

Community Score Card Report on Public Services Delivery in Masinga and Yatta Sub Counties

MACHAKOS COUNTY - AUGUST 2022





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LIST OF ABBREVIATIONS

CBO	Community Based organization
CHMT	County health management team
CHU	Community Health Unit
CHV	Community Health Volunteer
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
MOH	Medical Officer of Health
MoH	Ministry of Health
NGO	Non – Governmental Organization
PHO	Public Health Officer

1.0 INTRODUCTION

Health Rights Advocacy Forum (HERAF) is a national non-governmental organization that was established in 2006 and registered as a non-governmental NGO of Kenya in 2007 by NGO Coordination Board, it promotes human based approach in health care delivery.

HERAF is implementing a project on Strengthening Public Accountability and Responsiveness in Kenya (SPARKe) with the objective of strengthening citizens and civil society organization (CSO) to demand for Accountability and Responsiveness of Public Officers in Machakos County on services delivery. The expected outcomes of the project are; Increased knowledge and awareness on constitutionalism and importance of adherence to rule of law in delivery of public service and access to justice among citizens and public officers in Machakos County, improved responsiveness by public institutions in services delivery and access to justice in Machakos County, increased citizens knowledge on functions of national and County government in service provision, increased citizen participation in County Government budget making process, improved knowledge capacity of Health Care Workers (HCWs), Health Facility Management Committee (HFMC), Members and County health Management Committee (CHMTs) to support improved service delivery and empower citizen's and CBOs to engage in monitoring and oversight to National and County Government performance in health sector, Social protection, Public participation and adherence to rule of law.

In a bid to increase citizen participation in the planning, decision making and monitoring of public services and strengthening the community led monitoring and social accountability, three facilities were identified to conduct the Community score card processes across three key areas and culminate in the formulation of joint workplans that would guide the implementation of identified priority actions that would in turn improve service delivery.

1.1 Background

The SPARKe project is being implemented across 2 sub counties with 4 implementation sites in Ekalakala, Kivaa, Kivingoni and Masinga Central with one link facility in each of the wards, the 4 wards were identified by the Machakos County Government officials, considering the key indicators on the health care service provision, infrastructure development, access to water, social amenities and services and the citizens participations in the delivery and oversight of public services. During this cycle the community score process was implemented in 3 wards, Ekalakala, Kivaa and Kivingoni, with the former two having had a previous exercise in the year 2020 conducted at Kivaa Health Center and Itunduimuni Health Centre. Despite this being a follow up exercise in the Kivaa and Itunduimuni facilities some of the indicators being administered were being introduced.

Itunduimuni Health center is a level three health facility that is located about 15 KMs off Matuu –Ekalakala road in Masinga Sub County, Machakos County offering both inpatients and outpatient services on 24hrs coverage, the commonly treated conditions in the facility are skin conditions, upper respiratory tract infections, malaria, diarrhea, fevers, minor injuries and maternity services for normal deliveries, antenatal care, immunization and family planning. The facility serves a catchment population of 11,000 households that are evenly distributed in 12 villages, in addition there are three dispensaries that refer patients to the facility, on average facility serves about 1000 clients per month. Itunduimuni Health Center is attached to one Community Health Unit (CHU) with ten Community Health Volunteers (CHVs) who play a very vital role in providing health education, screening for danger signs in pregnant women and Children under the 5 years, referral of cases to the health facility and conducting regular Householdings in the mapped households. The facility has staff composition as follows;1 senior nurse who is the facility in charge, six registered nurse, 1 laboratory technician,1 PHO, 3 cleaners and a watchman. The facility has HFMC of 9 members and two ex-officials who oversees the general operation and management of the facility, the committee members were elected from the catchment population inducted on their roles and gazetted.

Kivaa Health Center is a level three health facility that is located about 100Ms off Kangonde – Embu Road in Masinga Sub County, Machakos County offering both inpatients and outpatient services on 24hrs coverage. The commonly treated conditions in the facility are skin conditions, upper respiratory tract infections, malaria, diarrhea, fevers, minor injuries and maternity services for normal deliveries, antenatal care, immunization and family planning. Kivaa Health Centre has an ambulance which serves the whole population when operational. The facility serves a catchment population of 17,500 households that are evenly distributed in 16 villages, in addition, the facility serves Kitui and Embu counties because it's at the border and on average serves about 3,000 clients per month. The facility is the only health Centre in Kivaa location whereby patients are referred from other health facilities, in addition it is attached to one community health unit (CHU) with ten Community Health Volunteers (CHVs) who play a very vital role in providing health education and limited health services including Child monitoring, patients referral to health Facilities and mobilizing for health outreaches targeting

Immunization ^ vaccination and community based testing for different diseases at grassroots level. The CHVs offer both preventive and promotive health services at the grass root level whereby they submit their monthly reports to the CHEW at the facility. The facility has a total of 17 HCWs and 3 supportive staff as follows; 2 clinical officers, 1 senior nurse who is the facility in charge, 1 nursing officer in charge, 10 registered nurses, 1 laboratory technician, 1 pharmacist, 1 PHO, 3 cleaners and a watchman. The facility has HFMC of 9 members and two ex-officials who oversees the general operation and management of the facility, the committee members were elected from the catchment population which are from the surrounding villages, inducted on their roles and gazetted.

Kivingoni dispensary, in Kivingoni sublocation is located in Ndalani ward, Yatta sub County along the common border with Masinga sub County. It has a total of 34 villages with an estimated population of 13,000 people and boast of a wide range of social amenities that include 12 learning institutions, 2 dispensaries and religious institutions and 2 schools for people with disabilities. Despite these investments, there are huge development needs and gaps from poor infrastructure, little connection to water and electricity, environmental degradation from uncontrolled sand harvesting. Due to its distance from national and County offices and the difficult and rugged terrain that have hampered infrastructural development thus exposing the residents to stunted growth and slowed economic activities. The facility has 1 Staff and provides only outpatient services, the HFMC was constituted and gazette in 2019 but doesn't meet the required quorum because some of the members dropped out due to relocation to other areas and lose of interest in the functions of the committee, Furthermore there are glaring infrastructure gaps that hinder services delivery which include; services being provided from a building meant to house the In charge, no piped water and electricity, has no fence and inadequate space to allow for enough patient privacy thus directly affecting the quality of service. Due to a long running conflict at the facility there has been difficulty in ensuring the community health services run smoothly, out of the 10 CHVs that were recruited only 4 are active and participate in the monthly Household visits, reporting meetings and other community level health promotion activities.

SOCIAL ACCOUNTABILITY

Community accountability refers to the extent and capacity of citizens to hold the state (Government) and service providers (government officers) accountable and make them responsive to needs of citizens and beneficiaries. It is based on the principles of transparency, accountability, and participation. Tools of Social Accountability include:

1. Social audits and public hearings;
2. Community monitoring initiatives and committees;
3. Citizen report cards;
4. Budget Tracking and Advocacy;
5. Community Score Card

1.2 Community Score Card Process

The Community Score Card (CSC): This is a Social accountability tool that uses a monitoring and evaluation approach that enables beneficiary community to assess services provided and to rate their performance using a grading system in form of scores. The main goal of the community score card is to influence the quality, efficiency and accountability with which services are provided at different levels and departments. It brings together the demand side ("service user") and the supply side ("service provider") to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues

2.0 THE SCORE CARD IMPLEMENTATION PROCESS

The aim of conducting the community score card was to get service user perceptions on quality and rate the level of satisfaction in services offered at a facility or sector, and to assess transparency and general performance of the service providers. The overall goal of the process was to improve the quality, efficiency and effectiveness of service provision to residents of Ekalakala, Kivaa and Kivingoni wards by deliberating on what can be done by who and how to improve the quality-of-service provision by National and County Government officials as well and increasing the citizens role in public planning and decision making in public services

2.1 Community Score Card Design

There are five main phases in conducting community score card process, the phases are as discussed below

Phase 1: Planning and preparation - the phase is designed to set ground on preparation of the CSC process, it entails identifying the venue where the process will be conducted, selection of score card committee and notifying relevant stakeholder about the process as well as seeking cooperation from service providers and identification of the dates, duration, and the costs associated with conducting the whole process. A work plan is also agreed upon during planning and preparation phase.

