

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

MACHAKOS COUNTY - JUNE 2024



**MACHAKOS COUNTY GOVERNMENT**

***Kisiiki Health Centre***

***A level 3 Facility.***

***Providing Efficient and Satisfactory Health Services.***



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## LIST OF ABBREVIATIONS

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

## ACKNOWLEDGEMENTS

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

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

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

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

## 1.0 INTRODUCTION

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

### 1.1 KISIIKI HEALTH CENTRE

Kisiiki Health Centre is a level 3 facility located in Kisiiki Town Centre, Ndalani Ward, Yatta Sub-County, Machakos County. It serves clients from Kisiiki, its surrounding areas, Mavoloni, and Ilumanthi. The facility offers a comprehensive range of services, including child health, maternal health, and maternity care. It also provides curative and diagnostic services, prostate and cervical cancer screening, and laboratory services. Additionally, Kisiiki Health Centre offers HIV/TB services, health promotion and information, and has a pharmacy for dispensing medications.

## 1.2 METHODOLOGY

### 1.2.1 Targeted Population

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

### 1.2.2 Preparatory Ground Work

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

### 1.2.3 Key Steps

The following steps were adhered to as shown below:

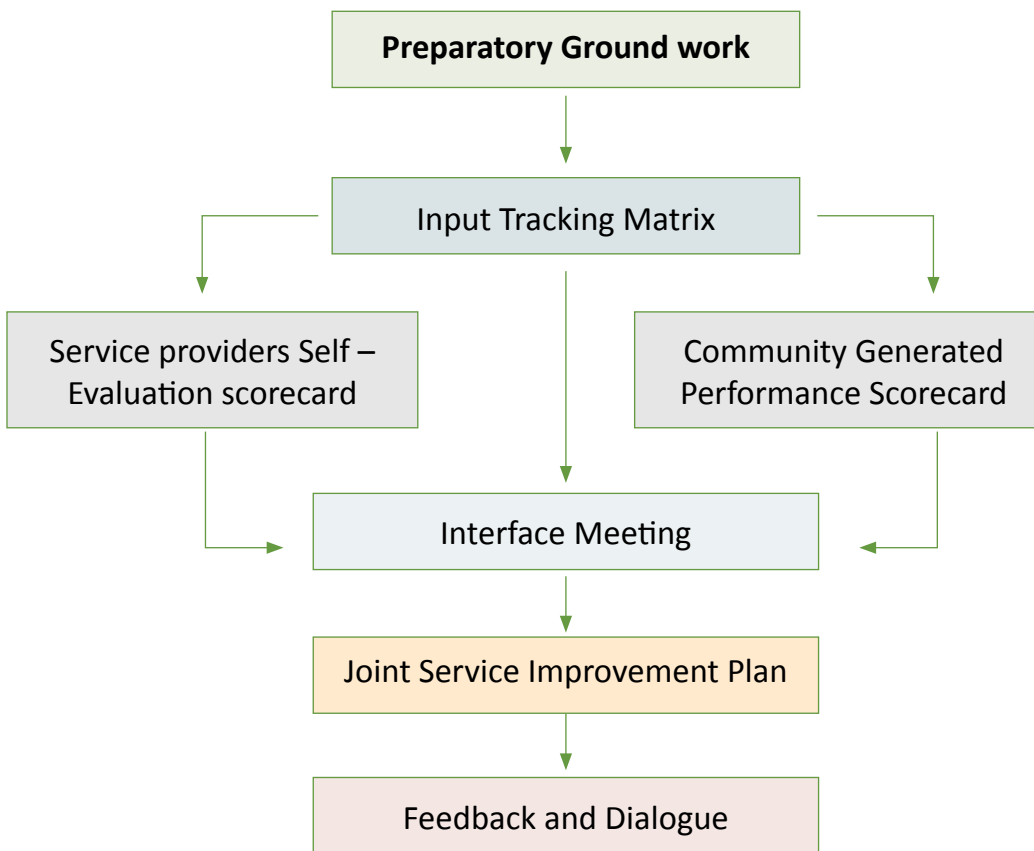


Figure1: The CSC Process

### 1.2.4 The Scoring Matrix

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

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

<sup>1</sup> MOH 2018. Core Standards for Quality Health Care. Kenya Quality Model for Health. [http://guidelines.health.go.ke:8000/media/Core\\_Standards\\_for\\_Quality\\_Healthcare\\_-\\_Kenya\\_Quality\\_Model\\_for\\_Health\\_-\\_March2018.pdf](http://guidelines.health.go.ke:8000/media/Core_Standards_for_Quality_Healthcare_-_Kenya_Quality_Model_for_Health_-_March2018.pdf)



### 1.3 SUMMARY FINDINGS

#### 1.3.1: Health infrastructures

Available physical infrastructure scored bad (1). The indicators with average score (2) were consultation room, delivery room, treatment room and laboratory. There was an adjoining maternity unit that was scored as bad (1) for partial standards met. The treatment room lacked key equipment for service delivery including an observation bed, portable light or fixed sink, the laboratory was not fully equipped to support standard diagnostic tests. The facility had no records room or labor ward scoring very bad (0) indicating no observable effort to meet standards.

