

Rt. Hon. Speaker
Recommended for approval for tabling.

DC
Forwarded for tabling
29/11/2024

02/12/2024

AKM



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING
ENGAGEMENTS TO TAITA/TAVETA, MOMBASA AND KWALE
COUNTIES

03/12/24

Clerks Chambers,
Parliament Buildings,
NAIROBI.

APPROVED
RT. HON. SEN
AMASON J. KING

November, 2024

PAPERS LAID	
DATE	5/12/2024
TABLED BY	Sen. Okeyen
COMMITTEE	-Health-
CLERK AT THE TABLE	Angela

TABLE OF CONTENTS

LIST OF ABBREVIATIONS	2
PRELIMINARIES	3
Establishment and Mandate of the Committee	3
Committee Membership	3
CHAIRPERSON'S FOREWORD	4
Acknowledgements	5
CHAPTER ONE	7
1. INTRODUCTION	7
1.1. COUNTY PROFILES	8
1.1.1. Taita/Taveta County	8
1.1.2. Kwale County	11
1.1.3. Mombasa County	12
CHAPTER TWO	14
2. COUNTY OVERSIGHT VISITS AND STAKEHOLDER SUBMISSIONS	14
2.1. TAITA-TAVETA COUNTY	14
2.1.1. Submissions by the County Executive	14
2.1.2. Oversight visit to Tausa Health Centre	16
2.1.3. Oversight visit to Moi County Referral Hospital	17
2.2. MOMBASA COUNTY	18
2.2.1. Meeting with the Chief Executive Officer, CGTRH	18
2.2.2. Oversight visit to Coast General Teaching and Referral Hospital	20
2.2.3. Oversight visit to Utange Level 4 Hospital	20
2.2.4. Meeting with the Governor, Mombasa County	21
2.3. KWALE COUNTY	23
2.3.1. Meeting with the County Executive	23
2.3.2. Oversight Visit to Cancer Oncology Centre, Kwale Sub County Hospital	24
2.3.3. Oversight visit to Msambweni County Referral Hospital	24
2.3.4. Oversight visit to Mvindeni Health Centre	25
CHAPTER THREE	26
3. ANALYSIS OF COMMITTEE OBSERVATIONS	26
3.1.1. Health Sector Funding	26
3.1.2. Human Resources for Health	27
3.1.3. Health Infrastructure	28
3.1.4. Provision of Health Equipment	28
3.1.5. Health Products and Technologies (HPTs)	29
3.1.6. Emergency and Ambulance Services	30
CHAPTER FOUR	31
4. COMMITTEE RECOMMENDATIONS	31
4.1.1. To the Governor, Taita/Taveta County	31
4.1.2. To the Governor, Mombasa County	31
4.1.3. To the Governor, Kwale County	32

LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CECM	County Executive Committee Member
CGTRH	Coast General Teaching and Referral Hospital
CHS	Community Health Service
CHW	Community Health Worker
CHP	Community Health Promoter
CPSB	County Public Service Board
CoG	Council of Governors
CS	Cesarean Section
DG	Deputy Governor
EMR	Electronic Management Records
FIF	Facilities Improvement Financing
FY	Financial Year
HDU	High Dependency Unit
HMIS	Health Management Information System
HPTs	Health Products and Technologies
HRH	Human Resource for Health
ICT	Information Communication and Technology
ICU	Intensive Care Unit
KEMSA	Kenya Medical Supplies Agency
KMPDU	Kenya Medical Practitioners and Dentist Union
MEDS	Mission for Essential Drugs Supplies
MES	Medical Equipment Service
MoH	Ministry of Health
NG	National Government
NHIF	National Health Insurance Fund
PSC	Public Service Commission
SHIF	Social Health Insurance Fund
TSC	Teachers Service Commission
UHC	Universal Health Coverage
WHO	World Health Organization

PRELIMINARIES

Establishment and Mandate of the Committee

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

- 1) *investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;*
- 2) *study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;*
- 3) *study and review all legislation referred to it;*
- 4) *study, assess and analyze the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;*
- 5) *consider the Budget Policy Statement in line with the Committee's mandate;*
- 6) *report on all appointments where the Constitution or any law requires the Senate to approve;*
- 7) *make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;*
- 8) *consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;*
- 9) *examine any statements raised by Senators on a matter within its mandate; and*
- 10) *follow up and report on the status of implementation of resolution within its mandate; and*
- 11) *follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C*

Committee Membership

The Committee is comprised of the following members-

- | | | |
|--------------------------------------|---|-------------------------|
| 1. Sen. Jackson K. Mandago, EGH, MP | - | Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 4. Sen. Ledama Olekina, MP, | - | Member |
| 5. Sen. Abdul Mohammed Haji, MP | - | Member |
| 6. Sen. Joe Nyutu, MP | - | Member |
| 7. Sen. Raphael Chimera Mwinzagu, MP | - | Member |
| 8. Sen. Hamida Kibwana, MP, | - | Member |
| 9. Sen. Esther Anyieni Okenyuri, MP | - | Member |

CHAIRPERSON'S FOREWORD

This report contains a record of the County Oversight and Networking Engagements conducted by the Standing Committee on Health in Taita/Taveta, Kwale and Mombasa counties between 16th and 21st June, 2024.

The County Oversight and Networking Engagements was adopted as a mode of operation by the Committee in order to gather evidence and augment information received within the precincts of Parliament and a key part of how it engages with the members of the public.

The Committee recognizes evidence and public participation in its proceedings as some of the principle benefits during consideration of its legislative business. Submissions received during such engagements constitute one of the primary means by which the Committee obtain requisite information and data to undertake its oversight mandate.

The County Oversight and Networking Engagements in Taita/Taveta, Kwale and Mombasa Counties sought to acquaint the Committee with the provision of healthcare services in the three counties, which belong to the *Jumuiya ya Kaunti za Pwani* Economic Bloc.

The Committee's specific objective was to visit select healthcare facilities in the three counties to assess the state and quality of the infrastructure, facilities and hospital equipment, the provision and decentralization of ambulance and emergency services, automation of healthcare provision systems for patient, drugs and commodity management. The adequacy of healthcare personnel in the counties, the gaps and challenges, if any, the counties face concerning healthcare workers.

The Committee further sought to equip itself with the information on the training and capacity building programs and avenues available to healthcare workers in these counties and especially in emergency handling, how specialized services and referral system operates in the identified counties and the availability of drug and medical supplies in healthcare facilities in these counties.

The Committee further required these counties to provide data and information on the National Health Insurance Fund (NHIF) reimbursements claimed and accreditation for county health facilities with NHIF as well as pending bills with Kenya Medical Supplies Agency (KEMSA).

With the foregoing, the Committee identified the following healthcare facilities-

- 1) Tausa Health Centre, Moi County Referral Hospital and Taveta Sub-county Hospital in Taita/Taveta County;
- 2) Utange Level 4 Hospital and Coast General Teaching and Referral Hospital in Mombasa County; and

- 3) Cancer Oncology Center, Msambweni County Referral Hospital and Mvindeni Health Center in Kwale County.

The Committee findings, observations and recommendation based on the evidence gathered during the oversight visits have been compiled and are contained in this report.

Acknowledgements

On behalf of the Committee, I wish to thank Sen. Johnes Mwaruma, MP, Senator representing Taita/Taveta County, Sen. Issa Juma Boy, MP, Senator representing Kwale County and Sen. Mohammed Mwinyihaji Faki, MP, Senator representing Mombasa County for their warm welcome in their respective counties and the support extended to the Committee by their offices during the oversight visits. Their input and contributions enabled the Committee carryout its oversight mandate and functions effectively in the three counties.

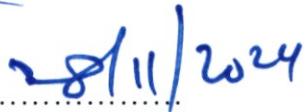
The Committee wishes to extend its appreciation to the Governors of Taita/Taveta, Kwale and Mombasa Counties and their respective Executive Committees Members for their input, submissions and evidence produced during the oversight tours. Further, the Committee extends the appreciation to the Speakers of the County Assemblies in the three counties and Members of the County Assembly counterpart committees on health for their facilitation and participation.

The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

Finally, I acknowledge and appreciate the Members of the Committee for their dedication and commitment during gathering of evidence, drafting of this report and setting out conclusions and recommendations.

Further appreciation goes to the Office of the Speaker of the Senate and the Office of the Clerk of the Senate for their continuous support to the Committee during execution of its mandate.

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 223 (6) of the Senate Standing Orders.

Signed.......... Date.....

SEN. JACKSON K. ARAP MANDAGO, EGH, MP
CHAIRPERSON, STANDING COMMITTEE ON HEALTH

**ADOPTION OF THE REPORT OF THE SENATE STANDING COMMITTEE
ON HEALTH ON THE INSPECTION TOUR OF HEALTH FACILITIES IN
TAITA TAVETA, KWALE AND MOMBASA COUNTIES.**

We, the undersigned Members of the Senate Standing Committee on Health, do hereby append our signatures to adopt the Report-

	Name	Designation	Signature
1.	Sen. Jackson Kiplagat Mandago, EGH, MP	Chairperson	
2.	Sen. Mariam Sheikh Omar, MP	Vice-Chairperson	
3.	Sen. Erick Okong'o Mogeni, SC, MP	Member	
4.	Sen. Ledama Ole kina, MP	Member	
5.	Sen. Abdul Mohammed Haji, CBS, MP	Member	
6.	Sen. Joe Nyutu Ngugi, MP	Member	
7.	Sen. Raphael Chimera Mwinzagu, MP	Member	
8.	Sen. Hamida Kibwana, MP	Member	
9.	Sen. Esther Anyieni Okenyuri, MP	Member	

CHAPTER ONE

1. INTRODUCTION

1. Article 96(1) of the Constitution mandates the Senate to represent the counties and serve to protect the interests of the counties and their governments. Article 124 (1) on the other hand provides that each House of Parliament may establish committees, and shall make Standing Orders for the orderly conduct of its proceedings including the proceedings of its committees.
2. The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation*. To execute its mandate the Committee has adopted different modes of operation, which include County Oversight and Networking Engagements. Through these engagements, the Committee is able to augment the evidence gathered within the precincts with site visits.
3. At its meeting held on Tuesday, 28th May, 2024, the Committee resolved to undertake a County Oversight and Networking Engagements (CONE) in Taita/Taveta, Kwale and Mombasa counties to acquaint itself with the provision of healthcare services in the counties as part of its oversight function. The visits took place between 16th and 21st June, 2024.
4. The specific objective of these engagements was to visit select healthcare facilities in the three counties in order to-
 - a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;
 - b) assess the automation of healthcare provision systems for patient, drugs and commodity management;
 - c) assess the availability of requisite healthcare personnel, the gaps and challenges, if any, these counties face in regard to healthcare workers;
 - d) assess the availability of training and capacity building programs and avenues for healthcare workers in emergency healthcare, specialized services and referrals;
 - e) assess the availability of drug and medical supplies in healthcare facilities in the counties; and
 - f) seek information on the National Health Insurance Fund (NHIF) reimbursements claimed and accreditation for county health facilities with NHIF as well as pending bills with Kenya Medical Supplies Agency (KEMSA).
5. Consequently, the Committee identified the following healthcare facilities-
 - 1) Tausa Health Centre, Moi County Referral Hospital and Taveta Sub-county Hospital in Taita/Taveta County;
 - 2) Utange Level 4 Hospital and Coast General Teaching and Referral Hospital in Mombasa County; and
 - 3) Cancer Oncology Centre, Msambweni County Referral Hospital and Mvinden Health Centre in Kwale County.

1.1. COUNTY PROFILES

1.1.1. Taita/Taveta County

6. Taita/Taveta is one of the six counties located in the coastal region, *Jumuiya ya Kaunti za Pwani* economic bloc, with a surface area of 17,084Km² with 10,649.9 km² being within Tsavo East and Tsavo West National Parks. The County has an estimated population of 340,671 persons according to the Kenya National Bureau of Statistics (KNBS) 2019 census. The population distribution in the county is influenced by cultural heritage, rainfall and terrain. The County headquarters are situated in Mwatate sub-county and other major towns include Voi, Taveta and Wundanyi.
7. The County has a total of seventy-three (73) government managed public health facilities classified into; four (4) Level 4 hospitals, including the Moi Referral Hospital, Wesu Sub County Hospital, Mwatate Sub- County Hospital and Taveta Sub County Hospital, nine (9) health Centres including Tausa Health Centre, sixty-one (61) dispensaries and ninety-three (93) Community Units (CUs) located in all constituencies.
8. The health sector has been characterized by inadequate capacity in terms of staffing levels and currently the County has 1,542 health workers¹. The doctor population ratio stands at 1:6,191, which falls short of the recommended 1:600 standard set by the World Health Organization (WHO). There are four main public level 4 hospitals in Taita/Taveta County. The total bed capacity in the public health facility amounts to 440, serving the population's health needs.
9. Moi County Referral Hospital is the largest hospital in the county. According to records from the health department, it collects between Kshs. 70m to 80m annually from patients. The Voi town-based hospital serves thousands of patients including accident victims from the busy Nairobi-Mombasa highway as well as neighboring regions.²;
10. The total estimated budget for FY 2023/24 amounts to Kshs. 7.30 billion comprising of Kshs. 5.04 billion share of the equitable share, Kshs. 1.47 billion as additional, Kshs. 730.68 million as own source revenue of which Kshs. 202 million will be collected from the public health facilities.
11. In the FY 2023/24, the county has allocated Ksh.427.66 million to the health sector of which Kshs. 352.27 million (82.4 per cent) is for the recurrent expenditure and Kshs. 75.39 million (17.6 per cent) allocated for the development expenditure. Up to the third quarter of FY 2023/24, the county had only spent Kshs. 142.78 million of its recurrent budget and spent zero on development as reported by the controller of budget.

