibilities. Further the committee holds their meetings on quarterly basis and maintains minutes of all their meetings which are filed and available on request. The HFMC are elected by the community every 3years in a special meeting convened by health department.

2) Staffing at the facility

No.	Staff Cadre	Policy Requirement	Actual No.
	Clinical officers	2	1
	Nurse	14	1
	Pharmacists	4	1
	Lab technicians	4	0
	Oupatient support	1	0

	In patient support	1	0
	Stastical Clerk	2	0
	Management support	1	0
	Cook	1	0
	Watch Man	2	1
	General attendants	2	1
	Overall coordination for support staff	1	0
	Community health volunteers		20

The facility is seriously understaffed and urgently needs additional staff as required by norms and standard for health.

3) Infrastructure:

3.1 Service rooms:

The facility has 6 rooms:

- Pharmacy
- Consultation room
- Treatment room
- 2 Stores (general and drug store)
- Waiting bay

3.2.Other infrastructure

There is a two-stance (4 doors) pit latrine at the facility that is shared by both staff and patients

Waiting bay is already in place but it has not been furnished.

The facility has access to clean water and water harvesting facilities but no piping has been done.

The facility should be allocated resources for piping water from the borehole to the facility.

The social auditors noted that there is an OLD colonial structure that can be remodeled into modern functional rooms and utilized by the facility.

3.3 Equipment

Equipment available at the facility during the social audit included:

No.	Equipment	Number	Remarks on condition of Equipment
	Delivery beds	**2**	Need for dressing kits
	Motor Cycle	**0**	
	Communication equipment	**0**	
	Beds in inpatient (maternity)	**9**	Need for motorcycle for movements
	Mobility equipment e.g. wheelchairs/ stretchers	**5**	
	Fridge – lab	**0**	An additional stretcher and wheel chair are needed
	Fridge – MCH	**1**	
	Fridge – Pharmacy	**0**	
	Cetrifuge	**0**	There is an urgent need of purchasing centrifuge, microscope, resuscitation equipment and delivery sets.
	Microscope	**0**	
	Resuscitation equipment	**0**	
	Delivery sets	**0**	
	Stethoscope	**1**	
	Foetuscope	**1**	
	Oxygen gas &Mask	**0**	
	Dressing Kits	**0**	

4) Supply of drugs

The facility expects drugs from KEMSA on a quarterly basis. However, there are delays than run up to 6 months. Sometimes the facility does not receive all the drugs requisitioned.

The drugs drawing rights is ksh. 300,000 but in the last quarter (July –Sept) the facility has not received any drugs.

5) Financing

The facility gets AIE from the county government of Nakuru (DANIDA, HSSF and NHIF) which maintains the services and pays the support staff.

It was noted that there were delays in the disbursement of funds resulting into delays in paying of support staff.

6) Services offered:

Services		Charges	Remarks
Outpatient	Available	Free	
Maternity in-patient services with ward	Available	Free	
Curative services	Available	Free	Affected by lapses in supply of drugs
Laboratory services	Available	Free	Sometime affected by faulty equipment and lack of reagents
Counselling	Available	Free	
Pharmacy	Available	Free	
Tuberculosis Clinics	Available	Free	

Ante-natal care	Available	Free	
Post-natal clinic	Available	Free	

7) Access to information, public participation and feedback mechanisms

- Minutes for meeting proceedings and other records are available upon request.
- The facility has no service charter save for internal noticeboard that is used to display treatment and medical information
- The facility conducts community open days where important information concerning governance and management are disseminated.
- The facility lacks effective feedback mechanisms including suggestion box.

Part Three: Recommendations

1. There is need to clarify the on the status of the facility and Employ more staff including subordinate staff so as to enhance service delivery.
2. There's need to improve infrastructure by constructing maternity wing, staff toilets, waiting bay, kitchen, placenta pit and laundry section.
3. Facility management committee members to be trained on their roles and responsibilities as well as managerial skills
4. A service charter, suggestion box and incinerator to be installed.
5. Water pipelines should be extended into treatment rooms and toilets.
6. There is need to construct wall to enhance security

Part Four: Annexes

ANNEX 1: Social audit team

	Name	Contacts	Responsibility
1.	Peter Karanja	0721334120	Team Leader
2.	John Kanja Thuo	0724677132	Member
3.	Endwin Nganga	0729307280	Member
4.	Esther w, kimani	0727244381	Member
5.	Wilson Maina	0729845200	Member

ANNEX

LIST OF PARTICIPANTS IN THE SOCIAL AUDIT REPORT VALIDATION

No.	Name	Organization/Responsibility	Contact
	Dr. Toromo Kochei	County Health Management Team – (Partners Liaison Office)	0722 636 978
	Luke Kiptoon	County Health Management Team (Health Records)	0710 775 133
	Judith Abongo	County Health Management Team (DCNO)	0722 383 120
	Thomas Ombati	Kuresoi South-Social auditor	0722 580 279
	Lilian. A. Awinda	Belbur Dispensary- Nurse in Charge	0702 495 397
	Margaret Munene	Lawina Dispensary- Nurse in Charge	0725 575 274
	Gilbert Kirui	Keringet Hospital	0720 998 582
	Anne Kimiri	Bararget Dispensary- Nurse in Charge	0707 698 255
	Rotich Kiplagat Isaac	Tinet Dispensary	0726 883 173
	Nemwel Ratemo	Social auditor-Njoro	0726 729 394
	Stephen. N. Gacheru	Mukorombosi Health Centre- Nurse in charge	0724 432 107
	Phoebe Kibandi	Ndoinet Dispensary- Nurse in Charge	0724 542 665
	R.K. Langat	Belbur Dispensary- Health Facility Management Committee, Treasurer	0722 100 774
	Emily .C. Rugut	County Health Management Team	0723 045 118
	Solei Nickson	Social Auditor- Lawina	0712 425 897
	Jelimo Samoei	Social Auditor	0716 327 897
	Martin Ngugi	County Health Management Team-PHO	0711 234 970
	John Kanja	Social -Molo	0724 677 132
	Dickson Ndege	DHOS	0725 516 312
	Samwel kirui	Lawina Dispensary-	0723 886 181
	David Kipyegon	Lawina Chairman Rep	0728 869 019
	Monica Githinji	DOH	0722 355 875
	Julius Toroitich	Sub-County Team Lead	0714 160 018
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	Evan Kibet	CEDGG Secretariat	0711 221 294
	John Kamande	CEDGG Secretariat	0711 420 178
	Anne Ng'ang'a	Njoro	0720 714 014
	Vincent Tanui	CEDGG Secretariat	0713 611 513
	Milcah Mwangi	Sachangwan Health Centre	0719 640 368
	Jostine Wambui	Public Health Officer	0717 120 560
	James Mwaura	Ward Administrator	0727 411 506
	Nathan Chumba	Social auditor- Kuresoi North	0721 949 661
	Peter Ng'eny	Kuresoi South-	0725 588 046
	Charles Chepkwony	Kuresoi North	0720 692 732
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