HERAF
Transforming Health System

Community Score Card Report on Public Health Service Delivery in Ekalakala Health Centre, Machakos County

MACHAKOS COUNTY - JUNE 2024

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TABLE OF CONTENT

TABLE OF FIGURES

LIST OF ABBREVIATIONS

CBO	Community Based organization
CEC	County Executive Committee
CHMT	County health management team
CHU	Community Health Unit
CHP	Community Health Promoter
COVID – 19	Corona Virus Disease 2019
CSC	Community Score Card
CSO	Civil Society Organization
FGD	Focused Group Discussion
HCW	Health Care Workers
HERAF	Health Rights Advocacy Forum
HFMC	Health Facility Management Committee
MCA	Member of County Assembly
MOH	Medical Officer of Health
MoH	Ministry of Health
NHIF	National Health Insurance Fund
NGO	Non – Governmental Organization
OPD	Outpatient Department
PHO	Public Health Officer
PWD	Persons with Disabilities

ACKNOWLEDGEMENTS

Health Rights Advocacy Forum (HERAF) extends heartfelt appreciation to all individuals and entities whose contributions were instrumental in the development of this Community Scorecard Report. Your support and collaboration have been invaluable in making this endeavor a success.

We extend sincere appreciation to the citizens of Machakos County whose unwavering dedication and active participation in conceiving and realizing the Community Scorecard initiative have been fundamental. Your collective efforts in promoting accountability are commendable, and we are grateful for your commitment to the betterment of our community.

We acknowledge the invaluable contribution and support provided by the officials of the Machakos County Government. From the Village to the Sub-County Level, as well as the County Health Management Team (CHMT), your cooperation and collaboration have been instrumental in advancing our shared goals of accountability and improved service delivery.

We extend our gratitude to the individuals who willingly provided interviews and participated in Focus Group Discussions. Your insights and perspectives have enriched this report and contributed to a deeper understanding of the issues at hand. Your willingness to share information is deeply appreciated and serves as a testament to your commitment to community welfare.

Special appreciation goes to the dedicated members of the HERAF team, Paul Gatitu and Joseph Mwangi. Additionally, we recognize the invaluable contributions of Civic Educators Bonface Munywoki, Peter Mutiso, Angeline Mueni, and Milcah Mueni, who diligently collected data, conducted analysis, and supported the compilation of this report. Your professionalism, expertise, and tireless efforts have been instrumental in the successful implementation of this project.

Last and not the least, we express our deepest gratitude to DANIDA through URAIA Trust for their generous financial support, without which this report would not have been possible. Their commitment to promoting accountability and good governance in Machakos County has been pivotal in driving positive change.

To all those who have contributed in one way or another, your support has been indispensable, and we look forward to continued collaboration in our collective pursuit of promoting accountability and enhancing the well-being of our community.

The aim of social accountability tools is to assist public service users in voicing their needs and concerns, and hold service providers accountable for the provision of quality services. Among the key social accountability tools applicable in health sector is the Community Score Card (CSC). As the name depicts, CSC is a community-led accountability tool, where community members and service providers come together to provide feedback on service delivery. CSCs not only provide feedback on service quality but also include an interface dialogue process in which community members and service providers together discuss their impressions and jointly agree to undertake certain measures in order to improve how services are delivered.

1.0 INTRODUCTION

The aim of social accountability tools is to help public service users to voice their needs and concerns, and hold service providers accountable for the provision of quality services. Among the key social accountability tools applicable in health sector is theCommunity Score Card (CSC). As the name depicts, CSC is a community-led accountability, where community members and service providers come together to provide feedback on service delivery. CSCs not only provide feedback on service quality but also include an interface dialogue process in which community members and service providers together discuss their impressions and jointly agree to undertake certain measures in order to improve how services are delivered.

1.1 EKALAKALA HEALTH CENTRE

Ekalakala Health Centre is a level 3B facility located in Ekalakala Ward, Masinga Sub-County, Machakos County. Situated in Ekalakala town next to Ekalakala stadium and the Chief's Office, it serves clients from Ekalakala, Kivingoni in Ndalani Ward, and Ndithini and Muthesya Wards. The facility offers a range of services including general outpatient care, reproductive health, child health services, laboratory and HIV testing services, a pharmacy for dispensing medications, maternity services for normal deliveries, inpatient care, and ambulance and referral services.

1.2 METHODOLOGY

1.2.1 Targeted Population

The participants were drawn from youth, men, women, support groups, service users, community leaders who include chiefs, assistant chiefs, village administrators and managers, CHPS, HFMC members, HCWs, office of the MCA and CHMT.

1.2.2 Preparatory Ground Work

To lay the foundation for the CSC, Ekalakala Health Centre stakeholders including service users and community members on one hand, and government officers and HCWs on the other hand, were informed and educated about their rights, responsibilities, duties and obligations. This was intended to acquaint community members with legal basis for claiming their rights and make service provider accountable to the people. These were followed by introduction to the concept of social accountability and the different tools for social accountability that community members can use in health sector including the CSC.

1.2.3 Key Steps

The following steps were adhered to as shown below:

