National Taxpayers Association
pesa zetu, haki yetu

STRENGTHENING CITIZEN DIALOGUE ON HEALTHCARE

A CHAMBUA REPORT FOR NAIROBI CITY COUNTY

About the National Taxpayers Association

The National Taxpayers Association (NTA) is an independent, no-partisan organization that promotes good governance in Kenya through citizen empowerment, enhancing public service delivery, and partnership building.

Since 2006, NTA has implemented programs aimed at strengthening government service delivery performance and enhancing accountability through monitoring the quality of public service s and management of public funds.

Published by:

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EXECUTIVE SUMMARY

Since its establishment in 2006, the National Taxpayers Association has been committed to promoting good governance in Kenya through citizen empowerment, enhancing public service delivery partnership building, and building of a more transparent, accountable, and empowered society through enhanced good governance and informed citizenship. Guided by our mission to advocate for government accountability in service delivery to influence policy through engagements, partnerships and tax-payer transforming information and research, and the vision of a taxpayer responsive government delivering quality services to all; our projects are geared towards monitoring the usage and management of public funds, development projects, and strengthening the participation of PWDs, youth, and women in the budget-making processes in different counties in Kenya. In this realization, our focus is aligned in strategic thematic areas which include building citizen demand for accountability and strengthening government service delivery to enhance public watch on public revenue collection, use of taxes in service delivery and championing for inclusive governance; research, advocacy and policy influencing; tax justice to promote fair redistribution and utility of public revenue in addressing economic imbalance and gender inequality; and institutional capacity strengthening.

This report has been developed as a result of citizen-led analysis of the implementation status of development projects and service delivery at level III health facilities in Nairobi City County. Through partnership with the Office of the Controller of Budget and the Office of the Auditor General, the National Taxpayers Association appraised the Level III health facilities In-charges together with the Health Facility Management Committees about the importance of audit reports as tools for ensuring compliance, accountability, transparency, and quality assurance in realization of citizen's universal access to healthcare. This was upon the realization that many of the Kenyan communities lack understanding of transparency on how public resources are allocated and utilized within their localities. As a result, there is limited community participation and utilization of the information from the key county documents such as the County Annual Development Plan, County Integrated Development Plan, and the Budget Estimates Allocations for key sectors such as health care. Consequently, the Health Facilities Management Committees operating in Level III health facilities have minimal access and interpretation of these key county budget documents. They hence are unable to meaningfully participate in the implementation and oversight of development projects in their facilities.

Under the healthcare sector, the Nairobi City County government commits to providing quality health, wellness and nutrition services; to provide accurate information to clients and public on demand; and to treat all clients equally without discrimination irrespective of race, gender, religious belief guided by the values of accountability and transparency. Accordingly, the health sector is allocated the highest amount of the county annual budget. For example, the sector received 19.4 percent during the 2023/2024 financial year and 21.51 percent for the 2024/2025 financial year. Correspondingly, this should be reflected through citizen access to services from the health sector. Based on a citizen-led analysis conducted by the National Taxpayers Association on the status and the quality of services in level III health facilities; this report identified gaps in the supply of pharmaceutical and non-pharmaceuticals, laboratory services, machines, and diagnostics, pharmacy services, accountability and transparency in usage and auditing of public funds, staffing and human resource personnel, infrastructure development, capacity building to staff and the Health Facilities Management Committees, ambulance and referral services, NHIF (now SHA) claims management system, procurement of supplies, and access to proper security.

These challenges have impacted the lack of citizen's full access to the constitutional right to health care services. It has also accounted for the disparities in access to healthcare services among user citizens. As a result, the remote and marginalized communities particularly from the informal settlements in Nairobi City County cannot access basic healthcare support, hence derailing the hopes and aspirations espoused under the universal healthcare program. Through this report, we seek to safeguard the constitutional aspiration that every person is entitled to the right to the highest attainable standard of health, including the right to health care such as; access to health services, accessible and adequate health care, basic nutrition, adequate clean water and proper sanitation, and the freedom from hunger. In this realization, both the national and county governments must deploy the necessary policy, legislative, and administrative measures to implement the right to citizen universal access to healthcare.

Irene Otieno

The National Coordinator,
The National Taxpayers Association.

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ACKNOWLEDGEMENTS

It is with great pleasure that the National Taxpayers Association presents this report based on a community dialogue on healthcare status in Nairobi City County. This report provides detailed information on the progress, improvement, and status of implementation of development projects in Level III health facilities in Nairobi City County. The report specifically focuses on current progress in Level III health facilities in the spheres of the services offered, facility leadership management, financial management, and auditing, policy standards guidelines and strategy, Health Facility Management Committees and citizen participation, supplies, facility infrastructure, human resource management, machines and diagnostic equipment, records and information management systems, and referral services. and other aspects that hinder optimal service delivery.

This report has been developed through the contribution of different players. We would like to sincerely thank our CAGs whom we commissioned to carry out the enumeration exercise, in understanding your critical role in enhancing accountability at the community level. This report was made possible due to your efforts to reach out to the facilities and identify key areas of advocacy and policy interventions. We thank you both in personal and collective capacities.

We also extend our gratitude to the Nairobi County Department of Health Services and the health facilities in-charges for your support, cooperation openness, and assistance as we developed this report. This also goes to the Health Facilities Management Committee for accepting invitations for interviews through which you provided views, opinions, data, and recommendations that are essential in the development of this report.

This report has also been formulated as a result of extensive and intensive reviews from the NTA team. Specifically, we would like to thank Irene Otieno for providing leadership and support throughout the entire process and the entire programs team for actively participating in the development of the report.

The National Taxpayers Association is greatly thankful to all the stakeholders who took part in the development of this report. Your contributions are significant in contributing to the advocacy for universal citizen access to the right to healthcare in Kenya and to enhance citizen participation, accountability, and transparency in governance and service delivery in accordance with the hopes and aspirations of the Constitution of Kenya, 2010.

God bless you all.

1.0: BACKGROUND

1.1: INTRODUCTION

The Kenya health sector has undergone landmark strives and strides since inception of the county governments. Different health policy frameworks have been realigned in accordance with the constitution, and international best practices, and by taking lessons from past experiences. This has led to the development of a collaborative framework between the National Government and County Governments on healthcare governance as enshrined under the fourth schedule of the Constitution of Kenya, 2010. Therefore, the two levels of government are expected to collaborate and ensure citizen universal access to health care services through policy development, regulation, and coordination of healthcare programs. In ensuring citizen access to healthcare services, the constitution outlines that county governments shall be responsible for county health facilities, primary healthcare, ambulance services, and pharmacies while the national government is accorded the national referral healthcare and health policy. This provision is well operationalized under the Health Act, 2017, which demystifies the roles of the national government and those of the county governments in healthcare and their intersectionality in service delivery.

It has also progressively given life to numerous other policy and regulatory frameworks by the Ministry of Health and County Governments through which the health sector has implemented important structural and technical reforms in the realization of universal access to healthcare services in Kenya. For example, the Kenya Quality Assurance Model for Health was developed by the Ministry of Health at the inception of county governments to shape the quality and standards of healthcare delivery in accordance with international best practices influenced by the World Health Organization and aspirations for universal healthcare. Accordingly, the quality assurance model has defined a checklist for the standardization of all categories of healthcare facilities in Kenya. Specifically, in level III health facilities, the model acts as an approach to mainstream quality standards of operation. This is enhanced through emphasis on curative, preventive, and promotive services, reporting, and support services along key mandate areas such as out-patient care, limited emergency care, maternity for normal deliveries, laboratories, oral health, referral services, preventive and promotive services, as well as inpatient observations. Herby, the checklist takes into account the adequacy of resources, staff motivation and competence, management support and leadership, caregiving process, referral systems, and the need for active community participation. [1]

1.2 RATIONALE

Since the promulgation of the new constitution in 2010 and the establishment of forty-seven county governments, the need to promote social and economic development and the provision of proximate and easily accessible services throughout Kenya became a fundamental right and a priority. This provided the basis for the devolution of healthcare services to the county level. In this spirit, the purpose of decentralization of healthcare services has been to confer the county governments the responsibility of ensuring the availability and accessibility of healthcare services, to improve decision-making in

1 http://guidelines.health.go.ke/#/category/23/108/meta

healthcare matters, to improve local healthcare governance at the community level, to bring services closer to the people, and to ensure that the citizens can access services within close range and at any time. This commitment has been further strengthened under Article 43 (1) of the constitution which prioritizes the right for access to healthcare services under the socio-economic rights pillar.

The constitution therefore provides that; every person has the right to the highest attainable standard of health, which includes the right to health care. To this extent, the specific attributes of the right to health care include; the right to health services, the right to accessible and adequate health care, the right to basic nutrition, the right to adequate clean water and proper sanitation, and the freedom from hunger. Accordingly, both the national and county governments are mandated to ensure citizens universal access to all aspects of health services by formulating policies and legislative interventions, administrative implementation measures, and taking the necessary steps to ensure the universal realization of the right to health among citizens. This includes the right to emergency medical treatment and other emergency health services as well as appropriate social security for persons who are unable to support themselves and their dependents. [2]

Being a product of progressive realization, the national government and the county governments are required to advance reasonable and measurable steps to advance universal citizens' access to the right to health care through planning and policy, resource mobilization, resource allocation, and programmatic implementation. Consequently, different health policies, frameworks, and legislations have been enacted by the national government and county governments through a collaborative approach. Further, the decentralization of healthcare governance has enabled the county governments to identify specific healthcare needs within their localities based on the uniqueness of challenges. This has been viewed to be credible for prioritization, planning, resource mobilization, programming, and spending. Also, the approach has been a product of enhanced community participation in the planning and delivery of healthcare services. As a result, devolution has gradually improved accessibility to healthcare services to the marginalized and remote communities due to improved identification of health needs and resource allocation since 2013 when the county governments became operational.

Further, the realization of universal citizens' access to the right to healthcare services has been enhanced through investments in the development of key infrastructure, development of health facilities such as health centres and dispensaries, procurement of medical and diagnostic equipment, and employment and deployment of medical personnel. However, the devolution of health care has not been without setbacks. Thus, the health sector has been engulfed with a myriad of challenges that collectively hinder the progressive full realization of access to healthcare rights by citizens. In regards to the provision of healthcare services, the constitution specifically mandates the national government the health policy and the national referral health facilities; and the county government the county health facilities and pharmacies, ambulance services, and primary health care.

Therefore, the national government bears the central responsibility of health policy while the county governments spearhead the implementation of healthcare programs. This necessitates the need for an enhanced and sustained coordinated policy, administrative and technical support between the two levels of government to promote the coordination of policies to effectively align operations and

2 https://www.kenyalaw.org/kl/index.php?id=398

progressively improve implementation of healthcare programs and service delivery throughout the entire republic. Correspondingly, the health sector has been the leading priority and hence receives the highest budgetary allocation by the county governments. For example, during the 2019/2020, financial year, county governments allocated a cumulative of KES 127 billion representing 27.8 percent of total budget to the healthcare sector. In 2020/2021, county budgetary allocations to health care increased KSH 135 billion which represented 29.8 percent of their total budget. 29.2 percent. In addition, per capita allocation to healthcare averaged at KSH 2,671 in 2019/2020 and KES 2,785 in 2020/2021. In the 2020/2021 financial year, Lamu County allocated the highest per capita allocation in healthcare at KES 8,746 while Nairobi City County reported the lowest per capita allocation of KES 1,606. [3]

According to the Nairobi City County Budget Estimates for the FY 2024/2025, the county government allocated a total of KES 8.9 billion to the health sector representing 21.51 percent of the total budget.[4] This is in comparison with KES 8.2 billion representing 19.4 percent for the 2023/2024 financial year from which KES 7.07 billion and 1.13 billion was budgeted for recurrent expenditure and development expenditure respectively.[5] Out of a budget of KES 8,942,939,134 for the 2024/2025 financial year; KES 7.88 billion (88 percent) and KES 1.07 billion (12 percent) went to recurrent expenditure and development expenditure respectively.

Specifically, health centres and dispensaries were budgeted a total of KES 359,255,961 under the health facilities program category. Illustratively, KES 287,027,711 and KES 72,228,250 were distributed across development expenditure and recurrent expenditure respectively. Under the medical services program, an overall of KES 22,635,000 was budgeted to the primary healthcare program while reproductive and maternal health program was budgeted for an overall of KES 7,765,000. In the 2023/2024 financial year, health centres and dispensaries were allocated KES 10,545,000 for purchase of medical drugs; KES 10,000,000 for dressings and other non-pharmaceutical medical items, while KES 51,683,250 was clustered under other current transfers.

In the current 2024/2025 financial year, the health centres and dispensaries delivery unit accounts for the approved development projects by the Nairobi City County government in the health sector. These include; completion of Umoja I health facility at KES 10, 000,000; construction of perimeter wall in nine existing level III health facilities at a total of KES 24,000,000; completion of the stalled new medical block at Karen health centre at KES 16,000,000; completion of the stalled new medical block at Dandora II health centre at KES 16,000,000; completion of the construction of administration block at Mukuru health centre at KES 7,000,000; construction of a perimeter wall and general renovations at Marurui health centre at KES 5,000,000; construction of a maternity wing at Umoja I health centre at a cost of KES 20,000,000; upgrade of Korogocho health centre at a cost of KES 5,000,000; procurement of extra land for Njiru hospital and construction of a perimeter wall at a cost of 10,000,000; procurement of standby generators for level III health facilities across the county at a cost of KES 20,000,000; equipping of county health facilities at a cost of KES 15,000,000; and enhancement of security in health facilities across the

3 http://guidelines.health.go.ke:8000/media/National_and_County_Budget_Analysis_FY_2020-21_April_2022.pdf

4 https://nairobiassembly.go.ke/ncca/wp-content/uploads/paperlaid/2024/NAIROBI-CITY-COUNTY-ITEMIZED-BUDGET-ESTIMATES-FOR-FY-2024-2025.pdf

5 https://repository.kippra.or.ke/bitstream/handle/123456789/4467/Nairobi%20PBB%202023-2024-.pdf?sequence=1&isAllowed=y

county at a cost of KES 10,000,000; Other projected development projects include; establishment of ICT infrastructure to include Integrated Hospital Information Management System (IHIMS), biometric equipment, and digital security system for all the 124 health facilities and GIS for health services across the county at a cost of KES 17,979,500; and branding of health facilities at a cost of KES 10,000,000.[6]

Though with the largest spending by counties, the healthcare sector has continued to suffer due to insufficiency of administrative and technical support. For example, the sector suffers from the lack of enough resources owing to the magnitude of its demand areas and poor source revenue generation and financial allocation to finance its pertinent services coupled with the lack of accountability and transparency in financial utilization. As a result, the county governments have been faced with the challenge of implementing the development of healthcare infrastructure, staffing, procurement of recurrent supplies and drugs, and other important aspects of service delivery. As a result, there has been inadequate access to healthcare, particularly for the remote and marginalized communities in different counties, which has led to disparities in access to the right to healthcare. Also, most of the county health facilities have been left without an adequate number of medical personnel; hence limiting the provision of specialized healthcare services.

