HERAF
Transforming Health System

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

MACHAKOS COUNTY - OCTOBER 2022

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LIST OF ABBREVIATIONS

CBO	Community Based organization
CEC	County Executive Committee
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
HFMC	Health Facility Management Committee
IEBC	Independent Electoral and Boundaries Commission
MCA	Member of County Assembly
MOH	Medical Officer of Health
MoH	Ministry of Health
NCPWD	National council for Persons with Disabilities
NHIF	National Health Insurance Fund
NGO	Non – Governmental Organization
OPD	Outpatient Department
OVC	Orphans Vulnerable Children
PHO	Public Health Officer
PWD	Persons with Disabilities

1.0 INTRODUCTION

1.1 Background

Health Rights Advocacy Forum (HERAF) is a national non-governmental organization that promotes human rights-based approach in health care delivery that was established in 2006 and registered in 2007 by the NGO Coordination Board. Currently HERAF is implementing Health advocacy and improvement projects in Machakos, Nairobi, Isiolo, Nyeri and Kilifi Counties.

1.2 Project Overview

The "Strengthening Accountability and Responsiveness of Public Officers in Machakos County on Services Delivery" project is being implemented in Masinga, and Yatta Sub Counties of Machakos County targeting 4 Wards; Kivaa, Ekalakala, Masinga Central and Ndalani. The main purpose of the project was to contribute towards improved responsiveness and accountability of government officers in Machakos County in public services delivery by 2024. This was achieved through sustained civic education outreaches, capacity building trainings on participatory planning, decision making, monitoring & oversight, Voter education and mobilization of vulnerable groups to participate in the electoral process, supporting grassroot networks and collaborations and organization strengthening to better deliver the projects.

As part of the project objectives to increase the citizens participation in the planning and monitoring of public resources, HERAF was involved in the development of participatory decision making, monitoring and oversight tool that was used in 3 Community Score Card exercises that were carried out at Itunduimuni, Kivaa and Kivingoni Health facilities. This activity was key in supporting the government in realizing their Community systems strengthening objectives as well as increasing community led monitoring in the delivery of health, social services and access to justice and legal services.

2.0 COMMUNITY SCORE CARD PROCESS

2.1 Methodology

STEP 1: Identification of Health Facilities

A project entry meeting was made with the Machakos County Health Management Team (CHMT) to introduce the project and identify project implementation sites. The CHMT and HERAF identified Masinga and Yatta Sub Counties as project implementation sites working in 4 Wards of Kivaa, Masinga Central, Ekalakala and Ndalani in reference to Masinga Level 4, Kivaa, Itunduimuni and Kivingoni primary health care facilities.

HERAF initiated the project with the identification of the main user groups in the community served by 3 targeted health facilities of Itunduimuni, Kivaa and Kivingoni. The main user groups identified included men, women, youth, CHVs, elderly, orphans, widows and persons living with disability.

STEP 2: Community Sensitization Meetings

The project team-initiated delivery of sustained civic education sessions to existing community based organized groups in the catchment population. The civic education sessions equipped the community members with;

- Knowledge on constitutionalism and the rule of law and their roles and responsibilities in promoting rule of law, transparency and accountability in services delivery, planning and utilization of public resources.
- Knowledge on social accountability tools with emphasis on Community Score Card (CSC) process and the requirements to effectively implement the CSC.

The team further conducted sensitization and inception meetings on the Community Score Card process to sensitize all stakeholders of the targeted health facilities. They included SCHMT, HCWs, chiefs, facility in charges, Health facility management committee members and representatives of community based organized groups. This engagement resulted in;

- Formation of a jointly drawn workplan that guided the development of a CSC for the 3 health facilities.
- Division of the stakeholders into different interest groups that included women of reproductive age, adolescents, men, youth, CHVs, PWD, Health Facility Management Committee and Health care workers. These interest groups formed the Focus Group Discussions categories that participated in the data collection process.

STEP 3: Selection and training of score card committees

A team of community members with representation from all groups and villages in the facility catchment population including women, youth, men, special interests' groups and PWDS was constituted from the inception meetings. They were trained on participatory decision making and oversight, 40 stakeholders volunteered to establish 4 Community Score Card Committees - 1 per Ward; resulting in successful roll out of the Community score card process in 3 out of the 4-target health facilities. Training was conducted for the score card committees in preparation for the data collection exercises.