¹ Taita/Taveta County Government, 2022

² Gicheru, E. N., Mwangeka, R., M'Imanyara, K., & Maiyo, S. K. (2017). Analysis of Causes of High Rate of Co-Operative Business Failure and Possible Interventions in Taita/Taveta County in Kenya.

12. In the FY 2023/24, the county had the following forming major component of the recurrent expenditure in health in table 1 below-

Table 1: Recurrent expenditure on major health components	
Medical drugs	60,000,000.00
Non-Pharmaceuticals	40,000,000.00
Anti-snake venom, anti-rabies etc- Rural facilities	1,000,000.00
Laboratory reagents- Rural facilities	10,722,000.00
Purchase of medical and dental equipment	3,000,000.00
Facility Improvement Fund	
Moi County Referral Hospital	95,223,373
Of which medical drugs	13,876,111
Taveta Sub County Hospital	28,014,769
Of which medical drugs	3,222,540
Mwatate Sub County Hospital	13,689,992
Public Health- Wundanyi	1,015,200
Wesu Sub County Hospital	12,547,261
Of which medical drugs	2,311,141
Public Health- Voi	3,261,600
Public Health- Taveta	2,748,337
Public Health- Mwatate	1,292,998
Total	272,515,530

13. The major development projects scheduled to be implemented in FY 2023/24, are represented in table 2 below-

Table 2: Development Projects to Be Implemented in FY 2023/24		
s/no	Project Name	Allocation in Kshs.
1	Construction of Cancer Centre	10,000,000
2	Completion of Bughuta maternity	2,000,000
3	Supply of foods for person living with HIV/AIDS	1,300,000
4	Laundry machine and power generator for Nyache Health	

Table 2: Development Projects to Be Implemented in FY 2023/24		
s/no	Project Name	Allocation in Kshs.
	Centre	1,100,000
5	Refurbishment of Mwambirwa health Centre	2,000,000
6	Supply of foods for person living with HIV/AIDS	500,000
7	Completion of staff quarters Bura health Centre	2,000,000
8	Bura ward CHV's	2,000,000
9	Fencing of Malukiloriti Dispensary	500,000
10	Supply of beds and mattresses for Kitobo dispensary-	500,000
11	Construction of a 4 doors dispensary toilet in Mahandakini	900,000
12	Tanzania dispensary phase 2	3,300,000
13	Completion, fencing and equipping of Staff quarters of Njoro dispensary	4,000,000
14	Purchase of Ambulance for Taveta Sub County Hospital	10,000,000
15	Construction of Mwanda dispensary	2,500,000
16	Upgrading of Moi County referral hospital	74,000,000
17	Upgrading of Wesu Hospital	42,000,000
18	Replacement of asbestos roof in Taveta Hospital	-
19	Construction of microwave waste incinerator house at Mwatate SCH	16,000,000
20	Upgrading of Mwatate sub county hospital	28,000,000
21	Renovation of DVBB block to eye Centre in Taveta Hospital- Phase 1	-
	Total	202,600,000

1.1.2. Kwale County

14. Kwale County is one other of the six counties in the coastal region under the *Jumuiya ya Kaunti Za Pwani* economic bloc and cover an area averaged at 8,270.2 km². The population census of 2019 indicates that the county has an estimated population of 866,820 of which 49.0% is male and 50.9% female.
15. According to Council of Governors (CoG) data submitted on Kwale County, the County has 175 public hospitals; with 160 level 2 hospitals; 10 level 3 hospitals and 5 level 4 hospitals including Msambweni County Referral Hospital which acts as the County's referral facility. Additionally, there are several private facilities in the County that boost healthcare service provision.
16. Health infrastructural development undertaken since devolution has resulted in increment in the number of facilities. The County Government has established thirty (30) new functional health facilities. The number of dispensaries which have been upgraded to Health Centres have also increased from five (5) in 2013 to eleven (11) as at the end of 2023. It is reported that this has now reduced the average distance to a health facility.
17. The County indicates that it has a wide spread number of health personnel including medical officers (50), specialist doctors including Pediatrician (3), obstetrician and gynecologist (8), special physician (5), clinical oncologist (1), General surgeons (3), orthopedic surgeons (4) among other specialists, nurses who are 574, pharmacist (15), dentist (3) among other cadres in health care. In total, the health sector has 1,955 personnel including the subordinate staff.
18. Improvement of primary health care is now undertaken through the delivery of efficient and effective community health services through the Community Health Strategy (CHS). Kwale County Government has given priority to the community health strategy and has reported to have registered about 1,738 community health promoters (CHPs).
19. In 2024 County Fiscal Strategy Paper reported that there were intentions to improve primary healthcare, maternal and child health, health diagnostics services, emergency and referral services, reduce incidences of communicable diseases and non-communicable diseases and the emerging life style diseases. It was envisaged that investment in healthcare would reduce the disease burden, increase productivity of the population, save funds for investment by households, reduce poverty and guarantee an inclusive growth and shared prosperity.
20. The County reported that priority would be placed in increasing the scope of specialized services and establishing additional health facilities offering basic laboratory services such as, X-ray services, theatres and basic obstetric ultra sound services; increasing the number of personnel to offer efficient and effective services in the health facilities; ensuring minimal stock out of essential health commodities in the health facilities, installation of an integrated electronic health information management system usable at all levels and improving emergency and referral health services by establishing a functional and effective ambulance and referral system.

21. The total estimated budget for FY 2023/24 amounts to Kshs. 14.98 billion comprising of Kshs. 8.58 billion share of the equitable share, Kshs. 3.74 billion as additional, Kshs. 600 million as own source revenue of which Kshs. 274 million will be collected from the public health facilities;
22. In the FY 2023/24, the county has allocated Kshs. 3.686 billion to the health sector of which Kshs. 2.927 billion (79.4 per cent) is for the recurrent expenditure and Kshs. 759.05 million (20.6 per cent) allocated for the development expenditure.

1.1.3. Mombasa County

23. Mombasa County is the smallest county by land size in Kenya and covers an area of 229.9Km². The County borders Kilifi County to the North, Kwale County to the South West and the Indian Ocean to the East. It lies between latitudes 30 56' and 40 10' South of the Equator and between longitudes 390 34 and 390 46' East of Greenwich Meridian and also enjoys proximity to an expansive water mass as it borders the Exclusive Economic Zone of the Indian Ocean to the East.
24. Population distribution and settlement patterns in the County is influenced by proximity to vital social and physical infrastructure networks such as roads, housing, water and electricity.
25. According to the CoG data, Mombasa County has 47 public hospitals with 31 level 2 hospitals, 10 level 3 hospitals, 5 level 4 hospitals and the Coast General Teaching and Referral Hospital (CGTRH) as a referral facility for the County. CGTRH is the second largest public hospital in Kenya after Kenyatta National Hospital (KNH) with 672-bed capacity currently comprising 546 beds and 126 cots. Additionally, there are several private facilities in the County that boost healthcare service provision.
26. The County offers different services including the specialized services in CGTRH of comprehensive care clinic, cancer Centre, cardiac diagnostic Centre, neurosurgery and other specialized services, diabetic Centre of excellence, dental services and Maxillofacial, ICU and HDU units among other services.
27. Reports indicate that the County has a wide spread number of health personnel including medical officers (105), specialist doctors including Pediatrician (10), obstetrician and gynecologist (10), special physician (7), clinical oncologist (3), General surgeons (12), orthopedic surgeons (5) among other specialists, nurses who are 776, pharmacist (36), dentist (15) among other cadres in health care. In total, the health sector has 2,179 personnel including the subordinate staff. Improvement of primary health care is now undertaken through the delivery of efficient and effective community health services through the Community Health Strategy (CHS).
28. The total estimated budget for FY 2023/24 amounts to Kshs. 15.99 billion comprising of Kshs. 7.86 billion share of the equitable share, Kshs. 1.59 billion as additional allocations, Kshs. 5.25 billion as own source revenue of which Kshs. 1.67 billion will be collected from FIF and other public health facilities.

29. In the FY 2023/24, the County has allocated Kshs. 4.667 billion to the health sector of which Kshs. 4.002 billion (86 per cent) is for the recurrent expenditure and Kshs. 663.79 million (14 per cent) allocated for the development expenditure.

30. Up to the third quarter of FY 2023/24, the County had spent Kshs. 1.989 billion of which Kshs. 1.949 was for the recurrent expenditure and Kshs. 40.01 million spent on development as reported by the office of the Controller of Budget reports. This clearly indicates that most of the development projects may not be implemented in the FY 2023/24.

31. Table 1 below shows the allocation to different programmes in the health sector of Mombasa.

Sub-Programme	Allocation for FY 2023/24 in Kshs.			Actual Expenditure up to 3rd quarter of FY 2023/24		
	Recurrent Expenditure	Development Expenditure	Total	Recurrent Expenditure	Devt Expenditure	Total
Admin Unit	1,719,690,329	212,285,497	1,931,975,887	1,916,969,917	38,315,628	1,955,285,545
Preventive Promotive Health Services	69,402,768	5,790,000	75,192,768	3,726,171	801,552	4,527,723
Curative/ Clinical Health Services	118,729,822	1,364,729,648	1,483,459,470	29,288,713	893,894	30,182,607
Special Programs	36,150,937	1,221,000	37,371,937	–	–	–
Total	1,943,973,856	1,584,026,145	3,528,000,062	1,949,984,801	40,011,074	1,989,995,875

32. In FY 2023/24, the following are projects the county government of Mombasa projected to implement:

S/NO	Project Name	Cost (Kshs)
1	Establish level 2 facility in Mjambere	30,000,000
2	Establish level 2 facility in Magogoni	30,000,000
3	Establish mental hospital at Portreitz	75,000,000
4	Construct Incinerator at Jomvu	12,000,000
5	Primary Care Networking in Mvita	3,500,000
6	Establish A & E care centre in Likoni	50,000,000
7	Offices for the Health Management Team (SCHMT)	5,000,000
8	Upgrad Chemotherapy unit at CGTRH	30,000,000
	Total	236,500,000

CHAPTER TWO

2. COUNTY OVERSIGHT VISITS AND STAKEHOLDER SUBMISSIONS

2.1. TAITA-TAVETA COUNTY

2.1.1. Submissions by the County Executive

33. The Committee held a meeting with the Governor, Taita/Taveta County on 17th June, 2024. The Governor was accompanied by the Deputy Governor, the Chief Officer in the Department of Health Services and other senior officials from the County Government. The Committee was accompanied by the Sen. Johnes Mwaruma, MP, the Senator Taita/Taveta County and members of Taita/Taveta County Assembly Committee on Health and Sanitation Services
34. The Governor informed the Committee that the County is characterized by-
- a) **underfunding**, Taita/Taveta County is among the counties that receive the least allocation of sharable revenue which has ripple effects to different sectors in the including the health sector. As such the health sector suffers from limited resources to hire adequate staff and purchase pharmaceutical and non-pharmaceutical commodities; challenges in fueling ambulances and low investment take up in the health sector development projects;
 - b) **delays in exchequer disbursements and releases**, which poses challenge to the health sector during handling of emergencies and payment of supplies and commodities leading to huge accumulated pending bills and disrupted supplies of medical products;
 - c) **lack of a County Integrated Health Management Information System (HMIS)**. Efforts to have a reliable HMIS have been frustrated by inadequate resources and expensive quotations from private companies offering the requisite Information and Communication Technology (ICT) infrastructure. However, plans were underway to develop an ICT system in consultation with the Ministry of Health in line with the Digital Health Act 2023 to leverage on the National Government Electronic Medical Records system which provides for a comprehensive Health Management Information System module;
 - d) **insufficient ambulance for emergency services**. The County has six (6) operational ambulances distributed as follows, two- (2) in Taveta sub-county hospital, two (2) at Moi County Referral Hospital Voi, one (1) at Mwatate sub-county hospital and the other one (1) that was mobile and always on call. However, the County had budgeted to purchase one more new ambulance at an approximated cost of Kshs. 17million to be stationed at Taveta Hospital. Nonetheless, owing to its expansive area, there is need to develop a command Centre to coordinate ambulance and emergency services in the County;
 - e) **dilapidated and unfunctional Medical Equipment** purchased through the **Managed Medical Equipment Service (MES)** Program. However, the County was in the process of negotiating with the respective vendors to continue offering services and ensuring maintenance of the equipment is capped at a reasonable price;

