KONRAD ADENAUER STIFTUNG

STRENGTHENING LOCAL HEALTH SECTOR GOVERNANCE THROUGH SOCIAL AUDITS;

a collection of the exercises from Kisumu, Vihiga and Siaya Counties.

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KAS would like to further acknowledge all the community groups, medical staff and other stakeholders who were engaged during the actual exercises in the three counties, especially in responding to questions as well as allowing for the teams to take pictures of the facilities. All this was not targeted at anyone but on addressing possible problems from a multi-faceted approach. We hope that the CSOs engaged by KAS in these three counties will continue to horn their skills and conduct even more independent social

accountability exercises. For this report, we hope that you will use it to start your advocacy engagements as this was developed by you for action by you!

On behalf of the KAS team that worked with you on this exercise led by Mr. Edwin Adoga Ottichilo, we say thank you for your willingness to learn and develop your capacities to this extent. We can only hope that there will be more improvement moving in your future projects.

Our best regards!

Dr. Jan Cernicky,
Country Director,
Konrad Adenauer Stiftung,
Kenya Country Programme.

ACRONYMS

BA	Budget Analysis
CBOs	Community Based Organizations
CHAMPS	Child Health and Mortality Prevalence Surveillance
CHMT	County Health Management Team
CHVs	Community Health volunteers
CHWs	Community Health Workers
CRC	Citizen Report Card
CSOs	Civil Society Organizations
FBO	Faith Based Organizations
FGDs	Focused Group Discussions
GOK	Government of Kenya
HF	Health Facility
HFMC	Health Facility Management Committee
HIV/AIDs	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
KAS	Konrad Adenauer Stiftung
KEMSA	Kenya Medical Supply Association
KIIs	Key Informant Interviews
KMTC	Kenya Medical Training Collage
LACOT	Lakeshore Community for Transformation
MOH	Ministry of Health
NGGDF	National Government Constituency Development Fund
NHIF	National Health Insurance Fund
PET	Public Expenditure Tracking
PHO	Public Health Officer
PWD	Persons with Disability
RHS	Reproductive Health Services
SA	Social Audit
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
VICISON	Vihiga Civil Society Network

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CHAPTER ONE

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Why the three counties

KAS has been conducting social accountability trainings in Kisumu County, bringing on board a few selected local civil society organizations from Vihiga, Siaya and Kisumu as host. The first training conducted in early 2019 was to share on the basics of social accountability, allowing the participants to interact among themselves and with a number of tools like the community score card (CSC), Public Expenditure Tracking Tool (PET), Social Audit (SA), and Budget Analysis (BA) et cetera. This knowledge was connected further to the enhancement of their advocacy and lobbying skills.

The second training was conducted in the late 2019 and this was more specific, concentrating in-depth on two of the social accountability tools namely the Social Audit and Community Score Card. The aim was to gain experiences and to share knowledge on how the two have been used in the past to promote public accountability, and where untested, how the same could generate the right and most impactful evidences.

The third training was conducted in early 2020 in Kisumu and this was to give more preeminence on the social audit tool and its application in the three counties. Simulations and lectures on key steps for conducting social audit, development of key topics and instruments for information gathering as well as development of the background information were all done under this training as first step towards practically carrying out the SA exercises and learning from them.

The choice for the three counties was pegged on the fact that KAS is currently active with some of her programs in Vihiga and Kisumu County having engaged with CSOs before and understanding the existing infrastructure. The invitation of a few organizations from Siaya County was based on requests by some of the local CSOs like the Tembea Youth Centre for Sustainable Development and the Ugunja Youth Parliament among others. These organizations although fewer in representation in this training, were active in

the other initial two trainings therefore providing the resource needed for carrying out the social audit exercise. As discussed in the rest of the chapters, the participants of these CSOs also acted as the Social Auditors and were in addition to their tasks, asked to conduct public awareness and validation meetings as well as the actual SA information gathering exercises.

1.2 Why social audit vis-à-vis the other tools of social accountability

The idea to try out the Social Audit (SA) as tool to look at the state of local health sector governance was agreed among the participants in the training series workshops. This was justified as easier to test and conduct within the varying community set ups. Furthermore, in comparison to the other tools of social accountability, the CSOs agreed that SA was more effective and less technical, providing a more appropriate learning tool. While there would be mistakes in the first exercise(s), it was generally agreed that this step would lay the foundation for more engagements through SA by the local organizations. The process of generating evidence using SA was said to be less complicated yet convincing. Furthermore, the low-cost implication of conducting SA was said to be manageable compared to other tools.

CHAPTER TWO

CHAPTER TWO: SOCIAL AUDIT EXERCISES AS PER COUNTIES

2.1 Siaya County: Social Audit of service provision in Ambira Sub-County Hospital

2.1.1 Objectives

1. To establish the availability of drugs in the facility.
2. To assess the quality of service delivery at the facility.
3. To establish the status of the infrastructure (maternity ward) in the hospital.

2.1.2 Background

The right to health is enshrined in the Constitution of Kenya 2010 specifically under article 43(1) which provides for the right to the highest attainable standards of health. The Kenya Health Act 2017 further specifies under Section 4 the fundamental duty to observe, respect, protect, promote and fulfill the right to the highest attainable standards of health and further outlines the role of the government in ensuring affordability, quality and inclusivity.

Civil Society Organizations in Siaya County view quality health care to mean that all people and communities irrespective of their religion, geography, tribe or economic status, can access preventive, curative, rehabilitative and palliative health services of sufficient quality, while also ensuring that the use of these services bare minimum financial hardships. This is the point of pursuance that informed the conduct of this social audit.