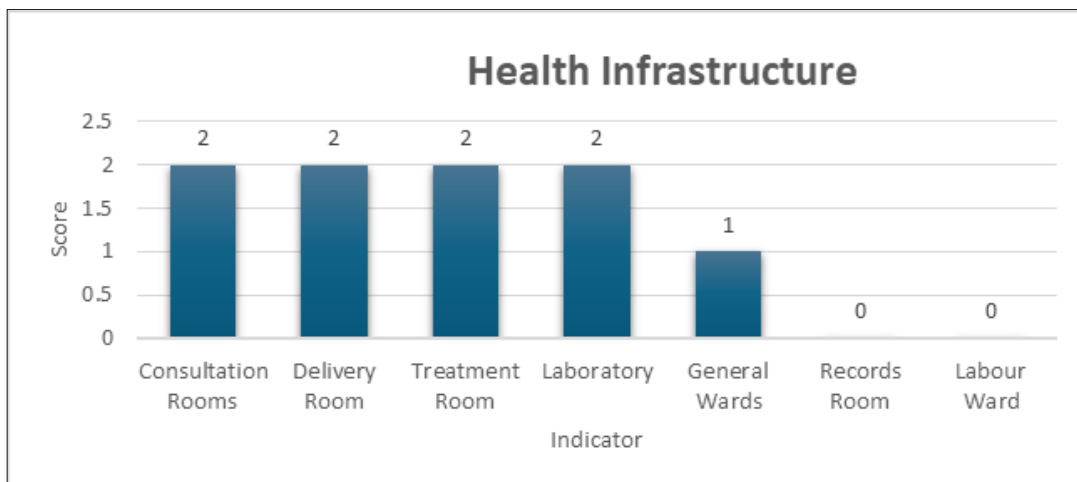


Figure 2: Health Infrastructure Status

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

WASH status was rated as bad

(1). The facility was water insecure since there was no reliable water supply; the facility was dependent on untreated rain water harvesting and water fetched from Thika River. There was inadequate water storage since the facility had only 2 storage tanks available, with an average score (2). Despite availability of client toilets, they were not sex disaggregated, and were poorly maintained causing safety and privacy concerns as a result staff toilets were used by all. The staff toilets were sex disaggregated with an average score (2) but not disability friendly.

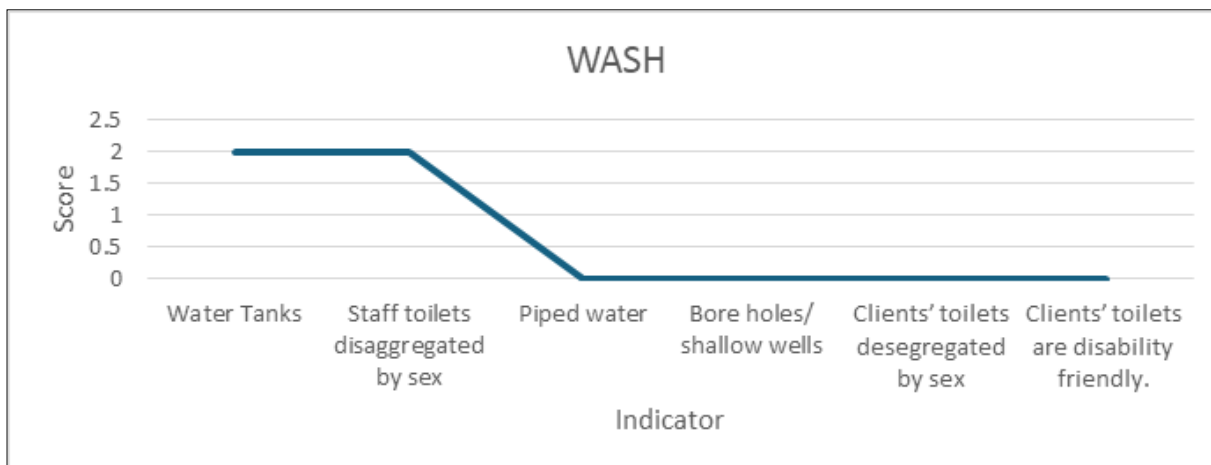


Figure 3: WASH Status

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

Availability of health products and technology was rated average (2); with standards almost fully met. The score pointed to the need for regular maintenance and/or replacement of tools for vital signs observation, adequate supply of drugs to match orders including essential resuscitation drugs and equipment.

