



Center for
Transformational
Leadership

Kikopey Dispensary

Community Scorecard

REPORT 2023



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Abbreviations

CCC	Comprehensive Care Centre
CGA	County Government Act
CHVs	Community Health Volunteer
CoK	Constitution of Kenya
CTL	Center for Transformational Leadership
DANIDA	Danish International Development Agency
ENCASE	Encouraging Citizen-Driven Accountability through Sustained Engagement
EMR	Electronic Medical Records
FGDs	Focus Group Discussions
FP	Family Planning
GoK	Government of Kenya
HFMC	Health Facility Management Committee
HSSF	Health Sector Services Fund
HPV	Human papillomavirus
KEMSA	Kenya Medical Supplies Authority
KM	Kilometers
MCA	Member of County Assembly
NGO	Non-Governmental Organization
NHIF	National Hospital Insurance Fund
PHO	Public Health Officer
PWDs	Persons with Disabilities
SPARKe	Strengthening Public Accountability and Responsiveness in Kenya
WC	Water Closet

Forward

Dispensaries and health centers play a critical role in providing basic health services to citizens. Being the health facilities that are closest to citizens, they are the first service delivery points patients visit whenever they feel ill. Since health is a devolved function, service provision in level II and level III facilities is the responsibility of county governments.

Article 43 (1) (a) of the Constitution of Kenya guarantees citizens the right to quality healthcare. It states that 'every person has a right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.'

The realization of this right depends on the quality and quantity of inputs that county governments avail in public health facilities. These inputs include infrastructure, staff, equipment, and consumables required to facilitate service provision.

Since the onset of devolution in 2014, Nakuru County has made considerable progress in enhancing health service delivery inputs. Notable investments have been made in expanding health infrastructure across the 11 sub-counties in a bid to make health services more accessible to citizens. But, even with these investments, the county still struggles to provide quality health services to its residents.

This report highlights feedback from service users of a rural level II facility in Gilgil sub-county. The service users monitored the delivery of health services in Kikopey Dispensary using a social accountability tool known as the Community Scorecard. Service users and providers rated the quality of immunization and family planning services in the facility as high. Some of the service delivery issues that need improvement in the facility include inadequate service rooms, which are also inaccessible to PWDs, and inadequate staff that make it challenging for the facility to meet the growing workload.

Although the facility receives essential drugs, both service users and providers agree that the quantities are rarely sufficient to meet demand. This results in frequent stockouts as drugs run out before a quarter ends. Accessibility to non-communicable drugs is also a challenge for facility users since these are only available in the Gilgil Sub-County Hospital.

Other issues that need to be addressed in the facility include the improvement of sanitation blocks, capacity building of the health management committee, and acquisition of additional land for future expansion. The facility currently sits on half an acre piece of land, which is smaller than the 1-acre legal requirement.

Bancy W. Kubutha

Executive Director — CTL

Introduction

The Center for Transformational Leadership (CTL) conducts civic education to ensure citizens understand their constitutional rights and responsibilities. CTL also supports citizen formations to engage in public decision-making processes and monitor the delivery of essential services using participatory performance management tools like community scorecards, social audits, citizen report cards, and budget analysis.

This work enables citizens to provide duty bearers with constructive feedback for improved quality of services. In 2023, CTL used community scorecards to monitor health services in Kikopey Dispensary located in the Gilgil sub-county, Nakuru County. The Kikopey Dispensary Community Scorecard is part of the social accountability work undertaken by CTL through the 'Encouraging Citizen Driven Accountability through Sustained Engagement - ENCASE' project. The ENCASE project is supported by Uraia Trust and DANIDA under the 'Strengthening Public Accountability and Responsiveness in Kenya (SPARKe) Programme.

The scorecard was developed through a participatory process involving service users drawn from the facility's catchment area, frontline service providers, representatives of the Health Facility Management Committee (HFMC), representatives from Sub County Department of Health, and local leaders including the Ward Administrator and representatives from Office of Member Assembly and National Assembly.



Profile:

Kikohey Dispensary



Level

The facility is gazetted as level 2



Acreage

The Health facility sits on a half-acre piece of land



Location

The facility is strategically located in Gilgil Ward, along the busy Nakuru Nairobi Highway.



Catchment

The facility serves patients from the expansive Kikohey area. Catchment areas include Ravine A&B, Umoja, Molo, Ebenzer, Hedex, Maji Mazuri, and Elina.



Management

The facility has an active Health Facility Management Committee (HFMC). A facility in charge who manages its day-to-day running.



Workload

The health Facility serves estimated 2,000 patients on monthly basis.



