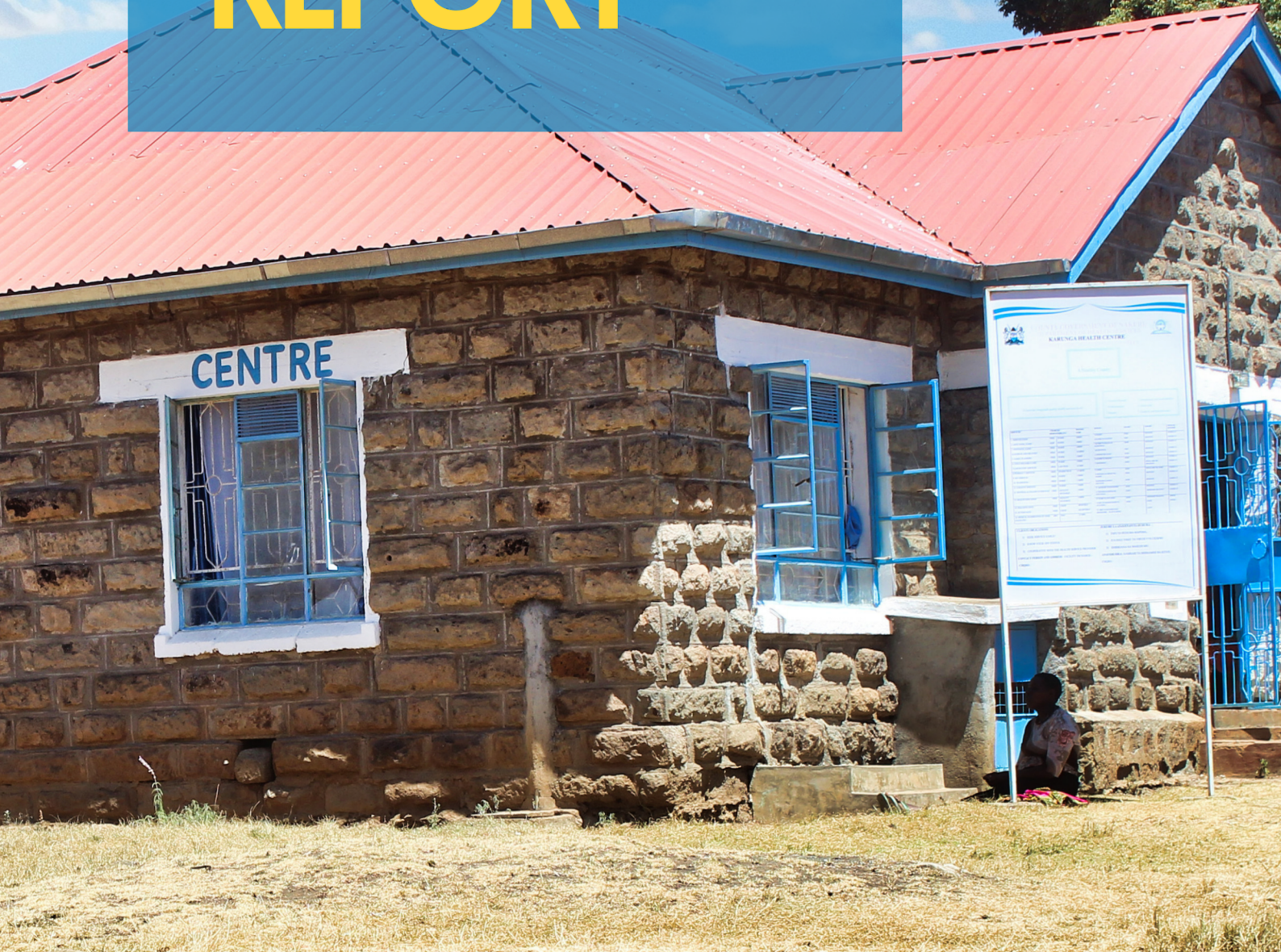


**KARUNGA  
HEALTH CENTER**

**COMMUNITY  
SCORECARD  
REPORT**

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# AUTHORS



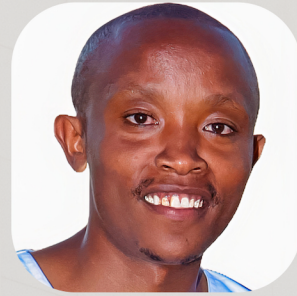
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# ABBREVIATIONS

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



# 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 Karunga Health Center located in the Gilgil sub-county, Nakuru County. The Karunga Health Center 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 of National Assembly.