STEP 4: Development of the data collection tool

The project team then embarked on developing a data collection tool that was used to guide discussion with both community members /service users and the health care workers. They developed indicators and an input tracking matrix from the issues that had been generated and prioritized during the civic education sessions.

Key thematic areas of service delivery

The tool focused on the key thematic areas of service delivery as identified by health facility stakeholders. That is:

- Management and infrastructure. This area scored levels of 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 gave the duty bearers an opportunity to assess their performance and the extent to which they performed their duties.
- Health care workers perceptions and attitudes. In this thematic area the community gauged the HWCs attitude when dealing with patients in terms of being patient and attentive, maintaining patients' privacy and confidentiality and nondiscrimination.
- Quality of services-The community gave their perceptions on the quality of services given at the health facilities 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 scored the responsiveness of the social welfare office in offering social protection services to the most vulnerable in the community
- Public participation. This area scored 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.

Scoring Criteria

A score of 1 to 5 was used where 1 was very bad to denote absence within a criterion and 5 was very good/exceeded targets. The Table below indicates the criteria, facial expression and score. Facial expression was important especially for community with low literacy levels.

Score	Facial Expression	Criteria
Very bad		1
Bad		2
Average/Just ok		3
Good		4
Very good		5

STEP 5: Focus Group Discussions with Service Users

Community members participated in the FGDs that rated service delivery in their respective health facility, social and public participation programmes at county level over a period of 4 months.

STEP 6: Focus Group Discussions with Service Providers

Frontline service providers in their respective health facility participated in FGDs and rated delivery of health, social protection and public participation.

STEP 7: Interface and Action Planning Meetings

Three Interface meetings were held with service providers, facility users and duty bearers represented by community members, frontline service providers and officers from Department of Health Services, county and national government officers. The interface was to deliberate and build consensus on status of each issue and agree on common scores. Joint action plans were developed based on recommendations and commitments made during the interface and action planning meetings.

3.0 RESULTS AND JOINT ACTION PLANS

3.1 Results and joint action plan for Itunduimuni health centre

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
1. Facility Committee is legally constituted (elected by members, all representing and gazetted)	 Average	Ignorance by community members on participation in health facility management committee members elections. Most Were not aware of who the committee members were.	Sensitize citizens to turn out in large numbers during elections for HFMC members. Provide timely information to the community regarding the elections.	Facility in charge assisted by local leaders and HCWs – chief, assistant chiefs, ward administrators, PHO
2. Management committee holds regular review/ planning meetings (monthly /quarterly, minutes kept and feedback provided to community members	 Average	The management holds regular review meetings and minutes are kept. However, there was no feedback provision by the HFMC to the community regarding some of concerns raised when seeking health services at the facility.	Provide the community with feedback on decisions arrived at on the concerns that they raise with HFMC about the status and quality of services at the facility.	HFMC Chairman and Facility in charge.
3. Cleanliness of facility and the compound.	 Average	The facility compound was littered since there was no designated cleaner to do the work apart from CHVs who supported with cleaning every Wednesday of week only.	Recruit 2 additional casual cleaners to maintain the facility cleanliness.	HFMC
4. Availability of security both at day and night (probe on facility fencing)	 Bad	Facility had no security personnel (watchman both day and night) The compound was half fenced.	Recruit 2 watchmen for both day and night. Complete fencing the whole compound	HFMC

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
5. Availability of electricity / power back up	 Average	Facility was connected to national power grid, however, the facility experienced very frequent power blackouts. Facility had solar panels available as backup in case of power outage though they had weak batteries. When there was blackout at night staff on duty were forced to use torches while providing services.	Facilitate replacements of solar batteries for solar panels. Purchase solar lead acid accumulators. Procure a standby diesel generator.	Vice Chairman, HFMC and Facility In-charge
6. Availability of reliable, clean and safe drinking water	 Average	The facility had untreated water from community borehole, the water was reliable but not safe for drinking. Only one storage tank was available for harvesting rainwater.	Purchase and install 3 water tanks. Facilitate chlorination of drinking water	Vice Chairman, HFMC and Facility In-charge
7. Availability of food for inpatients	 Very Bad	No food was provided for in-patients by the facility Inpatients had to outsource food from nearby local hotels or from their homes	County government department of health to operationalize inpatient kitchen infrastructure and inpatient feeding programme HFMC to budget for food supplies and ensure provision of food to inpatients especially expectant mothers.	Director Health department and HFMC

