NTA

National Taxpayers Association

pesa zetu, haki yetu

Community Health

SCORE CARD

2017

ACRONYMS AND ABBREVIATIONS

CHMP	*Community Health Monitoring Project*
CRA	*Commission of Revenue Allocation*
FGD	*Focus Group Discussion*
FY	*Fiscal Year*
GDP	*Gross Domestic Product*
GFATM	*Global Fund to Fight AIDS, Tuberculosis, and Malaria*
GoK	*Kenya Government*
HC	*Health Centre*
HFMC	*Health Facility Management Committee*
HCSC	*Health Community Score Card*
HSSF	*Health Sector Services Fund*
HIV	*Human Immunodeficiency Virus*
KEMSA	*Kenya Medical Supplies Authority*
KEPH	*Kenya Essential Package for Health*
MDGs	*Millennium Development Goals*
MoH	*Ministry of Health*
NGCDF	*National Government Constituency Development Fund*
NTA	*National Taxpayers Association*
SAGA	*Semi-Autonomous Government Agencies*
SDG	*Sustainable Development Goals*
WHO	*World Health Organization*

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EXECUTIVE SUMMARY

INTRODUCTION

Public health refers to "the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals." (Winslow, 1920). Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighbourhood, or as big as an entire country.

Kenya's health care system is divided into three sectors: *public, voluntary and private.* The public sector (MoH) is the major provider of health services and is responsible for 58% of all health facilities, 52% of all beds and 70% of all health personnel (WHO, 2016). The next major provider is the private sector followed by the voluntary sector (NGOs).

For both patients and providers, there is struggle in this churn of illness and care seeking – the uncertainty and worry that accompanies disease, the difficulty of finding money to pay for care, caring for patients when staff, medicines or equipment are in short supply, coping with the loss of a loved one. Ordinary Kenyans are vastly unprepared for medical emergencies that require large outlays. Every year, about 12 percent of households will need to take a family member to the hospital for care. The 2013 KHHEUS found the average total out-of-pocket spending per hospital admission was about Ksh 11,110 and in 15 percent of admissions the required spending was in the range of Ksh 60,000.

HEALTH FACT

About **20%** of Kenya's population or **9,000,000 PEOPLE**, experience an illness every month.

About **7.8 MILLION** of these individuals will seek care at one of **over 10,000** facilities in Kenya.

And around **120,000 Kenyans** will be hospitalized. (KNBS, 2013)

Kenya has made great policy development strides (COK2010, Kenya Health Policy 2014-2030, Vision2030) in improving key health outcomes for its population in the last decade, and the Kenyan government is pursuing policies to make primary care more affordable (Kenya Health Policy 2014-2030).

Healthcare in Kenya and devolution

The most significant feature of the Constitution of Kenya 2010 is the introduction of a devolved system of government, which is unique to Kenya and provides for one (1)national government and forty-seven (47) county governments.

The governments at the national and county levels are "distinct and interdependent," and are expected to undertake their relations through "consultation and cooperation. The distinctiveness of the governments under the devolved system is determined by the Fourth Schedule of the Constitution, which has assigned different functions to the two levels of government as shown in *figure 1.*

NATIONAL GOVERNMENT	COUNTY GOVERNMENT
Health policy	County health facilities and pharmacies
Financing	Ambulance services
National referral hospitals	Promotion of primary health care
Quality assurance and standards	Licensing and control of agencies that sell food to the public
Health information, communication and technology	Disease surveillance and response
National public health laboratories	Veterinary services (excluding regulation of veterinary professionals)
Public-private partnerships	Cemeteries, funeral homes, crematoria, refuse dumps, solid waste disposal
Monitoring and evaluation	Control of drugs of abuse and pornography
Planning and budgeting for national health services	Disaster management
Services provided by Kenya Medical Supplies Agency	Public health and sanitation
KEMSA, National Hospital Insurance Fund (NHIF), Kenya	

NATIONAL GOVERNMENT	COUNTY GOVERNMENT
Medical Training College (KMTC) and Kenya Medical	
Research Institute (KEMRI)	
Ports, borders and trans-boundary areas	
Major disease control (malaria, TB, leprosy)	

Figure 1: Responsibilities of the National and County Governments in Health Service Delivery

Kenya Health System

Kenya's health care system is structured in a step-wise manner so that complicated cases are referred to a higher level. Gaps in the system are filled by private and church run units.

In the devolved government, the Kenya ***Health Policy 2014 – 2030*** provides guidance to the health sector in terms of identifying and outlining the requisite activities in achieving the government's health goals.

The policy is aligned to Constitution of Kenya 2010 and global health commitments. Under the current devolved system, healthcare facilities are organized as follows:

Figure 2: Organization of healthcare facilities in Kenya

In essence, the decentralized system has consolidated service areas into 6 main categories for ease of governance and responsibility. These responsibilities are shared between the national government and county governments.

Healthcare Financing – Budgets sets the tone

Under devolution, county governments became responsible for a range of health services, including primary healthcare facilities, dispensaries and health centres. However, the major source of financing for counties remains transfers from the national revenues, which are shared among counties on needs-based formulae.

The Kenya budgetary allocation for the health sector in 2015/16 is Ksh 59.6 billion up from Ksh 46.8 billion in 2013/2014. Table 1 below shows there were significant increases in MOH budget allocations in nominal terms from between FYs 2013/14, 2014/15 and 2015/16, from KShs 36 billion in FY 2013/14 to KShs 47billion in FY 2014/15and 58 billion in 2015/16, representing an increase of about 31 percent in 2015 and 22% in 2016.

Of the total health budget, recurrent budget allocation accounted for 56 percent of the total MOH budget in FY 2013/14, compared to 55 percent in 2014/15/16. The proportion allocated to development accounted for 44 percent and 45 percent in FY 2013/14 and FY 2014/15/16 respectively.

	Billions			Share (%) of total	
FY	Total	Recurrent	Development	Recurrent	Development
2013/14	36	20	16	56	44
2014/15	47	26	21	55	45
2015/16	59	33	26	55	45

Table 1: MOH Budget Allocations by Recurrent and Development

Although budgetary allocation to the health sector has maintained a steady rise nominally as shown in table 1 above, its share of government's total budget has remained relatively constant at about 4.5% or below over the last 10 years; far below the Abuja declaration targets of 15% by the year 2015.

A 2006 Report by WHO indicates that insufficient health budgets in low income countries have led to acute shortage of health workers. In comparison, Rwanda, Togo, Zambia, Liberia, Mada-

gascar and Malawi have achieved the Abuja declaration of allocating 15% of total public expenditure while other countries; Djibouti, Ethiopia, Lesotho and Swaziland are within reach of the 15% target.

Counties Allocation to Health

This section examines county health budget allocations against the overall total county budgets for FYs 2013/14 and 2014/15. The ratio of health budget to total budget measures the county governments' priorities and commitment towards the health sector and the improvement of health indicators. Figure.4provides the proportion of the health budget as a percent of the county budgets for the two periods (FYs 2013/14 and 2014/15).

The data show that the county health budget, as a percent of total county budget, increased from 13 percent in FY 2013/14 to 21.5 percent in 2014/15. This suggests that county governments have givenmore to the health sector despite many competing needs from other sectors, including agriculture,water, roads, and transportation.

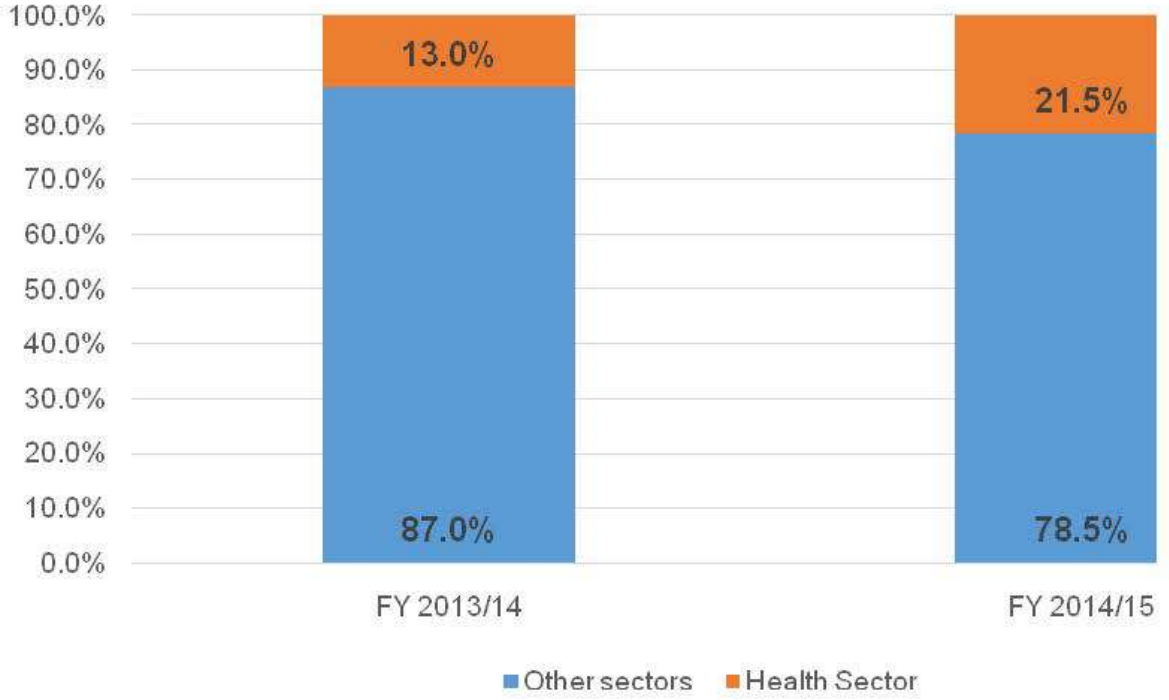
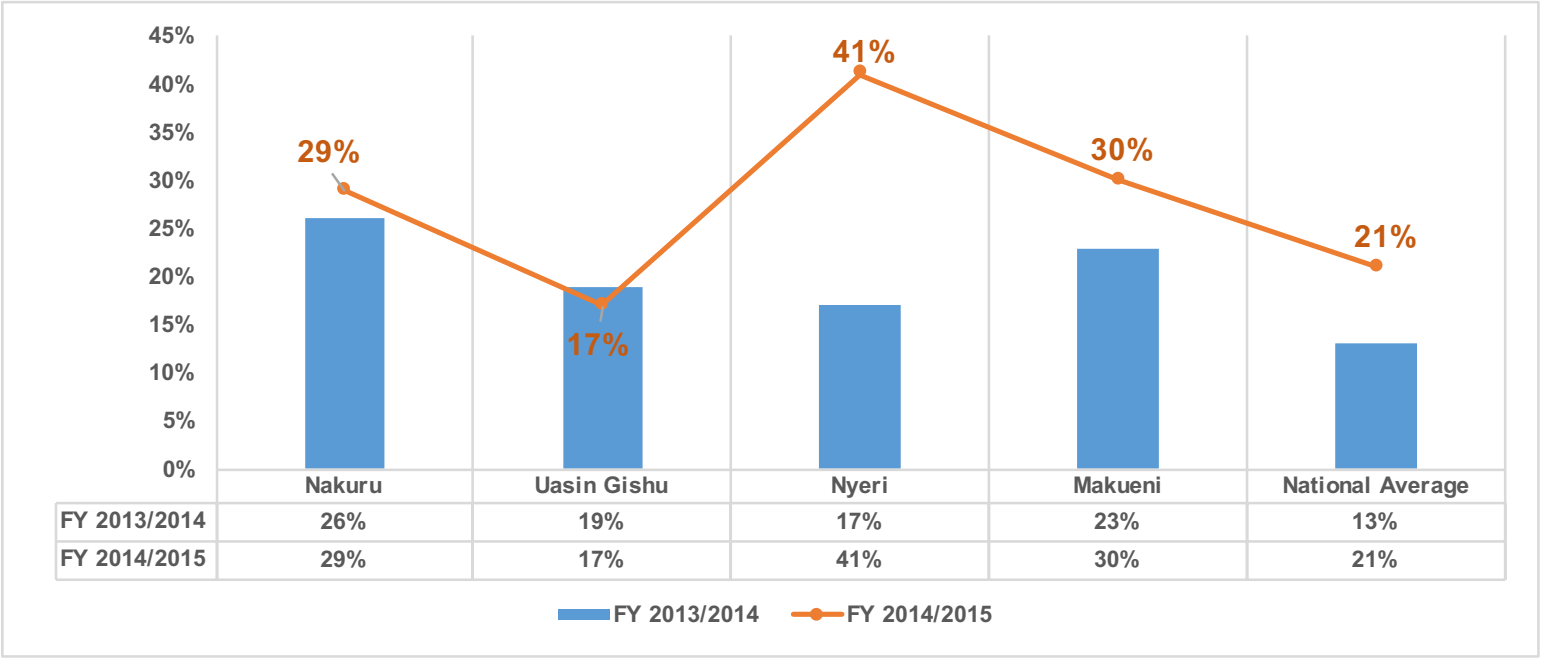