Phase 2: Conducting the scorecard with the community - this stage involves community level assessment of priority issues arising from the community on service provision, developing the indicators for the priority issues, completing the score card process by scoring each indicator therein giving the reasons for the score as well as deliberating and suggesting on possible improvements

Phase 3: Conducting the score card with the service Providers - similarly this entails conducting general assessment of quality of services, find what are the barriers to quality services, developing indicators for quality service provision, completing the scorecard by scoring against each indicator and generating possible suggestions for improvement

Phase 4: Interface Meeting and Action planning - this involves bringing together the services users, service providers, facility committee, community representatives and government leaders to deliberate on the scores and recommendations arising from the scoring of the services a detailed action plans are developed from the prioritized issues and agreed responsibilities for activities in the action plan together with their set timeframes are agreed upon. People to take up the responsibility are drawn from the community members, service providers, facility committee and government staff.

Phase 5: Action Plan Implementation and Monitoring and Evaluation - Finally the agreed action plans during the action planning phase are executed, and all stakeholders who were tasked monitor and evaluate the execution of the recommendations and improvement of service delivery.

3.0 METHODOLOGY: Selection Criteria, engagement strategy and delivery channels

The three Health facilities were selected when HERAF officials paid a courtesy visit to the Machakos CHMT on early 2021 requesting for authorization to initiate the project in Machakos County. The project outline was shared with the County Health Management Team and Itunduimuni HC, Kivaa HC and Kivingoni Dispensary were identified as link facilities, selection of the health facilities was informed by geographical location, population, facility work load, surrounding infrastructure, had received donor funding in the past and were located Masinga and Yatta sub counties but in different wards.

HERAF initiated the project by conducting civic education sessions to existing community based organized groups in the catchment population in Ekalakala ward through use of 1 civic educator per ward. Targeted groups included men, women, youth, elderly and persons living with disability. The civic education sessions equipped the community members with knowledge on the health rights according to the constitution, health system, devolution, public participation in health sector, management and governance, social accountability, social protection and adherence to the rule of law. The civic educator repeatedly emphasized on the need for community participation in social accountability.

Scoring Criteria; the process used a simple scoring criterion that is outlined below:

THEMES	MEASURE
Management and Infrastructure	This area measured the community awareness of the presence of HFMC, its representation, duties and responsibilities and gauging their performance based on what they see and feel It also gives the duty bearers an opportunity to assess their performance and to what extent do they do their duties that their title holds.
HCWs perception attitudes	In this section, the community gauged the HWCs attitude when dealing with patients in terms of being patient and attentive, maintaining patients' privacy and confidentiality and non-discrimination
Quality of services	In this area the community gave their perceptions on the quality of services given at Kivingoni dispensary in terms of adequacy of drugs, qualified HCWs, space and functional hospital equipment as well as good linkage between the community and the facility and other referral services
Social protection	This section measured the responsiveness of the social welfare office in offering social protection services to the most vulnerable in the community and the community gives their feel on the following issues - Awareness of the available social protection services - Procedures and requirements during the selection process - Ease of access to these services - Non-discrimination - Any known beneficiaries
Public participation	This area evaluated County government adherence to public participation laws and guidelines and the duties of the civic awareness unit in training the community on ongoing programs, and importance of public participation and dispute resolution mechanisms.

3.1 THE COMMUNITY SCORE CARD PROCESS

1. Planning and preparation

This was the first step and involved mobilizing community members and seeking cooperation from service providers to prepare ground for the CSC process. The project staff mapped 52 community organized groups in the project sites. The groups had a representation of Men, women, Youth and PWDs who were engaged on sustained civic dialogues for 2-3 hours per session, more than 160 Civic Education outreaches were conducted empowering the citizens on national and County norms in public service delivery, citizens responsibilities, public participation and different approaches of public monitoring and oversight. In addition, special sessions were held to extract and prioritize community issues, along three themes: Health care services, social protection programs and Access to justice & public participation, Finally the indicators were developed along from the priority issues raised by the community members.

Mapping for the different community and government stakeholders was done across 45 Community Groups (which had covered the 7 Modules in the Civic education training manual) and representatives from different government departments and agencies including the Department of Health, National Government administrative officers, County Government administrators, Social protection and representatives from the existing alternative dispute resolution committees, 9 group discussion were constituted each consisting of 15 members to conduct FGDs the groups were categorized as follows; Women & Elderly, Youth, PWDS and other Special Interest groups. Similarly, 3 community score card committees were established comprised of 36, 12 members per committee.

Building on the insights and feedback from the different stakeholders, the tools were developed in a participatory process that brought together the Community score card committee and HERAF staff. 2 Meetings were held on the 9th to 11th February at the Masinga office where staff compiled the draft CSC tools and tentative implementation plan, the tools contained the following data collection attributes:

1. Indicators derived from the main concerns from the community groups, these were; Health care services management & infrastructure, HCWs Perceptions and Attitudes, Quality of Services, Social protection and public participation, which contained access to justice.
2. Scoring criteria was developed with the highest score being 5 for very good / best available level of care, 4 – good, 3 – average, 2 – bad and 1 – Very bad/ unacceptable levels.
3. Feedback mechanisms, the tools incorporated sections where the participants could input their remarks and also raise any other cross cutting or emerging issues that were not captured in the indicators and questions.

Subsequently, a one-day public planning, decision making, monitoring and oversight / Tools validation training for the Community Score Card committee was held on 3rd March 2022 at Musingini sports Resort. The purpose of the meeting was to sensitize and brief the SCHMT, HCWs, local administrators, Government officers, Health facility management committee members and community members on the community score card process that was upcoming. It was also a forum which was used to train the score card committee on Public Health Service

delivery, social protection, access to justice, adherence to rule of law and social accountability mechanisms, pre testing and validating the CSC tools and process and cycle that will be used in conducting the process. In concluding this phase, a detailed implementation plan was developed to guide the CSC Committee in conducting the process and HERAF tasked with the production of the tools.

Outcomes of this phase were:

- CSC Committee was fully constituted and aware of their roles, the working tools and deliverables from the process
- 135 community representatives were mapped from the 45 Community Groups and 45 representatives of National and County Government departments
- A costed Implementation schedule for the for the CSC process
- Validated and adopted CSC data collection tools

2. Conducting the Scorecard with the community

The community score card with Community stakeholders involved the following;

- **Mobilizing the 135 community representatives** to participate in the 9 Focused Group Discussions (FGDs), which were conducted at the Itunduimuni Health Centre, the Meeting were done on separate days for the women and Elderly, Youth and young mothers and for PWDs and Special interest groups. Finally Lead facilitators were recruited and trained on their roles during the CSC
- **Conducting the FGDs:** three FGDs were conducted, during which the CSC tool was administered and community responses correctly captured. The FGD was moderated by the Civic Educator and supported by 2 facilitators who were tasked with documenting the discussions and updating the tools in real time. The activity was documented using the CSC too, short video recordings and photographs
- **Conducting the Community consolidation meeting;** this was the final FGD with the community stakeholders, 5 representatives were selected from the 9 FGDs and had a discussion to discuss their different score for all the indicators and have a common score that would be used as the final score that had been agreed upon by community stakeholders. The meeting had 15 participants, 2 lead facilitators, 1 Civic Educator and Project Assistant and each facility conducted a separate meeting thus bringing the total reach to 45 participants

Outputs and outcomes of this phase were:

- 3 Updated CSC data collection tools for community stakeholders
- 1 updated CSC community consolidation tool
- 21 persons were selected to participate in the Joint interface meeting

Key Findings:

