

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

MACHAKOS COUNTY - JUNE 2024



**Kangonde Health Centre**

**A Level 3 Facility**

*Providing Quality Efficient and Caring Health Services*



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## LIST OF ABBREVIATIONS

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

## ACKNOWLEDGEMENTS

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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.

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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.

## 1.0 INTRODUCTION

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.

### 1.1 KANGONDE HEALTH CENTRE

Kangonde Health Centre is a level 3 facility located in Masinga Central Ward, Masinga Sub-County, Machakos County. Strategically situated along the Kanyonyo-Embu highway in Kangonde Centre. It serves clients from Kangonde, its surrounding areas, and Kanyonyo in neighboring Kitui County. The comprehensive range of services, including child health, maternal health, maternity care, curative and diagnostic services, prostate and cervical cancer screening, laboratory services, HIV/TB services, and a pharmacy for dispensing medications.

## 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, Kangonde 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:

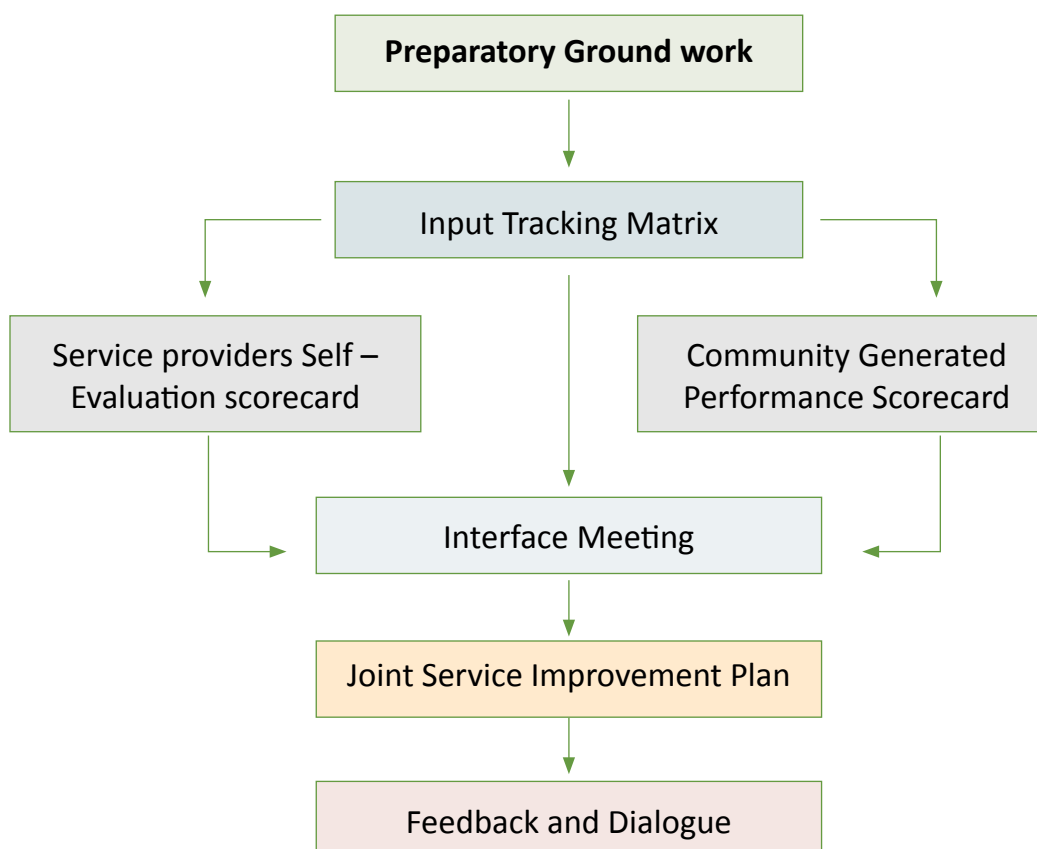


Figure 1: The CSC Process

### 1.2.4 The Scoring Matrix

Table 1: The Scoring Criteria<sup>1</sup>

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

<sup>1</sup> 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](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

The available infrastructure standards were partially met. A majority were ranked average/ok, with a score of 2 out of 3. However, consultation room and general ward were ranked poor while the records room was rated very poor as it did not exist.

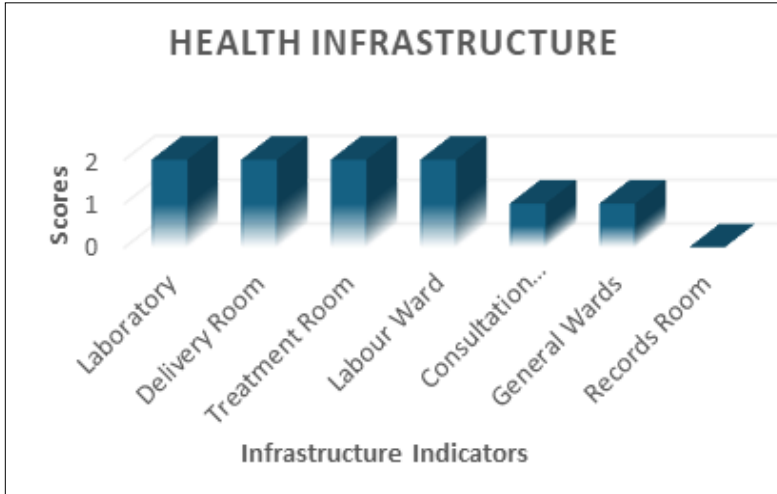


Figure 2: Health Infrastructure Status

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

The facility had no reliable all-season water supply despite close proximity to a KITWASCO piped water line. It scored very poor as there was no connection to piped water. Nonetheless, it was dependent on rainwater harvesting, with a storage capacity of 20,000 liters' which was found ok with room for improvement. The local community borehole provided backup water supply was also found to be ok.