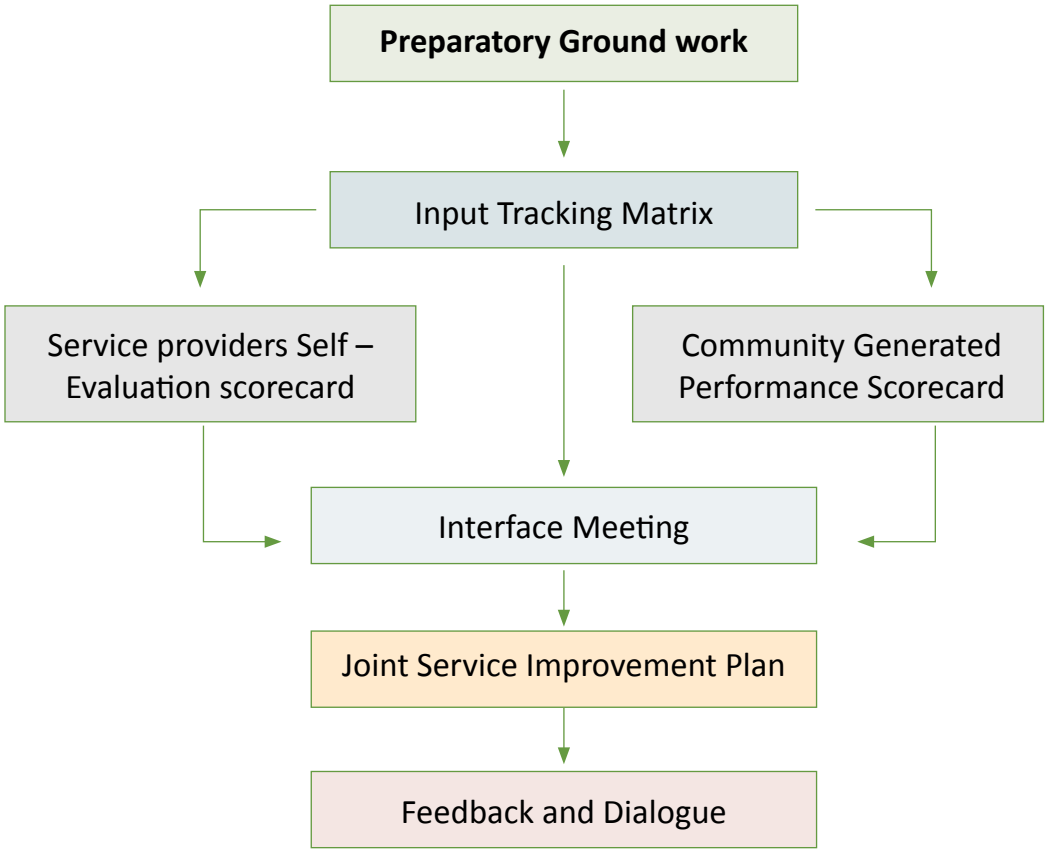

Figure 1: The CSC Process

1.2.4 The Scoring Matrix

Table 1: The Scoring Criteria[1]

SCORE			NOTE
0	Very Bad		No documented/observable effort of compliance
1	Bad		Partial (standard is not fully met, there is need for improvement)
2	Just ok | Average		Standards almost fully met but there was need for improvement.
3	Good		Highest indicator score denoting fully compliant

[1] MOH 2018. Core Standards for Quality Health Care. Kenya Quality Model for Health. http://guidelines.health.go.ke:8000/media/Core_Standards_for_Quality_Healthcare_-_Kenya_Quality_Model_for_Health_-_March2018.pdf

1.3 SUMMARY FINDINGS

1.3.1: Health infrastructures

Health infrastructure was rated as average (2), indicating standards that were almost fully met.

Consultation, records, ward, laboratory and treatment rooms were average (score 2). Though in use, the facility was in need of repair and maintenance, and modernization of laboratory and maternity equipment.

The facility delivery room was bad (1) indicating partial standards met mainly due to lack of delivery beds; the facility had 2 delivery couches.

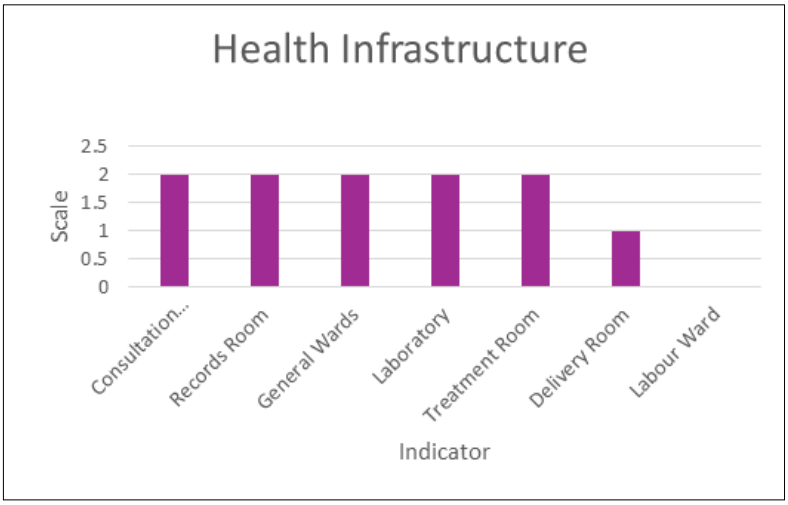

Figure 2: Health Infrastructure Status

1.3.2: Water, Sanitation and Hygiene (WASH) in Healthcare facilities

WASH status was bad (1) with partially met standards.

The facility fully compliant on water storage with a 30,000 litres capacity. The water was sourced from the community borehole and was untreated indicating average score (standards almost fully met).

There availability of client toilets was very poor since the toilets had collapsed, the staff toilets were used by all however they were not disaggregated by sex or disability friendly.

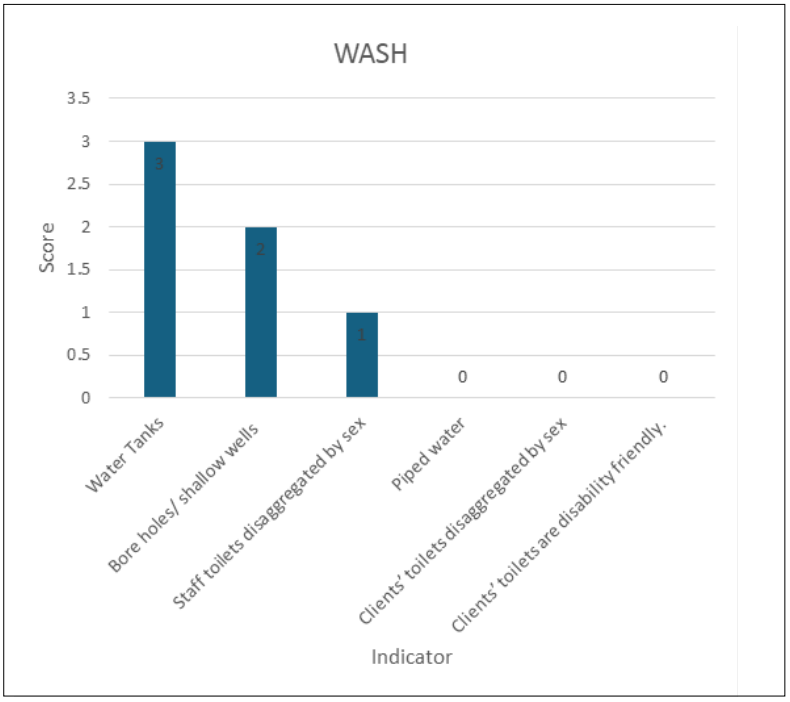

Figure 3: WASH Status

1.3.3: Hospital Commodities, equipment drugs, products and technology

Availability of health products and technology score was average (2).