- f) **insufficient Intensive Care Unit (ICU) and High Dependency Unit (HDU).** There was an ICU and HDU in Mwatate Sub-county Hospital, which was moved to Moi County Referral Hospital following an advisory from assessment, carried out by the Kenya Medical Practitioners and Dentists Council (KMPDC). The advisory was based on unavailability of complimentary services such as laboratory, medical specialists and an oxygen plant among others at Mwatate Hospital. However, the infrastructure that was left is posed to be converted for use by chemotherapy and dialysis units;
- g) **faulty oxygen plants** which were constructed in the year 2020 during the Corona Virus Disease (Covid-19), however, after by the Ministry of Health and the AMREF-Kenya they were declared faulty and the County advised to install new plants at the Moi County Referral Hospital Voi;
- h) **Own-Source Revenue collection in hospitals and expenditure**, following the passage of the Facility Improvement Financing Act. 2023. The County was in the process of developing a County legislation to customize the National legislation. Further, as at 31st May 2024, the County had cumulatively collected Kshs. 201 Million which included hospital fees and NHIF reimbursement from the health department;
- i) challenges in **implementation of health sector budgeted projects** in the Financial Year (FY) 2023/2024. This was majorly attributed to reallocation of funds in the supplementary budget to recurrent expenditure. For example, there was a reallocation of funds for the hospital renovation of Mwatate Hospital, Taveta Hospital and Moi County Referral Hospital Voi during the supplementary budget to payment of electricity bills;
- j) **healthcare staff training and capacity building.** The County facilitates healthcare personnel to undertake training in post-graduate courses on individual requests and through approvals by the training committee based on needs, staff rationalization and available funds. Currently, there are twelve (12) doctors at various stages of training;
- k) **Healthcare Products and Technologies (HPTs)**, the County procures pharmaceutical and non-pharmaceutical products from Kenya Medical Supplies Agency (KEMSA) mainly because the authority supplies drugs on favorable credit terms due to the unpredictable exchequer releases. The County nonetheless, endeavors to pay KEMSA pending bills as the first charge of its collected own source revenue.

2.1.2. Oversight visit to Tausa Health Centre

35. The Committee visited the Tausa Health Centre located in Mbololo in Voi Sub County on 17th June, 2024. The delegation which was accompanied by the Sen. Johnes Mwaruma, MP, Senator Taita/Taveta County and the County Assembly Committee on Health was received by the Sub County Health Management Committee, Tausa Health Centre Members of Staff who included, a clinical officer, registered nurse, a lab technician, public health officer, community health officer and the community health promoters.
36. The Committee was informed that Tausa Health Centre is a level III facility that was constructed in the 1980s by the community and has been in operation since its construction. The facility occupies a land of approximated to be about 2.26 hectares; with an allotment number, 2698 dated 25th July 2007. However, the land has no title deed.
37. During the oversight visit, the delegation toured the main building hosting the reception of the hospital, the laboratory, the drugs store and the staff quarters. The delegation was also able to view the existing hospital machinery and other facilities within the hospital compound.
38. Following the oversight visit the Committee **observed** that-
 - a) The infrastructure in the facility is dilapidated and some sections of the roof were leaking, termites have devoured the doors, the painting had peeled off and the floor was worn out. Indeed, the Committee was informed that some building housing members of staff had been declared inhabitable and pit latrines had been condemned. However, during the visit, all the buildings were still in use;
 - b) The drugs store was virtually empty and the medical supplies were insufficient to serve the needs of the Health Centre. Indeed, the Committee observed that the number of the patients visiting the facility kept declining over the previous years as indicated by the data displayed at the reception;
 - c) The facility faced intermittent water shortage partly caused by plumbing issues, disconnection and by dilapidated water storage tanks;
 - d) The facility did not have sufficient and requisite healthcare equipment. For instance, while the facility is expected to have a maternity ward, it lacks necessary equipment to perform more than one delivery and admission at a time. Further, the kitchen and washing area have been converted into staff quarters; and
 - e) The revenue sources for the health facility is majorly from the government as all the services offered are free of charge. The hospital receives *Linda Mama* reimbursements and capitation from the County government. These funding is low and delays in disbursement, which results in accrued bills, and delays in undertaking facility infrastructure repairs.

2.1.3. Oversight visit to Moi County Referral Hospital

39. The Committee visited the Moi County Referral Hospital located in Voi Town on 17th June, 2024. The delegation was received by Dr. Saumu Tsuma, the Medical Superintendent who gave the committee a tour of the hospital to different departments.
40. The Committee was informed that Moi County Referral Hospital was 1st opened as a small hospital in 1950. It was built by the railway workers in the late 1940's to meet medical needs for the railway works. It was later managed by, Kenya railways, Local Government (County Council Taita/Taveta and the Central government. The Hospital has moved up the ladder from a small Hospital (Railways) to a Sub District Hospital, to a District hospital, and after devolution to a Referral Hospital.
41. Moi County Referral Hospital is the main Referral hospital in Taita/Taveta County. It is located along the busy Nairobi-Mombasa Highway and Standard Gauge Railway and has a capacity to provide specialized healthcare services, including surgery, intensive care, and diagnostic services. The Hospital has a bed capacity of 164 beds and serves an average of eighty (80) patients in a day and offers both inpatient and outpatient medical services.
42. During the visit, the Committee was informed that there had been concerns about the Hospital Board. The County Government informed the Committee that the previous Hospital Board had been non-functional and had hampered the oversight and the budget implementation processes, however, a new Hospital Board had been appointed.
43. During the oversight visit, the delegation **observed** that-
 - 1) The reception and outpatient area had sufficient sitting areas and consultation rooms;
 - 2) The cancer Centre had registered three hundred and forty-six (346) patients with the commonest cancer being esophagus cancer and breast cancer;
 - 3) The Hospital has two oncologists who attend to patients once every week on Tuesdays for palliative care. The National Cancer Institute stopped the Hospital from offering treatment awaiting completion of the new cancer Centre building that was undergoing construction;
 - 4) The Hospital laboratory was well equipped and some of the equipment under use were from the MES Program. The laboratory services offered include kidney and liver function tests, full blood analysis, and TB tests. The department has fourteen (14) members of staff but faces a staffing gap noting that the laboratory's optimum staff level was forty (40) since it operates 24hrs;
 - 5) Whereas the hospital pharmacy was adequately stocked with supplies mainly from KEMSA, it lacked some certain day-to-day drugs. Further, the pharmacy uses a manual system to dispense drugs and has employed stock control cards and drugs are issued against a valid prescription for the outpatient and according to the patient's file for inpatients;

- 6) The hospital had a newly constructed eye Centre consisting sixteen (16) beds and three (3) examination rooms. The eye Centre staff establishment was nine (9) however, there was a staffing gap where more nurses and a cashier on commencement of inpatient services was required;
- 7) The maternity ward has thirty-eight (38) bed capacity. However, this was deemed insufficient since some patients were being forced to share beds. Additionally, the maternity ward depends on the two operation theatres that also serve the entire facility which poses challenges in case of an emergency;
- 8) There was a dysfunctional CT Scan which is part of the MES equipment and the facility has not been able to have the supplier provide the necessary operation software;
- 9) The Hospital has a back-up generator for emergency use during electricity power outages. However, there is inadequate security personnel at the hospital premises posing some danger of theft and other malpractices.

2.2. MOMBASA COUNTY

2.2.1. Meeting with the Chief Executive Officer, CGTRH

44. The Committee visited the Coast General Teaching and Referral Hospital on 19th June, 2024 and was received by Mr. Jeizan Faruk, the County Secretary, Dr. Swabah Ahmed Omar, the CECM in charge of Health, Dr. Igabal Khamdwallah, the Chief Executive Officer (C.E.O) and Dr. Wanjiru-Korir, the Deputy C.E.O. Sen. Mohammed Faki, MP, Senator Mombasa County and the counterpart County Assembly Committee on Health accompanied the Committee.
45. The Committee was informed that the Hospital was established in 1908 as a Native Civil Servants Hospital in Makadara and later relocated to its current location in 1957 and inaugurated by Lady Mary Baring on March 29th 1958. The Hospital was renamed the Coast General Teaching and Referral Hospital in August 2019 by an Executive Order of the Mombasa County Government.
46. The Coast General Teaching and Referral Hospital, formerly a provincial hospital, is the second largest hospital in the Country with a 723-bed capacity has a staff compliment of 1,245 members of staff distributed amongst 10 departments. The Hospital serves all counties in the *Jumuiya ya Kaunti za Pwani* Bloc and even the neighbouring countries. The Hospital operates using a Hub and Spoke Model³ and has outreach level III hospitals in Chaani, Vikwatani, and Mtongwe, and one level 4 hospital, Utange Infectious Disease Field Hospital. The main objective of this Hub and Spoke Model is to improve health service access to the community and to position CGTRH as a referral facility offering specialized healthcare.

³ The hub and spoke model refer to a distribution method in which a centralized "hub" exists. Everything either originates in the hub or is sent to the hub for distribution to consumers. From the hub, goods travel outward to smaller locations owned by the company, called spokes, for further processing and distribution

47. The Hospital is equipped with modern facilities to support rest and recovery. Additionally, there are operational beds as outlined below-
1. Main Theater (4 operating beds);
 2. Minimal Access Theater (2 operating beds);
 3. Millennium Theater - Maternity (2 operating beds);
 4. Minor Theater Casualty (2);
 5. Renal Unit (13 dialysis beds); and
 6. Cancer Centre (12 chemotherapy beds)
48. The Hospital further offers-
1. Internship training Centre for doctors, dentists and pharmacists from the Ministry of Health and private internship;
 2. Postgraduate doctors training Centre in general surgery, orthopedics, neurosurgery, internal medicine, obstetrics and gynecology; and
 3. Basic and post-basic nursing training Centre for Kenya Medical Training College, and AMREF International University.
49. The Hospital's Annual Workload for FY 2023/24 was reported to be-
- a) 103,260 General Outpatient Attendance;
 - b) 6, 107 Outpatient Casualty Attendance;
 - c) 163, 543 Patients in Special Clinics;
 - d) 7,041 Major and Minor Surgeries;
 - e) 154, 830 Inpatient;
 - f) 5,152 Chemotherapy Patients;
 - g) 498 Radiotherapy Patients;
 - h) 3,401 Dialysis Patients; and
 - i) 6,691 Deliveries
50. The Committee was informed that the Hospital faces challenges related to-
- a) Broken down dialysis bed, there are only eight (8) operational dialysis beds;
 - b) Positron Emission Tomography (PET) Scan is available but not installed;
 - c) Inadequate staff compounded by staff attrition without replacement;
 - d) Inadequate funding for hospital operations;
 - e) End of Managed Equipment Service (MES) Contract;
 - f) Service Level Agreements (SLA) pushed to CGTRH;
 - g) Industrial action by medical staff affecting revenue collection and service provision; and
 - h) Low service charge not commensurate to the value of service offered and the market rates.

2.2.2. Oversight visit to Coast General Teaching and Referral Hospital

51. The Committee conducted an oversight visit to the facilities of the Coast General Teaching and Referral Hospital (CGTRH) and was taken through different departments to acquaint itself with the service provision in the Hospital. During the tour, the Committee observed that-
- a) the hospital had not fully automated its internal health systems and processes and the online and digital system used was outdated and ineffective. At the drugs store, the receiving and issuance of medical supplies was not fully automated and relied on manual systems and bin cards;
 - b) the hospital was relatively well equipped with complimentary equipment from the Managed Equipment Service (MES) Program and donors. With the expiry of the MES Program, the County Government had engaged various suppliers to continue offering maintenance and servicing the equipment;
 - c) there is a well-equipped pediatric, accident and emergency departments which were utilizing oxygen sourced from local suppliers, *Revital Healthcare Limited*, based in Kilifi County;
 - d) the hospital's maternity ward had a fifteen (15) bed labour ward, with well-maintained surface and running water. However, the triage at the maternity wards lacked the recommended delivery bed and was understaffed with only one nurse being stationed there;
 - e) the new born unit had twelve (12) nurses working day and night shifts and at the time of the visit there were fifty (50) babies in the unit;
 - f) the Hospital laboratories served outpatient and emergencies as well and were staffed with three (3) pathologists, five (5) lab technologists and there were specialized laboratories such as molecular and biochemistry laboratories;
 - g) the Cardiology Department is equipped with the state-of-the art equipment which are used to detect heart defects through the modern technology;
 - h) the corridors adjoining the operation theatres and part of the roof in the theatre was leaking and rain water was flooded along the walkway, corridors and ramps which made them slippery and risky to patients, medical personnel and other stakeholders;
 - i) there was an emerging trend of kidney illness among children which was attributed to acute infections, dehydration, poor breastfeeding and malnutrition. However, the County Government had initiated a program to monitor new mothers and follow up on their progress through the integration of Community Health Promoters.