Figure 4: Health Services Allocations as Percent of County Budgets, FYs 2013/14 and 2014/15
Source:Authors'calculations

Compared with FY 2013/14, three (Nakuru, Nyeri and Makueni) out of four counties sampled had increased their allocations to the health sector relative to other sectors in FY 2014/15 (Figure 4). The graph also shows that Nyeri County allocation to the health sector was significantly higher than the other three (3) counties in FY 2014/2015.



	Nakuru	Uasin Gishu	Nyeri	Makueni	National Average
FY 2013/2014	26%	19%	17%	23%	13%
FY 2014/2015	29%	17%	41%	30%	21%

Figure 5: County Health Budget Allocation as a Percentage of Total County Budget by County, FYs 2013/14–2014/15

Source 1: CRA(CRA)

1.Free health services at health centres and dispensaries, Operations and maintenance, Personnel emoluments (MOH headquarters, Mathari, and NSIH), Grants transfer to SAGAs & user fees
2. Free maternity health programme, Hire of medical equipment, Heath systems management, KEMSA, Reproductive health, Health sector programme, Kenya health sector support project, Nutrition, GFATM
3.The Abuja Declaration requires countries to allocate at least 15 percent of their total national budget to the health sector.

Overall Health Performance in Country Commitments

According to the Kenya Household Health Expenditure and Utilisation Survey2013,access to health services has generally improved, with up to 87 percent of respondents reporting they visited a healthcare provider when ill. However, inequalities between rich and poor still exist. Access is largely dependent on various demographic factors including wealth, education, and residence. For instance, the wealthy and those residing in close proximity to health facilities are more likely to access care when they are ill, and people who live in urban centres spend more on health than those living in rural areas.

Further, almost one-fifth of all Kenyans have some sort of health coverage and the last decade has seen declines in catastrophic health spending (i.e., health spending that outpaces a household's budget and disrupts living standards). Despite these advances, thousands of Kenyan households are still pushed into poverty through health-related expenses. In addition, situation analysis highlighted in Kenya Health Policy 2014-2030, indicates that progress towards attaining the stated health goals achieved undesirable results.

Notably, there has been slow progress towards attaining the country's commitment to MDG 1 (eradicate extreme poverty and hunger), 4 (reduce child mortality rates), and 6 (combat HIV, malaria, and other diseases). And, there has been no progress towards MDG 5 (improve maternal health), and limited progress towards meeting the obligations in the African Union Maputo Plan of Action, which aimed to reduce poverty levels.

This year (2016) ushers in the official launch of the bold and transformative 2030 Agenda for Sustainable Development adopted by world leaders last September at the United Nations. The new Agenda calls on countries to begin efforts to achieve 17 Sustainable Development Goals (SDGs) over the next 15 years. "The seventeen Sustainable Development Goals are our shared vision of humanity and a social contract between the world's leaders and the people," said UN Secretary-General Ban Ki-moon - "They are a to-do list for people and planet, and a blueprint for success."

Health has a central place in SDG 3: Ensure healthy lives and promoting well-being for all at all ages.However, as highlighted in figure 3 below, almost all of the other 16 goals are directly related to health or will contribute to health indirectly. The new agenda, which builds on the Millennium Development Goals, aims to be relevant to all countries and focuses on improving equity to meet the needs of women, children and the poorest, most disadvantaged people.

Figure 6: Health in SDG Era – Infographic

Infrastructure

Approximately 70% of urban dwellers have access to health facilities within 4km, while such accessis available to only 30% of the rural population. The arid and semi-arid north and north easternareas of Kenya are underserved due to limited number of health facilities(WHO, 2016).

The distribution of facilities across the 47 counties is illustrated in the table below (Table 1). The data shows significant regional disparities. Additionally, the number of facilities does not imply that basic equipment and supplies are available. It is envisaged that the regional disparities will be addressed by equalization and affirmative efforts as enshrined in the Constitution of Kenya.

County	Population 2012	No.of hospitals level 4-6	Hospitals per 100,000 population	Health centres & dispensaries (Levels 2-3)	Health centres & dispensarie per 100,000 pop'.
Kenya	**40,700,000**	**512**	**1.3**	**8,104**	
Baringo	593,840	6	1.0	182	30.6
Bomet	782,105	5	0.6	113	14.4
Bungoma	1,473,458	12	0.8	134	9.1
Busia	796,646	7	0.9	74	9.3
Elgeyo-Marakwet	396,663	8	2.0	113	28.5
Embu	550,438	8	1.5	131	23.8
Garissa	457,068	14	3.1	105	23.0
HomaBay	1,033,941	14	1.4	201	19.4
Isiolo	206,306	5	2.4	42	20.4
Kajiado	732,356	14	1.9	224	30.6
Kakamega	1,781,528	17	1.0	232	13.0
Kericho	799,515	14	1.8	162	20.3
Kiambu	1,734,694	27	1.6	391	22.5
Kilifi	1,179,956	10	0.8	227	19.2
Kirinyaga	564,022	5	0.9	239	42.4
Kisii	1,234,634	20	1.6	137	11.1
Kisumu	1,030,986	21	2.0	145	14.1
Kitui	1,061,296	15	1.4	290	27.3
Kwale	694,612	3	0.4	96	13.8
Laikipia	417,538	7	1.7	96	23.0
Lamu	106,877	3	2.8	41	38.4
Machakos	1,174,587	8	0.7	293	24.9
Makueni	946,292	13	1.4	175	18.5
Mandera	1,005,003	6	0.6	73	7.3
Marsabit	312,325	4	1.3	83	26.6

County	Population 2012	No.of hospitals level 4-6	Hospitals per 100,000 population	Health centres & dispensaries (Levels 2-3)	Health centres & dispensarie per 100,000 pop'.
Meru	1,448,606	24	1.7	369	25.5
Migori	981,319	15	1.5	170	17.3
Mombasa	995,334	15	1.5	275	27.6
Murang'a	1,013,325	8	0.8	299	29.5
Nairobi	3,324,894	54	1.6	599	18.0
Nakuru	1,693,008	21	1.2	318	18.8
Nandi	802,347	6	0.7	169	21.1
Narok	908,597	6	0.7	147	16.2
Nyamira	640,844	7	1.1	126	19.7
Nyandarua	631,034	3	0.5	119	18.9
Nyeri	832,877	10	1.2	401	48.1
Samburu	239,416	3	1.3	70	29.2
Siaya		11	1.2	154	17.1
Taita Taveta	297,579	7	2.4	72	24.2
Tana River	258,261	2	0.8	62	24.0
Tharaka - Nithi	389,731	8	2.1	96	24.6
Trans Nzoia	875,697	7	0.8	91	10.4
Turkana	868,209	6	0.7	139	16.0
Uasin Gishu	940,112	12	1.3	165	17.6
Vihiga	594,457	6	1.0	75	12.6
Wajir	566,454	10	1.8	102	18.0
West Pokot	525,970	5	1.0	87	16.5

Table 2: Distribution of Health Facilities in Kenya –2012
Source 2: Kenya Health Policy 2014-2030

Norms and Standards for Health Service Delivery

Norms and standards refer to the minimum and appropriate mix of human resources that is required to serve the expected populations at the different tiers/levels of the system with the defined health services. They define:

- √ The health system structure needed to deliver the defined health services to the popu lation in an efficient, equitable and sustainable manner.
- √ The expected service standards for different activities to be delivered at the different levels of the health system to ensure comprehensive health service delivery.
- √ The minimum human resources and infrastructure needed to ensure that the different levels of the system are able to offer the expected service standards.
- √ The process and expectations for supervision and monitoring for adherence to the norms and standards.

The revised 2014 Human Resources for Health Norms and Standard Guidelines, the health sector used an adaptation of the Workload Indicator of Staffing Needs (WISN) approach. The traditional WISN Method is based on deriving staffing needs based on the work actually undertaken by staff.

The requirements for physical facilities are based either on population, by level of care. The target populations, and overall numbers of physical infrastructure by level of care are shown below.

Catchment populations	Hospitals			Primary Care Units		Community Units 5,000
	Tertiary(level VI) referral hospital	Secondary (level V) referral hospital	Primary (level IV) hospital	Health Centre (level III) services	Dispensary (level II) services	
	5,000,000	1,000,000	100,000	30,000	10,000	
Numbers of Facilities	9	44	440	1,468	4,404	8,808

Table 3: Average populations expected to be served with different facility types
Source 3: Norms and Standards for Health

The table below further represents the numbers of different staff cadres' required at all level 3 health centres, for effective progressive attainment of the staffing needs as documented in the 2014 Human Resources for Health Norms and Standards Guidelines for the Health Sector.

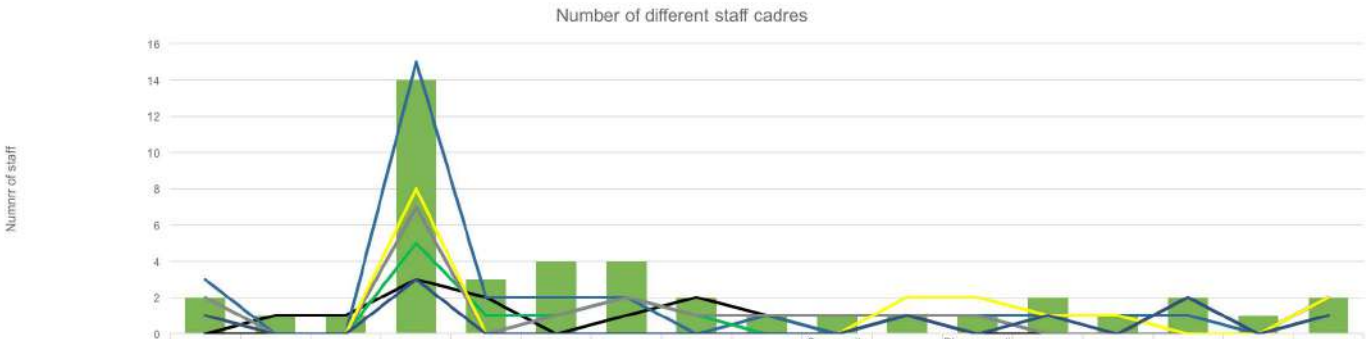
The number of staff currently required is 130 up from 43 in year 2006.

