



TRANSPARENCY  
INTERNATIONAL  
KENYA

# A SOCIAL AUDIT REPORT

ON SERVICE DELIVERY  
IN THE HEALTH SECTOR  
IN VIHIGA COUNTY

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2020



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# ABBREVIATIONS

<b>ALAC</b>	Advocacy and Legal Advice Center
<b>CIDP</b>	County Integrated Development Plan
<b>CLARION</b>	Centre for Law and Research
<b>CSOs</b>	Civil Society Organizations
<b>FIF</b>	Facility Improvement Fund
<b>FY</b>	Financial Year
<b>HFMC</b>	Health Facility Management Committee
<b>ICT</b>	Information and Communications Technology
<b>MCA</b>	Member of County Assembly
<b>MP</b>	Member of Parliament
<b>SAP</b>	Social Audit Process
<b>SAT</b>	Social Audit Team
<b>SIAC</b>	Strengthening Integrity & Accountability
<b>TI-Kenya</b>	Transparency International Kenya
<b>TVET</b>	Technical and Vocational Education and Training
<b>WHO</b>	World Health Organization

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# BACKGROUND

Transparency International Kenya (TI-Kenya) is a not-for-profit organisation founded in 1999 in Kenya with the aim of contributing to the establishment of a transparent and corruption-free society through good governance and social justice initiatives. TI-Kenya is one of the autonomous chapters of the global Transparency International movement that are all bound by a common vision of a corruption-free world. TI-Kenya's vision is to have a corruption-free Kenya while its mission is to champion the fight against corruption by promoting integrity, transparency and accountability at all levels.

TI-Kenya has its main office in Nairobi and regional presence in the Coast, Rift Valley and Western Kenya through the Advocacy and Legal Advice Centers (ALACs) where victims and witnesses of corruption cases can obtain free and confidential legal advice on corruption related cases. TI-Kenya uses advocacy as its signature approach. Advocacy is complemented by other approaches including research, establishing strategic partnerships, capacity building and civic engagement.

# ACKNOWLEDGEMENT

TI-Kenya appreciates all those who were involved in the planning, facilitation and production of this report. We thank the Centre for Law and Research International (CLARION) for overseeing the social audit process, the social auditors, members of the public, medical practitioners, and other health sector workers who participated in the social audit process by providing valuable inputs during the data collection and review process.

Special appreciation to the Vihiga County government and the department of health services for granting us the opportunity to undertake the social audit exercise.

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**Author:** Transparency International Kenya. Every effort has been made to verify the accuracy of the information contained in this report. All information was believed to be correct as of April 2020. Nevertheless, Transparency International Kenya cannot accept responsibility for the consequences of its use for other purposes or in other contexts.

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## 1.1 EXECUTIVE SUMMARY

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TI-Kenya with support from GIZ, is currently implementing a project, “Enhancing Service Delivery in the Health Sector and Technical and Vocational Education and Training (TVET) sectors”. The project focuses on five counties namely: Vihiga, Trans Nzoia, Machakos, Kiambu and Elgeyo Marakwet Counties and seeks to ensure that service delivery in the health and TVET sectors of the above counties is enhanced through citizen empowerment and participation in civilian oversight.

The project presupposes that the numerous gaps/ challenges facing the counties can only be tackled effectively if the citizens are adequately informed and involved in the whole chain of public service delivery. As an implementation strategy, the project seeks to ensure citizens are empowered to audit county services in the sectors and follow through to ensure that the audit findings and recommendations are shared with stakeholders and implemented to improve service delivery in the counties.

The project is in various phases of implementation in the health sector in selected counties with Machakos and Trans Nzoia being in their third phases while Vihiga is in the first phase. In Machakos and Trans Nzoia counties, the project seeks to follow up the uptake of social audit recommendations emanating from social audit exercises conducted in 2016. In Vihiga County, the project seeks to push for uptake of recommendations of the social audit exercise undertaken by CLARION in May 2018.

The social audits were conducted by CLARION with the support from GIZ under the GIZ Health Sector Programme in the following health facilities: Vihiga County Referral Hospital, Sabatia Sub-County Hospital, Ipali Sub-County Hospital, Hamisi Sub-County Hospital, Emuhaya Sub-County Hospital and Mbale Rural Health Training Centre. The objective of the social audit was to establish gaps hindering the provision of effective service delivery in the health sector and to empower citizens to demand and provide oversight for better service delivery through pushing for the uptake of the recommendations in the social audit report.

Whereas CLARION conducted the social audit and provided a draft report in 2018, the report had not been finalized at the time and its recommendations were not discussed widely with stakeholders in the health sector. As such TI-Kenya sought to finalize the report through reviewing and validating the findings and pushing for the uptake of recommendations by duty bearers.



Additionally, TI-Kenya seeks to strengthen citizen engagements in pushing for proper service delivery through awareness creation on the findings and recommendations and empowering citizens to directly engage with the duty bearers in pushing for uptake of the recommendations. This is in line with the rights and role of citizens to be involved and participate in critical policy and decision-making processes as enshrined in the Constitution of Kenya 2010.

TI-Kenya reviewed the draft report and facilitated the validation of the social audit findings on 30th October 2019 by various stakeholders drawn from the County Executive, the County Assembly, selected community members, social auditors and selected Civil Society Organizations (CSOs) working in Vihiga County.