Infrastructure

The health center has the following infrastructure:

- 4 Service Rooms
- 1 Waiting Bay
- 1 Pharmacy
- 3 Sanitation Blocks
- 2 Maternity Rooms
- (1 labour/delivery room, 1 ward)
- A semi-permanent live fence



Services

The Dispensary offers level-2 outpatient care and emergency maternity services.



Staffing

At the time of developing this scorecard, Kikohey Dispensary had

- 3 Registered Nurses
- 1 HIV Testing and Counselling Staff
- 2 Support staff



A Case for Social Accountability

By acknowledging that Sovereign power belongs to the people and outlining the National Values and Principles of Good Governance, the Constitution of Kenya (CoK) allows citizens to engage in governance processes, including performance monitoring. Social accountability tools such as social audits, community scorecards, budget analysis, and citizen report cards allow citizens to interact with duty bearers and give them constructive feedback about their experiences with the services offered.

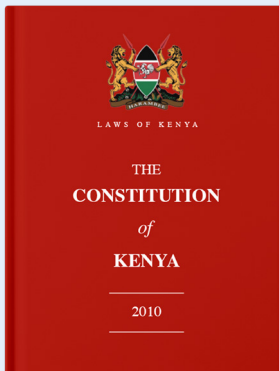
The social accountability approach allows ordinary citizens to exact accountability directly for purposes of

improving service delivery and enhancing transparency and accountability in public affairs. These interactions can increase cost-effectiveness in the utilization of public funds, enhance service delivery, improve public planning, and ensure prioritization of interventions that respond to citizen needs.

Kenya has a comprehensive legal framework that guides the management of public affairs and encourages civic engagement in governance processes. Below is a synopsis of legal provisions that support social accountability.

Legal Document

Provision

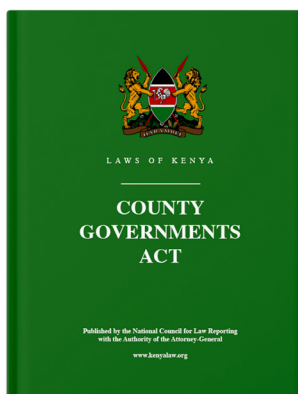


Constitution of Kenya

- Article 133 (1) requires public servants to uphold high professional ethics and observe high standards in efficiency and economic utilization of public resources.
- Chapter 6 requires public officers to make objective, impartial, decisions guided by honesty and integrity.
- Article 174(c) states one objective of devolution as 'to give powers of self-governance to the people and enhance the participation of the people in the exercise of the powers of the State and in making decisions affecting them'.
- Article 201(a) includes openness and accountability including public participation in financial matters as one of the principles of public finance.

Legal Document

Provision



County Government Act

- Sections 30 and 92 require Governors to promote and facilitate citizen participation in the development of policies and plans, delivery of services and submit a report to the County Assembly annually on how citizens are participating in County Government affairs.
- Section 9 (1) requires Members of the County Assembly (MCA) to maintain close contact with electorates and consult with them on issues under discussion in the County Assemblies.
- Sections 94 and 95 require the County Government to establish mechanisms to facilitate public communications and access to information with the widest public outreach using media that may include television stations, information communication technology, and public meetings among others.
- Section 96 of the CGA that requires the County Government and its agencies to designate an office to ensure access to information and enact a legislation to ensure access to information for which reasonable fees may be imposed.
- Section 115 requires the County Assembly to develop laws and regulations that give effect to the requirement for effective citizen participation in development planning and performance management within the County.



Other legal legislations that support accountability in Kenya

- The Anti-Corruption and Economic Crimes Act (Cap. 65), 2003
- The Public Officer Ethics Act, 2003
- The Leadership and Integrity Act, 2012
- The Public Procurement and Disposal Act, 2005
- The Civil Service Code of Regulations, 2006

Methodology

The community scorecard for Kikopey Dispensary was implemented in a step-by-step format. The entire process was implemented over six months as follows:

STEP 01

Entry Meetings with the County Department of Health

- ✓ CTL staff met representatives from the County Department of Health and continued with the initiative to identify a health facility where services would be monitored.
- ✓ A facility entry meeting was held with the sub-county team lead and facility in-charge to share scorecard objectives and plan.

STEP 02

Community Sensitization Meetings

- ✓ A community sensitization meeting with 100 participants drawn from the Karunga Health Center catchment was conducted at the facility's ground. Community members were sensitized on the importance of social accountability and how service monitoring tools such as community scorecards improve the quality of health services.
- ✓ Community members present identified representatives to form accountability cells in line with pre-designed criteria that took into account regional representation, gender, age, and disability.
- ✓ 2 accountability cells, each with 20 pax formed.