Staff category	Sub category	2014 Requirement
Medical Officers & Specialists	Medical Officers	2
Clinical Officers	General Clinical Officers(Diploma	6
	Graduate Clinical Officers	1
	Specialized Clinical Officers	1
	Clinical Officer ENT/Audiology	
	Clinical Officer Lung & Skin	1
	CO Pediatrics	1
	CO Reproductive Health	1
Nurses and specialist nurses	Dental Nurse	2
	Kenya Enrolled Community Health Nurse	12
	Kenya Registered Community Health Nurse	8
	Kenya Registered Nurse	2
	Enrolled Nurse	4
	Registered Midwives	6
	Sign Language Nurse	1
Pharmacy Staff	Pharmacist	1
Plaster Staff	Plaster Technicians/Technologists	2
Rehabilitative staff	Orthopaedic Technologist	1
	General Physiotherapist	3
	Occupational Therapist	3
Dental staff	Dental Officers	1
	Dental Technologists	2
	Community Oral Health Officers	4
Diagnostics & Imaging	General Radiographer	2

Staff category	Sub category	2014 Requirement
Health Promotion Officers	Health Promotion Officers	4
Medical Social Work	Medical Social Work	2
Health Administrative staff	Health Administrative Officers	1
	Clerks	4
	Supply Chain Assistant	1
Health Information ICT	Health Records Information Management Officers	4
	ICT Officer	1
Medical Engineering Staff	Medical Engineering Technician	2
Medical Laboratory Scientists	Medical Laboratory Technologists	10
Nutrition staff	Nutrition & Dietetic Officer	2
	Nutrition & Dietetic Technologist	4
	Nutrition & Dietetic Technician	2
Environmental Health Staff	Public health Officers	2
	Public Health Technician	2
Support staff	Cooks	2
	Drivers	4
	Support Staff	10
	Mortuary Attendant	2
	Security	4

Figure 7 below shows the total number of staff required in 2006 level 3 HC was 43. The new 2014 policy recommends for a minimum of 77.

However, this new policy had not been implemented as of end of 2016 since all HCs were operating with less than 50% of the human resource required in accordance to the 2006 policy.



	Clinical officer	Outpatient support	Managemen t support	Nursing staff	Outpatient	Delivery/inpa tient	MCH activities	Dressing room	Overall coordination	Community oral health officer	Lab	Pharmaceuti cal technologist	Statistically clerks	Cashier	General attendants	Cook	Watchmen
MoH Requirement 2006	2	1	1	14	3	4	4	2	1	1	1	1	2	1	2	1	2
Kiambara HC	0	0	0	7	0	0	0	0	0	0	1	1	0	0	0	0	2
Mweru HC	0	1	1	3	2	0	1	2	1	0	1	0	0	0	2	0	2
Kilala HC	1	0	0	5	1	1	2	1	0	0	1	1	0	0	0	0	1
Mukuyuni HC	2	0	0	7	0	1	2	1	1	1	1	1	0	0	0	0	2
Kuinet HC	2	0	0	7	0	0	0	0	0	0	1	1	0	0	0	0	1
Chepkigan HC	3	0	0	15	2	2	2	0	1	0	1	1	1	1	1	0	2
Kilala HC	1	0	0	5	1	1	2	1	0	0	1	1	0	0	0	0	1
Mukuyuni HC	2	0	0	7	0	1	2	1	1	1	1	1	0	0	0	0	2
Keringet HC	1	0	0	8	0	0	0	0	0	0	2	2	1	1	0	0	2
Maiella HC	1	0	0	3	0	0	0	0	0	0	1	0	1	0	2	0	1

Figure 7: Numbers of different staff cadres'

NTA METHODOLOGY

BACKGROUND

NTA is a national, independent, non-partisan organization focused on promoting good governance in Kenya through citizen empowerment, enhancing public service delivery and partnership building. **NTA** is registered as a society under the Societies Act (Cap 108) -Registration number 30764.

The **NTA** represents all citizens, as everyone pays taxes. Since 2006, the **NTA** has been implementing programmes focused on citizen demand for accountability through monitoring of the quality of public service delivery and the management of devolved funds.

NTA has achieved this through the development of social accountability tools (CRCs), civic awareness and citizen capacity-building and initiating partnerships with the government and other service providers, the private sector, civil society organizations and community action groups.

NTA OBJECTIVES

1. To ensure that taxpayers' money is used to deliver quality services, such as health, education, agriculture, roads and water, etc., for all Kenyans.

2. To ensure transparent and citizen-responsive management of taxpayers' money in devolved funds, such as the Constituency Bursary Fund, Constituency Development Fund, Free Primary Education Fund, etc.

3. To sensitize citizens on their rights and responsibilities as taxpayers.

PROJECT JUSTIFICATION

Previously conducted research by **NTA** has demonstrated that lack of information by citizens on their obligations and rights as taxpayers has had, to a large extent, a direct bearing on the lack of demand for accountability. This also applies to the health sector in Kenya, though there has been an attempt by government to address this through service charters posted at facility level which are rarely enforced and not reachable unless citizens visit the facility. The efforts made by the health ministry vis-à-vis the myriad of complaints registered by public health facility users, point to a divergence.

Moreover, the mushrooming of many private clinics and their assured flow of customers lends

credence to the assertion that our public health care system needs to be relooked. The health sector is perceived to be in an ivory tower completely separated from its users. Not only has the lack of information but also the relevance of information offered to the public been a thorny issue. There is thus a need to interrogate and assist the health ministry publicize their strides, people centered approach on people's needs and expectations in proper project implementation and interventions. Access to information is one of the tenets of a civilized society and this is provided for in the constitution. Article 35 (1) provides for the right of citizen to access (a) information held by the State; and (b) information held by another person and required for the exercise or protection of any right or fundamental freedom.

It is within this context that the **NTA** in collaboration with the MoH initiated the **COMMUNITY HEALTH MONITORING** project in eight (8) randomly selected Level 3Public Health Centres from four (4) Counties in Kenya as illustrated in table below;

County	Health Centre	Baseline Survey Date	End line Survey Date
Nakuru	Maiella HC	22/5/15	11/10/2016
	Keringet HC	21/5/15	12/10/16
Uasin Gishu	Kuinet HC	22/5/2015	11/10/2016
	Chepkigen HC	21/5/2015	12/10/2016
Nyeri	Kiambara Model HC		
	Mweru HC		
Makueni	Mukuyuni HC	10/04/2015	11/10/2015
	Kilala	06/04/2015	07/10/2015

Table 4: Sampled Health Centres

The project was primarily aimed at contributing to and improving the provision of quality healthcare services in public health facilities through enhanced transparency and accountability. It also sought to strengthen community voice and enhance citizen participation in monitoring the quality and delivery of health services.

The initial pre-intervention phase (baseline) encompassed collecting primary data about Key Health Service Delivery indicators with the primary objective of establishing status of the sampled Health Centres in areas of service delivery. These services are; (laboratory, Maternity, Ambulance, Referral, Pharmacy and Outreach services) and transparency and accountability.
Thereafter, the NTA sought to undertake the following actions in each of the selected health

centers;

- √ To build the capacity of health facility committee members(HFMCs)
- √ To increase public knowledge, skills and awareness through advocacy campaigns and capacity building.
- √ Develop annual facility health community score card (HCSCs) and to gauge user satisfaction in service delivery, access to information and citizen participation.
- √ Establish strengths and weakness in each sampled HC in accordance to Kenya Constitution and Kenya Health Policy.

Project Goal

The projects overarching goal is to contribute to the provision of quality healthcare services in public health centres through enhanced transparency and accountability.

Project Objectives

1. To empower citizens to demand accountability by providing information and organizing them in formal structures to effectively monitor health service delivery.

2. Improve the quality of health services at the health centre through collection of data that informs action by the Ministry of Health and other stakeholders both at the sub-national facility level and national policy level.

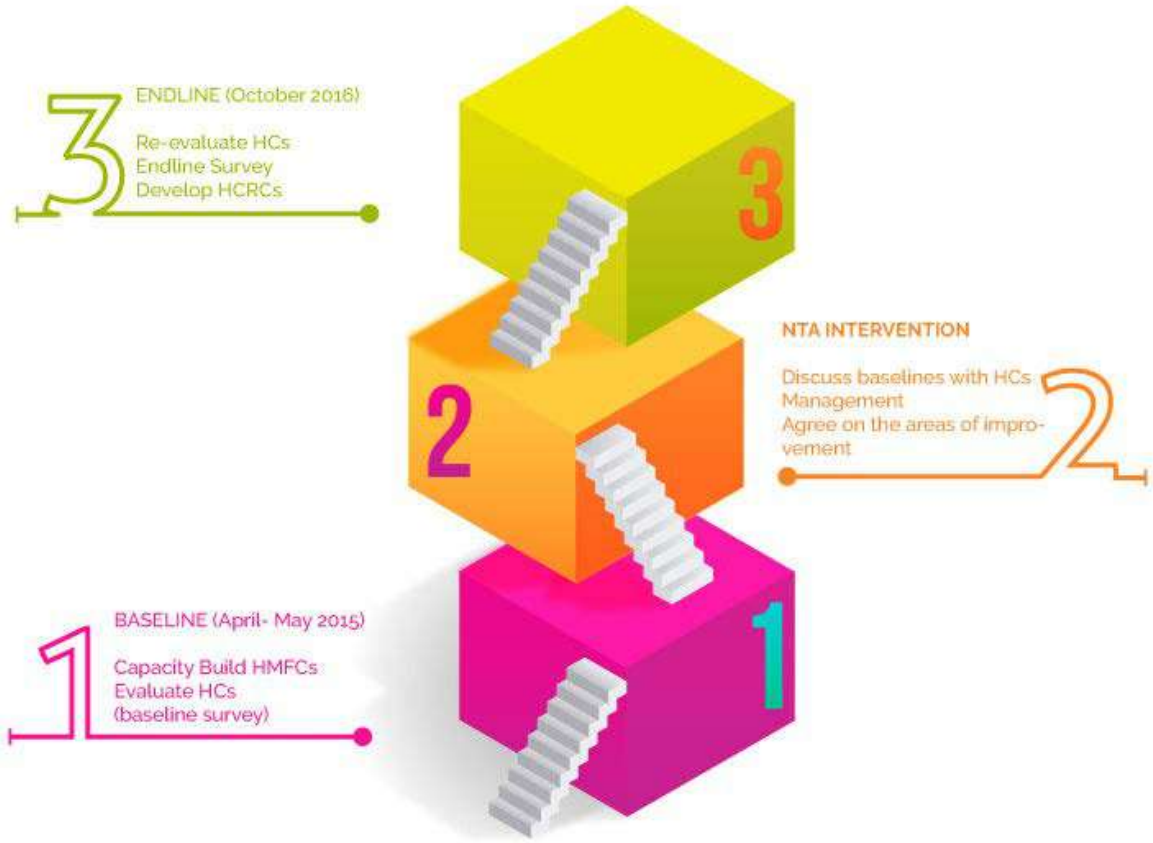


Figure 9: NTA Methodology Adopted

SUMMARY FINDINGS

1. Inadequate funding coupled with misappropriation of resources

The Jubilee Government is yet to deliver on its promise to increase national spending on Health to 12% despite four (4) years of administration. Although budgetary allocation to the health sector has maintained a steady rise nominally, its share of government's total budget has remained relatively constant at 4.5% thereabouts over the last 10 years, far below the Abuja declaration targets of 15% by the year 2015. To compound this, recent reports allude to grand misappropriation of the already limited resources.