# PROFILE

## Karunga Health Center



### LEVEL

The facility is gazetted as level 3

### ACREAGE

The health center sits on a 3-acre piece of land

### LOCATION

The facility is strategically located in Murindat Ward

### CATCHMENT

The facility serves patients from the expansive Karunga area.

### MANAGEMENT

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

### STAFFING

At the time of developing this scorecard, Karunga Health Center had

- 3 Registered Nurses
- 1 laboratory technologist
- 1 Support staff
- 1 Watchman

### INFRASTRUCTURE

The health center has the following infrastructure:

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

### SERVICES

The health center offers level

- 3 outpatient care
- 24-hour maternity services.

### WORKLOAD

The health center serves an estimated 1,000 - 1,500 patients on a monthly basis

# A CASE FOR SOCIAL ACCOUNTABILITY

---

## **By acknowledging that Sovereign power belongs to the people,**

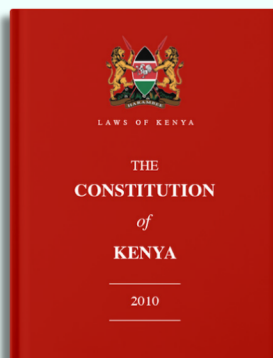
and outlining the National Values and Principles of Good Governance, the Constitution of Kenya (CoK) allows citizens to engage in governance processes, including performance monitoring. Social accountability tools such as social audits, community scorecards, budget analysis, and citizen report cards 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.

## Constitution of Kenya



## Provision

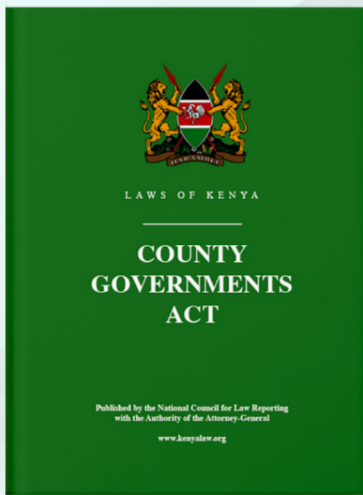
**Article 133 (1)** requires public servants to uphold high professional ethics, and observe high standards in efficiency and economic utilization of public resources

**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

## County Governments Act



## Provision

**Sections 30 and 92** require Governors to promote and facilitate citizen participation in the service delivery, development of policies and plans. The Governor is also required to 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 requires the County Government and its agencies to designate an office to ensure access to information and enact 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 Karunga Health Centre was implemented in a step-by-step format.

The entire process was implemented over a six-month period as follows:



## STEPS



### 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 health facilities 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.



## 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 were formed



## 03 TRAINING OF ACCOUNTABILITY CELLS

- 5 members of the 2 accountability cells were trained on the structure of Kenya's healthcare system and the community scorecard process
- The accountability cells were supported to develop action plans for developing the Karunga Health Center community scorecard.



## 04 SERVICE USER FOCUS GROUP DISCUSSIONS (FGDS)

- 4 FGDs were conducted with service users in the target facility over a period of 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



## 05 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.



## 06 INTERFACE MEETING

- Interface meeting 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



# Summarized Findings

## COMMUNITY SCORECARD

Scoring  
Key



### Availability of Drugs



Availability of Essential Drugs

2

Poor

Availability of Special Care Drugs

1

Very Poor

Availability of Family Planning Commodities

2

Poor

### Staffing



Availability of Medical Staff

3

Fair

Conduct of Medical Staff

3

Fair

### Equipment



Availability of a locally defined transport

2

Poor

### Community Health Volunteers



Availability of CHVS

4

Good

Effectiveness of Community Health Volunteers

4

Good

## Physical Infrastructure



Adequacy of Service Rooms	3	Fair
Size and arrangement of Service Rooms	2	Poor
Accessibility of Service Rooms	1	Very Poor
Accessibility of the Facility	3	Fair
Availability of Gate and Fence	3	Fair
Availability of Sanitation Facilities	2	Poor