Quality health care is fundamentally a social and ethical issue founded on the principles of human rights amongst other factors. Most CSOs who work in the area of health rights are also integral to promoting the Sustainable Development Goal (SDG) number three (No. 03) that is deemed towards ending poverty and reducing inequalities. The theme of the SDGs is that '*no one should be left behind*'. This theme was afterwards adopted as one of the UHC principles, *although UHC as a package is not at its implementation*

stage in Siaya County. The County Government is making attempts in preparing to execute the UHC by allocating finances to develop structures and employing more medical staff among other measures whose impact is felt at the grassroots. On the other hand, Communities and Civil Society Organizations in Siaya that represent the needs of the various marginalized groups have been engaged to provide awareness on the need to improve the quality of services the medical facility renders. This approach has been considered more pragmatic and the right route to addressing a more reflective UHC program.

2.1.3 Why Ambira Sub County Hospital?

One of the main health facilities in Siaya County is the Ambira Sub-County hospital (a level four hospital) which receives funding from the County Government and whose services are meant to realize both the SDGs and UHC goals. Locals have with time raised concerns over the quality of its services as well as the health priorities. In several occasions, there have been public outcry on lack of sufficient basic drugs in this government health facility. Most often, patients and caregivers have also complained that the maternity wing is in a bad state. The maternity block is seemingly not build to standard, hindering efficient and effective service delivery to pregnant women.

This is one factor that appeared at the centre of discussions during the community awareness and initial information gathering forum that preceded the actual social audit exercise. Another justification for selecting Ambira Sub-County Hospital was based on numerous public complaints regarding the facility's services. Most of the local organizations have indicated having received complaints from the public with requests for assistance to address poor state of service in the facility. Particularly, there were complaints by the public on the laxity and negligence by staff during the working hours as well as instances of the staff absconding duty at the expense of service delivery to the general public.

The facility is one of the most utilized by residents in the entire Sub County since it centrally located in a semi-urban area, a few

kilometers from the Kisumu-Ugunja highway in Ugunja town. Being that it is close to the highway; the facility needs to be able to function during emergencies including responding to road accident which occurs in the main road.

2.1.4 Methodology

Focused Group Discussions (FGD), Key Informant Interview (KII), checklist, photography, stakeholder participatory/engagement to generate evidence to aid in the implementation process were some of the techniques employed. The validation forum also acted as a platform to disseminate preliminary information on the social audit especially raw findings that warranted responses and quick actions.

Key informant interview on session

The social audit targeted the facility following the rules and ethical procedures of conducting any social audit. The key objectives provided the frame for collecting or gathering information. Key stakeholders were identified through consultation especially those that participated in the awareness as well as validation forums. The stakeholders in both forums included the county staff, Facility Management Committee, the opinion leaders, ward administrators, medical superintendent, the women, the youth, selected patients, the civil society organizations working

in the community that is served by the facility among others. The awareness forum was convened on the 14th day of February and the validation was conducted on the 17th of February 2020.

The awareness forum was attended by a total of 25 community members with representation from: four of the self-help youth groups, one ward administrator, five representatives of faith based organizations working in the sub county, three representatives of the different women leagues, two community health volunteers, two representatives of Persons With Disabilities (PWDs), three community opinion leaders of Ugunja and Alego Usonga, four representatives from the youth parliament and one and assistant chief.

Apart from general information about the social audit and its importance, the participants engaged looked into the instruments and made some modifications on the initial checklist. The validation forum on the other hand was attended by the 27 participants again drawn from the same cadre of community members who participated in the awareness forum.

2.1.5 Summary of the findings

Section of participants who took part in the 1st stakeholders engagement at Ugunja

Service charter at Ambira health facility indicating how long the services take, yet because of few staff, the time doesn't count in actual sense.

a) Facility administration

The social audit conducted at Ambira Sub-County hospital observed that considerable amount of work has been done in the facility in the last one year, especially efforts to improve the face and the infrastructure of the facility. There is a Facility Management Committee comprised of the heads of various departments of the facility. There is also a Board that comprises of members of the community and the medical superintendent of the facility.

In the evenings outside the normal government operating hours of 8;00 am to 5:00 pm its usual not to find doctors to attend to patients since there is only one doctor in the facility and therefore not a guarantee that he/she will be present all the time of the shift.

There was also a huge challenge for PWD patients and the medical staff. Presently, there are no sign language interpreters in the facility making it very difficult for deaf/dumb patients to get services. The toilets as part of the facility infrastructure are also unfavorable to people with disability.

b) Maternity and ward services

Complaints from the community members was that the maternity doesn't have running water since plumbing was not done in the

right manner or standards. Observation by the Social Auditors however noted that maternity is functioning well and that the plumbing problems that was experienced before were fixed and the taps are currently running. The capacity of the maternity is 40 beds divided as prenatal 10 beds, post-natal 15 beds and labour 15 beds. However most of the beds are poorly equipped. As per the Kenyan Ministry of Health guideline of a level 4 hospital, the labour ward should have 150- bed capacity for inpatient with 30 beds each for male, female, pediatric, antenatal and postnatal wards. Furthermore, the hospital should have three delivery beds and two resuscitating beds while the new-born unit should have at least five incubators and five cots. There were only one bed for delivery, one resuscitating bed and no incubators and cots in the new born unit.

The audit observed that there were times when the post-natal was full and as a quick mitigation, the patients are transferred to pre-natal wards which unfortunately were not equipped to handle complications relating to post-natal care.

A picture illustrating a section of the maternity room that appears poorly maintained although with relatively enough beds.

c) Emergency Services

The hospital (facility) as observed was not prepared well enough for emergency situations such as accidents since there lacks a casualty room where such accident victims could be placed in and taken care of. Some part of the hospital corridors' closer to the

wards were observed to have been constructed in a sub-standard way as they could not allow for basic stretchers to go through.

Also observed was that only one ambulance presently serves the entire sub county including three facilities with the only advantage being that it is stationed at Ambira Hospital. This presents a compounded challenge mostly when it comes to emergency evacuation or mobility to respond to medical emergencies.