2. Disconnect between service charter editorial and actual practice

The health service charter produced by the Ministry of Health in 2008 provides a guide on the range of charges that health facilities should abide by for the various services rendered. Not all HCs had erected a service charter as stipulated in the Kenya Health Policy 2014-2030. To compound this, where a service charter was displayed, there seemed to be disconnect between the theorized service delivery promise and actual service provided. In that, most HCs were not delivering on their promise as set out on their service charters. E.g. availability of prescribed drugs, ambulance services.

3. Improved public awareness in their obligations and human rights

The Community Health Score Card Project has created awareness pertaining citizen obligations and rights as taxpayers in the provision of public health services as stipulated in the Kenya 2010 constitution and the MoH standard and norms blueprint for health service delivery. Information is power and an informed public is empowered to demand for optimal service delivery

4. Shortage of drugs and supplies

Reportedly, patients have to source for prescribed medicines from private pharmacies as public pharmacies do not stock enough drugs. This is indeed a daunting task for communities considering the long distances they have to contend with to access medical services. In other words, this renders their effort to visit the health centre futile as there is likelihood the condition of the patient can deteriorate as a result of long distance trekking in search of medication coupled with negative response received – lack of medicine.

5. Improved maternity facilities access BUT there is plenty of room for improvement

Free maternal health care services in Kenya was introduced in 2013 and increased the num-

ber of skilled deliveries significantly. Certainly, providing free maternity services in Kenya's public health facilities is enabling more women to deliver with the care of trained health workers. However, for this presidential directive to save more lives of Kenyan women, the government must ensure timely reimbursements to health facilities, adequately equip health facilities, and increase the numbers of health workers.

The number of health facilities providing maternity services has marginally improved. The Government's directive to provide free maternity services was well thought-out in its attempt to reduce maternal morbidity and mortality rate and consequently achieve health related development goals. However, this directive is not fully functional as some health facilities are not fully offering these services. The implementation of the free maternity services directive should be evaluated periodically to understand its successes and failures.

6. Health Facility Management functioning, but are they?

The HFMCs were formed primarily to serve the interests of the community. Their presence in the health facilities is vibrant and community awareness is high however, habitual dialogue between the HFMC and the community is weak especially decisions regarding public heath delivery, utilization of funds and community involvement in planning the health centre.

7. Complaint redress mechanism systems functioning

All the health centers integrated in this project had a clear complaints and response mechanism system. This project through its capacity-building efforts has empowered communities who are now aware of its existence and processes to adopt in registering a complaint. Complaints are delivered to the facility management via community leaders, in person, in writing and/or phone calls. The nature of the complaints were mostly concerning mistreatment of patients by the health facility staff, lack of drugs and inordinately long waiting time.

8. Insufficient staffing

None of the HC assessed adhered by the MOH guidance on minimum staffing levels - "the revised 2014 Human Resources for Health Norms and Standard Guidelines". In fact, the four (4) HC assessed (Kiambara, Mweru, Kilala, Mukuyuni) were operating with less than 50% of staff required.

FINDINGS AND RESULTS
INTRODUCTION

This section outlines the analysis of the primary data collected during the pre and post intervention phase which encompassed collecting data from sampled health centres about Key Health Service Delivery indicators. These were; services offered in laboratory, Maternity, Ambulance, Referral, Pharmacy and Outreach service and transparency and accountability.

1. SERVICES OFFERED

1.1. Laboratory Services

An effective laboratory service is an essential part of a functional health system. Laboratories provide confirmatory diagnosis and improved management of disease, essential public health information and disease surveillance. Due to this wide-ranging role, laboratories are an important part of many disease control programmes; yet laboratory services are often ignored or taken for granted. This lack of awareness means that laboratory services have been under-resourced, poorly managed and rendered ineffective in many developing countries.

HEALTH FACT

THE 2014 KENYA HEALTH STANDARDS AND NORMS blueprint for health infrastructure and service delivery recommends that all level **3 HEALTH CENTRES** must have at least **ONE** well equipped and functional ***laboratory***.

Laboratories require a good logistical supply and utility services to be in place to function properly, something which is difficult to achieve even in urban population centres in Kenya. This makes the provision of laboratory services even more problematic and difficult to sustain in remote rural areas. In Kenya, along with many other developing countries, the greatest limiting factor on laboratory capacity is the availability of laboratory personnel.

The table below reports four (4) HCs that previously did not offer laboratory services had followed up on NTA recommendations on the same and established a functioning Laboratory.

Further investigations revealed that though laboratories were operating five days a week some laboratory services were referred to private clinics due to lack of reagents.
"Laboratory is in place but there are no equipment's; minor tests

like malaria are the only ones which are performed" – Respondent

Laboratory staffing seemingly is an issue and there is need to review the current policy that maintains for one laboratory technicians per health center.

Availability of Laboratory Services		
Health Centre	**Baseline - Pre NTA Intervention**	**End line - Post NTA Intervention**
Kiambara Model	No	Yes
Mweru	No	Yes
Kilala Model	No	Yes
Mukuyuni	Yes	Yes
Maiella	Yes	Yes
Keringet	No	Yes
Chepkigen	Yes	Yes
Kuinet	No	Yes

Table 5: Availability of Laboratory Services

1.2. Maternity Services

Women play an important role in the society which includes reproduction, production and community services. Studies have demonstrated that high levels of maternal mortality and morbidity in developing countries are preventable through use of skilled birth attendants, equipping health facilities and provision of essential resources required to effectively implement standard maternal healthcare services in Kenya and other developing countries around the world (Fortney, 2012).

"Communities and countries and ultimately the world are only as strong as the health of their women."
Michelle Obama (First Lady of the United States; 2008 – 2016)

Women's health issues and especially maternity services have attained higher visibility and renewed political commitment in recent decades. Pre and Post-natal care are such services and are offered to expectant women during pregnancy, delivery and after birth. These services are important as they are meant to reduce both maternal and child mortality rates.

According to Nakamura (2010) maternal health refers to, health of women during pregnancy, childbirth and the postpartum period. In addition, late presentation by pregnant woman in the event of a complication, combined with poor quality care, contributes to high levels of maternal and perinatal mortality and severs morbidity (Thaddeus and Maine,1994). All women are at risk of obstetric complications; access to adequate essential obstetric care (EOC) needs to be universal (WHO, 2012).

World health organization (WHO) estimates that more than 585,000 women of reproductive age die each year from pregnancy related causes worldwide, 99% of these deaths occur in the less developed countries .The ratio of maternal mortality in sub-Saharan is the highest in the world estimated at 686per 100,000 live births (World Bank, 1994), if timely and appropriate obstetric care were accessed in the event of complication an estimated 75% of the above deaths could be prevented, (Patton,2009).

"Delivering in a heath facility is important to both mothers and newborns as they are protected from infections and complications can be identified and managed in good time"
- Dr Muraguri.Principal Secretary in the Ministry of Health

In Kenya, Counties are in theory to provide these service free to its communities and thereafter reimbursed by the national government. The fund is a conditional grant to counties, channeled through a facility reimbursement system based on deliveries reported. This policy has posed several challenges including the concerns by some counties that the burden of paying the fees had been left to them by the national government. In Nairobi County, Governor Evans Kidero warned of scrapping free maternity services, saying they had not been reimbursed Sh165 million spent in offering the service(Standard, 2016).

A report by the Ministry of Planning, National Development and Vision 2030 outlines that Kenya is not on track to attain the commitments relating to health related MDGs and developments (if any) are faced with regional disparities. Indeed, Kenya is one of the countries considered to be having a high maternal mortality rate. As at 2011, 43.8% of births in Kenya were attended to by trained health personnel against a 2015 target of 90%. Only 43% of deliveries take place in health facilities. Maternal mortality rates were at 488 per 100,000 live births in 2011 against a 147 target by 2015. Contraceptive prevalence rate was at 46 % up from 39% in 2000 against a 2015 target of 70% (Planning, 2012).

According to (Wamalwa, 2015), staff shortage, overwhelming workload and inadequate supplies

are the major challenges affecting the implementation of free maternity services. These was according to reports by 100 health workers interviewed during the survey. Key informants (personnel in charge of the facilities) interviewed in the same study highlighted inadequate financing as a major challenge. It was reported that most facilities were irregularly reimbursed 50-74% of the expected funds and some health facilities had never received any reimbursements since the program was rolled out.

Post Project review reveals that six (6) out of eight (8) HCs sampled offer maternity services (Table 4). These facilities were open and operational for 24 hours for maternal services. As shown, Mweru HC was yet to launch these services to their community because its maternity wing was under equipped while Kuinet County offered emergency child delivery services since the facility had no running water. Further, Kuinet HC Maternity unit is so small that it cannot accommodate more than 2 women. The County government is constructing wards and half of it will be set aside as maternity wing.

	Availability of Maternity Services		Operative 24 hours	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Yes	Yes
Mweru	No	No	No	No
Kilala Model	Yes	Yes	Yes	Yes
Mukuyuni	Yes	Yes	Yes	Yes
Maiella	Yes	Yes	Yes	Yes
Keringet	Sometimes	Yes	Sometimes	Yes
Chepkigen	Yes	Yes	Yes	Yes
Kuinet	No	Sometimes	No	No

Table 6: Availability of Maternity Services

Of note, most of the HC sampled were not totally operational since some lacked the essential facilities required to run a full functional maternity services. Further, some of the maternity wards were so small vis-à-vis local area population.

Ambulance Services

The ambulance service is ideally placed to be part of the first line in the continuum of health care, and can significantly contribute to 'treat and transfer' or 'treat and leave' programs. If ambulance services can develop towards an out-of-hospital, clinical care service rather than merely transport service, they could substantially add to functionality of the health system. This could be through more efficient transfer of patient information; more efficient movement of patients; an ambulance service with a public service – rather than profit driven – philosophy; and patient treatment regimens consistent with the broader health system.

HEALTH FACT

Ambulance services provide pre-hospital and out of hospital clinical care to sick and injured people through the provision of emergency and non-emergency patient care; transport; inter-hospital patient transport; specialized rescue services; response to multi-casualty events; and capacity building for emergencies.

Thus the goal of pre hospital care is to minimize further systematic insult or injury and manage life-threatening conditions. Therefore by integrating ambulance services into the health system generally, their respective strategic agenda are aligned, increasing efficiency, and providing an opportunity for an ambulance service, with its relevant expertise, to influence the outcome of 'health' initiatives.

The Ministry of Health demands establishments of Ambulance Services to manage ambulance services in each county (MoH, 2014).Providing ambulance services in vast rural and remote areas in Kenya is even more challenging than in the urban areas because of poor road infrastructure, terrain and bad weather; however, the Kenya Health Sector Referral Strategy Booklet (Health, 2014) recommends Counties to procure air ambulances for such remote, underserved areas.

Prior to the NTA intervention, none of the sampled centers offered ambulance services to their communities despite the Government directive that upholds for at least one ambulance in each health centre. Post project evaluation shows that 3 health centers had been equipped with an ambulance that has been of great service to the community at absolutely no costs. It is also good to note that the ambulance is shared across health centers. This set-up sounds heartening at first impression but equally points towards possible delays in the ambulance service especially in vast counties.

