Center for Transformational Leadership

A COMMUNITY SCORECARD REPORT

STATUS OF HEALTH DELIVERY IN NAKURU COUNTY:

A CASE OF LARE HEALTH CENTER, WEI AND MENENGAI DISPENSARIES

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PUBLISHED BY:

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WITH FUNDING FROM URAIA TRUST

Uraia
Kenya's National Civic Education Programme

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ACKNOWLEDGEMENTS

Center for Transformational Leadership (CTL) would like to thank URAIA Trust for supporting the development of this Social Audit Report.

We appreciate Chief Officers in the Health Department, specifically the County Health Management Team in Nakuru County for supporting the community scorecard process. Special thanks go to the Team Leads in Njoro, Subukia and Njoro Sub-Counties in Nakuru County for the valuable inputs made to this report during interface meetings.

We are also cognizant of the key role played by Facility in-charges and Health Facility Management Committees in Lare Health Center, in Njoro Sub-County, Wei Dispensary in Subukia Sub-County and Menengai Dispensary in Nakuru East Sub-County during the information gathering process.

We extend our sincere appreciation to community scorecard committees in Njoro, Nakuru Town East and Subukia Sub-Counties who volunteered their time to engage in the community scorecard process and engage during bearers during interface meetings. Special thanks go to Ward Administrators who participated in interface meetings as well.

We appreciate CTL staff, Peter Rono, Florence Maina and Julia Kamau, who worked tirelessly to analyse data collected from focus health facilities and compile this report.

FORWARD

Kenya has identified provision of quality health care to its citizens as a priority. Article 43 of the CoK highlights quality health care one of the socio-economic rights that every citizen has a right to access. In Article 53 to 57, the constitution provides for the rights of special groups including children, people with disabilities, the youth, and marginalized groups, stating that these groups have the right to health care, health facilities and materials, and protection from harmful health cultural practices and exploitation. Through the Kenya Health Policy 2012-2030, the government has commitment to ensure momentous improvement in the status of health services in the country in line with the constitution, Vision 2030 and provisions contained in other global commitments. The policy exhibits health sector's obligation, under the supervision of the national government, to ensure the country attains the highest possible standards of health, in response to citizen needs.

As such, the policy seeks to achieve six key objectives namely eliminating communicable conditions, halting and reversing rising burden of non-communicable conditions, reducing the burden of violence and injuries, providing essential health care, minimizing exposure to health risk factors and strengthening collaboration with sectors that have an impact on health. To realize these objectives, the health policies establishes a range of policy orientations including, but not limited to health staff necessary to provide health services, health products including essential medicines, vaccines, medical supplies and public health commodities and health infrastructure that includes physical infrastructure, ICT, transport and equipment required to deliver health services to citizens. Health being a devolved function under the constitution of Kenya, County governments are now tasked to provide these inputs in all public health facilities.

Nakuru County has experienced growth in provision of health services since devolution became effective in 2013. However, numerous challenges still abound in the health sector, hindering delivery of quality health services. This report highlights feedback of health service users in Nakuru County, including the challenges that need to be addressed. The data was gathered by community members through a community scorecard process conducted in three health facilities across 3 sub-counties.

Some of findings that cut across the three target facilities include accessibility of drugs for non-communicable diseases, adequacy and size of service rooms, accessibility of health facilities by PWDs and accessibility of maternity services. While significant efforts have been made to ensure availability of drugs in health facilities, more still needs to be done to ensure that essential drugs are available throughout in rural health facilities. To improve the quality of health services, we recommend that the county government ensures that health standards on service inputs.

Bancy W. Kubutha - Executive Director – CTL

INTRODUCTION

Center for Transformational Leadership is a local NGO based in Nakuru County. CTL works with local communities in Nakuru and Nyandarua County to undertake social accountability work using participatory tools including community scorecards, social audits, citizen report cards and budget analysis. CTL's social accountability work seeks to enhance delivery of quality services to the public by providing constructive feedback to service providers. The social accountability work whose findings are contained in this report was undertaken during implementation of the *'Improving Health Services through Community Scorecard in Nakuru County' project in the year 2020.*

PROJECT OVERVIEW

The 'Improving Health Services through Community Scorecard in Nakuru County' project, project was initiated by CTL in 2019 with an overall goal of improving access to quality health services in Nakuru county. Essentially, the project had three core components namely educating citizens on their health rights, supporting citizens to monitor health service delivery at county level and strengthening the capacity of health facility management committees. The 12-month project was implemented in Nakuru County and was made possible by the generous support of URAIA Trust.

Project Objectives
The overall goal of the *'Improving Health Services through Community Scorecard in Nakuru County'* was to improve access to health services for citizens. Specifically, CTL sought to:
a. Enhance citizen participation in monitoring of county government performance in the delivery of health services
b. Build the capacity of 30 duty bearers and members of 3 health management committees to support improvements in health service delivery

Expected Outcomes
The project was intended to contribute to increased citizen participation and engagement in health governance processes and in monitoring performance of county government in the delivery of health services.

OVERVIEW OF SOCIAL ACCOUNTABILITY

As an approach, social accountability allows citizens to engage with service providers with the aim of improving service delivery and enhancing transparency and accountability in public affairs. The Constitution of Kenya, 2010 expanded democratic space allowing citizens to engage in governance by highlighting principles of good governance. One of the biggest gains of the Kenya Constitution is the acknowledgement of the Sovereignty of the People in Article 1 (1) and subsequent entrenchment of citizen participation both as a national value and principle (Article 10 (2a) and as a requirement in determining how public resources are utilized. These provisions allow citizens to actively participate in governance processes at all levels.

Social accountability tools such as social audits and community score cards allow citizens to give feedback to duty bearers on the status of services delivery based on how they experience services delivered to them. These tools enhance interactions between citizens and duty bearers, a process that leads to improved service delivery. Further, the nature of these interactions can significantly increase cost effectiveness in utilization of public funds, better prioritization and planning of projects to ensure they meet the needs of target citizens and enhance objectivity in monitoring public projects and services. The process can also improve access to quality services for citizens and increase effectiveness of development projects initiated by government. As such, social accountability tools enable citizens to monitor public spending with respect to service delivery to ensure public resources are utilized in a rational manner and without wastage.