Primarily, this report therefore, seeks to:

- Share information on the findings and recommendations on existing health service delivery gaps in the county with policy actors and citizens;
- Provide a basis for discussions on improving service delivery in the health sector at the county level.

## 1.2. SUMMARY OF KEY FINDINGS

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The social audit findings and subsequent review and validation exercise in 2019 revealed that despite various efforts made by the county government to enhance service delivery in the health sector; the county continues to face serious challenges that have contributed towards limited access to proper health care. Some of these challenges include:

**1. Staff shortages:** According to the findings, the county had insufficient human resources for health across all the cadres. Critical to note was the lack of a pathologist for cancer diagnosis and an anesthesiologist for cardiac surgery cases in the entire county.

**2. Underfunding of the health sector and annual budgetary allocations:** This had contributed to limited implementation of projects and shortage of medical commodities. Additionally, the suspension of the Facility Improvement Fund (FIF) for health facilities had affected efficiency and availability of essential services to the citizens.

In April 2001, the heads of state of African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector through the Abuja Declaration. With health services having been devolved, the County government should consider increasing allocations to the health sector to surpass the pre-devolution levels which were at 35% and move closer to the Abuja Declaration targets of 15% of annual budgets allocated to the health sector. Additionally, there is need for the County to increase allocations on the development budget and put up strategies to bring down the allocation of the recurrent budget particularly on personnel emoluments to the recommended 50% to 60% of the recurrent budget.

**3. Insufficient health infrastructure:** The findings revealed that despite numerous efforts by the county to put in place adequate infrastructure, most of the health facilities lacked sufficient infrastructure like specific wards for children; consultation rooms; adult female and male wards; incinerators; adequate sanitation facilities among others. Some of the projects that were in progress at the time of validation included: construction of a blood satellite, hospital plaza and a new mortuary for the County referral hospital.

**4. Management Committees.** Whereas all the facilities had management committees in place, there existed capacity gaps among the members of the committees in terms of discharging their duties; disconnect between the management committees and the community members, with majority of the latter having no knowledge of who they were and what their role was in promoting service delivery in the health sector.

**5. Complaints and compliments handling:** Whereas all the facilities visited had suggestion boxes and other mechanisms for handling complaints and compliments like direct communication with the facilities and public barazas; it was noted that these mechanisms were not as effective as they should be. Majority of the respondents indicated gaps

in the management of the complaint boxes particularly on who manages them, the frequency in which they are checked and the feedback mechanism to the complainants/compliments

**6. Lack of effective public participation:** Findings revealed that majority of the citizens had no knowledge of the processes in the health sector and had very little involvement in the decision-making processes on matters health thereby curtailing efforts to provide oversight.

**7. Service charters:** All the facilities visited had service charters. However, most of them were not updated and had no information on the charges for the services offered by the facilities. The charters were also in English language which could not be understood by majority of the citizens and lacked contact information for citizen oversight.

**8. Maternal, child health and reproductive health services:** There were no issues on the standards for service delivery reported in regards to Maternal Child Health (MCH) and reproductive health services, save for the need to sensitize the public on the Boresha Afya ya Mama na Mtoto (Strengthening the health of the mother and baby) Programme (Otichillo care) as the information was not readily available to the public.

## 1.3. SUMMARY OF KEY RECOMMENDATIONS

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Some of the recommendations arising out of the exercise and validation process include:

1. the need for the County Executive and the Assembly to develop a policy/legislation that will re-introduce Facility Improvement Fund (FIF) in the various health facilities within the county: The FIF will help promote efficiency and make services more accessible.

2. The need for the County to increase the budgetary allocations for the health services sector to address gaps for recurrent and development expenditure.
3. The need for the county, through the County Public Service Board to address staff shortage; retention and promotion for better service delivery.
4. The need to promote and strengthen engagements by establishing a formal engagement mechanism/platform between the public and civil society on health matters and increase community sensitizations/awareness for more transparency and better service delivery e.g through dialogue days.
5. The need to strengthen capacity on financial management, accountability and public participation for stakeholders in the health sector, especially management committees and the facility heads.
6. Need for revision of the criteria on selection and qualifications for the facility Health Management Committee members.
7. Need for development of a proper capacity building programme for the Health Management Committees by the Department of Health before and during their mandates to enable them effectively discharge their roles.
8. Regular monitoring and evaluation of health sector service delivery by citizen groups, supported by both government and non-state agencies.

## 1.4 INTRODUCTION

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The right to health as enshrined under the Constitution of Kenya 2010 places an obligation on the state (both the national and county governments) to put in place mechanisms including legislative and policy measures to achieve the progressive realization of the right to health.

Whereas health remains one of the biggest devolved functions, the sector continues to be plagued by a myriad of challenges affecting the effective delivery of services both at the national and county government.

Vihiga County's health sector like many other counties in Kenya continues to grapple with challenges relating to poor infrastructure, inadequate human resources for health, capacity gaps for health personnel, corruption and underfunding among others. Additionally, majority of the citizens within the county have not yet fully appreciated their role in the devolved system of governance and are not effectively engaging in oversight of the health sector thereby translating to very little support of the system by citizens.