THEME	FINDINGS
Health – Management and Infrastructure	• The facility did not have a structured way of addressing complaints from the community however it was later learnt there were complaints book in place which used only by the staff. • Facility is half fenced compromising security of HCWs on night shift. • Public participation done during election of HFMC members where very few people were present and 9 members were appointed. The committee includes the chairperson, the facility in charge who is also the secretary, CHVs representative, Public Health officer, PWDs representative, Youth's representative and other members. One member who was a PWDs representative died and was never replaced. • The committee rarely meets but when they meet, the minutes for the meetings are kept. Very few members attend committee meetings ie at most 4 members, others sent an apology while the rest have never attended any meeting at all. • Facility has no security both day and night since its not fenced and has no security personnel. • There is no two-way communication and/or between the HFMC and the community. • Facility has one pit latrine, with two doors (Which are neither labelled nor gender separated,) and is usually cleaned, it doesn't favor general patients, PWDS and elderly and those with lower body injuries since it is raised by 4 steep steps.
Health – HCWs attitudes and Perceptions	• HCWs rarely receives capacity training session from government and other organization • Facility has only one lab technician implying no services when is on leave and on night shift • Facility has inoperative ambulance prompting patients to spend out of pocket on referrals • The nurse reports to work between 9-10am and leaves early if there are no patients • The facility doesn't monitor staff satisfaction and has no system of recognizing high achievers • The facility has only one nurse and deals with all patients issues from consultation, injections, wound dressing, general assessments, pre- and post-natal clinics as well as drug dispensing and referrals.

Health – Quality of services	• Facility receives inadequate supply of commodities despite ordering adequately • No provision of food to inpatients therefore outsource food from nearby local eateries • Most of the time, there are no drugs in the facility and patients buy from nearby chemists. Even when drugs are brought to the facility by KEMSA, stock outs are experienced within a week after delivery. • There is no lab but there are BP machine and growth monitoring scale. • Facility has only one nurse who gives all health services in the facility • Facility has only one bed that is used by all i.e., children and adults, men and women and PWDs. • The facility has not structure and adequate space since it uses staff quarters since the facility was burnt during a change in HFMC. The nurse uses the living room as the consultation room, the bedroom as the pharmacy store and drug dispensing area, the kitchen as the changing room and the bathroom as store. The building thus has poor access to natural light with dark rooms and corridors and poor ventilation. • The facility has no access to emergency ambulance and upon referrals, it's the patients' responsibility to ferry themselves to the referred facility. • Some of CHVs linked to this facility have poor working ethics when interacting with the community and rarely visit homesteads in their assigned areas as they should. • There is no discrimination when giving healthcare services in this facility and services are given on first come first serve basis
Social protection	• There has been discrimination in the recruitment of the beneficiaries. • Few resources for the County bursary. • The County civic education department is not operational. • Disability centers are known but the costs and requirements are not known. The assessment centers are very far from the region and a lot of transport costs are incurred which is not affordable by this group of citizens. Additionally, there are a lot of back-and-forth procedures such that those that tried these procedures gave up on the way. • Time taken to be a registered PWD is not known since this process has a lot of back-and-forth procedures with no certainty of being successfully selected.

	- Public Participations forums are organized at kisiiki which is very far from Kivingoni sublocation and is not organized in a manner that allows people to plan and attend. Additionally, poor information on requirements, time and place is still a problem. e.g. selection for cash transfers for elderly and the medical scheme for the elderly. - NGOs are doing a great work in educating the marginalized and vulnerable groups on social protection
Public participation	- Exclusion of community priorities in decision making process has negatively impacted the morale of effective public participation - The area has been neglected in terms of infrastructural development due to poor leadership in place - Community demands are not included in decision making. - The area has been neglected in terms of development due to regional differences. - Legal services are not affordable to all. - Corruption witnessed during alternative dispute resolution. - Citizen's priorities are not considered in the implementation of the CIDPs and ADPs - County civic awareness unit doesn't carry out civic engagements with the community and is not known by the community. - Information dissemination is still a major problem in the area especially on public participation forums. Information given is neither clear nor in a usable format e.g., being told that there is a public participation forum at Kisiiki the following day and there is no clear information on what the public participation entails. - No feedback at all from public participation forums, and as a result people have lost morale on attending public participation forums

3. Conducting the Scorecard with service providers and duty bearers

In a bid to get the feedback from the service providers and duty bearers, 3 FGDs were conducted with representatives from the different government agencies that were directly involved in public service delivery. The process of planning for this FGD was similar to that of Community stakeholder but for this one required the building of support from different Government heads at the sub-County level in order to get the best representatives for the discussion.

- Mapping:** Out of the 15 participants, 5 were health care workers drawn from different departments of the health Centre, 5 were representatives of the Health Facility Management Committee (HFMC), 1 representative from the Ward Administration, Social protection, Lands Board, Assistant County Commissioner and the judiciary per Health facility giving a cumulative total of 45 duty bearers

- **FGD;** the meeting was conducted at the health facilities and the tools were administered to participants. The sessions were moderated by the Civic Educator and the Project assistant while the Lead facilitators supported in documenting all the deliberations and updating the tool.
- **Resource monitoring tool:** The resource monitoring tool for funds and other forms of resources deployed at the health facilities were administered, describing the Financial, human resources available at the facility, further it pointed to the huge financing gap, the delays in receiving capitation from Government and other donor agencies and their effects on service delivery

Participants for the Joint Interface meeting: 24 participants were selected to participate in the Join interface meeting.

Key issues and action points

THEME	FINDINGS
Health – Management and Infrastructure	• Inadequate offices supply and equipment • HCWs work under fear since the facility is half fenced
Health – HCWs attitudes and Perceptions	• Low staff motivation due to delayed salaries and poor remuneration • Under staffing hence burn outs • Inadequate and irregular in service training
Health – Quality of services	• Inadequate supply of drugs and commodities
Social protection	• Poor coordination and delivery of the linda mama Program • Corruption in the selection and award of School bursary funds • Low level of awareness and knowledge of the PWDS assessment and certification • Elderly and OVC cash transfer program is poorly managed and no feedback provided
Public participation	• The structures created to advance civic education and engagement by County and national government are still weak • Alternative Dispute resolution mechanisms have failed the integrity test • Participation I electoral processes is warmly received by the community but still need more awareness • Access to judiciary services is way outside the limits of most of the citizens

4. Joint Interface Meeting

The main objective of interface meetings were to bring together the service users, the service provider, and community representatives to deliberate on the scores and recommendations arising from the scoring of the services, the score card committee and service providers met in June 2022 for interface meeting at Itunduimuni Health Centre, The matrix presenting the general scores for all the indicators were distributed to members present to view the scores recorded by each group in all indicators. Each group was given an opportunity to give justify the scores. The members were then led in discussing all the scores presented for each indicator and in consensus agreed the most suitable with reasons. The agreed consolidated score for each indicator was recorded on the matrix and the reasons informing each of the scores.

THEME	FINDINGS
Health – Management & Infrastructure	• The faculty has no service charter hence services offered at the facility may be not known to all. • No suggestion box in place however there is complaint book served to patients and staff to provide their complaints or compliments. The complaint book is hardly filled by patients due to fear and intimidation • The facility has no piped water hence no hot shower, patients are served with warm water on request • Maternity washrooms not accessible to all because of improper use. • The suggestion box is not strategically placed. • There is no power back up in case of failure. • The service charter does not have a facility contact
Health – HCWs attitudes and Perceptions	• HCWs salaries are delayed up to two weeks resulting to demotivation • Facility has no pharm tech, the nurse on duty serves the role of dispensing drugs as well Low staff motivation due to delayed salaries and poor remuneration • HCWs are inadequate which leads to delay especially at night. • Inadequate and irregular in service training of Health care workers
Health – Quality of services	• Facility receives inadequate stock despite ordering adequately. Itunduimuni is a level 3 health care facility but receives drugs and commodities as a dispensary level as per KEMSA records. • Additionally, drugs are ordered subject to what is available as per the list provided by KEMSA Inadequate supply of drugs and commodities. • Inadequate number of health care workers at the facility. • The ambulance is not operational at all times. • Inadequate food for the admitted patients

Social protection	• Ignorance of community to register for social protection citing all government programs are political and corruption and adequate allocations for the bursary. • Inadequate resources and few slots for the elderly. • Low level of awareness and knowledge of the PWDS assessment and issuing of disability cards. • It takes very long to get a PWDs card after assessment. • The civic education unit at the County not operational
Public participation	• Short and inadequate notices given during public participation prevent community from effective participation • Exclusion of community priorities in decision making process has negatively impacted the morale of effective public participation • Lack of feedback provision to citizen on their submissions, priorities and decisions made demoralizes them from effective engagement The County officials do not provide information in a timely and usable format. • There is corruption in the application of alternative dispute resolution. • There is no feedback after public participation. • The citizens do not prefer use of the judiciary due to costs implications.