7. Emergency services dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries which prevent the patient from transporting themselves.

Table 5 below highlights the inadequacy of ambulance service at these HCs since a good number did not offer ambulance services. Some of the HCs offering the service did not ensure that the ambulance was stationed at the facility at all times. Such a policy creates community doubt and ambulance inefficiency/ delays.

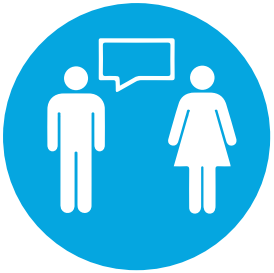
On the other hand, where available, the service was offered to the community with no fees imposed to patients. Of note, in most cases the service was shared with neighboring HCs and on a friendly basis - the challenge cited here was ambulance delays since transiting from one HC to the next takes a lot of time in most cases and a toll on the noticeably poor conditions of the vehicle tires contrary to Minimum Ground Ambulance Requirements.

It was also noted that the ambulances were not equipped with the requisite ambulance facilities to enable on transit emergency medical services or manage life threatening conditions. These necessary ambulance facilities include; ventilation and airway equipment's, immobilization devices, external defibrillator with pediatric capabilities, bandages and obstetrical kits.

Availability of Ambulance Services		
Health Centre	**Baseline - Pre NTA Intervention**	**End line - Post NTA Intervention**
Kiambara Model	Yes	Yes
Mweru	Yes	Yes
Kilala Model	No	No
Mukuyuni	Yes	Yes
Maiella	No	No
Keringet	No	No
Chepkigen	No	Yes
Kuinet	No	Irregular

Table 7: Availability of Ambulance Services

1.3. Referral Services



Primary health care centers need to maintain a close relationship between all the 6 levels of healthcare system in Kenya. This linkage between primary health care services and first referral units upwards is crucial in providing health care for the Kenya Populace. Continuous collaboration between health care personnel at primary health care level and those of referral facilities is very essential. This kind of coordination not only will be beneficial for the patients but also it will cultivate professional relationships between health care workers at the community level with health professionals at first referral facility.

Although a limited number of patients will develop life threatening complications, very few of these can be predicted at the primary health care level. Therefore the system of referring any of these patients to the next referral centre ought to be efficient. However, the first care referral centers need to be provided with essential equipment's and facilities to handle any such complications of those referred patients. It should also recognize the importance of support and linkages with the household and community for safe care. When discussing about a referral system it does not mean only the forward referrals.

Equal importance should be given to the downward referrals as well. If the patients are treated at the first level referral centre they may be referred back to the original primary health care centre with the necessary follow-up recommendations. This will enhance the trust towards the primary care centers by the patients from the catchments areas. Effective referral requires clear communications to assure that the patient receives optimal care at each level of the system. This communication need to be on both directions, forward , describing the problem ascend at the lower level facility and backward, information back to the lower level facility describing the findings and the actions to be taken and the follow up needs.

Table 6 below indicates that the referral system in the sampled HCs is not ideal. Although most HC received satisfactory ratings on their referral service (Kiambara Model, Kilala Model, Mukuyuni, Chepkigen, Kuinet) some HCs were considered average or poor (Mweru, Maiella, Keringet). Further, communities lamented that the referral system was poor since ambulance services and nurses were not offered to accompany and facilitate referrals.

It is also evident that no mechanism exists to track referral completion and receive feedback from receiving facilities. Communication and feedback is crucial for clinical auditing and con-

tinuing education for the referring service providers.

Rating – Referral Services		
Health Centre	**Baseline - Pre NTA Intervention**	**End line - Post NTA Intervention**
Kiambara Model	Good	Good
Mweru	Average	Average
Kilala Model	Good	Good
Mukuyuni	Poor	Good
Maiella	Poor	Poor
Keringet	Poor	Poor
Chepkigen	Good	Good
Kuinet	Good	Good

Table 8: Ratings - Referral Services

1.4. Pharmaceutical Services

Hospital pharmacy is the health care service, which comprises the art, practice, and profession of choosing, preparing, storing, compounding, and dispensing medicines and medical devices, advising healthcare professionals and patients on their safe, effective and efficient use.

The Constitution of the World Health Organization (WHO) recognizes the role of medicines in achieving the highest attainable standard of health as a fundamental right of human beings. The efficient and safe selection, procurement, storage and delivery of pharmaceutical commodities are essential functions in ensuring sustained global health outcomes, especially in resource-poor settings.

The pharmacist can play a central role in the provision of advice and information to patients and the general public on the use of medicines. Secondly, it is the fundamental role of the pharmacist to ensure that there is sufficient stock of medicine for use in the

HEALTH FINDINGS

patients seldom received their prescribed drugs at the pharmacy; it was also conveyed that drugs for critical ailments e.g. Blood Pressure drugs, diabetes were forever unavailable. Only 'basic' drugs are commonly available (Pain killers). Reportedly, some types of drugs are NOT delivered to Level 3 HCs.

health centre.

Table 7 below indicates that *patients seldom received their prescribed drugs at the pharmacy; it was also conveyed that drugs for critical ailments e.g. Blood Pressure drugs, diabetes were forever unavailable. Only 'basic' drugs are commonly available (Pain killers). Reportedly, some types of drugs are NOT delivered to Level 3 HCs.*

This situation DID NOT change despite the intervention of the ***NTA CHM project***. This is in spite of the Sh130 million set aside by the county government for procurement of drugs in the 2014/2015 financial year (Jelimo, 2016). Reportedly, drugs are supplied to the health facilities quarterly or four times in a calendar year. The HC committee also cited issues erratic supplies and delays in delivery.

Lack of medicine at the health facility is indeed a daunting task for communities considering the long distances they have to contend with to access medical services. In other words, this renders their effort to visit the health centre futile and worthless as there is every likelihood the condition of the patient can deteriorate as a result of long distance trekking coupled with negative response received – lack of medicine. Communities were depressed by the fact that they were issued with prescription notes to source for prescribed medicine from private entities.

Availability of prescribed drugs		
Health Centre	**Baseline - Pre NTA Intervention**	**End line - Post NTA Intervention**
Kiambara Model	Sometimes	Always
Mweru	Sometimes	Sometimes
Kilala Model	Sometimes	Never
Mukuyuni	Sometimes	Sometimes
Maiella	Always	Sometimes
Keringet	Sometimes	Sometimes
Chepkigen	Sometimes	Sometimes
Kuinet	Sometimes	Sometimes

Table 9: Availability of prescribed drugs

This finding was further highlighted by the Standard Daily Newspaper reporting several major health facilities had been rendered nonoperational after they run out of basic drugs and medical

supplies such as painkillers, needles and syringes and free condoms.

1.5. Outreach Services

Outreach activities call for the health facilities to take health services into the communities. They enable improvement in utilization of care by populations not able to access the physical facilities, for various reasons. Each health facility needs to carry out at least one outreach a month into a community in its area of responsibility that is not accessing health services adequately. The communities to benefit from the outreaches should be at least more than 5km from the facility, and prioritized based on information from the Community Units. Outreach services are especially momentous in national immunization programmes e.g. The National Polio Vaccination Programme.

DO YOU KNOW?

Some of the outreach services offered included in HCs included; Deworming, Cancer screening, Diabetes, Blood pressure, Immunization, Family planning, Ante-natal care, Outpatient services, Health talks (civic education and curative services) HIV/AIDS testing and malaria prevention services including distribution of mosquito nets,.

Encouragingly, post project evaluation data indicates that half of the HC studied offered outreach services to their host communities (Table 7). Although Kiambara Model did not offer outreach services they had a program where the community comes into the facility to receive these services.

Information about the outreach services is communicated in churches, chief barazas, community health workers and health facilities. Additionally, HCs employ mass media, community health workers to broadcast these services. To be effective, outreach services must be offered monthly but this is problematic and hardly the case owning to limited funding from HSSF.

Availability of Outreach Services		
Health Centre	**Baseline - Pre NTA Intervention**	**End line - Post NTA Intervention**
Kiambara Model	No	No
Mweru	Yes	Yes
Kilala Model	No	Yes
Mukuyuni	No	No
Maiella	No	No

Availability of Outreach Services		
Keringet	No	No
Chepkigen	Yes	Yes
Kuinet	Yes	Yes

Table 10: Availability of Outreach Services

1.6. Days and hours of operation

A shift in the right direction!

The reality of 24/7 healthcare coverage means communities are accorded full day health services. With the right strategies in place and good risk management and support from employers, the majority of people are able to tolerate shift working.

It is important that communities appreciate that 24/7 primary health care does not mean 24/7 access to routine non-urgent care. After hours primary health care is designed to meet the needs of patients that cannot be safely deferred until regular general practice services are next available.

As indicated in the table below (Table 8), 24-7 health services is yet to be actualized in all the Level 3 HCs in the Country. Notably Kiambara Model, Kilala Model, Chepkigen and Mukuyuni HCs provide 24/7 health services. Even though Keringet HC seldom operates on weekends the facilities operates for 24 hours.

	24 hours Services Available		Weekend Service Available	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Yes	Yes
Mweru	No	No	No	No
Kilala Model	Sometimes	Yes	Yes	Yes
Mukuyuni	Yes	Yes	Yes	Yes
Maiella	Sometimes	Sometimes	Sometimes	No

	24 hours Services Available		Weekend Service Available	
Keringet	Yes	Yes	Sometimes	Sometimes
Chepkigen	Sometimes	Yes	Sometimes	Yes
Kuinet	No	No	Sometimes	Yes

Table 11: Days and hours of operation

2. HEALTH FACILITY MANAGEMENT COMMITTEE AND ITS SERVICE DELIVERY

Informed citizens are necessary for a democracy to function properly. When average citizens stay informed, they reinforce democracy and help to keep the government in check to ensure the freedom of its people. Staying informed keeps people abreast of their rights and responsibilities as citizens and enables them to act appropriately based on their knowledge.

Community participation as a vehicle to promote democracy has been emphasized internationally as a way of enhancing accountability, as well as a means to enhance health goals in terms of coverage, access and effective utilization. Our Constitution makes citizen participation a central part of Kenya's governance system. Participation of the people is recognized in Article 10 of the Constitution of Kenya as one of our national values and principles of governance.

Further Article 174(c) provides that the object of devolution is to: "enhance the participation of people in the exercise of the powers of the State and in making decisions affecting them." Article 184 (1) (c) also requires that mechanisms for participation by residents be included in the national legislation relating to urban areas and cities governance and management. The centrality of public participation cannot therefore be over-emphasized.

In Kenya, initiatives to increase community accountability in Health Delivery have focused on Health Facility Management Committee (HFMC) which was officially launched in 1998. Primarily HFMC is entrusted to oversee the general operations and management of the health facility.

Secondly, the committee represents and articulates matters pertaining to health and local development forums, advises the community on matters related to the promotion of health services, facilitates feedback process to the community pertaining to the operations and management of the health facility, implement community decisions pertaining their own health and

mobilize community resources towards the development of health services within the area. Through this project, the **NTA** sought to sensitize communities about the existence of the HFMC and its function to create awareness and foster transparency.

It is also good to note that the HCC is made up of volunteers who have a particular interest in the provision of health service delivery in their local area.

2.1. Awareness of the HFMC and its mandate

Although communities awareness concerning the existence of the HFMC was high; majority were not privy to its mandate alongside its role to address community grievances as pertains health service delivery (Table 9).