An ambulance parked at the maternity wing that also serves three facilities within the Sub-County.

d) Insufficient drugs

From the medical staff, there was an admission that the drugs were insufficient. The facility orders drugs direct from the Kenya Medical Supply Agency (KEMSA) but sometimes there are delays in the delivery of the drugs causing the facility to incur serious shortages.

e) Lack of enough medical staff

The number of patients attended to is 80-100 patients a day vis-à-vis the 250 plus that would visit the hospital on a daily basis. This capacity lapse was attributed mainly to the shortage of medical staff. Since there are four clinical officers in total, only one clinical officer can be at present in a shift and serves the entire facility. The number of nurses was below 30 with there being a challenge by the hospital to highlight their specialty. This was way below

the recommended number by Ministry of Health, which indicates that a hospital like Ambira should employ is 195 specialists with 76 special nurses, 4 pharmacists, 2 clinical Pharmacists and 8 pharmaceutical technologists.

f) Incomplete projects

A theatre has been built although it is yet to function since the requisite equipment are not available and therefore important procedures like the surgeries cannot take place in the absence of a functioning theatre. This is against the fact that as a level 4 hospital, it needs to have the capacity to manage medical and surgical procedures.

The laboratory is equipped fairly although there was no way of establishing the amount allocated and spent per year as per the ministry's guideline

There is yet to be a power backup generator at the facility especially for the maternity ward, the power backup room is used to store old rusty mabati.

The toilet is accessible for PWDs but more should be done to make it friendly

Below is a summary of the observed things that the social auditors noted down based on the checklist. They help to give a general feel of the state of affairs in the hospital.

	Items checked based on observation	status			
		Well equipped	Adequately, equipped	Poorly equipped	Comments and pictorial evidence
1.	Pharmacy			✓	The pharmacist didn't allow us to access the pharmacy since he was out of his working station. Several attempts were made.
2.	Vaccines for children and expectant women.	✓			There is sufficient supply of vaccines for children, however the anti-tetanus vaccine for expectant women was said to lack.
3.	HIV testing services	✓			The facility has adequate HIV testing services

4.	Latrines/ toilets		✓		The toilets are accessible but more should be done to make it disability friendly.
5.	Human Resource, technical and medical personnel			✓	Only 1 doctor, 4 clinical officers, and we couldn't establish the number of nurses and subordinate staff
6.	Budget allocation for construction/ upgrade of facility (maternity wing)			✓	There is allocation of 13,687,355 for construction of a maternity wing for financial year 2019/20. The maternity ward is yet to be complete.
7.	Equipment – lab, ward beds, and ambulance, theatre and backup generator.		✓		Contrary to accusation that there is no working ambulance in the facility, we found one, the basic lab equipment are available and ward beds are there only that they are not well kempt. There is no backup for power, in case of disruption of electricity,
8.	Water and Sanitation		✓		Incinerator room is now available and well used, water is also flowing in several parts of the facility

2.2 Kisumu County: Assessing the effectiveness of UHC at Kuoyo Health Centre in Manyata B Ward

2.2.1 Objectives

The Kisumu exercise had one broad objective and two specific objectives. The broad objective was to assess the quality of health care services at Kuoyo Health Centre in regard to UHC.

The specific objectives are:

1. To appraise the progress in the implementation of the UHC since its inception at Kuoyo Health Centre.
2. To assess the resource gaps at Kuoyo Health Centre.

2.2.2 Background

Universal Health Coverage (UHC) has become a policy priority at both the national and global levels. The goal of the UHC is to ensure that every citizen has access to quality health care service that they need without getting into financial difficulties. Governments in Africa in this case have paid for the health costs from the national tax revenues collections.

Countries with the best health care systems in the world score between 90 and 96.1 (according to the World Population Review of 2019) and Kenya does not come close in this range. The following countries were found to have the best health care: Germany, Hong Kong, Netherlands, and Switzerland among others.

A 2014 World Bank report on health care in Kenya showed that only 20% of Kenyans have access to medical insurance, and that millions of Kenyans cannot afford to pay for health services in public or private hospitals because of poverty and other challenges such as lack of jobs and opportunities for self-employment among others. All Kenyans are eligible for UHC services as a fundamental right enshrined in the constitution with the only requirement being that they register with their IDs to obtain a unique UHC number. The Health priority area for Kisumu County and in particular for Kuoyo Health Centre under the Universal Health Coverage [UHC]

is the Primary Health Care (curative, preventive and promotional health care).

2.2.3 Why Kisumu and Kuoyo Health Centre?

In Kenya, only four counties were selected for UHC pilot program due to the following: Kisumu County was because of the high prevalence of HIV&AIDs and tuberculosis (TB). Isiolo County was due to high maternal mortality and the fact that the county represents a highly mobile population. Nyeri County was selected due to the high prevalence of communicable diseases; hypertension, and diabetics. Last but not least is Machakos County which was selected due to being highly prone to road traffic accidents in Kenya. The four are the in the first phase of the UHC model which is expected to be rolled out in every house households in all the 47 counties during the next four years.

Kuoyo Health Centre on the other hand is a public level 3, basic health centre registered by the Ministry of Health and situated in Kisumu East Sub-County, in Manyatta B. The fact that the centre is located in Manyatta B (an emerging slum in Kisumu) is a justification to find out whether this centre provides the needful social value to the people of this area majority of whom live in poverty and in shanty like set ups. These areas are ignored or forgotten by the County and National government in monitoring their service provision and also in harnessing their infrastructural capability. The beneficiaries of Universal Health Coverage (UHC) in Kuoyo Health Centre are mostly individuals who registered into the program with their children.

2.2.4 Methodology

The approaches to go about conducting the Kisumu social audit exercise was agreed by the Social Auditors and the rest of the CSOs' participants from Kisumu County. Firstly, was the development of tools for information gathering (see the appendixes). This was done together with other CSOs from Vihiga and Siaya Counties particularly to improve on the quality and general reliability of the tool. Focus Group Discussions were held during the stakeholders'

engagement forums on the 14th of February 2020 as per the guides. Through the stakeholders' engagement, insightful issues were identified and later informed the compilation of the draft report. The exercise enabled the community members to deliberate and come up with eight (8) factual points against which to measure the progress and impact of UHC at Kuoyo Health Centre.