The client and staff toilets were ranked poor as they were not sex disaggregated and PWD friendly and only 1 staff toilet was available.

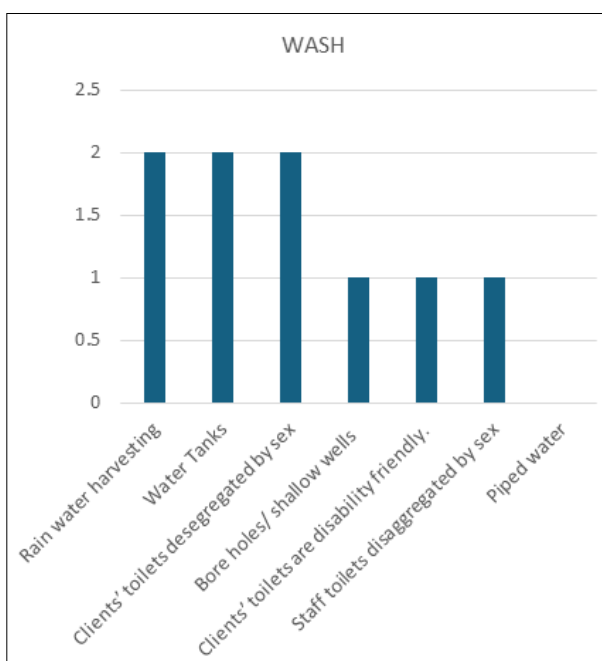


Figure 3: WASH Status

### 1.3.3: Hospital Commodities, equipment drugs, products and technology

The facility had the basic tools for vital signs observation. They were ranked just ok as there were confronted with numerous challenges in timely and adequate supply of commodities including drugs, batteries for the digital tools, e.g., BP machine.

Availability of medicines, vaccines, essential emergency drugs were found to be ok. At least they were available though not available all the times in a year in sufficient quantities.

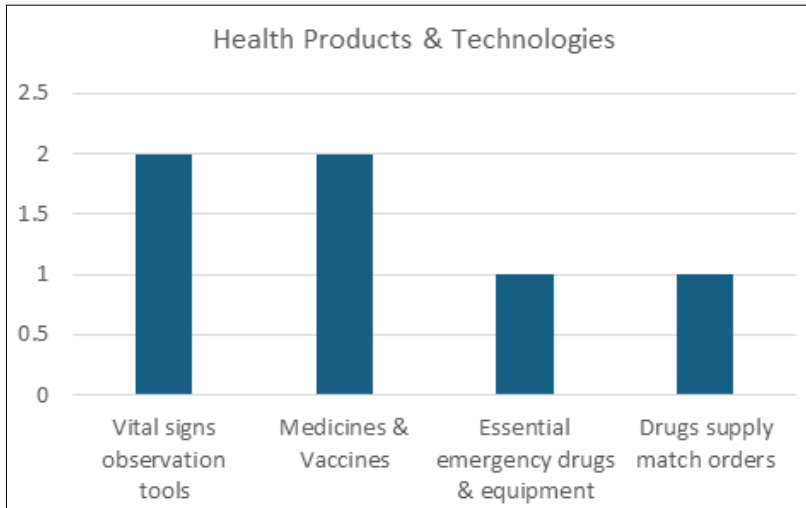


Figure 4: Health Products & Technology Status

### 1.3.4: Availability and Delivery of Core Services

The facility's availability of outpatient services, family planning and cancer screening services were rated good, an indication community member were satisfied with the services. Maternity services were compromised by the limited space and unavailability of meals for in-patient mothers, hence this was scored poor. HIV services were also scored poor as they were limited to testing and counselling due to unavailability of a CCC services were rated okay as they were largely compliant with the weak area being linkage for related services. Mental health services were below average as it was only the diagnosed clients who accessed prescription refills at the facility, and had some effort at integration into other health programmes while the staff, though trained on mental health had no access to debrief services. The ambulance services were ranked very poor as they were unavailable.

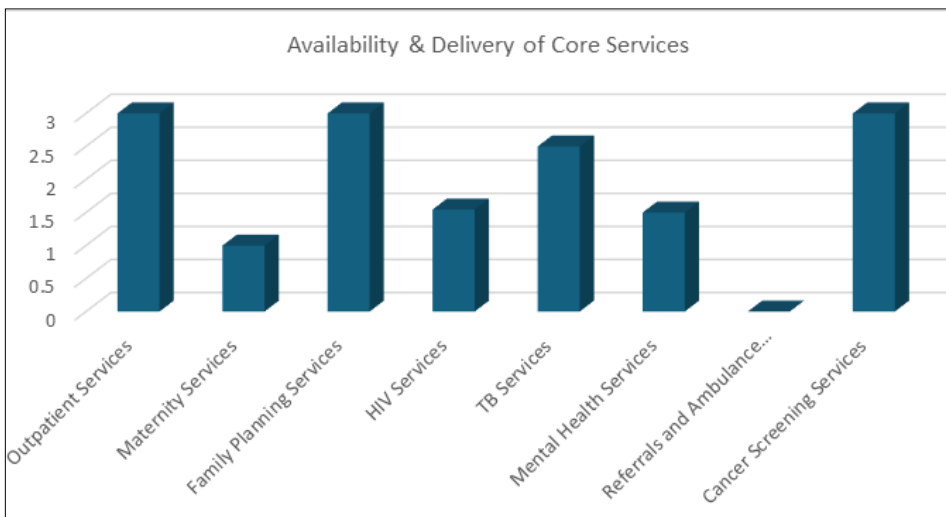


Figure 5: Status of Availability and Delivery of Core Services

### 1.3.5: Human Resource for Health

There was partial compliance to staff establishment hence the average /just ok score as only two cadres the nurses and lab technician had almost met the established staffing requirements. All the other cadres were none existent despite their establishments.