5. Action planning meeting

During this phase participants from the previous phases of the process were brought together with the Sub County leadership of the health, social protection and National and County Government officers to deliberate on the poorly performing indicators and agree on steps that can be taken to improve, assign a specific officer and prescribe a possible result, the meetings were held at the link facilities and complete action plan was developed and computed.

6. Implementation and institutionalization of the scorecard report

This will be achieved by paying courtesy visit, attending review meetings, follow up letters and service users' engagement with duty bearers to follow up on the implementation of the action plans. Some of recommendations will be implemented through participation of service users in County planning and budgeting process. A score card champion team has been constituted to take lead in ensuring the implementation of the agreed action plans.

4.0 CHALLENGES, LESSONS LEARNT AND RECOMMENDATIONS

4.1 Challenges

- Long time taken during focus group discussion hindering the concentration of participants.
- Ongoing political campaigns leading to low turnout and disruptions during the FGDs.
- Unfavorable climatic conditions too hot and dusty.
- Long distances from the offices of the social protection, Lands and Judiciary led to the poor participation and demand for higher levels of transport beyond the provision made by the project.
- Low level of participation by the Community Score Card Committees during the implementation of the score card process, this was due to inadequate logistical planning for the CSC committee participation.

4.2 Lessons Learnt

- The CSC process increased the avenue for local communities to constructively engage with duty bearers and contributed directly in shaping the service delivery through the joint action plans, prior to the CSC there was a huge gap between the Citizens and duty bearers, caused by the absence of platform for engagement. The process provided a forum for citizens, service providers and duty bearers to discuss and plan for the local development.
- There is a huge disconnect between the community members and service providers from the social protection department and the justice systems resulting in the underutilization of services due to low knowledge on the same, The CSC process and opportunity for the Service providers to fill the knowledge gaps and this may lead to improved utilization of the services.
- Health care supply chain is still weak and significantly affects the quality of services, all the facilities suffer from drugs and commodities stock outs thus affecting their functions as Primary Health care facilities.
- There are loopholes in the governance of the participating health facilities, All the three HFMCs have difficulties dispatching their duties, lack required quorum and have insufficient leadership skills, The process identified the need for capacity building on management and leadership for HFMC members in order to improve their abilities to perform their duties.
- There was limited participation of the Community Score card Committee during the entire process, this was due to logistical and administrative omissions during the proposal development low cost allocation during budgeting, in future cost allocation for the CSC will be increased to accommodate all foreseeable costs.

4.3 Recommendations

- **Commodities** - Lobbying for the County government to supply long term commodities to the facility to ensure adequate drugs at all times.
- **Staffing** - Community to advocate for employment of clinical officer, pharmacy technician and a lab technician to reduce the workload of the current staff County leadership to do staff monitoring to ensure the nurse works within the set hours by the MoH and the HFMC to establish a system of recognition for high achievers and monitor staff satisfaction.
- **Community health Services** - County government to develop a policy to ensure CHVs are compensated on time as a way of motivating them to effectively deliver on their duties.
- **Community** – To utilize the facility to attract more funding from government allocation hence adequate supply of commodities and work force.
- **Government officer** - To inform, educate and notify the community on available social protection programs and their importance.
- **Public Participation** - Community members to actively participate and make submission during public participation, County civic awareness unit to be more active in training the community and Information on selection process of beneficiaries of social protection services to be disseminated early and in a usable format.
- **Access to Justice** - To improve accessibility, community and government officer should advocate for establishment of Law court at Masinga Sub County, need for feedback on submissions made during public participations and the area to have tribunal courts that are accessible by the community or regular legal aid clinics.

5.0 CONCLUSION

The community score card process is a powerful tool to monitor services, empower citizens, and improve the accountability of service providers, scoring exercises will provide community members with an opportunity to analyse quality of services based on their personal perceptions, community members can therefore provide encouragement for good work or express dissatisfaction, as result of collaboration between the rights holders and duty bearer, service delivery will sustainably improve. Building on the lessons learnt, successes and joint action plan the service users and community in general have a tool and mechanism to follow up on pledges made by the duty bearers and at the same time set a platform of tracking the utilization of public finances. In the three health facilities the CSC committee and Civic educators will bear the primary responsibility of ensuring the Joint action plan is implemented and constant feedback provided to the community through the existing mechanisms.

6.0 ANNEXES

6.1 Annex I Joint Action plan Itunduimuni Health Centre

Management and Infrastructure							
Sub-category	Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Health facility management	Facility Committee/ Board is legally constituted (gazetted, list of members, representation)	Citizens to be encouraged and sensitized to turn out in large numbers during election of HFMC members	The Area assistant chiefs, Facility in charge	Village managers, CHVs	Continuous	Communication Airtime	Community members to be notified through barazas, churches announcement etc.
	Management committee holds regular review/ planning meetings (monthly/quarterly, minutes kept	Feedback provision about the outcomes of the HFMC meeting	HFMC chairperson	HFMC Members	Immediate and Continuous	Communication Airtime	Creation of dedicated WhatsApp group to provide feedback on outcomes of the meeting or disseminating any other information
	Cleanliness of facility and the compound	Recruit 2 additional casual cleaners	Sub County PHO	PHO and Facility in charge itunduimuni.	Aug-23	Next financial year 2022/23	Extra casual cleaners to improve on the cleanliness of the facility

Health facility management	HCWs on night shift work under fear	Funding from next year's County budget	Next Financial year	HFMC Members, Madam Mary Facility in charge	HFMC vice chairperson	Completion of facility fence that is half done. Recruit additional watchman	Security both day and night
	Facility contact number to be included on the service charter	Financial resources. labor	Aug-22	Market chairperson.	Facility in charge	To develop a service charter displaying services offered, time taken to be attended, cost and facility contact	Existence of a service charter, well displayed showing patient's rights, services entitled, cost, time, complaints procedure
	The suggestion box to have three padlocks	Funds, labor	Aug-22	Score card committee	Market chairperson	Strategically position suggestion box	Suggestion box that is regularly opened
	Facility contact number to be included on the service charter	Airtime, Transport cost	Immediate	HFMC Vice chair	Facility in charge	Registration of Safaricom sim card under facility name. To add more members to the dedicated WhatsApp group	Two-way communication and / feedback dialogue between communities and the health facility management committee

Infrastructure	Availability of reliable, clean and safe drinking water	Purchase and install 3 water tanks. Chlorination of drinking water	Ward administrator. Facility in charge	HFCM members, Village administrator	Sep-22	Metallic stand	Ward administrator to follow up on available water tanks at Masinga Sub County offices
	Functional hand washing points (with water and soap and/or alcohol-based hand rub) are available at points of care and within five meters of toilets.	Additional hand washing point near Laboratory	HFCM chairperson	HFCM members	Sep-22		The level of water to be regularly checked and refilled
	Maternity wards have inbuilt washrooms fitted with warm water	Provision of piped water into the facility	HFCM Chair	Facility in charge	Next Financial year	Funds, labor	To ensure there is continuous flow of water into the facility from the nearby borehole
	Availability of electricity / power back up in case of failure	Purchase of solar lead acid accumulators and a stand by generator	Vice chair HFCM	Facility in charge	Next Financial year	Funds, labor	The level of acid to be regularly checked and refilled. Community members to approach Area legislator to support in fencing of the facility