LEGAL PROVISIONS

Kenya has a comprehensive legal framework to guide management of public affairs that include Constitution of Kenya (CoK), 2010 and other laws, policies and guidelines. This framework stipulates the conduct of public officers and dictates how public affairs should be conducted.

Chapter Six of the CoK, 2010 encourages public officers to make objective, impartial, decisions guided by honesty and integrity. Further, in Article 133 (1) the Constitution established the Public Service Commission (PSC) and requires it to ensure public servants uphold high professional ethics, observe high standards in efficient, effective, as well as economic utilization of public resources and accountability in administrative acts. PSC is also mandated to ensure transparency in provision of timely, accurate information to the public.

In stating the objectives of devolution, Article 174(c) of the CoK highlights the intention 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'.

The CoK continues to highlight openness and accountability including public participation in financial matter as one of the principles of public finance in Article 201(a). Other legal legislations that support accountability in Kenya include:

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

Other legislations that support social accountability through public participation and dissemination of information to citizens at County level include:

1. Sections 30 and 92 of the CGA that requires Governors to promote and facilitate citizen participation in 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.
2. Section 9 (1) of the County Government Act (CGA) that 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.
3. Sections 94 and 95 of the CGA that 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, public meetings among others
4. Section 96 of the CGA that requires the County Government and its agencies to designate an office or officer for purposes of ensuring access to information and enact a legislation to ensure access to information for which reasonable fees may be imposed
5. Section 115 of the CGA that 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

METHODOLOGY

Monitoring of delivery of health services Lare Health Center, Wei Dispensary and Menengai Dispensary using community scorecard work was undertaken over a period of eight months. The process involved undertaking several steps. These are:

STEP 1:

Identification of Health Facilities

- An inception meeting with **26** County Health Management Team was conducted by CTL.
- County Health Officials participated in identification of 3 health facilities where service monitoring would be undertaken. These are Lare Health Center - Njoro Sub County, Wei Dispensary - Subukia and Menengai Dispensary - Nakuru Town East Sub County

STEP 2:

Community Sensitization Meetings

- **3** Community sensitization meetings were conducted – 1 in each sub-county
- **245** community members were sensitized on the importance of social accountability and how community scorecards help with monitoring of services in local health facilities.

STEP 3:

Training Accountability Cells

- **21** Accountability cell members were selected by community members during community sensitization forums.
- Participants were trained on Kenya's healthcare system, and community scorecard process

STEP 4:

Focus Group Discussions with Service Users

- **4** FGDs were conducted with service users in each of the 3 target health facilities over a period of 4 months
- **90** community members participated in the FGDs and rated service delivery in their local health facilities
- **21** Accountability cell members trained during the project guided community members in developing community scorecards
- **3** community scorecard reports were developed -1 for each target health facility

STEP 5:

Focus Group Discussions with Service Provider

- **27** Frontline service participated in FGDs to rate delivery of health services to facility users
- **3** service provider scorecard report were developed - 1 for each target facility

STEP 5:

Interface Meetings

- **4** Interface meetings were held with service providers, facility users and duty bearers
- **61** community members, **4** frontline service providers and **23** department of health officials deliberated on issues raised from community and service provider scorecards
- **3** Joint action plans were developed based on recommendations and commitments made during interface meetings

Underway is the development of a community scorecard in Lare Health Center in Njoro Sub County Nakuru County

CROSS CUTTING FINDINGS

During the community scorecard process, several findings appeared to cut across the three health facilities that were monitored. These findings are discussed in the table below:

Issues	Reasons
Availability of Essential Drugs	» Facilities have essential drugs – but the drugs are not available throughout. Essential drug stocks run out fast. When this happens, patients are given prescriptions and asked to buy drugs from chemists before the stock gets replenished » Replenishing of stock takes long in some facilities than others – Menengai dispensary and Lare Health Center receive drugs within a month, while it takes longer for Wei Dispensary to receive stock. This forces staff to borrow drugs from other facilities » In some instances, facilities don't receive all drugs requisitioned. Some receive drugs and non-pharmaceutical items that they haven't requisitioned. For instance, Menengai dispensary has a huge stock of FP commodities that had not requisitioned but struggles to meet the demand for other pharmaceutical drugs
Drugs for Patients with Non-Communicable Diseases	» Patients with non-communicable diseases like diabetes and high blood pressure struggle to access drugs because these are not available in dispensaries. While these drugs are not supposed to be dispensed in dispensaries according to MoH guidelines, patients who need them have to travel a long distance to access them from Sub-County facilities. » In rural facilities such as Lare Health Center and Wei Dispensary, patients to travel more than 7km to get drugs from sub-county hospitals in the respective counties. Lare health center receives such drugs as well as drugs for chronic TB drugs – but they're not enough to meet the demand.
Adequacy and Size of Service Rooms	» Across the three facilities, service rooms are inadequate, and in most instances, they are small in size » In Lare Health Center – the maternity wing is small and only holds two beds. The delivery room serves as the labor room. The facility lacks service rooms such as dressing room, laundry room and kitchen. The facility has structures that are currently not in use due to poor engineering - the structure has huge cracks on the wall » In Wei Dispensary, multiple services are offered from a single service room. The consultation room also serves as the treatment, injection and dressing room. The MCH/FP room also serves as the CCC - Due to inadequate service rooms, the privacy of HIV/TB patients who need to refill their drug supply is easily breached » In Menengai Dispensary, the lab and maternity are under construction. The facility has adequate service rooms, including a pharmacy, reception, treatment, CCC and consultation rooms. However, the CCC room is too small.