The social auditors gathered information pivotally on facility resource gaps as well as the UHC program effectiveness – whether the program had value for money and if it served and continue to serve the intended purpose of meeting the communities' satisfaction. More importantly, the information was also gathered through the checklist, Focus Group Discussions, Key Informant Interviews and program site visits. The validation forum held on the 17th of February on the other hand provided an opportunity to collate, analyze and correct inconsistencies that were left out or not well documented during the data collection process.

A social auditor taking participants through a draft of the findings during the validation forum in Kisumu

Summary of the findings

The general overview of this findings and reports based on resolutions derived from the use of social audit tools by the social auditors and the stakeholders of Kuoyo Health Centre. It was observed that access to universal healthcare services at the Kuoyo Health Centre is hampered by the following factors:

a) Inadequate equipment

The facility has inadequate equipment for use by majority of the medical staff in treating patients. This is facility that is meant to annually serve up to 30,000 people but can only serve an average of 8,000-10,000 within the ward. The picture below highlights the basic state of the treating bay. This alone present a sorry state of affair for the public health centre that ought to serve a whole ward of Manyatta B. This state can still be improved upon.

Treating bay at Kuoyo Health Centre in Manyatta B

b) Inadequacy of staff

The Health Centre had only one clinical officer, two nurses, two community health workers, one health public worker, and one public health technician. This is vis-à-vis the Ministry of health guideline whereby this level of facility ought to have at least two doctors, two public health officers and two public health technicians.

Other workers as recommended by the Ministry of Health for this level are six general clinical officers, a graduate clinical officer, a lung and skin specialized clinical officer, a pediatric clinical officer, a reproductive health clinical officer, two specialized nurses, 23 registered community health nurses, eight Kenya Registered community health nurses and four registered midwives. Due to budgetary constraints, as was captured during validation, meeting this number was practically not going to be possible. The medical team are overwhelmed by the number of patients. The standard ratio of one clinical officer to patient is 1:30 but in Kuoyo health centre, this ratio is at 1:120.

In auditing the services at the Health Centre, the exercise observed that the primary health care referrals from Community Health Workers (CHWs) and other community members to the Health Centre and referral from the Centre to other health facilities are good while the intra-centre referrals -from one desk to another in the same facility was moderate with time and coordination challenges since the number of patients were too high to manage by the few medical staff.

c) Poor access roads and floods during the rainy seasons

The social auditors observed that the feeder roads especially the one along river Auji, towards the Health centre was in a deplorable state. The one passing in front of the Health Centre –from Manyatta-Nyamasaria market has benefited from county road upgrade, and is currently a murram road. From the discussions during the validation forum, it was revealed that the road is equally in the process of being tarmacked. The County Government of Kisumu allocated one million in the fiscal year of 2018/2019 to support general completion of the Centre. This allocation was included completion of road infrastructure upgrades including that of Manyatta-Nyamasaria market. However, the road entering the dispensary might have been forgotten or ignored in the upgrades. The social audit team could not access the subsequent county government budgets for comparisons and information gathering as they were not available online.

The state of the road next to the Health Centre, along River Auji

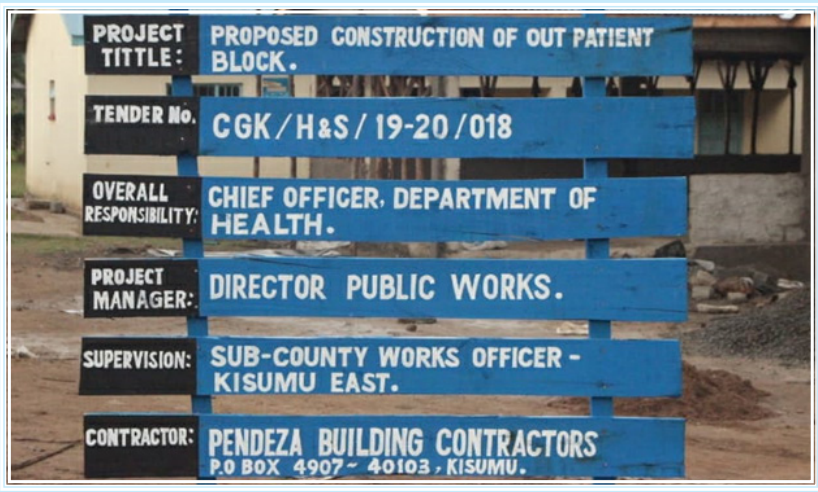
d) The facility has no security assurances.

Security both day and night is not assured as there are no guards who are subordinate staff. The Center has in the past repeatedly experienced issues of theft at night. There is electricity but security lights do not work. The drugs, medical and electronic equipment are not safe due to the general insecurity situation. While the number of supervisions and visits to check on the status of the facility and complaints in Kuoyo Health Centre are made quarterly and annually by the County Government, there are still very little improvements in terms of the responsiveness by the said County Government and the Health Centre itself.

e) Challenges of supervision and involvement.

Kuoyo Health Facility Management Committee members seemed to have been elected but most of the community members are not aware of their role. Most of them rarely attended the Committee meetings especially where non-financial decisions were still needed. The concentration of effort by most of the members was on meetings that were to discuss the financial elements of the

Centre. Even in these committee meetings, it was realized that the financial resources for upgrade exercises of the facility received very little participation from the community. The head of the facility and the chairperson of the management committee were argued to be the ones who contributed in cash most times when funds delayed or simply put 'when things don't work'.



A signage providing for the construction and contractual details that summarized the project that is under the supervision of the HFMC

f) Inadequate medical supply, equipment and other support services.