Citizen involvement in decision making processes is critical towards promoting transparency and accountability as such they should meaningfully participate in health sector planning, budgeting, implementation, monitoring and reporting at all levels. Additionally, health sector policy makers and service providers should be transparent to citizens and ensure that information on health

sector programs, plans, budgets and reports are accessible and understandable to the citizens.

Meaningful engagement between citizen groups and health service providers requires a systematic process of collecting and documenting evidence on the status of health service delivery at all levels; hence the basis for the social audit exercise undertaken by CLARION in 2018 in Vihiga county.

The social audit exercise aimed at assessing the status of service delivery and the level of citizen engagement in the health sector at the county level; and findings used to influence systematic and policy changes in the health sector at the county level through pushing for uptake of the recommendations by duty bearers for better service delivery.

## 1.5 PROJECT BACKGROUND

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Vihiga County is one of the counties in the former Western province. It has five sub-counties / constituencies namely; Luanda, Emuhaya, Hamisi, Sabatia and Vihiga, with its headquarters at Mbale town. The county covers an area of 563.8 SQ.KM with a population of 590,013 comprising of (283, 678 males and 306,323 females, and 12 intersex) and a population density of 1,047 persons per sq.Km

Health services is arguably the biggest devolved function under the Constitution of Kenya 2010. Whereas most counties allocate more than 30% of their budgets to the health sector, provision of effective health care services to citizens remains one of the biggest challenges at the county level. Incidents of corruption, understaffing, inadequate infrastructure, and inadequate essential commodities among others continue to be reported in various counties in Kenya including Vihiga County.

The table below gives a comparison of budgetary allocation for the last four financial years in the health, education, water and environment sectors

BUDGET ALLOCATION Kshs. (millions) <sup>2</sup>						
FINANCIAL YEAR	HEALTH SERVICES		EDUCATION, SCIENCE, TECHNICAL & VOCATIONAL TRAINING		ENVIRONMENT, WATER, ENERGY & NATURAL RESOURCES	
	Development	Recurrent	Development	Recurrent	Development	Recurrent
2018/2019	1,295.39	314.16	433.34	282.19	90.25	172.31
2017/2018	1,248.14	233.26	337.49	258.50	66.61	123.17
2016/2017	1,030.06	223.65	329.77	138.92	62.02	79.93
2015/2016	738.67	181.21	114.13	204.2	73.37	40.6

**Table1:** Shows the budget allocation for the financial years 2015 to 2019

In order to assess the level of service delivery in the health sector and to identify gaps hindering the provision of proper health care services in Vihiga County, the Centre for Law and Research International (CLARION) with support from GIZ's Health Sector Programme (HSP) conducted social audits in Vihiga County in May 2018. The audits were conducted on level 4 and the referral health facilities with a focus on maternal, child and reproductive health indicators. This initiative was organized under CLARION's project on Strengthening Integrity and Accountability in Kenya (SIK).

Whereas CLARION conducted the social audits and provided a draft report in 2018, the report was not finalized at the time and recommendations were not discussed widely with stakeholders in the health sector. As such TI-Kenya with the support of GIZ, sought to finalize the report through reviewing and validating the findings and pushing for uptake of recommendations by duty bearers through its 'enhancing service delivery in the health sector project in Vihiga County'.

Overall, the project through pushing for the uptake of the recommendations seeks to promote public participation in decision making at county level and to contribute to improved quality service delivery in the health sector in the county by:

- Supporting existing county interventions in the health sector to promote effective service delivery.
- Empowering citizens to take up their civilian oversight role in the health sector.
- Identifying and supporting corruption reporting and prevention mechanisms in the health sector.

This report therefore seeks to share information on the existing health service delivery gaps as revealed by the social audit exercise and provide recommendations to the identified gaps. The report targets policy actors and citizens, to provide a basis for discussions on improving service delivery in the health sector at the county level.

# CHAPTER 2

## 2.0 METHODOLOGY

The social audit exercise was undertaken in the month of May 2018 by CLARION with support from GIZ. Both primary and secondary sources of data collection were employed to collect information on the targeted health facilities. The exercise utilized the Social Audit Team (SAT) already trained by GIZ under the SIAK project in Vihiga County to carry out the data collection exercise in the County. The social audit covered all the five Sub-counties focusing on the level 4 health facilities. This exercise was informed by the need to assess the efficiency and effectiveness of maternal, child and reproductive health service delivery at the referral level which is the level where most of these facilities are categorized.

In September and October 2019, TI-Kenya reviewed the data by holding audit review sessions with the social auditors and conducting courtesy visits to the audited facilities with a view of updating the report to reflect the current status of the health sector. A validation exercise was subsequently undertaken with selected stakeholders in the sector and the social audit findings updated.