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
8. Promotion opportunities for HCWs/ Staff available	 Bad	Staff appraisals had not been conducted for a while.	County government public service board and CHMT to ensure HCWs are appraised, and necessary recommendations made to boost their morale and performance.	County Secretary and CHMT
9. Availability of training opportunities for HCWs /staff	 Bad	There were no regular trainings provided to HCWs/ staff	County government and partners to plan and conduct regular trainings to HCWs/staff.	County Director for health
10. HCWs/staff paid on time, statutory and voluntarily deductions remitted timely.	 Average	Salaries were usually delayed even up to three weeks resulting in demoralization of the staff.	County government to pay monthly salaries on time every month. Communicate with HCWs/ staff when delays in payments are foreseen. Ensure statutory deductions especially NHIF are remitted promptly.	County Secretary
11. Adequate supply of drugs	 Bad	Prompt and adequate requisition are made by the facility in charge. KEMSA supplies inadequate drugs not as per requisitions made. Frequent drugs stock outs were reported	Adequate supply of drugs as per requisitions made through increased allocations for health commodities and expanded sourcing to MEDS and prequalified suppliers.	County pharmacist. Facility in charge.

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
12. Adequate and qualified HCWs/ staff as per staff establishment	 Average	Inadequate staffing as per facility staff establishment resulting in delayed services, time wastages and missed appointments.	Recruit 1 clinical officer,1 pharmtech,1 Lab tech and casual cleaner.	County public service board with consultation with Director, county health services.
13. Adequate space - consultation rooms/ waiting space/ wards (with well-equipped furniture)	 Average	There were adequate rooms with standard spacing available. However, there were inadequate chairs at the waiting bay forcing clients to stand as they waited to be attended to.	HFMC to write a proposal to Kamasinga Sand Harvesting Cooperative Society to request for donation of chairs.	Chairman, HFMC
14. Availability of 24-hour emergency service (probe for availability of ambulances/ service contracts)	 Very Bad	Facility ambulance in place though it had broken down. Delays in seeking authorization to use the facility ambulance resulting in delays in responding to emergencies and referrals.	Repair the facility ambulance. Decentralize power for ambulance decision making from the County level to facility level. This will provide the facility in charge with authority and resources to fuel the ambulance.	Director of Emergency and Rescue Services
15. Ready access to information in a timely and usable format	 Average	Information on the documents was not readily available but was provided upon request.	Timely upload of comprehensive planning, budgeting, and reporting documents on county websites and in a user-friendly format.	CEC Economic Planning and Budget

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
16. Citizens inputs are considered, feedback on submissions, priorities and decisions made is provided	 Average	Low uptake of citizen inputs in planning for decisions and policy making. Feedback was never provided to citizens on their submissions, priorities and decisions made demoralizing public from effective engagement. These discouraged community members from attending or participating in public participation forums	Acknowledge citizens contributions, give feedback on successful issues and why other issues were not considered. Provide feedback to community after submission of memorandums and public participations.	County Executive County Assembly County Departments Ward administrators. Area MCA
17. Monitoring Budget Implementation	 Average	Delayed implementation of the projects that are budgeted for.	Citizens to be capacity built and trained on monitoring budgets and development projects. Relevant County departments to ensure timely implementation of projects budgeted for.	Ward Development Committees HFMC Budget champions
18. Citizen's attitude/ challenges towards voter registration	 Average	Delay in issuance of national identification cards barring most young adults from registering as voters. Long distances to registration centers and short periods of mass voter registration barred citizens from exercising their civic duty.	The department of registration of persons to fast track the issuance of national identity cards. IEBC to conduct regular voter registration outreaches.	Registrar of persons. Chiefs and Assistant Chiefs. IEBC Media