Hence, subsequent audit reports published by the Office of the Auditor General (OAG) point out the common challenges affecting the right to access healthcare in different counties, including Nairobi City County. For example, the 2021/2022 audit report on Level IV and Level V hospitals isolated key challenges affecting operations. These include: stalled infrastructure projects and idle assets; inconsistencies and inaccuracy in financial reporting, and failure to submit financial statements for audit; lack of access to policy documents in different health facilities; ineffective governance by the Board of Management, inadequacy of own source revenue control and management, lack of audit committees and internal audit units, understaffing, poor management of pharmaceuticals, poor NHIF (now SHA) claims management systems; and procurement irregularities. [7]

While the audit reports on Level III health facilities are not made public, the audit reports from the Office of the Auditor General on Level IV and Level V health facilities have identified similar challenges that have continued to recur over the years, across different levels of healthcare units. Illustratively, most of the health facilities in Nairobi City County fail to meet the criteria specified by the Kenya quality assurance model for health on level III facilities. In accordance with the Kenya Quality Assurance model for Level III health facilities, these include, shortage of pharmaceutical and non-pharmaceutical supplies such as drugs, lack of infrastructure and stalled infrastructure projects, inadequate staffing, the inadequacy of machines and diagnostic equipment necessary, lack of policy documents, limited capacity of the Health Facility Management Committees to carry out their mandate, minimal audit reporting, poor financial management, and poor referral systems. [8]

6 https://nairobiassembly.go.ke/ncca/wp-content/uploads/paperlaid/2024/NAIROBI-CITY-COUNTY-ITEMIZED-BUDGET-ESTIMATES-FOR-FY-2024-2025.pdf

7 https://www.oagkenya.go.ke/wp-content/uploads/2024/03/Summary-Book-for-Level-4-and-Level-5-Hospitals.pdf

8 http://guidelines.health.go.ke:8000/media/Q_Level3_Standards.pdf

2.0 METHODOLOGY

This report was developed as a product of a citizen-led participatory approach to assess the implementation status of development projects and citizens' access to services in level III health facilities in Nairobi City County. The purpose of the research was to generate citizen-led data to inform the improvement of service delivery in the health sector. The analysis was guided by the Kenya Quality Assurance Model for Level III Health Facilities which provides a checklist for assessing the level of compliance and quality controls for different categories of health facilities in Kenya. According to the Health Act, 2017, level III health facilities are designed to provide out-patient care, limited emergency care, maternity for normal deliveries, laboratories, oral health referral services, preventive and promotive services, and inpatient observations. In assessing the level of compliance and quality controls, data was gathered based on: facility infrastructure, supplies, policy standards and guidelines, referral system, leadership, machines and diagnostics, financial management, records and information system, and human resource management dimensions.

Accordingly, data was collected through the use of semi-structured questionnaires guided by the Kenya Quality Assurance Model for Level III health facilities by the Ministry of Health and Focus Group Discussions with the Health Facilities Management Committees and facility In-Charges. This was complemented by the use of observations which was enhanced through site visits to assess the status and conditions of the services as well as physical infrastructure.

The research process involved citizen participants and rights holders as well as service providers and duty bearers. Therefore, the research population included; sub-county medical officers, level III health facilities in-charges, Health Facilities Management Committees, and Community Accountability Groups (CAGs). Data was collected from 32 health centres which formed the research area. These facilities were selected through technical support from the Nairobi City County Department of Health Services by ensuring geographical representation, accessibility and proximity, service delivery, and other practical considerations.

Data was thereafter analyzed qualitatively by examining the findings from the key informant interviews and observations that were held. This was further enhanced through comparison with the established standards under the Kenya Quality Assurance Model for Level III Health Facilities to identify service delivery gaps, human resource gaps, infrastructure gaps, funding and resource mobilization gaps, accountability gaps, technical support gaps, capacity building gaps, and community participation gaps to recognize areas of improvement and identify challenges to inform the development of a community scorecard, policy interventions, and other practical recommendations.

The main limitation was the lack of capacity among the Health Facility Management Committees from different health facilities about policy frameworks, strategy, and guidelines guiding the management and service delivery in health centers and the lack of public knowledge on audit reports. on Data was obtained through analysis of sector

3.0: POLICY FRAMEWORK AND DIMENSIONS

3.1: POLICY FRAMEWORK.

The constitution of Kenya, 2010 safeguards the right to the highest attainable standard of health, which includes access to health care services. Also, the provision of health care is a priority under the economic and social rights pillar of the Vision 2030. To operationalize citizen access to healthcare, the constitution provides for the distribution of functions between the national government and the county governments on healthcare provision. Per the Fourth schedule, the constitution of Kenya, 2010 accords national referral healthcare and health policy to the National government; and county health facilities, primary healthcare, ambulance services, and pharmacies, to county governments. [1] Therefore, this confers the two levels of the government and other health sector duty-bearers the broad responsibility of ensuring seamless citizen access to healthcare services. Such responsibilities broadly include healthcare policy development, regulation, and coordination of healthcare programs to ensure universal access to healthcare.

Accordingly, access to the right to healthcare has been codified into different long-term and medium-term policy frameworks besides the Kenya Vision 2030. These include; Acts of Parliament, and the subsequent Medium-Term Plans, County Integrated Development Plans, Annual Development Plans, and other policy instruments from the Ministry of Health and the respective county departments of health. To this extent, Vision 2030 cements the government's commitment to provide citizens with universal access to the right to healthcare as a priority. In this realization, the government has rolled out numerous flagship projects and programs to address the challenges affecting the citizen's access to healthcare. Broadly, the health sector's flagship thematic areas include the development of healthcare infrastructure, enhanced access to healthcare services, preventive healthcare, social health protection, community health intervention, healthcare human resources management, and healthcare information management.

Moreover, the Kenya Health Policy prioritizes the right to access healthcare and emphasizes its contribution to the national social and economic development aspirations. Specifically, it points out the need for a multisectoral approach between health sector role players such as government, oversight bodies, and citizens through a multisectoral participatory approach. Hence, it lays out the specific functional responsibilities of the National government and the county governments to promote the responsiveness of the health sector, to enhance efficiency, and to promote social accountability and transparency. Importantly, it also prioritizes improved access to people-centered essential healthcare; increased access to quality of healthcare services; emergency preparedness and response, partnerships among sectorial players; and enhanced financing for health. This is geared towards the realization of access to affordable quality healthcare services by citizens under a universal health coverage program. [2]

Cognizant of the need for improved access to healthcare services, the policy thus operationalizes a collaborative framework with the National Government, the County Governments, other duty-bearers, and role players in the sector. Notably, the Ministry of Health through the Kenya Quality Model for Health provides a checklist for assessing the quality of healthcare in Kenya. In enhancing improvement and quality access to healthcare services, the model lays out the organization of health services. This takes into account the changes that the health sector has undergone influenced by the enactment of the new constitution in 2010, the introduction of county governments, the development of clinical standards and guidelines, and the adoption of the World

1 https://www.kenyalaw.org/kl/index.php?id=398

2 Health_Sector_Annual_Performance_Review_Report_Financial_Year_2020-2021_-October2022.pdf

Health Organization Health Systems Building in the Kenya Health Sector Strategic and Investment Plan (KHSSP).[3] There has also been a need for a renewed national framework to guide accreditation, adherence, standardization, and quality control to improve services within the health sector. This is guided through the organization of the health service delivery into a unitary system classified into six levels which distribute roles between the national government and county governments to integratively enhance access to public healthcare by citizens. These categories include; Level I (community), Level II (dispensaries), Level III (health centres), Level IV (primary referral facilities/sub-county hospitals), Level V (secondary referral facilities/county referral hospitals), and Level VI (tertiary referral hospitals). [4]

Accordingly, the Kenya Quality Assurance Model for Health spreads out the interlinkages between these different levels of health facilities and outlines integrated functional characteristics and standards for each level. Being a quality management tool, it also outlines the standards areas and checklists that establish the basis for improved quality healthcare services. With a specific focus on Level III, the policy has set out curative, preventive, and promotive services, reporting, and support services as the key mandate areas. This establishes the guideline upon which the quality assurance and standards of adherence for the Level III health facilities in Kenya are established.

The MoH Checklist for assessing quality healthcare in Kenya is guided by the Health Act, 2017 which outlines the roles of level III health facilities as; out-patient care, limited emergency care, maternity for normal deliveries, laboratories, oral health referral services, preventive and promotive services, and inpatient observations.[5] Therefore, the quality assurance standards package for the level III health facilities is modeled along; infrastructure, supplies, policy standards and guidelines, referral system, leadership, financial management, records and information system, and human resource management dimensions. These dimensions have been adopted by the Ministry of Health as characteristic checklists for assessing healthcare standards and promoting quality in service delivery.
[6]

3.2: ROLE OF THE NATIONAL GOVERNMENT AND THE COUNTY GOVERNMENTS IN HEALTHCARE.

The Health Act, 2017 outlines the functions of the national government and county governments in healthcare. The Act has been developed to operationalize the constitutional provisions on the delivery of healthcare services as specified under Article 43(1) and the Fourth Schedule. [7] Specifically, the national government is responsible for:

Development of health policies, laws and administrative procedures and programs in consultation with county governments and health sector stakeholders and the public for the progressive realization of the highest attainable standards of health including reproductive healthcare and the right to emergency treatment;

- Ensuring the implementation of rights to health specified in the Bill of Rights;
- Setting policy guidelines and standards for human food consumption, dietetic services and healthy lifestyle;

3 http://guidelines.health.go.ke/#/category/23/394/meta
4 http://guidelines.health.go.ke:8000/media/Health_Sector_Annual_Performance_Review_Report_Financial_Year_2020-2021_-October2022.pdf
5 http://kenyalaw.org:8181/exist/rest/db/kenyalex/Kenya/Legislation/English/Acts and Regulations/H/Health Act - No. 21 of 2017/docs/HealthAct21of2017.pdf
6 http://guidelines.health.go.ke:8000/media/Q_Level3_Standards.pdf
7 http://kenyalaw.org:8181/exist/rest/db/kenyalex/Kenya/Legislation/English/Acts and Regulations/H/Health Act - No. 21 of 2017/docs/HealthAct21of2017.pdf

- Technical support at all levels with emphasis on health system strengthening;
- Development of policy measures to promote equitable access to health services to the entire population, with special emphasis on eliminating the disparity for marginalized areas and disadvantaged populations;
- Development and promotion of application of norms and standards for the development of human resources for health including affirmative action measures for health workers working in marginalized areas;
- Provision of medical audit of deaths with a special emphasis on maternal and neonatal deaths as a tool for the further development of obstetric and neonatal care;
- Putting in place policy intervention measures to reduce the burden of communicable and non-communicable diseases, emerging and reemerging diseases and neglected diseases;
- Development of standards of training and institutions providing education to meet the needs of service delivery;
- Setting guidelines for the designation of referral health facilities;
- Development and ensuring compliance with professional standards on registration and licensing of individuals in the health sector;
- Co-ordinating development of standards for quality health service delivery;
- Accreditation of health services;
- Coordination of intergovernmental relations mechanisms on all health aspects of disaster and emergencies;
- Ensuring that financial resources are mobilized to ensure uninterrupted access to quality health services country wide;
- Promoting the development of public and private health institutions to ensure their efficient and harmonious development and in the common interest work towards progressive achievement of the right to health;
- Providing for the development and expansion of a countrywide national health information management system;
- Facilitating all forms of research that can advance the interests of public health;
- Development and management of the national and specialized health referral facilities;
- Promoting the use of appropriate health technologies for improving the quality of healthcare;
- Providing policy guidelines and regulations for hospital waste management and conducting environmental health impact assessment; and
- Establishment of an emergency medical treatment fund for emergencies to provide for unforeseen situations calling for supplementary finance.

With respect to County Governments, the Health Act, 2017 establishes a county executive department responsible for health in every county. This department is mandated to set up the county health system and the delivery of county health services in accordance with the Fourth Schedule of the Constitution of Kenya, 2010. [8] Accordingly, the duties of the county governments in health care include:

- Implementation of the national health policy and standards as laid down by the national government through the ministry of health;
- Healthcare service delivery, including the maintenance, financing and further development of the devolved health services and institutions;
- Coordination of health activities in order to ensure complementary inputs, avoid duplication and provide for cross-referral, where necessary to and from institutions in other counties;

8 http://kenyalaw.org:8181/exist/rest/db/kenyalex/Kenya/Legislation/English/Acts and Regulations/H/Health Act - No. 21 of 2017/docs/HealthAct21of2017.pdf

- Registration, licensing and accreditation of providers and health facilities respectively according to standards set nationally by the Ministry of Health;
- Designation of county referral hospitals according to criteria agreed upon by the intergovernmental health coordinating mechanism;
- Staffing of the public health service;
- Procurement and management of health supplies;
- Maintenance of environmental health and sanitation standards;
- Provision of access and practical support for monitoring standards compliance undertaken within the county by the Ministry of Health;
- Providing access and practical support for technical assistance, monitoring and evaluation, research for health by the national and county government;
- Development of supplementary sources of income for the provision of health care services;
- Development of criteria to compensate healthcare facilities for debts arising through failure to secure payment for bills for non-payment of treatment of indigent users;
- Reporting on activities, development, and the state of finance within the county health services in accordance with the standards established by law;
- Making known to the public at all times the health facilities through which generalized or specialized services are available to them;
- Development and promotion of public participation in the planning and management of local health facilities so as to promote broad ownership; and
- Ensuring and coordinating the participation of communities in the governance of health services at the county level so as to promote a participatory approach in healthcare governance.

3.3: THE KENYA QUALITY ASSURANCE MODEL FOR HEALTH DIMENSIONS

The Infrastructure Dimension: The baseline requirements for the level III health facilities is availability of land registration or lease documentation, inspection reports, and an establishment to operate in an openly displaced location; proper sanitation, drainage and health safety denoted by the availability of safe water at all times, availability of clean, well maintained, and labeled toilets or latrines, a functional drainage system for sewage and rainwater, waste disposal management and waste handling system; regular and reliable power supply for emergency procedures, proper lighting, adequate security to prevent theft and burglary, and disaster preparedness; proper maintenance of buildings; and enhanced hygiene standards through staff training, infection prevention, and hygiene safety.

The Supplies Dimension: The Quality standards require all health centres to be provided with the necessary supplies at all times to enhance a smooth running of their operations. these include; basic office equipment such as pens and writing materials; non-pharmaceutical materials such as gloves and syringes; enough tally sheets for use in FIFO, sufficient generic, branded drugs and a buffer stock; reports on drug use, sources, consumption, current stock, dispensing records, expiry records, and pilferage records; and incorporation of all supply plans in the budgetary allocations.

The Referral System Dimension: In ensuring effective health services, the facilities are required to develop a referral system embedded in a policy and strategy to plan and ensure that there is adequate communication system phone or radio, a minimum of one fully equipped ambulance on stand-by 24/7 and with a driver; at least one trained personnel in emergency care; and ensure that referral guidelines and protocols are made available and known to health workers and support staff.

The Financial Management Dimension: All health centres are required to develop annual budgets based on county fiscal guidelines. They are also required to conduct regular financial audits which identify and recommend measures of improvements to ensure that funds are spent transparently and in an accountable manner on priority areas based on community input.

The Human Resource Management Dimension: To enhance effective service delivery and performance, it is a requirement that all positions are filled with qualified staff in accordance with the relevant ratios as guided by the staffing norms. Also, facilities are needed to ensure employee and health safety is safeguarded, promote diversity and inclusion, compliance with existing laws and regulations, proper workforce planning, performance appraisals and continuous professional development, and ensure that staff are updated and availed with standards and guidelines.

The Machines and Diagnostic Equipment Dimension: This is a key requirement in ensuring that health centres are able to deliver safe and effective health services. These include; clinical and laboratory diagnostic equipment such as thermometer, stethoscopes, chromatography, and clinical laboratory incubator; self-diagnostic equipment such as HIV test kits and pregnancy kits; tissue diagnostic equipment; differential diagnostic equipment; prenatal diagnostic equipment; and retrospective diagnostic equipment. The availability and the well-being of these equipment is to be safeguarded through inventory, status and maintenance reports.

The Records and Information System Dimension: The quality standards require that the health management and information systems are in place and utilized to promote primary healthcare delivery and implementation of programs through enhanced healthcare planning, monitoring, and reporting. These include; patients records, mother-child booklets, appointment cards, family planning records, birth notification forms, death notification forms, computers, electronic medical record systems, and statistical reports.