Availability of vital signs observation tools and emergency drugs and equipment were nearly met standards (score 2)

Availability of drugs and vaccines, and supplies that match orders were partially met indicators (score 1)

There was reliable supply of vaccines but not of medicines; NCD and emergency drugs were some of the commonly missing drugs.

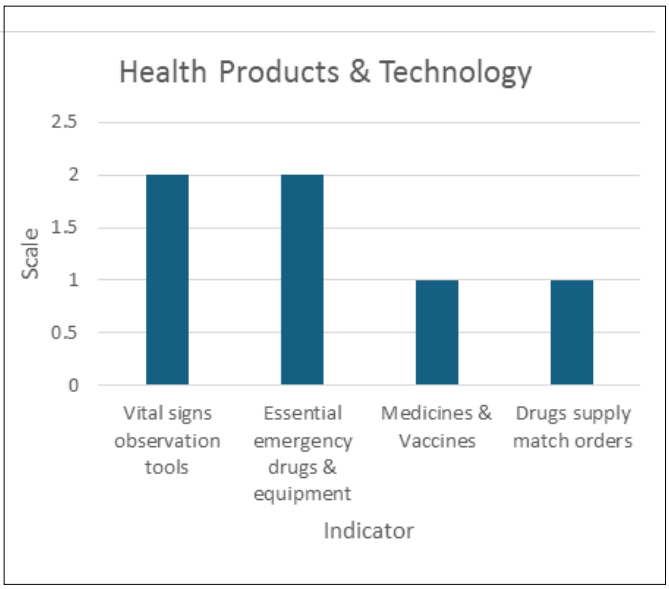

Figure 4: Health Products & Technology Status

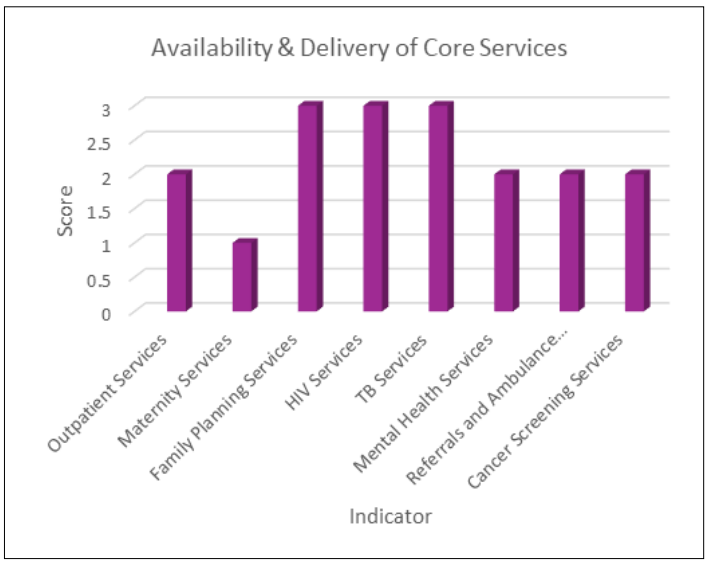

Figure 5: Status of Availability and Delivery of Core Services

1.3.4: Availability and Delivery of Core Services

Availability and delivery of core services was average (2).

Family planning, HIV/TB services had met standards (score 3).

Wait time on outpatient, mental health, cancer screening, referral and ambulance services were average (score 2).

1.3.5: Human Resource for Health

Availability of human resource for health was bad (score 1)

The only available cadres were nursing staff, clinical officer and laboratory technician, of these only nursing staff had a good score. The other cadre standards were average (score 2); nearly fully met.

The following cadres were missing; nutritionist, HRIO, pharmaceutical technologist and community oral officers scoring very bad (score 0)

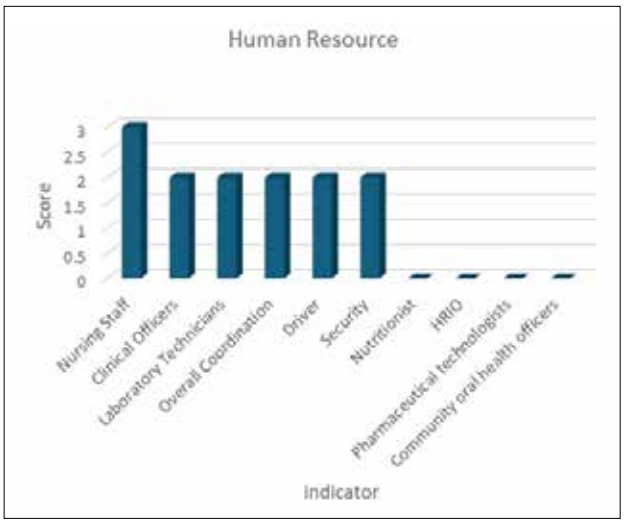

Figure 6: Human Resource for Health Status

Staff Motivation

Staff motivation was bad (1). Though staff employment standards were almost fully met (score 2); key challenges persisted in delayed upward mobility, high co-payment on the staff medical cover, delayed remittance of statutory deductions and lack of continuous medical education.

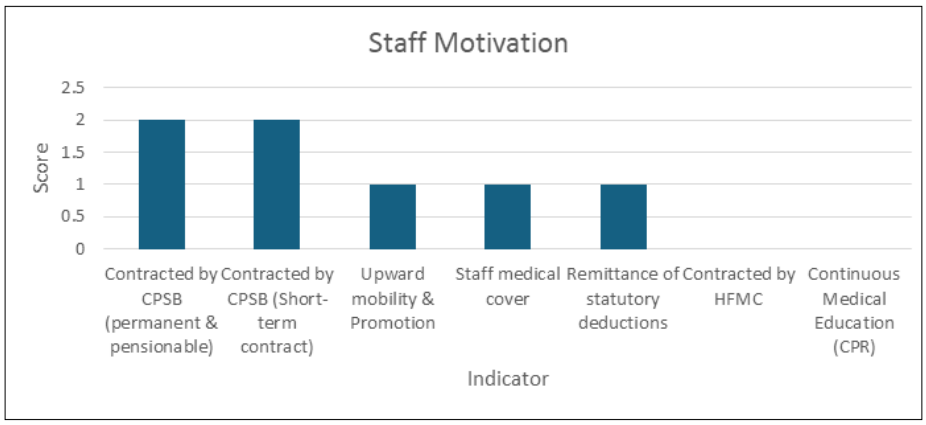

Figure 7: Staff Motivation

1.3.6: Physical Accessibility by all PWD, the Elderly and Children

The facility was rated average (2), indicating the physical accessibility standards were almost met.

Disability access could be improved through construction of ramps.