# Detailed Findings

## COMMUNITY SCORECARD

### Availability of Drugs



#### Issue

### Availability of Essential Drugs

#### Score



#### Remark

- Essential drugs like painkillers, dewormers, and antibiotics are not always available in the health facility.
- Patients are frequently given prescriptions and asked to buy the drugs from nearby pharmacies.
- The facility has not received a drug supply from KEMSA for almost a year.
- After replenishment, it takes a maximum of one and a half weeks for stock to run out.



#### Issue

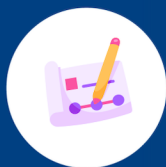
### Availability of Special Care Drugs (NCDs)

#### Score



#### Remark

- Patients are not able to access drugs for non-communicable diseases like diabetes in the facility.
- Patients who need these drugs are referred to Gilgil Sub County Hospital, which is 17 km from Karunga center. On average, the patients spend Kshs.1000 on a roundtrip.
- The facility does not have a clinical officer. This makes it challenging for the facility to guide diabetes, high blood pressure, arthritis, and asthma patients



#### Issue

### Availability of Family Planning Commodities


#### Score



#### Remark


- Family Planning commodities are frequently replenished in the facility.
- Injectable family planning commodities are often available in the facility. Whenever they are not available, service users access tablets.
- Service users are not informed about the pros and cons of different FP commodities.
- Condoms are available in the facility. However, the condom dispenser is located in an open area, making the commodities inaccessible area within the facility.

# Staffing

 **Issue**


**Availability of Medical Staff**

**Score - 3**

 3 - Fair


**Remark**

- Medical staffing levels in the facility stands at 3 nurses against the policy standards of 1 clinical officer, 14 nurses, a pharmacist, and a community oral health officer.
- The facility lacks key staff including a clinical officer and pharmacist. Current staffing levels are inadequate to handle the workload.
- Nurses often multi-task to cover for the shortage.

 **Issue**

**Conduct of Medical Staff**


**Score**

 3 - Fair

**Remark**


- Patients seeking medical services take 30 minutes to access services.
- Previously, patients complained of breach of confidentiality. This has since changed as staff observe patient privacy when handling their medical information.
- Reception of patients in the facility varies depending on one's status in society

# Equipment

 **Issue**

**Availability of Locally defined Transport**

**Score**

 2 - Poor

**Remark**

- The facility lacks transport equipment. Staff use rely on the public or their own means to collect drugs from the Gilgil Sub-County Hospital.
- In the event of referrals, patients have to find their own means of transport.
- For maternity emergencies requiring referrals, the facility relies on the ambulance that is stationed at the Gilgil Sub-County Hospital

# Physical Infrastructure



## Issue

### Adequacy of Service Rooms

#### Score



#### Remark

- The health facility does not have sufficient service rooms. This means multiple services are offered from a single room. For instance, consultation rooms also serves as the dressing room. The facility does not have a waiting bay.
- The facility's examination room doubles up as the injection room. The room is divided by a curtain.
- The shortage of service rooms results in long queues as patients wait to be attended.



## Issue

### Size and arrangement of service rooms

#### Score



#### Remark

- Service rooms in the health facility are not organized sequentially, which affects the flow of services and confuses patients.
- The facility has narrow corridors that cause congestion. For instance, in the corridor between the lab and pharmacy service rooms is too narrow to handle the traffic flow to these critical rooms.
- The original design of the building that hosts the health facility was for a health facility. This makes it challenging to standardize service rooms in the same size and arrangement.



## Issue

### Accessibility of Service rooms

#### Score



#### Remark

- The Service rooms are not accessible to PWDs. At the entry point of the facility and service rooms, there are staircases that are not friendly for PWDs.
- Sick patients and PWDs cannot comfortably access the facility entry point due to high staircases.
- The wheelchair cannot fit in the corridor to the service rooms.
- The facility corridors are narrow, thus making it challenging for those assisting the PWDs to access service rooms.