The Policy, Standards, Guidelines and Strategy Dimension: To ensure that healthcare programs are effective and in line with the needs and expectations, the quality standards acknowledge the need for the development and operationalization of a framework to support the healthcare worker in service delivery at the health centre level. Accordingly, it is a requirement that copies of the Kenyan Health Sector Policy Framework, National Health Sector Strategic Plans, and the Annual Operational Plans (AOPs) are made available to health workers to enhance familiarity. This equally applies to the standards and guidelines on reproductive health, expanded program for immunization, malaria, integrated management of childhood illnesses, TB/HIV/AIDS, and communicable diseases (the six priority primary healthcare packages). Also, the facility plan is to be developed based on existing needs assessments and information from performance measurement. [9]

3.4: THE NAIROBI COUNTY HEALTH AND WELLNESS SECTOR

Under the healthcare sector, the Nairobi City County Government recognizes the need to improve the performance of the healthcare system in realization of citizen access to the highest possible standard of health in accordance with the constitution of Kenya, 2010. The county government undertakes to establish a healthcare system that is equitable, efficient, and responsive to the needs of the population. It therefore commits to providing quality health, wellness, and nutrition services; to provide accurate information to clients and the public on demand; and to treat all clients equally without discrimination irrespective of race, gender, or religious belief under the values of accountability and transparency. The county government therefore envisions a city county providing world-class health, wellness, and nutrition services and therefore embarks on a mission to provide quality health, wellness, and nutrition services that are accessible, equitable, and sustainable to the population of Nairobi City

9 http://guidelines.health.go.ke:8000/media/Q_Level3_Standards.pdf

County and beyond. This is to be realized through the following goals; eliminating communicable conditions; halting and reversing the rising burden of non-communicable conditions; reducing the burden of violence and injuries; providing emergency and referral services; provision of essential healthcare; minimizing exposure to health risk factors; and strengthening collaboration with private and other health related sectors. Consequently, it undertakes to provide health, wellness, and nutrition services, create an enabling environment and regulate the provision of health, wellness and nutrition services through the provision of health, wellness and nutrition services according to set standards and guidelines, promoting healthy lifestyles to prevent and control diseases, injuries and trauma. [10]

3.5: COMMUNITY ACCOUNTABILITY AND THE HEALTH FACILITIES MANAGEMENT COMMITTEE (HFMC)

The objective of the establishment of the Health Facilities Management Committees is to promote citizen participation and community accountability in the management of level III health facilities. Under Article 174 of the Constitution of Kenya, 2010; the participation of the people is given prominence. Accordingly, an object of devolution is to ensure that the decisions by the government reflect the diverse interests of the people at the community level[11]. This can only be made possible by ensuring public participation in all aspects that involve decision making by the government.

Accordingly, the Health Act, 2017 confers the county governments the role of development and promotion of public participation in the planning and management of local health facilities so as to promote broad ownership.[12] Community participation is essential for developmental and programmatic spheres of project prioritization, planning, resource mobilization and spending as well as auditing. Within the health sector, public participation at level III health facilities is an essential for the planning and delivery of healthcare services at the community level. This has been met with the establishment of the Health Facilities Management Committees. The establishment of the committees is in realization of the commitment by devolution to improve access to healthcare services to the marginalized and remote communities.

As part of the health sector reform process and quality improvement; the Health Facilities Management Committees (HFMCs) are established under the Facility Improvement Management Act, 2023. The purpose for the establishment of these committees is to promote the incorporation of the views and inputs of the community in the management of affairs such as decision making, planning, budgeting, supervision of funds, auditing, managing and oversight of facility expenditure, and reporting at the health centres; hence strengthening transparency and community accountability. According to the Facility Improvement Financing Act, the Health Facility Management Committee shall consist of seven and not more than nine members appointed by the county executive committee.

10 https://nairobi.go.ke/download/health-wellness-and-nutrition-draft-sector-report-and-mtef-fy-2024-2025/
11 https://www.kenyalaw.org/kl/index.php?id=398
12 http://kenyalaw.org:8181/exist/rest/db/kenyalex/Kenya/Legislation/English/Acts and Regulations/H/Health Act - No. 21 of 2017/docs/HealthAct21of2017.pdf

Therefore, the Health Facility Management Committee is comprised of the following members in each of the level III health facility and dispensary:[13]

- Facility in charge who is ex-officio and the secretary of the committee;
- Sub-county medical officer of health or their representatives;
- A village representative;
- A resident of the area, nominated by a joint forum of women's organizations in the area;
- A resident of the area, nominated by a joint forum of youth organizations in the area
- A resident of the area nominated by a joint forum of faith-based organizations;
- Two people representing the interest of the vulnerable and marginalized communities, one of whom shall be a PWD; and
- A chairperson is elected from the members of the Committee.
- Roles of Health Facility Management Committee
- Considering and submitting for approval to the chief officer the annual facility work plan and budget;
- Considering and submitting for approval to the chief officer the facility's quarterly budgets;
- Ensuring the quarterly implementation plans and budgets are based on available resources;
- Ensuring the quarterly implementation plans and budgets are based on available resources;
- Ensuring all financial procedures and reporting requirements are met by the facility in-charges and conform to the Public Finance Management Regulations;
- Ensuring strict adherence to procurement rules as prescribed in the Public Procurement and Asset Disposal Act;
- Ensuring public awareness on administration of the facility improvement financing through public participation during annual planning and budgeting;
- Receiving audit reports and initiating response to management queries;
- Implementation of the recommendations of the Auditor-General made pursuant to section 31(3) (a) of the Public Audit Act;
- Implementing the recommendations of the Senate and the respective county assembly on the, relevant report of the Auditor-General;
- Implementing the relevant recommendations of the Controller of Budget on the facility; and
- Acting as liaison between the health center or dispensary and the community to strengthen delivery of quality health services.

13 http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%2014%20of%202023#:~:text=There%20shall%20be%20established%20a,the%20section%20or%20unit%20heads.&text=The%20Health%20Facility%20Management%20Team%20shall%20oversee%20the%20overall%20management,the%20Health%20Facility%20Management%20Committee

4.0 KEY FINDINGS

MWIKI HEALTH CENTRE
Sub-County:
Kasarani

SERVICES OFFERED

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not allocated

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Maternity
Active 24/7

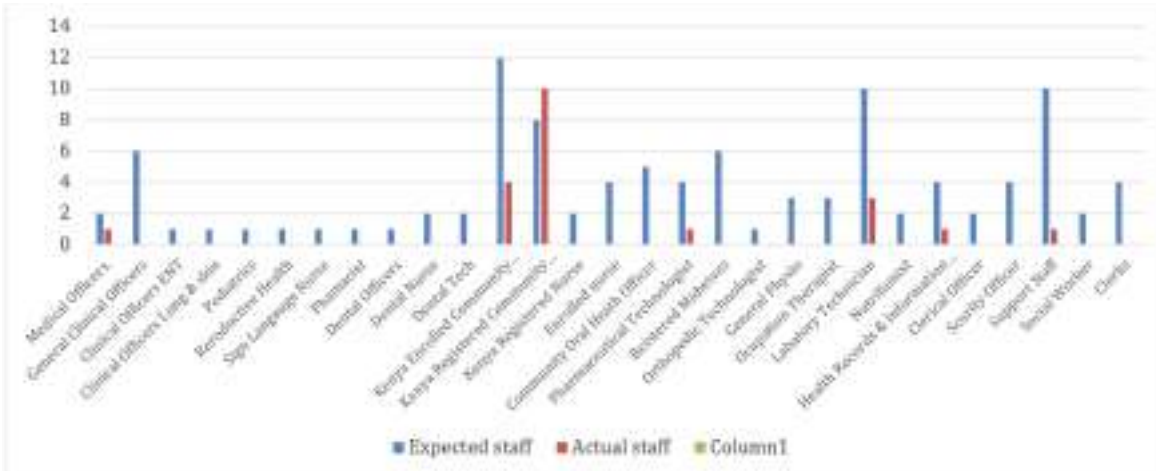
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
NCD outreach,
Polio vaccinations

Referral Services
Inadequate

KEY FINDINGS:

- Irregular and insufficient supply of drugs
- Inadequate human resources as per the staffing norms
- Insufficient non-pharmaceutical medical supplies
- Insufficient basic office supplies such as writing materials
- Limited funding and OSR generation
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- High influx of refugees into the area who are not accredited to social healthcare services such as SHA
- Internal and external audits are rarely done
- Unavailability of electronic medical records systems
- Unavailability of incinerator power backup, and staff houses
- The Laboratory and pharmacy are not fully operational due to a shortage of pharmaceutical and non-pharmaceutical supplies
- Inadequate PWD-friendly infrastructure such as washrooms, and PWD assistant personnel.



DANDORA 2 HEALTH CENTRE

Sub-County:
Embakasi North

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

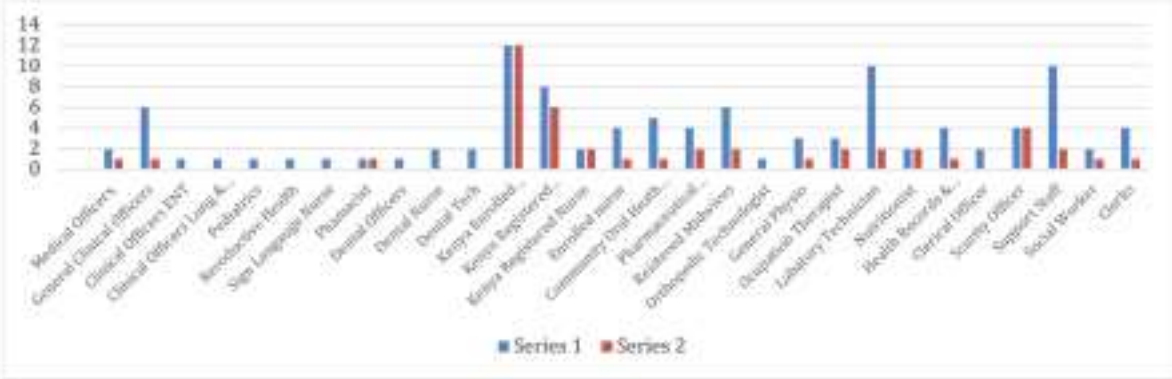
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Comprehensive outreach lea, cervical cancer awareness, Immunization service

Referral Services
Adequate communication

KEY FINDINGS:

- Inadequate community input and access to information on financial utilization to enhance social auditing
- Non-pharmaceutical medical supplies and basic office supplies are not enough
- The Laboratory and pharmacy are not fully operational due to insufficiency of pharmaceutical and non-pharmaceutical supplies.
- Inadequate human resources as per the staffing norms.
- Insufficient basic office supplies such as writing materials
- Limited funding
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Unavailability of electronic medical records systems
- Unavailability of incinerator power back-up, and staff houses



UTHIRU MUTHUA HEALTH CENTRE

Sub-County:
Dagoreti south

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

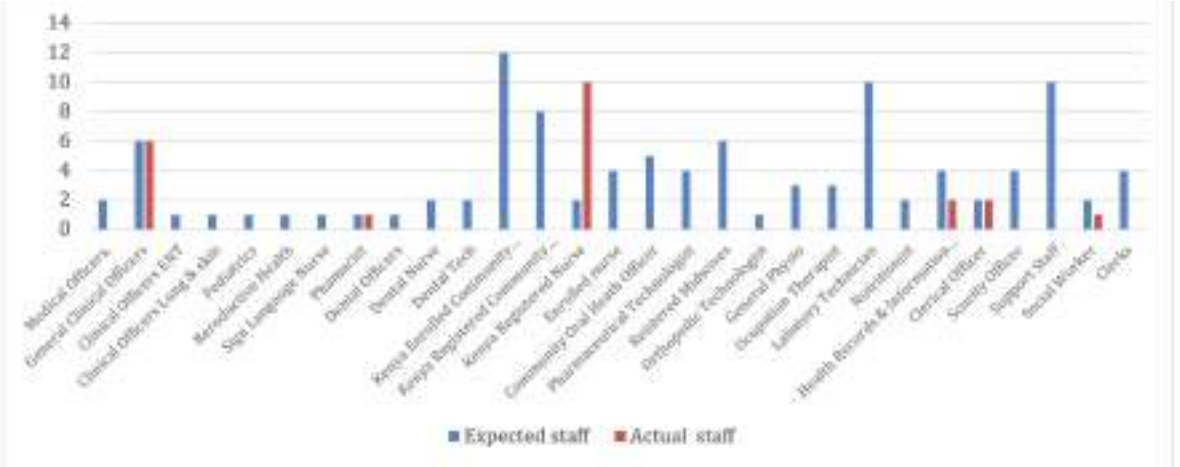
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Immunizations

Referral Services
Adequate communication

KEY FINDINGS:

- Lack of capacity building to health workers on standards and guidelines
- Insufficient drugs and supplies therefore most patients are referred to buy drugs
- Citizens do not have a platform to get access to the social auditing information
- Statistical reports, appointment cards, and death notification records are not readily available
- Unavailability of an incinerator, staff houses, and power backups
- The Laboratory and pharmacy are not fully operational due to insufficiency of pharmaceutical and non-pharmaceutical supplies.
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited funding to meet day-to-day obligations
- Inadequate human resources as per the staffing norms.



EMBAKASI HEALTH CENTRE

Sub-County:
Embakasi East

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

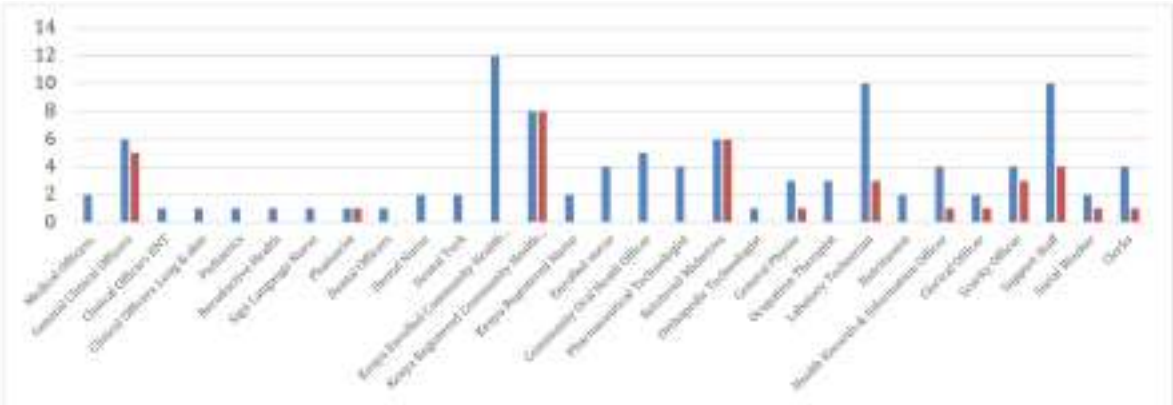
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Dialogues, action days

Referral Services
Adequate communication

KEY FINDINGS:

- Insufficient drugs and supplies therefore most patients are referred to buy drugs
- Citizens do not have a platform to get access to the social auditing information
- Unavailability of an incinerator, staff houses, and power backup
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Inadequate human resources as per the staffing norms
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited funding to facilitate operations such as payment of salaries and supplies
- Insufficient and inconsistent supply of drugs to meet and supplies since when they order drugs, the delivery made is either less or a different type of drugs from which was ordered
- Unavailability of cash registers and electronic medical record systems
- The structures are old and outdated and hence require facelifting
- Unavailability of an incinerator, staff houses, and power backup
- Poor drainage and sewerage



EASTLEIGH HEALTH CENTRE

Sub-County:
Kamukunji

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Available

Maternity
Active 24/7

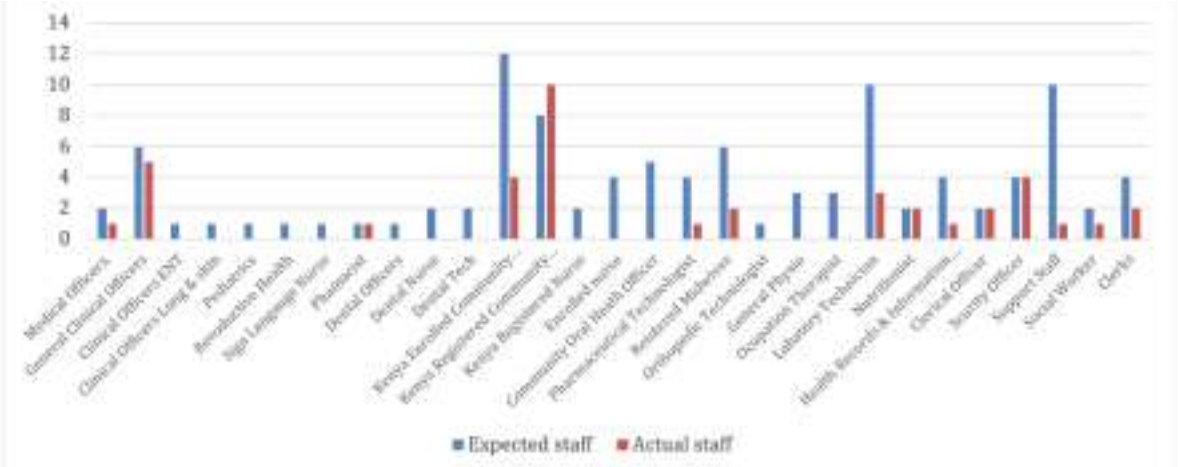
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Community sensitization and awareness, treatment outreach days like polio immunization

Referral Services
Adequate communication

KEY FINDINGS:

- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of workplans, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision activities.
- Limited availability of pharmaceutical, and non-pharmaceutical medical supplies and basic office materials such as writing equipment.
- Lack of trained personnel to manage and maintain machines and equipment.
- Unavailability of power backup, an incinerator, and staff houses.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.