STEP 03

Service User Focus Group Discussions (FGDs)

- ✓ 4 FGDs were conducted with service users in the target facility over 4 months.
- ✓ Accountability cell members guided service users in prioritizing service delivery issues and scoring indicators based on their experiences.
- ✓ Each group (youth, women, men, and PWDs) prepared its scorecard.
- ✓ The scorecards were consolidated to form the community scorecard.

STEP 04

Service Provider Focus Group Discussions (FGDs)

- ✓ Frontline service providers identified and prioritized service delivery issues in the health center.
- ✓ CTL staff guided service providers in scoring service delivery indicators during FGDs and capturing remarks to develop the service provider scorecard.

STEP 05

Interface Meeting

- ✓ Interface meetings were held with service providers, facility users, and duty-bearers.
- ✓ Community members, Frontline service providers, department of health officials, and political leadership deliberated on issues raised from community and service provider scorecards.
- ✓ A joint action plan was developed based on recommendations and commitments made during interface meetings.



Scorecard Findings

a

Community Scorecard



Very Poor



Poor



Fair



Good



Very Good

CTL Summarized Scorecard

Availability of Essential Drugs



- > Availability of Drugs 3 - Fair
- > Availability of Immunization Services 5 — Very Good
- > Availability of Special Care Drugs 4 - Good

Staffing

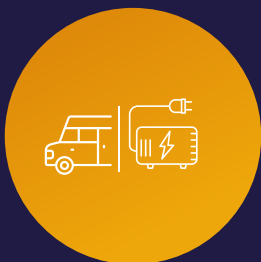


- > Availability of Medical Staff 4 — Good
- > Availability of Support Staff 4 — Good
- > Conduct of Medical Staff 4 — Good

Physical Infrastructure



- > Adequacy of Service Rooms 3 — Fair
- > Accessibility of Service Rooms 2 — Poor
- > Accessibility of the Facility 3 — Fair
- > Adequacy of Facility Land 2 — Poor
- > Availability of Sanitation Facilities 3 — Fair



Equipment

> Availability of a locally defined transport



> Availability of Power Backup



Water Supply

> Availability of Adequate Water



Lab Services

> Availability of Lab Services



Community Health Volunteers

> Availability of Community Outreach Services (CHVs)



> Effectiveness of CHVs



Health facility Management Committee


> HFMC interactions with the Community members



> Delivering its Mandate




Availability of Drugs



Issue


Availability of Essential Drugs

Score - 3


3 - Fair

Remark


- The facility receives drug supplies. However, most of the drugs supplied last approximately 1 week before they run out. It takes up to 2 months for the drugs to be replenished.
- Drugs such as panadol, Amoxil, omeprazole, and cetirizine are often available, while dewormers are consistently available. Children's drugs are available in the facility.
- Whenever there is a shortage of drugs, patients are asked to buy from the nearby chemist, which is expensive.



Issue


Availability of Immunization Services

Score


5 - Very Good

Remark


- The facility has an adequate supply of vaccines. These include children's vaccines, COVID-19, tetanus, and Human papillomavirus (HPV).



Issue

Availability of Special Care Drugs

Score


4 - Good

Remark

- Drugs for conditions that require special care like Tuberculosis (TB) and PREP for HIV, and High blood pressure are available. Drugs for Diabetes are not available, so patients are often referred to Gilgil County Hospital.

Staffing



Issue

Availability of Medical Staff

Score



Remark

- The facility serves a big catchment area that is densely populated and approximately 2,000 patients seek medical services from the facility each month. The facility is served by 3 nurses.
- On Monday and Wednesday, more patients visit the facility.
- It often takes between 30 minutes — 1 hour to access services in the facility.
- The high patient traffic makes it difficult to take health breaks and thus overworked in the process.



Issue

Availability of Support Staff

Score



Remark

- The facility has one support staff member who is in charge of cleaning and does other tasks as assigned by the facility in charge. This is a result of the facility being small with fewer rooms.



Conduct of Medical Staff

Score



Remark

- Medical staff attend to patients in a professional manner.
- In some instances, they conduct follow-ups on patients.
- They attend to patients with the utmost attention and don't waste time when providing services.

Physical Infrastructure



Issue

Adequacy of Service Rooms

Score



Remark

- The facility has 5 service rooms: Pharmacy, MCH, consultation, and an in-patient room for maternity emergencies. Some rooms host multiple services e.g., the consultation room also serves as the treatment room, and the injection room.
- This results in slow services and long queues.
- The facility lacks laboratory services, patients have to travel to Gilgil Town, 3 km away for tests.
- One room has been partitioned to create a store.
- Some of the service rooms are too small for medical staff to offer services effectively.



Issue

Accessibility of Service Rooms

Score



Remark

- Access to service rooms remains a challenge for PWDs due to the lack of ramps in the doorway, they have to be supported to enter and exit the rooms.
- The pharmacy has high stairs that make it difficult for PWDs to reach the drug collection window.
- The waiting bay has ramson at both entry points.