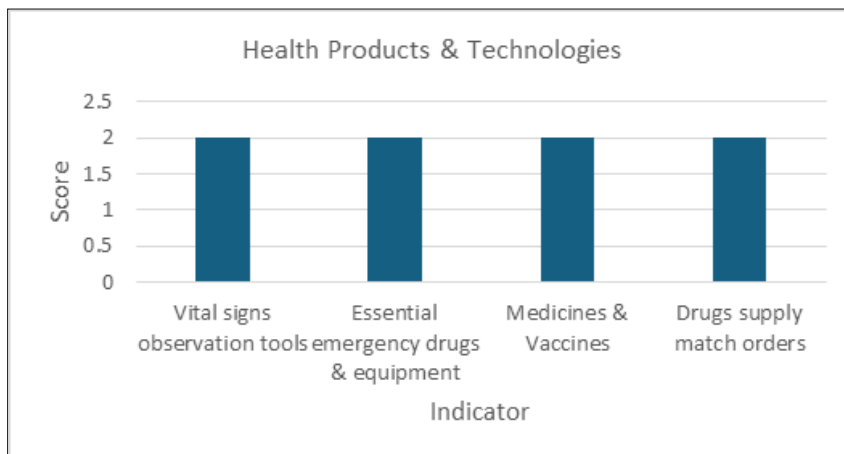


Figure 4: Health Products & Technology Status

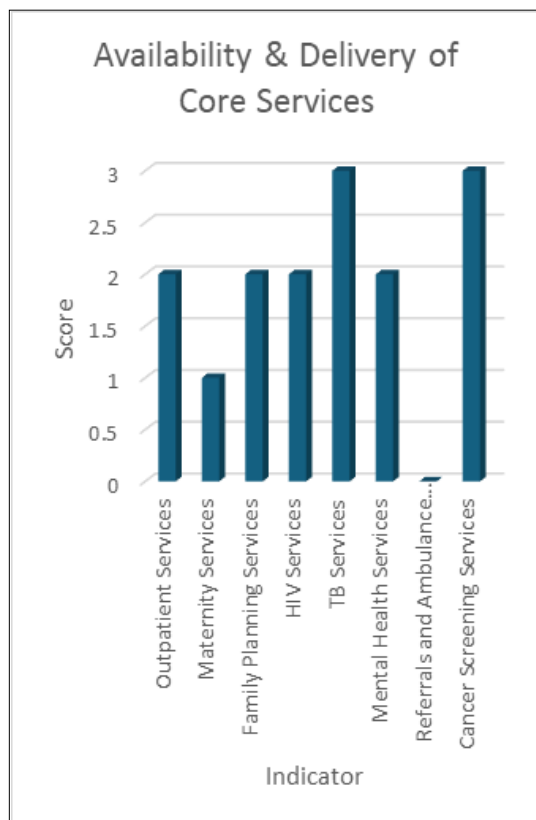


Figure 5: Status of Availability and Delivery of Core Services

### 1.3.4: Availability and Delivery of Core Services

The thematic area was rated average (2) for almost met standards.

The wait time for outpatient services was average (2) but there was no service charter at facility to inform expected time of service provision or other requirements.

Maternity services were bad (1) indicating partial compliance to standards; services affected by lack of a resuscitative, a delivery bed and adequate observation room.

Family planning, HIV and mental health services had average scores (2). The facility had a shortage of long acting family planning methods while HIV services were impacted by lack of male involvement in PMTCT, female condoms and limited linkage for other services.

Though TB diagnosis was not done at the facility, and there were incidences of shortage of TB drugs, rating was good (3). clients seconded to the facility from Matuu level 4 hospital had reliable access to treatment. cancer screening had good (3) score implying compliance.

The facility ambulance was grounded at the Matuu Level 4 hospital leading to a very bad (0) score for referral and ambulance services.

### 1.3.5: Human Resource for Health

HRH had a bad (1) score.

The facility had only 2 available cadres out of a possible 7 health cadres; 5 nurses, 1 lab technician and 1 HRIO contracted under a CCC partner.

Overall coordination was undertaken by the facility in-charge with limited on-job training and often caused delay in service delivery.

The facility was closed at night due to lack of a security officer, while the driver position was obsolete since the facility ambulance was grounded, both indicators score very bad (0).

The cadres with the lowest scores were indicative of no observable effort to meet standards, (0) score.

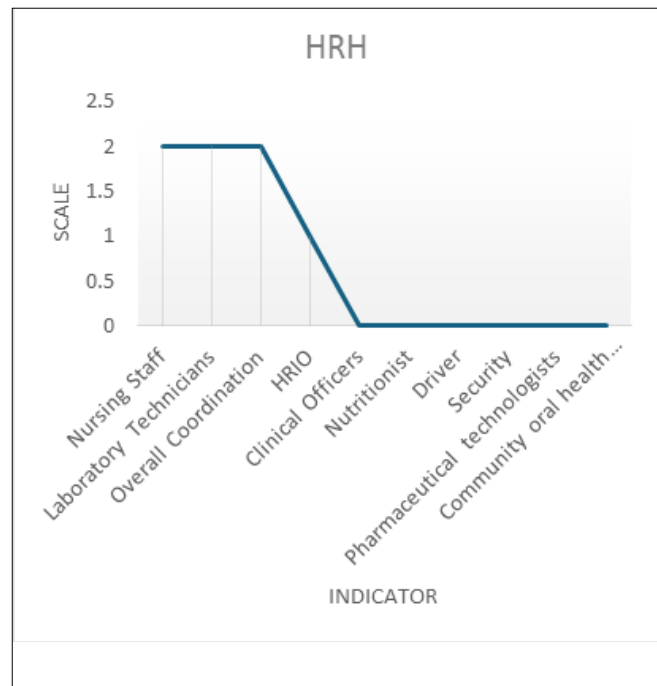


Figure 6: Human Resource for Health Status

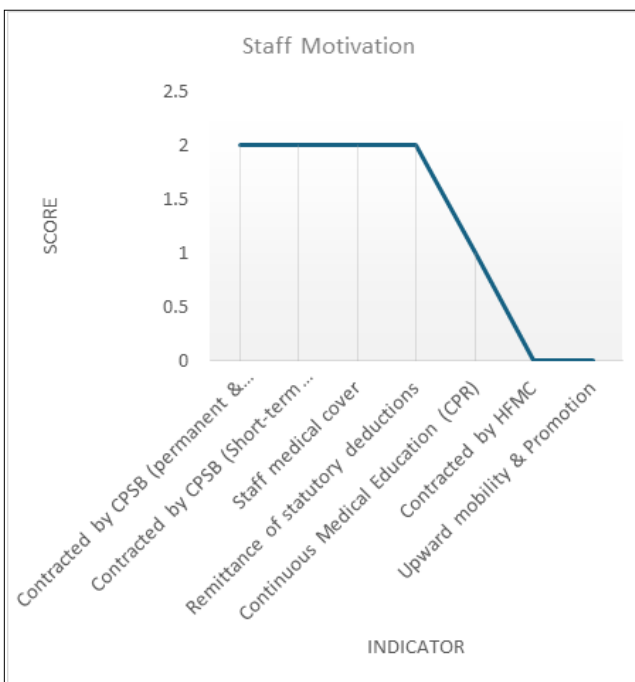


Figure 7: Staff Motivation

### Staff Motivation

Staff motivation score was bad (1). This was assessed under the human resource for health thematic area focusing on:

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

Staff contracting, medical cover and remittance of statutory deductions had average (2) score. The facility had 8 staff on permanent and pensionable basis, and one revenue officer on short-term contract with the CPSB.