# Physical Infrastructure



Issue

## Availability of Gate and Fence

Score



Remark

- Although the facility has a fence and a gate, the fence is highly porous.
- Some sections of the facility are not fenced. For instance, there is no fence separating the police post and the facility.
- The gate at the entrance of the facility needs to be renovated.



Issue

## Accessibility of the facility

Score



Remark

- The road leading to the health facility are in poor condition and requires repair.
- The facility sits 800m from the main road. Vehicles and motorbikes experience difficulties accessing the during the rainy period due to mud



Issue

## Availability of Sanitary Facilities

Score



Remark

- The facility has three toilets that are in use – one WC and two pit latrines. However, staff and patients share the toilets. The WC toilet is inside the facility and serves the maternity.
- The two pit latrines are in poor condition. They are old, have cracks in the urinals, and lack handwashing facilities.
- The facility has a placenta pit, but it is in bad condition – it's almost sinking.
- Both the placenta pit and the toilets have been constructed on a road reserve.

# Community Health Volunteer



## Issue

### Availability of CHVs

#### Score



#### Remarks

- The facility has an active community strategy cell with 16 CHVs attached to the facility.
- One CHV is in charge of 92-100 households against the 1:100 HHs requirement.
- All CHVs are female, there is no male representation in CHVs.
- Some sections of the facility catchment don't have CHVs.
- The community is not aware of how CHVs are recruited and replaced or their functions and responsibilities



## Issue

### Effectiveness of Community Health Volunteer

#### Score



#### Remarks

- CHVs are highly visible in the community as users see them conducting home visits to inspect level cleanliness and follow up on patients.
- However, CHVs are ill-equipped with equipment like first Aid Kits and protective gear like overalls, gloves and gumboots.
- CHVs are poorly motivated in terms of remuneration and logistical support.
- Some sections of the facility catchment don't have CHVs.
- Majority of the community members are not aware of CHVs their functions and responsibilities



# Summarized Findings

## SERVICE PROVIDERS SCORECARD

Scoring Key



### Staffing Levels



Adequacy of Medical Staff

2

Poor

Adequacy of Support Staff

2

Poor

### Availability of Drugs



Availability of Essential Drugs

3

Fair

### Physical Infrastructure



Availability of Service Rooms

3

Fair

Accessibility of Service Rooms

2

Poor

Condition of Road leading to Facility

1

Very Poor

Sanitation Blocks

1

Very Poor

Availability of Fence and Gate

1

Very Poor

### Equipment



Transport

2

Poor

Availability of Modern Delivery Bed

2

Poor

Power backup

1

Very Poor

Availability of Computer

3

Fair

## Maternity Services



Availability of a Maternity Ward

3

Fair

Availability of Maternity Facilities

1

Very Poor

Adequacy of beddings/linens

3

Fair

Newborn resuscitator

3

Fair

## Water



Availability of Clean Water

3

Fair

## Outreaches



Availability of Community Outreach Programs

4

Good

## Funding



Adequacy of HSSF Funds

2

Poor

Availability of NHIF Linda Mama Maternity Cover

1

Very Poor



# DETAILED SCORECARD FINDINGS

## Staffing Levels



Issue

### Availability of Medical Staff

#### Score



#### Remark

- The facility has a total of 4 medical staff members: *3 Registered nurses and 1 laboratory technologist, with a workload of between 1,000 and 1,500 clients per month, depending on the availability of drugs in the facility. Further, the facility has one Mentor Mother.*
- In some instances, the facility is run by one or two nurses e.g. when one nurse is on leave and another is attending training. Occasionally, the facility has night patients in the maternity. In such instances, one nurse works the night shift, which means only one nurse is available to work during the day.
- The facility serves as a level 3, but the staffing levels are level 2. This means health services are not available 24 hours a day. Clients seeking medical services at night have to travel to facilities like the Gilgil Sub-County Hospital.
- The facility lacks key staff like Clinical Officers, Clerks, Pharmaceutical technologists, and dedicated nurses for the Comprehensive Care Unit (CCC).
- The medical staff have to multi-task. For instance, they have to perform clerical tasks and dispense drugs due to a lack of clerks and a pharmaceutical technologist.