Issues	Reasons
Accessibility of Health Facilities by PWDs	» Though health facilities have ramps to aid PWD access, the ramps are sometimes not located at the entrance. » For instance, in Lare Health Center and Menengai Dispensary, the ramp is not located at the main entrance. The door that has a ramp is not easy to spot and there are no directions to help PWDs locate it » In Wei Dispensary, the maternity wing and the lab have been fitted with ramps while the service rooms (MCH, consultation, and pharmacy) do not have ramps. » None of the health facilities has PWD friendly washrooms. The toilets have small entrances and are not fitted with wall handles to enhance PWD usage » The three health facilities also do not have staff with sign language skills to help patients who have hearing impairment.
Availability of Maternity Services	» Out of the three facilities monitored, only Lare Health Center is currently offering maternity services » Even so, there are challenges in provision of those services. The maternity ward does not having running water. The space is small and can only accommodate 2 beds and the HIV testing room has been converted into an inpatient ward to create additional maternity space. » The facility has more equipment including 2 baby courts, and 30 beds and patient cabinets that are not in use due to space constraints » The location of the maternity is also not ideal as the ward is next to the waiting bay, which breaches privacy for those seeking maternity services. » Wei Dispensary has an equipped maternity wing that is currently not functional due to lack of staff. Occasionally, nurses at the facility handle normal delivery cases when patients seek maternity services during the day. Since the maternity wing is not operational, patients requiring maternity services have to go all the way to Subukia sub county hospital, 7kms away. Due to transport costs, most women opt to deliver at home » In Menengai Dispensary, the maternity wing is currently under construction.
Adequacy of Staff in Health Facilities	» In all three facilities, staff shortage was noted. This was reflected either by: a. Patients waiting long hours to receive services b. Health workers multi-tasking c. Presence of infrastructure or facilities but services not being offered » For instance, Wei Dispensary has a fully equipped lab but no lab technician. The facility also has a maternity wing that is not operational due to shortage of staff.

Issues	Reasons
Availability of Lab Services	» In Lare health center, lab services are available. But this is not the case in Menengai and Wei Dispensaries. In Wei Dispensary, there is a fully equipped lab but there was no lab technician to operate it. In Menengai Dispensary, lab services were not being offered since the lab was under construction at the time of developing the community scorecard. » The absence of lab services in the two dispensaries affects delivery of family planning and pre-natal services because service providers are forced to send patients for ANC profiling and pregnancy tests elsewhere.
Disbursement of HSSF and Danida Funds	» Facilities experience delays in receiving HSSF and Danida Funds. For instance, Menengai dispensary experienced a 6 months delay in disbursement of Danida Funds. » While, HSSF amounts vary depending on monthly workload, Menengai Dispensary receives Kshs. 73,000 (about Kshs. 292,000) per year from the Danida kitty each quarter. During the 2018/2019 financial year, the facility received disbursement for 3 quarters. » Wei Dispensary received two disbursements in the FY2019/2020. HSSF, which should be released on quarterly basis, delayed for up to 6 months. Disbursement of Danida funds was also delayed. This led to delayed payment of utility bills and wages for support staff. » Lare Health Center also experienced delays in disbursement of Danida and HSSF funds. This led to delays in payment of support staff and slowed down implementation of development projects.

Interface Meeting between community, service providers and duty bearers at Wei Dispensary in Subukia Sub County

SERVICE IMPROVEMENTS RESULTING FROM THE COMMUNITY SCORECARD

The county government took several actions to improve services in the three target facilities. By the end of the 'Improving Health Services through Community Scorecard in Nakuru County' project, the following improvements had been implemented in the health facilities:

Issue	Improvements
Staffing of Health Facilities	• Two nurses were deployed to Wei Dispensary in the months of June and September, 2020. This increased the number of nurses to 4. • Two lab technologists were deployed to Wei and Menengai Dispensaries. • One community health oral officer was deployed to Lare health center in the month of June. An ambulance driver was posted to Lare Health Center
Maternity Services	• The maternity wing in Wei Dispensary facility was operationalized and Maternity services are available to facility users round the clock
Youth Friendly Services	• The public health office in Wei Dispensary was converted to a Youth friendly Center to offer services the youth. Chairs and tables were placed in the room and a youthful nurse made available to serve the youth
Lab Services	• Lab services are now available in Wei and Menengai Dispensaries. One service room was renovated to serve as a lab in Menengai Dispensary. Patients are no longer being referred to the sub-county hospital for testing
Infrastructural Improvements	• The infrastructure in the Wei Dispensary facility has been given a facelift. The service rooms and external walls have been painted. A chain link fence has been installed round the facility and the main gate has been renovated. • Construction of a perimeter wall and installation of a gate was completed in Menengai Dispensary. The ground at the reception window in the facility was leveled to enhance patient access to the receptionist and construction of a maternity wing is currently underway.
Access to Information	• Service charters were installed in strategic locations in Wei and Menengai Dispensaries.

JOINT ACTIONS TO IMPROVE SERVICE DELIVERY

Theme	Issue	Key Actions
Drugs	**Immunization services**	Wei Dispensary has good supply of vaccines. Community members and Community Health Volunteers to mobilize women with young children to utilize the service.
Staffing	**Staffing of health facilities**	Lare Health Center: Njoro Sub-county team lead to deliberate the possibility of having a specialist hold a clinic for patients with non-communicable diseases once a week or on specific dates of the month. Wei Dispensary: Subukia Sub-county team-lead to organize for a nurse to be deployed to the facility to operationalize the maternity wing.
	Community health services	Wei Dispensary: Nakuru County has been piloting CHVs stipend programme in two Sub counties. County looks to step up the programme to the entire county in the next Financial Year. Menengai Dispensary: Training and equipping the CHVs on Covid19 and supplying them with PPEs and identification uniform. The facility to organize for the CHVs to use facility photocopier to do copies for CHVs data collection tools Lare Health Center: CHVs mobilize community members to seek medical services at Lare Health Center.
Infrastructure	**Service rooms in health facilities**	Lare Health Center – Njoro Sub-county team lead to get county structural engineers to inspect the structures and advise on how the huge cracks on structures can be repaired or strengthened Wei Dispensary – Facility in-charge to identify a room that can be converted into a youth friendly center. Wei Dispensary – Community members to propose construction of service rooms in the facility during public budget forums