### Primary sources

Actual data was collated from Key Informant Interviews and Focus Group Discussions (FGDs) with staff and management from the various health facilities that were audited. The tool used in the exercise was developed by CLARION. The exercise covered all the five Sub-counties in the County targeting the following facilities:

Name of health facility	Sub-County
Vihiga County Referral Hospital (Level 4)	Vihiga
Sabatia Sub-County Hospital (Level 4)	Sabatia
Ipali Sub-County Hospital (Level 4)	Emuhaya
Hamisi Sub-County Hospital (Level 4)	Hamisi
Emuhaya Sub-County Hospital (Level 4)	Luanda
Mbale Rural Health Training Centre	Vihiga

*Table 2: Shows the health facilities and their sub-counties*

Respondents comprised of citizens accessing services from the facilities and staff of the said facilities who were interviewed under the following key areas:

- Management committees
- Service charters
- Annual work plans, budget and financial reports
- Health Information Management
- Complaints and compliments
- Human resources for health
- Health infrastructure
- Maternal, child health and reproductive health services

## Secondary Sources

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Desktop research was conducted before, during and after the social audit exercise. The desktop research relied on the following as part of the instruments reviewed:

- The Universal Declaration on Human Rights (UDHR) 1948
- The International Convention on Economic, Social & Cultural Rights (ICESCR) 1966
- United Nations Convention on the Rights of the Child (UNCRC) 1989
- The African Charter on Human and People's Rights 1986
- The Abuja Declaration 2001
- The Constitution of Kenya 2010
- County Governments Act 2012
- Health Act 2017
- Public Finance Management Act 2012
- Controller of Budget Annual County Government budget implementation reports Financial years: 2014/2015, 2015/2016/, 2016/2017, 2017/2018
- The Vihiga County Integrated Development Plan (2018-2022)
- The Vihiga County Annual Development Plan for the Financial Year 2018/19
- Kenya National Bureau of Statistics Website; <https://knbs.or.ke>
- Vihiga County Website; [www.vihiga.go.ke](http://www.vihiga.go.ke)



## 3.0 BASIC HEALTH FACTS FOR VIHIGA COUNTY

Vihiga County's health services department envisions a globally competitive, healthy and productive county and has one referral facility, four sub-county hospitals, 18 Health Centers, 32 dispensaries and 34 private and mission-based facilities. The doctor/population ratio stands at 1:11,840 while the nurses/population ratio stands at 1:1,947. The average distance to the nearest health facility in the County is 5 km . The County was in the process of enacting a Health Services Bill that seeks to enhance operations in the health sector, at the time this report was published

Actual data was collated from Key Informant Interviews and Focus Group Discussions (FGDs) with staff and management from the various health facilities that were audited. The tool used in the exercise was developed by CLARION. The exercise covered all the five Sub-counties in the County targeting the following facilities:

	FY 2014/2015		FY 2015/2016		FY 2016/2017		FY 2017/2018		FY 2018/2019	
	Rec	Dev	Rec	Dev	Rec	Dev	Rec	Dev	Rec	Dev
Budget Allocation (Kshs. Million)	755.81	136	738.67	181.21	1,030.06	223.65	1,248.14	233.26	1,295.39	314.16
Absorption rate (%) for Recurring and Development expenditure	85.6	63.0	78.5	17.5	76.0	46.4	68.4	25.1	100.1	80.2

**Table 3:** Shows the trend in the annual budget allocation and absorption rate between the FY 2014/2015 and 2018/2019.

The trend indicates a steady increase in the budgetary allocations and fluctuating trend in the absorption of the development budget with the rate falling below 50% over the FY 2015/2016 and FY 2016/2017.

The decrease in absorption of the development budget could be caused by delayed disbursement of funds from the exchequer. This affects the quality of service delivery to the county residents.

At the time when the social audit exercise was being conducted in 2018, county planning documents revealed that the health sector in the county had a number of challenges that limited access to proper health care to the citizens. These included:

- Inadequate budgetary allocations to the health sector resulting to ineffective delivery of health services.
- **Staff shortages:** Most of the health facilities were understaffed with the county doctor to population ratio at 1:11,840 while the county nurse to population ratio stood at 1:1,947;
- **Inadequate health infrastructure:** The counties had one public county referral facility, three level 4 facilities, 18 health centers and 32 dispensaries, all of which had different levels of inadequacies in regard to basic health infrastructure.
- **Persistent shortage of drugs:** Evidenced by frequent stock-outs of medical commodities across all facilities.
- Lack of a comprehensive and updated inventory for all health facilities and equipment.
- Inadequate water supply in health facilities thereby affecting sanitation and hygiene status.
- Minimal involvement of the health department during planning, design and implementation of projects.
- Poor linkages between the community and the facilities.
- Lack of updated data on some of the health facilities.

Other challenges pointed out during the validation exercise in October 2019 included: limited use of information technology in the sector; lack of basic Information Technology systems in most facilities contributing to an increase in corruption incidents where most clients are usually fleeced; Stalled projects and a delay in implementation of the community health strategy among others.

Whereas notable strides have been made towards enhancing service delivery in the sector since the time of undertaking the social audit exercise ; according to the 2020 County Fiscal Strategy paper, challenges related to staff shortages across all cadres, budgetary constraints, poor referral system and high pending bills for capital projects and medical commodities continue to plague the sector thereby limiting access to proper health care.

## 4.0 SOCIAL AUDIT FINDINGS

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The findings are discussed under the following subject lines of interrogation:

### 4.1 Health Facility Management Committees

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All health facilities are required to have management committees in place. The Committees have a duty to ensure that public participation is effectively carried out, provide oversight on functions of the facilities and ensure quality management. The management committees comprise of a Chairperson, Vice Chairperson, a secretary (usually the Person in charge of the facility), a treasurer, a representative from Faith Based Organizations, representative from the Ward Administration or Sub-County Administration, a representative from CSOs and two members seconded from the County Government mostly from the Department of Health.