Issue

### Adequacy of Support Staff

#### Score



#### Remark

- The facility has 2 support staff – a cleaner and a night watchman. The facility operates on weekdays only and remains closed on weekends and holidays.
- As a Level 3 facility, it should have at least 4 support staff: 2 watchmen and 2 cleaners to facilitate 24-hour service delivery.
- Support staff experience delayed remuneration – sometimes up to 6 months. This is because the in-charge uses quarterly allocations to run the facility. Delays in remuneration demotivate support staff.
- The facility offers maternity services. This means some deliveries happen at night when support staff are away. In such situations, duties such as cleaning, warming water, and preparing tea are left to the nurse on duty.
- It's not clear who should recruit support staff. Previously, this task was undertaken by the Health Facility Management Committee (HFMC). This has since stopped as support staff are now deployed to the facility.

# Infrastructure



Issue

## Availability of Service Rooms

### Score



### Remark

- The current structure was not designed to host a health facility. This means the facility does not have a clear flow of service rooms.
- The facility has a small waiting area that only accommodates a few patients. Patients have to stand outside or sit under the trees when the space fills up.
- Current service rooms are spacious enough for staff to offer services.



Issue

## Accessibility of Service Rooms

### Score



### Remark

- The facility lacks ramps at entry points to facilitate access by the PWDs, especially those with physical disabilities.
- Once inside, PWDs can easily move from one service room to the other



Issue

## Availability of Fence and Gate

### Score



### Remark

- The facility has a gate, but it's not in good condition. It does not serve its purpose because the fence around the facility is highly porous sections with some of the sections serving as entry points to the facility.
- Two government offices - a police post and a chief's camp - are adjacent to the main facility building. People going to these offices pass through the hospital compound, which compromises the security and privacy of patients.
- The facility lacks a clear boundary between the facility and the police post and chief camp.
- There is a staff house in the facility occupied by the in-charge. Its security is also compromised by the porous fence. There are frequent reports of the in-charge losing items.
- Community members use the facility ground for activities such as grazing with permission from the facility.

# Infrastructure



Issue

Condition of Road leading to Facility

### Score



### Remark

- The facility has a dirt/murram road leading to its entrance. The condition of this road is extremely poor.
- Patients experience difficulties accessing the facility during rainy seasons due to mud.
- In some instances, facility staff have to pick up drug supplies from the main road because the KEMSA lorry cannot access the facility



Issue

Sanitation Blocks

### Score



### Remark

- The facility has 3 sanitation units (2 pit latrines and 1 toilet in the maternity unit).
- The sanitation blocks are functional, but facility staff and patients share the toilets
- The facility has piped water. However, there are no hand washing stations near the pit latrines, they have not been installed due to the risk of theft.
- The pit latrines are in poor condition- have cracks and a corroded, leaking roof, which poses a security risk for patients and staff.

# Drugs



Issue

Availability of Essential Drugs

### Score



### Remark

- Some drugs like painkillers and antibiotics are available for up to a month, but patients have to purchase drugs like syrups from chemists when there's a stock-out.
- The facility had not received drugs from KEMSA for about 10 months at the time of developing the scorecard.
- It relies heavily on supply from Gilgil Sub-County Hospital, which is not sufficient to meet the demand.
- The facility often receives lesser quantities of drugs than the amount requested.
- Demand for services from the facility is determined by the availability of drugs. Service users in the community update each other when drugs are available and seek services elsewhere when there are no drugs.

# Equipment



Issue

## Transport

### Score



### Remark

- The facility lacks transport equipment like motorbikes.
- When there are no funds in the facility, the in-charge spends her own funds to facilitate movement to Gilgil Sub County Hospital or nearby facilities to collect drugs and lab supplies.
- An ambulance is accessible to the facility on a referral basis for maternity emergencies only. Clients with other forms of referrals have to find their own means of transport



Issue

## Availability of Modern Delivery Bed

### Score



### Remark

- The facility has a delivery bed, but it's too old and worn out posing a risk to patients.
- The delivery bed lacks a staircase, which means nurses have to lift expectant mothers to enable them to access it.