There are less essential drugs in the facility and demand is high. However, the exercise noted that drugs were being given free of charge, and there were no reported cases of extortion from local communities.

Kuoyo Health Centre facility received an average of 2,000 patients every month during and immediately after Universal Health Coverage (UHC). There was a program called Child Health and Mortality Prevention Surveillance (CHAMPS) which targeted children under 5 years before the piloting of the UHC began.

CHAMPS mobilized and sensitized the community on health issues and when UHC was rolled out, the program used the infrastructure created and equipment procured by CHAMPs at least in monitoring children access to the facility. There has not been any upgrade on the laboratory equipment since then, and with 2,000+ every month, the social audit team observed that it was difficult to diagnose and treat the patients in a timely manner.

One of the challenges of access to medical supply in the facility was compounded by a formula being used to distribute the drugs by the County Government upon receiving the same from Kenya Medical Supply Association (KEMSA). This fomula was questioned in the validation forum as having failed in objectivity to distribute drugs based on the needs of the various medical facilities. The health centre has repeatedly run out of medical and drug supplies in several occasions.

The Health Practitioners implementing Universal Health Coverage (UHC) in Kisumu County shared a perception that the UHC had majorly failed from the inception because of lack of adequate medical equipment and human resource. *Perhaps a baseline and midline study will help to clarify this statement as false of true*. Furthermore, by the time of conducting this exercise, the Health Centre did not have a utility vehicle or motorcycle and ambulance services, even though this is part of the requirement for its level as per the guidelines by the Ministry of Health.

g) Absence of maternity services in the facility.

While the Health Centre offers immunization and family planning services, it does not offer normal maternity deliveries, and antenatal care. The building being constructed is the one that ought to be for outpatients and which is yet to be completed. Presently, outpatient services are offered in the buildings that were earmarked for maternity services. Technically, maternity services cannot be provided. This is however contrary to the guidelines by the Ministry of Health which indicates that being a level 3 hospital, such services ought to be offered. There were no prospects in terms of building maternity facility in the centre for delivery purposes by the time of conducting this audit. This Health

Centre is required to have inpatient bed capacity of not more than 16 beds with four beds each for the male, female, pediatric and maternity wards. This currently is missing including a ward facility.

h) Staff quarter is under construction and still not functional. The team in Kisumu observed that emergency cases cannot be attended at night or late hours as the Health Centre does not work during these times. The development of staff quarter was to allow for the medical staff to render medical services also at night, but this was reported as not the case. The infrastructure was in the very early stages of construction and this begs the question as to whether the funds allocated in 2013/14 were translated by the exchequer into actual expenditure. According to the Kisumu County Government Budget for 2013/2014, around 6 million Kenya shillings was allocated for the construction of a three storey staff house plan. In 2018/19 financial year, additional 2.2 million Kenya shillings was allocated for its completion.

This is one of the staff quarter, completed but not in use due to unfinished furnishing.

In conclusion is the question; why is the County Government of Kisumu not budgeting for development and upgrades of such centres in light of the guidelines from the Ministry and still wants to make strides in achieving *UHC?* It is only when the government works on equipping these kinds of centres with the right components, that UHC will be a practical sense. Social Auditors based on the prevailing conditions could not be able to find out whether there was a social value on the money used to implement development projects, as from the general look of things, the money was gravely lacking in the first place to aid the needed human and facility development. The idea then was to present the state of things vis-à-vis how they ought to be in efforts to realize UHC.

Below is a summary of the observed things that the social auditors were able record down based on a checklist. The checklist gives a general feel of the state of taffairs at Kuoyo Health Centre.

Items checked based on observation		Status			
		Well-equipped / sufficiently	Adequately equipped/ adequately available	Poorly equipped/ Stalled, Not available	Comments (specify)
1	Pharmacy			✓	Poorly equipped
2	Vaccines for children and pregnant women			✓	inadequate
3	Family Planning		✓		
4	HIV testing services		✓		
5	Latrine		✓		
6	Human Resource			✓	inadequate

7	Budget allocation for construction/ upgrade of facility		✓		Allocation to build staff quarters
8	Equipment – laboratory equipment			✓	Poorly equipped
9	Water and sanitation		✓		

2.3 Vihiga County: Social Audit of the Vihiga County Referral Hospital

2.3.1 Objectives

1. To assess the availability of drugs in the facility.
2. To evaluate the quality of service delivery.
3. To assess the state of infrastructure of the facility.

2.3.2 Background

The mission of the Vihiga County Referral Hospital is to build a progressive, responsive and sustainable technologically driven, evidence based and client centered health system. This is furthermore linked to the urgency by the current Government to provide the highest standard of health to all residents of Vihiga County. Civil Society Organizations in Vihiga County views quality health care with reference to the World Health Organizations as the extent to which healthcare services provided to individuals and patient populations improve desired health outcomes. Health Care is a highly budgeted sector in Vihiga County and the backbone of the County's socio-economic development. With good health, the assumption is that Vihiga will have a healthy economy and people.

This social audit was guided by four key aspects namely: 1) **Safety**

– to mean that the hospital delivers healthcare that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors, 2) **Effectiveness** - to mean that the hospital provides services based on scientific knowledge and evidence-based guidelines, 3) **Timely** – to mean that the hospital reduces delays in providing health care, 4) **Efficiency** – to mean that the hospital provides healthcare in a manner that maximizes resource use and avoids waste, 5) **Equitable** –to mean that the hospital delivers on healthcare that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.