2.2.3. Oversight visit to Utange Level 4 Hospital

52. The Committee conducted an oversight visit to Utange Infectious Diseases Field Hospital, the CGTRH-Utange Field Hospital, and was accompanied by Mr. Jeizan Faruk, the County Secretary, Dr. Swabah Ahmed Omar, the CECM in charge of Health, Dr. Igabal Khamdwallah, the Chief Executive Officer of the CGTRH and Dr. Wanjiru-Korir, the Deputy C.E.O.

53. The Committee was informed that Utange Field Hospital is a level IV healthcare facility located in Utange, in Kisauni and aims to decongest the CGTRH and provide specialized services closer to the community. The Hospital was inaugurated on 6th August, 2022 and has a bed capacity of two hundred and twenty (220) beds and a staff compliment of thirty-four (34) clinical staff and fourteen (14) non-clinical staff.
54. The Hospital which was constructed during the Covid-19 pandemic is partially infectious diseases isolation facility. However, it has advanced medical equipment in the departments of radiology, laboratory, maternity and theatre.

The common health conditions attended at the facility include; respiratory infections, intestinal worms, skin diseases, dengue fever, hypertension, gastroenteritis, malnutrition, eye and ear infections, urinary tract infections and malaria.

55. The Committee was further informed that during FY 2022/23 the hospital collected a total of Kshs. 5,415,104 and in FY 2023/24 the hospital had collected Kshs. 11,865,435 by the end of May 2024. However, the revenue collected in the third quarter was affected by the health workers strike, which had also affected service delivery.
56. The Committee observed that the hospital infrastructure was adequate and the working space was sufficient and well organized. However, the Hospital lacked all requisite equipment to be fully functional. The mortuary and laundry area that was under construction appeared to have stalled.

2.2.4. Meeting with the Governor, Mombasa County

57. The Committee held a meeting with the Governor, Mombasa County on 19th June, 2024 after the oversight visits from the two healthcare facilities. The Governor was accompanied by the County Executive Committee Member in charge of Health, Dr. Swadah Omar and the County Secretary, Mr. Jeizan Faruk. The Committee was accompanied by Sen. Mohammed Faki, MP, Senator Mombasa County and the members of the Mombasa County Assembly Committee on Health.
58. During the meeting the Committee was informed that-
- a) There was a shortage of Human Resources for Health in the County which was posing a challenge to healthcare provision. However, the County Government had initiated strategies to address the challenge;
 - b) The Managed Equipment Service (MES) equipment at CGTRH was still under operation despite the expiry of the contracts following engagement of the individual contractors to provide maintenance services. In addition, the Hospital had continued to upgrade its equipment through budgetary allocations, own source revenue and donations from well-wishers;

- c) The County Government was aware that the pharmacy at the Hospital was not digitized and was operating manually. However, there were plans to automate the systems to make them more efficient;
 - d) Whereas the maternity and newborn unit were equipped to provided quality service to expectant mothers and new born children, there was a need to improve the delivery beds in the maternity emergency unit;
 - e) The County Government had not yet implemented the Facility Improvement Financing (FIF) Act and the County Assembly had not developed the requisite legislation to operationalize FIF Act;
 - f) Malnutrition was the greatest contributor to high incidences of kidney disease among children. However, the County Government was exploring nutrition programs such as provision of nutritious sweet potato vines to communities;
 - g) The Utange Level IV Hospital had the necessary physical infrastructure but lacked the requisite medical equipment and human resource to be fully operational;
 - h) The members of staff working at Utange Level IV Hospital were all drawn from the CGTRH and as such the County Government need to recruit more staff for the Hospital; and
 - i) The stalled construction of the mortuary and laundry area and subsequent hand-over were due to conflicts in the execution of the contract, which the County Government was in the process of renegotiating with the contractor with an aim to amicably resolve the attendant challenges.
59. The Committee was further informed that-
- a) A task force had been appointed to analyze the challenges facing provision of healthcare services and make attendant recommendations. The findings of the taskforce had been tabled at the County Assembly of Mombasa and the County Government had started implementation of the recommendations in the report;
 - b) The County Government was in the process of commissioning a Health Information System that will integrate all the health facilities in the County and that will be financed through payment per use model;
 - c) The County Government was implementing an under five-year program where all children under five years of age receive free treatment. However, the program faces challenges of implementation due to influx of children from the neighboring counties making the program expensive to implement;
 - d) Plans were underway to set up a private wing at the CGTRH to offer services to patients who wish to use more specialized and personalized care and can pay for the services. This also would help raise the hospital revenue collections;
 - e) The Cancer treatment equipment from the National Government was expensive to maintain and required the construction of a banker estimated at a cost of Kshs. 40 million. Further, the reimbursements from NHIF usually are insufficient to cover the operating cost;

- f) The County Government will explore possibilities of purchasing the land adjacent to Utange Level 4 Hospital in order to provide sufficient space for the mortuary; and
- g) The County Government had no outstanding and or pending bill with the KEMSA.

2.3. KWALE COUNTY

2.3.1. Meeting with the County Executive

- 60. The Committee held a meeting with the Deputy Governor, Kwale County, who was representing the Governor, on 20th June, 2024. The Committee was informed that the Governor was attending an urgent meeting outside the County. Sen. Issa Boy Juma, MP Senator Kwale County, Speaker Kwale County Assembly and the County Assembly Committee on Health accompanied the Committee.
- 61. The Committee was informed that the County had one hundred and seventy-seven (177) healthcare facilities having been increased from thirty-four (34) before the advent of devolution. This increase had improved the health outcomes and accessibility to healthcare services in the County. However, the Universal Health Coverage (UHC) staff that had been posted in the County had reduced from one hundred and sixty-seven (167) to one hundred and thirty-one (131) due to natural attrition and had not been replaced.
- 62. The County had given priority to the health sector by allocating a considerable percentage of its budget with a focus on preventive and promotive health care. There are four (4) level 4 hospitals which serve as subcounty facilities and additionally there is a functional blood bank Centre, oxygen plant and oxygen storage facilities.
- 63. The Committee was informed that nonetheless, the County faces challenges related to-
 - a) unsettled NHIF pending bills amounting to approximately Kshs 96 million which affects the operations of most health facilities;
 - b) idle MES equipment which have either broken down or are completely dysfunctional;
 - c) UHC staff whose contracts were almost expiring hence creating a huge staff gap;
 - d) limited resources to adequately fund the Health sector; and
 - e) lack of automated services in health facilities.
- 64. The Committee was further informed that the requirement for fiscal responsibility and capping the wage bill at 35% was affecting the staffing of essential services including health. Further an Oncology Centre at the Kwale sub-county hospital was ready for service delivery but its operation was delayed by the National Cancer Institute inspection.

2.3.2. Oversight Visit to Cancer Oncology Centre, Kwale Sub County Hospital

65. The Committee conducted an oversight visit to Cancer Oncology Centre located at the Kwale Sub County Hospital on 20th June, 2024 and observed that the Cancer Oncology Centre was complete and well equipped. It was clean, spacious and room were designated for different uses. However, it was not operational because of a pending inspection visit by the National Cancer Institute of Kenya (NCI-K).
66. The prostate cancer, cervical cancer, breast cancer, esophageal cancer and lymphoma were the most common ailment in the County.

2.3.3. Oversight visit to Msambweni County Referral Hospital

67. The Committee conducted an oversight visit to Msambweni County Referral Hospital on 20th June, 2024. During the visit the Committee observed that-
- a) dental imaging machine that was received as part of the MES equipment had broken down and concerns were being raised on the policy on disposal of obsolete medical equipment and machinery whose lifespan had expired. Indeed, there was a lot of idle equipment lying on the corridors;
 - b) the renal unit had six (6) machine but two (2) of them were dysfunctional. The unit had seven (7) members of staff who work in shifts attending to at least eighteen (18) patients daily;
 - c) There was also an ICU unit with six (6) bed capacity but could admit only three (3) patients since there was a nursing shortage. The unit lacked the standard ICU beds and equipment and had several broken down MES equipment;
 - d) The ICU and HDU in the pediatric unit had a capacity to admit forty (40) babies. However, at the time of the visit there were fifty-five (55) babies admitted at the unit with one nurse, which was way below the recommended ratio in such units. Further the pediatric ward had a thirty-six (36) bed capacity but lacked window curtains and curtains to separate beds in the wards denying patients privacy;
 - e) In the newborn section, there were seven (7) incubators but only five (5) were functioning. The staff complement at the section comprised seven (7) nurses, two (2) medical officers and two (2) pediatric consultants. Considering the high number of new born babies, the nurse in charge indicated that the unit needed more staff;
 - f) Whereas, there were staff houses within the compound, they were poorly maintained. The rent from the houses was being remitted to the National Government. However, the land on which the staff houses occupied was a subject of litigation following an attempt to grab it. Further, some staff houses had been constructed too close to the mortuary and traders had also erected shops outside the perimeter wall;
 - g) The Hospital pharmacy was well stocked and there were records of all expired drugs awaiting disposal and the stocking card system was up to date. The records showed the last disposal was done in October, 2023. It was noted that the Pharmacy utilized a manual system and bin cards to receive and dispense drugs;

- h) Whereas the hospital had three (3) ambulances two (2) of them were under repair;
- i) The hospital mortuary had a capacity to hold twelve (12) bodies. However, it did not have the requisite equipment for embalming and the staff was not skilled morticians;
- j) The oxygen plant in the hospital had been newly constructed and was ready to be commissioned for use. Further there was a blood bank which was adequately stocked with blood.
However, the blood bank lacked enough storage space for the equipment and materials and many of them had been left sprawling on the corridors.

2.3.4. Oversight visit to Mvinden Health Centre

- 68. The committee conducted an oversight visit to Mvinden Health Centre on 20th June, 2024 and observed that the facility had four (4) clinical officers, four (4) nurses and seven (7) support staff members. The services offered at the facility include outpatient, in-patient and maternity services.
- 69. The Committee observed that the facility was clean and well organized into different departments; there was an observation room, a family planning room, maternity, pharmacy, pharmacy store, consultation room and the laboratory, which were all clearly labeled.
- 70. The Committee noted that there was an ongoing construction, which upon completion would serve as a hospital ward. However, the facility did not have a perimeter wall or an entry and/or exit points.
- 71. The Committee further observed that there was medical waste seemingly stored under a tree which appeared to have been either awaiting to be buried, burned to be transported to Msambweni County Referral hospital for incineration.

CHAPTER THREE

3. ANALYSIS OF COMMITTEE OBSERVATIONS

3.1.1. Health Sector Funding

72. The health sector budgetary allocation has been increasing over the years since advent of devolution. County governments are expected to have clear budgets for financing healthcare and other health related functions in their respective areas of jurisdiction. The sources of healthcare financing at the county governments include, shareable revenue, own county generated revenue through user fees, donations and grants. However, the funding is insufficient and unproportionate when compared to the budget retained in Ministry of Health given the burden of provision of healthcare services by the two levels of government. Further, the allocation in the sector still falls short of the 15% share of public spending as articulated in the 2001 Abuja Declaration by the African Union.
73. Across the three counties visited by the Committee, it was reported that delayed exchequer releases and NHIF reimbursements, coupled with small proportions of own county generated revenue places strain on resources available to meet daily needs and expenditures of the health sector. There were concerns that during the transition from National Health Insurance Fund (NHIF) to Social Health Insurance Fund (SHIF) resources owed to county governments by NHIF may be lost. For instance, the CGTRH reported to be owed Kshs 250m while Kwale County reported to be owed Kshs 96m by the NHIF.
74. There exists a mismatch and inconsistency in adherence to the county governments' budget making and implementation processes outlined in the Public Finance Management (County Governments) Regulation 2015. It is evident from the submissions by the three counties that funding for recurrent activities made up the biggest percentage of their total health budgets and as such they were unable to invest in expansion and consolidation of healthcare provision services. Nonetheless, the allocated development budget for health was not fully implemented with a confirmation of reallocation of the budget to recurrent expenditure or other sectors. In Taita/Taveta County for instance, the development budget of Kshs. 50 million was reallocated to recurrent expenditure during the supplementary budget of the Financial Year 2023/24.
75. Whereas the Facility Improvement Fund Act was enacted in 2023 to provide for public health facility improvement financing and the management and administration of own source revenue generated by public health facilities. Section 29 of the Act makes a provision for the counties to enact legislation to give further effect to the Act. In all the counties visited, this enabling county legislation has not been enacted although Mombasa County reported that it was scheduled at the County Assembly for consideration. Once enacted it is envisaged to revolutionize provision of healthcare by providing more to improve healthcare facilities and infrastructure and recruitment of more personnel.