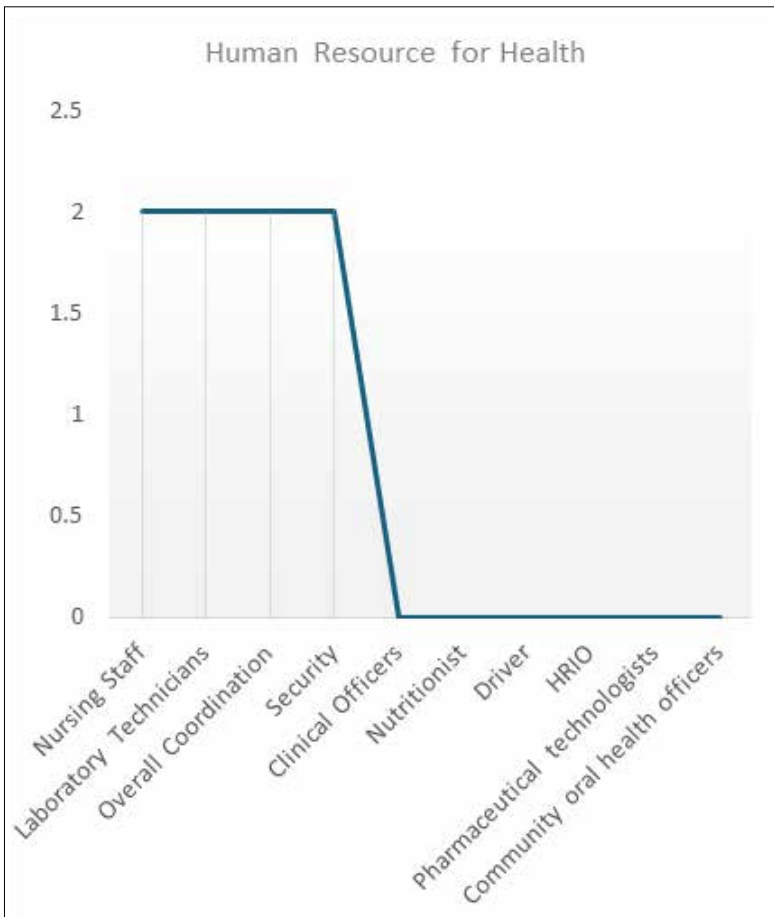


Figure 6: Human Resource for Health Status

### Staff Motivation

Staff motivation was assessed under the human resource for health thematic area focusing on:

- Staff Contracting and Appraisal (compliance with human resource management guidelines)
- Staff medical cover and welfare
- Continuous medical education

Overall, staff motivation, scored very poor or just ok. Key demotivating factors that necessitated the score of very poor were delayed upward mobility and short-term contracts, lack of upward mobility and lack of continuous medical in-service trainings. They were nonetheless ok with medical cover.



Figure 7: Staff Motivation

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

The facility physical access was rated as average with the proposal to improve disability access. The facility was accessible on foot, by vehicle, motorbike and bicycle during dry weather but roads were impassible in rainy weather.



Figure 8:Physical Accessibility Status

### 1.3.7: Leadership and governance for health

HFMC availability, constitution and participation in facility AWP and budget preparation was good, that is, met the standard however, their term had expired.

Clients were providing feedback through the facility in-charge. Though this was scored ok, the need to embrace other tools was identified.








The facility had not met the standards for communication, transport and power back up scoring very poor across the indicators.








The facility though public was on the land owned by the Kangonde Catholic Church. It was scored poorly for lack of its own title deed.



Figure 9: Status of facility leadership and governance





## 2.0 RESULTS AND JOINT ACTION PLAN






Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 1: HEALTH INFRASTRUCTURES</b>			
Consultation Rooms	 Bad	There is only one consultation room out of the recommended 3 which is long due for renovation.	Renovate the consultation for improved patient experience and satisfaction.
Treatment Room	 Average	There was one treatment room as recommended by the MOH standards but is due for renovation and minor repairs and replacement of broken windows.	Renovate the treatment room, replace broken windows, install a permanent sink, and equip the room with portable lighting to improve the quality of treatment services provided.
Records Room	 Very Bad	There was no records room, files were stored in the in-charge's office.	Construct a records room to improve access to patient records, enhancing the quality of care through better information management.
General Wards	 Bad	There was only one functional bed for inpatient mothers, far short of the recommended 22 beds.	Complete the community hospital project to include general wards and equip them with standard beds and supplies. This will increase access to inpatient care and improve recovery outcomes.
Laboratory	 Average	The laboratory was functional but undersized and under-equipped, with limited availability of the laboratory technologist. Available 4 days a week.	Expand and modernize the laboratory and hire more laboratory technologists to ensure full-time service. This will enhance diagnostic capabilities and improve the quality of laboratory services.
Labour Ward	 Average	The labor ward is inadequate, repurposed from other rooms.	Construct a fully equipped maternity wing with adequate staffing and supplies to improve access to safe and quality maternity care.
Delivery Room	 Average	Available with a delivery bed and resuscitaire	Equip with a modern delivery bed

Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 2: WATER, SANITATION AND HYGIENE (WASH) IN HEALTHCARE FACILITIES</b>			
Piped water	 Very Bad	The facility lacks piped water.	Ensure there is water connection to the Kitui Water line that passes near Kangonde at Kasua Ngove which is 6 kilometers away. Also, ensure storage of the piped water in the facility to ensure constant supply of water and 3 tanks of a total of 30,000 litres capacity for storage.
Bore holes/ shallow wells	 Bad	There was no borehole, but water was drawn from the community borehole which has untreated water.	Drill own borehole for provision of water and treatment for use and to ensure service delivery is not disrupted.
Water Tanks	 Average	There are two 10,000 litres water tanks which provide water to the facility.	Install two additional tanks for each building, elevate them on concrete slabs, and improve gutter systems to ensure a reliable water supply. This will enhance service delivery by ensuring continuous water availability.
Harvesting of rainwater	 Average	Harvesting of water is done during rainy season but the tanks available are not enough to store rainwater harvested.	
Clients' toilets disaggregated by sex	 Average	There were 2 client's toilets which were not sex- segregated.	
Clients' toilets are disability friendly	 Bad	There was one toilet block with 2 client toilets which was not PWD friendly making it difficult for them to access services.	Construct clients and staff sex and PWD disaggregated toilets /wash rooms to ensure privacy and safety.
Staff toilets disaggregated by sex	 Average	There is a staff toilet that is shared by male and female staff.	



















Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 3: HOSPITAL COMMODITIES, EQUIPMENT DRUGS, PRODUCTS AND TECHNOLOGY</b>			
Availability of vital signs observation tools, at minimum, thermometer, and blood pressure machines in good working conditions.	 Average	The facility has functional vital signs observation tools which include 2 thermometers and 1 blood pressure machine.	Ensure availability of additional thermometers and 2 blood pressure machines with adequate supply of batteries.
Medicines, vaccines and test stockout/ shortages. (Bandages, syringes, pregnancy tests, vaccines, etc. (specify and list all))	 Average	Availability of essential drugs and commodities is an issue at the facility. Quarterly supplies last for 2 weeks to a month with stockouts lasting 2 months until the next delivery. This has affected the health-seeking behaviour of clients who opt to seek the services elsewhere.	Ensure timely delivery of essential medicines, vaccines, and test kits, including NCD drugs, anti-venom, tetanus, and anti-rabies vaccines.
Drugs supplied match what was ordered	 Bad	Drugs supplied to the facility often do not match what was ordered, with KEMSA delivering less than half of the requested supplies.	Increase support to KEMSA to ensure adequate supply of drugs and commodities. Explore alternative suppliers if necessary.
Availability of emergency tray with essential resuscitation drugs and equipment (ambubag, suture pack)	 Bad	Availability is also affected by the inadequate supply patterns of essential drugs and commodities.	Ensure timely delivery of essential medicines and supplies







Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 4: AVAILABILITY AND DELIVERY OF CORE SERVICES</b>			
<b>Outpatient general services</b>			
Time taken by patients /clients to be serviced is reasonable and as indicated in services charter.	 Good	Clients spend a reasonable time at the facility and are served professionally as per the citizen service charter. Open 24hrs and HCWs always available to provide services.	Maintain the standards and recommend other facilities to visit for benchmarking on service delivery.
<b>Maternity Services</b>			
Adequately equipped maternity unit with modern delivery beds, resuscitaire and delivery packs	 Average	Limited space and equipment in the maternity area led to referrals and reliance on expensive private options.	Build a new maternity wing with essential facilities and ensure availability of delivery packs.
Inpatient mothers provided with meals	 Very Bad	Lack of provided meals for inpatient mothers necessitates reliance on family for food.	Allocate funds for a facility kitchen, hire cooks, and ensure timely supply of kitchen essentials.
Mother and baby gift packs available at all times	 Very Bad	Subject to availability of resources	Allocate resources for gift packs to incentivize facility delivery.
<b>Family Planning</b>			
Availability of both short and long-acting methods of family planning (List contraceptives that experience shortages – birth control pill, injection, implant, IUD, etc.	 Good	Both short and long-acting methods of family planning are consistently available without shortages. Clients only pay the Ksh 50 user fees.	Maintain regular and sufficient supply to ensure accessibility and availability for women of reproductive age. Increase awareness about the availability of family planning services to address underutilization, possibly through community outreach programs and educational campaigns.









Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>Cancer Services</b>			
Availability of cervical cancer screening services	 Good	Cervical cancer screening services are available at the facility. However, there is underutilization due to lack of awareness about the availability of these services.	Increase awareness about cervical cancer screening services through community outreach programs, educational campaigns, and collaboration with local organizations. Additionally, consider expanding screening services to include breast and prostate cancer for men to improve overall cancer screening coverage.
<b>HIV Services</b>			
HIV counselling and testing services	 Average	The facility lacks a CCC department.	Expand the facility to accommodate the increase in services delivered, including the establishment of a CCC department to provide comprehensive HIV counselling and testing services.
Pre-post exposure counselling	 Average	The facility lacks a dedicated counselor for pre and post-exposure counselling, with these services currently handled by healthcare workers (HCWs).	Increase staffing levels at the facility to include a clinician and a dedicated counselor or psychologist to provide specialized pre and post-exposure counselling services.
STIs diagnosis & treatment	 Average	Services for STIs diagnosis and treatment are affected by the availability of the laboratory technologist, who is only present at the facility four days a week.	Post an additional laboratory technologist to ensure coverage throughout the week. This will help minimize disruptions in STI diagnosis and treatment services and ensure timely care for patients.
ART Initiation	 Very Bad	ART initiation is for pregnant mothers only while the general population if HIV positive after testing are referred to Kivaa Health Centre, Masinga and Matuu Level 4 Hospitals.	Expand the facility's capacity to provide these essential services to all HIV-positive individuals, not just pregnant women through establishing a Comprehensive Care Centre (CCC) to manage ART services more comprehensively and efficiently.
ART refill/ follow up /multi-month dispensing	 Very Bad	ART refill, follow-up, and multi-month dispensing services are limited to pregnant mothers only.	
Stockout of male condoms	 Average	Unavailability of a condom dispenser, which is a central point for access.	Install a condom dispenser stocked with male condoms to ensure consistent availability and accessibility of contraception for clients. Additionally, maintain an adequate supply to meet the demand effectively.








Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
Women in ANC, maternity & PNC offered HTS	 Good	Testing for pregnant women is conducted promptly upon initiation of ANC and during prenatal clinics.	Maintain those standards and recommend other facilities to visit for benchmarking.
Stockout of female condoms	 Very Bad	Persistent unavailability of female condoms at the facility, impacting access to this important preventive measure.	Ensure consistent supply of female condoms and conduct community sensitization on their benefits and correct usage.
Referral & linkages of HIV patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Average	While some services like nutritional advice and mental health counseling are available, there's a lack of linkage to legal support.	Strengthen referral pathways and linkages to offer comprehensive services for HIV patients.
PMTCT clients receive FP counselling and condoms	 Average	Only females seek for counselling services at the facility.	Educate men about the availability and significance of PMTCT counseling services. Encourage them to join their partners during antenatal clinics for counseling and support. Organize community outreach initiatives to inform men about the advantages of PMTCT services and their role in promoting maternal and child health.
Male involvement in PMTCT programme	 Average	Men are rarely involved in the PMTCT but there is need for increased awareness on the need for male involvement in the PMTCT programme	Promote male engagement in PMTCT through community outreach. Encourage spouses to support partners during ANC and childbirth. Provide targeted education for men on their role in PMTCT and maternal health.
<b>TB Screening, Treatment and Services</b>			
TB Diagnosis and Treatment	 Good	Diagnosis and treatment is done at the facility with samples needing extra investigation transported to Masinga Level 4 Hospital for testing using the TRUNAT machine and clients access the results at their link facility.	Prioritize the availability of a reliever laboratory technologist to ensure uninterrupted testing and timely access to results.
Stock out of TB drugs & commodities	 Good	Despite steady TB drugs supply, there is still a risk of stockouts, which can disrupt service delivery. This was occasioned by national issue	Increase the supply of TB drugs and commodities to prevent stockouts and ensure continuous availability.








Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
Referral & linkages of TB patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Average	<p>Counseling and follow-up done by HCWs with no linkage to nutrition support, social welfare, and legal support.</p> <p>Linkage with social welfare is a priority for support of dependents is a priority.</p>	<p>Prioritize the establishment of linkages with social welfare services to support dependents of TB patients. Additionally, deploy a full-time nutritionist to complement the efforts of other HCWs in providing comprehensive care for TB patients, addressing their nutritional needs, and improving treatment outcomes.</p>
One-stop shop services for TB/HIV co-infected patients	 Average	<p>TB/HIV co-infected patients, particularly mothers, have access to counseling services but lack linkage to nutrition support, social welfare, and legal support.</p>	<p>Extend comprehensive services to all TB/HIV co-infected patients, not just expectant mothers, by establishing a CCC Department with adequate staffing and necessary commodities.</p>
<b>Mental Health Services</b>			
HCWs at facility trained on components of mental health	 Good	<p>HCWs are trained on mental health</p>	<p>Ensure there is continuous training and sensitization on mental health for all HCWs at the facility to enhance their capacity to address mental health issues effectively.</p>
Outpatient mental health services	 Bad	<p>Drug refills are done at the facility for already diagnosed clients. These services are not offered for general population, but demand is high.</p>	<p>Establish an outpatient mental health unit with dedicated staff, constant supply, and availability of appropriate psychotropic medications</p>
Constant supply and availability of appropriate psychotropic medications at facility	 Very Bad	<p>These services are not offered to the general population, but demand is high.</p>	
Regular staff debrief (mental health)	 Very Bad	<p>There are no regular staff debrief sessions organized for staff at the facility.</p>	<p>Hire an on-site psychologist and counselor to offer mental health support for both the general population and staff, promoting regular staff debrief sessions and fostering a supportive, healthy work environment.</p>

Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
Mental health information integrated into disease specific programmes- HIV, TB, MNCH, FP	 Average	Basic Mental health services are offered to anyone in need in all programmes of HIV, TB, MNCH and FP.	Strengthen the integration of mental health services within disease-specific programmes by conducting regular training sessions for healthcare providers. Additionally, ensure that mental health assessment and counselling are fully integrated into maternal and child health (MNCH) services to provide comprehensive care to ANC clients.
Mental health included in reporting tools for CHV/P	 Good	CHPs are not trained on Mental Health, but they capture data for their report	Ensure there is continuous training and sensitization of CHPs on MH to ensure correct information is shared to the community and for correct data capture in their reports.
<b>Referrals and Ambulance Services</b>			
Ambulance	 Very Bad	The facility's ambulance was non-functional due to mechanical issues.	Repair and equip the existing ambulance and, in the long term, assign a new fully equipped ambulance to the facility. This will improve emergency response times and quality of care in emergencies.  Ensure it has a full-time driver.
Ambulance has full time dedicated staff	 Very Bad	The ambulance was grounded.	
<b>THEMATIC AREA 5: HUMAN RESOURCE FOR HEALTH</b>			
<b>Sufficient Human Resource for Health as per Staff Establishment</b>			
Clinical Officers	 Very Bad	There were no clinical officers against the recommended 2 as per the standard establishment for the Level 3 facility.	Post 2 clinical officers to enhance service delivery and meet the standard requirements.
Nursing Staff	 Average	There were 7 nursing staff against the recommended 14 as per the staff establishment. These low staffing levels affects service delivery.	Post an additional 7 nursing staff to alleviate the staffing shortage and improve service delivery.













Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
Laboratory Technicians	 Average	There is only one laboratory technician as per the recommended staff establishment but needs a reliever to support laboratory services on Fridays and when on leave.	Employ a full-time lab technician is necessary to ensure consistent and uninterrupted laboratory services.
Pharmaceutical technologists	 Very Bad	There is no pharmaceutical technologist against the recommended 1 as per the staff establishment.	Provide a pharmaceutical technologist to ensure proper medication management.
Nutritionist	 Very Bad	There is no nutritionist against the recommended 1 as per the staff establishment.	Provide a full-time nutritionist is a high priority to provide dietary guidance and support for patients.
Community oral health officers	 Very Bad	The absence of a community oral health officer leads to referrals to other facilities, resulting in increased costs for patients. This is against the recommended one as per the staff establishment.	Provide a community oral health officer, along with the provision of necessary equipment, are necessary to establish a dental unit and meet the high demand for dental services.
HRIO	 Very Bad	There was none against a recommended 1 HRIO as per the staff recommendations which affects the quality and timeliness of health information.	Employ and deploy an HRIO to ensure accurate and timely health information management.
Overall Coordination	 Average	The facility In-Charge is the overall coordinator.	Continuous training of the overall coordinator and increasing staffing levels will reduce disruptions in service delivery and improve overall coordination.
<b>Support Staff</b>			
Driver	 Very Bad	The facility has one driver who is currently assigned to support ambulance services at Masinga Level 4 Hospital due to the stalled ambulance. Additionally, he is tasked with repackaging drugs at the facility pharmacy on other days.	Provide an additional driver is necessary to support referrals and emergencies, especially during the night. Repairing the ambulance should be prioritized to enhance emergency response capability.









Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
Security	 Average	There was only one security officer on a full-time basis against a recommended staff establishment of 2.	Employ an additional security officer by the County Government is essential to ensure maximum security coverage during both daytime and nighttime shifts, enhancing safety for staff and patients.
<b>Staff Contracting and Appraisal (Compliance with human resource management guidelines)</b>			
Contracts with County public service board, permanent, pensionable & paid regularly	 Average	The facility has 10 staff on permanent, pensionable basis.	Increase staffing levels at the facility to meet the demands of service delivery effectively.
Upward staff mobility and promotions	 Very Bad	The process of upward staff mobility and promotions has been delayed for 3 years, despite continued follow-up by the Staff Union.	Ensure regular upward staff mobility and promotions according to established guidelines and policies to boost staff morale and improve service delivery.
<b>Staff Medical Cover and Welfare</b>			
Staff have a medical cover	 Average	All facility staff have medical insurance through Jubilee Insurance. However, there is a discrepancy in the daily limit, which is capped at Ksh 3500 instead of the previous Ksh 10,000 offered by NHIF. This shortfall forces staff to pay out of pocket, causing delays in seeking medical services.	Conduct awareness campaigns among county staff to ensure they understand the terms and conditions of the staff medical cover, addressing the discrepancy in daily limits.
Statutory and voluntary deductions (NHIF, SACCO, loans) remitted	 Average	NHIF was laid paid in December 2023 while there has been a delay in payment of Sacco loans for 3 months.	Ensure timely remittance of staff deductions to the relevant departments to avoid financial strain on staff and maintain their financial stability.








Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>Continuous Medical Education (CME)</b>			
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	This training is not county supported and costs at least Ksh. 15,000 at Red Cross Training School.  The costs incurred are not refunded as it should be with many staff opting not to get trained.	Implement employer-sponsored CPR training as a component of on-the-job training, eliminating financial obstacles for employees and promoting their professional growth while enhancing their ability to respond to emergencies.
<b>THEMATIC AREA 6: PHYSICAL ACCESSIBILITY BY ALL PWD, THE ELDERLY AND CHILDREN</b>			
Facility accessible by all persons including those with disability	 Average	Level and graveled compound with wide corridors but some of the service points have limited space for movement. No PWD accessible toilet at facility.	Ensure the facility comply to norms and standards for PWD toilets / washrooms
Road network to facility	 Average	The facility is accessible on foot, by vehicle, motorbike and bicycle but the roads are rendered impassable during the rains.	Liaise with Roads department for grading and marraming of roads to ease accessibility will ensure the reduction in motorbike costs which range from Ksh 300 – 400.
Means of transport to health facility	 Average	Most roads are accessible and means of transport always available but the roads are rendered impassable during the rainy season.	

Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 7: ECONOMIC ACCESSIBILITY (AFFORDABILITY)</b>			
User fees charged for services	 Average	User fees are capped at Ksh 50, which is affordable for most of the catchment population. Waivers are provided for those unable to pay. However, delayed disbursement of collected funds affects routine maintenance and the purchase of supplies.	Ensure timely disbursement of funds and permit the facility to retain a percentage of the collected funds for development. This approach will enhance facility usage and support its growth.
User fees/costs displayed on service charter	 Very Bad	Service charter still indicates all services are free, but they still pay the Ksh 50.	Ensure services charter is updated with new information such as the Ksh 50 user fees.
Facility is Linda Mama accredited	 Average	Facility is only accredited for Linda Mama but not the general NHIF cover	Follow up to ensure payment of funds owed to the facility through the Linda Mama program.
Facility claims reimbursements from Linda Mama for services rendered.	 Very Bad	Linda Mama reimbursements only; last payment was made in September 2023 for the period ending Feb 2023.	
<b>THEMATIC AREA 8: COMMUNITY HEALTH SERVICES</b>			
Availability of trained CHVs/CHPs providing services at community level	 Good	There are 10 CHPs each representing a village linked to Kangonde Health Centre. Currently there is one CHU linked to the facility.  All the CHPs have attained basic education certification.	Provide continuous training for CHPs to ensure they can continue providing services at the community level.
CHVs stipends paid out regularly	 Bad	CHVs/ CHPs stipends were previously not paid out regularly with the only payment in 2023 Ksh 5000 coming in January 2024. Previously payment of stipends was not guaranteed but was on goodwill.	Lead advocacy efforts towards development and implementation of Community Health Services Bill to anchor payment of CHPs into law.



Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
<b>THEMATIC AREA 9: LEADERSHIP AND GOVERNANCE FOR HEALTH</b>			
Facility Title Deed	 Bad	The facility sits on 3/4 acres with additional land under the community hospital project, but the title deed is with Kangonde Catholic Church.	Facilitate HFMC to secure the title deed for the facility land to ensure proper ownership and facilitate future development.
Duly constituted HFMC exists at any one time.	 Good	The facility has a duly constituted 9-member HFMC.	Facilitate the capacity training for the 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.	Provide guidance on the elections for communities to elect new HFMC members.
Patient rights charter displayed conspicuously in waiting areas.	 Very Bad	The facility lacks a patient rights charter conspicuously displayed for all to access.	Ensure HFMC has developed and operationalized clients rights charter and increase awareness among communities regarding their rights.
Patients' complaints and redress mechanisms in place	 Average	<p>Complaints are directed to the facility in-charge and the facility has a suggestion box, but the clients do not use it.</p> <p>HFMC members are not known to the community, making it difficult for community members to report grievances.</p>	Sensitize community members on complaints and redress mechanisms available at the facility including the suggestion box and the role of HFMC and other.
Community dialogue meetings	 Bad	Facility dialogue meetings are held but not regularly.	<p>Increase sensitization on the importance of community dialogue meetings and ways to participate.</p> <p>Organize meetings at least quarterly to engage the community in improving service delivery.</p>

Issue	Consensus Score	Reasons for Score	Key Action by County Department for Health
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.	Train HFMC members on their roles and responsibilities.
Motorcycle	 Very Bad	The facility lacks a motorcycle which is essential to ease travel to remote areas by the CHA/PHO.	Allocate a motorcycle to the facility to improve outreach and access to services in remote areas.
Communication equipment	 Bad	The facility does not have communication equipment; personal gadgets are used.	Ensure HFMC has purchased a facility phone with a dedicated line and airtime to ensure reliable communication.
Management has sought for alternative power sources – solar	 Very Bad	The facility has not installed solar panels as an alternative for harvesting solar energy. When there are power outages laboratory services are not available thus forcing patients to access the services in other facilities which translates to extra unplanned costs.	Provide technical support on procurement and installation of solar panels to provide alternative power to ensure there is no service disruption.
Routine maintenance	 Bad	Routine maintenance of equipment Irregular and subject to availability of funds.  There were rusty roofs, broken windows, and peeling paint in all rooms.	Quarterly routine maintenance of the facility equipment and infrastructure is needed to ensure proper functionality and should cover the faulty and broken general ward doors and leaking roof at the OPD which is an eyesore and a hazard to patient safety.  Timely disbursement of funds to ensure there is routine maintenance.



### 3.0 CONCLUSION AND LESSON LEARNT

#### 3.1 Conclusion

The CSC brought to the light the infrastructural gaps that affected access and delivery of quality health care services. For example, there were inadequate consultation and treatment rooms meaning available HCWs could not attend to patients at the same time without compromising their privacy and confidentiality. The status of the available rooms was found wanting as it was characterized with broken windows and inadequate lighting. The delivery room, the general ward and laboratory all lacked essential equipment. As a result, the desired services could not be adequately accessed from the facility. Hence there is urgent need to have the entire infrastructure of the facility uplifted in order to meet the basic requirements.