Issue

Accessibility of the facility

Score



Remark

- The road to the facility is approximately 1km long.
- The road is often marrumed frequently, but it is not compacted or fitted with proper drainage.
- During the rainy period, the road is swept away, leaving a rocky surface that poses a challenge for motorbike riders, ambulances, and other private vehicles in accessing the facility.
- This condition is not conducive for patients who have to be ferried to and from the facility.



Issue

Adequacy of Facility Land

Score

2 - Poor

Remark

- The facility sits on a half-acre piece of land.
- This is smaller than the minimum land requirement for a dispensary, which is 1 acre.
- As it stands, the half-acre is occupied almost entirely by the facility infrastructure, including the borehole, staff house, water tank, rubbish pit, and sanitation blocks. Only approximately a quarter of it remains, which limits future expansion of the facility as the remaining piece might not be enough.



Issue

Availability of Sanitation Facilities

Score

3 - Fair

Remark

- The facility has 3 operational sanitation blocks: two near the staff house and one for maternity use.
- The facility does not have sanitation blocks for staff, but they use the one dedicated to maternity.
- None of the sanitation blocks is PWD-friendly.

Equipment



Issue

Availability of a locally defined transport

Score

2 - Poor

Remark

- The facility has no means of transport equipment.
- It relies on the Gilgil Sub County ambulance for referral cases related to maternity emergencies, patients have to organize their transport means for other emergencies.
- Patients referred to Gilgil Sub-County Hospital spend between Kshs. 500/- for a roundtrip on boda boda or Kshs. 1000/- on a taxi. Others take a matatu or walk to the facility.
- Medical staff use public transport when picking up drugs from nearby facilities.



Issue

Availability of power backup

Score

1 - Very Poor

Remark

- The facility relies on electricity to preserve vaccines and drugs.
- In the event of blackouts lasting more than 8 hours, facility staff transfer the refrigerated vaccines to the nearby facility in Karura 5 kilometers away.
- The facility has solar panels and 6 batteries that have been unused for a long time and might not function well when charged.

Water Supply



Issue

Availability of Adequate Water

Score



Remark

- There is a piped water connection, but the water supply is not consistent.
- The facility harvests rainwater stored in a 50,000-liter storage tank.
- There is borehole water in the facility. However, the water has high fluoride levels and is unfit for consumption. The facility uses it for cleaning purposes only.

Lab Services



Issue

Availability of Lab Services

Score



Remark

- The facility does not have a lab. Patients have to access private testing services or travel to Gilgil Sub-County Hospital to run tests.
- Tests in private facilities are expensive.

Community Health Volunteers



Issue

Availability of community outreach services (CHVs)

Score



Remark

- There are 11 CHVs attached to the facility. Out of these, 3 are men and 8 are women. None of the CHVs is a youth.
- Each CHV attends to 300 households, this number is far higher than the standard requirement of 100 households. This is largely due to the rapid development of the Kikopey area.
- There are some areas, estates, and villages within Kikopey where CHVs are not present.



Issue

Effectiveness of CHVs

Score



Remark

- CHVs wear branded jackets when visiting homesteads to monitor hygiene levels and provide other health promotion services. CHVs visit schools to give students dewormers and provide health education.
- CHVs are often the first to arrive in accident scenes. In the event of truck accidents with cargo spills, CHVs inspect the cargo to determine safety and escalate the information to the relevant health authorities.
- Lack of transport facilitation limits CHVs' reach.



Issue

HFMC interactions with the community members

Score



1 - Very Poor

Remark

- The facility has a health facility committee in place.
- However, the committee does not hold forums and meetings with members of the public.
- Community members know some committee members in individual capacities but don't know that they are members of the health facility committee.
- The lack of contact between community members and the health committee has made it challenging for service users to raise complaints or provide feedback on the quality of services in the facility.



Issue

Delivering its mandate

Score



3 - Fair

Remark

- The committee manages and appropriates resources well to ensure users access quality services.
- Some committee members have been taking personal initiative to inform members of the public about the services offered in the facility and highlight the issue of drug shortages.
- Committee members are not fully aware of their mandates because they have not been trained since they took office.

b

Service Providers Scorecard

● Very Poor
 ● Poor
 ● Fair
 ● Good
 ● Very Good

CTL Summarized Scorecard



Drug Supply

- > Availability of Essential Drugs
 ● ● ● ● ●
 3 - Fair
- > Availability of Non-communicable Diseases
 ● ● ● ● ●
 2 — Poor
- > Availability of Family Planning Commodities
 ● ● ● ● ●
 4 — Good