HCWs Perceptions and Attitudes							
Sub-category	Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
HCWS / STAFF ATTITUDES TOWARDS WORK	Honest and transparent staff (in terms of dealing with drugs, food, etc.)	Keep it up-well done, rated good however HFMC to budget for provision of food to inpatients	HFMC Chair	HFMC Members	continuous	BUDGET, funding from current financial year	To be maintained and sustained
	Facility has a system for recognition and/ or rewards of high achievers (MOV-Administration records), motivation plan communicated to all staff, Team building	HFMC to allocate funds to recognize hard working staff	HFMC Chair	HFMC Members	Immediate and continuous	Funds	This will encourage HCWs to go beyond call of duty
HCWs / staff motivation	The facility / County assesses and monitor job satisfaction (MOV-Staff satisfaction report) Available staff amenities (changing rooms, lounge, storage etc.)	County government to conduct job satisfaction/ survey geared at improving the working condition for staff	Sub County MOH representative	Facility in charge	Continuous	Writing materials	It will improve working conditions of the HCWs
	Promotion opportunities for HCWs/ Staff	Regular promotion	MOH County government of Machakos	Department of Health	Continuous	Budget allocation	The Facility committee to budget for staff 10. o'clock tea as a way of motivation

	Training opportunities for HCWs /staff	To conduct regular trainings to HCWs	in Charge Civic empowerment	Patrick-HERAF	Continuous	Funds, Budget, Human resources, Expertise	HERAF to partner with other NGOs and County government in organizing capacity building workshops
	Paid in time, statutory and voluntarily deductions remitted timely	Timely pay	County government of Machakos	MOH	Continuous	Funds, Budget	Timely pay will reduce staff turnover and improve service provision

Quality of Services							
Sub-category	Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Quality of services provided	Adequate supply of drugs	Citizen to be sensitized through barazas, social gatherings to make good use of facility to increase demand hence high supply of drugs and commodities	Area asst chief,	HFMC Members, HERAF	Continuous	Communication Airtime,	The more the demand the high the supply of drugs. Local administrators to discourage the consumption of herbal drugs
	Facility has adequate and functional equipment as per scope of service (Bp machine, scale, growth monitoring, stethoscope, lab equipment...)	Facility to budget for purchase of laboratory fridge	HFMC Chair	HFMC Members,	Next financial year 2022/23	Finances	Staff to be trained on use and maintenance of available equipment
	Adequate and qualified HCWs/ staff as per staff establishment	Recruit 1 clinical officer,1 pharmtreech,1 Lab tech and casual cleaner. Community to utilize services offered at the facility to increase the work load	HFMC	Community	Next financial year 2022/23	Financial resources, Budget	Community members to raise the concern of inadequate staff during public participation for consideration

Quality of services provided	Dignity and privacy in relation to patients' care and support is provided (MOV- patient screens, lockable doors)	To install lockable shelves for patients' files	HFMC vice Chair	HFMC members	immediate	Funding from next financial year 2022/23	
	Adequate space - consultation rooms/ waiting space/ wards	Additional chairs at the waiting bay	HFMC to write request to Kamasinga sand harvester cooperative organization for donation	HFMC, Community to donate chairs	Immediate and continuous		Community members to consider donating affordable assets such as chairs, handwashing containers to their facility
	Availability of 24 hours emergency service. The facility has access to standard ambulance services at all times (MOV- Observe for availability of ambulances/ service contracts)	Repair of Facility ambulance, Facility in charge to have the authority and resources to fuel the ambulance	Facility driver in collaboration with the facility in charge	Community to raise the concern during public participations	Immediate and continuous	Willingness, Financial resources	Driver to make good use of the facility ambulance
	There is linkage to CHVs, social and community networks for patient support and care (MOV- List/inventory of support groups/ networks)	CHVs to be provided with adequate PPEs, Recruitment of at least one CHV representing PWDs	PHO	Facility in charge	Apr-23	Financial resources	CHVs cover a large geographical area

Equal access to the health services for all members of the community	No discrimination in providing supplementary nutrition, INT nets,	Keep it up, however there is need for provision of nets to the elderly and persons living with disabilities	Facility in charge	SC PHO	continuous	Financial resources from current year 2022 County budget	Provision of nets depends of donor conditions however recommended for provision of nets to the elderly
	Availability of adequate food for admitted patients/ mothers	Facility to budget for provision of food to inpatients especially expectant mothers	HFMC	Facility in charge	Next financial year	Funding from next financial years 2022/23	More deliveries will increase funds allocation to the facility. CHVs to sensitize community on dangers of home delivery. Awareness creation on Linda mama program

Social Protection							
Sub-category	Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Social protection programmes are available and benefit community members	Cash transfers to orphaned and vulnerable children	All the OVC to be register their names to be forwarded to the Department of labor and social protection for further action and planning	Sub County social development officer	Village administrator	Immediate and continuous	Mobilization airtime	Continuous sensitization on importance of cash transfer program
	Cash transfers to older persons- (70 years and older)	Continuous registration, awareness creation during registration exercise	Area chief	Village managers, Administrators, community	During registration period	Communication airtime, Chiefs barazas	Continuous sensitization on importance of cash transfer program
	Cash transfers to those with severe disabilities	Registration of all PWDs to fast track the assessment process	Sub County social development officer	Village managers,	Immediate and continuous	Mobilization airtime	Continuous sensitization on importance of cash transfer program

Social protection programmes are available and benefit community members	Medical scheme for the elderly (70 years and older) through the National Hospital Insurance Fund (NHIF).	Awareness creation on importance of NHIF cover	Area chief	HERAF CE	Immediate and continuous	Chiefs barazas, Organized community groups. online platforms	
	Support to pregnant mothers and babies from birth to 18 months with the support from Linda Mama (free maternity services)	Sensitization on linda mama program	MNC nurse	CHVs	Immediate and continuous	Communication airtime,	During health talks CHVs to create awareness about Linda mama
Equal access to social protection services for all members of the community	School/ college / university bursary schemes	To issue bursaries on needy basis and fee payable; orphans to be considered.	Ward Administrator	Village administrators and village managers	Continuous	Budget, Finance	All parents to be encouraged to apply for bursaries
	No discrimination in providing social protection services / scheme	Keep it up					The amount of bursary allocation to be increased upwards from usual ksh 2000 per student

Equal access to social protection services for all members of the community	Known qualification criteria (Community knows how beneficiaries are identified for the cash transfer for each social protection scheme - OVC, PWD, Elderly programme)	To sensitize community on qualification criteria for social protection program.	Social Development Officer	Village Managers, Village Administrators and HERAF	Continuous	
	Social protection programmes benefit the most vulnerable/ poor	Community members to identify the neediest children	Chief and Ward Admin	Village administrators and village managers	Continuous	Mobilization airtime
Access to disability assessment and NCPWD registration services	PWDs aware of disability assessment centers, costs and other requirements are known	Continuous sensitization on assessment centers and costs	Social Development Officer	HERAF	Continuous	communication airtime
	Time taken to be registered (From assessment to issuance with a disability card)	Time taken for issuance of disability card to be known with certainty	Social Development Officer	HERAF	Continuous	Follow up by the social development officer on certainty of time taken for the registration

Advocacy for social protection schemes / programmes	Government officers at national and County levels inform, educate and facilitate access to social protection services	Continuous sensitization on importance of social protection programs	Area Chief HERAF CE	Village managers, Department of labor and social services	Continuous	Forums, Communication airtime, Time	
	There exist community programmes by community members, organizations/ NGOs/ CBOs or groups that inform and educate community members about social protection programmes	To empower community organized groups educate themselves on social protection programs	Sub County social development officer	Village managers, Community	Immediate and continuous	Community goodwill, Airtime	