There has been public outcry in mainstream media, social media and from the civil society organizations about this referral facility/ hospital and the following areas forms a justification for conducting this social audit exercise: inadequate drugs and reagents in the facility pointing out to above aspect 2 on *effectiveness*; 2) cases of staff negligence, laxity and carelessness and unfriendly attitude of staff to the patients pointing to aspects 1, 3, 4 and 5 –*safety, time, efficiency and equitability*; 3) incomplete ward wing that has been going on for more than 3 years, pointing to aspect 2 and 3 –*effectiveness and time.*

2.3.3 Methodology

The social audit targeted the following opinion leaders: County Health officials, ward administrators, Referral's medical superintendent and medial team, women and youth, patients, and the civil society organization networks. Three social auditors were recruited to gather information and evidences using Focus Group Discussion guides, Key Informant Interview guides, checklists as well as the use of photography. A stakeholder participatory engagement was held on the 14th to share and gain stakeholders approval on the topic as well as the method for the conduct of the social audit. A basic understanding of social audit was shared on this forum, paving way for the collection of information from some of the stakeholders in the afternoon of the same day. On the subsequent days, the 15th of February 2020, there were efforts to meet the medical team and visit the facility where discussions

were held and pictures with the permission of the hospital were taken for purposes of this exercise.

On the 17th of February, a validation forum was held and the same stakeholders in addition to youth group leaders, self-help and Sacco leaders were engaged where the findings were shared with responses being provided. These responses helped to strengthen the findings, clearing out grey areas.

2.3.4 Summary of the findings

a) Challenges of using medical cover

The audit found out that patients who used National Health Insurance Fund (NHIF) cards were provided with service on a relatively slower pace compared to those with cash. The NHIF as a medical scheme is meant to contribute towards cushioning majority of Kenyans who cannot access quality health care services due to high cost of the services. For outpatient services, it covers the following: Consultation, laboratory investigations, drugs administration and dispensing, dental healthcare, radiological examinations, nursing and midwifery services, surgical services, radiotherapy and last but not least, physiotherapy services. The audit reveals that most patients who were brought to the facility with emergency cases, or emergencies emanating from medical procedures were asked to pay before being attended to. This was said to have contributed to the current mortality rate recorded by the hospital. Also in the case of emergencies, most times, cash payment was preferred to NHIF cover.

b) Who is who in the hospital?

There was no clear distinction of the staff for instance; medical workers in the facility could not be differentiated from the casuals or technical ones. There were no labeling, differentiation in uniforms (apart from a few nurses) or tags. Patients who were unable to register at the reception due to financial constrains were mainly not attended to, or assisted medically.

c) Unfriendly attitude

The hospital attendants especially nurses, attendants and the security were observed to be hostile to many of the patients as

observed in the two-day exercise of the visit and collection of evidences. This attitude as discussed during the validation was majorly attributed to the lack of salary payment and repeated reports of delayed salaries even when paid. Elderly people were treated with attitude at the facility especially that they appeared slow, or "stubborn to get directions".

d) Lack of enough medical staff

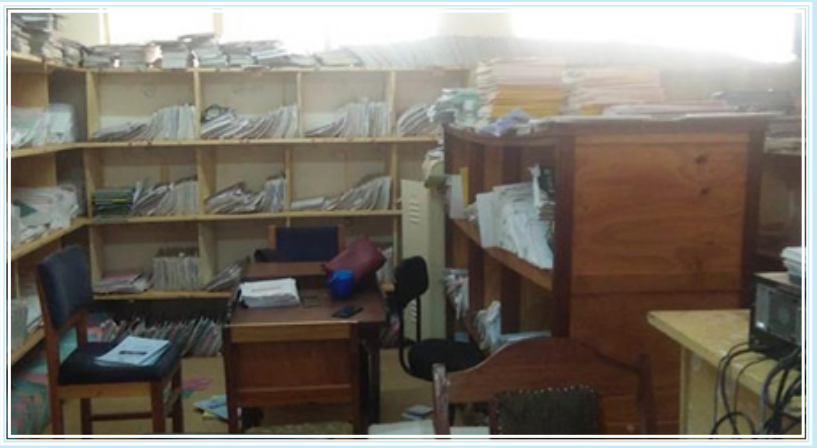
This specific problem was highlighted by cases where appointments to see a doctor were not honored by the doctors and nurses themselves, citing limited doctors or staff working in the facility. The exercise observed that some of the patients spent a while day without seeing a doctor. The total number of staff was about 345 including nurses many of whom were threatening to go on strike. There were an additional 102 nurses pending, to be hired in case the strike materialized. Only 70 nurses would remain in case of the strike, illustrating a possible crisis. There was one resident doctor, seven consulting doctors and about 15 clinical officers.

In regards to the hospital laboratory, it was observed that it takes a lot of time in processing the results and some of the results that needed to be provided in 30 minutes or so were pushed to the next day of services. The lack of reagents and understaffed laboratory technicians was said to have added to the problems being experienced in the facility.

e) Poor administrative service

Poor filing system was observed as one challenge that the hospital needed to address as a priority case. That in most cases, patients with a history already filled with the hospital could not be able to track their health records upon another or subsequent visit(s). Tracking the medical history of most patients was not an easy task for the hospital administrators and medical staff as they relied on manual, hard copy files, most of which could easily be lost.

Furthermore, regarding the inpatient wing, there are not enough ward beds leading to congestion among patients. The mortuary on the other hand was also observed to be poorly managed with strong smell emanating from this facility, from time to time. There a number of ongoing construction projects that appear to have stalled.



Vihiga County Referral Hospital filing system

f) Lack of enough drugs within the facility

Most of the patients were referred to buy drugs from outside chemists or pharmacy shops. The exercise observed a number of cases where the procurement of drugs by the hospital was directed to specific chemists. Most of the drugs for complicated ailments were not found within Mbale township, and patients had to go as far as Kisumu or Eldoret. Essential drugs such as the hypertension drugs at times missed out also in private chemists within Mbale township.

A rejoinder by the hospital medical staff indicated that there were challenges with access to enough drug/medicine by the hospital due to budget constraints even though some of them were essential drugs. Drugs were procured quarterly and the last one was done in September 2019 (this is by the time the exercise was being done in February 2020). The hospital made a requisition but yet to be supplied by KEMSA until the County Government clears the pending bills.

