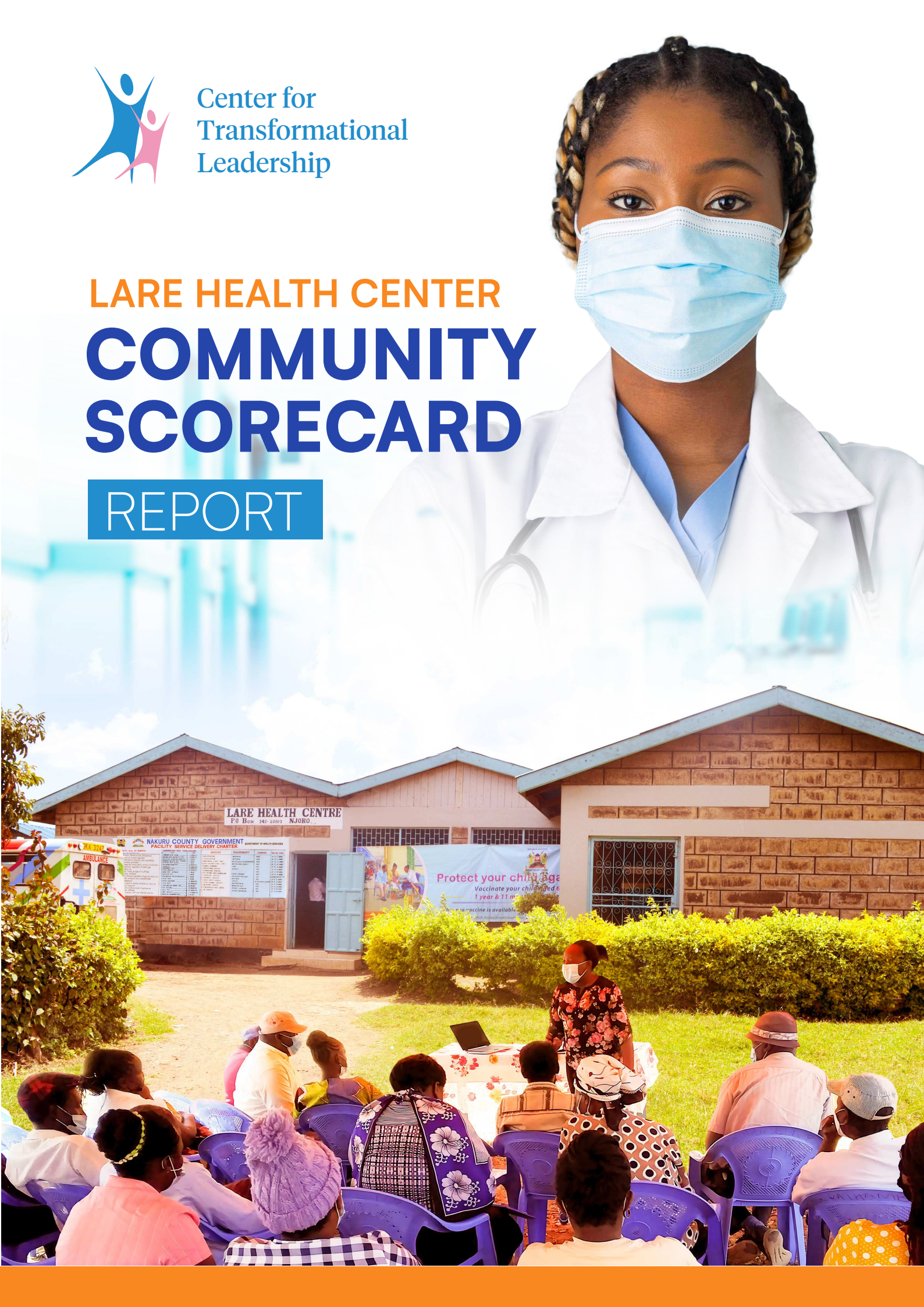




Center for
Transformational
Leadership

LARE HEALTH CENTER COMMUNITY SCORECARD REPORT



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We appreciate the Lare Ward Administrator, Sub-County for supporting the community scorecard process and informing the joint action plan during the interface meeting. We are cognizant of the key role played by the facility in-charge in Lare Health Center and the medical staff for participating in the development of the service provider scorecard.