	Facilities for PWDs	Menengai Dispensary – Nakuru Sub-county team lead to hold discussions with the county public works department on installation ramps in the facility, including the Maternity wing that is under construction
	Installation of a sign post	Menengai Dispensary – Facility in-charge to follow-up on installation of sign posts on the main road and the access road leading to the facility
	Access road and Supply of clean water in facilities	Wei Dispensary – The ward administrator to prioritize piping of water from a nearby bore hole to the health facility Wei Dispensary – The ward administrator to prioritize grading of the road to the facility from the main road to enhance access by patients and KEMSA trucks
Maternity and Lab Services	**Maternity Services**	Menengai Dispensary – Nakuru Sub-county team lead to fast track completion of maternity wing Wei Dispensary – Subukia Sub-county nurse in charge to organize for deployment of additional nurses to the facility to operationalize the maternity. Local community and CHVs to mobilize women to utilize maternity services in the facility
	Lab Services	Menengai and Wei Dispensaries – Nakuru and Njoro Sub-county team leads to prioritize deployment of lab technologists to the health facilities Menengai Dispensary – Facility in-charge to fast track renovation of one service room to serve as a lab
Equipment	**Local Transport**	Lare Health Center – Njoro Sub-county team lead to follow-up on deployment of an ambulance to the health facility in charge to set up a number that patients who need ambulance services can call.
	Power backup	Lare Health Center – Njoro Sub County team lead to follow up on the purchase of a generator by the Department of health at county level
	Installation of simple incinerator	Menengai Dispensary - Facility in-charge to prioritize construction of a burning chamber to facilitate disposal of non-pharmaceutical waste

A COMMUNITY SCORECARD REPORT

STATUS OF HEALTH DELIVERY IN NAKURU COUNTY:

A CASE OF LARE HEALTH CENTER, WEI AND MENENGAI DISPENSARIES

LARE HEALTH CENTER - COMMUNITY SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
	a	**Availability of essential drugs in the facility**				4		•Most essential drugs are available in the facility. However, citizens say most of the time, drugs such as piriton syrup and de-wormers are not available. •There are delays in replenishing drugs stock – sometimes it takes up to 3 weeks for stock to be replenished. During this period, patients are referred to nearby chemists to buy drugs, which is often expensive for them.
	b	**Availability of drugs for conditions that require specialized care like diabetes/high blood pressure.**			3			•Occasionally, drugs for patients with non-communicable diseases and in need of specialized care are available in the facility. However, they are not adequate to meet the demand. The shortage results in patients are often asked having to buy such drugs in chemists. It was noted that drugs for treating conditions such as Diabetes are completely unavailable in the facility. •Patients with chronic TB drugs have to travel all the way to Njoro Sub-County Hospital to access drugs despite the demand for these drugs being high in Lare.
2	Staffing at Lare Level 3 facility							
	a	**Adequacy of medical staff**		2				•Lare Health Center is served by 26 staff in total. These include 7 nurses, 1 clinical officer, 2 Lab techs and 1 pharmaceutical technologist. •However, patients still queue for up to 4 hours to access health services in the facility. This is because, often, health workers have to multitask due to shortage of staff. Also, morning preparations take time and patients have to wait for a substantial amount of time before being served. •The facility does not have crucial specialized staff like physiotherapist and a nutritionist, patients who need these services have to travel all the way to Njoro Sub-County Hospital or the PGH.

	b	**Availability of support staff**		2				•The facility has support staff who are often seen multi-tasking and appear not to have specific duties. The facility has one watchman who works at night. Since there is no day watchman, animals and people occasionally intrude the facility compound. •There are instances when the facility compound is unkempt and untidy due to lack of a grounds man. •The facility has a maternity wing but does not have a cook. As such, the general attendants or nurses are forced to take up these responsibilities and are hence overworked. •The facility has no dedicated personnel to guide patients around the facility and in some instances, assistance for patients that require mobility devices to access the facility is not available
	c	**Conduct of health facility staff**				4		•The facility staff are handle patients with respect. However, they take long tea and lunch breaks, sometimes up to 2hrs as patients wait on the queue. This leads to accumulation of long queues in the facility, with some patients opting to seek services from private facilities. •There are instances when staff don't hand over duties or patients during shift change to ensure patients are attended at any given time. •In some cases, support staff are rude to patients seeking services at the facility.
3	**Physical Infrastructure in Lare Level 3 Facility**							
	a	**Accessibility of health facility by PWds**		2				•The facility has a door that PWDs with physical disability can use to access the facility. However, this door is not easy for patients to spot and there are no directions to help PWDs who are visiting the facility for the first time to locate it. There are no ramps at the main entrance. •Sanitation facilities are not PWD friendly – the door space is not adequate to facilitate access and there are no wall handles to enhance their usage by PWDs. •The facility does not have staff with sign language skills to assist patients with hearing disability. Since the facility does not have a physiotherapist, PWDs in need of need physiotherapy services have to travel to Nakuru Level 5 Hospital – 45km away to access the services. This is extremely expensive for them. When seeking services at the facility, PWDs are not given priority in the queue – they have to wait in the queue like any other patients.

	b	**Adequacy of Service rooms in the facility**			3			•The facility does not have adequate service rooms. In the maternity wing, the delivery room also serves as the labor room. The maternity ward is small in size – only accommodates 2 beds. •The facility lacks other important rooms including dressing room, laundry room and kitchen •There are three structures in the facility that are currently not in use because they have huge cracks on the wall.
4	**Equipping of Lare Level 3 Facility**							
	a	**Availability of a locally defined Transport**	1					•The facility does not have a locally defined transport but relies on the ambulance located in Njoro Sub-county hospital to ferry patients in the event of an emergency. Where the ambulance is not available, patients have to hire private transport means – which is quite costly for them.
	b	**Availability of power backup in the facility**	1					•The facility does not have a backup generator. In the event of a power blackout, nurses use lantern lamps and candles to light up the facility at night. Patients use the same in the maternity. •Lab services and drugs that need refrigeration are also affected if blackouts last for extended periods of time.
	C	**Availability of Dental Equipment in the unit**	1					•The facility has a dental unit and staff but there is no dental equipment. The dental unit is only in full operation when dentists from a private entity conduct dental campaigns in the area. •Residents are not able to access dental services any other time.
5	**Maternity Services in Lare level 3 facility**							
	a	**Frequency of referrals to other health facilities**			3			•While expectant women who develop complications that cannot be handled in the health center are referred to facilities that have a higher level of care, citizens say there are not all cases warrant referrals. There are times expectant women who have no complications are referred to other health facilities as well. •These referrals, citizens say, are costly considering that the nearest referral facility - Njoro Sub County Hospital is 18kms from Lare.
	b	**Availability of equipment in the maternity ward**			3			•The maternity ward has 2 labor beds with no mosquito nets and 1 delivery bed. Patients are asked to buy surgical blades/cotton wool and the Linda mama packs ran out.

	c	**Availability of running water and food in the maternity ward**		2				•The facility does not serve dinner to inpatients – it only provides food at lunch time only. In most instances, those who have inpatients are asked to bring food from home. •There is hot water for drinking but patients take cold showers. •The maternity ward does not have running water or separate bathrooms / showers
	d	**Location of maternity ward in the facility**	1					•The maternity is irked out of the waiting bay. This leads to lack of privacy for women who seek maternity services because the labor too close to the waiting bay.