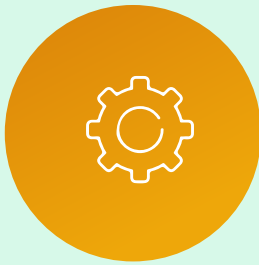
Staffing Levels

- > Availability of Medical Staff
 ● ● ● ● ●
 2 — Poor
- > Availability of Support Staff
 ● ● ● ● ●
 4 — Good










Physical Infrastructure

- > Adequacy of Service Rooms
 ● ● ● ● ●
 1 — Very Poor
- > Accessibility of Service Rooms to Pwd
 ● ● ● ● ●
 2 — Poor
- > Accessibility of the Facility
 ● ● ● ● ●
 2 — Poor
- > Adequacy of Facility Land
 ● ● ● ● ●
 2 — Poor
- > Availability of Sanitation Facilities
 ● ● ● ● ●
 2 — Poor
- > Availability of a Burning Chamber
 ● ● ● ● ●
 2 — Poor
- > Availability of a Fence
 ● ● ● ● ●
 3 — Fair




Equipment

- > Availability of Glucometer  2 — Poor
- > Availability of Weighing Scale  3 — Fair
- > Availability of a Doppler Ultrasound Machine  3 — Fair
- > Availability of Storage Facilities  1 — Very Poor
- > Availability of Computer  1 — Very Poor
- > Availability of Power Backup  1 — Very Poor
- > Availability of locally Defined transport  3 — Fair




Water Supply

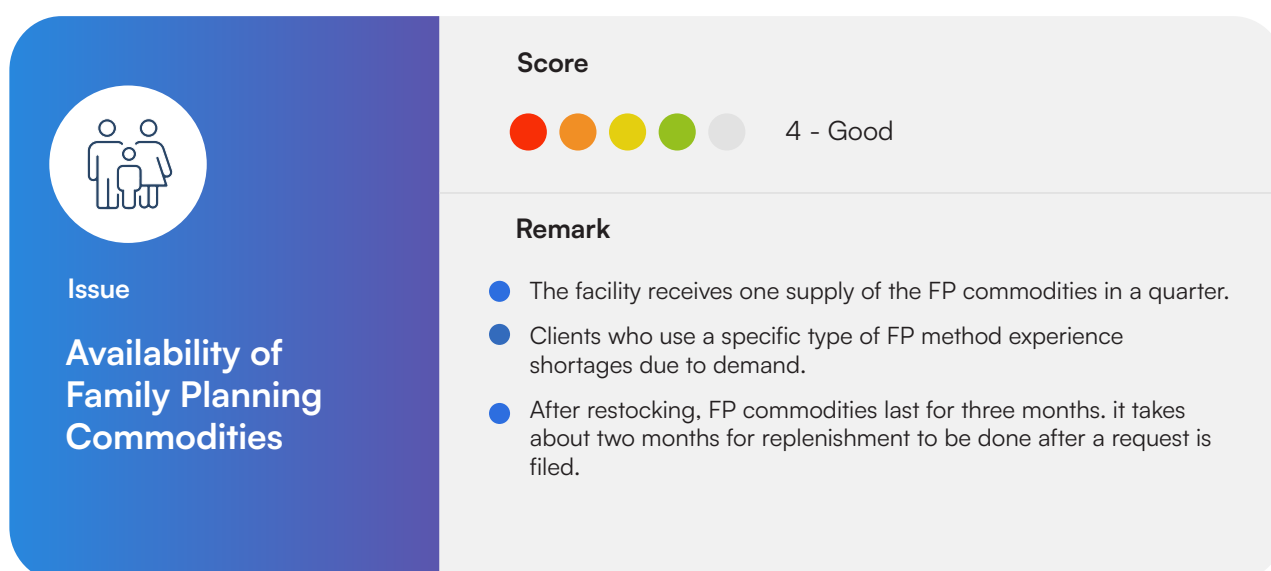
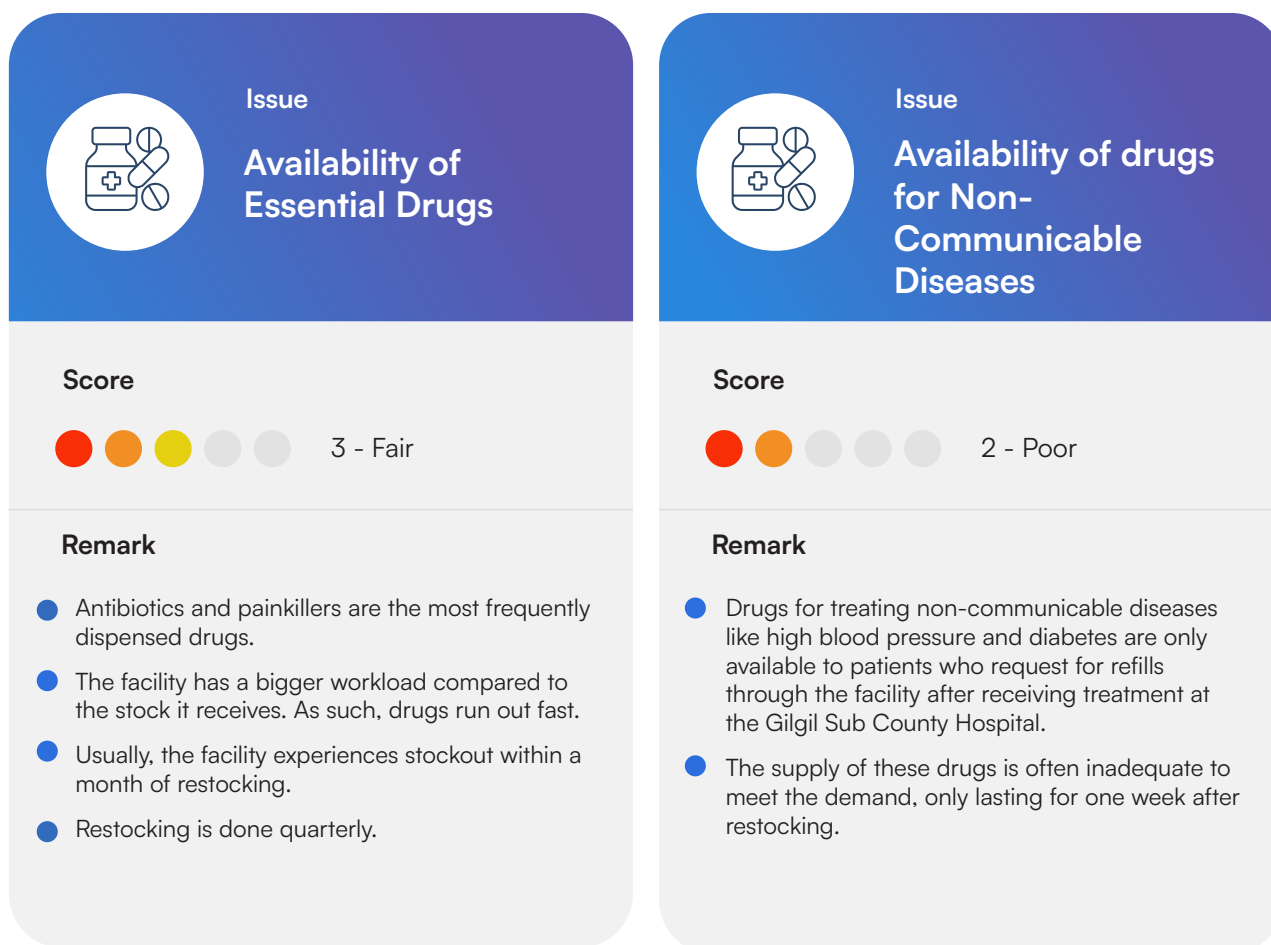
- > Availability of Adequate Clean Water Supply  3 — Fair