3.1.2. Human Resources for Health

76. County departments of health are responsible for undertaking Human Resources for Health management processes including recruitment, deployment, capacity building, performance appraisals, promotions and payments of salaries. The National Government is responsible for pre-service training and development of broader policy guidelines development.
77. This study observes that across the three counties, there exist inadequate number of health workers in the healthcare facilities visited. This is attributed to a number of factors that include legislative ceilings on employment, high cost of remuneration of healthcare workers, natural attrition such as retirement, death and resignation without replacement and expansion in healthcare coverage especially under county governments. Consequently, this shortage has constrained the county health sector's ability to function efficiently.
78. The loss of experienced and inability to retain the trained and experienced healthcare personnel is rampant in all the three counties. Inadequate resources affect their efforts and ability to invest in in-service training and capacity building. Across the counties, there was healthcare personnel shortage in virtually all the departments. The Committee observed that there was expansion of healthcare infrastructure in Mombasa County without attendant increase in human resources. Consequently, the staff in the health facilities are overworked and patients do not receive quality healthcare service.
79. The County Public Service Boards (CPSB) does not replace staff exiting the service through natural attrition, promotions, resignation and retirement immediately. In Kwale County, one of the staff members at Msambweni County Referral Hospital was promoted and posted to the county headquarters further worsening the staff shortage at the facility. At the CGTRH, staff attrition because of resignation was rampant especially among experienced and trained health workers and the two years post-training bond appears not to discourage staff resignation. As such, there were sophisticated equipment acquired, donated and or procured in specialized departments but lacking human resource to operate them.
80. Delays in salary payments and non-remittance of statutory deductions were also reported as sources of health workers demotivation. This could also be attributed to health workers skill-mix. In all the three counties, specialist health workers were reported to be scarce. This shortage constrained the capacity to deliver specialized and quality healthcare services. In some instances, specialist shortage has led to inappropriate task shifting compromising quality of care. There was also skewed distribution of healthcare workers with higher-level facilities appearing to be favoured which is likely to affect the quality of care at lower levels.

3.1.3. Health Infrastructure

81. Development and maintenance of county health facilities infrastructure is a function of the county governments. Adequate infrastructure enhances access to healthcare and contributes to high quality of outcomes. Across the three counties, there are disparities in investment into increasing and improving healthcare facilities especially at the lower levels. Spending in the county governments prioritized recurrent expenditure with key spending drivers being personnel emoluments and salaries and supply of drugs and equipment.
82. In Taita/Taveta County for instance, Tausa Health Centre had dilapidated infrastructure and lacks basic amenities such as access to reliable sources of water, clean ablution block and a fence. The County Government reported that budgetary allocation development expenditure had been reallocated to recurrent expenditure by the supplementary budget.
83. However, there has been some significant investments in the development of healthcare infrastructure. In Mombasa County, whereas Utange Level 4 Hospital lack of a proper perimeter wall, the infrastructure is well developed, the Oncology Centre in Kwale County is fully equipped and ready for operation after inspection. Nonetheless, the unavailability of sufficient beds and other amenities such as curtains in the wards imply that increased investment focused on buildings and ignored the basic facilities requisite to offer care and specialized long-term treatment.

3.1.4. Provision of Health Equipment

84. The Managed Equipment Scheme (MES), a Public Private Partnership (PPP) project mooted by the Ministry of Health and sought to provide modern diagnostic treatment equipment to two hospitals in each of the 47 counties and four (4) referral hospitals. The equipment supplied included digital x-ray systems, digital mammography units, digital ultrasound units, digital sterilized equipment, ICU/HDU and neurosurgery centre, digital anesthetic machines and MRI machines. Under the MES arrangement, equipment manufacturers were outsourced to supply, install, train users, and provide maintenance, repair and replacement services for the specialized medical equipment for the duration of the MES contract.
85. The tender was restricted to Original Equipment Manufacturers (EOMs) to obtain state-of-the-art equipment without the cost of intermediaries. It was envisaged that counties would be able to upgrade their facilities while improving access to specialized services at the local level. The equipment provider was to supply, install, test, maintain, repair and replace. The MES arrangement included on-the-job user and maintenance training, specialized training and clinical training in specified fields.

86. However, the project implementation was shrouded with challenges that range from failure of counties to provide the necessary infrastructure to install, operate and support systems for the equipment, failure of some machines to operate from the onset as the case of Msambweni County Referral Hospital. Lack of specialized health personnel to operate the equipment is also evident across the counties. Indeed, in all the three counties, the Committee observed that there was no requisite technical support and capacity provided by the expiry of the contract.
87. Whereas in some of the visited facilities MES equipment was still functional, such as the Moi County Referral Hospital in Voi, and the CGTRH, it was also evident that some of the installed equipment were being under-utilized. Some counties reported lack of access to consumables while other reported that some of the equipment have also outlived their lifespan and should be properly decommissioned. In Kwale County, the MES equipment that included dialysis machines, ICU equipment, OPG Dental Imaging, incubators at the pediatric ward, and the sterilization machine were dysfunctional.
88. County governments were further expected to develop their ICU and HDU capacity through the MES project and resources provided in response to the Covid-19. It was observed that some facilities have well developed ICU and HDU services at the county referral hospitals. For instance, the Committee observed that Mombasa County has two adequately equipped ICUs, one that serves as a pediatric ICU at the CGTRH. However, in Taita/Taveta, the ICU that was established at Mwatate Sub-county Hospital could not be operationalized due to lack of supporting service and personnel. In Kwale County the ICU has a bed capacity of six (6) but is currently able to admit only three (3) due to equipment breakdown.

3.1.5. Health Products and Technologies (HPTs)

89. Access to Health Products and Technologies (HPTs) is critical to provision of efficient healthcare services. However, quality, access and affordability of HPTs poses great challenges to the county governments. The main suppliers of health products and technologies in the counties are Kenya Medical Supplies Agency (KEMSA) and Mission for Essential Drugs and Supplies (MEDS). County governments prefer KEMSA because of the favorable credit terms and last mile delivery to the hospitals.
90. Across the three counties, concerns were raised on the ability of KEMSA to supply all required HPTs to counties, which forced them to purchase from other suppliers such as MEDS. All the counties visited rely on imported supplies due to limited local manufacturing. Indeed, only Mombasa County reported reliance to locally manufactured products in their pediatric wards.
91. All the healthcare facilities visited experience supplies shortage as a result of low budgetary allocations by the county government coupled with poor supply chain management. All facilities had challenges in implementing automated management of the pharmacy and non-pharmacy store from the receipt of supplies to dispensing to patients and hospital staff, a situation that exposed them to losses, unavailability of supplies and poor decision making.

3.1.6. Emergency and Ambulance Services

92. In all the three counties visited, the Committee observed that the healthcare facilities do not have the optimum numbers of ambulances and requisite facilities to provide emergency services. There are no structures to facilitate referral of emergency services from one healthcare facility to the other. Indeed, the Committee observed that the hospitals accepting referrals are expected to consequently send ambulances to pick the referred patients, which greatly inconveniences both patients and their families.
93. In Taita/Taveta County for instance, the Committee observed that there are only six (6) ambulances meant to serve the whole County out of which two (2) are stationed at Taveta Sub-County Hospital, one (1) at Mwatate Sub-County Hospital, two (2) at Moi County Referral Hospital and one (1) mobile ambulance. However, the Committee was informed that there are plans to institute a command Centre for emergency services in Voi.
94. In Kwale County, the Committee observed that whereas Msambweni County Referral Hospital has three (3) ambulances only one is operational. One of the other two ambulances is packed at the hospital yard with a broken windshield while the other one was said to be at the garage for repairs.

CHAPTER FOUR

4. COMMITTEE RECOMMENDATIONS

95. With the foregoing, the Committee makes the following recommendations-
- a) All county governments should expeditiously operationalize the Facilities Improvement Financing Act, 2023 and consider enacting enabling legislation in line with the provision of section 29 of the Act;
 - b) All county governments should initiate individual processes to acquire equipment similar to those provided in the defunct MES Program to avoid lapses in service delivery;
 - c) The Ministry of Health in consultation with the Council of Governors should embark on public awareness programs to sensitize members of public and other stakeholder on the transition processes from the NHIF to SHIF;

4.1.1. To the Governor, Taita/Taveta County

96. The Committee recommends that the Governor, Taita/Taveta County should-
- 1) expeditiously implement the report of the Departments of the County Public Works and County Public Health on the status of Tausa Health Centre;
 - 2) allocate sufficient resources in the Financial Year 2024/25 for the requisite upgrade and provision of sufficient health products and technologies at Tausa Health Centre to enable the healthcare facility operate optimally;
 - 3) allocate sufficient resources for employment of more healthcare personnel to bridge the staff shortage and for remittances of statutory deductions;
 - 4) hasten the process of acquiring hospital management information system that will integrate all healthcare processes and facilitate referral processes, revenue collection and HTP supplies in the County;
 - 5) ensure there is sufficient provision of security at Moi County Teaching and Referral Hospital to enhance security of both patients and healthcare personnel and alleviate alleged cases of vandalism and theft; and
 - 6) operationalize the Moi County Teaching and Referral Hospital Board of Management.
97. The Committee further recommends that the Governor, Taita/Taveta County should provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of tabling this report.

4.1.2. To the Governor, Mombasa County

98. The Committee recommends that the Governor, Mombasa County should-
- 1) allocate sufficient resources to expeditiously to renovate the gate, repair the leaking roofs and hallways and fix curtains at the Coast General Teaching and Referral Hospital;
 - 2) fast-track the procurement of a health information management system to automate hospital operations integrating referral process, revenue collection and HTP supplies;

- 3) initiate innovative programmes that would incorporate vaccination and nutrition programmes for infants to minimize occurrences of diet related ailments amongst children;
- 4) explore strategies and approaches of utilizing own source revenue to increase the healthcare personnel in the County and address the patient: doctor ratio;
- 5) develop a policy to hire healthcare workers on internship and contract terms to ensure service continuity, especially in instances where medical staff leave service through natural attrition;
- 6) allocate sufficient funds during Financial Year 2024/25 for equipping and providing healthcare personnel at Utange Field Hospital in order to make the facility operational; and
- 7) hasten the resolution of disputes hampering the completion of the Utange Field Hospital.

99. The Committee further recommends that the Governor, Mombasa County should provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of tabling this report.

4.1.3. To the Governor, Kwale County

100. The Committee recommends that the Governor, Kwale County should-
 - 1) explore avenues to address the staffing challenges and staffing gaps facing healthcare facilities in the County using the available resources;
 - 2) provide sufficient resources for the procurement of the requisite health equipment cognizant of prevailing market price, attendant maintenance and servicing costs and technological upgrades;
 - 3) provide resources for the erection of perimeter wall and improvement of environment and infrastructure including procurement of curtains and installation of air-conditioners in Msambweni County Referral Hospital maternity wards and non-pharmaceutical stores;
 - 4) facilitate the Oncology Centre at Kwale Sub- County Hospital and Mvinden Health Centres develop a proper waste disposal mechanism of hazardous medical wastes;
 - 5) develop a proper procurement and disposal policy in line with the requirement of the Public Procurement and Disposal Act in order to legally and safely dispose moribund and dilapidated medical equipment lying unutilized in hospitals;
 - 6) provide requisite resources for procurement of extra ambulances and repairs of the faulty ones to improve the capacity and preparedness to respond to emergencies;
 - 7) provide resources for procurement of embalming kit and hiring of qualified morticians for the Msambweni County Referral Hospital mortuary.

101. The Committee further recommends that the Governor, Kwale County should provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of tabling this report.