	Stakeholders (organizations/ NGOs/CBOs/ government agencies or groups) organize for public participation in design, allocation of resources, implementation or provide feedback on social protection Programmes. Give examples	To call a baraza to educate public on social protection services	Area chief	Sub County social development officer,		
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Public Participation							
Sub-category	Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Civic Awareness:	County has a functional public participation law/ guideline	Timely notification in event of public participation	Ward administrator	Village administrators and Village managers	continuous	Mobilization Airtime	Announcements to be done via local radio station, Online platforms and even through churches and chiefs barazas
	County has a dedicated civic awareness unit	County to recruit ward based civic educators	County government of Machakos	Ward administrator, social development officer	Next financial year	Financial resources	County based civic educator to partner with HERAF in providing civic education
	Citizens have received awareness training on the need and importance of public participation	Organize regular barazas to educate citizens on need and importance of public participation	Area chief	Ward administrators Village administrator	Continuous	Mobilization airtime	Local administrators to organize regular barazas
	Access to information in a timely and usable format	Empower citizens to demand access to information	HERAF CE	Administrators and local leaders	Continuous	communication airtime	Information to be made available in a timely and usable manner

Civic Awareness:	Citizens receive feedback on submissions, priorities and decisions made	County government to provide feedback to community after submission of memorandum	Ward administrator	Village administrators	Continuous	Follow up, Communication airtime	This will improve the morale of attending and effective participation during public participation forums
	Citizen's input is considered in decision making	Citizen input to be considered in decision making	Ward administrator	Village administrators	Continuous	Follow up Communication airtime	This will motivate citizens to effectively participate in public participations
	Citizens attend public consultation forums, assemble, demonstrate, picket	Sensitize community member to attend public consultation forums and participate in public hearings	Ward administrator	Village administrators	Continuous	communication airtime	Timely information/ notification to be provided in the events of public hearings
Monitoring Budget Implementation	Citizens pay taxes, participate in approval processes (consultations at budget approval stage)	Encourage citizens to pay taxes especially the business community	County government of Machakos- Revenue department	Ward administrators, Village administrator	Continuous	communication airtime	Traders to demand for receipts after paying levies

Monitoring Budget Implementation	Citizens make oral and written submissions (memos, petitions, demand for information etc.)	Empower citizens to develop and submit memos to both National and County government for inclusion in budget making process	Ward administrator	HERAF CE Village administrators	Continuous	Financial resources	Memos to be received and stamped to facilitate follow up and documentation for reference
Exercise of citizen power	Citizens are aware of the importance of voter registration	Conduct voter education outreaches on importance of voter registration	Patrick-HERAF	IEBC	Immediate and continuous	Financial resources	The higher the number of registered voters the higher the budget allocation hence citizens should be encouraged to register as voter to increase fund allocation to the County by the National government
	Citizen's attitude/ challenges towards voter registration	IEBC to conduct voter registration outreaches	Area Chief	IEBC, HERAF	Continuous	Means of transport	IEBC registration centers are too for accessibility by ALL

Exercise of citizen power	Citizens participate in electoral processes	Sensitize citizens to participate in electoral process especially the youth	Area Chief Ward administrator	HERAF, IECB	Continuous	communication airtime	The area chief to ensure all residents are registered and do possess valid identification card
	Are rights commonly violated (probe on the most affected by these violations)	Empower citizens to demand for their rights and freedom	HERAF CE	Chiefs, County government officers	Immediate and continuous	Constitution of Kenya	HERAF to disseminate more copies of Kenyan constitution especially the Kiswahili version
	Participation in any action to demand accountability in access to justice. If so, indicate the nature of the action and the result	Empower citizens to demand accountability in access to justice	Social development officer Masinga	Chiefs, HERAF	continuous	Financial resources	Continuous civic education on access to justice and adherence to the Rule of Law
	Affordability of legal services when needed	Linkage with government lawyer/advocates I.E PROBONO LAWYERS, paralegals	Social Development officer	Chief	continuous	Transport cost	Inform community members about and link them with the pro bono lawyers, paralegal team

Exercise of citizen power	How easy is it to interact with the court system for example when following up on succession matters? What barriers hinder access?	Conduct civic education on succession matters, empower citizens to acquire title deeds	Madam Elizabeth-Social development officer	Area chief, HERAF	continuous	Budget, Finance	Encourage citizens to acquire marriage certificates or marriage affidavit, birth and death certificates
	Rate community awareness on dispute resolution mechanisms including alternative justice mechanisms	Create citizen awareness on dispute resolution mechanism	Area chief	Village managers, HERAF	Continuous	Willingness of community to embrace alternative conflict resolution mechanism	Inform residents on various ways of resolving conflicts

6.2 Annex II Joint action plan Kivingoni Dispensary

Management and Infrastructure						
Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Facility Committee/ Board is legally constituted (gazetted, list of members, representation)	Replacement of a member of the board (PWD representative) who passed away. Chairman to write a warning letter to members who have never attended any meeting at all and if they do not attend the preceding meeting, a public participation forum will be held to replace them.	Chairman of the facility management committee	Other members of the board including the assistant chief and the facility in charge	20-07-22	None	Members felt like failure of some members to attend board meeting was dragging developments in the facility since board meetings have never had the required quorum to make decisions concerning the facility. The board has a total of 9 representatives and those who attend meeting are 4-5 members. The need to have 2/3 representation during meetings coerced members to suggest a warning letter to be send to reluctant members and if positive feedback is not received from them, they can then be replaced through a public participation forum.
Management committee holds regular review/ planning meetings (monthly/quarterly, minutes kept	Board meeting to be held quarterly and any other time, if need be, and minutes to be kept	Management committee		Immediately	none	Since the beginning of the community score card data collection, the process has been an eye opener to the HFMC on what should be done and various gaps that need immediate action, so far, the committee has held 3 minutes within the month of June to discuss some of the issues relating to the csc that need immediate action.

Giving priority to serious cases	Carry on with the existing practices	HFMC	community			
Security both day and night	Employment of a security personnel, Fencing of the facility.	Chairman of HFMC	County government	next financial year	funds to cater for the employee's salary	The ward admiration requested the chairman HFMC to write a proposal to the County requesting them to hire a security personnel for the facility.
Existence of a service charter, well displayed showing patients' rights, services entitled, cost, time, complaints procedure	Installation of a service charter	Facility in charge	HERAF to give guidance and technical expertise	Immediately after funds are disbursed	Funds for development and installation of the service charter	Once funds are disbursed, the facility in charge assured the group that a service charter will be installed and HERAF to offer technical expertise.
Suggestion box that is regularly opened	Suggestion box to be installed	HFMC		Immediately	Funds for installation of a suggestion box	The HFMC members agreed that they will install a suggestion box with immediate effect since it doesn't require much resources.
Two-way communication and / feedback dialogue between communities and the health facility management committee	Improve on communication between the community and the HFMC. HFMC to pass important information to communities through chiefs barazas	HFMC	Facility in charge	immediately	no resources needed	HFMC to ride on chiefs barazas and pass important information to the community and receive real time feedback from the community. The community too to make use of the suggestion box to pass information to HFMC.

Availability of reliable, clean and safe drinking water	Installation of a water pipe tee to divert water to the facility from the main pipe that is 100m away from the facility. This will ensure that there is reliable and clean water to the facility	HFMIC	community, County	next financial year	water pipes and installation costs	HFMIC to budget for this in the next quarter and community to push for installation of reliable clean water in the facility to be included in the CIDP.
Functional hand washing points (with water and soap and/or alcohol-based hand rub) are available at points of care and within five meters of toilets.	Continue with the existing norms					
Washrooms / toilets are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility /PWD.	demolishing the four stair steps and having a ramp instead. Labelling of the existing toilets. Building additional latrines to cater for various groups of people	HFMIC	Community	Next funding	construction costs	HFMIC committee agreed that building a ramp and labelling of the existing toilets will be done in the next funding while rebuilding of additional toilets will take some time before actualization.