Improving road network for all weather use would ensure access to the facility even in the rainy season reduce transport costs.

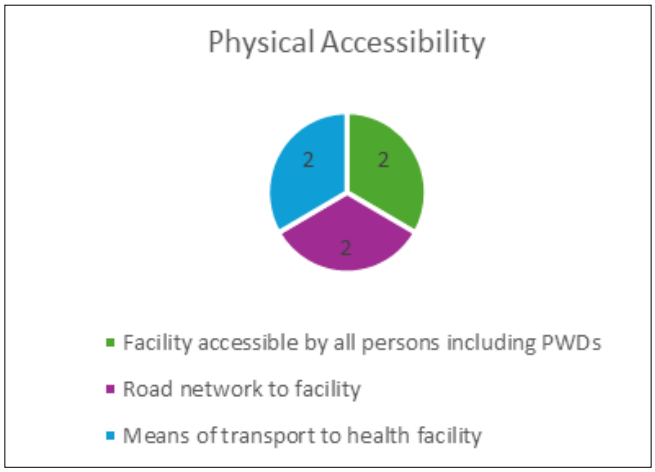

Figure 8: Physical Accessibility Status

1.3.7: Economic Accessibility (Affordability)

Affordability of services was average (score 2) indicating standards were nearly met.

The facility was compliant on accreditation for Linda Mama score(3). NHIF reimbursements had lengthy delays.

User fees charged and display on the service charter were partially met standards scoring (2). The service charter had not been updated to reflect the new charges.

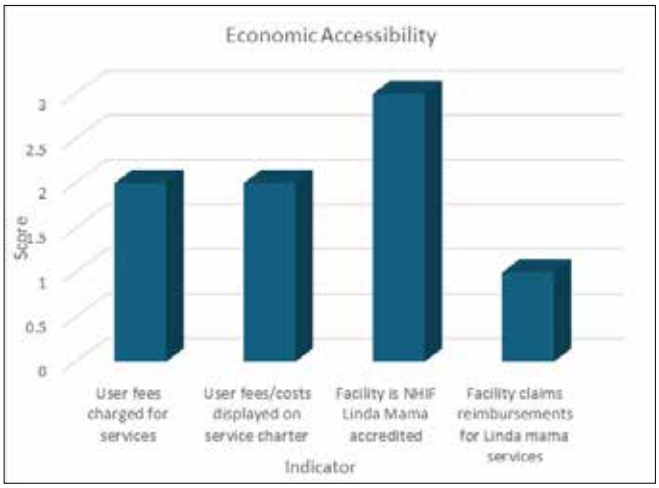

Figure 9: Economic Accessibility (Affordability) Status

1.3.8: Community Health Services

Community health services had an average score (2).

There was compliance on availability of CHPs trained and providing services at community level.

CHPs stipends payment was bad (score 1) due to irregular payment.

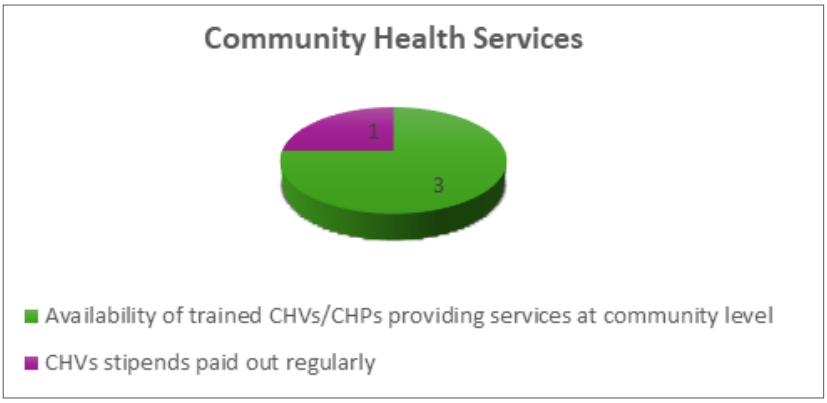

Figure 10: Status of Community Health Services

1.3.9: Leadership and governance for health

Average score was (2) indicating almost met standards.

The facility had met standards (score 3) on complaints and redress mechanisms, HFMC establishment and involvement in planning & budgeting. but the HFMC term had expired (score 1).

Shortage of fuel and irregular service affected use of facility motorbike (score 2).

Partial standards (score 1): no facility title deed, expired HFMC term, routine maintenance,

Very bad (score 0): there was no documented/observable effort of compliance on community dialogue meetings and availability of communication equipment.