From the findings;

- All the facilities visited had management committees in place all of which had held the required number of meetings as at the time of the visit.
- All the chairpersons of the committees were male.
- Whereas all the facilities visited had management committees in place, most of the committee members were not known by the members of the public.
- Their qualifications, selection and appointment processes were also not well understood by majority of the public.
- It was further noted that the meetings of the committee members were mostly tied to availability of financial resources and this limited their effectiveness in undertaking their mandate.

### 4.2 Service charters

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All the facilities had service charters however, they were all written in English and therefore not accessible and understood by most citizens.

Sabatia, Ipali and Emuhaya hospitals' service charters did not clearly distinguish between maternal, child health and reproductive health services.

The information in the service charters was not being strictly followed by the facilities and costs for services offered was not clearly indicated in the service charters.

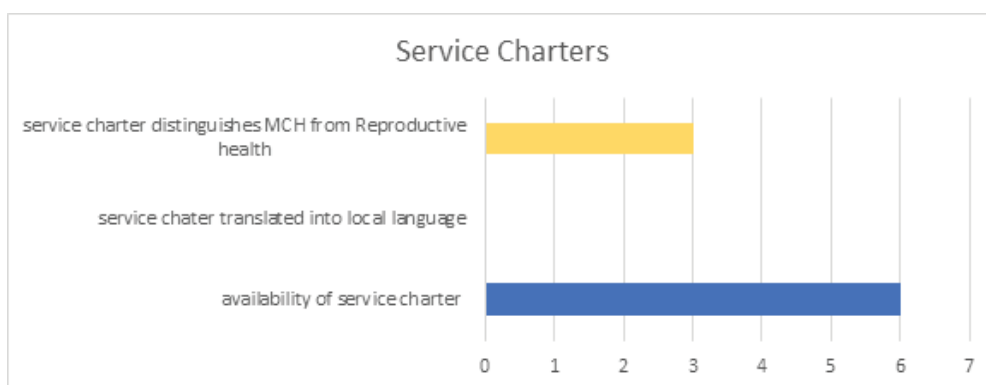


Figure 1: Availability of service charters

### 4.3 Work plans, budgets and financial reports

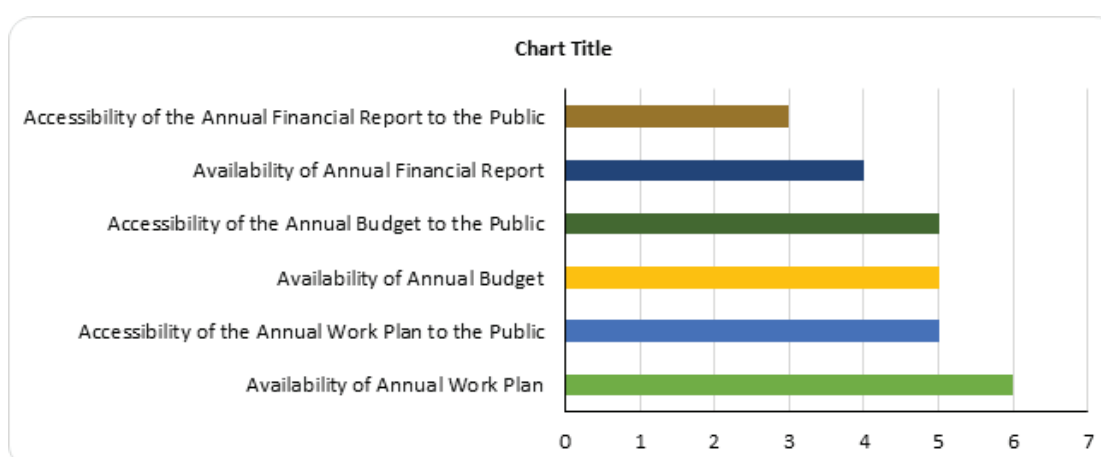


Figure 2: Annual work plans, budgets and financial reports

- All health facilities are required to have approved work plans, budgets and annual reports.
- All the facilities visited had annual work plans.
- The work plans were accessible to the public in all the facilities except in Emuhaya Sub-County Hospital.
- All the facilities had Annual Budgets which were accessible to the public.
- Vihiga, Hamisi and Ipali Health facilities had financial reports that were accessible to the public. In Emuhaya health facility, the financial report was available but not readily accessible to the public. Sabatia and Mbale health facilities did not have any financial reports shared at the time of the visit. There were no clear platforms for citizens to give feedback on the utilization of the budgets.
- Majority of the public were not aware of actual funds received by the audited facilities for day to day running of the facilities.

## 4.4 Health information management

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- In all the facilities visited, health service delivery record books were being used to record and store information which was also keyed in the Health Information System.
- Information on action taken on trends recorded in the facilities was not readily available to the public.