Vihiga County Referral Hospital Pharmacy Department

The criteria used by the hospital is that the head of pharmacy department normally takes count of the stock and share this with the medical doctor in charge. The very essential drugs are done and efforts are made for their orders to be effected every month. Nevertheless, this is never assured. KEMSA thereafter supplies the county referral hospital with drugs as per their request and in cognizance of their debt burden. If the debt is too high, KEMSA may rescind the request. this seems to be the case more often.

g) Poor emergency response

There were numerous complaints by the stakeholders that ambulance at the hospital takes a lot of time to respond to emergencies from the communities. From the FGDs, it was said that above billing for the ambulance charges, some patients were asked to pay for 'fuel costs'. The exercise observed that the theatre and wards (even though the beds are not enough) were well equipped as per standards provided under the guidelines by the Ministry of Health. Nonetheless, community members shared their complaints and the fact that most accident cases where children were involved, they received delayed attention (in other words, these children were not immediately attended to).

Below are some of the beds in the Referral hospital. Most of them are in good condition and adequate.

The hospital indicated that emergencies were responded to before any financial obligation was met and all that was given was an alert of the costs for the different services including any specialized treatment that would require medical cover or personal payment. The hospital handles emergency throughout the county and has three (3) ambulances. Plans are underway to buy more ambulances. The exercise observed that there were more than 5 ambulances stalled or not in use. In respect to the patients fueling the ambulance, this was not true for services within Vihiga County but there was an admission that this was possible through payment of service fees for patient referred to Moi Referral Hospital – Eldoret or hospitals in Kisumu for advanced treatment.

Below is a summary of the observed things that the social auditors in Vihiga County recorded down based on the checklist. They help to give a general feel of the state of affairs in the hospital.

Items checked based on observation		Status			
		Well-equipped / sufficiently	Adequately equipped/ adequately available	Poorly equipped/ stalled Not available	Comments (specify)
1	Pharmacy			✓	
2	Human Resource (medical and technical support)			✓	
3	Budget allocation for construction/ upgrade of facility			✓	Hospital plaza is stalled and incomplete
4	Equipment –laboratory equipment, ward beds etc.		✓		
5	Water and sanitation		✓		

CHAPTER THREE

CHAPTER THREE: CONCLUSION, AND RECOMENDATIONS

3.1 Conclusion

Having conducted this social audit in the three counties as the first effort towards putting local civil society organizations on the first line of generating evidences to engage on lobbying and advocacy, the findings were able to still provide insightful perspectives. From Siaya to Vihiga to Kisumu, there was general feeling that accessing public financial documents on each of the sub topics of interest was impossible and this move may have been deliberate. More efforts were therefore made on looking at logical factors within the hospital and their state vis-à-vis what was expected as per the level of hospital.

The fact that community groups were engaged to provide their experiences as well as field visit to interact with the patients and the medical staff to understand the state of things came out as an important component of this exercise. We hope that future exercise will be an improvement of these ones and that the various organizations will come together to find a way of implementing or fast tracking the implementation of the recommendations below.

3.2 Recommendations

3.2.1 Recommendations for Siaya County

- Likeminded CSOs to organize community forums to engage the hospital management on ways to improve on service delivery to the citizens.
- Use the report to engage county government of Siaya in prioritizing the need to add qualified personnel.
- The CSOs to lobby for budget allocation to improve the status of Ambira hospital theatre facility.
- KMTC students should be posted to Ambira for internship as this way, they will help in reducing the workload of the staff.
- Effort should be made to publish and adopt this report by various stakeholders.

3.2.2 Recommendations for Kisumu County

- Kuoyo Health Centre should mobilize and sensitize the community on the gaps, challenges, and the opportunities presented by UHC in Manyatta 'B' Ward.
- Public Education on Universal Health Coverage (UHC) program was not done in the entire community of Manyatta 'B' Ward and its environs and therefore people don't know about UHC. Moving forward, this needs to be done with the help of the CHWs and CSOs.
- Security of the health centre needs to be improved including hiring of guards to take care of the valuables, fencing of the Centre and mounting a common entry and exit gate.
- To improve on service delivery, CSOs must lobby for appropriate input of human resources, infrastructure and commodities.
- To improve on service delivery, there must be an appropriate mix of input of human resources, infrastructure and commodities, this helps to avoid some inputs being available but not used.
- The Health Facility management committee (HFMC) should be elected in an open manner, inducted, trained and capacity built to improve on the management of the Health Facility.
- Citizen groups should prioritize the upgrade of this facility in their budget participation foras.
- The County Government should employ enough technical and medical staff personnel to manage the overwhelming number of patients in Kuoyo Health Center.

3.2.3 Recommendations for Vihiga County

- The County Assembly led by the health committee should find out why there are infrastructural projects that have stalled in the hospital and whether it is an issue of lack of allocation or mismanagement of public funds.

- County Government must handle the issue of drug procurement with the sensitivity it deserves. Clearance of any pending bill and past bottle necks to allow ease of access from KEMSA should be made a priority.

- The hospital staff refuted the claims that they sent patients to the outside chemist even though some of the drugs may be present in the hospital pharmacy and indicated that in any case this is culture may have been encouraged by interest emanating from a few corrupt clinicians and not the hospital. This is an investigation that the Department of health in the County Government needs to conduct and furthermore authenticate the allegations.