Key demotivating factors were delayed upward mobility and remittance of statutory deductions, increased co-payment on the staff medical cover, and unsupported staff training for critical skills especially CPR.

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

The facility scored an average (2) on accessibility due to limited disability access raising the need for constructions of ramps to improve disability access. The road network though usable in dry weather was impassible in the rainy season increasing cost of transport to the facility.



Figure 8: Physical Accessibility Status

### 1.3.7: Economic Accessibility (Affordability)

conomic accessibility of the facility was rated as bad (1) for partially met standards.

The facility was charging user fees whose cost was affordable to many with a known waiver system in place for the most vulnerable clients however the charges were not subjected to public participation nor displayed on the service charter (no service charter at facility).

Though accredited for Linda Mama, reimbursements were delayed. There was no known policy in place to retain revenue generated at facility level.

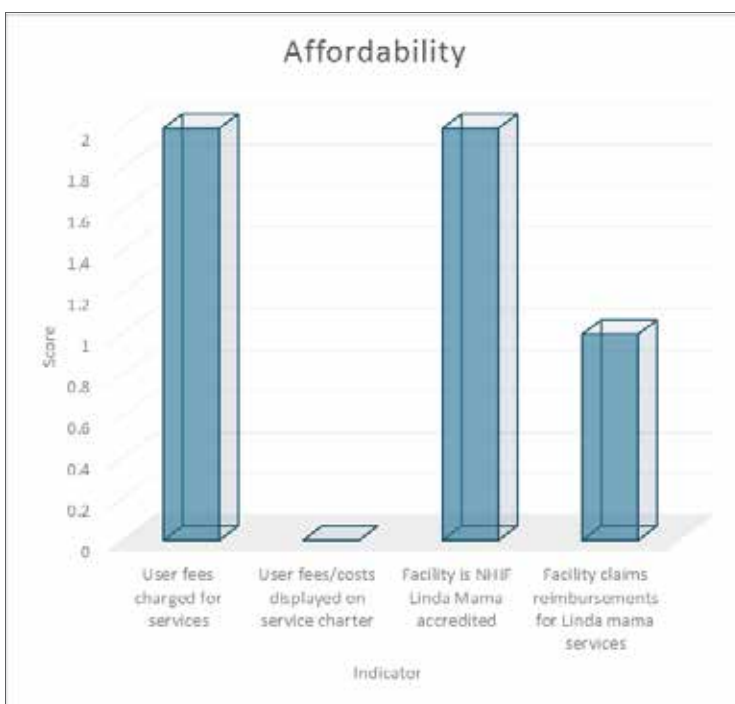


Figure 9: Economic Accessibility (Affordability) Status

### 1.3.8: Community Health Services

Community health services were average (2). There were trained community health promoters providing services and routinely reporting (score 2) however the county paid stipends had lengthy delays (score 0) partly attributable to the lack of a county policy in line with public finance management requirements to allow for such expenditure

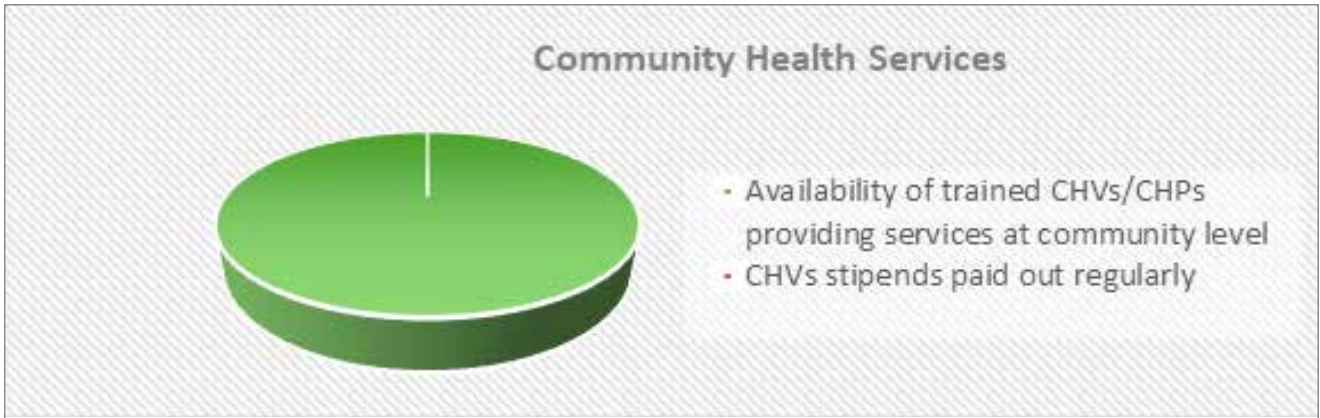


Figure 10: Status of Community Health Services

### 1.3.9: Leadership and governance for health

Facility leadership and governance was average (2). The facility had met the standards for complaints and readdress mechanisms, and duly constituted HFMC involved in planning and budgeting for facility resources, however the HFMC term had expired.