ANNEX 1:

MINUTES OF THE COMMITTEE MEETINGS



**MINUTES OF THE ONE HUNDRED SIXTY-FOURTH SITTING OF THE
STANDING COMMITTEE ON HEALTH HELD ON SATURDAY, 23RD
NOVEMBER, AT TRADEMARK HOTEL, AT 11.00 A.M.**

MEMBERS PRESENT

1. Sen. Jackson K. Mandago, EGH, MP	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Joe Nyutu, MP	-	Member
4. Sen. Raphael Chimera, MP	-	Member
5. Sen. Esther Anyieni Okenyuri, MP	-	Member

ABSENT WITH APOLOGY

1. Sen. Ledama Olekina, MP	-	Member
2. Sen. Abdul Mohamed Haji, CBS, MP	-	Member
3. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
4. Sen. Hamida Kibwana, MP	-	Member

SENATE SECRETARIAT

1. Mr. Humphrey Ringera	-	Senior Research Officer
2. Ms. Florence Waweru	-	Clerk Assistant
3. Mr. Mitchell Otoro	-	Legal Counsel
4. Mr. Ryan Injendi	-	Research Officer
5. Mr. Dennis Amunavi	-	Research Officer
6. Mr. Victor Kimani	-	Audio Recording Officer
7. Ms. Hawa Abdi	-	Sergeant- at-Arms

MIN/SEN/SCH/961/2024

PRELIMINARIES

The meeting was called to order at thirty minutes past two o'clock and the proceedings commenced with a word of prayer said by the Chairperson, Sen. Jackson K. Mandago, EGH, MP.

MIN/SEN/SCH/962/2024

ADOPTION OF AGENDA

The agenda of the meeting was adopted after being proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Joe Nyutu, MP as follows-

1. Prayers;
2. Adoption of the Agenda;

3. Consideration of the Committee reports on Committee County Oversight and Networking Engagements (*Committee Paper No. 102*);
4. Any other business; and
5. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/963/2024

**CONSIDERATION OF THE
COMMITTEE REPORTS ON COUNTY
OVERSIGHT AND NETWORKING
ENGAGEMENTS (COMMITTEE PAPER NO.
102)**

1. The Secretariat presented Committee reports on County Oversight and Networking Engagements held in West Pokot, Trans Nzoia and Turkana Counties between 22nd and 25th September, 2023 and Taita/Taveta, Mombasa and Kwale Counties between 16th and 21st June, 2024 for consideration;
2. The Committee was informed that the objectives of these oversight visits was to assess the state and quality of the infrastructure, facilities and hospital equipment, the provision and decentralization of ambulance and emergency services, automation of healthcare provision systems for patient, drugs and commodity management. The adequacy of healthcare personnel in the counties, the gaps and challenges, if any, the counties faces concerning healthcare workers;
3. During these visits the Committee met with key parties in health service delivery in the respective counties, including Members of the County Assemblies, County Executives, Chief Officers of Health, members of the County Health Management Teams, hospital management representatives, and health worker representatives.
4. Members considered the findings, observations and recommendations arising from the oversight visits as contained in the reports and adopted them unanimously for laying at the Table of the House pursuant to standing order No. 223 (6) of the Senate Standing Orders;
5. The Committee Report on the Inspection Tour of Health Facilities in West Pokot, Trans Nzoia and Turkana Counties held between 22nd and 25th September, 2023 was adopted having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Mariam Sheikh Omar, MP; and
6. The Committee Report on the County Oversight and Networking Engagements in Taita/Taveta, Kwale and Mombasa Counties held between 16th and 21st June, 2024 was adopted having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Raphael Chimera, MP.

MIN/SEN/SCH/964/2024

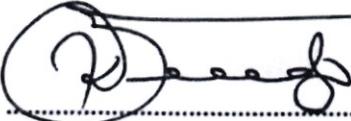
ANY OTHER BUSINESS

The Committee resolved to conduct an oversight visit to Marsabit County preferably during the long recess to acquaint itself with healthcare provision in the County and also consider issues raised in the Statements sought from the Committee by Sen. Mohamed Chute, MP in regard to healthcare provision in Marsabit County.

MIN/SEN/SCH/965/2024

ADJOURNMENT

There being no other business, the meeting was adjourned at thirty minutes past noon.
The next meeting will be by notice.

SIGNED:  DATE: 28/11/2024
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)



**MINUTES OF THE A HUNDRED AND FORTY-NINTH-ONLINE- SITTING
OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY,
18TH JULY, 2024, AT 11.00 A.M ON ZOOM PLATFORM**

PRESENT

1. Sen. Jackson K. Mandago, EGH, MP,	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
4. Sen. Joe Nyutu, MP	-	Member
5. Sen. Raphael Chimera, MP	-	Member
6. Sen. Esther Anyieni Okenyuri, MP	-	Member

ABSENT WITH APOLOGY

1. Sen. Ledama Olekina, MP	-	Member
2. Sen. Abdul Mohamed Haji, MP	-	Member
3. Sen. Hamida Kibwana, MP	-	Member

SECRETARIAT

1. Ms. Florence Waweru	-	Clerk Assistant
2. Mr. Mitchell Otoro	-	Legal Counsel
3. Mr. Victor Kimani	-	Audio Officer
4. Mr. Ryan Injendi	-	Research Officer
5. Mr. Dennis Amunavi	-	Research Officer
6. Ms. Lilian Onyari	-	Fiscal Analyst
7. Mr. David Muthuri	-	DSEC-Intern
8. Ms. Hawa Abdi	-	Sergeant- at-Arms

MIN/SEN/SCH/867/2024

PRELIMINARIES

The meeting was called to order at thirty minutes past eleven and the proceedings commenced with a word of prayer said by the Chairperson, Sen. Jackson K. Mandago, EGH, MP

MIN/SEN/SCH/868/2024

ADOPTION OF AGENDA

The Agenda of the meeting was adopted after being proposed by Sen Mariam Sheikh Omar, MP and seconded by Sen. Esther Anyieni Okenyuri, MP as follows-

1. Prayers;
2. Adoption of the Agenda;

3. Confirmation of the Minutes of the 125th; 131st, and 148th Committee Meetings;
4. Matters arising from Minutes of Previous Committee Meetings;
5. Consideration of the Committee reports on Committee County Oversight and Networking Engagements (*Committee Paper No. 87*);
 - Turkana, West Pokot and Trans Nzoia Counties and;
 - Taita Taveta, Kwale and Mombasa Counties.
6. Any other business; and
7. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/869/2024

CONFIRMATION OF MINUTES

- 1) Minutes of the 131st Committee Meeting held on Monday, 20th May, 2024 at 10.00 a.m. were confirmed as a true record of the deliberations having been proposed by Sen Mariam Sheikh Omar, MP and seconded by Sen. Esther Okenyuri, MP; and
- 2) Minutes of the 148th Committee Meeting held on Thursday, 23rd May, 2024 at 10.00 a.m. were confirmed to be a true record of the deliberations having been proposed Sen. Esther Okenyuri, MP and seconded by Sen. Joe Nyutu, MP.

MIN/SEN/SCH/870/2024

MATTERS ARISING FROM MINUTES OF PREVIOUS COMMITTEE MEETINGS

Under Ex. MIN/SEN/SCH/751/2024 CONSIDERATION OF RESPONSES BY THE GOVERNOR, NAKURU COUNTY ON THE FOLLOWING STATEMENTS AS SOUGHT SEN.TABITHA KARANJA KEROCHE, MGH, MP

The Committee resolved to seek supplementary information from Ministry of Lands, Public Works, Housing, and Urban Development and the National Lands Commission regarding the registration and ownership status of land parcel Nakuru Municipality Block 11/107 and the processes and procedures applied and details of the individuals involved during extension and/or renewal of its lease.

MIN/SEN/SCH/871/2024

CONSIDERATION OF COMMITTEE REPORTS ON COMMITTEE COUNTY OVERSIGHT AND NETWORKING

- 1) The Committee Secretariat presented Committee Paper No. 87 on Committee County Oversight and Networking Engagements in West Pokot, Trans Nzoia and Turkana Counties and Taita Taveta, Kwale and Mombasa Counties for consideration.
- 2) The Secretariat presented a draft report on the County Oversight and Networking Visits to health facilities in Taita Taveta, Kwale and Mombasa Counties that took place within the week of 16th June-20th June, 2024:
- 3) Following deliberations, the Committee directed the Secretariat to incorporate views and concerns raised during the meeting and prepare the report for consideration and adoption:

- 4) The consideration of the draft report on the inspection tours to health facilities in West Pokot, Trans Nzoia and Turkana counties was deferred to the next meeting of the Committee.

MIN/SEN/SCH/872/2024

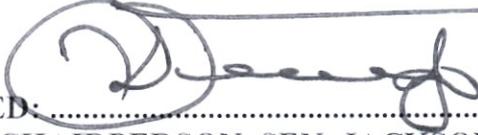
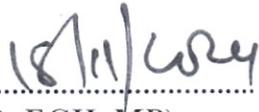
ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/873/2024

ADJOURNMENT

There being no other business, the meeting was adjourned at fifteen minutes past noon. The next meeting will be by notice.

SIGNED:  DATE: 
(CHAIRPERSON, SEN. JACKSON MANDAGO, EGH, MP)



**MINUTES OF THE ONE HUNDRED AND THIRTY-EIGHTH SITTING OF THE
STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 17TH JUNE, 2024,
AT 11.00. AM AT THE GOVERNOR'S BOARDROOM, TAITA TAVETA COUNTY.**

MEMBERS PRESENT

- | | | | |
|----|----------------------------------|---|-------------------------|
| 1. | Sen. Jackson K. Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|-------------------------|---|------------------------------|
| 1. | Sen. Johnes Mwaruma, MP | - | Senator, Taita Taveta County |
|----|-------------------------|---|------------------------------|

SECRETARIAT

- | | | | |
|----|----------------------|---|---------------------------|
| 1. | Mr. Humphrey Ringera | - | Senior Research Officer |
| 2. | Ms. Florence Waweru | - | Clerk Assistant |
| 3. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 4. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 5. | Mr. Njeri Manga | - | Media Relations Officer |
| 6. | Mr. Dennis Amunavi | - | Research Officer |
| 7. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE

- | | | | |
|----|----------------------|---|--|
| 1. | Mr. Andrew Mwadime | - | Governor, Taita Taveta County |
| 2. | Ms. Christine Kilalo | - | Deputy Governor, Taita Taveta County |
| 3. | Ms. Violet Mkamburi | - | Chief Officer, Department of Health Services |
| 4. | Hon. Duncan Mwakufu | - | Chairperson,
Taita Taveta County Assembly Committee on Health and Sanitation Services |
| 5. | Hon. Mohamud Chimer | - | Vice-Chairperson
Taita Taveta County Assembly Committee on Health and Sanitation Services |
| 6. | Dr. Saumu Tsuma | - | Medical Superintendent Taveta County Hospital |

MIN/SEN/SCH/800/2024

PRELIMINARIES

The meeting was called to order at 10:00 a.m. and the Chairperson by the Chairperson and a round of introductions ensued.

MIN/SEN/SCH/801/2024

**MEETING WITH THE GOVERNOR, TAITA
TAVETA COUNTY GOVERNMENT**

1. The Committee held a meeting with the Governor, Taita Taveta County on 17th June, 2024. The Governor was accompanied by the Deputy Governor, the Chief Officer in the Department of Health Services and other senior officials from the County Government. The Committee was also accompanied by the Sen. Johnes Mwaruma, MP, the Senator Taita Taveta County and members of Taita Taveta County Assembly Committee on Health and Sanitation Services;
2. The Governor informed the Committee that the County Government faces challenges related to-
 - 1) underfunding and delayed exchequer releases;
 - 2) own source revenue collection;
 - 3) expansive area and dilapidated infrastructure;
 - 4) lack of an integrated health management information systems;
 - 5) insufficient ambulance and emergency response capacity;
 - 6) dilapidated medical equipment and facilities;
 - 7) healthcare staff training and capacity building; and
 - 8) availability of appropriate healthcare products and technologies
3. During deliberations, the Committee observed that-
 - 1) whereas there is an established Intensive Care Unit and High Dependency Unit at Mwatate Hospital, they are not operational because of lack of essential and specialized equipment and personnel and the County lacked an operational oxygen plant;
 - 2) an advisory had been issued recommending transfer of the ICU to Moi County Referral Hospital in Voi and conversion and utilization of the existing infrastructure in Mwatate Hospital for chemotherapy, dialysis and HDU services;
 - 3) the County had not commenced implementation of the provision of the Facilities Improvement Financing Act, 2023 and hospitals rely on imprest issued by the County Executive Committee Member in charge of Finance for hospital emergencies;
 - 4) the County Government had through the supplementary budget re-allocated funds which had earlier been allocated to health sector development expenditure thereby denying healthcare facilities much needed infrastructural upgrade and uplift; and

- 5) there is no integrated health information management system in the County and all services including revenue collection, dispensing of drugs and referral relied on archaic manual systems.
4. With the foregoing the Committee recommended that-
the Taita Taveta County Government and the Taita Taveta County Assembly should ensure adequate budget allocation during Financial Year (FY) 2024/2025 to the health sector and ensure such resources are shielded from re-allocation during supplementary budgets

MIN/SEN/SCH/802/2024

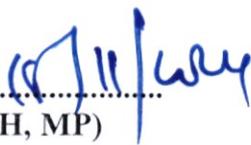
ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/803/2024

ADJOURNMENT

There being no other business, the meeting adjourned at 12.00 noon.