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
19. Are rights commonly violated (probe on the most affected by these violations)	 Bad	Women were prone to domestic violence, youth were not heard, and they were denied job opportunities due to corruption. People with disabilities were denied the right to own property, freedom of expression, job opportunities among other violations.	Sensitize citizens on the rights of marginalized and most at-risk populations, Promote rights protection and safeguarding culture.	Security personnel's Social development services officers / boards
20. Affordability of legal services when needed	 Bad	There is no Law Court in Masinga sub County. Citizens are forced to travel long distances to access Courts of Law. Hiring lawyers was too expensive for low-income earners. Few members of community preferred to use alternative dispute resolution mechanisms due to negative attitudes, perceived biases and perceptions towards persons spearheading this mechanism. However, some inheritance and family disputes relied on the use of respected elders, community policing /nyumba kumi or through chiefs' office, marriage disputes were settled by religious leaders. A formal mechanism was most preferred to handle sensitive issues. For example, land boards and land tribunals whereas children and gender issues were solved at the gender office.	Establish Court of Law in Masinga town. Linkage with probono lawyers and paralegals Promote utilization of Alternative Dispute Resolution Mechanisms in the community.	County Executive Court Users Committees; Human Rights Defenders; Area chief and assistant chiefs

3.2 RESULTS AND JOINT ACTION PLAN FOR KIVINGONI DISPENSARY

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
1. Facility Committee is legally constituted (elected by members, all representing and gazetted)	 Average	One member who was a PWDs representative in the committee died and was never replaced.	Facilitate replacement of the PWDs representative in line with laid down county procedures.	HFMC Chair C/SHMT
2. Management committee holds regular review/ planning meetings (monthly/quarterly, minutes kept	 Bad	The committee rarely meets but when they meet, the minutes for the meetings are kept. Very few members attend committee meetings with at most 4 members in one sitting while there are some who have never attended any meeting at all.	HFMC meetings to be held on a quarterly basis or upon special request and minutes to be kept. Secretary/Facility in charge to write a warning letters to members who have never attended any meeting at all and if they do not attend the preceding meeting, their replacement should be sought from the Director, County health services.	CHMT HFMC Facility in-charge
3. Availability of Security both at day and night (probe on facility fencing)	 Very Bad	The facility was not fenced and had no security personnel both during the day and at night.	Employ / hire 2 security personnel - 1 day and 1 night guard Fencing of the facility	Chairman HFMC SB/H MT

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
4. Existence of a service charter, well displayed showing patients' rights, services entitled, cost, time, complaints procedure	 Bad	The Health Facility Services charter was not publicly displayed and doesn't capture services offered, costs, expected time and feedback mechanisms.	Update and mount the health facility services charter which capturing all the required information at a strategic position.	Facility in charge HFMC
5. Two-way communication and / feedback dialogue between communities and the health facility management committee	 Very Bad	The HFMC team had never met with the community and there were no feedback mechanisms from the HFMC meetings held at facility level.	HFMC to provide regular feedback regarding HFMC discussions at facility level to communities through chiefs barazas, health stakeholders' forums, religious gatherings, community radio and any other public forum.	HFMC members
6. Availability of reliable, clean and safe drinking water	 Average	The facility had one small tank whose main water supply is rainwater that is used for drinking purposes, cleaning the facility and hand washing. This water is not reliable since its seasonal and this makes cleaners use a very small amount of water when cleaning.	Connection of the facility to the main water pipe that is 100 m away from the facility. Install a larger water storage tank.	HFMC

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
7. 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.	 Bad	One pit latrine is available with two doors which are neither labelled nor gender separated and is usually kept clean. However, it is not friendly for use by PWD, the elderly and those with lower body injuries as it has 4 steep steps.	Demolish the 4 steep stair steps and construct a ramp instead. Label the existing toilets – Male and Female. Build additional latrines to cater for the needs of the special groups.	HFMC
8. Availability of electricity / power back up in case of failure	 Bad	Facility is connected to national power grid but there is no facilitation for electricity bill/ purchase of electricity tokens. The facility uses solar power for lighting purposes.	HFMC to budget for electricity tokens/bill and facilitate the nurse in charge with the same.	Chairman HFMC CHMT
9. Punctuality of HCWs/ staff (observing official working hours of 8. 00a.m-5.00pm and days of Mon-Fri)	 Average	Often HCWs reports at work between 9.00 am-10.00 am and leave at about 4.00 pm	HCWs to observe the set MoH working hours.	Facility In charge HFMC chairperson.
10. Facility has a system for recognition and/or rewards of high achievers (MOV-Administration records), motivation plan communicated to all staff, Team building	 Very Bad	The facility had no system of recognition or reward for high achievers.	Set a procedure with indicators for identification of high achievers and recognition process.	CHMT / SCHMT HFMC