The facility had an estimated 2 acres of land, was partially fenced with a concrete reinforced gate but lacked a title deed (score 2).







The facility scored very bad (0) for unmet requirements for community dialogues, communication and power back up.



Figure 11: Status of Facility Leadership and Governance





## 2.0 RESULTS AND JOINT ACTION PLAN

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>THEMATIC AREA 1: HEALTH INFRASTRUCTURES</b>			
Consultation Rooms	 Average	Only 1 consultation room, 2 recommended which affects service delivery.	Construct or improvise an additional consultation room.
Treatment Room	 Average	Lacks permanent sink, lockable shelves, portable light; paint peeling. This affects services offered at the facility.	Install a ramp, modernize with portable lighting, observation bed, lockable cabinets, and shelves.
Records Room	 Very Bad	The lack of a dedicated records room affects organization and accessibility of documents since they are stored in the facility in-charge office.	Renovate OPD block and equip a designated records room.
Laboratory	 Average	Available but providing limited services due to lack of equipment.	Expand and modernize with additional lab equipment such as an extra microscope, hematology analyzer, full hemogram machine, urinalysis analyzer, biochemistry, and radiologic services machines such as an ultrasound machine.
Labour Ward & Delivery Room	 Very Bad	No dedicated labor ward; 2 rooms repurposed to a maternity unit with one delivery room and maternity ward. Can only handle one delivery at a time with others referred to other health facilities impacting maternal healthcare.	Build a fully equipped maternity wing with adequate staffing.
Staff Housing	 Very Bad	No staff housing; key staff live off-site. This affects staff availability and impacts service delivery especially at night.	Construct staff houses to house the facility in-charge and staff on duty.






Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>THEMATIC AREA 2: WATER, SANITATION AND HYGIENE (WASH) IN HEALTHCARE FACILITIES</b>			
Piped water	 Very Bad	Lack of piped water despite the presence of a nearby pipeline.	Install piped water to ensure a constant water supply. Additionally, install three 10,000-liter tanks for storage.
Bore holes/ shallow wells	 Very Bad	No borehole on-site; water is currently sourced from Thika river.	Construct a borehole to secure a reliable water source for uninterrupted service delivery.
Water storage	 Average	Two water storage tanks available but are insufficient.	Install three additional 10,000-liter tanks, ensuring one in each building after gutter installation for optimal water storage and usage.
Clients' toilets desegregated by sex	 Very Bad	The facility toilets were poorly maintained with broken doors and almost filled up. They were also not child friendly due to wide holes in the slab risking falls into the pit.	Construct a modern WASH rooms for clients and staff respectively that are accessible by all and meets sex and disability needs
Clients' toilets are disability friendly	 Very Bad	No disability friendly toilets available	
Staff toilets disaggregated by sex	 Average	Existing staff toilets are not sex-segregated and are shared with clients.	


















Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>THEMATIC AREA 3: HOSPITAL COMMODITIES, EQUIPMENT DRUGS, PRODUCTS AND TECHNOLOGY</b>			
Availability of vital signs observation tools, at minimum, thermometer and blood pressure machines in good working conditions.	 Average	The facility has only one thermometer and one BP machine, both of which sometimes experience mechanical problems. Backup tools are provided by the in-charge when necessary.	Procure and deliver more vital signs observation tools to meet the increasing demand for services and ensure redundancy in case of mechanical failures.
Medicines, vaccines and test stockout/ shortages. (Bandages, syringes, pregnancy tests, vaccines, etc. (specify and list all))	 Average	The facility is experiencing shortages of TB drugs, leading to the CCC having to share stocks with other facilities. Stocks are quickly depleted due to increased workload after each delivery.	Ensure regular and sufficient supply of medicines and commodities, particularly TB drugs, to prevent shortages and maintain effective service delivery.
Drugs supplied match what was ordered	 Average	Drugs supplied do not always match what is ordered, with KEMSA providing only about half of the ordered supplies, citing availability in their stores.	Provide support to KEMSA to ensure all ordered drugs and commodities are available. If not, establish a mechanism for primary healthcare facilities to access ordered drugs from alternative suppliers
Availability of emergency tray with essential resuscitation drugs and equipment (ambubag, suture pack)	 Average	Limited availability of essential resuscitation drugs and equipment.	Ensure regular and sufficient supply of essential resuscitation drugs and equipment.
<b>THEMATIC AREA 4: AVAILABILITY AND DELIVERY OF CORE SERVICES</b>			
<b>Outpatient general services</b>			
Time taken by patients / clients to be serviced is reasonable and as indicated in services charter.		Time taken for clients to be served is always reasonable, but the facility lacks a service charter.	Construct a new OPD block equipped with all requisite equipment and personnel for a level 3A facility and develop and display a comprehensive service charter to guide service delivery.









Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>Maternity Services</b>			
Adequately equipped maternity unit with modern delivery beds, resuscitaire and delivery packs	 Average	The facility lacks a resuscitaire, modern delivery beds but has one delivery couch in the maternity unit.	Construct a new maternity wing with all necessary equipment and supplies.
Inpatient mothers provided with meals	 Very Bad	Inpatient mothers are not provided with meals.	Complete and equip the facility kitchen; hire cooks.
<b>Family Planning</b>			
Availability of both short and long-acting methods of family planning (List contraceptives that experience shortages – birth control pill, injection, implant, IUD, etc.	 Average	Stockout of long-term acting methods of family planning and lack of female condoms.	Ensure regular supply and raise awareness of available services.
<b>HIV Services</b>			
HIV counselling and testing services	 Good	HIV testing and counselling services are available in the facility.	Maintain, employ /or deploy one more HTS staff to cater for the demand for services due to the change in health seeking behaviour of the community.
Pre-post exposure counselling	 Good	The services are available and clients attended to by well-trained and professional staff.	Maintain, employ /or deployment of one more HTS staff to cater for the demand for services due to the change in health seeking behaviour of the community.








Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
STIs diagnosis & treatment	 Good	The services are available with dedicated staff available to cater to client needs.	Construct a modern laboratory
ART initiation	 Good	There is a Comprehensive Care Centre (CCC) that offers specialized patient care to HIV+ clients including ART initiation & refill.	Maintain service availability
ART refill/ follow up /multi-month dispensing	 Good		
Stockout of male condoms	 Average	The facility is always stocked with male condoms but the supply is not adequate.	Ensure adequate supply of male condoms and refill of the facility condom dispenser for ease of accessibility.
Stockout of female condoms	 Very Bad	No female condoms stocked at facility	Ensure there is supply of female condoms and create awareness on the availability, correct and consistent use.
Referral & linkages of HIV patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Average	Nutritional advice is given to clients during facility visits and linkage for follow-up by CHPs.	Strengthen nutritional and mental health counselling through staffing and create awareness on linkage for legal support.
Women in ANC, maternity & PNC offered HTS	 Good	Testing for pregnant women is done immediately one starts ANC and during pre-natal clinics.	Maintain early HIV screening for ANC clients







Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
PMTCT clients receive FP counselling and condoms	 Good	Only females seek for counselling services at the facility.	Create awareness among men on the need, availability and importance of seeking for counselling services.
Male involvement in PMTCT programme	 Very Bad	No male involvement in the PMTCT programme.	Create awareness on the need and incentivize male involvement in the PMTCT programme.
<b>TB screening, treatment &amp; services</b>			
TB diagnosis and treatment	 Average	TB screening is not done in the facility but drugs are provided for already diagnosed clients and referred to Kisiiki as their local facility for drugs refill. Sample collection is done at the facility for testing at Matuu Level 4 Hospital even though this is not always available. If client results are positive for TB the clients are started on Anti-TB drugs.	Provide requisite equipment and commodities for screening of TB at the facility to save on clients cost when referred to other health facilities.
Stock out of TB drugs & commodities	 Good	TB drugs are always available for those clients who have been diagnosed with TB and referred to Kisiiki as their drugs refill and link facility.	Maintain for effective TB treatment and care.
Referral & linkages of TB patients to other services (nutrition, mental health, social welfare, legal support, etc.)	 Average	Counselling and follow-up done by HCWs with no linkage to nutrition support, social welfare and legal support.	Create awareness among HCWs on linkage for social services programmes.  County to employ and deploy a full-time nutritionist to supplement efforts by other HCWs.
One-stop shop services for TB/HIV co-infected patients	 Good	This is available to TB/HIV co-infected patients who access treatment, treatment support and follow-up at the facility as their link facility.	Maintain for effective TB treatment and care.








Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>Mental Health Services</b>			
HCWs at facility trained on components of mental health	 Average	HCWs are trained on mental health but the facility lacks dedicated mental health staff.	Ensure there is continuous training and sensitization on mental health.
Outpatient mental health services	 Bad	Outpatient mental health services are limited to diagnosed patients, with others referred elsewhere. General counseling is integrated but not comprehensive.	Establish an outpatient mental health clinic and ensure a constant supply of psychotropic medications.
Constant supply and availability of appropriate psychotropic medications at facility	 Very Bad	The facility lacks an outpatient mental health clinic which means there is no supply of MH drugs.	Establish an outpatient mental health clinic to ensure a constant supply and availability of appropriate psychotropic medications, addressing the rising demand for mental health services in the community.
Regular staff debrief (mental health)	 Very Bad	The last staff debrief sessions held was 1 year ago supported by Jhpiego.	Employ / deploy facility-based psychologist and counselor to support mental health counselling and treatment for the general population and for staff. This will ensure that there is regular staff debrief.
Mental health information integrated into disease specific programmes- HIV, TB, MNCH, FP	 Good	Mental health information is integrated into disease-specific programmes for HIV, TB, MNCH, and family planning.	Increase awareness of mental health within communities to promote better understanding and support for individuals affected by mental health issues.
Mental health included in reporting tools for CHV/P	 Good	Mental health is included in reporting tools for Community Health Promoters (CHPs) under the indicator for “number of people with known chronic illness.” However, CHPs were not trained in mental health.	Ensure there is continuous CHPs training and sensitization on mental health and accurate data capture and information sharing.






Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>Referrals and Ambulance services</b>			
Ambulance	 Very Bad	No ambulance; previous one reassigned to Matuu Level 4 Hospital.	Allocate a fully equipped Landcruiser ambulance which is perfect for the rough Ndalani terrain to ensure timely emergency response and patient transfers.
<b>Cancer Screening Services</b>			
Availability of cervical cancer screening services	 Good	The services are available, and with professional staff to attend to client needs.	Maintain availability and quality of services.
<b>THEMATIC AREA 5: HUMAN RESOURCE FOR HEALTH</b>			
<b>Sufficient Human Resource for Health as per Staff Establishment</b>			
Clinical Officers	 Very Bad	The facility lacks a clinical officer who are a key cog in service delivery in a level 3 health facility.	Post a clinical officer for improved service delivery.
Nursing Staff	 Average	The facility has 5 nursing staff against a recommended 14.	Post 5 nursing staff to the facility for improved service delivery.
Laboratory Technicians	 Average	The facility has one laboratory technician who when on leave laboratory services are affected.	Provide a reliever during leave.









Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Pharmaceutical technologists	 Very Bad	None available	Post a pharmaceutical technologist
Nutritionist	 Very Bad	Facility lacks a nutritionist with other HCWs sharing on basic nutritional advice.	Post a full-time nutritionist
Community oral health officers	 Very Bad	The facility lacks a community oral health officer. This has seen clients seeking for such services referred to Matuu Level 4 Hospital or private facilities whose costs are high.	Post an oral health officer and equip a dental unit.
HRIO	 Bad	The facility has one HRIO seconded to the CCC department by CIHEB for the HIV programme.	Post a HRIO on full-time basis.
Overall Coordination	 Average	The facility In-Charge is the overall coordinator while still attending to patients with disruptions occasioned frequently increasing wait time.	Ensure there is provision of on-job training for the facility in-charge and increase staffing levels to reduce disruption in service delivery.
<b>Support Staff</b>			
Security	 Very Bad	The facility lacks a security guard, forcing the facility to be closed at night.	Hire two security officers.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>Staff Contracting &amp; Appraisal (compliance with human resource management guidelines)</b>			
Contracts with County public service board, permanent, pensionable & paid regularly	 Average	The facility has 8 staff on permanent, pensionable basis, payment is paid regularly.	Ensure the staff on short term contracts are rolled over a permanent and pensionable basis and payment of staff salaries on a regular basis.
Upward staff mobility and promotions	 Very Bad	The process has been delayed for 3 years but there is continued follow-up by the Staff Union.	Ensure there is regular upward staff mobility and promotions
<b>Staff medical cover and welfare</b>			
Staff have a medical cover	 Average	Staff have medical insurance through Jubilee Insurance, but the daily limit is capped at Ksh 3500, causing some to incur out-of-pocket expenses.	Sensitize staff on medical cover terms.
Statutory and voluntary deductions (NHIF, SACCO, loans) remitted	 Average	NHIF was laid paid in December 2023 while there has been a delay in payment of Sacco loans for 3 months.	Ensure there is timely remittance of staff deductions to the relevant departments.
<b>Continuous Medical Education (CME)</b>			
All staff who provide direct patient care have received training in basic cardiopulmonary resuscitation and the training is repeated at least every two years	 Bad	Staff bear the cost of CPR training, leading to reluctance among many to undergo training.	Ensure the county has sponsored basic cardiopulmonary resuscitation training for each of the staff among other CME trainings each year.














Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>Staff Motivation</b>			
Facility has a system for recognition and/or rewards of high achievers	 Very Bad	The facility lacks a staff recognition and reward system.	Implement a recognition and reward system with financial and professional development incentives.
<b>Induction of New Staff</b>			
Structured induction schedule for all the new staff	 Average	Existing induction but not structured.	Ensure structured induction schedule are available and adhered to at facility level.
<b>THEMATIC AREA 6: PHYSICAL ACCESSIBILITY BY ALL PWD, THE ELDERLY AND CHILDREN</b>			
Facility accessible by all persons including those with disability	 Average	Not all buildings are accessible, inconveniencing those with disabilities.	Install ramps for ease of access in all public places.
Road network to facility	 Average	The facility is accessible, but roads become impassable during the rainy season.	Engage relevant departments to grade and murrum all roads leading to the facility to ensure ease of access throughout the year regardless of weather conditions.
Means of transport to health facility	 Average	Transport is generally available, but roads become impassable during the rainy season, significantly increasing motorbike costs to Ksh 300-400 one way.	



Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
<b>THEMATIC AREA 7: ECONOMIC ACCESSIBILITY (AFFORDABILITY)</b>			
User fees charged for services	 Average	Access to services is capped at Ksh 50, with waivers for the extremely vulnerable. However, disbursements to facilities are always delayed.	Ensure timely disbursement of funds and retain a percentage of all collected funds for facility development to increase usage and growth.
User fees/costs displayed on service charter	 Very Bad	The facility lacks a service charter.	Develop and display a service charter that includes all services offered and their charges.
Facility claims reimbursements from NHIF for Linda Mama services rendered.	 Bad	Delayed reimbursements, with the last payment made in September 2023 for the period ending February 2023. The verdict of the un-reimbursed amounts is not known.	Follow up on pending payments and ensure timely reimbursements from NHIF for Linda Mama.
<b>THEMATIC AREA 8: COMMUNITY HEALTH SERVICES</b>			
Availability of trained CHPs providing services at community level	 Good	There is a trained CHP in each village providing community-level services.	Ensure there is continuous training of CHPs to continue providing services at the community level. This ensures that there is a linkage between the community and the facility.
CHPs stipends paid out regularly	 Very Bad	CHPs stipends have not been paid regularly, with the only payment in 2023 being Ksh 5000 disbursed in January 2024.	Advocate for the development and passing of the Community Health Services Bill to legally mandate the regular payment of CHPs.
<b>THEMATIC AREA 9: LEADERSHIP AND GOVERNANCE FOR HEALTH</b>			
Minimum Acreage	 Average	Facility sits on more than 2 acres and the lands lacks a title deed increasing the risk of the land being encroached and trespassed.	Follow up to ensure that the facility has the title deed for the land and is properly fenced all round.



Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Fence and Gate	 Average	The facility is partially fenced with a steel gate reinforced with concrete.	Ensure there is an round fencing of facility land to ward of trespassers and encroachment.
Duly constituted HFMC exists at any one time.	 Good	There is a duly constituted 9-member HFMC.	Provide training to HFMC members on their roles and responsibilities for effective governance.
Committee members have appointment letters and are gazetted	 Very Bad	Appointment letters for committee members had a one-year tenure that has lapsed	Organize elections to allow communities to elect new HFMC members and issue updated appointment letters accordingly.
Patient rights charter displayed conspicuously in waiting areas.	 Good	Patient rights charter is printed and displayed on the notice board, but it needs updates for emerging rights (e.g., mental health, disabilities) and greater visibility.	Ensure the services charter is displayed in a more noticeable locality and update it to include emerging rights. Intensify dissemination of the charter to local communities.
Patients' complaints and readdress mechanisms in place	 Average	There is an un-labelled suggestion box in the facility.	Ensure suggestion boxes are installed in visible and accessible locations to encourage feedback and continuous improvement, ensuring responsiveness to patient needs and concerns. Establish additional complaints and feedback mechanisms.
Community dialogue meetings	 Very Bad	Community dialogue meetings have never been held in Kisiiki.	Increase sensitization on the importance of community dialogue meetings and encourage community participation.
Motorcycle	 Very Bad	The facility has a motorcycle which is not in use due to mechanical issues.	Repair and regular service, fueling and maintenance to increase efficiency.

Issue	Consensus Score	Reasons for Score	Key Action by County Executive Committee (CEC) Member for Health and Medical Services
Communication equipment	 Very Bad	The facility lacks communication equipment with staff using their personal phones for communication.	Facilitate the facility to procure phone complete with a line and loaded with airtime to facilitate official communication, ensuring better coordination and response.
Alternative power sources – solar	 Very Bad	The facility has not installed solar panels as an alternative for harvesting solar energy	Install solar panels to provide uninterrupted power during frequent outages, ensuring continuous service delivery.
HFMC participates in AWP & Budget development	 Good	The 9 HFMC members participate in developing the AWP and facility budget, despite lacking training on their roles and responsibilities, and with lapsed tenures.	Provide training for HFMC members to enhance their understanding of their roles and responsibilities in AWP and budget development processes.
Routine maintenance	 Average	<p>Routine maintenance of equipment was irregular and subject to availability of funds.</p> <p>Despite well-maintained external paintwork, interior conditions are poor, with peeling paint, broken doors, pest infestation, and leaking roof in the maternity room.</p>	<p>Establish quarterly maintenance schedules and ensure timely fund disbursement. Fix urgent issues like the broken maternity washroom door.</p> <p>Renovate dilapidated structures and complete ongoing projects to ensure patient safety and improve service delivery conditions.</p>



### 3.0 CONCLUSION AND LESSON LEARNT

#### 3.1 Conclusion

The CSC process was conducted between December 2023 and February 2024. Through its participatory approach, it empowered citizens in Kisiiki to pinpoint discrepancies between established healthcare norms and the realities at their local facilities. This feedback mechanism spurred tangible improvements in service delivery, such as replacing pest-infested doors, assigning youth-friendly nursing staff, and enhancing family planning awareness, resulting in shorter patient wait times. These changes underscore the pivotal role of the CSC process in augmenting community access to and utilization of healthcare services.

The HFMC term had expired and no new elections had been called; this may be attributable to the delay in enactment of the Machakos County Health Services Bill that outlines the requirements, roles and terms of office for hospital boards and facility management committees.

The facility had an estimated 2-acre parcel of land but no title deed to ascertain acreage and ownership. The partially fenced facility also had no known facility master plan. This exposes public facilities to encroachment reducing available land for infrastructural development.

Supply of health products was inadequate due to single sourcing from KEMSA. There was no viable reason as to why orders not filled by KEMSA could not be sourced through MEDS and prequalified suppliers in line with known HPT procurement standards.

There was inadequate primary healthcare financing, a conclusion determined by the failure to ensure routine facility infrastructure and equipment maintenance, repair and/or replacement, inadequate access to reliable water supply, and lack of power back up using renewable and readily available solar energy. This lies within the mandate of the HFMC and may also indicate a limited understanding of their roles and responsibilities.

Staff motivation impacts staff attitude and by extension health service delivery. Addressing biting issues of timely payment and remittance of statutory deductions, upward mobility and continuous on-job training may ultimately improve client experience of the public health system.

Improved quality of roads though not a direct concern of the health department impacts access to service delivery, the advocacy for upgrade of county roads to bitumen standards for durability and all-weather use would enhance access to health services. The challenges posed by climate change of extreme weather patterns including flooding cut-off of services for most communities in risk prone areas increasing morbidity and mortality.

### 3.2 Lesson Learnt

1. Celebrating successes is a powerful motivator for driving continuous improvement in service delivery. During the focus group discussions, the issue of pest-infested doors leading to maternity sanitation rooms was raised. With the emergence of new leadership at the facility, which had garnered community trust and encouragement, swift action was taken. By the time action planning commenced, the doors had already been replaced with steel doors, demonstrating the positive impact of community engagement and leadership responsiveness in addressing service delivery challenges.
2. Empowering community members to actively participate in decision-making processes promotes a sense of ownership over healthcare services and encourages sustained engagement. Capacity strengthening of community leaders, health governance and management structures, and community groups on participatory decision making, health systems and governance, constitutionalism, and rule of law and how to monitor public service delivery ensured sustainability of similar community driven initiatives.
3. User fees in primary health care facilities have the potential of bridging health financing gaps however where there are weak or non-existent policies in place to ring-fence such revenue, clients continue to pay for deteriorating services. This was evident in that despite user fees re-introduction, medical supplies were still a big challenge affecting health seeking behavior.









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