SIGNED:.....DATE.....
(CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
STANDING COMMITTEE ON HEALTH



MINUTES OF THE ONE HUNDRED AND THIRTY- NINTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY, 17TH JUNE, 2024, FROM 1.00 P.M AT HEALTH FACILITIES IN VOI, TAITA –TAVETA COUNTY.

MEMBERS PRESENT

- | | | | |
|----|----------------------------------|---|-------------------------|
| 1. | Sen. Jackson K. Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong’o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|-------------------------|---|------------------------------|
| 1. | Sen. Johnes Mwaruma, MP | - | Senator, Taita Taveta County |
|----|-------------------------|---|------------------------------|

SECRETARIAT

- | | | | |
|----|----------------------|---|---------------------------|
| 1. | Mr. Humphrey Ringera | - | Senior Research Officer |
| 2. | Ms. Florence Waweru | - | Clerk Assistant |
| 3. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 4. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 5. | Mr. Njeri Manga | - | Media Relations Officer |
| 6. | Mr. Dennis Amunavi | - | Research Officer |
| 7. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE

- | | | | |
|----|----------------------|---|--|
| 1. | Mr. Andrew Mwadime | - | Governor, Taita Taveta County |
| 2. | Ms. Christine Kilalo | - | Deputy Governor, Taita Taveta County |
| 3. | Ms. Violet Mkamburi | - | Chief Officer, Department of Health Services |
| 4. | Hon. Duncan Mwakufu | - | Chairperson,
Taita Taveta County Assembly Committee on Health and Sanitation Services |
| 5. | Hon. Mohamud Chimer | - | Vice-Chairperson
Taita Taveta County Assembly Committee on Health and Sanitation Services |
| 6. | Dr. Saumu Tsuma | - | Medical Superintendent Taveta County Hospital |

MIN/SEN/SCH/804/2024

PRELIMINARIES

The Committee conducted an oversight visit to Tausa Health Center and Moi County Referral Hospital on 17th June, 2024. The delegation which was accompanied by the Sen. Johnes Mwaruma, MP, Senator Taita Taveta County and the County Assembly Committee on Health and Sanitation Services.

MIN/SEN/SCH/805/2024

INSPECTION VISIT OF TAUSA HEALTH CENTER

1. During the oversight visit to Tausa Health Centre located in Mbololo in Voi Sub County, the was received by the Sub County Health Management Committee, Tausa Health Centre Members of Staff who included, a clinical officer, registered nurse, a lab technician, public health officer, community health officer and the community health promoters
2. The delegation toured the main building hosting the reception of the hospital, the laboratory, the dugs store and the staff quarters. The delegation was also able to view the existing hospital machinery and other facilities within the hospital compound.

MIN/SEN/SCH/806/2024

INSPECTION VISIT TO MOI COUNTY REFERAL HOSPITAL

3. The Committee visited the Moi County Referral Hospital located in Voi Town on 17th June, 2024. The delegation was received by Dr. Saumu Tsuma, the Medical Superintendent who gave the committee a tour of the hospital to different departments.
4. During the visit the Committee toured outpatient area, cancer screening center, maternity wards, eye clinic, and hospital mortuary and was informed that there had been concerns about the Hospital Board. The County Government informed the Committee that the previous Hospital Board had been non-functional and had hampered the oversight and the budget implementation processes, however, a new Hospital Board had been appointed.

MIN/SEN/SCH/807/2024

ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/808/2024

ADJOURNMENT

There being no other business, the oversight ended at 5.00 p.m.

SIGNED:  DATE: 18/14 2024
 CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
 STANDING COMMITTEE ON HEALTH



**MINUTES OF THE ONE HUNDRED AND FORTY SITTING OF THE
STANDING COMMITTEE ON HEALTH HELD ON WEDNESDAY, 19TH
JUNE, 2024, AT 11.00. AM AT HEALTH FACILITIES IN MOMBASA
COUNTY.**

PRESENT

- | | | | |
|----|----------------------------------|---|-------------------------|
| 1. | Sen. Jackson K. Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|------------------------|---|-------------------------|
| 1. | Sen. Mohammed Faki, MP | - | Senator, Mombasa County |
|----|------------------------|---|-------------------------|

SECRETARIAT

- | | | | |
|----|----------------------|---|---------------------------|
| 1. | Mr. Humphrey Ringera | - | Senior Research Officer |
| 2. | Ms. Florence Waweru | - | Clerk Assistant |
| 3. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 4. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 5. | Mr. Njeri Manga | - | Media Relations Officer |
| 6. | Mr. Dennis Amunavi | - | Research Officer |
| 7. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE

- | | | | |
|----|------------------------|---|----------------------------------|
| 1. | Mr. Jeizan Faruk | - | County Secretary, Mombasa County |
| 2. | Dr. Igabal Khamdwallah | - | CEO- CGTRH |
| 3. | Dr. Wanjiru Korir | - | D. CEO- CGTRH |
| 4. | Dr. Swadah Omar | - | CECM, Health |

MIN/SEN/SCH/809/2024

PRELIMINARIES

The Committee delegation commenced the tour of Mombasa County by visiting the office of Sen. Mohammed Faki, MP, Senator Mombasa County for a courtesy call and thereafter proceeded to the Coast General Teaching and Referral Hospital (CGTRH).

MIN/SEN/SCH/810/2024

**OVERSIGHT VISIT TO COAST
GENERAL TEACHING AND REFERRAL
HOSPITAL**

- 1) The Committee visited the Coast General Teaching and Referral Hospital on 19th June, 2024 and was received by Mr. Jeizan Faruk, the County Secretary, Dr. Swabah Ahmed Omar, the CECM in charge of Health, Dr. Igabal Khamdwallah, the Chief Executive Officer and Dr. Wanjiru-Korir, the Deputy C.E.O. The Committee was accompanied by Sen. Mohammed Faki, MP, Senator Mombasa County and the counterpart County Assembly Committee on Health;
- 2) The delegation was taken through a brief history of the hospital by the Chief Executive Officer before commencing on a tour of the facilities and different departments within the Hospital;
- 3) The Committee was informed that the hospital operates using a Hub and Spoke model where the CGTRH, a level 5 semi-autonomous hospital has operationalized outreach hospitals that include level 3 hospitals of Chaani, Vikwatani, and Mtongwe, and one level 4 hospital, Utange Infectious Disease Field hospital;
- 4) The Committee was further informed that the hospital serves a primary population of 1 million people and a secondary population of three million people. It has a staff compliment of 1,245, in its ten (10) departments. The services offered include outpatient, inpatient and specialized services. The departments in the hospital being- Accident and emergency, Internal medicine, Surgery, Obstetrics and gynecology, Pediatrics, Specialized clinics, Clinical support; Rehabilitative services, Non-clinical/ ancillary and administration;
- 5) The Committee was further informed that the hospital's financing and facility improvement consist of four sources, the County government investment, MES equipment from the national government, donations from the business community and Facility Improvement Financing (Own source revenue).
- 6) The Committee was informed that the hospital faces challenges such as-
 - a) Broken down dialysis bed - with only 8 being operational;
 - b) PET scan available but not installed;
 - c) Inadequate staff compounded by staff attrition without replacement;
 - d) Inadequate funding;
 - e) End of MES contract;
 - f) Industrial action by medical staff affecting revenue collection;
 - g) Low service charge from NHIF not consummate to value of service offered and market rates.

MIN/SEN/SCH/811/2024

**INSPECTION TOUR OF COAST
GENERAL TEACHING AND REFERRAL
HOSPITAL (CGTRH)**

- 1) The Committee conducted an oversight visit to the facilities of the Coast General Teaching and Referral Hospital and was taken through different departments to acquaint itself with the service provision in the Hospital. The Committee toured the laboratories, cardiology department, pharmacy, newborn and pediatric units, maternity wards amongst other departments.
- 2) The Committee observed that there is need for the neighbouring counties to be encouraged to establish and build their respective medical care capacities such as specialized medical service and ICU to reduce instances where patients from the counties are forced to seek specialized medical care at the Coast General Teaching and Referral Hospital, hence straining the available and modest resources

MIN/SEN/SCH/812/2024

**INSPECTION TOUR OF UTANGE
FIELD HOSPITAL (LEVEL 4)**

- 1) The Committee conducted an oversight visit to Utange Infectious Diseases Field Hospital, the CGTRH-Utange Field Hospital, and was accompanied by Mr. Jeizan Faruk, the County Secretary, Dr. Swabah Ahmed Omar, the CECM in charge of Health, Dr. Igabal Khamdwallah, the Chief Executive Officer of the CGTRH and Dr. Wanjiru-Korir, the Deputy C.E.O.
- 2) The Committee was informed that Utange Field Hospital is a level IV healthcare facility located in Utange, in Kisauni and aims to decongest the CGTRH and provide specialized services closer to the community. The Hospital was inaugurated on 6th August, 2022 and has a bed capacity of two hundred and twenty (220) beds and a staff compliment of thirty-four (34) clinical staff and fourteen (14) non-clinical staff.
- 3) The Committee was further informed that during FY 2022/23 the hospital collected a total of Kshs. 5,415,104 and in FY 2023/24 the hospital had collected Kshs. 11,865,435 by the end of May 2024. However, the revenue collected in the third quarter was affected by the health workers strike which had also affected service delivery.
- 4) The Committee observed that the hospital infrastructure was well done, spacious and organized however it lacked equipment and optimal staff compliment in order to be fully functional.
- 5) The Committee further observed that there was a separate building for a mortuary and laundry area which were still under construction and the contractor has not handed over the project to the County due to payment disagreements and renegotiation.

MIN/SEN/SCH/813/2024

ADJOURNMENT /ANY OTHER BUSINESS

There being no other business, the tour ended at 5.00 p.m.

SIGNED:  DATE: 
(CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
STANDING COMMITTEE ON HEALTH



MINUTES OF THE ONE HUNDRED AND FORTY-ONE SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON WEDNESDAY, 19TH JUNE, 2024, AT 6.00 PM AT THE GOVERNOR'S OFFICE, MOMBASA COUNTY.

PRESENT

- | | | | |
|----|----------------------------------|---|-------------------------|
| 1. | Sen. Jackson K. Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|------------------------|---|-------------------------|
| 1. | Sen. Mohammed Faki, MP | - | Senator, Mombasa County |
|----|------------------------|---|-------------------------|

SECRETARIAT

- | | | | |
|----|----------------------|---|---------------------------|
| 1. | Mr. Humphrey Ringera | - | Senior Research Officer |
| 2. | Ms. Florence Waweru | - | Clerk Assistant |
| 3. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 4. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 5. | Mr. Njeri Manga | - | Media Relations Officer |
| 6. | Mr. Dennis Amunavi | - | Research Officer |
| 7. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE (list attached)

- | | | | |
|----|-------------------------|---|---|
| 1. | Hon. Abdulswamad Nassir | - | Governor, Mombasa County |
| 2. | Hon. Bernard Ogutu | - | Chair, County assembly, health Committee. |
| 3. | Hon. Fatuma Mote | - | V/Chair, County assembly, health Committee. |

MIN/SEN/SCH/814/2024

PRELIMINARIES

The Committee held a meeting with the Governor, Mombasa County on 19th June, 2024 after the oversight visits from the two healthcare facilities in Mombasa County.

The Governor was accompanied by the County Executive Committee Member in charge of Health, Dr. Swadah Omar and the County Secretary, Mr. Jeizan Faruk.