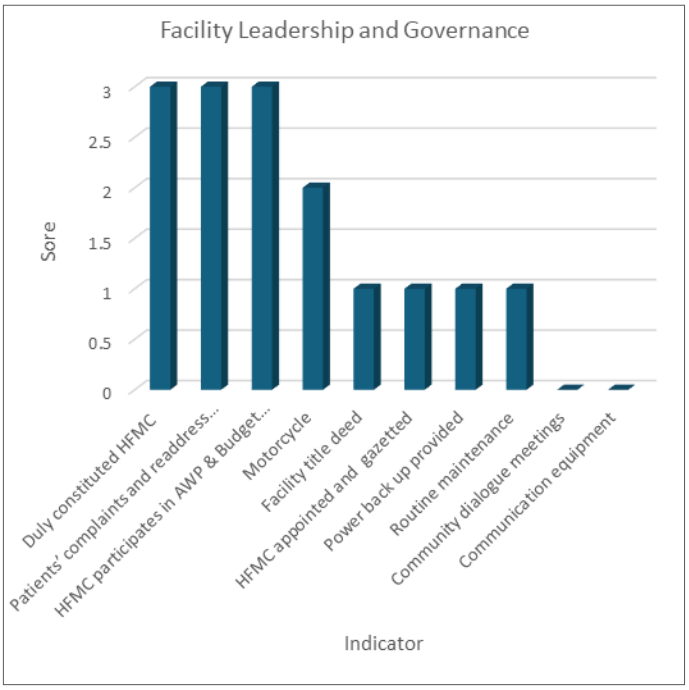

Figure 11: Status of Facility Leadership and Governance

2.0 RESULTS AND JOINT ACTION PLAN

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
THEMATIC AREA 1: HEALTH INFRASTRUCTURES			
Consultation Rooms	 Average	There are 2 consultation rooms with peeling paint, chipped floors, and worn-out ceiling boards which is a threat to patient safety.	Repaint, carpet floors, and replace ceiling boards. This enhances patient experience and satisfaction, encouraging more visits.
Treatment Room	 Average	Peeling paint, chipped floors, lacks permanent sinks and shelves.	Repaint, renovate, add portable lighting, observation bed, and lockable cabinets. This improves infection control and service efficiency, boosting patient confidence.
Records Room	 Average	Facility lacks a proper records room; records stored temporarily affecting patient records retrieval and management.	Renovate and equip a dedicated records room. Ensures efficient retrieval of patient information, improving service accuracy and speed.
General Wards	 Average	There are 2 wards with 22 beds with 10 in the maternity ward and 12 in the female general ward but in subpar conditions.	Renovate, partition for gender, rehab bathrooms, upgrade beds to enhance patient comfort and safety, reduce infections and improve recovery times.
Laboratory	 Average	Lacks full hemogram and biochemistry equipment leading to patient referral and affecting service delivery.	Modernize with additional diagnostic equipment and deploy a radiographer. This enables timely, accurate diagnostics, reducing referrals and ensuring prompt treatment.
Labour Ward	 Very Bad	There is no labour ward impacting maternal healthcare.	Construct a labour ward to improve maternal healthcare which ensures safe deliveries, reduces maternal and neonatal morbidity, attracting more expectant mothers.
Delivery Room	 Bad	There are 2 delivery couches in place of beds in the delivery room.	Procure modern delivery beds and resuscitaire, construct a new maternity wing. This ensures there are safe deliveries, reduces maternal and neonatal morbidity, attracting more expectant mothers.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
THEMATIC AREA 2: WATER, SANITATION AND HYGIENE (WASH) IN HEALTHCARE FACILITIES			
Piped water	 Very Bad	Lacks piped water, despite a nearby water line affecting service delivery.	Connect the facility to the nearby piped water line and provide three storage tanks with a total capacity of 30,000 liters. This ensures constant water supply, crucial for hygiene and service quality, reducing infection risks and improving patient care.
Bore holes/ shallow wells	 Average	Facility relies on a community borehole with untreated water.	Drill a dedicated facility borehole to ensure treated and reliable water supply for maintaining hygiene standards and service continuity.
Water Tanks	 Good	There are three 10,000-liter tanks for rainwater and borehole water storage.	Install gutters on all buildings for rainwater collection and add three more 10,000-liter tanks to enhance water storage capacity, ensuring adequate supply for daily operations, which is vital for cleanliness and infection control.
Clients' toilets desegregated by sex	 Very Bad	There were no patient toilets due to collapse three years ago; patients share staff toilets impacting privacy and accessibility.	Construct a modern, disability-friendly wash facility with appropriately sized rooms for infection control and patient satisfaction, encouraging higher facility usage.
Clients' toilets are disability friendly	 Very Bad	There were no PWDs patients' friendlily. This affects PWDs ability to access services.	Build a modern WASH facility which is PWD friendly.
Staff toilets disaggregated by sex	 Bad	Staff share non-sex-segregated toilets with patients.	Construct a modern WASH facility specifically for staff to enhance staff hygiene, morale, and service delivery.
Facility incinerator	 Bad	There exists a burning chamber that complements incinerator	Construct a modern incinerator