UMOJA 1 HEALTH CENTRE

Sub-County:
Embakasi West

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

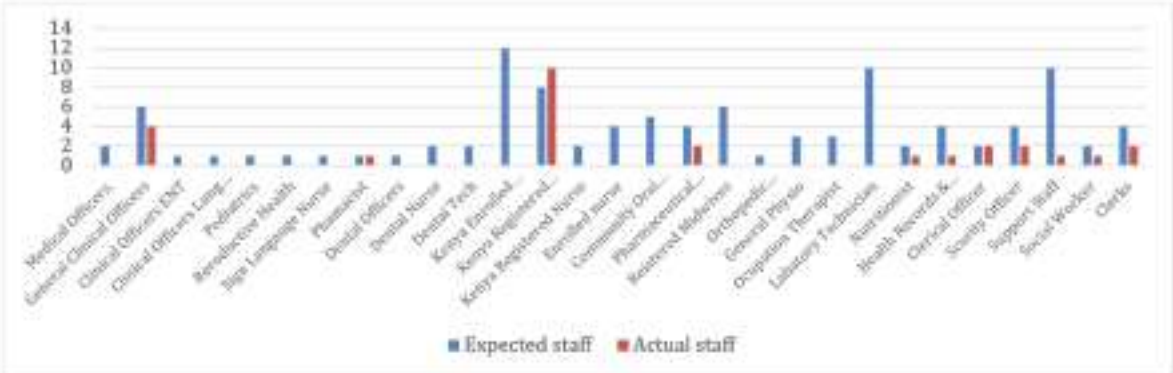
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Family planning,
curative services

Referral Services
Inadequate communication

KEY FINDINGS:

- The facility does not have enough staff as per the staffing norms.
- Unavailability of basic office materials such as writing materials
- Lack of security personnel and incidence of insecurity
- Patient records, family planning records, appointment cards, death notification forms, and electronic medical records systems are unavailable.
- Unavailability of an incinerator, maternity ward, minor surgery room, staff housing, kitchen, store, and power backup.
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of workplans, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision activities.
- The facility does not have enough staff as per the staffing norms.
- Inconsistent and insufficient supply of drugs and non-pharmaceutical supplies hence limiting the laboratory and pharmacy operations
- Lack of trained personnel to maintain machines and equipment, and diagnostic machines such as ERMS are not integrated with other hospital systems.
- Unavailability of power backup, an incinerator, and staff houses.



NGARA HEALTH CENTRE

Sub-County:
Starehe

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

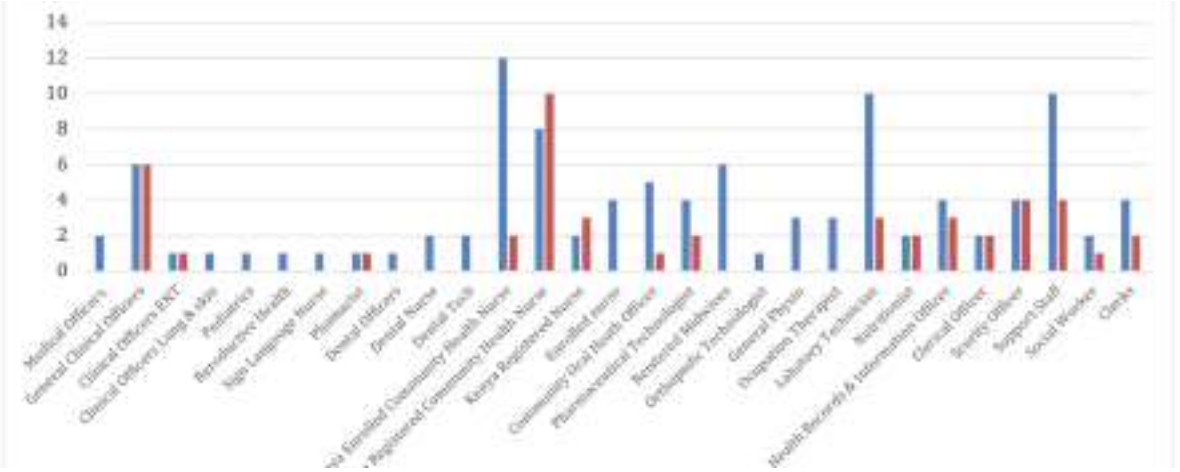
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Not available

Referral Services
Adequate communication

KEY FINDINGS:

- Limited OSR and other income streams to finance facility operations
- The facility does not have the required number of staff as per the staffing norms.
- Copies of the Kenyan Health Sector Policy Framework and National Health Sector Strategic
- Insufficient drugs and supplies, non-pharmaceutical medical supplies, and basic office materials.
- There are no trained personnel to maintain machines and equipment, therefore maintenance of the machines is rarely done.
- Unavailability of appointment cards and cash registers.
- Unavailability of an incinerator, staff houses, and power backup.
- The ambulance is available but not in use due to mechanical failure



RUAI HEALTH CENTER

Sub-County:
Kasarani

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

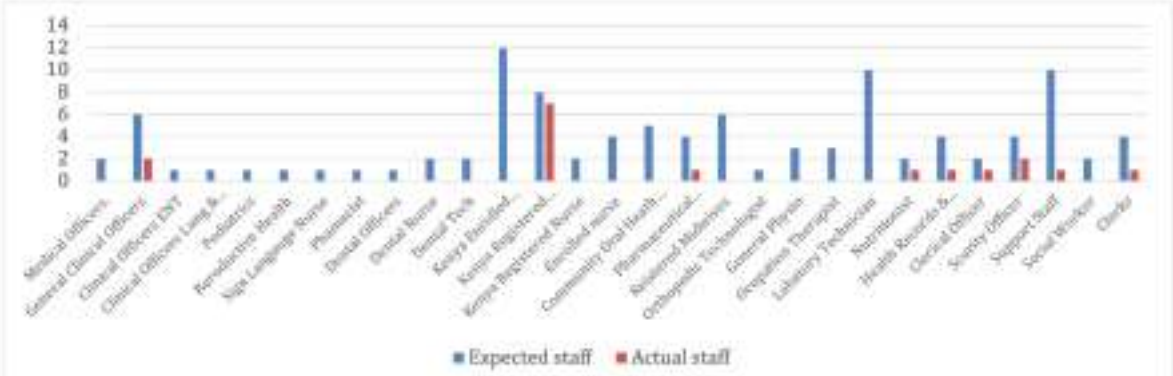
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
HPV screening, diabetes screening, immunization, hypertension, and HTS screening

Referral Services
Adequate communication

KEY FINDINGS:

- Does not have enough staff as per the staffing norms.
- Facility health plan is not based on the needs assessment and performance measurement data.
- Inadequate community input and access to information on financial utilization to enhance social auditing
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of work plans, and general facility operations.
- Lack of land ownership and the current infrastructure belongs to Nairobi City
- Maternity services are not provided due to lack of infrastructure.
- The are no security personnel to man the facility and it is prone to insecurity.
- Insufficient non-pharmaceutical medical supplies, drugs, and basic office materials.
- The facility does not have trained personnel to maintain machines and equipment therefore the existing equipment is not adequately maintained.
- The facility diagnostic equipment is adequately integrated to ERMs.
- Unavailability of birth notification forms, death notification forms, cash registers, and electronic medical records systems.
- Unavailability of an incinerator, staff houses, and power backup.



KARURA HEALTH CENTRE

Sub-County:
Westlands

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

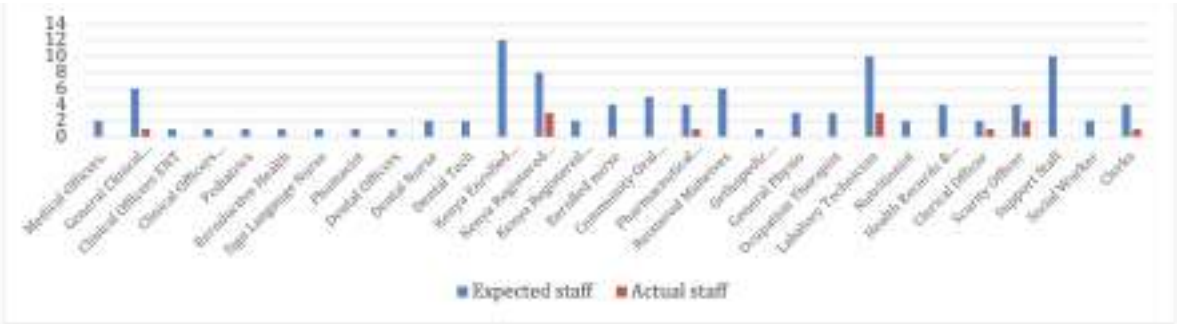
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Reproduction outreach, Immunization, and non-communicable

Referral Services
Inadequate communication

KEY FINDINGS:

- The structures are old and outdated and hence require facelifting
- Citizens do not have a platform to access critical information that can enhance social auditing.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Insufficient pharmaceutical, non-pharmaceutical, and basic office supplies
- Unavailability of an incinerator, maternity ward, and power backup.
- Washrooms are not fully PWD friendly.
- Inadequate PWD-friendly infrastructure such as washrooms, and PWD assistant personnel.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Limited funding to operationalize daily activities such as supplies and payment of casual employees



KARIOBANGI HEALTH CENTRE

Sub-County:
Embakasi North

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

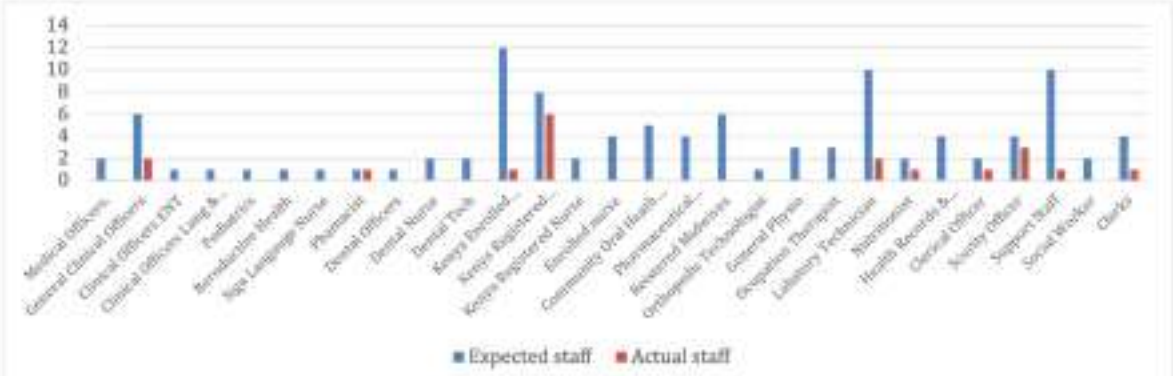
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Not available

Referral Services
Adequate communication

KEY FINDINGS:

- Lack of maternity services as construction of the maternity section has stalled
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Poor drainage system and unmaintained environment and buildings
- Insufficient drugs, non-pharmaceutical supplies, and basic office materials
- The data system lacks technical support and internet access is inadequate
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The human resource/staff is insufficient pursuant to the staffing norms
- Limited access to clean water for domestic use. The existing borehole is not utilized by the facility.
- Financial sources are not made public and utilized based on the community output.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, and power backup.
- The facility infrastructure is not fully PWD-friendly.



KAYOLE 1 HEALTH CENTRE

Sub-County:
Embakasi Central

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

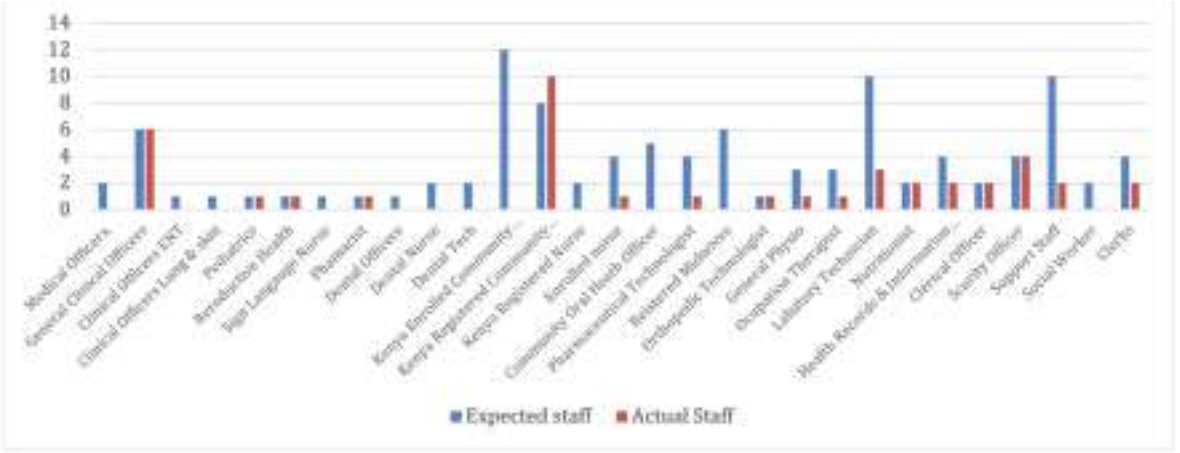
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
HTS, TB screening, Malaria outreach, Immunization

Referral Services
Adequate communication

KEY FINDINGS:

- Citizens do not have access critical information to enhance social auditing.
- Insufficient drugs and supplies, non-pharmaceutical medical supplies, and basic office supplies.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited access to funding to facilitate different operations
- Unavailability of incinerator and poor waste management.
- Absence of staff houses, and emergency power backup.