Funding

- > Adequacy of HSSF funds and DANIDA  2 — Poor

Drugs Supply



Staffing Levels



Issue

Adequacy of Medical Staff

Score



Remark

- The facility has a workload of 2000 patients per month.
- It only has 3 registered nurses, which overwhelms the staff as they have to serve an average of 30 patients per day, with each taking up to 30 mins. In some instances, staff leave work past working hours to attend to patients.
- If one or two members of staff take or attend training, one staff is left to serve the entire period.
- The nurses multitask frequently. They do clerical work, dispense drugs, and treat patients. This drains and demotivates them.
- With time, patients who need emergency services during the weekend and at night has increased. The in-charge is often called upon to assist.

Equipment



Issue

Availability of Glucometer

Score



Remark

- The facility refers clients who require blood sugar testing services to Gilgil Sub-County Hospital.
- The facility has a Glucometer but lacks testing strips.



Issue

Availability of weighing scale

Score



Remark

- The facility relies on an old manual Weighting scale, which is not that effective and is also unable to calculate BMI for patients.



Issue

Availability of a Doppler ultrasound machine

Score



Remark

- The facility does not have a Doppler ultrasonic machine in the ANC section. This affects the number of patients attending ANC clinics. Service providers use manual methods to detect a heartbeat, which is highly ineffective.



Issue

Availability of Storage Facilities

Score



Remark

- The facility does not have a designated storage area for patients' records and other documents. Staff store these documents in furniture drawers, which is insecure and does not guarantee the privacy of patients' medical records.