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
THEMATIC AREA 3: HOSPITAL COMMODITIES, EQUIPMENT DRUGS, PRODUCTS AND TECHNOLOGY			
Availability of vital signs observation tools, at minimum, thermometer and blood pressure machines in good working conditions.	 Average	One thermo gun and BP machine available	Supply additional thermometers and BP machines
Medicines, vaccines and test stockout/ shortages. (Bandages, syringes, pregnancy tests, vaccines, etc.	 Bad	Shortages of NCD drugs (BP, Diabetes), antibiotics (Amoxil), painkillers (Panadol), and bandages. Universal vaccines (HPV, COVID, Tetanus, BCG, and children's vaccines) are available. Supplies last a month after delivery due to patient visits increasing whenever there are supplies.	Increase and ensure regular supply of drugs and commodities to meet client needs. Procure requisite equipment such as oxygen masks, digital pulse oximeter, digital scales, defibrillator, resuscitation bags, hospital stretcher, and stethoscopes.
Drugs supplied match what was ordered	 Average	Drugs supplied don't match orders, often less than half of what was requested impacting service delivery.	Support KEMSA to ensure availability of all ordered drugs and commodities. Allow PHC facilities to access drugs from alternative suppliers if needed.
THEMATIC AREA 4: AVAILABILITY AND DELIVERY OF CORE SERVICES			
1. Outpatient general services			
Time taken by patients / clients to be serviced is reasonable and as indicated in services charter.	 Average	Service time for clients is reasonable as per the services charter, but staffing levels are insufficient impacting service delivery.	Increase staffing levels to enhance service delivery and reduce wait times.
2. Maternity services			
Adequately equipped maternity unit with modern delivery beds, resuscitaire and delivery packs	 Average	Lacks modern delivery beds but has two delivery couches. Only one resuscitaire is available.	For improved service delivery: • follow up on the Safaricom Foundation Ndoto Zetu Initiative support to the facility with 2 modern delivery beds and resuscitaire. • Ensure availability of essential delivery pack items for improved maternal care.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Inpatient mothers provided with meals	 Very Bad	Inpatient mothers lack access to meals; only basic ingredients for porridge provided.	Complete facility kitchen construction, hire cooks, and ensure regular food supplies for nutritional support.
3. Family Planning			
Availability of both short and long-acting methods of family planning (List contraceptives that experience shortages – birth control pill, injection, implant, IUD, etc.	 Average	Stockouts of long-term family planning methods and frequent shortages of female condoms.	Ensure consistent supply of family planning options and conduct awareness campaigns to promote utilization and correct usage.
4. Cancer Screening			
Availability of cervical cancer screening services	 Good	Cervical cancer screening services are available and professionally offered in a small room designated as the screening room, which also serves as the consultation room for pregnant mothers attending Ante-Natal Clinics.	Establish a spacious screening room with a modern examination bed, adequate ventilation, and sufficient privacy for patients. Additionally, ensure a constant supply of requisite commodities for the screening services.
5. HIV Services			
HIV counselling and testing services	 Good	HIV testing and counselling services are available in the facility	Continuously ensure the availability and accessibility of HIV testing and counselling services to meet the needs of the community.
Pre-post exposure counselling	 Good	Pre / post exposure and counselling services are offered at the facility by dedicated and professional staff.	Continuously ensure the availability and accessibility of HIV testing and counselling services to meet the needs of the community.
STIs diagnosis & treatment	 Average	STIs diagnosis and treatment services are available at the facility all through but services affected by availability of the laboratory technologist when on leave.	Ensure adequate staffing or backup plans are in place to mitigate any disruptions in service delivery due to the absence of the laboratory technologist. Additionally, consider cross-training other staff members to perform necessary tasks in their absence.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
ART initiation	 Good	The facility has a CCC department where ART Initiation is immediately initiated for HIV+ clients	Continue the effective operation of the CCC department to ensure timely initiation of ART for HIV-positive clients, coupled with ongoing support and monitoring throughout their treatment journey.
ART refill/ follow up /multi-month dispensing	 Good	The facility operates a Comprehensive Care Centre (CCC) that provides specialized patient care for clients on ART initiation, refill, follow-up, and multi-month dispensing. Follow-up activities are conducted by CCC staff with assistance from Community Health Workers (CHPs).	Continue to utilize the CCC for providing comprehensive care to ART clients, ensuring regular refill and follow-up appointments, and leveraging the support of CHPs to enhance community-based follow-up services for improved treatment adherence and health outcomes.
Stockout of male condoms	 Good	The facility ensures timely supply and stocking of male condoms to prevent stockouts.	Continue the practice of timely supply and stocking of male condoms to ensure availability and accessibility of this essential preventive measure for sexually transmitted infections and unintended pregnancies.
Stockout of female condoms	 Average	Frequent shortages of female condoms are a regular issue. The availability of female condoms depends on their availability at KEMSA.	Ensure there is consistent and adequate supply of female condoms from KEMSA to prevent stockouts.
Referral & linkages of HIV patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Good	HIV patients receive referrals to specialists such as nutritionists and mental health professionals.	Strengthen the referral pathways and linkages for improved health outcome of HIV patients.
Women in ANC, maternity & PNC offered HTS	 Good	Pregnant women accessing ANC, maternity, and postnatal care are offered HIV testing services (HTS).	Continue awareness campaigns emphasizing the importance of hospital visits for pregnant women to ensure they receive comprehensive care, including HTS, which is crucial for the prevention of mother-to-child transmission (PMTCT) of HIV.
PMTCT clients receive FP counselling and condoms	 Good	PMTCT clients are provided with family planning (FP) counselling and condoms.	Continue the provision of FP counselling and condoms to PMTCT clients to support their reproductive health needs and prevent HIV transmission to their partners and children.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Male involvement in PMTCT programme	 Good	Men are actively involved in the PMTCT programme by accompanying their partners for ANC visits, regular checkups, and acting as birth companions during delivery.	Facilitate continuous awareness creation through outreach programs and community gatherings (barazas) to emphasize the importance of male involvement in the PMTCT programme, ensuring comprehensive support for pregnant women and reducing the risk of HIV transmission.
6. TB screening, treatment & services			
TB diagnosis and treatment	 Good	There is a Comprehensive Care Centre (CCC) backed by the Centre for International Health, Education, and Biosecurity (CIHEB). TB diagnosis and treatment are performed onsite, with samples needing further analysis sent to Masinga Level 4 Hospital for testing on the TRUNAT machine. Clients can retrieve their results at their affiliated facility.	Ensure the availability of a reliever laboratory technologist to maintain uninterrupted TB diagnosis and treatment services, optimizing the efficiency and effectiveness of TB management at the facility.
Stock out of TB drugs & commodities	 Good	There has been a nationwide stockout of TB drugs in the last 3 months, impacting the treatment and care of clients.	Increase the supply of drugs and commodities to prevent stockouts and ensure continuity in service delivery.
Referral & linkages of TB patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Good	Defaulter tracing and monitoring at the household level are conducted through Community Health Promoters (CHPs). Referrals to the volunteer nutritionist at the facility are in place. Compliance with treatment is enforced through security measures when necessary.	Continue utilizing CHPs for defaulter tracing and monitoring. Strengthen referral systems to ensure efficient access to nutritionists and other essential services. Maintain measures to enforce treatment compliance, ensuring the safety and well-being of patients.
One-stop shop services for TB/HIV co-infected patients.	 Good	Integration of counselling, testing, treatment, and follow-up services for TB/HIV co-infected patients is in place.	Ensure ongoing support and resources for the integrated services to maintain their effectiveness and comprehensiveness.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
7. Mental Health Services			
HCWs at facility trained on components of mental health	 Good	HCWs trained in mental health	Continuous training and sensitization on mental health for all HCWs to enhance service provision.
Outpatient mental health services	 Bad	Only service offered is drug refills for already diagnosed patients.	Establish a dedicated outpatient mental health clinic to ensure constant supply of medications and meet the increasing demand for services.
Constant supply and availability of appropriate psychotropic medications at facility	 Bad	Services not available for general population despite the demand for services.	Establish an outpatient mental health clinic to ensure constant availability of medications and address rising mental health needs.
Regular staff debrief (mental health)	 Very Bad	The last staff debrief sessions held was 1 year ago supported by Jhpiego.	Employ a facility-based psychologist and counselor.
Mental health information integrated into disease specific programmes- HIV, TB, MNCH, FP	 Good	Mental health information is integrated into disease-specific programs such as HIV, TB, MNCH, and family planning.	Increase community awareness about mental health to ensure better understanding and utilization of integrated services, promoting holistic healthcare.
Mental health included in reporting tools for CHP	 Good	CHPs not trained on mental health but capture data for their reports.	Continuous training and sensitization of CHPs on mental health to ensure accurate data capture and reporting in the community.
8. Referrals and Ambulance services			
Ambulance	 Average	An ambulance is consistently available and in good condition. However, minimal allocation and delayed disbursement of funds lead to it stalling.	Increase allocation and ensure timely disbursement of funds for fuel. Additionally, equip the ambulance with essential medical equipment for emergency response..