	HCC Awareness		Awareness - HCC Mandate	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Somewhat	Somewhat
Mweru	Yes	Yes	Somewhat	Somewhat
Kilala Model	Yes	Yes	No	Somewhat
Mukuyuni	Yes	Yes	No	Yes
Maiella	Yes	Yes	No	No
Keringet	Yes	Yes	No	Somewhat
Chepkigen	Yes	Yes	Somewhat	Somewhat
Kuinet	Yes	Yes	Somewhat	Yes

Table 12: Awareness of the HFMC and its mandate

2.2. Awareness of the HFMCs membership

A high awareness about the existence and mandate of the HFMC coupled with awareness of its members is paramount to a successful effective and efficient community participation to enhance accountability.

Comparative analysis indicates that the intervention by **NTA** via the ***CHMP*** project has brought

to the limelight committee members of the HFMC through sensitization and capacity building, thus the communities around are now empowered on whom to approach in case of a complaint or compliment.

	Awareness of HCC members	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes
Mweru	Yes	Yes
Kilala Model	Somewhat	Yes
Mukuyuni	No	Yes
Maiella	Yes	Yes
Keringet	Somewhat	Somewhat
Chepkigen	Yes	Yes
Kuinet	Yes	Yes

Table 13: Awareness of HFMC members

2.3. Election of the HFMC

Transparency and democracy is the key pillar of success in the formation of a community based initiatives such as the HFMC. Transparency and democracy in such a community based initiative will cultivate community trust.

Table 11 below shows that HFMCs were formed transparently and in accordance with the democratic due processes. It was further established that the election date for the committees was announced in all probable ways (e.g. churches and chief barazas) and in acceptable time. However, in most areas, the community failed to show up on the day of elections.

	Formation of HCC	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Transparent	Transparent
Mweru	Transparent	Transparent
Kilala Model	Somewhat	Transparent

	Formation of HCC	
Mukuyuni	No	Transparent
Maiella	Transparent	Transparent
Keringet	Somewhat	Somewhat
Chepkigen	Transparent	Transparent
Kuinet	Transparent	Transparent

Table 14: Election of the HFMC

2.4. HFMC level of dialogue with the community

The HFMCs were formed primarily to serve the interests of the community. The concept of community dialogue has two main aims: to support democracy, and to improve decision making. In addition, dialogue is viewed as a means to increase public trust in decision-makers, increase support for decisions, and promote the community's participation in delivery of health services. In order to prosper in this endeavor, constant consultations and communication with the community is fundamental.

Post CHMP intervention analysis establishes that the project yielded some success in promoting discourse between HFMCs and the community. It was also noted that some HFMCs hardly ever informed their communities about their decisions pertaining public health delivery. However, relevant information is typically disseminated through the churches and chiefs barazas.

"It is difficult to involve them (community) in day to day activities since the HFMC is ever busy in their farms and those available will demand for allowances yet there is inadequacy of funds".

– HFMC Chairman

Table 12 also reveals that HFMC customarily dialogue with community also held meetings at least one a month. HFMC that were poor in scheduling regular meetings seldom dialogued with the community.

Involving the community in planning their health centre is vital in determining local needs and aspirations, promoting health, reducing health inequalities, strengthening local accountability.

	HFMC level of dialogue with the community		Held Quarterly	
Health Centre	**Meetings**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Good	Good	Yes	Yes
Mweru	Good	Good	No	Yes
Kilala Model	Somewhat	Somewhat	Irregular	Irregular
Mukuyuni	Poor	Somewhat	No	Irregular
Maiella	Poor	Poor	Yes	Yes
Keringet	Poor	Somewhat	Irregular	Yes
Chepkigen	Good	Somewhat	Yes	Yes
Kuinet	Somewhat	Good	Yes	Yes

Table 15: HFMC level of dialogue with the community

2.5. HFMCs Level of transparency in Public Funds Utilization

'Effective utilization of public resources and an open data policy on the same is critical to meeting development goals'.

Every community based institutions such as the HFMC needs credibility. To achieve public trust, the HFMC must be transparent about utilization of public funds for purposes of community health services. Where transparency in utilization of funds is habitually practiced, citizens typically exercise their role and actively participate in the provision of services.

Encouragingly, most communities were content with the HFMCs conduct in communication and utilization of public funds. Table 13 below shows that HFMC of Kiambara Model, Chepkigen and Kuinet Health Centre's customarily organized meetings with its community to plan and discuss utilization of public funds. Accordingly, their (HFMC) priorities were in tandem with the community needs. On the other hand, Mukuyuni and Maiella HCs were perceived secretive in this regard and believed inefficient in its utilization of public funds.

	Community involvement in budget planning		Funds spent in accordance to community needs	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Yes	Yes
Mweru	No	No	Yes	Yes
Kilala Model	No	No	Somewhat	Yes
Mukuyuni	Somewhat	No	No	No
Maiella	Yes	No	Somewhat	No
Keringet	No	No	Yes	Somewhat
Chepkigen	Yes	Yes	Yes	Yes
Kuinet	Yes	Yes	Somewhat	Yes

Table 16: HFMCs Utilization of public funds

2.6.HFMC grievances redress mechanism systems

Why submit a grievance with an entity that is lethargic and nonresponsive?

Grievance redress mechanism is part and parcel of the machinery of any administration. No administration can claim to be accountable, responsive and user-friendly unless it has an efficient and effective grievance redress mechanism. In fact the grievance redress mechanism of an organization is the gauge to measure its efficiency and effectiveness as it provides important feedback on the working of the administration.

The best practice approach is for the HFMCs to deal with these grievances quickly and to achieve an effective remedy at first contact. However, some grievances may require further evaluation and dialogue between the involved parties. If such a mechanism is not in place communities will be reluctant to report incidences and this will brew unaccountability.

Post CHMP project evaluation shows that HFMCs from 6 out the 8 Centers sampled were fully responsive and unswerving to the community in regards to reported grievances in comparison to half of the sampled centers as cited in the baseline data.

Availability of community grievances redress mechanism systems		
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes
Mweru	Yes	Yes
Kilala Model	Yes	Yes
Mukuyuni	No	Yes
Maiella	Yes	Yes
Keringet	No	Sometimes
Chepkigen	Yes	Yes
Kuinet	No	Yes

Table 17: Availability of community grievances redress mechanism systems

2.7. Skills of the HFMC in delivering its mandate

A technically skilled team is paramount to the proper management and attainment of any formal organization such as the HFMCs. This committee is obliged to understand the factors that hinder and promote Health and Development to enable them appreciate the need for community inclusion and participation in health and development for improving the quality of life in the community. Some of the skills HFMCs require to properly administer their services and excel in their mandate include but not limited to;

Figure 10: Requisite skills - HFMC

- √ Effective leadership and management skills
- √ Record/bookkeeping
- √ Communication skills
- √ Basic analysis and utilization of data
- √ Mobilization and management of resources
- √ Basic, planning, monitoring and evaluation skills
- √ Networking
- √ Performance appraisal skills
- √ Report writing
- √ Conflict resolution skills

End-line evaluation data collected indicates that HFMCs in Kiambara Model, Mweru, Chepkigen and Kuinet Health Centers were sufficiently skilled to deliver on their mandate. Notable HFMCs from the aforementioned centers had received prior training.

Communities served by the other 5 health centers were less confident about the skills command to adequately execute their mandate owning to the fact that they had received little or no training.

Of note, HFMC members requested to be provided with more training for better efficiency. The County Governments ought to have mechanisms in place to adequately train the HFMCs and consequently empower them to successfully deliver on their mandate.

	Perceived expertise of the HFMC in delivering its mandate		HFMC trained	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Good	Good	Yes	Yes
Mweru	Good	Good	Yes	Yes
Kilala Model	Average	Average	Yes	No
Mukuyuni	Good	Average	No	No
Maiella	Poor	Poor	Somewhat	No
Keringet	Average	Average	Somewhat	Yes
Chepkigen	Good	Good	Yes	Yes
Kuinet	Good	Good	Somewhat	Somewhat

Table 18: Skills of the HFMC in delivering its mandate

2.8. Influence of HFMC

The HFMC ought to be adequately empowered so as to be effectual. The committee needs to have the confidence make decision and proactively initiate action that is binding and respected by all stakeholders and consequently implemented by the facility management.

The baseline examination established that most HFMC were not adequately empowered. Cru-

cially the baseline study revealed that HFMC was effectual where the organization was satisfactorily enabled and empowered (Table 16).

	HFMC empowered adequately to be decisive and initiate action		HFMC decision respect by all stakeholders	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Yes	Yes
Mweru	Yes	Yes	Yes	Yes
Kilala Model	Somewhat	Somewhat	Yes	Yes
Mukuyuni	Somewhat	Somewhat	Somewhat	Yes
Maiella	Yes	Somewhat	Yes	Yes
Keringet	Somewhat	Somewhat	Somewhat	Somewhat
Chepkigen	Somewhat	Yes	Yes	Yes
Kuinet	Somewhat	Yes	Yes	Yes

Table 19: Influence of HFMC

3. TRANSPARENCY AND ACCOUNTABILITY

Kenya recognizes that an effective public service is a prerequisite to socio-economic development of the country as envisaged in the Kenya Vision 2030. Ethics and integrity that presuppose honesty and openness are integral components of any undertaking to ensure efficiency in the utilization of resources and effectiveness in service delivery.

There is need for transparency and accountability in the running of the health system. Information dissemination, its accessibility and understanding also act as an important avenue to reinforce transparency and accountability. It is on the basis of appropriate information that people make informed decisions to ad-

"Information is power and by sharing it we can delivery modern, personalized and sustainable public service"
– David Cameron - British PM, 2010-2016.

vance human welfare.

3.1. Public display of service charter

A service charter is defined as a public document that sets out basic information on the services provided, the standards service that users should expect from an organization, and how to make complaints or suggestions for improvement.

The main objective of the public health service charter is to enhance public awareness through the provision of a framework for health delivery standards, rights of the public, and how complaints from the public will be handled. The service charter must be publicly displayed to the public as directed in the National Health Sector Strategic Plan of Kenya (MoH, The Second National Health Sector Strategic Plan of Kenya - NHSSP II – 2005–2010, 2005).

Table 17 reveals that Maiella HC had not yet erected a Service Charter as directed by the MoH. To compound this, where a service charter was displayed, there seemed to be disconnect between the theorized service delivery promise and actual service provided. In that, most HCs were not delivering on their promise as set out on their service charters.

Public display of the Service Charter			HC Adherence to Service Charter	
Health Centre	**Service Charter**	**HC Adherence to**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Service Charter	Yes	No	Somewhat
Mweru	No	Yes	N/A	N/A
Kilala Model	Yes	Yes	Somewhat	Somewhat
Mukuyuni	No	Yes	N/A	Somewhat
Maiella	No	No	N/A	N/A
Keringet	Yes	Yes	Somewhat	Yes
Chepkigen	Yes	Yes	No	Yes
Kuinet	No	Yes	N/A	Yes

Table 20: Service Charter Display and Devotion

Provision of free medical services

On 1 June 2013, the GoK launched the free medical services at primary healthcare centers. However, shortage of prescribed medicines at most of these Health Centers means that communities are incurring extra costs to purchase drugs hence the health service is not altogether free.