KAREN HEALTH CENTRE

Sub-County:
Langata

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

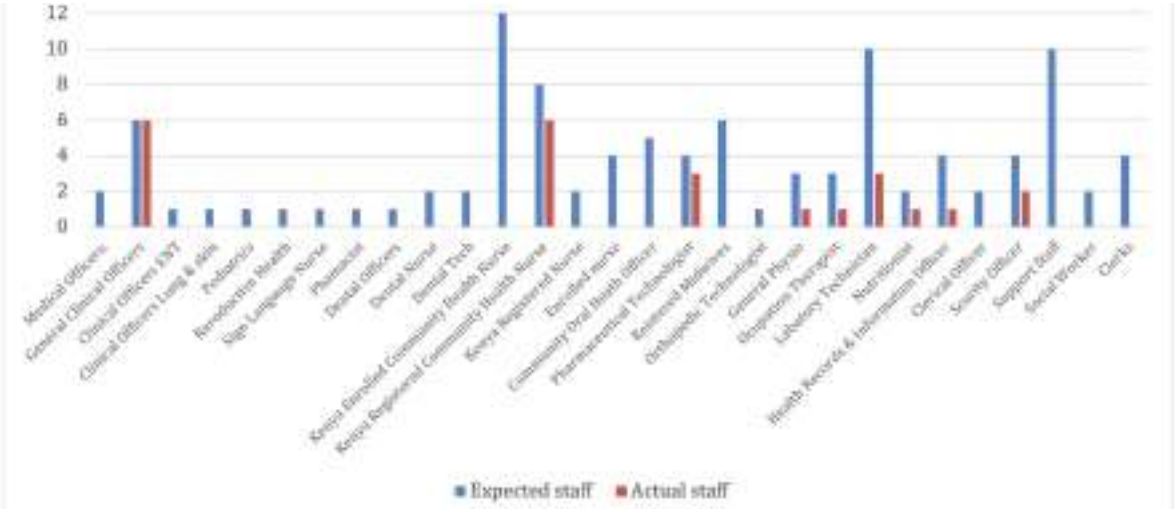
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Polio campaigns, family planning and screening services, dialogues, peer education

Referral Services
Adequate communication

KEY FINDINGS:

- Insufficient drugs, non-pharmaceutical supplies, and basic office materials
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, maternity, and power backup.
- The health facility is not fully PWD-friendly.
- Citizens do not have a platform to access critical information that can enhance social auditing.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision
- Facility health plan is not based on the needs assessment and performance measurement data.



MARURUI HEALTH CENTRE

Sub-County:
Roysambu

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

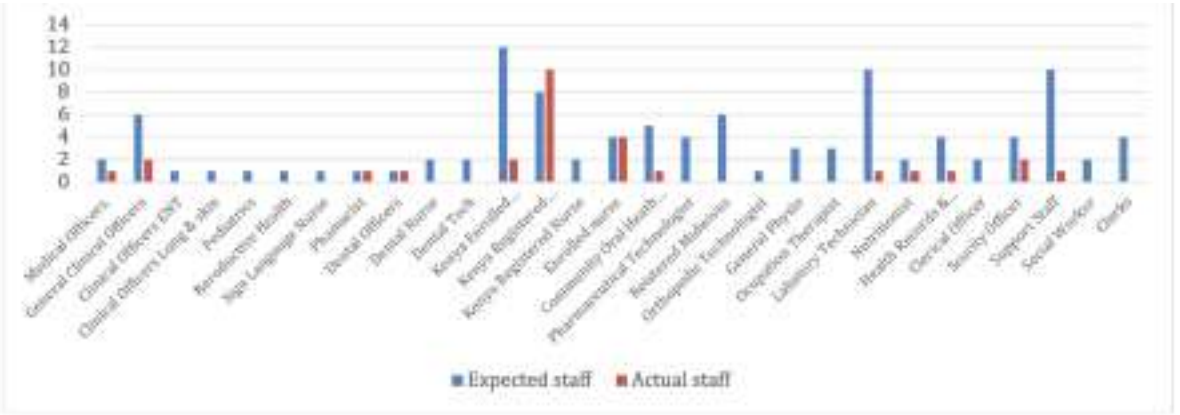
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Rare

Referral Services
Adequate communication

KEY FINDINGS:

- Poor drainage system, sewerage infrastructure and frequent sewage backflows
- Limited financing to provide for recurrent essentials such as drugs, basic office materials non-pharmaceutical supplies and food to hospitalized patients
- Insufficient drugs and supplies, non-pharmaceutical medical supplies, and basic office materials.
- Lack of a perimeter wall and incidence insecurity
- Insufficiency human resource availability in accordance with the staffing norms
- Remoteness, neglect, and limited appraisal of issues raise by duty bearers
- The infrastructure is in poor state and is PWD unfriendly
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Unavailability of incinerator and waste management systems are poor



RUBEN HEALTH CENTRE

Sub-County:
Embakasi central

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Active 24/7

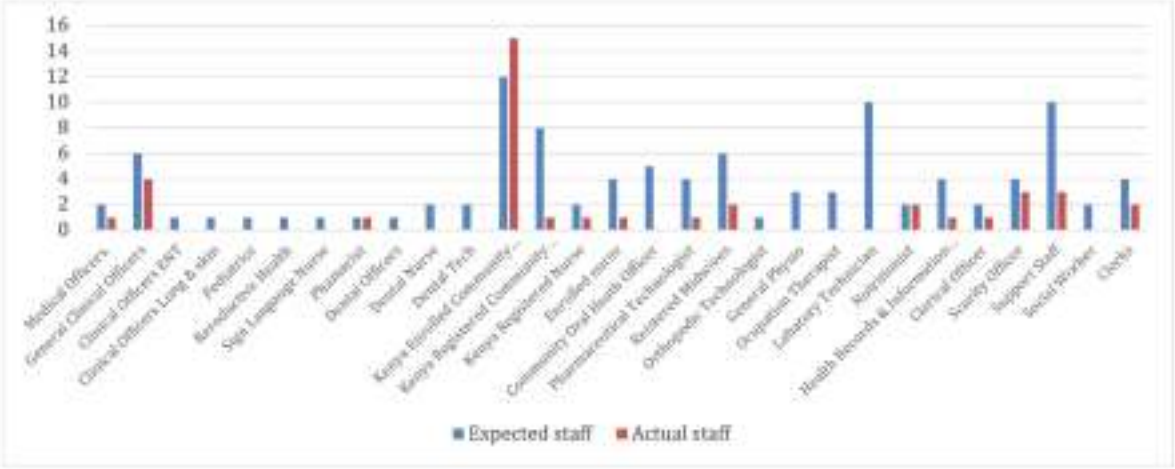
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Immunizations,
family planning, HTS

Referral Services
Adequate communication

KEY FINDINGS:

- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- Financial sources are not made public and utilized based on the community output
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, staff house, and power backup.
- Citizens do not have a platform to access critical information to enhance social auditing.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision
- Unavailability of pilferage records, appointment cards, and family planning records.



JERICHO HEALTH CENTRE

Sub-County:
Makadara

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

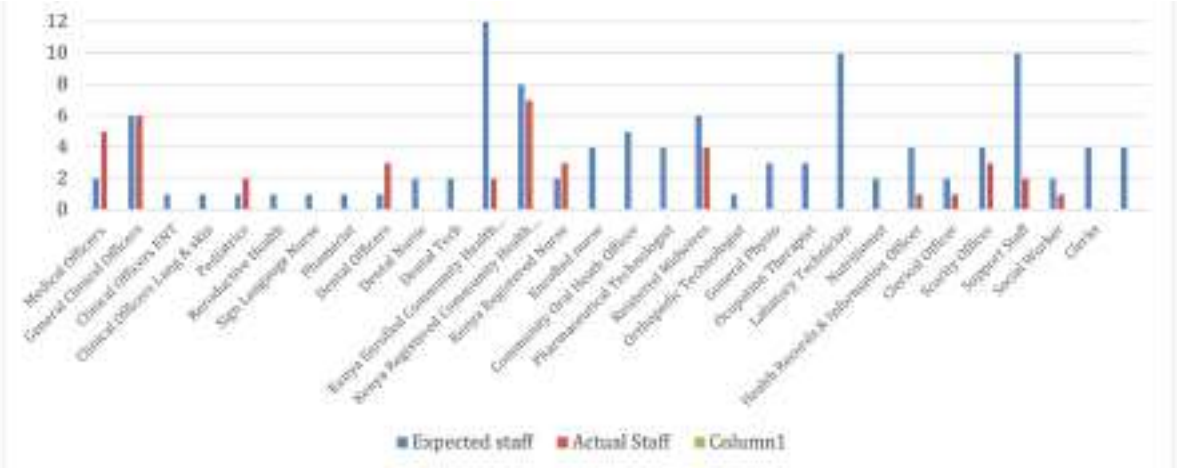
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Inadequate communication

KEY FINDINGS:

- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- Financial sources are not made public and utilized based on the community output
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of the incinerator, maternity, staff house, and power backup.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision.



SOWETO HEALTH CENTRE

Sub-County:
Embakasi East

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

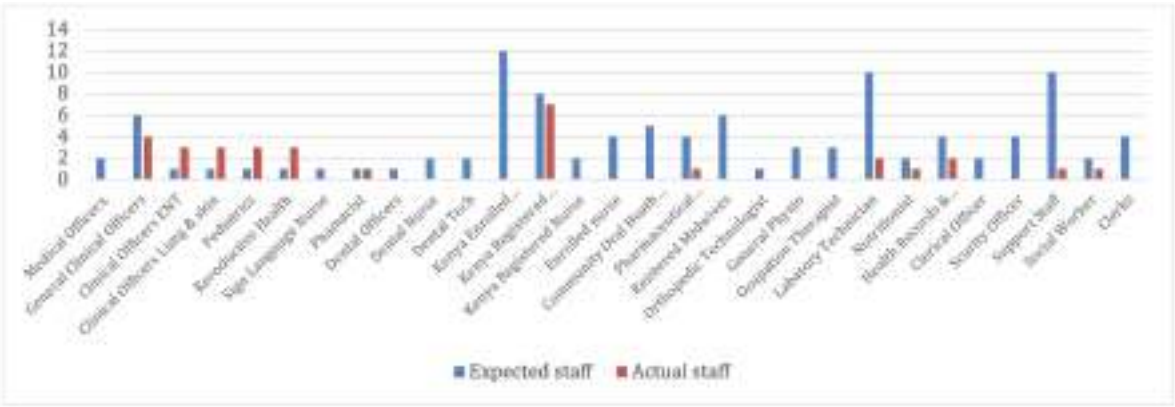
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Sensitization and civic education, dialogues, vaccines, and immunizations

Referral Services
Inadequate communication

KEY FINDINGS:

- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, staff house, and power backup.
- Citizens do not have a platform to access critical information to enhance social auditing.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision
- Unavailability of appointment cards, and death notification forms.
- Unavailability of electronic medical records and electronic information systems.
- Lack of trained personnel to maintain machines and equipment therefore they are rarely updated.



KAHAWA WEST HEALTH CENTRE

Sub-County:
Roysambu

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

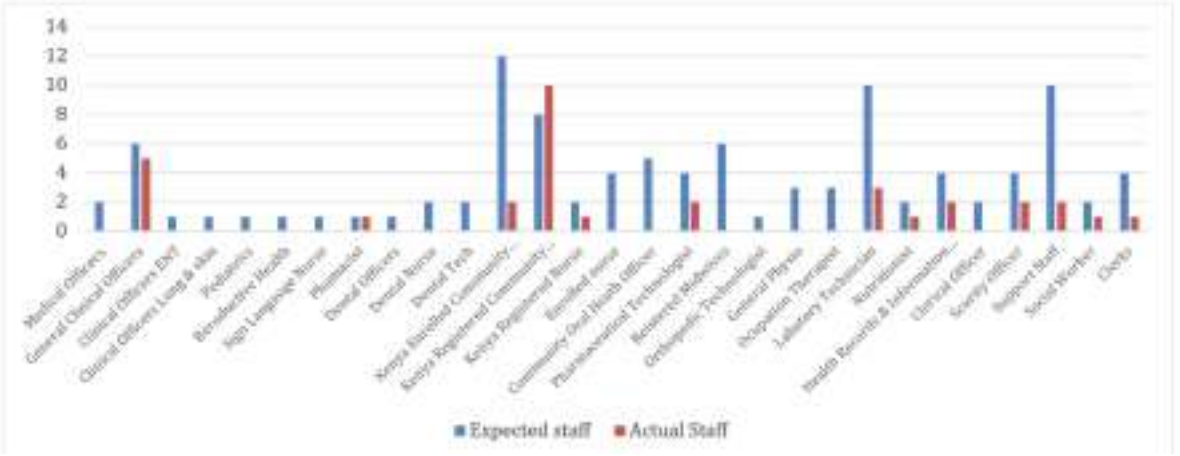
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Adequate communication

KEY FINDINGS:

- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, staff house, and power backup.
- Citizens do not have a platform to access critical information to enhance social auditing.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision
- Unavailability of pilferage records, appointment cards, and family planning records.
- Unavailability of electronic medical records and electronic information systems.



KIBERA AMREF HEALTH CENTRE

Sub-County:
Kibra

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

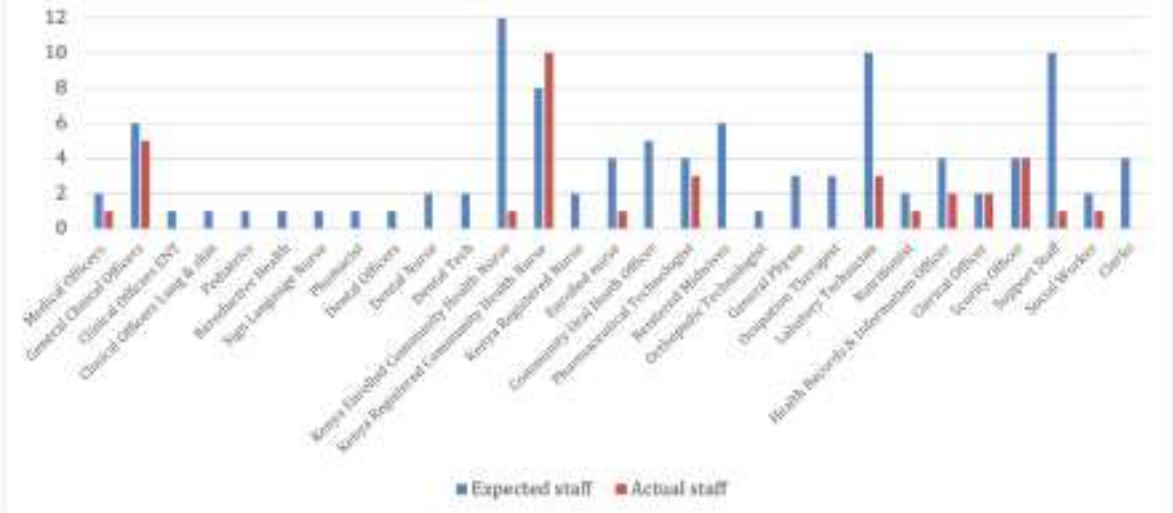
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Nutrition, Family planning, HTS

Referral Services
Adequate communication

KEY FINDINGS:

- Unavailability of pilferage records, mother-child booklet, and appointment cards.
- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, staff house, and power backup.
- Citizens do not have a platform to access critical information to enhance social auditing.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.