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
THEMATIC AREA 5: HUMAN RESOURCE FOR HEALTH			
1. Sufficient Human Resource for Health as per Staff Establishment			
Clinical Officers	 Average	Two clinical officers serve clients in the high-volume facility day and night out of the staff establishment of 4 in level 3B facilities.	Deploy additional clinical officers to meet the demands of the facility and enhance service delivery.
Nursing Staff	 Good	There were 12 nursing staff instead of the recommended 14, leading to strain and burnout.	Employ an additional 5 nursing staff to alleviate the workload and enhance service provision.
Laboratory Technicians	 Average	There was only one laboratory technician as per the recommendations on staff establishment who when on leave services are affected.	Employ a reliever to cover for the laboratory technician during their absence.
Pharmaceutical technologists	 Very Bad	There is no pharmaceutical technologist against the recommended 1 in level 3 facilities.	Employ and deploy a pharmaceutical technologist to ensure efficient management of pharmaceutical services.
Nutritionist	 Very Bad	Facility relies on the services of a volunteer nutritionist.	Prioritize the employment of a full-time nutritionist to address dietary needs and improve patient care.
Community oral health officers	 Very Bad	There was no community oral health officer, leading to referrals to costly external facilities.	Employ and deploy a community oral health officer, along with necessary equipment, to establish a dental unit and meet high demand.
HRIO	 Very Bad	There was one HRIO seconded to the CCC department by CIHEB for the HIV programme.	Employ and deploy a HRIO to provide timely and quality health information for the facility.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Overall Coordination	 Average	The facility In-Charge is the overall coordinator.	Empower the In-Charge with ongoing on-the-job training and boost staffing levels for flawless facility management and service delivery.
2. Support Staff			
Driver	 Average	One driver assigned to the facility ambulance.	Employ an additional driver to support referrals and emergencies during nighttime hours, ensuring timely response and service provision.
Security	 Average	There was one security officer on a full-time basis.	Employ an additional security officer to cover the day shift.
3. Staff Contracting and Appraisal (compliance with human resource management guidelines)			
Contracts with County public service board, permanent, pensionable & paid regularly	 Average	There were 22 staff on permanent, pensionable basis.	Adherence to human resource management practices including payment in time.
Employed on short term contracts (6 months – 5 years) by County public service board, contract renewed easily & paid regularly	 Average	Three UHC staff on contract, and one support staff employed as casual. Payment was irregular for casual staff.	
Upward staff mobility and promotions	 Bad	The process has been delayed for 3 years but there is continued follow-up by the Staff Union.	Implement clear guidelines for staff promotions to boost motivation, better pay, and service quality. Gain full support from county leadership for successful execution.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
4. Staff medical cover and welfare			
Staff have a medical cover	 Bad	Not all employed staff are covered by the staff medical cover provided by Jubilee Insurance. Additionally, none of the staff seconded to the facility have any medical cover.	Implementing awareness campaigns about the medical cover terms and conditions and onboarding all uncovered staff to ensure comprehensive coverage for everyone.
Statutory and voluntary deductions (NHIF, SACCO, loans) remitted	 Bad	There was a 3-month delay in remittance of statutory deductions exposing staff to financial strife in the event of an illness.	Timely remittance of staff deductions to the relevant departments.
5. Continuous Medical Education (CME)			
All staff who provide direct patient care have received training in basic cardiopulmonary resuscitation and the training is repeated at least every two years	 Very Bad	Training in CPR was not county-supported and costed at least Ksh. 15,000 at the Red Cross Training School. Many staff cannot afford this cost, and even after training, there is a lack of requisite equipment.	Train HCWs on CPR with sponsorship done by the employer as part of on-job training.
THEMATIC AREA 6: PHYSICAL ACCESSIBILITY BY ALL PWD, THE ELDERLY AND CHILDREN			
Facility accessible by all persons including those with disability	 Average	Facility is accessible by all but requires some works to improve disability access.	Construct ramps in all buildings to ease accessibility.
Road network to facility	 Average	Facility is accessible on foot, by vehicle, motorbike and bicycle but the roads are rendered impassable during the rains.	Grade and murram all roads leading to the facility to ensure ease of access, especially during adverse weather conditions.
Means of transport to health facility	 Average	Most roads are accessible during dry weather but not during the rainy season, High cost of transport due to impassable roads.	Grading and murraming of roads to ease accessibility and reduction in motorbike prices.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
THEMATIC AREA 7: ECONOMIC ACCESSIBILITY (AFFORDABILITY)			
User fees charged for services	 Average	User fees are capped at Ksh 50, but delayed disbursement affects routine maintenance and supply purchases.	Retention of a portion of collected funds for facility development to ensure sustained service delivery.
User fees/costs displayed on service charter	 Average	Service charter still indicates all services are free while they paid Ksh 50.	Update of the service charter to factor in the Ksh 50 user fees.
Facility is NHIF Linda Mama accredited	 Good	Facility is accredited for Linda Mama and pregnant women have been benefiting from the program.	Increase awareness on pre-payment for health services and uptake of ante-natal, skilled deliveries, and post-natal care.
Facility claims reimbursements from Linda Mama for services rendered.	 Bad	Linda Mama reimbursements are claimed but paid out erratically. The last payment was made in September 2023 for the period ending Feb 2023. The verdict of the un-reimbursed amounts is not known.	Follow-up to ensure payment of funds owed to the facility through Linda mama.
THEMATIC AREA 8: COMMUNITY HEALTH SERVICES			
Availability of trained CHPs providing services at community level	 Good	There are 10 CHPs each representing a Community Health Unit linked to Ekalakala Health Centre. Currently only one CHU is linked to the facility.	Continous training of CHPs to continue providing services at the community level and integrating other health services into the community health services such as mental health.
CHPs stipends paid out regularly	 Bad	CHPs stipends were previously not paid out regularly with the only payment in 2023 Ksh 5000 coming in January 2024. Previously stipends were not guaranteed but were paid on goodwill.	Ensure CHP are paid regularly for the services offered. This will encourage and motivate them to lender more and quality services.
THEMATIC AREA 9: LEADERSHIP AND GOVERNANCE FOR HEALTH			

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Facility Title Deed	 Bad	The facility occupies 4 acres of land suitable for future expansion, but the land lacks clear demarcation and title deed. Partial fencing and gate.	Demarcate facility land, obtain its title deed and fence the entire property.
Duly constituted HFMC exists at any one time.	 Good	The facility has a duly constituted 9-member HFMC.	Train the 9 HFMC members on their roles and responsibilities.
Committee members have appointment letters and are gazetted	 Bad	Appointment letters were for one year, but their tenure lapsed.	There is need for elections for communities to elect new HFMC members.
HFMC participates in AWP & Budget development	 Good	The 9 HFMC members participate in the development of the AWP and facility Budget even though they were not trained on their roles and responsibilities and their tenures has lapsed.	There is need for training of HFMC members on their roles and responsibilities.
Patients' complaints and readdress mechanisms in place	 Good	There is a suggestion box and complaints register at the OPD for patients to register their concerns. However, the suggestion box is not locked. A patient rights charter was available but not displayed.	Sensitize community members on patient rights, use of complaints and feedback mechanisms.
Community dialogue meetings	 Very Bad	Community dialogue meetings are rarely held in Ekalakala.	Increased sensitization on importance of community dialogue meetings and ways to participate.
Motorcycle	 Average	There is a functional motorcycle, but regular use necessitates consistent service and maintenance to enhance efficiency.	Regular service, fueling and maintenance to increase efficiency.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Communication equipment	 Very Bad	There was no communication equipment with staff using their personal phones for communication.	Purchase a facility mobile phone loaded with airtime for efficient communication.
Management has sought for alternative power sources – solar	 Bad	There is a single small solar panel, mainly serving the maternity block.	Install solar panels to power the entire facility, mitigating disruptions in service delivery caused by frequent power outages.
Facility buildings are in good conditions e.g. Windows are not broken, paint is not peeling, has good lighting etc.	 Average	Rusty roofs, broken windows, peeling paint.	Major renovations to create a safe and pleasant environment, improving patient turnout and staff morale.
Routine maintenance	 Bad	Irregular routine maintenance due to delayed resource disbursement.	Implement quarterly routine maintenance to ensure proper functionality. Address faulty general ward doors and leaking roof at the OPD for patient safety. Ensure timely disbursement of funds for maintenance.