We extend our sincere appreciation to the 40 Community Scorecard Committee members and members Health Facility Management Committee led by Paul Thiongo and Annette Wanjohi for volunteering their time to gather information from citizens and guide conversations during the scorecard development process.

We appreciate CTL Team - Peter Rono, Nickson Mwarari, Paul Njuguna and Julia Kamau who worked tirelessly to support the community scorecard committees in undertaking the scorecard process and compiling this report.

Abbreviations

ANC	-	Anti-natal
AR	-	Anti-rabies
AV	-	Anti-venom
CCC	-	Comprehensive Care Centre
CGA	-	County Government Act
CHV	-	Community Health Volunteer
CDF	-	Constituency Development Fund
CoK	-	Constitution of Kenya
CTHS	-	Community Total Health Sanitation
CTL	-	Center for Transformational Leadership
DANIDA	-	Danish International Development Agency
ENCASE	-	Encouraging Citizen-Driven Accountability through Sustained Engagement
FGDs	-	Focus Group Discussions
FP	-	Family Planning
GoK	-	Government of Kenya
HFMC	-	Health Facility Management Committee
HIV	-	Human Immunodeficiency Virus
HTS	-	HIV Testing Services
IPT	-	Isoniazid Preventive Therapy
KEMSA	-	Kenya Medical Supplies Authority
MCH/FP	-	Mother Child Health/Family Planning
NGO	-	Non-Governmental Organization
PHO	-	Public Health Officers
PWDs	-	Persons with Disabilities
RCO	-	Registered Clinical Officer
SPARKe	-	Strengthening Public Accountability and Responsiveness in Kenya
TB	-	Tuberculosis
UHC	-	Universal Health Care
VCT	-	Voluntary Counselling and Testing

Forward

Quality health care is a right that the Kenya Constitution accords citizens. In Articles 53 to 57, the Constitution provides for rights of special groups including children, people with disabilities, the youth, and marginalized groups. It states that these groups have the right to health care, health facilities and materials, and protection from harmful health cultural practices and exploitation. In the 2012-2030 Health Policy, the Government of Kenya (GoK) commits to ensure momentous improvements to the status of health services across the county in line with the Constitution, Vision 2030 and provisions of other global commitments that Kenya has signed.

The policy further outlines health sector's to ensure the country attains the highest possible standards of health in response to citizen needs. The policy outlines 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
- Strengthening collaboration with sectors that have an impact on health

Having devolved health, County governments have an important role in the realization of these objectives through the delivery primary health care to citizens through level 2 and 3 facilities. Although Nakuru County has expanded health infrastructure since the onset of devolution in 2013, challenges still abound in delivery of quality health care to citizens across the County. This report gives a spotlight of a rural level 3 health facility — Lare Health Center, where health services were monitored using the community scorecard social accountability tools.

Among the issues that services users and frontline service providers identified as working well in this health facility are provision of antenatal services, the community health strategy, and supply of running water in the maternity. Although the facility receives essential drugs and commodities for non-communicable diseases, both service users and providers agree that the quantities are rarely sufficient to meet local demand.

This causes stocks to run out quickly, way before a quarter ends. Other issues that need to be addressed in the facility are inadequate service rooms, inadequate medical and support staff to meet the growing workload, capacity building of the health facility management committee, and supply of emergency drugs like anti-rabies and anti-venoms.

Bancy W. Kubutha

Executive Director — CTL

Introduction

Center for Transformational Leadership (CTL) is a local NGO based in Nakuru County and founded in 2008. The organization envisions a transformed society upholding values of good governance. Its mission is to strengthen the capacity of individuals, communities and organizations to effect positive transformation in the society.

CTL does this by implementing democracy, governance and leadership programs. Through the governance program, CTL conducts civic education to ensure citizens understand their constitutional rights and responsibilities. It 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 2021, CTL used community scorecards to monitor health

services in Lare Health Center located in Njoro sub-county, Nakuru County. The Lare 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) and local leaders including the Ward Administrator and representatives of the Constituency Development Fund (CDF). This report presents findings from CTL's performance management work undertaken in Lare Health Center in Njoro County using community scorecards.