Issue

Availability of Computer

Score



Remark

- The facility has an ANC section, but it's unable to enroll patients for NHIF Linda Mama Cover and provide reports due to a lack of computers.
- It also does not have a computer for storing medical records under the Electronic Medical Records. This means staff have to use their devices to relay the data. A lot of time, staff time is lost as staff have to take records to the cybers for printing.



Issue

Availability of Power Backup

Score



Remark

- The facility has solar panels installed in the compound.
- However, the panels are not functional.
- During power outages, vaccines are stored in the facility are stored in the vaccine carriers.
- They are transferred to Gilgil Sub-County Hospital when there is a prolonged power blackout.



Issue

Availability of locally Defined Transport

Score

● ● ● ● ● 3 - Fair

Remark

- The facility does not have transport equipment.
- Staff use their own funds to collect drugs from other facilities.
- Though it takes long, the amounts are often reimbursed.
- The facility relies on the Gilgil Sub County Ambulance for maternity referrals.

Infrastructure



Issue

Availability of Service Rooms

Score

● ● ● ● ● 1 - Very Poor

Remark

- The facility has few service rooms, and multiple services are offered in a single room. For instance, the consultation, injection, treatment, CCC, and ANC. This affects client privacy.
- Further, the facility lacks crucial service rooms such as a laboratory, an HIV testing and counseling room, and a common room.
- The facility has a small storage area that stores pharmaceuticals and non-pharmaceutical materials are stored. This space also serves as a pharmacy.



Issue

Accessibility of service rooms to pwds

Score

● ● ● ● ● 2 - Poor

Remark

- Service rooms in the facility are not accessible for PWDs, except for the waiting bay.
- Ramps have not been installed, making it challenging for the physically disabled to access them.



Issue

Availability of Sanitation Facilities

Score



Remark

- Sanitation blocks within the facility are used by both staff and patients.
- There are 3 blocks; 2 are in operation, and one serves as a placenta pit for emergency deliveries conducted in the facility.



Issue

Accessibility of Health Facility

Score



Remark

- The road leading to the facility from Kikopey Center is too rough for an ambulance to pass during referral.
- Ambulance drivers complain of the poor state of the road. They are forced to use a longer route of 1.5 Kilometers away instead of the 600-meter stretch.



Issue

Availability of a burning Chamber

Score



Remark

- Medical waste that can't be burned using the open pits is stored for a period of up to 3 months being transported to Gilgil Sub County where the burning chamber is located.
- Due to the size of the facility, storage of the waste, which is hazardous, poses a danger to staff.
- The facility uses an open pit to burn non-pharmaceutical waste.
- During burning, the pit releases uncontrollable flames



Issue

Availability of a Fence

Score



Remark

- The facility has a fence, and a section of it is a live fence.
- However, live fence harbors snakes pose a danger to those seeking to access medical services and staff.
- Maintaining the live fence is costly for the facility considering the little funds it gets.
- Security-wise, the fence can allow people to pass through or jump over it.

Water Supply



Issue

Availability of Adequate Clean Water Supply

Score



3 - Fair

Remark

- The facility has three sources of water: piped water, rain-harvested water, and water from the borehole within the facility.
- Piped water is available but costly for the facility.
- The facility has water storage facilities, but one stone storage tank is unable to store water due to challenges in the water collection system. The storage tank is higher than the gutters, making it hard for water to drain into the tank from the gutters.
- Borehole is used for cleaning and sanitation purposes only as it is deemed unfit for human consumption. It has high fluoride levels of up to 12mg/l against a WHO/Kenya standard of 1.5mg/l.
- The staff house relies on the facility's water supply.

Funding



Issue

Adequacy of HSSF funds and DANIDA

Score



2 - Poor

Remark

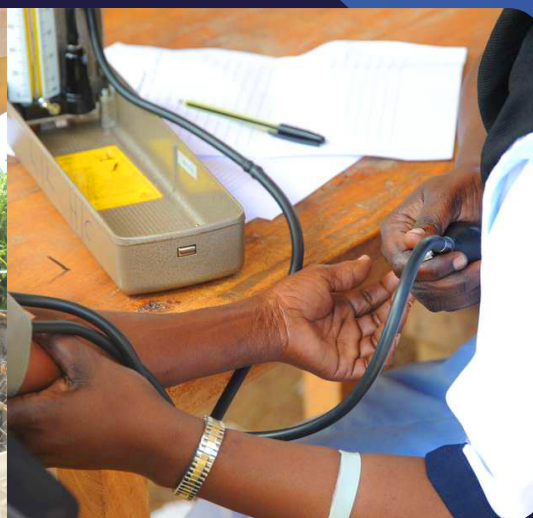
- Allocation to the facility is pegged on workload. However, running costs remain the same despite the workload.
- HSSF funds are sent to facilities on a biannual basis. The facility's running costs include utilities - water and electricity bills -, support staff, maintenance, and sanitation.
- The fund that the facility receives is not sufficient to meet these running costs.
- At the time of developing the scorecard, electricity, and water bills were overdue.