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
11. Promotion opportunities for HCWs/ Staff	 Average	HCWs/ staff promoted depending on job groups even though there have been a lot of delays recently witnessed in effecting the promotions.	The county government to fast track the promotion of HCWs.	County Secretary supported by Director, County health department and County Public Services Board.
12. Adequate supply of drugs	 Bad	Facility experiences frequent drug stockouts. Often, this happens within a week after drugs are supplied to the facility by KEMSA.	Re-compute the facility essential drug list based on the local demands	Facility in-charge County pharmacist
13. Adequate and qualified HCWs/ staff as per staff establishment	 Bad	The facility had only one nurse who provided all the services ranging from consultations to treatment.	Post 2 more nurses to the facility as per the staff establishment.	County public service Board and director, County health services.
14. There is linkage to CHVs, social and community networks for patient support and care (MOV-List/inventory of support groups/networks	 Average	Numerous complaints from the community regarding CHVs including breach of privacy, being very rude and not covering their areas of assignment.	CHVs work ethics to be closely monitored by their supervisors to ensure adherence to the required norms and standards.	Community Health Assistants / CHEW/ PHO

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
15. Cash transfers to orphaned and vulnerable children (probe on the enrollment, beneficiaries and challenges faced)	 Very Bad	Orphans and vulnerable children were rarely enrolled into social protection programmes. The last enrollment was around 2012-2014 yet there were so many orphaned and vulnerable children.	Ensure there is continuous registration of orphaned and vulnerable children by the government. Operationalize the system of exiting those who no longer qualify to be beneficiaries(married/died) from the database.	Sub County Social Protection Officer NGAO
16. Cash transfers to older persons- (70 years and older) (probe on the enrollment, beneficiaries and challenges faced)	 Bad	Very few elderly people were enrolled into the cash transfer program during the initial enrolment period. Enrollment was done once yet every year there are elderly people reaching the threshold of 70 years. Some of those who were enrolled were discontinued and others died, and no new enrollment has been done.	Ensure there is continuous registration and enrolment into the cash transfer program of the elderly who meet the set qualifications by the government. Operationalize the system of exiting those who no longer qualify to be beneficiaries(died) from the database.	National treasury State department for Youths, gender and social services. Sub County Social Protection Officer
17. Cash transfers to those with severe disabilities (probe on the enrollment, assessment, beneficiaries and challenges faced)	 Very Bad	No known PWDs had benefited from the programme. Most of the PWDs reported that they lacked disability cards due to long, expensive, and tedious processes of the assessment and registration.	Ensure continuous assessment and registration of PWDs.	National Council for Persons with Disabilities

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
18. PWDs aware of disability assessment Centre's, costs and other requirements	 Bad	Disability centers are known but the costs and requirements are not known. The assessment centers are far from the region, and the high transport costs are not affordable for this group of citizens. Additionally, there were lots of back-and-forth procedures such that those that tried these procedures gave up on the way. Others who registered had never received any feedback on whether they were selected or not or the process is still ongoing.	Community sensitization on PWDs disability assessment centres, time taken, costs and other requirements Streamline assessment, registration, and feedback mechanisms between county departments and NCPWD	Sub County social development officer
19. Citizens attend public consultation forums	 Bad	Citizens do not attend public participation forums since their inputs were not usually considered.	Community sensitization on importance of public consultation forums and on social accountability.	Ward administrators Civic educators Area MCA Budget champions