About Lare Health Center



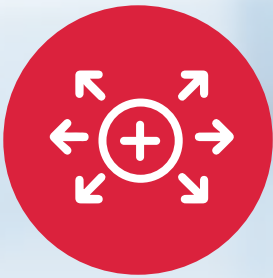
Acreage

The health center sits on a 5-acre piece of land



Location

The facility is strategically located in Lare Ward



Catchment

It serves patients from the expansive Lare and Banita areas. Catchment areas include Lare Center, Kariaini, Bagaria, Kianjia, Miti Mingi, Pwani, Naishi Game, Block 2 and 3, Gichobo



Management

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



Workload

The health center serves estimated 5,000 patients on a monthly basis



Services

The health center offers level-3 outpatient care and 24-hour maternity services



Infrastructure

The health center has the following infrastructure:

- 11 Service Rooms
- 1 Waiting Bay
- 1 Dental Unit
- 1 Pharmacy
- 1 Laboratory
- 1 Sanitation Blocks
- 1 Maternity Rooms (1 labor/delivery room)
- A semi-permanent live fence



Staffing

At the time of developing this scorecard, Lare Health Center had;

- 1 Clinical Officer
- 8 Nurses
- 1 Laboratory Technologist
- 1 Pharmaceutical Technologist
- 1 HIV Testing Services Staff (HTS)
- 4 Support Staff

A Case for Social Accountability

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

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

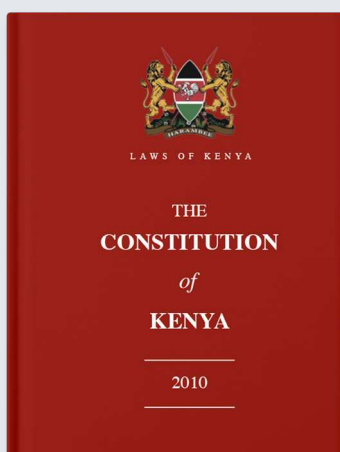
improving service delivery and enhancing transparency and accountability in public affairs. These interactions can increase cost-effectiveness in utilization of public funds, enhance service delivery, improve public planning and ensure prioritization of interventions that respond to citizen needs.

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

Legal Document

Provision

Constitution of Kenya



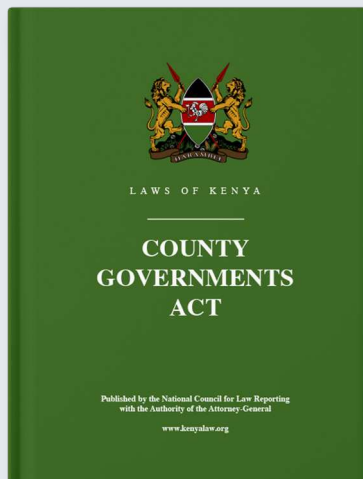
Article 133 (1) requires public servants to uphold high professional ethics, observe high standards in efficiency and economic utilization of public resources

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 Government Act, 2012



Sections 30 and 92 require 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.

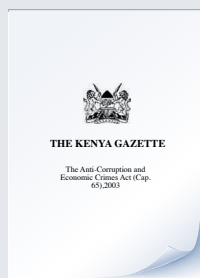
Section 9 (1) requires Members of the County Assembly (MCA) to maintain close contact with electorates and consult with them on issues under discussion in the County Assemblies.

Sections 94 and 95 require the County Government to establish mechanisms to facilitate public communications and access to information with the widest public outreach using media that may include television stations, information communication technology, and public meetings among others.

Section 96 of the CGA that requires the County Government and its agencies to designate an office for purposes of ensuring access to information and enact a legislation to ensure access to information for which reasonable fees may be imposed.

Section 115 requires the County Assembly to develop laws and regulations that give effect to the requirement for effective citizen participation in development planning and performance management within the County.

Other legal legislations that support accountability in Kenya



The Anti-Corruption and Economic Crimes Act (Cap. 65), 2003



The Public Officer Ethics Act, 2003



The Leadership and Integrity Act, 2012



The Public Procurement and Disposal Act, 2005



The Civil Service Code of Regulations, 2006

Methodology

The community scorecard for Lare Health Center was implemented in a step-by-step format. The entire process was implemented over a six-month period as follows:



Entry Meetings with County Department of Health

- CTL staff met representatives from the County Department of Health and continued with the initiative to identify health facility where services would be monitored
- A decision to conduct a repeat scorecard in Lare Health Center was arrived at after it emerged that little had improved in the facility upon completion of a scorecard in 2020.
- A facility entry meeting was held with the sub-county team lead and facility in-charge to share scorecard objectives and plan.