CHANDARIA HEALTH CENTRE

Sub-County:
Dagoreti South

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

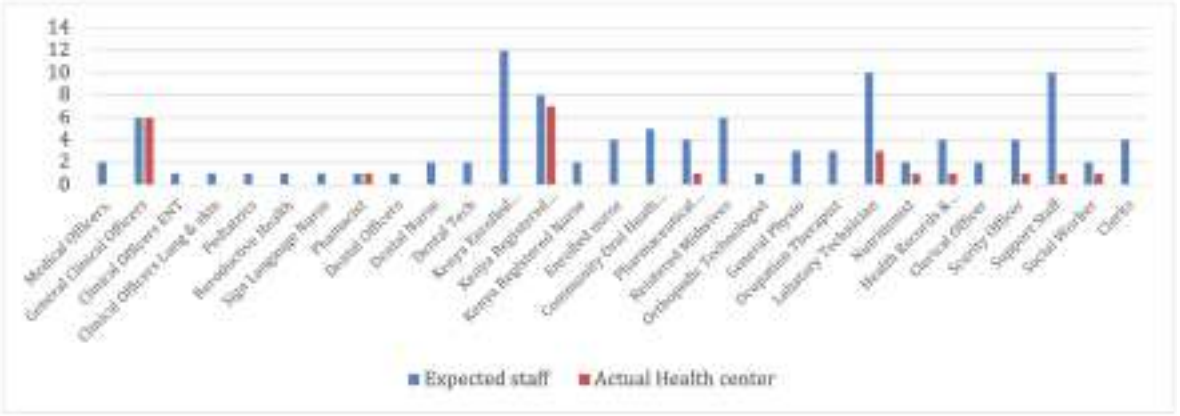
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Polio vaccination, HPV, Vitamin A

Referral Services
Adequate communication

KEY FINDINGS:

- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, staff house, and power backup.
- Citizens do not have a platform to access critical information to enhance social auditing.
- Financial sources are not made public and utilized based on the community output.
- The facility is not fully PWD-friendly



KASARANI HEALTH CENTRE

Sub-County:
Kasarani

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

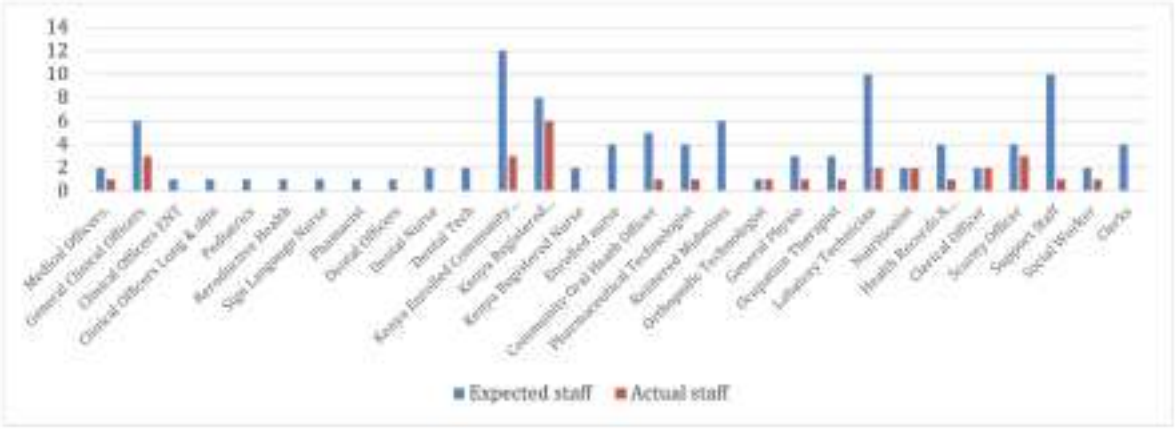
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Inadequate communication

KEY FINDINGS:

- Unavailability of electronic medical records.
- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, maternity, staff house, and power backup.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- The facility lacks trained personnel available to manage and maintain equipment, so maintenance, updating, and upgrading are rarely done.
- The facility is not fully PWD-friendly.



WAITHAKA HEALTH CENTRE

Sub-County:
Dagoreti South

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

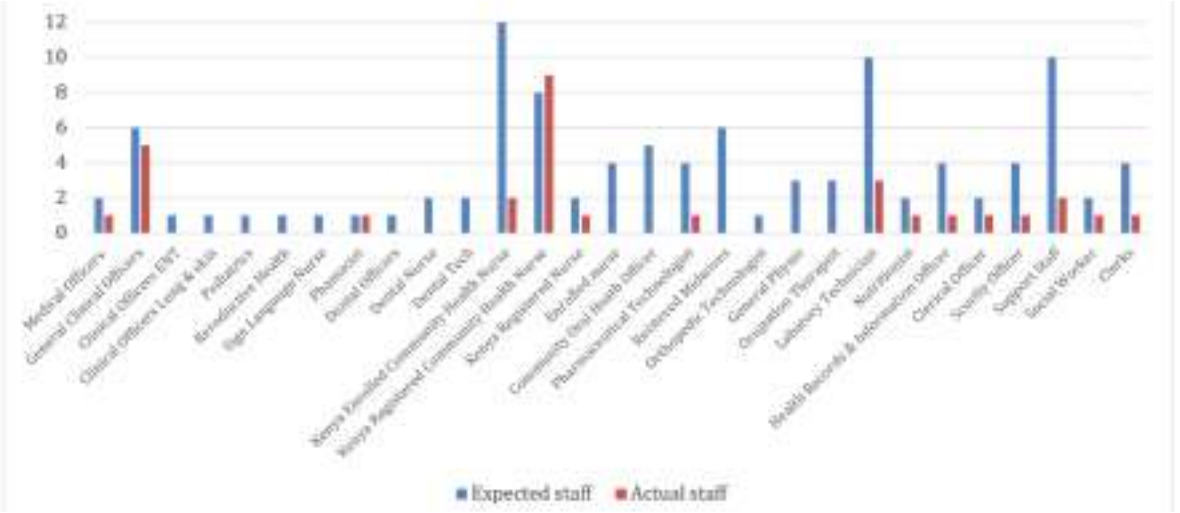
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Dialogues and
Treatment outreach

Referral Services
Adequate communication

KEY FINDINGS:

- The facility has an ultrasound machine that has not been used for 3 years because it lacks trained personnel to run it.
- Insufficient drugs, non-pharmaceutical supplies, and basic office materials.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The facility does not have enough staff based on the staffing norms.
- Unavailability of incinerator, and power backup.
- The facility diagnostic equipment is not adequately integrated to ERMs.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Unavailability of appointment cards and death notification forms.



DANDORA 1 HEATH CENTRE

Sub-County:
Embakasi North

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Under construction

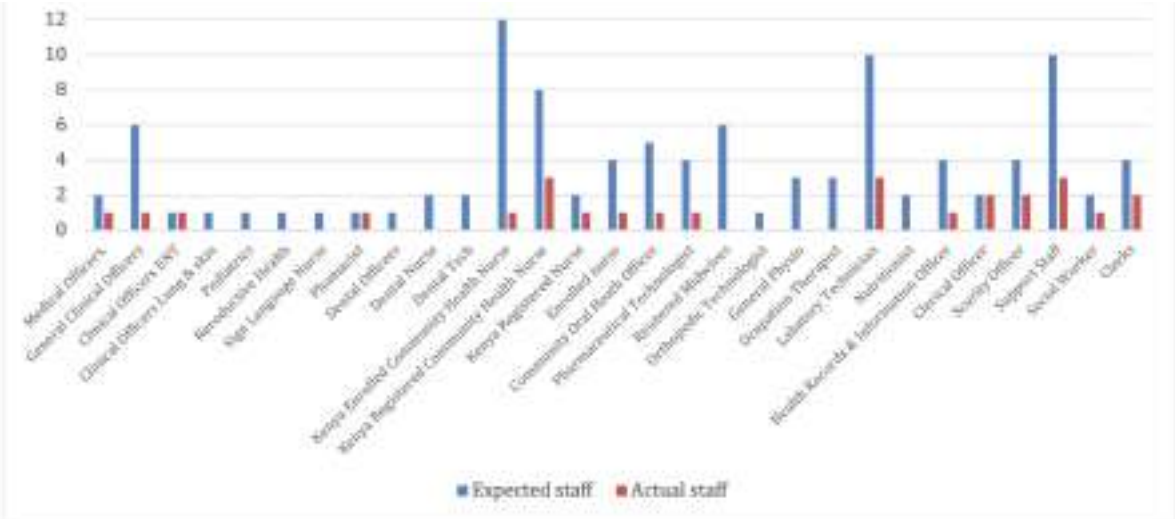
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Immunizations, Reproductive health

Referral Services
Not Established

KEY FINDINGS:

- Inadequate human resources as provided by the staffing norms
- High influx of street families and victims of sexual and gender-based violence without access to social healthcare accreditation.
- Inadequate supply of family planning commodities
- Unavailability of incinerator to facilitate waste disposal and management.
- Insufficiency of capacity to provide reproductive healthcare services and outreach programs to the vulnerable communities in the area
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations
- Insufficient funding for facility expenditures
- Unavailability of staff houses and power backup.
- Citizens do not have adequate access to critical information to promote social auditing.



GITHURAI 44 HEALTH CENTRE

Sub-County:
Roysambu

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Available but not utilized

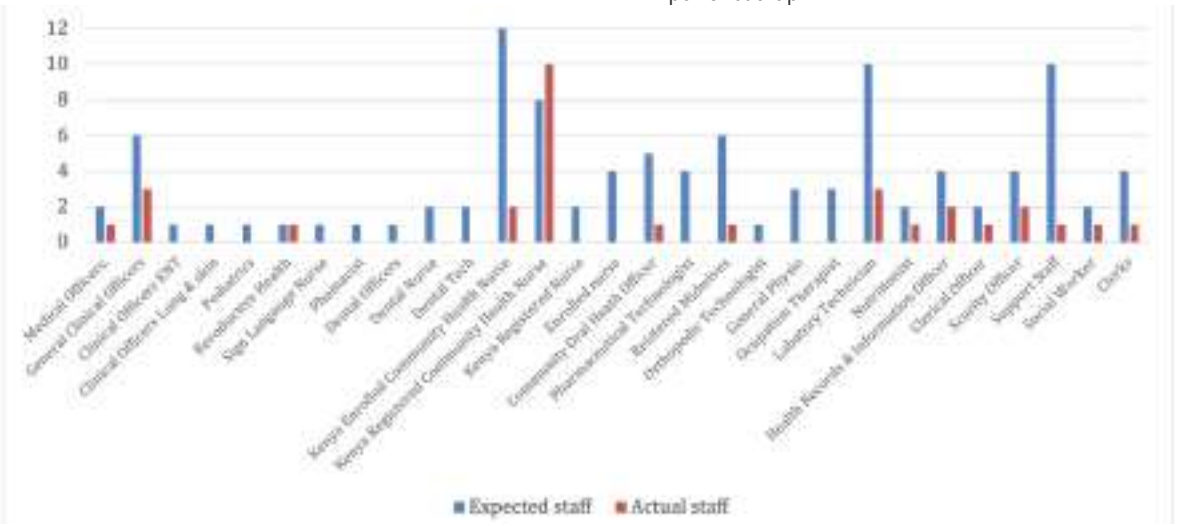
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Adequate communication

KEY FINDINGS:

- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of work plans, and general facility operations.
- Does not have enough staff as per the staffing norms.
- Citizens do not have a platform to access critical information that can enhance social auditing.
- Facility health plan is not based on the needs assessment and performance measurement data.
- Inadequate community input and access to information on financial utilization to enhance social auditing.
- Insufficient non-pharmaceutical medical supplies, drugs, and basic office materials.
- The facility does not have trained personnel to maintain machines and equipment therefore the existing equipment is not adequately maintained.
- Unavailability of electronic medical records, appointment cards, and death notification forms
- Unavailability of an incinerator, staff houses, and power backup.



MIHANG'O HEALTH CENTRE

Sub-County:
Embakasi East

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

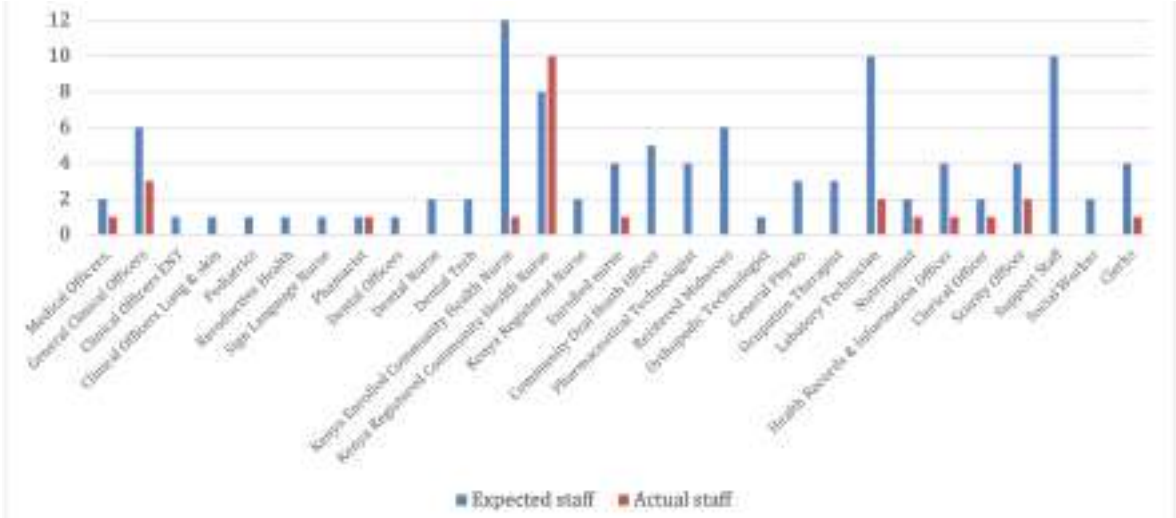
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Family planning

Referral Services
Adequate communication

KEY FINDINGS:

- Unavailability of appointment cards and death notification forms.
- The facility lacks trained personnel to manage and maintain equipment.
- Financial sources are not made public and utilized based on the community output.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- The human resource/staff is insufficient pursuant to the staffing norms
- Insufficient drugs and supplies, non-pharmaceutical medical supplies, and basic office materials.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Unavailability of an incinerator, staff houses, and power backup.
- The facility infrastructure is not fully PWD-friendly.



NG'UNDU HEALTH CENTRE

Sub-County:
Kasarani

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

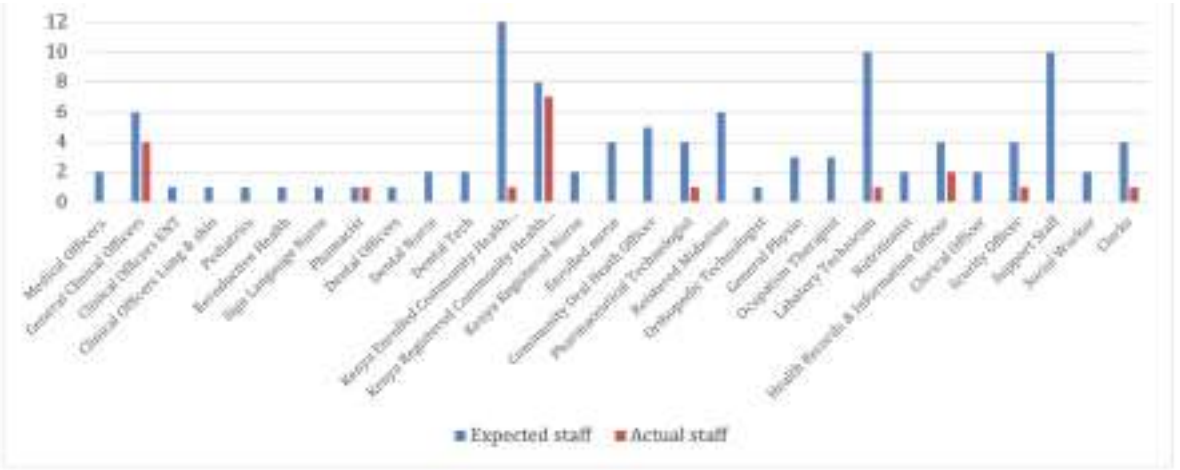
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Reproductive health, polio, immunization, NCDs

Referral Services
Adequate communication

KEY FINDINGS:

- The facility does not have enough staff as per the staffing norms.
- Insufficient basic office materials such as writing materials
- Limited OSR and funding to facilitate daily operations and to reinvest in other supportive supervision activities.
- Inconsistent and insufficient supply of drugs and non-pharmaceutical supplies hence limiting the laboratory and pharmacy operations
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of work plans, and general facility operations.
- Unavailability of an incinerator, staff houses, and power backup.
- Lack of trained personnel to maintain machines and equipment, and diagnostic machines such as ERMS are not integrated with other hospital systems.