3.0 CONCLUSION AND LESSON LEARNT

3.1 Conclusion

The Community Score Card (CSC) process empowered members of the community. They were given a voice, and became partners with the county government, health facility management committees and health care workers in identifying gaps and challenges facing the health facility. Some of these challenges facing the health facility that were brought to the fore had immediate remedial actions undertaken from the County government of Machakos. For example:

- Infrastructural improvements – commitment by the Governor Machakos to ensure the construction of a modern WASH station at Ekalakala Health Centre in July 2024.
- Grading of roads leading to Ekalakala Health Centre for ease of access. These roads include the Ekalakala market road and the stadium road which is directly connected to the facility.
- Registration of Ekalakala Health Centre as a Level 3B (Comprehensive Health Centre) Health Facility with follow-up to ensure the facility is gazetted.
- Resumption of ambulance services at Ekalakala Health Centre by replacement of the ambulance alternator which had broken down rendering the ambulance not functional. The facility in-charge and HFMC allocated funds towards purchase and replacement of the alternator which had rendered the ambulance non-functional.
- Uptake in cancer screening by women of reproductive age by 25%

The health facility management committee at Ekalakala had limited understanding of their roles and low motivation to adequately represent the community due to lack of training and expired term of office. However, the ability of an informed citizenry to demand accountability on emerging issues for instance on the issue of patients sharing toilets with staff due to the collapse of the patient toilets 3 years ago led to the HFMC commitment to follow-up to ensure that the facility had a modern WASH facility for use by patients.

The CSC process was effective in de-escalation of conflict between health service providers and the community through dialogue and feedback provision. The relationship was previously strained with citizens accusing HCWs of mishandling drugs and commodities, confidentiality breaches and limited access to services at night at the facility. The HCWs highlighted on how drugs and commodities are supplied, the frequency and quota and steps undertaken to deal with the highlighted issues which included availability of drugs, staff attitude, patient toilets and patient safety and confidentiality. Through this dialogue, citizens gained clarity on their roles and responsibilities, fostering mutual understanding and improving the relationship between the community and healthcare providers.

The CSC strengthened learning for scalable good practices in citizen participation in government planning and decision-making processes. The initiative by community members and government officials to coordinate meetings for community health days and the identification of priority projects for funding, has improved participatory prioritization of issues to inform county plans and budget. This has resulted in increased uptake of the facility proposals in the County Integrated Development Plan (CIDP) and Annual Development Plan (ADP), through harmonization of advocacy issues to AWP priorities and active citizens voice during public participation forums.

Issues such as the need for patient toilets, renovations of the Outpatient Department (OPD), staffing enhancements, and ensuring a consistent supply of drugs and commodities have been highlighted as priorities for the community.

The citizens through the CSC process brought to fore how lack of alternative power sources at the facility when there is power blackout affected service delivery. Powering of fridges that stored essential vaccines and laboratory ingredients at the facility interrupted access to these services. As result, clients were referred to other facilities translating to loss of revenue, clients condition worsening due to time taken to access services, loss of life and increased costs incurred.

The CSC highlighted why citizens visit the facility only when drugs and commodities are available. They consider paying user fees without receiving drugs due to stockouts a waste and prefer visiting private facilities or purchasing drugs from chemists without prior tests. This leads to reduced hospital visits impacting on resources disbursed to the facility due to reduced workload.

3.2 Lessons Learnt

1. Understanding the social economic systems such as farming seasons in the targeted regions is critical in ensuring smooth implementation of CSC at the local level. During the farming season, for example, attention is diverted towards farming a crucial economic venture in the community. Hence, the roll out of CSC must be flexible to allow for such activities. This flexibility ensured inclusivity and participation of all stakeholders without fail.

2. Hidden factors hindered access to specialized services even when they were freely available. The Community Score Card (CSC) process revealed that the underutilization of cervical cancer screening services in the Mother Child Health Department was not due to a lack of awareness but rather privacy concerns and a lack of age diversity among service providers. Issues such as locking screening room doors and other healthcare workers invading clients' privacy during screenings were identified as key barriers. Addressing these concerns through improved privacy measures and diverse staffing has enhanced service utilization and improved health outcomes.

3. Poor compliance to disability friendly spaces had limited access to select services by people with disability due to the unavailability of amenities that are accessible to them. That is, patients using wheelchairs could not have their stool samples collected for testing due to the unavailability of patient toilets at the facility and the available one's not PWD friendly. This forced them to access the services in private health facilities translating to loss of revenue in user fees and reduced workload which affects funds disbursed to the facility. Hence, health facilities should at all times comply and adhere to set norms and standards.

4. Despite staffing levels falling below MOH standards, healthcare workers (HCWs) maintained uninterrupted service delivery. However, this dedication come at a cost, as HCWs experienced burnout and fatigue, elevating their vulnerability to mental health. While their commitment ensured continued care provision, addressing staffing shortages and prioritizing HCW well-being were considered essential for sustaining quality healthcare delivery and safeguarding the mental health of HCWs.

Health Rights Advocacy Forum (HERAF)
Ring Road Kilimani, Nairobi – Head Office
Imani House, Masinga Town, Machakos County - Field Office
P.O. Box 100667, 00101 Nairobi, Kenya.
Tel: +254735333007
Email: Heraf@heraf.or.ke | Webisite: www.heraf.or.ke
Facebook: Heraf Kenya | X: HERAF_Kenya
Instagram: heraf_kenya | LinkedIn : HERAF Kenya

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