Availability of electricity / power back up in case of failure	budget for electricity tokens	Facility in charge	HFMC	Next funding		
HCWs Perceptions and Attitudes						
Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Punctuality of HCWs/ staff (observing official working hours and days)	Nurse in charge to observe the set MoH working hours	Nurse		Immediately	None	The group acknowledged that the nurse has been observing working hours since the CSC interface meeting was held
Facility has a system for recognition and/or rewards of high achievers (MOV-Administration plan records), motivation plan communicated to all staff, Team building	Set a procedure with indicators for identification of high achievers and recognition process	HFMC	County	Immediately	To be discussed by HFMC once they meet	The chairman of HFMC said that this is an issue they will discuss once the committee meets and a plan on how to effect it.
The facility / County assesses and monitor job satisfaction (MOV- Staff satisfaction report) Available staff amenities (changing rooms, lounge, storage etc.)	Set a method of assess and monitoring job satisfaction	HFMC	County	Immediately	To be discussed by HFMC once they meet	Follow up on the matter after the General elections
Promotion opportunities for HCWs/ Staff	Avoidance of delays when promoting HCWs	CHMT	County Executive	Upon approval by the County government	Funding for health	

Training opportunities for HCWs /staff	More training opportunities for HCWs	County	CHMT	Upon approval by the County government	facilitation fee	A proposal on this matter to be written to the County government by HFMC
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Quality of Care						
Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Adequate supply of drugs	Requisition of adequate drugs. Community to use the facility and avoid traditional medicine, self-medication and use of private clinics and other far away public facilities so as to raise facility work load and the possibility of requesting more drugs.	Nurse	Community, HFMC, CHVs, HERAF	no specific time since there is the aspect of behavioral change by the community to use the facility more often.	Civic awareness so that the community can use the facility more often	
Facility has adequate and functional equipment as per scope of service (Bp machine, scale, growth monitoring, stethoscope, lab equipment.)	Having a physical structure/ Laboratory room so that it can be equipped with various lab equipment's	HFMC	County, community	Upon availability of funds whereby resource mobilization began in the month of July		
Adequate and qualified HCWs/ staff as per staff establishment	Have adequate staff as per staff establishment and sensitization of the community to use the facility more.	County	Community, HFMC, CHVs, HERAF	Upon approval by the County	renumeration of deployed staff	

Availability of beds and beddings	Rebuilding of the burnt facility so as to have space for adequate beds	HFMC	County, community	Upon availability of funds whereby resource mobilization began in the month of July		
Adequate space - consultation rooms/ waiting space/ wards	Rebuilding of the burnt facility so as to have space for adequate beds	HFMC	County, community	Upon availability of funds whereby resource mobilization began in the month of July		
Availability of 24 hours emergency service. The facility has access to standard ambulance services at all times (MOV-Observe for availability of ambulances/ service contracts)	Facility to have a link with a nearby facility that has an ambulance	Facility in charge, HFMC	Sub County MoH	Immediately	Fueling	

There is linkage to CHVs, social and community networks for patient support and care (MOV-List/inventory of support groups/networks)	CHVs work ethic to be closely monitored	Public health officer linked to Kivingoni dispensary	HMFC	Immediately	supervision	In addition to supervision of CHVs by public health officer, community to use the suggestion box to report any misconduct by the CHVs and/or report verbally to the in charge or any member of HFMC
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Social Protection

Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Cash transfers to orphaned and vulnerable children	Continuous registration of orphaned and vulnerable children by the government and have a system of exiting those who no longer qualify to be beneficiaries (married/ died)	Assistant County commissioner to escalate the matter to the top government officials	Active CSO in Yatta Sub County	Upon approval by the National government		

Cash transfers to older persons- (70 years and older)	Continuous registration of the elderly who have met the set criteria/qualification by the government and have a system of exiting those who no longer qualify to be beneficiaries(died)	Assistant County commissioner to escalate the matter to the top government officials	Active CSO in Yatta Sub County	Upon approval by the national government		
Cash transfers to those with severe disabilities	continuous assessment and registration of PWDs. Have short turnaround time from assessment to issuance of PWDs card	Assistant County commissioner to escalate the matter to the top government officials	Active CSO in Yatta Sub County	Upon approval by the national government		
Medical scheme for the elderly (70 years and older) through the National Hospital Insurance Fund (NHIF).	Continuous registration of the elderly who have met the set specifications by the government and have a system of exiting those who no longer qualify to be beneficiaries(died)	Assistant County commissioner to escalate the matter to the top government officials	Active CSO in Yatta Sub County	Upon approval by the national government		
Support to pregnant mothers and babies from birth to 18 months with the support from Linda Mama (free maternity services)	Have Linda mama services in the facility	Facility in charge	MoH, NHIF	Upon approval of having Linda mama services by both NHIF and MoH		NHIF to issue a identification number of the facility and register the facility as a beneficiary of linda mama

School/ college / university bursary schemes	Bursaries to benefit the most vulnerable and the amount to be increased	Area member of parliament	MCA	Upon approval by either MCA and the MP		Community to ask for increment of the amount of bursary issued during public participation forums
Known qualification criteria (Community knows how beneficiaries are identified for the cash transfer for each social protection scheme - OVC, PWD, Elderly programme	Community awareness training on qualifications criteria for social protection schemes	Sub County social development officer	Assistant chief, NGOs like HERAF	Immediately	Facilitation fee	
PWDs aware of disability assessment Centre's, costs and other requirements are known	Community awareness training on PWDs disability assessment centers, costs and other requirements	Sub County social development officer	Assistant chief, NGOs like HERAF	Immediately	Facilitation fee	
Time taken to be registered (From assessment to issuance with a disability card)	feedback upon assessment of PWDs and reduce the turnaround time from assessment to issuance of disability card	Assistant County commissioner to escalate the matter to the top government officials	Sub County social development officer	Sep-22		

Beneficiaries are known in the community (PWSDs with disability cards, accessing cash transfer, free NHIF cover or any other service)	Beneficiaries of social protection to be known by the community	Sub County social development officer	Assistant chief	Immediately	The group felt that the beneficiaries should be known by the community since most of them depend on caregivers who are also expected to withdraw any monetary help given and others misuse the money and the beneficiary ends up suffering.
Government officers at national and County levels inform, educate and facilitate access to social protection services	National and County government to educate community on social protection services	Sub County social development officer	Assistant chief	Immediately	facilitation fee
Stakeholders (organizations/ NGOs/CBOs/ government agencies or groups) organize for public participation in design, allocation of resources, implementation or provide feedback on social protection programmes. Give examples	Government to organize public participation and provide feedback on social protection programmes	Assistant County commissioner to escalate the matter to the top government officials	County government	Upon approval	

Public Participation						
Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
County has a dedicated civic awareness unit	Facilitation of County civic educators	ward administration	Community	Community to raise the issue during public participation	facilitation fee	
Citizens have received awareness training on the need and importance of public participation	In addition to NGOs like HERAF, County to have an active civic awareness unit	ward administration		upon approval by County government		
Access to information in a timely and usable format	Information to be made available to the public in a timely and usable manner	ward administration		upon approval by County government		
Citizens receive feedback on submissions, priorities and decisions made	Citizens to receive feedback on submissions, priorities and decisions	ward administration		upon approval by County government		
Citizen's input is considered in decision making	Citizen inputs to be considered in decision making	ward administration		upon approval by County government		
Citizens attend public consultation forums, assemble, demonstrate, picket	more community awareness on importance of public consultation forums and citizens power	County	NGOs like HERAF	Immediately	facilitation fee	
Citizens pay taxes, participate in approval processes (consultations at budget approval stage)	Community sensitization participating in approval processes	County	NGOs like HERAF	Immediately	facilitation fee	

Citizens make oral and written submissions (memos, petitions, demand for information etc)	Community awareness on importance of making oral and written submissions especially during public participation forums	County	NGOs like HERAF	Immediately	facilitation fee	
Citizen's attitude/challenges towards voter registration	voter education	IEBC	Partners and NGOs like HERAF	Immediately	facilitation fee	
Are rights commonly violated (probe on the most affected by these violations)	awareness training on most violated rights and access to justice	Assistant chief	NGOs like HERAF, County civic awareness unit	Immediately	facilitation fee	
Affordability of legal services when needed	community awareness on court procedures and requirements	chief Yatta	Court assistant Kithimani	after elections	facilitation fee	
How easy is it to interact with the court system for example when following up on succession matters? What barriers hinder access?	community awareness on court procedures and requirements	chief Yatta	Court assistant Kithimani	after elections	facilitation fee	