This report reveals that Maiella, Keringet, Chepkigen and Kuinet HC were imposing certain fees to some of the services offered at their facilities. E.g. Laboratory services

3.2. Display of financial resources

Display of financial sources for public consumption is not fully practiced in all the eight (8) HCs sampled. This is contrary to the Kenya Health Policy 2014 – 2030 blueprint which advocates for public display of financial sources for purposes of transparency and accountability.

	Public display of financial resources	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	No	No
Mweru	No	No
Kilala Model	No	No
Mukuyuni	No	No
Maiella	Some (HSSF)	Some (HSSF)
Keringet	No	Some (HSSF)
Chepkigen	No	No
Kuinet	No	Some (HSSF, CDF)

Table 21: Public display of financial resources

3.3. Complaints and response mechanism system

A complaint is an expression of concern or dissatisfaction by an individual or group, related to possible misconduct. This could be related to health service provision, or conduct of service providers at the health facility.

A clear complaints and response mechanism, stipulating vehicles to employ to post a complaint, and where to air grievances must be clearly defined including an appeal process. Avenues for anonymous complaints must also be available for communities for those who do not wish to reveal their identity.

Most (Kiambara Model, Mweru, Mukuyuni, Maiella, Chepkigen, Kuinet)of the HCs incorporated in this project had a clear complaints and response mechanism system even though response was not always forthcoming (Mukuyuni, Chepkigen). This project through its capacity-building efforts has empowered communities who are now aware of the existence and processes to adopt in reregistering a complaint. However, Kilala Model and Keringet HCs were completely devoid of any complaints mechanism system.

Where existing, complaints were delivered to the facility management via community leaders, via HCC, in person, in writing and/or phone calls. The nature of the complaints were mostly concerning unsympathetic waiting time, mistreatment of patients by the health facility staff, professional negligence, poor time management, lack of drugs/medicine and staff misconduct (stoned, drunk).

	Awareness of complaints mechanism		Ever sent complaint		Received Response	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Yes	Yes	Yes	Yes
Mweru	Yes	Yes	Yes	Yes	Yes	Yes
Kilala Model	No	Yes	No	No	N/A	N/A
Mukuyuni	Yes	Yes	Yes	No	No	N/A
Maiella	Yes	Yes	Yes	Yes	Yes	Yes
Keringet	No	No	No	No	N/A	N/A
Chepkigen	Yes	Yes	Yes	Yes	No	No
Kuinet	Yes	Yes	Yes	Yes	Yes	Yes

Table 22: Complaints and response mechanism system

4. GENERAL PERCEPTION OF SERVICES OFFERED

Your perception is your reality!!

> *"Reality is merely an illusion albeit a very persistent one"* ***– Albert Einstein***

4.1. Community satisfaction with the services offered

Community satisfaction with services offered at the health facilities marginally improved in comparison to the baseline report which indicates satisfaction from 3 out of the 8 facilities. End-line evaluation analysis shows satisfaction for 5 out of the 8 facilities. Though content, the community perceived services offered (Quality of services, Courtesy and respect for clients, Helpfulness of the staff, waiting time) average in most HCs.

	Health Service Delivery Ratings		Satisfied with services offered	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Average	Good	Yes	Yes
Mweru	Good	Good	Yes	Yes
Kilala Model	Average	Good	Somewhat	Yes
Mukuyuni	Good	Average	Yes	Somewhat
Maiella	Average	Good	No	Yes
Keringet	Average	Average	Somewhat	Somewhat
Chepkigen	Average	Average	Somewhat	Somewhat
Kuinet	Average	Average	Somewhat	Yes

Table 23: Community Perception – Health Service delivery

Conduct of staff as pertains customer service

Generally, facility staffs conduct and their service administration was perceived outstanding. Communities felt they were courteous, helpful and respectful to the patients.

Time taken to receive health services

The waiting time to receive health services at most HCs was perceived to be intolerable. Communities felt they were spending too much time in the queue waiting to receive services.

4.2. Community awareness pertaining Public Health Officers and their roles

The overarching role of the Community Public Health Department is to improve health in their communities. Apparently, Public Health Officers are well acquainted to their communities and their mandate in the delivery of health services.

"They visit each Household educating them on hygiene related issues, they responds quickly to community concerns" – Respondent

Table 21 below further shows that by the end of this project communities were largely content with the efforts being made by the Public Health Department to improve health in the community.

	Awareness of Public Health Officers (PHO)		PHO doing enough to improve health service delivery	
Health Centre	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**	**Baseline Pre NTA Intervention**	**End line Post NTA Intervention**
Kiambara Model	Yes	Yes	Somewhat	Average
Mweru	Yes	Yes	Somewhat	Somewhat
Kilala Model	Somewhat	Somewhat	Somewhat	Yes
Mukuyuni	Somewhat	Somewhat	Somewhat	Yes
Maiella	Yes	Somewhat	Somewhat	Yes
Keringet	Yes	Yes	Yes	Yes
Chepkigen	Yes	Yes	No	Yes
Kuinet	Somewhat	Yes	Yes	Yes

Table 24: Community awareness pertaining Public Health Officers and their roles

RECOMMENDATIONS

I. Improve ambulance service usage

HCs should ensure there is a toll free number for ambulance services to improve use of service by the community. The ambulances must be stationed at the facility at all times unless in use. Further, the ambulances ought to be equipped with the requisite ambulance facilities to enable on transit emergency medical services or manage life threatening conditions. These necessary ambulance facilities include; ventilation and airway equipment's, immobilization devices, external defibrillator with pediatric capabilities, bandages and obstetrical kits,

II. Review the amount of stock dispatched and received by various health centers

This report reveals that shortage of drugs is widespread across health centers. Unavailability of prescribed drugs means that these primary health services is not altogether free as patients are forced to purchase prescribed drugs from private units. Lack of drugs also renders patients efforts to visit the health center futile. HCs ought to plan effectively to ensure adequate supply of drugs and supplies throughout the year. Clarity is also needed on the issue pertaining the fact that certain medicines are not available in level 3 health centers.

III. Train HFMCs on their roles to improve engagement with wider community

As outlined in this report, most HFMCs have the basic requirements to function. However, to manage their own budgets effectively and succeed in their allocated roles in HSSF implementation, greater emphasis is needed on financial management training, targeted supportive supervision, and greater community awareness and participation. Once new budget management roles are fully established, qualitative and quantitative research on how HFMCs are adapting to their expanded roles, especially in financial management, would be valuable in informing similar financing mechanisms in Kenya and beyond.

IV. Resourcing - Counties are responsible for staffing

As outlined in the Constitution of Kenya, recruitment and hiring of staff for devolved functions are the counties' responsibilities. Each county has a public service which is tasked with appointing its public servants within a "framework of uniform national standards prescribed by an Act of

Parliament" (Constitution of Kenya, Article 235). In addition to appointing public servants, public service responsibilities include the establishment and abolishment of offices in its public service and disciplinary control and removal of persons acting in these offices.

V. Incorporate surveys with users to corroborate findings

The CHMP project reports certain positive strides in its overarching goal but fundamental voice of the 'user' is missing. It is therefore prudent that the project reevaluates its methodology to include exit interviews and or FGDs with facility users to endorse initial findings.

VI. HCs should abide by the revised 2014 Human Resources for Health Norms and Standard Guidelines

Effective staff management is essential to ensuring HCs runs smoothly and efficiently, and that the right employees are in the right positions.

When HCs are forced to work with high staff-to-patient ratios, as observed in the four (4) HC assessed (Kiambara, Mweru, Kilala, Mukuyuni)Patients die, get infections, get injured, or get sent home too soon without adequate education about how to take care of their illness or injury.

When (for instance) nurses have fewer patients they are more likely to intercept and prevent errors, so fewer patients die or get injured.

And when nurses have more time to advocate with physicians or others about the patient's care plan to make sure the patient gets everything s/he needs, patients are more likely to thrive. It is therefore imperative that all Level 3 HCs conform to the revised 2014 Human Resources for Health Norms and Standard Guidelines.

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ANNEX

KIAMBARA HEALTH CENTRE

The Kiambara Ambulance that serves the community and responds to emmergency calls in the locality.

Staff houses under construction at Kiambara

The operational Paediatric ward at Kiambara

MWERU HEALTH CENTRE

The maternity wing at Mweru that is not being used because of its size

Mweru HFMCs discussing how to expand the maternity wing for women to enjoy free maternity care

CHEPKIGEN HEALTH CENTRE

Chairperson Chepkigen health centre addressing members

HFMCs during focus group discussion-Chepkigen (Right)

KERINGET HEALTH CENTER

It was pooly imlemented by the CDF but the HFMCs interviened and had it reconstructed

Keringet outpatient ward. This facility was constructed after engaging with the MCA for the ward as the other facilities were small in size.

KIAMBARA MODEL HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION(NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD | AVERAGE | NO BAD

OPEN 24 HOURS YES **OPEN DURING WEEKENDS** YES

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?
- Is the ambulance service free of charge?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?
- Information about the outreach services is communicated through Churches and Chief barazas.
- Services offered include; deworming.

HEALTH FACILITY COMMITTEE
- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines?
- Are all services provided free of charge?

FINANCE
- Are financial sources displayed publicly?
  - → N.S.S.F
  - → C.D.F
  - → Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
- Complaints were sent to the facility management through the chief, health facility committee and in person.
- The nature of the complaints were mostly concerning staff misconduct, nothing like drug shortages
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED
- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff Courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

What services offered by the health centre have impressed the community?
- AMBULANCE SERVICES
- MATERNITY SERVICES
- CLEANLINESS

What are the problems being encountered by the community in this health facility?
- ELECTRICITY SHORTAGE
- INADEQUATE STAFF
- DRUGS SHORTAGE
- FUNDING DELAYS
- LOW ACCESSIBILITY

What are the priority areas that the community feel the need to be addressed?
- PROVISION OF A GENERATOR
- PROVISION OF MORE NURSING STAFF
- FUNDING FOR OUTREACH SERVICES

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KUINET HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION (NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD | AVERAGE | NO BAD

OPEN 24 HOURS NO **OPEN DURING WEEKENDS** AVG

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?
- Information about the outreach services is communicated through Community Health Workers and Mass Media.
- Services offered include; Polio immunization, mosquito net distribution and deworming.

HEALTH FACILITY COMMITTEE
- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Are the committee decisions binding, respected and implemented by the facility management?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines?
- Are all services provided free of charge?

FINANCE
- Are financial sources displayed publicly?
  - → N.S.S.F
  - → C.D.F
  - → Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
- Complaints were sent to the facility management through community leaders/ politicians and in person.
- The nature of the complaints were mostly concerning staff mistreatment.
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED
- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

What services offered by the health centre have impressed the community?
- TAPELT PLANNING
- ANTENATAL CARE
- CONSULTATION
- OUTREACH SERVICES

What are the problems being encountered by the community in this health facility?
- NO XRAY SERVICES
- NO MATERNITY
- UNDERSTAFFING
- NO AMBULANCE
- NO LAB EQUIPMENT
- NO RUNNING WATER

What are the priority areas that the community feel the need to be addressed?
- ADDITION OF MORE STAFF
- PURCHASE OF LAB EQUIPMENT
- CONSTRUCTION OF MATERNITY
- X-RAY EQUIPMENT
- STOCKING OF DRUGS
- RUNNING WATER

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MAIELLA HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION(NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD · AVERAGE · NO BAD

OPEN 24 HOURS NO **OPEN DURING WEEKENDS** NO

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?
- Information about the outreach services is communicated through social sites, local barazas, local leaders and markets.
- Services offered include; vaccination and pre & post - natal services.