LARE HEALTH CENTER - SERVICE PROVIDERS SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
	a	**Availability of essential drugs in the facility**					5	Facility receives excellent supply of essential drugs
	b	**Availability of drugs for non-communicable diseases**			3			The health facility receives drugs for non-communicable diseases. However, the drugs are inadequate and often run out of stock before the quarter ends. This means that patients with such conditions are referred to Njoro Sub-County Hospital or chemists to buy the drugs.
	c.	**Availability of storage facilities in pharmacies**			3			The facility has a drug storage room. However the, the storage room space is not adequate to store drugs sent to the facility.
2	Staffing at Lare Level 3 facility							
	a	**Adequacy of medical staff**			3			The facility has a Registered Clinical Officer (RCO), 6 Nurses and 1 community health oral officer. However, it lacks a pharmacy technologist and CCC Clinical Officer. This forces the current medical staff to multi-task especially the RCO. The HIS working in the facility are volunteers. The facility serves a population of up to 5000 outpatient patients, 300 MCH/FP, 15 TB ad 20 HIV patients totaling to 5335 patients per month. This indicates a huge workload for medical staff.

	b	**Availability of support staff**		2				The facility has a cleaner, clerical staff and a watchman who works at night and is paid by the facility. With the increase in deliveries at night in the facility, the nurse is often overwhelmed due to multi-tasking. When working at night, the nurses attend to mothers as well also cleans the space or prepares tea for patients. The facility often hires a grounds man to maintain the compound on a need basis since the facility can't afford to hire on full time basis.
3	**Physical Infrastructure in Lare Level 3 Facility**							
	a	**Adequacy of service rooms in the facility**		2				The health facility has inadequate service rooms. There are instances where several services are offered in one room. For instance, the HIV Testing room also serves as the inpatient room, and the delivery room also serves as the labor room. There are other rooms within the facility but they are not in use because they have huge cracks that make them unsafe to use.
	b	**Size and arrangement of service rooms that are currently in use.**		2				Patients are sometimes stranded in the waiting bay as there is no clear follow of services in the facility. The service rooms in the facility are too small, they can't accommodate more than two staff comfortably. The size of the labor ward in the facility is also small – it only accommodates 2 beds.
	c.	**Availability of Sanitation Facilities**			3			There are two blocks of toilets in the facility. However, one blocks is already full - only one is functional.
	d.	**Availability of Fence and Gate**		2				The facility has fence around it. However, the fence is porous – which compromises facility security by allowing animals and intruders into the facility. Facility has an old gate that does not close properly.

4	Equipping of Lare Level 3 Facility							
	a	**Availability of a locally defined Transport**			3			Facility has one motorcycle which is in good condition and is mostly used by the public health office. Whenever the facility needs to ferry supplies from Njoro Sub-county hospital, it relies on public means or hires a vehicle. During emergencies, the facility in-charge requests for an ambulance from the sub county hospital. The facility does not have transport means for conducting contact tracing for patients that use CCC services and in need of require emergency medical services.
	b	**Availability of power backup in the facility**		2				The health facility does not have a power back up. In the event of power blackout, the hospital relies on lantern lamps to light the operations at night – which affects delivery of health services, particularly maternity services. Drugs and vaccines that require refrigeration are packed in the ice box when there are prolonged power blackouts.
	C	**Availability of Dental Equipment in the unit**	1					There is a well-constructed dental unit and a community oral health office. However, the facility does not have dental equipment available. There is a private entity that occasionally brings its dental equipment and uses the dental unit to offer dental. Once the exercise is over, the entity leaves with its equipment. This means citizens are not assured of continuous availability of dental services in the facility.

5	**Maternity Services in Lare level 3 facility**							
		Availability of Running Water			3			The facility has water storage tanks that enable the facility to harvest and store rain water. In addition, it is connected to the main water pipe. However, the facility has not been getting piped water since the main water pipe was disconnected during the construction of the Lare - Stoo Mbili Road. The Currently, the facility relies on water that is harvested during the rainy season. There is a borehole in the facility, but it has not been in operation since 2018 after the water pump broke down.
		Adequacy of Space		2				The maternity ward in Lare Health Center can only accommodate 2 beds. The HIV testing room has been has been converted into an inpatient ward with 2 beds to create additional maternity space. The few beds in the maternity results in referrals to other health facilities.
		Availability of Equipment					5	The facility has sufficient maternity equipment including 2 baby courts, and 30 beds and patient cabinets. Even so, only 6 beds are in use due to limited space in the maternity.
6	**Lab Services**							
		Availability of safe storage facilities					5	The facility has a well secured storage facilities for storing of reagents.
7	**Financial Management**							
		Disbursement of HSSF and Danida Funds to Health Facilities			3			In most instances, the facility does not receive HSSF and Danida disbursements on time. This delays pay for support staff and slows down implementation of development projects.

WEI DISPENSARY - COMMUNITY SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
	a	**Availability of essential drugs in the facility**			3			While the facility has essential drugs, the facility experiences drug shortage because stocks run out quickly. Patients seeking medical services from the facility are sometimes given prescription and asked to go buy drugs from chemists.
	b	**Availability of family planning services**				4		The facility has a constant supply of FP commodities such as implants. However, access to FP services is hindered by lack of lab services. Patients have to be tested before they can be placed on FP. Since the lab is not operational, they are referred to Subukia Sub-county hospital to take the tests. Also, the facility does not have a youth friendly center/corner that has staff who can relate to youth. This creates a barrier that hinders youth access to FP services. Accessibility of FP commodities – especially condoms - is a challenge for youths because they need to ask the staff for them, something that youth find difficult to do. The facility does not have a condom dispenser.
	c	**Availability of Immunization**				4		Immunization services are available in the facility and children are being vaccinated throughout the week. However, there are occasional delays in supply of vaccines to the facility whenever there is a county-wide vaccine shortage.