Community Sensitization Meetings

- A community sensitization meeting with 100+ participants drawn from the Lare Health Center catchment was conducted at 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 to account regional representation, gender, age, and disability
- 4 accountability cells, each with 20 participants were formed





Training of Accountability Cells

- 5 members from each of the 2 accountability cells were trained on the structure of Kenya's healthcare system and the community scorecard process
- The accountability cells develop action plans for to guide implementation of the Lare Health Center community scorecard



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 own scorecard
- The scorecards were consolidated to form the community scorecard



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

Community Scorecard

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Drugs in the Health Facility



Indicator	Community Score	Remarks
Availability of essential drugs		Majority of essential drugs are available in the facility. However, patients are occasionally given prescriptions and asked to buy drugs. This is because the stocks that the facility receives run out due to high patient traffic and it experiences stock replenishment delays.
Availability of essential drugs		The facility does not receive any stocks of anti-venom and anti-rabies drugs. Patients in need of these drugs are often referred level 4 and 5 facilities after facility staff administer first aid. The referrals are costly for patients because they have to find ways to travel to other facilities as Lare Health Center does not have an ambulance stationed there.
Availability of drugs for non-communicable diseases and TB for children		<p>Although the facility does stock drugs for patients with non-communicable diseases, high demand for these drugs results in frequently stock outs. During stock outs, patients have to travel all over 10 km to the Njoro Sub-County Hospital to get them or make purchases from chemists. The cost associated with travel or chemist purchases makes it difficult to some patients to adhere to the prescribed dosage.</p> <p>The facility has previously had a stable supply of TB drugs. This changed following a country wide shortage experienced in 2022. At the time of the scorecard, the facility's supply was unstable with patients only accessing these drugs occasionally.</p>

Scoring Key —————



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Staffing of the Health Facility



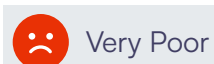
Indicator	Community Score	Remarks
Adequacy of medical staff		Staffing in the facility is at least 50% of the number prescribed by the health norm and standards. Long queues are common in the facility with patients taking up to 4 hours to access services. Medical staff often multitask. For Instance, 1 nurse is available to serve patients. This means she has to attend to emergencies, maternity and conduct support duties such as cleaning and cooking for patients in the maternity. The Facility does not have a nutritionist. A dentist is available to attend to patients once a week. Dental services are not available when he is on leave.
Availability of support staff		The facility has 4 support staff - 2 cleaners, 1 clerical staff, and a night watchman. The cleaners help with cooking and retrieving patient records.
Conduct of facility staff		The staff in the health facility have a good relationship with patients and community. They observe patient's confidentiality and treat patients with respect. However, there are instances where staff are rude to patients, particularly at night. Some patients who sought services reported being sent back without treatment.

Infrastructure in the Facility



Adequacy of service rooms in the facility		The facility does not have adequate service rooms. This means stationing of multiple services in the same room. Some services that are stationed in the same service room include Family Planning & Anti-natal Clinic, Dressing and Injection. This often results in long queues.
Condition of physical infrastructure		The physical infrastructure in the facility is generally in good condition. However, renovations work like painting and minor repairs are required. A section of the building is not in use due to huge cracks. The structure has been condemned. It has already been inspected by the Nakuru county's department of public works but renovation works are yet to commence.

Scoring Key—



Very Poor



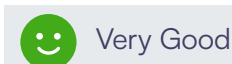
Poor



Fair



Good



Very Good

Service Delivery Issue;

Equipping of the Health Facility



Indicator	Community Score	Remarks
Availability of a locally defined Transport		The facility does not have a locally defined transport equipment. No ambulance stationed at the facility. During emergencies, the facility requests for an ambulance from Njoro Sub-County. When the ambulance isn't available, patients have to use private or public means. Although there is a motorcycle in the facility, it is used by the PHO.
Availability of power backup in the facility		The facility has a solar kit installed to provide backup power during blackouts. However, the solar power only supports lighting and cannot power essential electronics like refrigerators. This increases risk of drugs/vaccines getting spoilt in case of prolonged blackouts. To avoid this, staff move the drugs/vaccines to facilities that have power for refrigeration
Availability of Dental Equipment in the unit		Although there is a dental unit in the facility, it only has basic equipment. This limits the range of dental services that patients can access in the unit. Important equipment such as dental chairs are not available in the unit. The dentist uses an ordinary chair which is very uncomfortable for patients requiring tooth extraction services.