## 4.5 Complaints and compliments

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- The audit revealed that complaint handling and redress mechanisms structures were not effective across all the facilities.
- All the facilities had suggestion boxes as the main method for receiving feedback from clients. Each facility had a distinctive method of managing the complaint box either through the hospital administrators or through a designated member of the Health Management Committee.
- The audit revealed that complaint handling and redress mechanisms structures were not effective across all the facilities as the public reported that they hardly made use of the suggestion boxes.
- Despite the availability of suggestion boxes, majority of the members of the public did not make full use of them.
- Some facilities had complaint and compliment books giving citizen's the opportunity to record their complaints.
- Other opportunities available for sharing complaints and compliments were barazas and direct communication with the Health Facility Management Committees.

## 4.6 Human Resources for Health

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The table below provides Human Resources for Health Norms and Standards Guidelines for the Health Sector as provided by the World Health Organization (WHO)

STAFF CATEGORY	Sub - categories	Regional (2ndary referral) hospital-L5	County (primary) hospital -L4	Health Centre - L3	Dispensary - L2	Community Unit -L1
Medical Officers & Specialists	Medical Officers	50	16	2	-	-
	Anesthesiologist	6	2	-	-	-
	Oromaxillofacial Anesthesiologist	1	-	-	-	
	Cardiologist	2	-	-		
	General Surgeon	4	2			
	Orthopaedic Surgeon	2	1			
	Cardiothoracic Surgeon	1				
	Critical Care Physician	1	1			
	ENT surgeon	2				
	Gastroentologist	2	2			
	Obs/Gyne Specialist	3	1			
	Palliative Care Specialist	2	1			
	Neonatologist	2	1			
	Nephrologist	2				
	Neurologist	1				
	Plastic Surgeon (Reconstructive Surgeon)	1				
	Neurosurgeons	1				
	Oncologist	4				
	Ophthalmologist	2	1			
	Optometrist	1	1			
	Dermatologists	1	1			
	Paediatric Endocrinologist	1				
	Paediatric Nephrologist	1				
	Paediatric Neurologist	1				
	Paediatric Surgeon	1				
	Paeditrician	4	2			
	Pathologist	2	1			
	Psychiatrist	4	2			
	Radiologists	4	2			
	Rheumatologist	1				
	Specialist Physician ( Internist)	4	2			
	Medical Endocrinologist	1				
	Public Health Physician	2	1			
	Urological Surgeon	1				
	Child & Adolescent Psychiatrist	1				
	Community Psychiatrist	1				
	Forensic Psychiatrist	1	30	6		
Clinical Officers	General Clinical Officers (Diploma)	44	14	1		
	Graduate Clinical Officers	7	2	1		
	Specialised Clinical Officers	4				
	Clinical Officer 1ENT/ Audiology					

STAFF CATEGORY	Sub - categories	Regional (2ndary referral) hospital-L5	County (primary) hospital -L4	Health Centre - L3	Dispensary- L2	Community Unit -L1
Clinical Officers	Clinical Officer 1ENT/ Audiology					
	Clinical Officer Lung & Skin	2	4	1	-	-
	CO Ophthalmology/ Cataract Surgery	2	4		-	-
	CO Paediatrics	6	2	1	-	
	CO Reproductive Health	2	2	1		
	CO Dermatology/ Vene-reology	2	1	-		
	CO Orthopedics	2	6	-		
	CO Anesthetists	15	1			
	CO Psychiatry/Mental Health	2	1			
	CO Oncology/Palli--ative Care	2	4			
Nurses and specialist nurses	BSN Nurse	12				
	Cardiology Nurse	2				
	Critical Care Nursing	20				
	Dental Nurse	8	8	2		
	Forensic Nurse	2				
	Kenya Enrolled Com-munity Health Nurse	250	100	12	4	1
	Kenya Registered Com-munity Health Nurse	260	50	8	2	1
	Kenya Registered Nurse	80	20	2		
Enrolled Nurse	10	6	4	2		
STAFF CATEGORY	Sub - categories	Regional (2ndary referral) hospital-L5	County (primary) hospital -L4	Health Centre - L3	Dispensary- L2	Community Unit -L1
Nurses and specialist nurses	Nephrology Nurse	10				
	Oncology Nurse	10	2			
	Ophthalmic Nurse	6	2			
	Paediatric Nurse	10	2			
	Palliative Care Nurse	6	4			
	Psychiatrist Nurse	20	6			
	Registered Midwives	60	20	6		
	Sign Language Nurse	2	1	1		
	Theater Nurses	60	10			
	Anesthetists Nurse	4	6			
Accidents & Emergency Nurse	10	10				

STAFF CATEGORY	Sub - categories	Regional (2ndary referral) hospital-L5	County (primary) hospital -L4	Health Centre - L3	Dispensary-L2	Community Unit -L1
Pharmacy Staff	Pharmacist	6	4	1	-	-
	Clinical pharmacist	4	2		-	-
	Oncology Pharmacist	1			-	
	Pharmaceutical Technologist	10	8	4	1	
Plaster Staff	Plaster Technicians/ Technologists	6	4	2		
Rehabilitative staff	Orthopaedic Technologist	6	3	1		
	General Physiotherapist	12	6	3	1	1
	BSc Physiotherapy	2	1			
	Specialized Physiotherapists	3	2			
Occupational Therapist	Occupational Therapist	12	10	3	2	1
	Clinical psychologists	2	1			
Dental staff	Dental Officers	10	4	1		
	Oromaxillofacial Surgeon	2	1			
	Paediatric Dentist	6	2			
	Orthodontist	2	1			
	Dental Technologists	10	6	2		
	Community Oral Health Officers		2	4	2	1
Diagnostics & Imaging	General Radiographer	10	6	2		
	Ultra-sonographer	2	1			
	Mammographer	1				
	CT Scan /MRI Radiographer	3				
	Dental Radiographer	2				
	Therapy Radiographer	2				
	Nuclear Medicine Technologist	2				
	Radiation Monitoring & Safety Officer	1				
Health Promotion Officers	Health Promotion Officers	6	4	4	2	2
Medical Social Work	Medical Social Work	8	6	2	1	1
Health Administrative staff	Medical Superintendent	1	1			
	Health Administrative Officers	2	2	1		
	Human Resource Management Officer	2	2			