GSU EMBAKASI

Sub-County:
Embakasi East

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

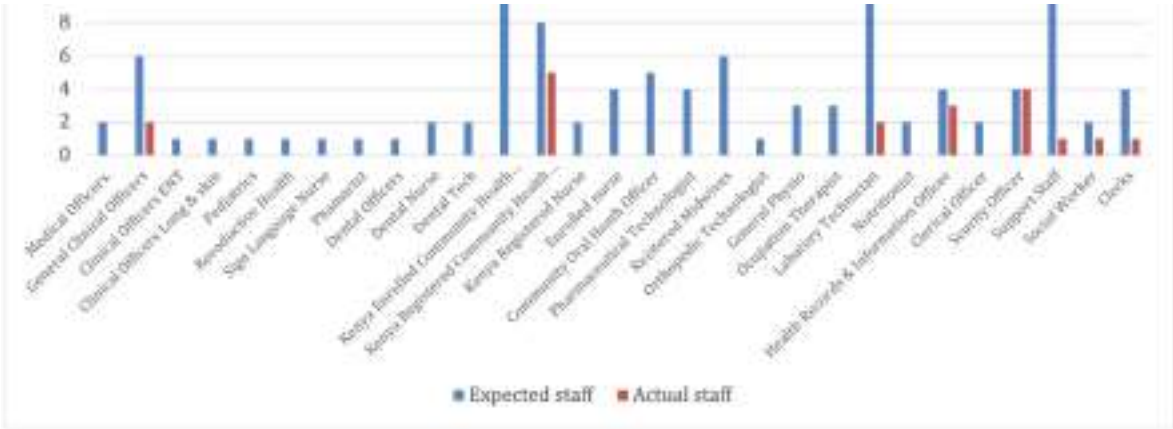
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Community Sensitization

Referral Services
Adequate communication

KEY FINDINGS:

- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Insufficient drug supplies
- The human resource/staff is insufficient under the staffing norms
- Unavailability of expiry records, pilferage records, and non-pharmaceutical monthly reports
- The facility diagnostic equipment is not adequately integrated into ERMs.
- Lack of trained personnel to maintain machines and equipment, and diagnostic machines such as ERMS are not integrated with other hospital systems.
- Financial sources are not made public and utilized based on the community output.
- Unavailability of an incinerator, maternity ward, and power backup.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Citizens do not have a platform to get access to the social auditing information



KOROGOCHO HEALTH CENTRE

Sub-County:
Ruaraka

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

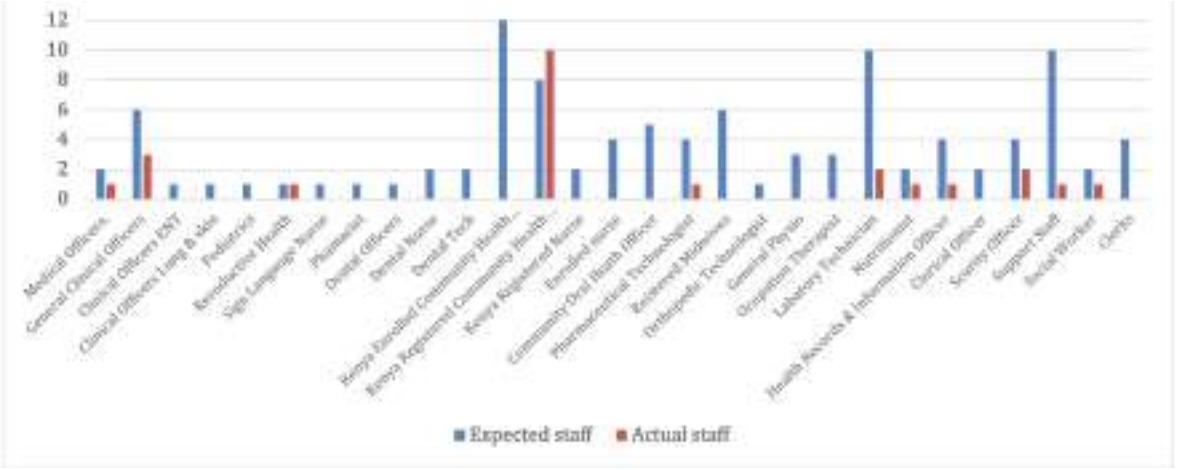
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
HIV, Familly planning, polio, cancer screening

Referral Services
Adequate communication

KEY FINDINGS:

- Citizens do not have a platform to get access to the social auditing information
- Unavailability of an incinerator, staff houses, and power backup
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Inadequate human resources as per the staffing norms
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Insufficient supply of drugs.
- Unavailability of pilferage records.
- Facility health plan is not based on the needs assessment and performance measurement data.
- Financial sources are not made public and utilized based on the community output.



BABANDOGO HEALTH CENTRE

Sub-County:
Ruaraka

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

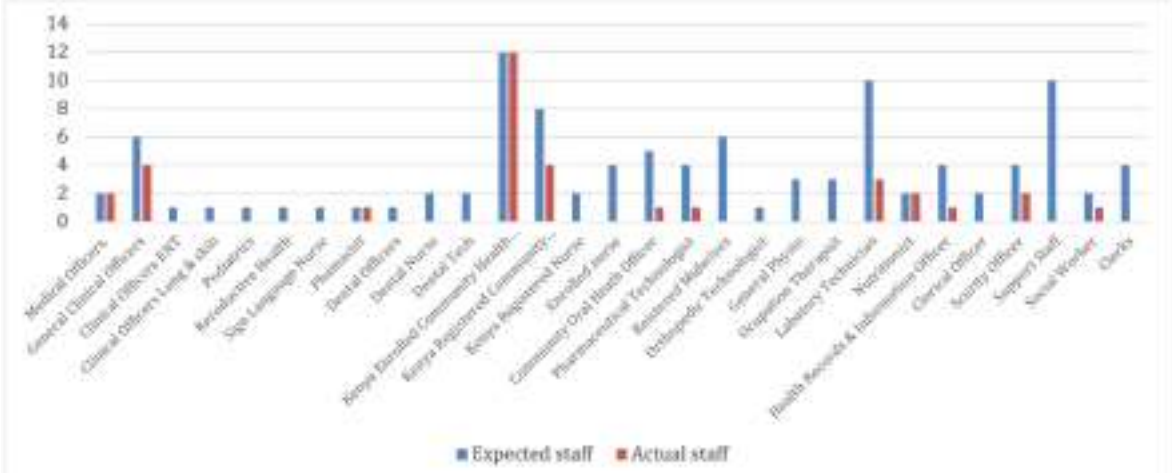
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Cervical cancer screening,
HIV screening

Referral Services
Adequate communication

KEY FINDINGS:

- Inadequate Citizens' access to critical information to enhance social auditing.
- Insufficient drugs and supplies, non-pharmaceutical medical supplies, and basic office supplies.
- HFMC is not adequately capacitated on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Limited access to funding and OSR streams such as SHA and Linda mama to facilitate different operations
- Poor infrastructure necessitating for upgrade
- Unavailability of incinerator and poor waste management.
- Absence of staff houses, and emergency power backup.
- Insufficient staffing as guided by the staffing norms
- Inadequate ambulance services and referral system



MUKURU KWA NJENGA HEALTH CENTRE

Sub-County:
Embakasi West

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

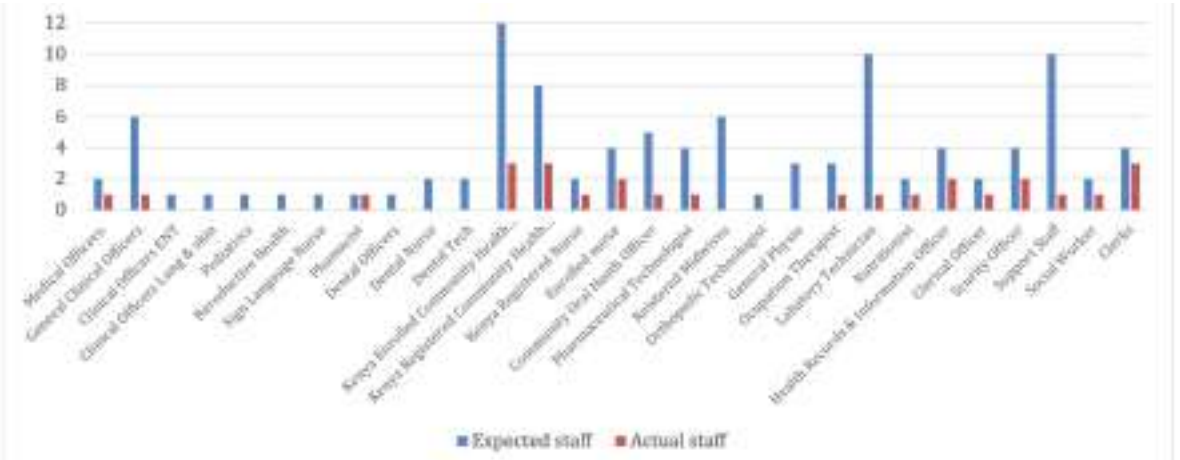
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Adequate communication

KEY FINDINGS:

- Limited access to funding and OSR streams such as SHA and Linda mama to facilitate different operations
- The facility does not have trained personnel to maintain machines and equipment therefore the existing equipment is not adequately maintained.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Inadequate community input and access to information on financial utilization to enhance social auditing
- Does not have enough staff as per the staffing norms.
- Insufficient supplies of drugs, and basic office materials.
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of work plans, and general facility operations.
- Unavailability of staff houses, and power backup.
- The facility is not fully PWD-friendly.



LUNGA LUNGA HEALTH CENTRE

Sub-County:
Makadara

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
Not available

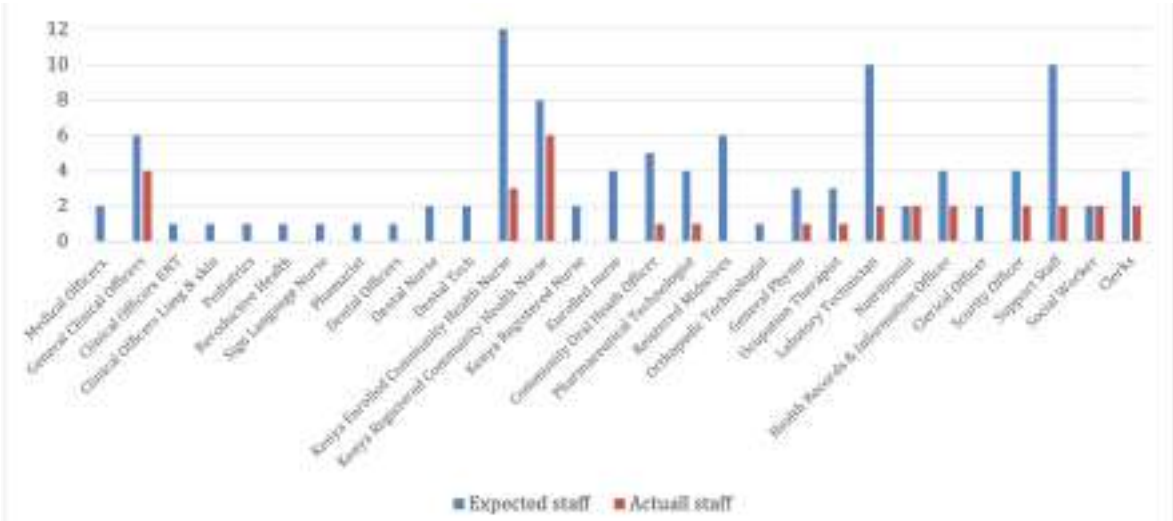
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Action day, Dialogues, treatment outreach

Referral Services
Adequate communication

KEY FINDINGS:

- Inadequate Citizens' access to critical information to enhance social auditing.
- The Laboratory and pharmacy are not fully supplied with the required pharmaceutical and non-pharmaceutical supplies and hence are not fully operational.
- Financial sources are not made public and utilized based on the community output.
- Inadequate human resources as per the staffing norms
- Insufficient supply of basic office materials.
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- Unavailability of an incinerator, maternity ward, staff houses, and power backup.
- The facility is not fully PWD-friendly.



NAIROBI REMAND HEALTH CENTRE

Sub-County:
Starehe

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday. 8.00 am to 5.00 pm for regular patients and 24/7 for prisoners

Ambulance
Not available

Maternity
Not available

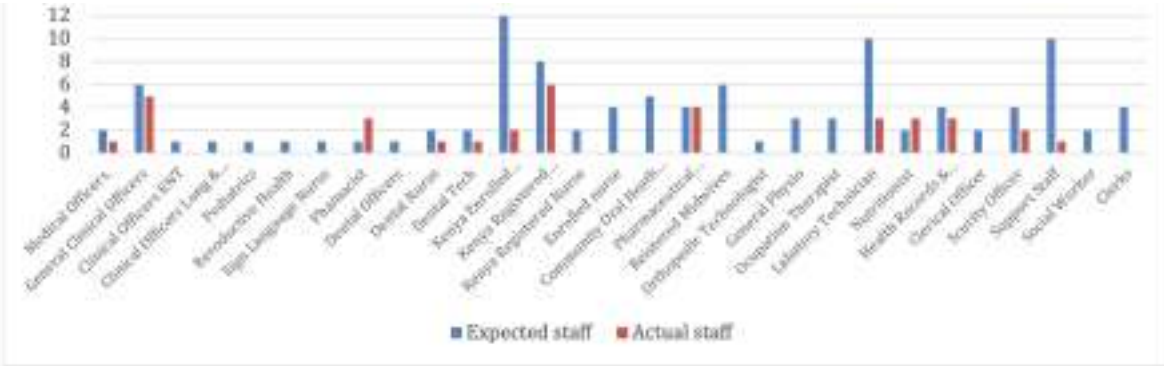
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Child welfare care, family planning, HTS, ANT

Referral Services
Adequate communication

KEY FINDINGS:

- The facility does not have enough staff as per the staffing norms.
- Unavailability of appointment cards and death notification forms.
- Inconsistent and insufficient supply of drugs and non-pharmaceutical supplies hence limiting the laboratory and pharmacy operations
- Unavailability of basic office materials such as writing materials
- Inadequate community input and access to information on financial utilization to enhance social auditing
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, development of work plans, and general facility operations.
- Unavailability of an incinerator, maternity ward, and minor surgery room.