Quality of maternity services



Maternity Services		Although the facility has a maternity wing, the ward is located next to the outpatient are, a location that does not offer patients the privacy they need. The service rooms are small, with the labor room also serving as the delivery room and only accommodating one patient at a time. The lack of space in the maternity forces staff in the facility to discharge patients early or refer new patients to other facilities, which is often costly for them.
Availability of ANC Services		The facility offers ANC services on a daily basis. Clinic booklets issued free of charge. However, the facility occasionally experiences shortage that spans months. When the booklets run out, patients are issued with photocopies. Those requiring replacement or transfer of records from photocopied booklets to facilitate birth certificate processing are asked to pay 200/-.

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Health Facility Governance and Community Strategy



Indicator	Community Score	Remarks
Availability of community outreach services (CHVs)		The facility has a community health unit in place with CHVs covering xx homesteads and a population of xx people. CHVs are well known by community members but lack basic equipment like First Aid Kits to enable them respond to emergencies. A few community outreaches activities like medical camps, have been conducted in the Lare area. In most cases, community outreaches are conducted during outbreaks. CHVs don't receive any facilitation to conduct community outreaches, which demotivates them.
Effectiveness of CHVs		The CHVs attached to the facility are well known to the local community, having visited their homesteads to give oral vaccines, de-wormers, commodities, and monitoring hygiene. Lack of stipend to facilitate movement limits CHV reach as they're assigned areas that cover 4-5 km, especially during campaigns such as Polio Vaccination, Registration of Universal Health Care (UHC) and Community Total Health Sanitation (CTHS).
HFMC interactions with the community members		The facility has a Health Facility Management Committee (HFMC) in place. Women, PWDs and youth are represented in the committee. However, only a few committee members are known to the community, with the chairperson being visible to the public. The HFMC has not had any formal interaction with the community to sensitize them about the facility or actions that are being taken to improve it. Elections for the HFMC members have not been transparent. Only a few community members get to know about the elections, which affects the turn up and participation.
Effectiveness of HFMC in delivering its mandate		The HFMC has been involved in making decisions in the facility including budgeting for the purchase of new dental equipment, expansion of the facility entry door and renovation of the facility gate. However, HFMC members have not been trained on their duties and responsibilities nor issued with confirmation letters since they were elected in August 2021. This affects their ability to discharge their mandate. Meeting days for the HFMC are not clear, which affects their involvement as only few members are active.

Service Provider Scorecard

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Drugs in the health facility



Indicator

Community Score

Remarks

Availability of essential drugs in the facility



Although the supply of drugs to the facility has been consistent, stocks for essential drugs runs out fast due to the high workload. The facility experiences challenges in supply of requisitioned drugs, often receiving lower quantities compared to amount requested. Supply of fast-moving drugs tends to be lower compared to that of slow-moving drugs. As a result, patients who seek services from the facility during stock-outs are asked to purchase drugs from private chemists. Further, the facility has been affected by the scarcity of TB Isoniazid Preventive Therapy (IPT) drugs, putting many children at risk

Availability of drugs for non-communicable diseases



The health facility receives drugs for non-communicable diseases from KEMSA. However, the quantities received are not sufficient to meet the rising number of patients who need the drugs. The stock runs before the quarter ends, forcing patients to travel all the way to Njoro Sub-County Hospital to access them

Availability of storage space in the pharmacy



The facility has a pharmacy with space for holding drugs. However, this space is small and cannot hold large amount of drugs. Although shelves have been fitted in the pharmacy to hold drugs, the pharmacists still has to make many trips to the main store to collect drugs. The facility has attempted to address this challenge by setting up an alternative storage area to hold drug in the pharmacy, but it's not very secure.