3.3 RESULTS AND JOINT ACTION PLAN KIVAA HEALTH CENTRE

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
1. Facility Committee is legally constituted (elected by members, all representing and gazetted)	 Bad	All community members were not involved in the selection of the facility committee members due to poor communication and mobilization. The existing committee was elected in the year 2017.	Sensitization through chiefs barazas, religious gatherings, neighborhood meetings and other public platforms.	Chiefs
2. Short waiting time for consultation	 Average	Language barrier for elderly patients seeking health services at the facility resulting in long hours during consultation. Long waiting hours are sometimes contributed by staff meetings in the morning hours.	Health care workers conversant in local language to attend to the elderly or translate, The elderly to be accompanied by care givers when they seek health services at the facility. Proper communication to the clients when there are staff meetings.	Facility in charge Care givers
3. 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.	 Average	The facility has one toilet near the maternity buildings which is not disability friendly and not gender separated. Incomplete patient toilets at the Out-Patient Department (OPD)	Completion of the OPD toilets.	Facility in charge and HFMC members.

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
4. Availability of electricity / power back up in case of failure	 Good	The facility is connected to the national grid but faces frequent power outages disrupting services provisions such as cold chain storage for vaccines, electronic record keeping and some lab tests services.	Facility in charge to request for the provision of a generator by the county government. Installation of solar powered lights.	Facility in charge supported by HFMC
5. Cash transfers to orphaned and vulnerable children (probe on the enrollment, beneficiaries and challenges faced)	 Average	There were no cases of discrimination reported in the recruitment of the beneficiaries. However, there was limited funds disbursement	Lobbying for more funding from the government to increase the number of beneficiaries.	CSOs County government
6. PWDs aware of disability assessment Centre's, costs and other requirements are known	 Bad	Disability assessment centres, costs and other requirements were not known by all. Assessment services had been devolved from the national government to the county government. All assessment costs have been waived.	Sensitization of the community members about the assessment centres	NCPWD County department of health, social protection officer.
7. County has a functional public participation law/ guideline	 Average	The county has a public participation act. However, community members were not aware of any laws nor guidelines on public participation	Sensitization of the citizens to the laws and guidelines on public participation.	County officials, Sub county/Ward administrators; CSOs
8. County has a dedicated civic awareness unit	 Very Bad	The civic awareness unit in Machakos has not been functional.	Facilitation by the county government to the office of civic awareness to conduct civic education.	County government of Machakos

KEY QUESTION	CONSENSUS SCORE	REASONS FOR SCORE	ACTION - WHAT NEEDS TO BE DONE	BY WHOM/LEAD
9. Access to information in a timely and usable format	 Average	Delayed provision of Information from the county assembly budget committee / department of finance and economic planning.	Timely upload of comprehensive planning, budgeting, and reporting documents on county websites and in a usable format.	County department of finance and economic planning
10. Citizens receive feedback on submissions, priorities and decisions made	 Very Bad	Citizens do not receive any feedback on submissions and decisions made. Inequity in development within Wards skewed towards perceived political support of the incumbent leader.	Provision of feedback on submissions, priorities and decisions made. Follow up on memos after submission Equitable distribution of development projects	Ward administrators County department of finance and economic planning.
11. Affordability of legal services when needed	 Very Bad	Legal fees were so expensive forcing citizens to use alternative dispute resolution mechanisms like use of elders for reconciliation / compensation where applicable.	Sensitization on the right procedures of getting legal services. Use of probono lawyers from the government	Chiefs Legal officers, Human rights defenders Civic educators
12. Ease in interacting with the court system e.g. on succession matters (probe on factors hindering the access)	 Bad	Its difficult interacting with the court system at all levels whether succession or other cases because of the expensive legal fees charged, fear of losing the case, community stereotypes where it believed that all matters are supposed to be settled locally etc.	Sensitization on the procedures of getting legal services especially on succession, advocacy to fight corruption in the ministry of lands.	Legal officers Chief Human rights defenders, civic educators.