KIBERA SOUTH HEALTH CENTRE

Sub-County:
Langata

SERVICES OFFERED

Laboratory
Monday- Friday.
8.00 am to 5.00 pm

Out Patient
Monday- Friday.
8.00 am to 5.00 pm

Ambulance
Not available

Maternity
24/7

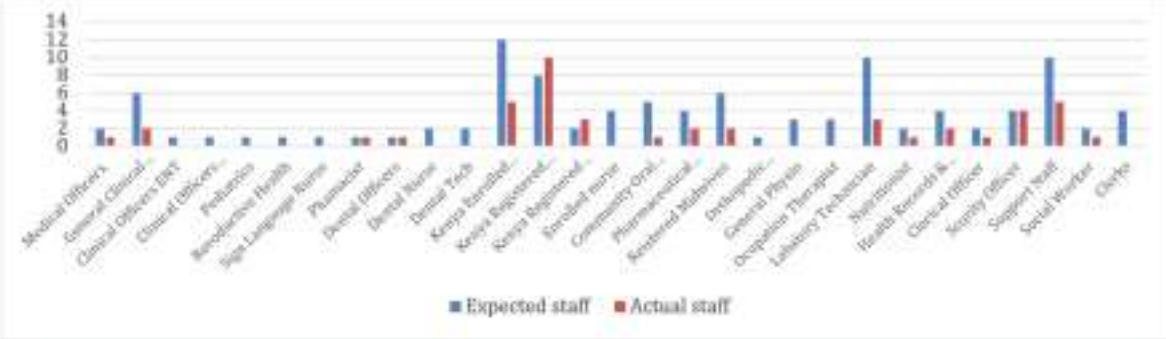
Pharmacy
Monday- Friday.
8.00 am to 5.00 pm

Outreach programs
Available

Referral Services
Adequate communication

KEY FINDINGS:

- Limited access to funding and OSR streams such as SHA and Linda mama to facilitate different operations
- The existing ambulance has not been registered by the National Transport and Safety Authority for use by the facility.
- The existing power back-up generator is not operational due to the incurred high cost of lack of maintenance
- The borehole is not in use as it has not been equipped.
- Lack of trained personnel to maintain machines and equipment, and diagnostic machines such as ERMS are not integrated with other hospital systems.
- Unavailability of electronic medical records and electronic information systems.
- Financial sources are not made public and utilized based on the community output.
- The facility does not have enough staff as per the staffing norms.
- Unavailability of staff houses, and power back up.
- Inadequate capacity building to the HFMC on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations.
- The Laboratory and pharmacy are not fully operational due to a shortage of pharmaceutical and non-pharmaceutical supplies



5.0: KEY CHALLENGES AND RECOMMENDATIONS

Limited participation of the Health Facility Management Committees in the management of Level III Health facilities: The establishment of the Health Facility Management Committees was driven by the desire to enhance community participation in the management of affairs at health facilities in Kenya. This is in resonance with the constitution of Kenya, 2010; which mandated the county governments to promote citizen participation in the management of public affairs so that decisions by the government reflect the will of the people. Enhanced community participation not only encourages a sense of citizen ownership of health facilities but also promotes inclusivity in developmental and other programmatic spheres of health facility management such as, budgeting, planning, resource mobilization, expenditure, auditing, reporting, and general oversight.

Thus, the role of the community participation through the Health Facility Management Committees is at the heart of service delivery and quality control. Hence, enhanced committees'/community capacity on mandate areas is of paramount importance. Regrettably, Health Facility Management Committees are constrained due to inadequate capacity building on mandate areas such as finance management, planning, budgeting, auditing, public participation, reporting, oversight, and general facility operations. This hinders them from diligently delivering their delegations to serve the facility and the community. To enhance the responsiveness of the committees to citizen interests as well as promotion of transparency and accountability in service delivery; it is imperative that the HFMCs are regularly trained on their mandate and the critical areas of governing the health facilities. This goes alongside ensuring their active involvement and participation in carrying out their mandate such as work planning, budgeting, ensuring financial reporting, ensuring compliance with procurement procedures, promoting public awareness, and strengthening the delivery of health services.

Inadequate Staffing: The Kenya Health Strategic and Investment Plan (2014 2018) provides for the Human Resources for Health Norms and Standards Guidelines for the Health Sector. It outlines staffing needs in each category of health services based on the need to ensure standardization and quality delivery of health services by citizens. With regard to the level III health facilities, the Ministry of health provides a checklist to guide how the workload should be distributed across the various departments in a health centre. However, staffing in health facilities is inadequate across all the facilities that we visited. Besides negatively affecting the quality of service delivery, lack of enough personnel affects the overall welfare of the staff and the quality of patient care, hence derailing the overall performance of the health facilities. On service seekers, this leads to insufficient or lack of services in the understaffed departments and therefore the inability to address citizens' health demands.

In addressing the problem of understaffing in health facilities, it is necessary for both the national government and the county government of Nairobi City to increase investment in healthcare human capital through increased budgetary allocation to the health sector. The ministry of health and the county government should partner to promote capacity building and training through collaboration with research and training institutions so as to seal the personnel gaps in the understaffed technical areas.

There is also a need to streamline administrative and bureaucratic processes involved with recruitment, hiring, and deployment of personnel, workforce planning, as well as employee welfare and benefits.

Insufficient and inconsistent supply of drugs and non-pharmaceuticals: Health facilities suffer the lack of drugs, non-pharmaceutical supplies, and other medical supplies regularly due to undersupply. This leads to the reduced or lack of care services to patients and out of pocket expenditures due to referrals to private facilities for the purchase of drugs and writing materials. Despite budgetary allocations for the procurement of drugs and non-pharmaceuticals, supplies rarely reach the facility or the end user. The impact of the problem of insufficient and inconsistent supply of drugs and non-pharmaceuticals to service delivery is multidimensional. For example, it impacts key service delivery sectors such as maternity services, laboratory services, and pharmacy services.

It is also associated with political interference and lack of accountability on the distribution of drugs; and procurement related challenges which regularly affect the supply chains such as bureaucratic redtapes leading into delays in tendering processes and approvals, corruption and mismanagement of medical supplies through irregular tendering and diversion of drugs. Other related challenges include; stockouts and expired drugs, inefficient infrastructure and logistics, inadequate budget allocations and funding; lack of clear policy and regulatory framework to manage challenges, to enforce standards and quality, and to promote oversight and transparency.

It is therefore a recommendation that the need to address insufficient and inconsistent medical supplies is timely and requires to be addressed. Through a multisectoral approach, measures should be deployed to ensure adherence to procurement rules to ensure accountability and transparency in the interest of the people. The supply of drugs and medical equipment must be made regular and consistent and should be given priority to ensure preventive and curative health in view of access to healthcare as a fundamental human right issue. There is also a need to advance legislative and policy reforms to realign with the constitution's principle on devolution by ensuring decentralization of functions and services of the county procurement department at the sub county level.

This will ensure that bureaucratic red tapism in procurement is significantly addressed. It will also improve oversight and address corruption, reduce delays in tendering and approvals, improve citizen-led participation on need assessment and budgeting, address inefficiency of logistics, counter irregular tendering and diversion of drugs, and deal with inconsistent supplies. Also, decentralization of county medical procurement services will address political interference occasioned with drug supplies due to enhanced community involvement hence ensuring transparency in procurement processes and promoting equality and openness in the distribution of drugs to reflect the needs of citizens.

Poor State of Infrastructure: The condition of the infrastructure in most health facilities is poor due the lack of proper drainage systems to prevent backflows, lack of perimeter walls and exposure to insecurity, old and poorly maintained buildings, inadequate and irregular supply of clean and safe water, unreliable power supply backup system, and poor waste management systems. In addition, infrastructure in

most of the facilities is not PWD friendly, due to the partial or total absence of ramps, wheelchairs, PWD assistant nurses, and accessible washrooms for use by the PWDs. Thus, there is a need for increased financial allocation to address infrastructural challenges and improve service delivery, taking into account the prevailing need of the community.

Inadequate financing: Financial resources are the core attributes of the day-to-day running health facilities. Inadequate allocation of funds negatively affects the delivery of all forms of services including basic services with an impact on recurrent expenditure. In this report, it has been noted that insufficient funding is a major challenge with ramifications on day-to-day facility operations as health facilities often receive the minimum funding from the county government or the national government. They also suffer the challenge of constrained own source revenue generation due to the absence of administration/user fees to patients, which could be reinvested to facilitate other supportive services. charges on operations and to reinvest in other supportive supervision.

Lack of public access to audit reports: To conform with the Kenya Quality Assurance Model for Health in enhancing accountable and transparent financial management; all level III health facilities are required to conduct regular financial audits to identify and recommend measures of improvements. However, most of the facilities do not undergo internal and auditing regularly. Sadly, HFMCs lack the knowledge can capacity to handle the internal and external auditing processes due to lack of training.

On one hand, this is caused by the lack of internal capacities due to inadequate financial allocation, lack of trained audit personnel, weak internal monitoring and evaluation frameworks, poor record keeping and lack of proper financial management systems, and irregularities in procurement and unclear supply of materials due to lack of proper documentation. On the other hand, the lack of public access to audit reports on level III health facilities is led by political interference, overdependence on the county/external support, multiple sources of funding such as the county government, the national government, and donors, as well as lack of challenges in compliance with the set regulations and guidelines. Also, the lack of public access to audit reports from level III health facilities is contributed by the lack of development of audit reports from the Office of the Auditor General.

To address this challenge, it is necessary to ensure compliance with the quality assurance model by the ministry of health for enhanced transparency and accountability. Also, improved capacity of the facility personnel and the Health Facility Management Committee would be a milestone in enhancing monitoring and evaluation, financial auditing, and reporting.

6.0 CONCLUSION:

Guided by the need to advocate for government accountability in service delivery and to influence policy through engagements, partnerships, and tax-payer-transforming information and research; the National Taxpayers Association conducted the study to review the status of implementation of development projects in level III health facilities in Nairobi City County. This study has unlocked citizens' understanding on the quality of governance, service delivery and compliance to the required national and international standards of the Level III Health facilities within the Nairobi City County health sector. This report is a step-up in strengthening the capacity of individual citizens and communities to advance the public call for accountability and transparency from the duty bearers in effort to enhance the delivery of quality services.

This report was developed through a multisectoral approach between the County Government of Nairobi City, and players in the health sector. Of importance was the participation of the key cohorts of the community in the development of this report. The community members played a central role in the generation of the data as well as the development of the report. While the Health Facility Management Committees provided the informatory role, the County Accountability Groups were central in the development of the findings, owing to their extensive experience and knowledge on community involvement. As key players in this process, the County Accountability Groups visited 32 level III health facilities in enumeration, pursuant to the Kenya Quality Assurance Model for Level III Health Facilities checklist developed by the Ministry of Health. This ensured first hand access to information appertaining to the assessment of the level of compliance and quality controls for the selected Level III Health Facilities. The study examined the quality and accessibility of diverse service spectra such as; provision of out-patient care, provision of limited emergency care, availability of maternity services for normal deliveries, laboratory services, oral health services, referral services, preventive and promotive services, and inpatient observations. This was assisted through the assessment of quality standards in the spheres of: facility infrastructure, supplies, policy standards and guidelines, referral system, leadership, machines and diagnostics, financial management, records and information system, and human resource management.

Through analysis of the data collected from all the facilities, the National Taxpayers Association identified common and inter related policy, administrative and structural gaps. These include the insufficient and inconsistent supply of drugs, insufficiency and absence of basic office writing materials, poor condition of infrastructure, insufficient pharmaceuticals and non-pharmaceutical resources, non-existence of policy guidelines, underfunding, and lack capacity building to the Health Facility Management Committees to strengthen citizen participation and oversight of service delivery. Cumulatively, these gaps have impacted in partial or total absence of services due to dysfunctionality of key sectors within the health facilities such as laboratory services and pharmacy, hence denying the citizens the right to universal access to health services as envisaged by the Constitution of Kenya, 2010.

Following this study, the National Taxpayers Association is deeply convinced that this report will become a fundamental instrument in strengthening community active participation in development processes, improved service delivery, structural and administrative reforms, and a sustained citizen-led dialogue on the need for equality, equity, justice, accountability, and transparency of services in the health sector. There is also an unequivocal consensus among the sector players and in particular the right holders that the need to address the challenges affecting universal citizen access to healthcare services is timely and must be accorded utmost priority by the duty bearers in intervention.

APPENDICES:

APPENDIX 1: SERVICES OFFERED

Curative services	Outpatient services
Elimination of communicable diseases	Screening for non-communicable diseases
Inpatient services (At least 16 beds, 4 male, 4 female, 4 maternity, 4 pediatric)	Functional referral services
Basic emergency inpatient care	Basic oral health services
Individual health education	Minor Surgical procedures
Radiologic & imaging services (at least ultrasound)	Maternity services
Antenatal care	Family planning
Immunization services	Holding room for dead bodies
Community outreach services	Laboratory services e.g. malaria; Smear test for TB; HIV

APPENDIX 2: FACILITY INFRASTRUCTURE

3 consultation rooms	1 treatment room
1 minor theatre	1 records room
Inpatient bed capacity at least sixteen (4 male, 4 female, 4 pediatric, 4 maternity)	1 drug store
General store	Labour ward with capacity of two beds
Delivery room with a functional delivery bed or coach	PPH and PET kits (mandatory)
SOPs for common obstetric emergencies in labour ward e.g PPH, APH	Laboratory room (class B)
Community services room/public health office	School health programs/ outreach services
Safe designated sterilization area	Laundry
Kitchen	Minor Surgical procedures room
Store for Supplies	Staff housing for at least two members of staff
Functional incinerator/burning chamber	Protected placenta pit/macerator
Transport system a) Utility vehicle/motorcycle b) Ambulance services	Facility communication equipment (e.g. mobile phones, intercoms, walkie talkie)
Clean piped water supply	Fence & gate
Appropriate waste segregation	Medical waste management system
Cloakrooms for patients	Cloakrooms for staff
Ramp/disability-friendly walkways	Adequate ventilation and lighting
Constant power supply	CCTV system

APPENDIX 3: RECOMMENDED PERSONNEL

Two medical officers	Two Public health officers
Two public health technicians	Six general clinical officers
One graduate clinical officer	One specialized clinical officer or clinical Officer ENT
Clinical officer lung and skin	Clinical officer pediatrics
Clinical officer reproductive health	Two BScN
Twenty-three Kenya Registered Community Health Nurses	Two KRN/MHP or psychiatry
Four Kenya Registered Nurses/Midwives	Two Kenya Enrolled Community Health Nurses
One sign language staff	One Pharmacist
Three pharmaceutical technologists	Two plaster technologists
Two orthopedic technologists	Three general physiotherapists
Three occupational therapists	Dental officer
Two dental technologists	Four community oral health officers
Four health promotion officers	Two medical social workers
One health administrative officer	Four clerks
ICT officer	Five medical Lab technologists
Supply chain assistant	Two nutrition and dietetic officers
Nutrition & dietetic technician	Two public health officers (clinician)
Two cooks	Four drivers
Ten support staff	Two security officers
Two mortuary attendants	

APPENDIX 4: LIST OF FACILITIES VISITED

Mwiki Health Centre	Dandora 2 Health Centre
Uthiru Muthua Health Centre	Embakasi Health Centre
Eastleigh Health Centre	Umoja 1 Health Centre
Ngara Health Centre	Ruai Health Centre
Karura Health Centre	Kariobangi Health Centre
Kayole 1 Health Centre	Karen Health Centre
Marurui Health Centre	Ruben Health Centre
Jericho Health Centre	Soweto Health Centre
Kahawa West Health Centre	Kibera AMREF Health Centre
Chandaria Health Centre	Kasarani Health Centre

Waithaka Health Centre	Dandora 1 Health Centre
Githurai 44 Health Centre	Minhang'o Health Centre
Ng'undu Health Centre	GSU Embakasi Health Centre
Korogocho Health Centre	Babandogo Health Centre
Mukuru Kwa Njenga Health Centre	Lunga Lunga Health Centre
Nairobi Remand Health Centre	Kibera South Health Centre

National Taxpayers Association
pesa zetu, haki yetu

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