The Committee was accompanied by Sen. Mohammed Faki, MP, Senator Mombasa County and the members of the Mombasa County Assembly Committee on Health

MIN/SEN/SCH/817/2024

**MEETING WITH THE GOVERNOR,
MOMBASA COUNTY**

1. During the meeting the Committee was informed that-
 - 1) There was a shortage of Human Resources for Health in the County which was posing a challenge to healthcare provision. However, the County Government had initiated strategies to address the challenge;
 - 2) The Managed Equipment Service (MES) equipment at CGTRH was still under operation despite the expiry of the contracts following engagement of the individual contractors to provide maintenance services. In addition, the Hospital had continued to upgrade its equipment through budgetary allocations, own source revenue and donations from well-wishers;
 - 3) The County Government was aware that the pharmacy at the Hospital was not digitized and was operating manually. However, there were plans to automate the systems to make them more efficient;
 - 4) Whereas the maternity and newborn unit were equipped to provided quality service to expectant mothers and new born children, there was a need to improve the delivery beds in the maternity emergency unit;
 - 5) The County Government had not yet implemented the Facility Improvement Financing (FIF) Act and the County Assembly had not developed the requisite legislation to operationalize FIF Act;
 - 6) Malnutrition was the greatest contributor to high incidences of kidney disease among children. However, the County Government was exploring nutrition programs such as provision of nutritious sweet potato vines to communities;
 - 7) The Utange Level IV Hospital had the necessary physical infrastructure but lacked the requisite medical equipment and human resource to be fully operational;
 - 8) The members of staff working at Utange Level IV Hospital were all drawn from the CGTRH and as such the County Government need to recruit more staff for the Hospital; and
 - 9) The stalled construction of the mortuary and laundry area and subsequent hand-over were due to conflicts in the execution of the contract which the County Government was in the process of renegotiating with the contractor with an aim to amicably resolve the attendant challenges.

2. The Governor further informed the Committee that-

- (1) A task force had been appointed to analyze the challenges facing provision of healthcare services and make attendant recommendations. The findings of the taskforce had been tabled at the County Assembly of Mombasa and the County Government had started implementation of the recommendations in the report;
- (2) The County Government was in the process of commissioning a Health Information System that will integrate all the health facilities in the County and that will be financed through payment per use model;
- (3) The County Government was implementing an under five-year program where all children under five years of age receive free treatment. However, the program faces challenges of implementation due to influx of children from the neighboring counties making the program expensive to implement;
- (4) Plans were underway to set up a private wing at the CGTRH to offer services to patients who wish to use more specialized and personalized care and can pay for the services. This also would help raise the hospital revenue collections;
- (5) The Cancer treatment equipment from the National Government was expensive to maintain and required the construction of a bunker estimated at a cost of Kshs. 40 million. Further, the reimbursements from NHIF usually are insufficient to cover the operating cost;
- (6) The County Government will explore possibilities of purchasing the land adjacent to Utange Level 4 Hospital in order to provide sufficient space for the mortuary; and
- (7) The County Government had no outstanding and or pending bill with the KEMSA.

3. Following deliberations, the Committee observed that-

- a. **Staff levels;** the CGTRH had inadequate staff mainly due to budget constraints and staff attrition through retirement and resignation. That most of the staff who had resigned from the hospital in pursuit of better employment were mainly experienced and highly trained by the County government. Nonetheless, to discourage immediate withdrawal of service after training, the County had put in place a policy- bonding requirement of two years.
- b. **The Managed Equipment Services;** from the National Government was still working in the hospital. The hospital has additional equipment by the county through the hospital and from donors. The hospital is well equipped from the laboratory, theatres, wards and specialized clinics.
- c. **Infrastructure improvement;** the rain water leakage in the minimal access theatre, the corridors and walking ramps posed a danger of falling to the doctors, patients and visitors in the hospital.
- d. Absence of **curtains** in the wards particularly in the maternity compromised patients' privacy.
- e. **The stalled morgue and laundry** area at Utange Field Hospital could be caused by disputes arising from payment of pending payment of work done and renegotiation of the contract.

4. The Committee further observed that-
- a) the County should develop policies to recruit replacement staff on contract to address retirement and resignation as they occur as opposed to the current practice of central recruitment through the public service board that is usually lengthy, expensive and time consuming leading to inadequate services at the hospital;
 - b) the bonding term of two years' service to the County after County sponsored training was not sufficient to ensure that the County benefits from the lost monies and time. Therefore, recommending that in addition to the bonding terms, the new employers should be compelled to compensate the County to train additional staff as replacement;
 - c) the County should use lessons learnt from the MES project in their future procurement and management of health equipment
 - d) there is need for the County Government to fast track the procurement of a management information system to automate the hospital operations from reception/admission stage to discharge. The automation of the pharmacy department should also be prioritized.

MIN/SEN/SCH/818/2024

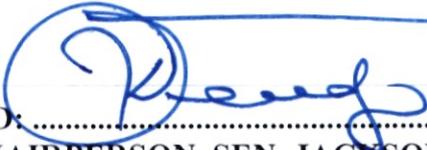
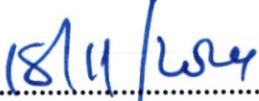
ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/819/2024

ADJOURNMENT

There being no other business, the meeting adjourned at 8.00 p.m.

SIGNED:  DATE: 
CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
STANDING COMMITTEE ON HEALTH



MINUTES OF THE ONE HUNDRED AND FORTY- SECOND SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 20TH JUNE, 2024, AT 11.00. AM AT THE GOVERNOR'S BOARDROOM, KWALE COUNTY.

PRESENT

- | | | | |
|----|--|---|-------------------------|
| 1. | Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|------------------------|---|--------------------|
| 1. | Sen. Issa Boy Juma, MP | - | Area Senator/ Host |
|----|------------------------|---|--------------------|

SECRETARIAT

- | | | | |
|----|---------------------|---|---------------------------|
| 1. | Ms. Florence Waweru | - | Clerk Assistant |
| 2. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 3. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 4. | Mr. Njeri Manga | - | Media Relations Officer |
| 5. | Mr. Dennis Amunavi | - | Research Officer |
| 6. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE

- | | | | |
|----|----------------------|---|--|
| 1. | Hon. Chirema Kombo | - | Deputy-Governor, Kwale County |
| 2. | Hon. Seth Kamanza | - | Speaker, Kwale County Assembly |
| 3. | Ms. Sylvia Chidodo | - | County Secretary, Kwale County |
| 4. | Hon. Mwasoko Mwanyae | - | Chair, Health Committee, County Assembly |

MIN/SEN/SCH/820/2024

PRELIMINARIES

The Committee held a meeting with the Deputy Governor, Kwale County, who was representing the Governor, on 20th June, 2024. The Committee was informed that the Governor was attending an urgent meeting outside the County. The Committee was accompanied by the Sen. Issa Boy Juma, MP Senator Kwale County, Speaker Kwale County Assembly and the County Assembly Committee on Health Members.

MIN/SEN/SCH/821/2024

MEETING WITH THE DEPUTY-GOVERNOR, KWALE COUNTY

1. The Committee was informed that the County had one hundred and seventy-seven (177) healthcare facilities having been increased from thirty-four (34) before the advent of devolution. This increase had improved the health outcomes and accessibility to healthcare services in the County. However, the Universal Health Coverage (UHC) staff that had been posted in the County had reduced from one hundred and sixty-seven (167) to one hundred and thirty-one (131) due to natural attrition and had not been replaced.
2. The County had given priority to the health sector by allocating a considerable percentage of its budget with a focus on preventive and promotive health care. There are four (4) level 4 hospitals which serve as subcounty facilities and additionally there is a functional blood bank center, oxygen plant and oxygen storage facilities.
3. The Committee was informed that nonetheless, the County faces challenges related to-
 - a. unsettled NHIF pending bills amounting to approximately Kshs 96 million which affects the operations of most health facilities;
 - b. idle MES equipment which have either broken down or are completely dysfunctional;
 - c. UHC staff whose contracts were almost expiring hence creating a huge staff gap;
 - d. limited resources to adequately fund the Health sector; and
 - e. lack of automated services in health facilities.
4. Following deliberations, the Committee **observed** that-
 - a. the number of health facilities had significantly increased and led to increased health outcomes in the County.
 - b. the County was losing most of its experienced healthcare workers to greener pastures was a policy gap needing to be discussed;
 - c. the UHC staff play a key role in the service delivery and therefore there was need to ensure that the County retains the staff to continue offering their services.
 - d. the County Executive should consider engaging healthcare workers' unions to persuade them to allow the County to employ health care workers on contract using the available resources. This will ensure that the healthcare workers continue to practice and the County to ensure service continuity.

MIN/SEN/SCH/822/2024

ANY OTHER BUSINESS

The Committee resolved to pay a courtesy call to the Speaker and Clerk of the County Assembly before proceeding with the inspection visits.

MIN/SEN/SCH/823/2024

ADJOURNMENT

There being no other business, the meeting was adjourned thirty-minute past noon.

SIGNED:  DATE: 
CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
STANDING COMMITTEE ON HEALTH



**MINUTES OF THE ONE HUNDRED AND FORTY-THIRD SITTING OF THE
STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 20TH JUNE, 2024
FROM 1.00. PM AT HEALTH FACILITIES IN KWALE COUNTY.**

PRESENT

- | | | | |
|----|--|---|-------------------------|
| 1. | Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. | Sen. Joe Nyutu Ngugi, MP | - | Member |
| 4. | Sen. Raphael Chimera, MP | - | Member |

ABSENT WITH APOLOGY

- | | | | |
|----|-----------------------------------|---|--------|
| 1. | Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. | Sen. Ledama Ole kina, MP | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |
| 4. | Sen. Hamida Kibwana, MP | - | Member |
| 5. | Sen. Esther Okenyuri, MP | - | Member |

IN-ATTENDANCE

- | | | | |
|----|------------------------|---|--------------------|
| 1. | Sen. Issa Boy Juma, MP | - | Area Senator/ Host |
|----|------------------------|---|--------------------|

SECRETARIAT

- | | | | |
|----|---------------------|---|---------------------------|
| 1. | Ms. Florence Waweru | - | Clerk Assistant |
| 2. | Ms. Lilian Onyari | - | Fiscal Analyst |
| 3. | Mr. Victor Kimani | - | Audio and Hansard Officer |
| 4. | Mr. Njeri Manga | - | Media Relations Officer |
| 5. | Mr. Dennis Amunavi | - | Research Officer |
| 6. | Ms. Hawa Abdi | - | Sergeant- at-arms |

IN-ATTENDANCE

- | | | | |
|----|----------------------|---|---|
| 1. | Hon. Chirema Kombo | - | Deputy-Governor, Kwale County |
| 2. | Hon. Seth Kamanza | - | Speaker, Kwale County Assembly |
| 3. | Ms. Sylvia Chidodo | - | County Secretary, Kwale County |
| 4. | Hon. Mwasoko Mwanyae | - | Chair, Health Committee, County
Assembly |

MIN/SEN/SCH/824/2024

PRELIMINARIES

The Committee and County team lead by the Speaker of the County Assembly and County secretary headed to the County Assembly grounds where they were welcomed by the Clerk of the County Assembly. The Speaker appreciated the tour and emphasized the role of the County assembly in legislation, budgeting and providing oversight. The Committee then proceed for the inspection visits.

MIN/SEN/SCH/825/2024

**VISIT TO THE CANCER ONCOLOGY
CENTER AT THE KWALE COUNTY
REFERRAL HOSPITAL**

The Committee conducted an oversight visit to Cancer Oncology Center located at the Kwale Sub County Hospital on 20th June, 2024 and observed that the Cancer Oncology Center was complete and well equipped. It was clean, spacious and room were designated for different uses. However, it was not operational because of a pending inspection visit by the National Cancer Institute. The prostate cancer, cervical cancer, breast cancer, esophageal cancer and lymphoma were the most common ailment in the County.

MIN/SEN/SCH/826/2024

**VISIT TO MSAMBWENI COUNTY LEVEL 5
HOSPITAL**

The Committee conducted an oversight visit to Msambweni County Referral Hospital on 20th June, 2024 and visited an OPG dental imaging machine that was received among the MES equipment, the renal unit, an ICU-unit and pediatric ward amongst other departments.

The Committee observed that-

1. the County needs to develop a disposal policy through the County procurement department to legally and safely dispose of outdated, old and unused equipment in all County hospitals; and
2. the hospital should maintain a clean environment around the maternity ward to allow the patient a clean environment, procure and install an air-conditioning machine for the non-pharmaceutical store and procure an embalming kit for the morgue and hire qualified morticians

MIN/SEN/SCH/827/2024

**VISIT TO MVINDENI HEALTH
CENTER.**

1. The health center had 4 clinical officers, 4 nurses and 7 support staff. The services offered there included out-patient, in-patient and maternity services.
2. The center was clean and well organized into different departments, there was an observation room, a family planning room, maternity, pharmacy, pharmacy store, consultation room and the laboratory. All clearly labeled.
3. There was an ongoing construction which the Committee was informed was to be ward section.
4. The was no perimeter wall or an entry or exit point.

MIN/SEN/SCH/831/2024

ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/832/2024

ADJOURNMENT

There being no other business the visits were concluded at 6.00 p.m.

SIGNED:  DATE: 18/11/2024
CHAIRPERSON, SEN. JACKSON K. MANDAGO, EGH, MP)
STANDING COMMITTEE ON HEALTH