Recommendation/ Way Forward

Joint Action Plan

Issue	Action	Who Will Lead It	Completion Date
1. Poor Drug supply to the facility	<ul style="list-style-type: none"> ✓ Gilgil Sub County Pharmacist to allocate drugs to facilities as per the requisitions made. ✓ Drugs are to be delivered to the facility by the Department of Health vehicle. 	<ul style="list-style-type: none"> • Gilgil Team Lead 	Continuous
2. Inadequate land for expansion	<ul style="list-style-type: none"> ✓ A proposal for the expansion of the facility is to be prepared and submitted to the county through Gilgil Municipality, Ward Development Kitty. ✓ Transfer the title from the previous owner's name to the facility's name. 	<ul style="list-style-type: none"> • Health Facility Committee Members (HFMC) 	December 2024
3. Poor accessibility to the facility from the main road	<ul style="list-style-type: none"> ✓ The road is to be improved by grading and murrming through the Imarish Barabara initiative. 	<ul style="list-style-type: none"> • Area MCA and Ward Administrator 	June 2024
4. Unavailability of transportation services within the facility	<ul style="list-style-type: none"> ✓ Public Health has issued the CHV unit with a Motobike to aid in movements. ✓ The Department of Health vehicle to distribute medical drugs to the facility. 	<ul style="list-style-type: none"> • Gilgil Sub County Public Health Officer • Gilgil Sub County Team Lead 	September 2023

Issue	Action	Who Will Lead It	Completion Date
5. Lack of power backup	<ul style="list-style-type: none"> ✓ To consult the Department of Water on how the facility can use the water borehole solar power at the facility to reduce on cost of power utility. 	<ul style="list-style-type: none"> • Gilgil Ward Administrator • Gilgil MCA 	June 2024
6. Inadequate service rooms and their accessibility by service users	<ul style="list-style-type: none"> ✓ Mobilization of resources for infrastructure development through Public Participation and Community Social Responsibility. 	<ul style="list-style-type: none"> • Health Facility Committee Members (HFMC) 	By April 2024
7. HFMC's effectiveness in conducting their mandates and poor community relations	<ul style="list-style-type: none"> ✓ HFMC is to be trained on their mandates. ✓ Elections of the HFMC are to be made open and widely advertised. 	<ul style="list-style-type: none"> • CTL • Health Facility Committee Members (HFMC) 	October 2023
8. Effectiveness of CHVs	<ul style="list-style-type: none"> ✓ Public Health has issued the CHV unit with a Motobike to aid in movements. ✓ CHVs are to be kitted with tablets for data collection not unlike before when they used notebooks. 	<ul style="list-style-type: none"> • Sub County Public Health Officer 	September 2023



Kikopey Dispensary

Community Scorecard

REPORT 2023



NAKURU COUNTY GOVERNMENT
DEPARTMENT OF HEALTH SERVICES
KIKOPEY DISPENSARY
P.O BOX 129 GILGIL
CITIZENS SERVICE CHARTER

VISION
A HEALTHY COUNTY

MISSION
TO PROVIDE INTEGRATED QUALITY HEALTH SERVICES

CITIZENS SERVICE DELIVERY CHARTER (HUDUMA ROSA NI HAKI YAKO)

PATIENTS' CLIENTS' RIGHTS	SERVICES OFFERED	TIME	COST
TIMELY QUALITY HEALTH SERVICES	CONSULTATION	15 MIN	FREE
PRIVACY & CONFIDENTIALITY	CHILD HEALTH SERVICES	15 MIN	FREE
ACCURATE INFORMATION	IMMUNIZATION GROWTH MONITORING	15 MIN	FREE
	ANTE-NATAL FAMILY PLANNING	15 MIN	FREE
	MATERNITY SERVICES	—	FREE
TREATMENT/CONTINUITY OF CARE	HIV/TB COUNSELLING SERVICES	30 MIN	FREE
	HEALTH PROMOTION SERVICES	20 MIN	FREE
	COMMUNITY HEALTH SERVICES	—	FREE
	ENVIRONMENTAL HEALTH SERVICES	—	FREE
	DIAGNOSTIC LAB SERVICES	25 MIN	FREE

WORKING DAYS: MONDAY-FRIDAY 8:00 AM-5 PM LUNCH BREAK 1:00 PM-2 PM
THIS IS A CORRUPTION FREE HEALTH FACILITY
THIS IS A FREE SMOKING ZONE



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