Service Delivery Issue;

Staffing of the health facility



Indicator

Community Score

Remarks

Availability of support staff



The facility has 2 cleaners, 1 clerical staff, and 1-night watchman. Cleaners and clerical staff only work during the day. The nurse on duty handles their tasks during the night, which gets overwhelming due to an increase in night deliveries. The facility hires a grounds man on a need basis to maintain the compound

Adequacy of medical staff



The facility serves a catchment of 30,000 people and has 15 medical staff. These are 1 registered clinical officer, 7 nurses, 1 HIV Testing Services (HTS), 1 Link Desk, 1 Comprehensive Care Center (CCC) Nurse, 1 Lab Technologist, 1 Pharmaceutical Technologist, 1 mentor, and 1 Public Health Officer (PHO). Each month, the facility serves a workload of 5000+patients. These include 40 to 50 deliveries, 500 MCH/FP, 20 TB patients, 238 HIV patients and 5,335 other patients with other ailments.

The huge workload and few staff results in multi-tasking, particularly for the Registered Clinical Officer (RCO) and the Nurses who work in shifts (day, night, and weekend). For instance, nurses who are on night shift have to cook for patients, get warm water for mothers, and attend to patients, referrals and emergencies.

Infrastructure in the health facility



Adequacy of service rooms in the facility



The health facility does not have adequate service rooms, which leads to the delivery of multiple services from a single service room. Some services that are offered from the same room include FP and ANC, TB and CCC, labour and delivery, postnatal and antenatal. The TB/CCC room is not properly ventilated. The design of the facility structures and arrangement of service rooms affects the follow of services. With increased workload, staff have to hop from one room to another to provide services. Although the facility has space that's currently not in use, the building that hosts this space has structural problems and has been condemned

Size and arrangement of service rooms



Patients are sometimes stranded in the waiting bay due to lack of a clear follow of services in the facility. The facility has small service rooms that can hardly accommodate more than two staff comfortably. The maternity wing can only accommodate 6 patients at a time with the labour room only holding 2 beds.

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Indicator

Community Score

Remarks

Adequacy of sanitation facilities



There are two sanitation blocks in the facility. However, only one is functional as the other one is full and not in use. The functional toilet block has 5 doors — 3 for females and 2 for males that are shared by patients and staff, resulting in queues. Although the toilet doors for staff in the functional block is labelled, patients still use them. The facility does not have indoor sanitation facilities, which makes it challenging for patients and staff to access sanitation facilities at night

Availability of Fence and Gate



The facility has a porous fence around it. This poses a security threat for drugs, equipment, patients and staff due to intrusion by animals and people. People from neighbouring villages trespass the hospital ground through the porous fence. Sometimes patients opt to access the facility through the same routes. On one occasion the facility experienced a security breach when someone sneaked into one of the buildings through the porous fences.

Locals also graze their animal on the hospital ground without consulting the facility administration since the facility does not have a day time watchman. Besides grazing animals like sheep, other domestic animals like dogs, cats and chicken also find their way into the facility, posing a security risk to patients, particularly those in the maternity. The facility gate was renovated recently

Equipping of the health facility



Availability of a locally defined transport



The facility has one motorcycle. It's in good condition and is used by the PHO. Besides the motorcycle, the facility does not have any other transport equipment and relies on public means or hire of vehicles to ferry supplies from Njoro Sub-County Hospital. During emergencies, the facility requests an ambulance from Njoro Sub-County Hospital. Although the ambulance arrives on time in most cases, sometimes patients experience delays because the ambulance serves the entire sub-county. The facility also lacks transport equipment to enable its staff in the CCC to conduct contact-tracing for patients

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Indicator

Community Score

Remarks

Availability of power backup in the facility



For a long time, the facility lacked power backup to provide lighting and equipment support during power blackouts. Night staff use lantern lamps and touches to light the facility at night whenever there is a power blackout. A solar panel has been installed in the facility. However, the panel only supports lighting, not refrigeration equipment. This means that in the event of prolonged power blackout, drugs, reagents, and vaccines that require refrigeration have to be preserved in iceboxes.

Availability of Dental Equipment in the unit



The facility has a well-constructed dental unit and a dentist who's available once a week. Although the unit has basic equipment such as tooth removal equipment, it lacks other essential equipment like a dental chair required to offer dental services. This forces the dentist to use an ordinary seat to perform dental procedures, which is very uncomfortable for patients.