2	**Staffing at Wei Level 2 facility**							
	a	**Adequacy of medical staff**			3			The facility has three nurses that attend to patients. However, it does not have a lab technician despite the fact that it has a fully equipped lab. Nurses often multi-task and the maternity wing is not operational due to shortage of staff.
	c	**Conduct of health facility staff**				4		There are no issues about conduct of staff. Facility users say the staff in the facility handle patients well. The facility opens on time and operates up to 5 pm.
3	**Physical Infrastructure in Wei Level 2 facility**							
	a	**Accessibility of health facility by PWDs**	1					Some sections of the dispensary have ramps to facility PWD access, while others don't. The maternity wing and the lab have been fitted with ramps while the service rooms (MCH, consultation, and pharmacy) do not have ramps. The washrooms too are not PWD friendly, they have small entrances and are not fitted with wall handles to enhance PWD usage. Also, the facility does not have a staff with sign language skills to help patients who have hearing impairment.
	b	**Availability of clean, running water in the facility**		2				The facility has storage tanks and harvests rain water. This is the only source of water for the facility because it is not connected to piped water. During the dry season, the facility has to buy water from water boozers to meet its needs.
	c	**Adequacy of service rooms**	1					The facility does not have adequate service rooms. As such, multiple services are offered from a single service room. For instance, the consultation room also serves as the treatment, injection and dressing room. The MCH/FP room also serves as the CCC - which puts mothers and children at risk of contracting diseases. Due to inadequate service rooms, the privacy of HIV/TB patients who need to refill their drug supply is easily breached.

4	**Equipping of Wei Level 2 facility**							
	a	**Availability of a locally defined Transport**		2				The facility has a motorbike – but it is used for public health activities. At the time of conducting the scorecard, the motorbike was not functional. As such, the facility lacks a locally defined transport system. This means, whenever there is an emergency, the staff request for an ambulance from Subukia sub-county hospital. If the ambulance is not available, patients have to find alternative means of transport – which is costly for them. Due to these difficulties, there are instances where pregnant women have delivered on the road.
5	**Maternity Services in Wei Level 2 facility**							
	a	**Availability of Maternity services**	1					The facility has fully equipped maternity that is currently not functional due to lack of staff. Occasionally, nurses at the facility handle normal delivery cases when patients seek maternity services during the day. Since the maternity wing is not operational, patients requiring maternity services have to go all the way to Subukia sub county hospital 6kms away and due to transport costs, most women opt to deliver at home.
6	**Lab Services in Wei Level 2 facility**							
		Availability of lab services in the health facility	1					The facility has a fully equipped lab, but it does not have a lab technician to operate it. This forces patients who need lab services to travel all the way to Subukia hospital to access lab services.

WEI DISPENSARY - COMMUNITY SCORECARD

	No.	Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
	a	**Availability of essential drugs in the facility**			3			While the facility has essential drugs, the facility experiences drug shortage because stocks run out quickly. Patients seeking medical services from the facility are sometimes given prescription and asked to go buy drugs from chemists.
	b	**Availability of family planning services**				4		The facility has a constant supply of FP commodities such as implants. However, access to FP services is hindered by lack of lab services. Patients have to be tested before they can be placed on FP. Since the lab is not operational, they are referred to Subukia Sub-county hospital to take the tests. Also, the facility does not have a youth friendly center/corner that has staff who can relate to youth. This creates a barrier that hinders youth access to FP services. Accessibility of FP commodities – especially condoms - is a challenge for youths because they need to ask the staff for them, something that youth find difficult to do. The facility does not have a condom dispenser.
	c	**Availability of Immunization**				4		Immunization services are available in the facility and children are being vaccinated throughout the week. However, there are occasional delays in supply of vaccines to the facility whenever there is a county-wide vaccine shortage.

2	**Staffing at Wei Level 2 facility**							
	a	**Adequacy of medical staff**			3			The facility has three nurses that attend to patients. However, it does not have a lab technician despite the fact that it has a fully equipped lab. Nurses often multi-task and the maternity wing is not operational due to shortage of staff.
	b	**Conduct of health facility staff**				4		There are no issues about conduct of staff. Facility users say the staff in the facility handle patients well. The facility opens on time and operates up to 5 pm.
3	**Physical Infrastructure in Wei Level 2 facility**							
	a	**Accessibility of health facility by PWDs**	1					Some sections of the dispensary have ramps to facility PWD access, while others don't. The maternity wing and the lab have been fitted with ramps while the service rooms (MCH, consultation, and pharmacy) do not have ramps. The washrooms too are not PWD friendly, they have small entrances and are not fitted with wall handles to enhance PWD usage. Also, the facility does not have a staff with sign language skills to help patients who have hearing impairment.
	b	**Availability of clean, running water in the facility**		2				The facility has storage tanks and harvests rain water. This is the only source of water for the facility because it is not connected to piped water. During the dry season, the facility has to buy water from water boozers to meet its needs.
	c	**Adequacy of service rooms**	1					The facility does not have adequate service rooms. As such, multiple services are offered from a single service room. For instance, the consultation room also serves as the treatment, injection and dressing room. The MCH/FP room also serves as the CCC - which puts mothers and children at risk of contracting diseases. Due to inadequate service rooms, the privacy of HIV/TB patients who need to refill their drug supply is easily breached.

4	**Equipping of Wei Level 2 facility**							
	a	**Availability of a locally defined Transport**		2				The facility has a motorbike – but it is used for public health activities. At the time of conducting the scorecard, the motorbike was not functional. As such, the facility lacks a locally defined transport system. This means, whenever there is an emergency, the staff request for an ambulance from Subukia sub-county hospital. If the ambulance is not available, patients have to find alternative means of transport – which is costly for them. Due to these difficulties, there are instances where pregnant women have delivered on the road.
5	**Maternity Services in Wei Level 2 facility**							
	a	**Availability of Maternity services**	1					The facility has fully equipped maternity that is currently not functional due to lack of staff. Occasionally, nurses at the facility handle normal delivery cases when patients seek maternity services during the day. Since the maternity wing is not operational, patients requiring maternity services have to go all the way to Subukia sub county hospital 6kms away and due to transport costs, most women opt to deliver at home.
6	**Lab Services in Wei Level 2 facility**							
		Availability of lab services in the health facility	1					The facility has a fully equipped lab, but it does not have a lab technician to operate it. This forces patients who need lab services to travel all the way to Subukia hospital to access lab services.