STAFF CATEGORY	Sub - categories	Regional (2ndary referral) hospital-L5	County (primary) hospital -L4	Health Centre - L3	Dispensary- L2	Community Unit -L1
	Clerks	20	10	4	2	
	Secretaries	2	1			
	Accountants	6	2			
	Supply Chain Assistant	6	4	1		
	Supply Chain Officer	2	2			
Health Information ICT	Health Records Information Management Officers- HRIMO	12	8	4	1	
	ICT Officer	4	2	1		
Medical Engineering Staff	Medical Engineers	2				
	Medical Engineering Technologists	8	5			
	Medical Engineering Technician	6	2	2		
Medical Laboratory Scientists	Medical Laboratory Technologists	50	40	10		
Nutrition staff	Nutrition & Dietetic Officer	20	10	2		
	Nutrition & Dietetic Technologist	12	8	4	2	
	Nutrition & Dietetic Technician	4	4	2	1	
	Cateress	2	2			
Environmental Health Staff	Public health Officers	4	4	2	1	
	Public Health Technician			2	2	
Community Health Service Staff	Community Health Service Personnel (CHSP)					
	Community Health Volunteers (CHV)					
Support staff	Cooks	20	10	2		
	Drivers	15	12	4		
	Support Staff	60	40	10	4	
	Mortuary Attendant	10	6	2		
	Security	16	10	4	2	

Source: World Health Organization (WHO)

	Vihiga Referral Hospital	Hamisi Sub-County Hospital	Sabatia Sub-County Hospital	Ipali Health Center	Emuhaya Sub-County Hospital	Mbale Rural Health Center
Doctors	8	1	1	0	2	0
Clinical officers	16	9	10	5		9
Nurses	100	10	14	8	12	10
Nutritionists	7	2	0	1	3	2
Public Health Officers	2	1	2	1	1	2
Pediatricians	0	0	0	0	0	0
Pediatric Nurses	3	0	0	0	0	0
Midwives	13	0	4	0	10	2
Gynecologists	2	0	0	0	0	0
Physiotherapists	5	0	0	0	1	0
Cardiologists	1	0	0	0	0	0
Physicians	2	9	0	0	0	0
Medical Imaging Officers (Radiographers)	5	0	0	0	2	0
Laboratory Technologists	25	4	3	3	3	5
Pharmacists	3	3	2	0	3	0
Health Records & Information Officers	7	3	1	1	1	2
Health Education & Promotion Officers	0	2	2	0	0	0
Health Social Workers	4	1	1	0	1	1
Counsellors	0	2	2	1	3	4

**Table 5: Human resources for health in Vihiga County**

- From the above table, it is clear that the county has a shortage of health personnel for different types of services. Notably, the county does not have a cardiologist.
- There is a serious shortage of pediatricians and nutritionists who are critical for quality childcare in the county. There is also a great concern on the absence of midwives at Hamisi Sub-County Hospital which compromises maternal care for expectant mothers in this institution that serves the highest number of adults in the county.
- According to the World Health Organization on Human Resources for Health Norms and Standards Guidelines for the Health Sector, The County Referral Hospital requires 50 doctors and 30 Clinical Officers to effectively offer services. The short fall is covered by doctors on locums.

## 4.7 Maternal, child health and reproductive health services

- All the facilities visited provided maternal, child health and reproductive health services.
- Essential drugs and commodities were available.
- There were no issues with the standards for service delivery reported in regard to MCH and reproductive health services at any of the facilities that were assessed.

## 5. RECOMMENDATIONS

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The social audit exercise in the county sought to establish the existing gaps in health service delivery and extent of citizen-engagement and oversight towards promoting service delivery in the health sector.

The findings provide a basis for stakeholder discussions on improvement of service delivery in the health sector in the county. The findings revealed gaps that require a multi-faceted approach from the county government and all the stakeholders in the Health Sector for better service delivery.

Some of the recommendations arising out of the social audit exercise include:

### 1. Community sensitization and engagement

The findings of the social audit exercise revealed a huge gap in citizens' involvement in the governance processes in the health sector in the county. Most of the citizens were not aware of the budgetary allocations in each of the facilities visited, and how funds were being utilized. It was also noted that the complaints and feedback mechanisms were not effectively being used by the public. Additionally, the public did not fully appreciate the roles of the health facility management committees and most of the members were not recognized. There is thus a need to rigorously engage the public, through sensitization forums, to strengthen their capacities in undertaking civilian oversight in health service delivery.