6.3 Annex III Joint Action Plan Kivaa Health Centre

Management and Infrastructure						
Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Facility Committee/Board is legally constituted (gazetted, list of members, representation)	Sensitization to be done through chiefs barazas, the church and the other public platforms.	The chief, health facility management committee,	The MOH Masinga	When elections for the health facility management committee are due.	Airtime, posters	
Short waiting time for consultation	Use of native health care workers while attending the elderly, the elderly to be accompanied by care givers when coming to seek health services at the facility.	The community members, health facility management committee members.	Health care workers and the facility in charge.	To begin immediately.	Human resource.	
Security both day and night	Fence repair	Health facility management committee	MOH Masinga	End of July 2022	Wooden poles, labor, finances	
Existence of a service charter, well displayed showing patients' rights, services entitled, cost, time, complaints procedure	Telephone number to be included in the service charter. The telephone number to be registered under the name of the facility.	Health facility management committee	The facility in charge.	when funds shall be available.	Finances, airtime,	
Suggestion box that is regularly opened	The suggestion box to be relocated to a strategic place. One more padlock	Health facility management committee	The facility in charge.	when funds shall be available.	Finances, Human resource	

Availability of reliable, clean and safe drinking water	Additional water storage tank for general cleaning.	The County government to provide.	The village administrator.	October 2022.	Transport means, man power.	
Functional hand washing points (with water and soap and/or alcohol-based hand rub) are available at points of care and within five meters of toilets.	Ensuring water levels at the hand washing tanks / containers are checked regular.	The cleaners and other health care workers	Health facility in charge.	To be done at all times.	Human resource.	
Washrooms / toilets are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility /PWD.	Community members to participate in budget making process and prioritize on the completion of the toilets.	Community members.	The County government officials.	The next budget making process meeting.	Human resource, transport means.	
Maternity wards have inbuilt washrooms fitted with warm water	Sensitization on proper use of toilets, proper orientation to expectant mothers on available flushable toilet at the maternity wing.	Health care workers,	Health facility management committee members, community members.	To be done at all times.	Human power.	
Availability of electricity / power back up in case of failure	Community members to participate in budget making process and prioritize on the provision of a generator by the County government.	Community members.	Health facility management committee members, community members.	In the next budget making process public participation meeting.	Human resource, transport means.	

Quality of Services							
Sub-category	Key question	Action _ What needs to be done	By Whom/ Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Quality of services provided	Adequate supply of drugs	Sensitization on where to direct grievances in case there are no drugs in the facility. Community members to attend public participation meetings and prioritize drugs as an issue.	Community members	Health facility management committee, MOH Masinga.	During the next public participation meeting on budget.	Man power, transport means.	
	Adequate and qualified HCWs/ staff as per staff establishment	Community members to raise the issue of shortage of health care workers during the public participation meetings. Employment of more health care workers.	Community members, health facility management committee	MOH Masinga, County officials like the village administrator, ward administrator, MOH Machakos County.	During the next public participation meeting.	Man power, transport means.	
	Availability of 24 hours emergency service. The facility has access to standard ambulance services at all times (MOV-Observe for availability of ambulances/ service contracts)	Budget allocation for fuel and maintenance at the facility level, having a central filling point for the ambulances in every sub County, community members to attend public participation meetings to raise the issue of ambulance fueling and maintenance as an issue.	The facility in charge, community members.	MOH Masinga, County officials like the village administrator, ward administrator.	During the next budget allocation	Man power, transport means.	

Equal access to the health services for all members of the community	Availability of adequate food for admitted patients/ mothers	Lobbying for funds, community members to attend public participation meetings, sensitization on the use of the facility by the community members which will lead to increased funding.	Community members, health facility management committee	The facility in charge, MOH Masinga.	Human resource, transport.	
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Social Protection

Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
Cash transfers to orphaned and vulnerable children	Lobbying for more funding from the government to increase the number of beneficiaries.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.	
Cash transfers to older persons- (70 years and older)	Lobbying for more funding from the government to increase the number of beneficiaries.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.	
Cash transfers to those with severe disabilities	Lobbying for more funding from the government to increase the number of beneficiaries.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.	

Medical scheme for the elderly (70 years and older) through the National Hospital Insurance Fund (NHIF).	Lobbying for more funding from the government to increase the number of beneficiaries.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.
Support to pregnant mothers and babies from birth to 18 months with the support from Linda Mama (free maternity services)	Lobbying for more funding from the government to increase the number of beneficiaries, sensitization on the use of the facility for those seeking maternal health services which shall lead to increased funding for linda mama services.	Community members during public participation meetings on budget allocations, health facility management committee.	Social protection office, County and national government officials, MOH	During the next public participation meeting on budget.	Human resource, transport means.
School/ college / university bursary schemes	Lobbying for more funding from the government to increase the number of beneficiaries and the amount given to every beneficiary.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.
No discrimination in providing social protection services/ scheme	Lobbying for more funding from the government to increase the number of beneficiaries.	Community members during public participation meetings on budget allocations.	Social protection office, County and national government officials.	During the next public participation meeting on budget.	Human resource, transport means.

PWDs aware of disability assessment Centre's, costs and other requirements are known	Community members to attend public participation forums to raise the issue of assessment, Sensitization of the community members about the assessment Centre's and the costs involved, decentralization of assessment and registration services to the community level).	Community members during public participation meetings,	Social protection office.	During the next public participation meeting.	Human resource, transport means.	
Time taken to be registered (From assessment to issuance with a disability card)	Community members to attend public participation forums to raise the issue of assessment, Sensitization of the community members about the assessment Centre's and the costs involved, decentralization of assessment and registration services to the community level).	Community members during public participation meetings,	Social protection office.	During the next public participation meeting.	Human resource, transport means.	

Public Participation						
Key question	Action _ What needs to be done	By Whom/Lead	With Whom (partners)	Completion Date	Resources (What is needed)	Notes
County has a functional public participation law/ guideline	Sensitization on the laws and guidelines on public participation.	County officials.	County government.	To begin immediately.	Transport means, lunch.	
County has a dedicated civic awareness unit	Facilitation by the County government to the office of civic awareness to expand civic education.	County officials.	County government.	During the next public participation meeting on budget.	Transport means, lunch.	
Access to information in a timely and usable format	Timely provision of information in a usable format.	County officials.	County government.	Before any public participation forum.	Transport means, lunch, airtime.	
Citizens receive feedback on submissions, priorities and decisions made	Provision of feedback on submissions, priorities and decisions made. Follow up on memos after submission	Community members, County officials.	County government and elected leaders.	After every public participation forum.	Transport means, lunch and airtime.	
Citizen's input is considered in decision making						
Citizens pay taxes, participate in approval processes (consultations at budget approval stage)	Community members to participate in consultations at budget approval stage, sensitization on the dates and importance of participation.	Community members,	County government officials and elected leaders.	During the next public participation meeting on budget approval.	Human resource and transport means.	

Participation in any action to demand accountability in access to justice. If so, indicate the nature of the action and the result	Involvement of community members in demanding for justice. (Petitions, etc).	Community members	County and national governments.	To begin immediately.	Human resource and transport means.	
Affordability of legal services when needed	Sensitization on the procedures of getting legal services, use of probate lawyers from the government	The social protection officer to link the community members with a legal officer.	National government administration like the chief and assistant County commissioner.	To begin immediately.	Transport means, airtime, human resource.	
How easy is it to interact with the court system for example when following up on succession matters? What barriers hinder access?	Sensitization on the procedures of getting legal services especially on succession, advocacy to fight corruption in the ministry of lands.	The social protection officer to link the community members with a legal officer.	National government administration, the chief and assistant County commissioner.	To begin immediately.	Transport means, airtime, human resource.	



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