WEI DISPENSARY - SERVICE PROVIDERS SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
		Replenishment of drug stocks		2				Though drugs are supposed to be delivered to health facilities each quarter, Wei Dispensary experiences drug shortage because replenishing stock takes too long – sometimes, up to 6 months. This forces staff to borrow drugs from other facilities.
		Quantity of Drugs		2				Despite delays in replenishing stock, the facility does not receive all drugs ordered and in quantities ordered. For instance, sometimes the facility orders 80mg of a specific drug, but receives the drug in 40mg.
2	Staffing at Wei Level 2 facility							
		Adequacy of medical staff and support staff			3			The facility is served by 3 nurses. They multitask and are often overworked and rarely complete leave days without being called back.
3	Physical Infrastructure in Wei Level 2 facility							
		Availability of clean in the facility			3			Facility relies of rain water that it harvests and stores in storage tanks. There is no piped water – if rains fail, the facility has to buy water.
		Adequacy of Service rooms	1					Facility does not have adequate service rooms - several services are offered in one room e.g. CCC/FP/ANC/TB/Immunization/ VCT. Combined rooms often leads to no privacy for the patients

4	**Equipping of Wei Level 2 facility**							
		Availability of a locally defined Transport			3			The facility has a motorbike that is used by the public health team. However, it was grounded at the time of developing this scorecard. Whenever there is an emergency, the facility requests from an ambulance from Subukia sub-county hospital. Staff use public means to get supplies from Subukia Sub County Hospital
		Availability of Equipment			3			While the facility has a fridge, it was not functional at the time of developing the scorecard and in need repair. The facility does not printer hence it cannot enroll patients for Linda Mama Program. The maternity needs a suction machine and resuscitator. The maternity has beds and a solar panel installed on the roof, which needs to be serviced to ensure it works well since it has not been used for a long time.
	Maternity Services in Wei Level 2 facility							
		Availability of Maternity services	1					The facility has a maternity wing that has most equipment but hasn't been in operation fulltime since 2004. This is largely due to inadequate staff. However, the nurses in the facility do offer maternity to patients who seek those services during the day. However, the demand for these services is low. The fact that the facility does not conduct ANC profiling, patients are referred to Subukia sub-county hospital. Some patients have no means to get there and are afraid to go back to the facility for prenatal care. This contributes to unskilled births in the region as patients have challenges in transport especially at night, it's up-to 3-4km to get to the facility. In emergency situations, in-charge has to request for an ambulance through Sub County Team Lead. Accessing ambulance was easy when it was stationed at the Subukia Sub County Hospital.

	Lab Services in Wei Level 2 facility							
		Availability of lab services in the health facility	1					The facility has a lab is available but it's not functional. This makes it impossible for the facility to conduct ANC profiling - patients have to go to Subukia. Patients seeking family planning services also need to be tested to determine the best commodity they need to be put on. This leads limits access to prenatal and family planning services.
	Financial Management in Wei Level 2 Facility							
		Disbursement of HSSF and Danida Funds		2				The facility received two disbursements in the FY2019/2020. HSSF, which should be released on quarterly basis, experienced delays - up to 6 months. Disbursement of Danida funds was also delayed leading to delays in payment of utility bills and wages for support staff. Delayed payment of staff demoralizes them at work.
		Payment of Support Staff		2				The delays demoralizes staff which sometimes forces the in-charge to step in

MENENGAI DISPENSARY - COMMUNITY SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1		**Availability of Drugs**						
	a	**Availability of essential drugs in the facility**			3			Essential drugs are available in the facility, but not throughout. There are times when the drugs run out. During such times, patients only get prescriptions and have to buy drugs from chemists. For syrups, patients are asked to bring bottles or pay Kshs. 10/- to get a bottle.
2		**Staffing at Menengai Level 2 Facility**						
	a	**Adequacy of medical staff and support staff**				4		The facility has a clinical officer and 6 nurses. On average, patients queue for 30mins before they are attended. Queuing time is largely dependent on the number of patients seeking services. Medical staff often multi task e.g. they treat patients, dispense drugs, and vaccinate children. In some instances, patients or guardians take weight details for their children when they take them for immunization.
	b	**Maintenance of patient records**			3			Currently patients are given cards although the cards might run out and patients would revert back to use of exercise books.
	c	**Availability of community health services**		2				The CHVs attached to the health facility are not remunerated or facilitated to provide community health extension services. They often use their money to follow up on patients and photocopy tools. CHVs have also not been adequately equipped to handle emergencies such as Covid19.

3	**Equipping of Menengai Level 2 Facility L**							
	a	**Availability of a simple incinerator**	1					The facility does not have an incinerator or burning chamber to facilitate proper disposal of medical waste. Instead, the facility accumulates this waster and keeps it until it is collected for disposal – a situation that poses health risks to facility staff.
	b	**Availability of youth friendly services**		2				The facility does not have a youth friendly corner or desk. It also does not have a link desk to facilitate tracing of the youth defaulters. The facility does not have a condom dispenser and most youth find it challenging to relate with the current staff on reproductive health issues. The facility does not have resources to conduct youth outreaches. It relies on stakeholders to support such activities. All these issues have a negative effect on the way youth access services in the facility.
4	**Physical Infrastructure in Menengai Level 2 Facility**							
	a	**Accessibility of health facility by PWDs**		2				The facility has a ramp at the entrance. However, there are no ramps to facilitate PWD access to services rooms and washrooms. Also, the facility does not have a staff who is proficient in sign language, which hinders service delivery to patients who have hearing disability.
	b	**Availability of clean and running water**				4		The facility has clean water and storage tanks are at hand to ensure constant supply of water in the facility. However, the facility does not have a water access point where patients can access clean water in the facility whenever they need to.
	c	**Availability of facility sign post**		2				Locating the facility is challenging for anyone who hasn't been there before. It does not have a proper signage to guide visitors. The signpost is located next to the facility and it is an old, illegible signage that was installed over a decade ago by the defunct municipal council. As such, finding directions to the facility is a challenge mostly for new patients post for giving direction.