Quality of maternity services offered by the facility



Availability of Running Water



The facility is connected to the main water pipe but the water supply from this source is not reliable. Even so, the facility has adequate water storage tanks where rain water is harvested and stored to ensure constant water supply. Although the facility has a borehole within its compound, it's not been operational since 2018 due to low water table and a broken water pump.

Adequacy of space in the maternity



The facility lacks adequate space in its maternity wing since the rooms are too small. The maternity wing can only accommodate a total of six beds — including 2 from the Voluntary Counselling and Testing (VCT) service room. If there are more than 6 patients at a time, the staff are forced to either discharge some early, get patients to share beds or refer patients to other facilities.

Scoring Key



Very Poor



Poor



Fair



Good



Very Good

Service Delivery Issue;

Indicator

Community Score

Remarks

Availability of equipment in the maternity



The facility lacks adequate basic maternity equipment like linen, blankets, mosquito nets and gowns for inpatients. Although patients in the maternity are issued with delivery packs, the supplies in the packs are often inadequate. The facility also lacks crucial equipment in the maternity including oxygen concentrator/resuscitator, oxygen cylinder and a modern adjustable delivery bed. Further most equipment in the maternity like beds and linen are worn out and inadequate, forcing staff to discharge patients early in order to create space for others.

Lab services in the health services



Availability of Safe storage facilities



The facility has a lab with a well secure facility for storing reagents. However, the storage is located within the lab. As a result, patients get disrupted as they await result when the lab tech needs to get something from the storage. The lab space is also small and lack sufficient working space. As such, the lab technician has to work from a bench.






Joint Action Plan

The action plan below was developed during an interface meeting where service users and service providers shared their scorecards and had a dialogue on how to improve services in Lare Health Center.

Issue	Action	Lead	Timelines
 Condition of physical infrastructure particularly the condemned building that has structural problems (huge cracks)	Follow up on inspection report on condemned structure following assessment by County Engineers	Ward Administrator — Lare Ward	March 2022 
 Availability of facility fence and gate The porous fence around the facility poses a security threat for patients and staff as well as drugs and equipment due to intrusion by animals and people.	Installation of a floodlight in the facility Prioritize construction of a chain-link fence around the facility	Ward Administrator — Lare Ward Community members and HFMC	May 2022 July 2022 
 Availability of Sanitation Facilities Facility has two sanitation blocks, but only one is functional	Prioritize construction of sanitation blocks in the facility during public participation forums	Ward Administrator — Lare Ward Community Members	24th March 2022 

Issue	Action	Lead	Timelines
 <p>HFMC interactions with the community members</p> <p>HFMC members have had minimal interaction with the local community and only a few people know</p>	<p>Conduct meetings with community members to share information on the community</p>	<p>HFMC Members</p>	<p>Annually</p> 
 <p>HFMC interactions with the community members</p> <p>HFMC elections have not been transparent - few community members know or participate in them</p>	<p>Conduct transparent elections involving all community members</p>	<p>Lare Location Chief Ward Administrator — Lare Ward</p>	<p>Next Election - 2024</p> 



Improvements in Lare Health Center

The following improvements occurred in Lare Health Center during and after the scorecard process:

Issue

Availability of power backup in the facility



Improvements

A solar panel was installed in the facility. The solar panel now lights the facility at night when blackout occur.

Issue

Availability of Dental Equipment in the unit



Improvements

The dental unit was equipped with basic equipment. These include a dental mirror, dental syringe, and dental explorer. With these equipment, the oral officer can better examine patients.

Issue

Availability of Fence and Gate



Improvements

A chain link was installed on sections of the of the porous fence
Renovation works have been undertaken on the gate. These include expansion of the gate and painting

Issue

Condition of physical infrastructure



Improvements

The County Government of Nakuru made a Kshs. 7 million allocation in the 2022/23 budget towards renovation of the condemned building in Lare Health Center



Issue

Adequacy of sanitation facilities

Improvements

The County Government of Nakuru made a Kshs. 1.035 million allocation in the 2022/23 budget towards construction of two modern toilet blocks at Lare Health Center





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