The investments for Water, Sanitation and Hygiene with the facility is crucial and a key ingredient to access and quality of health services. It emerged from the exercise that the facility though lacked piped water had sufficient water sources from rain harvest and community borehole. Nonetheless, the quality of the harvested and bore hole water could be improved by ensuring routine treatment to avoid predisposition to waterborne diseases in a health facility.

Though there existed toilets, they were found inadequate as they did not meet the basic standards of public facilities in a health facility. They were not sex disaggregated and were not friendly to persons with disability. These have grave implications to access to service as both men and women would shy away from seeking for services on emerging the status of these facilities. Also, such facilities are fertile ground for sexual abuse, they deny right to dignity and privacy especially for vulnerable populations of women, girls and children. Worse, the PWD would find it very challenging when using such facilities as they ultimately violate their right to dignity and privacy. They could also be exposed to sexual violence. The dignity of members of staff is also compromised when they share toilets with their clients. There should be clients and staff toilets all disaggregated by sex and disability.

On human resources for health, it emerged that though the facility should have clinical officers, there was none. Hence it was under the management of clinical nurses who were inadequately staffed. They were a half of the established number, an indication there were incidents of services disruptions when not all of them were present due to personal and official commitments leading to burnout thereby affecting their productivity. Key positions were lacking and these impacted negatively to access and quality of services. These included the pharmaceutical technologists, the nutritionist and community oral officer. The county should consider filling in these positions. Further, motivation of the staff should be prioritized. These include ensuring they have access to a medical cover at all times that has adequate benefit package and acceptable in all health care facilities. The limited benefit packages demotivate the staff as sometimes they have to dig deep into their pockets to access services from the hospitals of their choice due to cover limits. Also, the recognition and awarding good performance should be made part and parcel of performance review. These should be the basis for promotions and not just the years of service. These will encourage healthy competitions and thereby contribute to improvement of quality of services.

A major source of revenue for the facility was the Linda Mama programme. However, it emerged that that programme was no longer going on though there was no official communication on its regards. Worse, the funds that were to be reimbursed from the programme were yet to be received in the facility. There were fears that with the transition from NHIF to SHIF such funds may never be recovered. However, the county government department of health should follow up, inform and provide guidance to the facility management.

On facility leadership and management, glaring gaps in regards to management of the health facilities. The HFMC contracts were expired and had not been renewed nor were there communication in regards to when new elections would take place. This is glaring anomaly for a health facility to operate without a substantive committee as they have fiducial roles to play. The facility in charge as the coordinator of the facility functions should also be empowered with management skills for making sound decisions. Overall, the leadership of the health facility should be empowered to comprehend their roles and responsibilities.

Community projects are sometimes conceived and delivered without following the due diligence process. For example, this facility sits on a land that belongs to a religious organisations, yet such public investments should be on land fully owned by the government to avoid the public loosing investment in future. Alternatively, such investments should be backed up with a memorandum of understanding that can inform future decisions.

### 3.2 Lesson Learnt

1. Identifying how services were experienced by users and service providers. Availability of drugs and commodities was highlighted as a key barrier to accessing services. Regular stockouts and mismatch between orders and delivery increased the risk of clients opting not to access services at the facility making them susceptible to the condition worsening and loss of life. Lack of a facility ambulance for referral of critical clients from the community to the facility and to the Level 4 Hospital affects access to health services at Kangonde. This forces the patients to seek for other private means which are not equipped to handle some of the conditions. Increased wait time due to the low staffing levels at the facility with some cadres lacking. This forces patients to seek for services in the nearby private facilities and the new Administration Police Hospital at Kanyonyo where wait time is reduced, and staffing levels are as per the set MOH norms and standards.
2. Established a feedback mechanism between users and providers to find service delivery gaps and challenges. The CSC brought to the fore reasons why the anticipated feedback mechanisms were under-utilized in the facility, opting to use their own arrangements to pass the same message. There was consensus on way to improve such feedback. This included installation of facility telephone line that community members can use at all times, proper labeling of the suggestion box, regular conduct of community dialogue meetings and establishment of complaints register. These will contribute to improving services delivery through an elaborate and effective feedback and redress mechanism.



3. Ensuring informed decision-making and dialogue between service providers and users. The CSC process helped to underscore the need for decision and policy makers to prioritize planning, budgeting and execution of projects based on community felt needs. At Kangonde, the community and service providers deemed completion of the community hospital, constant availability of drugs and commodities and increased staffing levels as their priorities. By involving both service providers and users in the decision-making process, the planning, and execution of projects would be more transparent and reflective of community priorities. In case of misunderstanding and conflict between Health Care Workers or HFMC and community members, the CSC process provides a structured approach for resolution. The leadership vacuum and deterioration in service delivery as was previously witnessed at the facility, if there was structured dialogue between communities and service providers the situation would have been salvaged earlier. The CSC empowered stakeholders to engage in effective communication, identify interests, generate solutions, negotiate, and ultimately reach agreements.
  
4. Tracking if services and programs are progressing well and compared the performance of services across facilities. The CSC process targeted 4 health facilities. Validation and feedback meetings were held jointly providing opportunities for members to interact with each other, learn and share experiences. This provided opportunities for benchmarking, the four facilities compared their performance against established standards and on each other. This helped in identifying strengths and areas for improvement in order to improve services delivery. Moreover, this exercise fostered a culture of continuous learning by facilitating the sharing of best practices and successful strategies across facilities. One of the key areas highlighted was on resource mobilisation on how the HFMC can mobilise resource to accomplish key projects which fulfill community needs.





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