HEALTH FACILITY COMMITTEE

- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines? NOT APPLICABLE
- Are all services provided free of charge?

FINANCE
- Are financial sources displayed publicly?
  - →N.S.S.F
  - →C.D.F NOT APPLICABLE
  - →Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
- Complaints were sent to the facility management in person, in writing and through suggestion box.
- The nature of the complaints were mostly financials, staff mistreatment & negligence
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED

- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

1. What services offered by the health centre have impressed the community?
   - FRIENDLY MANAGEMENT
   - QUALITY SERVICES
   - DOCTOR - PATIENT RELATIONSHIP
2. What are the problems being encountered by the community in this health facility?
   - INADEQUATE STAFF
   - NO AMBULANCE
3. What are the priority areas that the community feel the need to be addressed?
   - STAFFING
   - AMBULANCE
   - REFERRAL SERVICES
   - TIKE ROADS

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MUKUYUNI HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION(NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD · AVERAGE · NO BAD

OPEN 24 HOURS YES **OPEN DURING WEEKENDS** YES

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?
- Is the ambulance service free of charge?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?
- Information about the outreach services is communicated through community health workers.
- Services offered include; family planning, mother and child health care (MCH), health education and deworming.

HEALTH FACILITY COMMITTEE

- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines?
- Are all services provided free of charge?

FINANCE
- Are financial sources displayed publicly?
  - →N.S.S.F
  - →C.D.F
  - →Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
- Complaints were sent to the facility management through politicians and community leaders.
- The nature of the complaints were mostly reasoning staff mistreatment
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED

- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff Courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

1. What services offered by the health centre have impressed the community?
   - MCH / FP
   - DENTAL
   - LABORATORY
2. What are the problems being encountered by the community in this health facility?
   - LABELLING OF TOILETS
   - INADEQUATE STAFF
   - DRUGS SHORTAGE
   - HIGH WORK LOAD
   - LOW STAFF MORALE
3. What are the priority areas that the community feel the need to be addressed?
   - INFRASTRUCTURE (PAINTING, FLOOR RENOVATION ETC.)
   - COMMUNITY AWARENESS
   - PROVISION OF WATER TANKS
   - ADVOCATE FOR ATTITUDE CHANGE
   - TOILET MARKING & HAND WASHING FACILITY

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Ministry of Health

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MWERU HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION(NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD | AVERAGE | NO BAD

OPEN 24 HOURS NO

OPEN DURING WEEKENDS NO

SERVICES OFFERED

1. AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

2. MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

3. LABORATORY SERVICES
- Does this health centre have a laboratory?

4. AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?
- Is the ambulance service free of charge?

5. REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

6. PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

7. OUTREACH SERVICES
- Does the health facility offer outreach services?
- Information about the outreach services is communicated through Churches/Chief barazas, public health officers and community announcer.
- Services offered include; Immunization and deworming.

HEALTH FACILITY COMMITTEE

- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?

TRANSPARENCY AND ACCOUNTABILITY

1. SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines? NOT APPLICABLE
- Are all services provided free of charge?

2. FINANCE
- Are financial sources displayed publicy?
  - → H.S.S.F
  - → C.D.F
  - → Other

3. COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
- Complaints were sent to the facility management in person and through phone calls.
- The nature of the complaints were mostly concerning waiting time.
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED

- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

1. What services offered by the health centre have impressed the community?
- FREE DRUGS
- LABORATORY SERVICES
- PAEDIATRIC SERVICES
- FAMILY PLANNING SERVICES
- SUPPORT FROM COMMUNITY
- FRIENDLY MANAGEMENT

2. What are the problems being encountered by the community in this health facility?
- UNDER STAFFING
- MATERNITY SERVICES
- 24 HOUR SERVICES
- NO TITLE DEED
- BAD WEATHER ROAD
- POWER OUTAGES

3. What are the priority areas that the community feel the need to be addressed?
- PROVISION OF KITCHEN / EQUIPMENT FOR MATERNITY SERVICES
- STAFFING
- WATER TANKS
- LABORATORY EQUIPMENT
- PROVISION OF GENERATOR

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CHEPKIGEN HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION (NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD | AVERAGE | NO BAD

OPEN 24 HOURS AVG **OPEN DURING WEEKENDS** AVG

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?
  - Information about the outreach services is communicated through Community Health Workers.
  - Services offered include; Polio immunization, mosquito net distribution, tetanus vaccines and deworming.

HEALTH FACILITY COMMITTEE

- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Are the committee decisions binding, respected and implemented by the facility management?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines?
- Are all services provided free of charge?
  - Laboratory services are charged.

FINANCE
- Are financial sources displayed publicly?
  - → N.S.S.F
  - → C.D.F
  - → Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
  - Complaints were sent to the facility management through community leaders/ politicians and health centre committee members.
  - The nature of the complaints was mostly concerning staff mistreatment.
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED

- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

- What services offered by the health centre have impressed the community?
  - MATERNITY SERVICES
  - LABORATORY SERVICES
  - MATERNAL CHILD HEALTH
  - CONSULTATION
- What are the problems being encountered by the community in this health facility?
  - NO XRAY SERVICES
  - NO AMBULANCE
  - NO KITCHEN & LAUNDRY
  - NO N.S.S.F
  - UNDERSTAFFING
- What are the priority areas that the community feel the need to be addressed?
  - ADDITION OF MORE STAFF - PRIORITY BEING PHARMACIST
  - X-RAY EQUIPMENT
  - ENHANCEMENT OF DRUG SUPPLY
  - CONSTRUCTION OF KITCHEN & LAUNDRY
  - PROVISION OF AMBULANCE

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KERINGET HEALTH CENTRE

FINDINGS OF THE SURVEY ON SERVICE DELIVERY DONE BY THE NATIONAL TAXPAYERS ASSOCIATION(NTA) IN COLLABORATION WITH THE MINISTRY OF HEALTH

SCORING INDICATORS

YES GOOD | AVERAGE | NO BAD

OPEN 24 HOURS YES **OPEN DURING WEEKENDS** AVG

SERVICES OFFERED

AWARENESS OF SERVICES OFFERED
- Is the community aware of the services offered at the health centre?
- Does the health centre provide all the services that are supposed to be offered?

MATERNITY & EMERGENCY SERVICES
- Availability of a functional maternity ward?
- Are maternity and emergency services offered on a 24hr basis?

LABORATORY SERVICES
- Does this health centre have a laboratory?

AMBULANCE SERVICES
- Does this health centre have an ambulance service?
- Does the community use the ambulance?
- Is the ambulance service free of charge?

REFERRAL SERVICES
- Are referrals to the next level given?
- Are written referrals notes / accompaniment by health worker given?
- How do you rate the referral service?

PHARMACY SERVICES
- Are all prescribed drugs available in the facility?

OUTREACH SERVICES
- Does the health facility offer outreach services?

HEALTH FACILITY COMMITTEE

- Is the community aware that there is a health facility committee in the health centre?
- Does the community know the role of the health centre committee?
- Are any of the health centre committee members known by the community?
- Is the health centre committee representative (gender, disability etc.)?
- Was the health centre committee formed transparently and democratically?
- Does the health centre committee consult and dialogue with the community?
- Does the health centre committee take action on grievances of the community?
- Is the community actively involved in planning at the health centre?
- Is the health centre committee adequately skilled to deliver on it's mandate?
- Does the health centre committee inform the community about its decisions?
- Does the health centre committee organize meetings with the community to plan on utilization of funds?
- Are the funds spent according to the community needs and priorities?
- Does the health committee hold meetings atleast once every three months?
- Are the committee meetings minutes available to the community?
- Has the health facility committee been trained?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?
- Does the community feel that the committee is empowered to make decisions and initiate actions in the health facility?

TRANSPARENCY AND ACCOUNTABILITY

SERVICE CHARTER
- Is the service charter displayed to the public?
- Are all services provided within the set timelines?
- Are all services provided free of charge?

FINANCE
- Are financial sources displayed publicly?
  - → N.S.S.F
  - → C.D.F
  - → Other

COMPLAINTS
- Is the community aware about the mechanisms for registering complaints?
- Has the facility management ever received complaints from the community?
  - Complaints were sent to the facility management through place call, in writing, politician/community leaders & through suggestion box.
  - The nature of the complaints was mostly concerning staff mistreatment, Financials & negligence.
- Was the response of the complaints satisfactory?

GENERAL PERCEPTION OF SERVICES OFFERED

- How does the community rate the service delivery of the health facility?
- Is the community satisfied with the services offered by the health centre?
- How does the community rate the quality of services offered by the health centre?
- Are the facility staff Courteous and respectful to the patients?
- Are the facility staff helpful to the patients?
- Are the patients satisfied with the time they wait for services at the facility?
- Does the community know about the Public Health Officers and their roles?
- Is the Public Health Department doing enough to improve the health of the community?

SUGGESTIONS FOR IMPROVEMENT

- What services offered by the health centre have impressed the community?
  - PUBLIC HEALTH
  - MATERNITY
  - OUTPATIENT
- What are the problems being encountered by the community in this health facility?
  - DELAYED IMPLEMENTATION OF CDF PROJECTS
  - DRUGS SHORTAGE
  - NO AMBULANCE
  - INADEQUATE STAFF
- What are the priority areas that the community feel the need to be addressed?
  - PERSONNEL
  - AMBULANCE
  - SUPPLY OF DRUGS

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HEAD OFFICE
National Taxpayers Association (NTA)
Diani Close, Off Ole Odume Road | Gate No. 7, House No. 5
P. O. Box 4037 - 00506, Nyayo Stadium, Nairobi, Kenya
Cell Phone: 254-701-946557 | 254-734-500940
Email: admin@nta.or.ke | Website: www.nta.or.ke

Nairobi Regional Office
Diani Close, Off Ole Odume Road
Gate No. 7, House No. 5
P.O. Box 4037 - 00506 Nairobi
Cell Phone: 254-701-946556
Email: nairobi@nta.or.ke

Eastern Regional Office
Town Plaza, 3rd Floor, Ngei Road
P.O. Box 2046- 90100 Machakos
Cell Phone: 254-701-946547
Email: eastern@nta.or.ke

Rift Valley Regional Office
Meadows Hse, 1st Floor, Room 106
Opposite Sirikwa Hotel
P.O. Box 4956-301 00 Eldoret
Cell Phone: 254-701-946543
Email: riftvalley@nta.or.ke

Western Regional Office
Kakamoni Plaza, 1st Floor
Above Post Bank,
Canon Awori Street
Cell Phone: 254-701-946551
Email: western@nta.or.ke

Central Regional Office
Nyeri Teachers Plaza, 1st Floor,
Room 10
P.O. Box 567 - 10100 Nyeri
Cell Phone: 254-701-946544
Email: central@nta.or.ke

Coast Regional Office
Kanderbhouy Building
Nkurumah Road,1st Floor, Suite 14,
Opp Co-op Bank
P.O. Box 98860 Mombasa
Cell Phone: 254-701-946548
Email: coast@nta.or.ke

North Eastern Regional Office
Diani Close, Off Ole Odume Road
Gate No. 7, House No. 5
P.O. Box 4037-00506 Nairobi
Cell Phone: 254-701-447448
Email: northeastern@nta.or.ke

Nyanza Regional Office
Nakumatt Mega City, Mezzanine Floor
Nairobi Road
P.O. Box 204-40123 Kisumu
Cell Phone: 254-701-946550
Email: nyanza@nta.or.ke