3.4 CROSS-CUTTING FINDINGS

Health-Quality of services

Quality of health services was compromised by:

- Inadequate and irregular supply of drugs and commodities in target health facilities resulting to frequent drug stockouts thereby discouraging citizens from seeking for services in public health facilities while others opt not due to high out-of-pocket expenditure. County government in collaboration with KEMSA were requested to ensure there is adequate and regular supply of drugs and commodities to health facilities.
- Inadequate employment and deployment of HCWs/staff as per staff establishment for each facility resulting to staff burn outs and demotivation. Across the 3 facilities it was recommended that the Director, Department of Health Services should identify staffing gaps for each facility and request for redeployment or employment of new staff to fill in the gaps. Further, County leadership was requested to conduct regular staff monitoring to ensure the HCWs work within the set hours by the Department of Health Services.

Social Protection

The following issues emerged across the 3 target catchment areas:

- Poor coordination and delivery of the free maternity (Linda Mama) Program making women to resort to home deliveries.
- Corruption in the selection and award of school bursary funds.
- Low level of awareness and knowledge of the PWDs assessment and certification resulting to few individuals assessed, registered and issued with disability cards and benefiting from the social protection programmes.
- The cash transfer programme for the Elderly and OVC provides no feedback on issues raised by community members.

Government officers were requested to identify, inform, educate and notify the community on available social protection programs and their importance. Further, national and county governments were called upon to increase allocation for social protection programs in order to support the most at risk and vulnerable populations such as orphans, elderly and PWDs. Also, social protection officers should make community members aware of the selection criteria and processes of identifying beneficiaries for social protection programmes in the county for transparency and accountability.

4.0 CONCLUSION, SUCCESS AND LESSONS LEARNT

4.1 Conclusion

The community score card process is a powerful tool to monitor services, empower citizens, and improve the accountability of service providers. The tool provided community members and service providers with opportunities to analyse quality of services based on their own experiences. They commended and appreciated good services while at same time expressed their dissatisfaction where there were short comings. Among the 3 health facilities services scored ranged from good to very bad with majority scored bad and very bad an indication that a lot of improvements need to be put in place in order to score between good and very good.

Joint consensus and dialogue meetings between community members and services providers were instrumental in strengthening the relationship and building consensus on status of service and possible solution. Prior to CSC process community members could not imagine conducting round table discussion with service providers especially HCWs and Chiefs to discuss their performance. Barriers both perceived and imagined were broken by CSC leading to improved partnerships.

The opportunity for community members and service providers interacting together and sharing their views regarding public service was an eye opener to majority of community members who had little knowledge on circumstances under which public servants operate in. They appreciated the situations and vowed to better the working environment by reaching out and advocating to decision and policy makers to better the infrastructure and working conditions. Through the CSC process they realised and regained their voices in speaking out for betterment of services to the community. The joint action plan became an advocacy and performance monitoring tool for each of the target health facility. These tools will form the baseline for the next CSC in order to establish and record changes realised over the period.

4.2 Successes

As a result of the community score card, discussions within the Health facility Management Committees (HFMC) were intensified leading to immediate corrective measures that improved service delivery, feedback mechanisms between the providers and community and more inclusion and response to the needs of PWDs. For instance, there was observed HFMC proactiveness to:

- Mount a suggestion box at Kivingoni dispensary, Ndalani Ward in Yatta sub county;
- Prioritize CSC identified actions in the Itunduimuni facility Annual Work Plan (AWP) and successful advocacy efforts by the HFMC and CSC committee leading to the provision of 10,000 liters water tank by the county government.
- The Kivaa Health Centre facility fence was repaired immediately improving the facility's security.

4.3 Lessons Learnt

- The CSC process increased the avenues for local communities to constructively engage with duty bearers and contributed directly to shaping the service delivery through the joint action plans. Before the CSC, there was a huge gap between the Citizens expectations and duty bearers mandate, caused by the absence of an engagement platform. The process provided a forum for citizens, service providers and duty bearers to discuss and plan for the local development. Community members viewed CSC process as an opportunity for them to take more responsibilities in community development.
- CSC proved as a useful tool that can lead to greater transparency and accountability in the delivery of public services. The self-scoring by service providers was useful in bringing to the fore delicate issues such as performance, attitude and perceptions, behaviour, and quality of services into the open for discussion. When service providers scores were contrasted with community members' during the joint interface meetings, healthy discussions ensued including what need to be done to address the identified challenges. However, it was clear that, facilitation skills of the discussion's moderators were essential in order not to blame games and intimidations.

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