5	**Maternity Services in Menengai Level 2 Facility**							
	a	**Availability of maternity Services**		2				The facility provides prenatal services to a significant number of expectant women. However, when the women are forced to travel over 5kms to access maternity services because the facility does not have a maternity wing. Currently, construction of the maternity wing is currently underway.
6	**Lab Services**							
	c	**Availability of lab services**			3			Lab services are currently not available in the facility. Patients in need of these services have to go to Nakuru town to access them. Facility users who need FP services are sent back to take tests or come back when they are on their menses. Expectant women also have to get their ANC profiling done elsewhere before they can receive prenatal care. Currently, facility is renovating a service room to accommodate a lab.
7	**Security**							
		Availability of fence and gate in the facility				4		The facility has newly constructed permanent fence and a gate but, I does not have a security guard working during the day.

MENENGAI DISPENSARY - SERVICE PROVIDERS SCORECARD

No.		Issue	1 (Very Poor)	2 (Poor)	3 (Fair)	4 (Good)	5 (Very Good)	Remarks
1	Availability of Drugs							
		Delivery of Requisitioned Drugs			3			Drugs are received within a month after requisitioning. However, there are instances where the facility does not receive all the drugs as per the requisition submitted. FP commodities and non-pharmaceutical items like syringes and FP commodities that had not requisitioned are received and sometimes backorders are also times received. As a result, the facility has a huge stock of FP commodities but struggles to meet the demand for other pharmaceutical drugs, especially drugs for non-communicable diseases like diabetes and High Blood Pressure.
2	Staffing at Menengai Level 2 facility							
		Adequacy of medical staff			3			The facility has 2 Clinical Officer and 4 Nurses. However, it lacks a pharmacy technologist and a lab technician. This forces the current medical staff to multi-task. The facility has a nutritionist – however the staff as well as the HTS (HIV Testing Services) are volunteers.
		Availability of Support Staff			3			The facility has cleaners, clerical staff and a watchman who works at night However the County Government pays all the support staff except the watchman – who is being paid by the facility. The County Government was paying the watchmen throughout and only stopped doing so in 2019. Currently the facility has no daytime watchman.

		Staff Welfare		2				Though the facility has a total workforce of 8 staff and serves 2400 patients (1300 patients, CWC 600, FP/ANC 300, VCT/CCC/ TB 200 per month, capacity building of the staff is rare. Since the Covid-19 outbreak, 2 medical staff have been sensitized on Covid-19. However, none of the staff in the facility has been trained fully on Covid-19 management or provision of home-based care despite the fact that the MoH's plans to have Community health volunteers support the home-based care program. Medical staff in the facility do not have sufficient Personal Protective Equipment. The only PPEs available to staff at the facility are 1 surgical mask per day and 500ml hand sanitizer per month per staff.
3	**Physical Infrastructure in Menengai Level 2 facility**							
		Adequacy of infrastructure			3			The health facility has adequate service rooms, including a pharmacy, reception, treatment, CCC and consultation rooms. However, the CCC room is too small. Currently there is an ongoing installation of an emergency exit door. This means that in the event of an emergency, the staff in the facility would be able to get out. Construction of a Maternity Wing and a Lab is in progress. However, currently, the maternity wing project has stalled while the lab is ongoing. Construction of a perimeter wall is ongoing. Within the facility, major renovation works need to be undertaken including painting, tiling and electrical wiring. The facility lacks a septic tank for waste disposal and an incinerator or a burning chamber.

4	Equipping of Menengai Level 2 facility							
		Availability of Equipment			3			The facility has some mobility equipment. It has a wheelchair but lacks a trolley. There is no power back up in the facility. Medical staff are forced to move vaccines to the nearest facility for storage in case of a prolonged power blackout. Though the facility has BP machines, they are inadequate. There is a glucometer in the facility. However, it fails to function sometimes and in some instances, the testing sticks run out of stock. This makes it challenging for the facility to provide sugar level testing services to patients consistently. The facility has a reliable water source and water storage tanks. However, it does not have safe water access points for patients like dispensers. Facility has installed fire extinguishers in preparedness against fire outbreaks.

5	Lab Services in Menengai Level 2 facility						
		Availability of lab services in the health facility	1				The facility has lab equipment and reagents. However, it does not have a laboratory and a lab technician to provide testing services. As such, no lab testing services are offered to patients. This causes many patients, to quit treatment or leave checkups midway. For instance, many pregnant women who are sent to labs outside the facility for ANC profiling do not return to the facility. Facility lacks a laboratory but has reagents and equipment, pregnancy test is impossible. Many patients are sent to get test from nearby facilities that offer lab services and often patient do not return. Medical staff in the facility are also forced to send TB clinic and CCC patients to labs outside the facility whenever tests are needed. The facility has not been doing viral load since 2018 thus monitoring of patient progress is hard. Lack of testing services in the facility also puts women who need family planning services at risk of getting unplanned pregnancies because medical staff have to send them for tests elsewhere before providing FP services. In emergency situations that require lab tests are required, patients have to be taken to labs outside the facility and brought back to the facility for treatment. This takes time and is costly for patients. These challenges make it difficult for the facility to provide holistic health services.

6		Financial Management in Menengai Level 2 Facility						
		Adequacy of Health Sector Service Funds/ DANIDA Funds			3			The health facility receives funds from Danida and HSSF (User Fees). While the user fee amount varies depending on monthly workload, the facility receives Kshs. 73,000 (about kshs. 292,000) per year from the Danida kitty each quarter. For the last financial year, the facility has received disbursement for 3 quarters only. The HSSF funds are normally unpredictable in amounts disbursed thus making it hard for the facility to plan and budget effectively. These amounts are not adequate to cater for hospital needs like payment of support staff, payment of utility bills and purchase of stationeries and supplies.
		Timely disbursement of HSSF/DANIDA Funds			3			The facility experiences delays in disbursement of funds. Funds from the DANIDA are unpredictable with disbursement delays taking up to 6 months. This affects running of the facility as supplies like detergent and stationaries run out and electricity bills and salaries for support staff like the watchman accumulate. Delays in payment of support staff affects their motivation negatively.

A COMMUNITY SCORECARD
REPORT

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