Issue

## Availability of Computer

### Score



### Remark

- The facility has one computer that is used to maintain electronic medical records (EMR).
- However, it lacks an NHIF registration computer. This means patients cannot register for the Linda Mama cover in the facility

# Equipment



Issue

## Power Backup

### Score

 1 - Very Poor

### Remark

- The facility has a fridge but lacks a backup generator to keep it operational during blackouts.
- However, when there is a prolonged power outage, drugs, and vaccines have to be stored in vaccine carriers.
- Where the power outages last for more than 8 hours, facility staff have to transport drugs/vaccines to the Gilgil sub-county for preservation.
- The lack of a power backup means nurses have to use torches to attend to patients on nights when there are blackouts

# Water



Issue

## Availability of Clean Water

### Score

 3 - Fair

### Remark

- The facility uses water from a nearby borehole. However, the water has not been piped into the main building and the staffhouse. The water can only be accessed from a water point within the facility compound

# Funding



Issue

Adequacy of HSSF Funds

### Score



### Remark

- The facility receives HSSF based on workload. The amount is disbursed biannually.
- However, the amount is not sufficient to cater for running costs such as utilities, staffing, and sanitation that remain fixed irrespective of the workload.
- Considering the rising cost of items and the need to repair equipment occasionally, the facility struggles to meet its financial obligations like payment of support staff and utilities.



Issue

Availability of NHIF Linda Mama Maternity Cover

### Score



### Remark

- Despite the facility having a maternity unit, it's yet to operationalize the Linda Mama NHIF Cover. This means the facility is missing out on reimbursements for every delivery it handles

# Outreaches



Issue

Availability of Community Outreach Programs

### Score



### Remark

- The facility hosts psychiatric clinics every two months and conducts COVID-19, HPV, and routine immunizations depending on demand and vaccine type each month.
- However, transport of staff to conduct outreaches in target areas remains a challenge

# Maternity Services



Issue

## Availability of a Maternity Ward

### Score



### Remark

- The facility has a maternity ward. However, some sections of the ward serve as storage areas for the police post.
- The maternity section does not have a postnatal room for stages of the delivery



Issue

## Adequacy of beddings/linens

### Score



### Remark

- The maternity ward has linens for use by patients. However, they are inadequate to are not sufficient to cater for more than 3 patients.
- Clients are forced to share the available linens which poses a challenge.



Issue

## Availability of Maternity Facilities

### Score



### Remark

- The facility lacks some basic facilities like catering services, hot showers, and a laundry area.
- It does not have catering equipment or a cook to prepare food for patients after delivery. Patients have to find their own ways of getting hot food during their stay in the facility.
- The facility does not provide hot showers to patients in the maternity wing. Plumbing works have been done to the facility structure thus patients use basins.
- However, there is no sluice area for cleaning maternity beds and sluiced beddings

# Maternity Services



Issue

New-born resuscitator

Score



3 - Fair

Remark

- For handling of new-borns, the facility is forced to improvise with a baby coach though not as effective as the resuscitator.