To promote public empowerment and participation, the county government needs to strengthen citizen engagement through awareness creation and community sensitization forums to improve the involvement

of the public in the governance processes in the health sector.

The county government should also consider the introduction of a framework to promote community dialogue days/public accountability forums that brings on board the public and health service providers to discuss issues and provide solutions. This would enhance access to information and the relationship between the service providers and the community members.

### 2. Capacity building/strengthening

It was noted that both the staff and health facility management committees lacked capacity in various areas to effectively deliver on their mandates. Some of the staff in-charge of the facilities indicated that they lacked the technical know-how to formulate annual budgets and work plans, and skills to track the budgets. Additionally, some facilities did not have accountants to facilitate the process. There is thus a need for the county government to come up with a strategy for strengthening

staff particularly on budget management.

In regard to the health management committees; The County needs to develop a framework for periodic trainings on their roles and mandates particularly on matters budget, procurement, and public complaint handling among others. There is need to review their qualifications/requirements for appointment to the management committees as some of the members were hardly known by the communities they serve.

### **3. Health infrastructure, staff shortage and retention**

The audit revealed a serious staffing gap in most of the facilities. The Referral hospital for instance lacked critical cadres of staff for promotion of proper health care. Additionally, there were serious concerns regarding the welfare of staff attributed to delays in salaries and promotions leading to huge turnovers thereby crippling service delivery.

The county government should come up with mechanisms to address issues pertaining to delays in salaries, staff retention and promotions to further promote efficiency. The county government should also consider the re-introduction of the Facility Improvement Fund (FIF) to cure issues arising from under-budgeting and to make services more accessible.

It was also noted that most of the facilities lacked infrastructure like wards, incinerators, waiting rooms, stores, among others. The county government needs to prioritize infrastructural development in the health sector during the budgeting process to help improve service

delivery.

The county government should establish an effective Public-Private-Partnership model for infrastructure development in the health sector. This could include increasing avenues for stakeholder engagement with the private sector, public benefit organisations, faith-based organisations, local leadership and members of the community;

Additionally, the health department needs to adopt the use of ICT in the facilities to promote efficiency and transparency.

### **4. Access to information:**

Most of the information regarding health service provision was not readily available to members of the public. This included information related to annual budgetary allocations and expenditure in most of the audited facilities. Facility managers should publish this information on hospital notice boards to enable the public easily access the information.

The service charters in all the facilities lacked some basic information regarding services offered, charges and duration within which a patient is expected to wait before receiving the services. Moreover, the language in the service charter was written in English, which could not be understood by majority of the community members seeking services from the facilities. The facility managers should update their service charters and consider translating the information into Swahili, a language that the community members can understand with ease.

## **5. Complaints handling and feedback mechanisms**

The audit revealed that complaint handling and redress mechanisms structures were not effective across all the facilities. Whereas all the facilities had suggestion boxes it was noted that they were not effective avenues for lodging complaints. Each facility had its own unique way of handling information from the suggestion boxes. In some facilities it was reported that the suggestion boxes had keys that were handled by a designated social worker and the administrator; others had the administrator and a designated Health Management Committee member among others. The public reported that they hardly made use of the suggestion boxes. To promote effective complaint handling, The County Government and the facility management should designate a complaint handling officer to receive and handle complaints in a manner that promotes transparency and creates public confidence. Additionally, the County Government needs to come up with standard guidelines on how to receive and respond to complaints regarding the health sector

## **6. Annual budgetary allocations.**

The County government should consider increasing allocations to the health sector to surpass the pre-devolution levels which were at 35% and move closer to the Abuja Declaration targets of 15% of annual budgets allocated to the health sector. Additionally, there is need for the Counties to increase allocations to the development budget and put up strategies to bring down the allocation of the recurrent budget particularly on personnel emoluments to the recommended 50% to 60% of the recurrent budget.





## HEAD OFFICE

Kindaruma Road, Off Ring Road, Kilimani | Gate No. 713; Suite No. 4  
P.O Box 198 - 00200, City Square, Nairobi | **Tel:** 2727763/5 | +254 (0) 722 209 589  
**Mobile:** +254 (0) 722 296 589 | **Email:** transparency@tikenya.org

## REGIONAL OFFICES & ADVOCACY AND LEGAL ADVICE CENTRES

### ALAC ELDORET

P.O. Box 842 - 30100  
NCCK offices: West Market - Kidiwa  
Tel: +254 53 2033100  
**Mobile:** +254 704 899 887  
**Email:** alaceldoret@tikenya.org

### ALAC MOMBASA

2nd floor, KNCHR offices Panal Freighters  
Lane | Off Haile Selassie Avenue Behind  
Pride Inn Hotel Mombasa CBD  
**Mobile:** +254 728 412 822  
**Email:** alacmombasa@tikenya.org

### ALAC WESTERN

**Mobile:** +254 716 900 227  
**Email:** alacwestern@tikenya.org

### ALAC NAIROBI

Kindaruma Road, Off Ring Road, Kilimani  
Gate No. 713; Suite No. 4  
P.O.Box 198 - 00100, Nairobi  
**Tel:** +254 20 3864230, +254 701 471 575  
**Email:** alacnairobi@tikenya.org

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