APPENDIXES

APPENDIX 1: KISUMU COUNTY SOCIAL AUDIT ON THE EFFECTIVENESS OF UHC AT KUOYO HEALTH CENTRE

Tool 1: CHECKLIST

Items checked based on observation		Status			
		Well-equipped / sufficiently	Adequately equipped/ adequately available	Poorly equipped/ Not available	Comments (specify)
1	Pharmacy				
2	Vaccines for children and pregnant women				
3	Family Planning				
4	HIV testing services				
5	Latrine				
6	Human Resource				
7	Budget allocation for construction/ upgrade of facility				
8	Equipment –laboratory equipment				
9	Water and sanitation				

Note: Attempts to observe and take pictures evidence is encouraged

Tool 2: FOCUS GROUP DISCUSSION GUIDE

i. How easy or hard is it for the community to seek health care services in this facility (no. of staff (ask about the staff quarters), accessibility (ask about the status of the road to the facility, operational hours)?
ii. How safe are the drugs, service providers and facility including medical and administrative equipment on operational and non-operational hours?
iii. Number of supervisions and visits to check on the state of the facility and complaints made by the staff.
iv. Are you satisfied with the attitudes of the service providers in this facility?
v. Are the financial resources for the upgrade and/or upgrade of the facility utilized with the input of the community?
vi. How do you rate referral services in the facility?
vii. Is there public education done on the UHC program?
viii. Who benefits from the UHC program?
ix. How is the health facility committee selected for development projects?
x. Are you satisfied you receive from the facility?
xi. Are the drugs in the facility given free or charged? (if they are charged, which drugs are charged)
xii. What could be the areas that need improvement to enhance better healthcare?

Tool 3: KEY INFORMANT INTERVIEW

- How many patients access this facility on a monthly before and during the UHC?
- Do you have enough medical supplies in the facility? If not, why
- How many technical and medical staff do you have?
- How often do you meet as staff to review complaints from the patients?
- Does the health facility offer outreaches to community e.g. action days, dialogue days or treatment outreaches?
- Which health priority areas do you address with the UHC?

APPENDIX 2: SOCIAL AUDIT OF VIHIGA COUNTY REFERRAL HOSPITAL

Tool 1: CHECKLIST

Items checked based on observation		Status			
		Well-equipped / sufficiently	Adequately equipped/ adequately available	Poorly equipped/ Not available	Comments (specify)
1	Pharmacy				
2	Human Resource (medical and technical support)				
3	Budget allocation for construction/ upgrade of facility				
4	Equipment –laboratory equipment etc				
5	Water and sanitation				

Note: 1. Attempts to observe and take pictures evidence is encouraged.
2. **Equipment (point 4) to mean:** comprehensive care centres, antenatal, labour and postnatal care, maternal and child health care unit, medical and surgical wards, surgical theatres and maternity theatres, x-ray machines, CT and MRI scanners, baby incubators bloodlines, anaesthetic machines, oxygen concentrators, infant care unit, ultra sound and diagnostic equipment and microscopes and beds
3. **Budget allocation (point 3)** for upgrade or constructions: Male ward, female ward, maternal ward

Tool 2: FOCUSED GROUP DISCUSSION QUESTIONS

- Are you satisfied by the services offered at the Vihiga county referral hospital?
- Are the drugs sufficient within the facility and are the drugs provided appropriately?
- Is the health facility responsive enough to emergency situations like accidents?
- Which areas within the facility needs to be improved?
- How do you rate the Vihiga county referral hospital facility in terms of physical and non-physical infrastructure?
- Is the community involved in the management of the facility?

Tool 3: KEY INFORMANT INTERVIEWS

- Does the hospital have enough drugs yes or no if No explain why
- When was the last time drugs were disbursed to the county hospital?
- Which criteria does the procurement officer use in purchasing drugs within the hospital?
- Are the drugs purchased relevant to the prevailing ailments?
- Do you get enough medical supplies to manage the facility?
- How many patients access this facility on monthly basis?
- Do you have sufficient funds to run the hospital? if no, how do you address this.
- Does the health facility have mechanisms in providing safe healthcare i.e. avoiding preventable injuries and medical errors?
- Does the facility respond timely to uncertainties and emergencies i.e. rapid response to emergencies?
- Does the facility have enough physical or non-physical infrastructures?
- What is the status of the ongoing construction at the facility if any?

APPENDIX 3: SIAYA COUNTY SOCIAL AUDIT OF AMBIRA SUB COUNTY HOSPITAL

Tool 1: CHECKLIST

Items checked based on observation		Status			
		Well-equipped / sufficiently	Adequately equipped/ adequately available	Poorly equipped/ Not available	Comments (specify)
1	Pharmacy				
2	Vaccines for children and pregnant women				
3	Family Planning				
4	HIV testing services				
5	Latrine/toilets				
6	Human Resource (technical and medical personnel				
7	Budget allocation for construction/ upgrade of facility (maternity wing)				

	Is the maternity wing building built to standard				
8	Equipment –laboratory equipment, Ward beds and ambulance				
9	Water and sanitation				

1. On equipment –regarding the maternity as a facility, the idea is to also observe its usability More on FGD).
2. For the toilet, observe whether it is built to accommodate those with physical disability.

Tool 2: FOCUSED GROUP DISCUSSIONS (FGD)

1. What's your experience with Ambira hospital while receiving health services?
2. Are the services offered satisfying you as a resident of Ugunja Sub County? If no, why?
3. Have you visited the facility with a patient or when unwell for purposes of treatment, do you often get drugs?
4. What is the general perception of the public regarding the facility? are the communities engaged in decision making especially on infrastructure development (the issues of toilets and other parts of the hospital being disability friendly or otherwise)
5. How safe are the drugs, service providers and facility including medical and administrative equipment on operational and non-operational hours?
6. Have you ever visited the maternity wing, are the wards furnished with equipment, is the building built to standards?

7. Is the health facility responsive enough to emergencies like accidents?

Tool 3: KEY INFORMANT INTERVIEW

1. Does the drug you receive in the current financial year sufficient?
2. Are the drugs disbursed in time? (this is to further verify how equipped the pharmacy is)
3. How many patients do you attend to in average in a day at this facility and what owes to this huge/small number of patients?
4. How many staff are in this facility and what are their categories?
5. What is the status of the maternity ward, what is its capacity and is it serving its intended purpose?
6. Do we have management committee for Ambira Health Facility, how are the members of hospital management committee selected and if yes what is there role?
7. What is your level of preparedness for emergency situations such disease outbreaks, accidents etc.

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