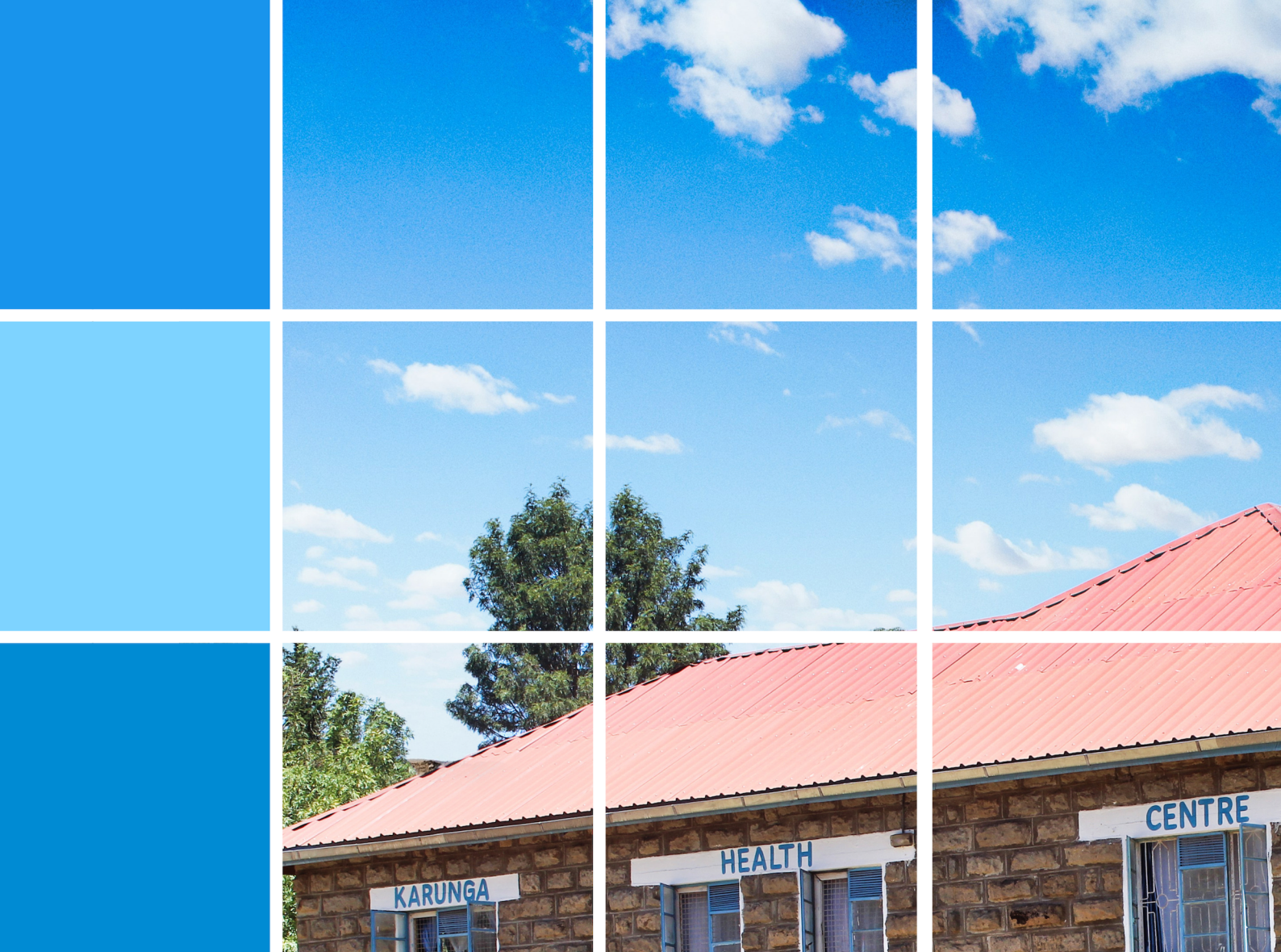
# WAY FORWARD

## Joint Action Plan

Issue	Action	Who will Lead	Completion Date
<b>Poor Drug supply to the facility</b>	<p>Gilgil Sub County Pharmacist to allocate drugs to facilities as per the requisitions made.</p> <p>Drugs are to be delivered to the facility by the Department of Health vehicle.</p>	Gilgil Team Lead	Continuous
<b>Inadequate Service Rooms</b>	Renovation of the maternity wings is to commence in the month of September 2023	Gilgil Sub County Team Lead- HFMC	September 2023
<b>Unavailability of transportation services within the facility.</b>	The Department of Health vehicles to distribute medical drugs to the facility instead of service providers picking drugs from a central place.	Gilgil Sub County Team Lead	October 2023

<b>Poor accessibility to the facility from the main road.</b>	The 800-meter road is to be improved by grading and murram.	Ward Administrator Area MCA	December 2023
<b>Resource Mobilization</b>	Setting aside at least Kshs. 2 Million shillings each financial year for facility infrastructure development during public participation.	Ward Administrator Murindat MCA	March 2024
<b>Porous facility fence</b>	Karunga chief's office to write a proposal on fencing of the his office which borders the facility.  Demarcation of boundaries and acquisition of facility land title deed.	Area Chief Health Facility Management Committee. (HFMC)	June 2024





# KARUNGA COMMUNITY SCORECARD

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