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REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING
ENGAGEMENTS TO KILIFI COUNTY

Clerks Chambers,
Parliament Buildings,
NAIROBI.

Clerk
This is forwarded and recommended
for approval for tabling
October, 2025
05/11/2025

TABLE OF CONTENTS

LIST OF ABBREVIATIONS	2
PRELIMINARIES	3
Establishment and Mandate of the Committee	3
Committee Membership	3
CHAIRPERSON’S FOREWORD	4
CHAPTER ONE	7
Introduction	7
1.1. Purpose and Objectives	7
1.2. Scope of the Engagements	7
1.3. Methodology	8
1.4. The County Profile	8
CHAPTER TWO	11
2. COMMITTEE OBSERVATIONS AND STAKEHOLDER SUBMISSIONS	11
2.1. Mtwapa Sub- County Hospital	11
2.2. Kilifi County Referral Hospital (KCRH)	14
CHAPTER THREE	19
3. COMMITTEE OBSERVATIONS	19
3.1. Infrastructure and Facility Challenges	19
3.2. Human Resource Management Issues	19
3.3. Supply Chain and Pharmaceutical Management Issues	19
3.4. Operational Failures and Emergency Service Deficiencies	20
3.5. Overwhelmed Facilities	20
CHAPTER FOUR	21
4. COMMITTEE RECOMMENDATIONS	21

LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CECM	County Executive Committee Member
KCRH	Kilifi County Referral Hospital
CHS	Community Health Service
CHP	Community Health Promoter
CPSB	County Public Service Board
CONE	County Oversight and Networking Engagements
CoG	Council of Governors
MoH	Ministry of Health
EMR	Electronic Management Records
FIF	Facilities Improvement Financing
FY	Financial Year
PMS	Personnel Management System
HMIS	Health Management Information System
HRH	Human Resource for Health
ICU	Intensive Care Unit
KEMSA	Kenya Medical Supplies Agency
KMPDU	Kenya Medical Practitioners and Dentist Union
PPB	Pharmacy and Poisons Board
NG	National Government
SHIF	Social Health Insurance Fund
PPE	Personal Protective Equipment
NHIF	National Health Insurance Fund
PSC	Public Service Commission
SHA	Social Health Authority
SHIF	Social Health Insurance Fund
UHC	Universal Health Coverage
OSR	Own-Source Revenue
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. Justice (Rtd.) Stewart Madzayo, EGH, MP | - | Member |
| 4. Sen. Ledama Olekina, MP | - | Member |
| 5. Sen. David Wakoli, MP | - | Member |
| 6. Sen. Richard Onyonka, MP | - | Member |
| 7. Sen. Tabitha Mutinda, MP | - | Member |
| 8. Sen. Hamida Kibwana, MP | - | Member |
| 9. Sen. Joseph Githuku, MP | - | Member |

CHAIRPERSON'S FOREWORD

At its Sitting held on 22nd July, 2025, the Standing Committee on Health resolved to undertake an oversight visit to Kilifi County to acquaint itself with the healthcare provision in the County as part of its oversight function. This oversight visit took place on 2nd August, 2025. This report contains a record of this visit which was designed to provide first hand insights into the state of healthcare infrastructure, service delivery and the challenges faced by healthcare providers and the communities they serve.

The engagements involved site visits to key healthcare facilities, direct interactions with County leadership, healthcare workers and members of the public. Through these interactions, the Committee gathered critical evidence on the adequacy of healthcare personnel, the status of medical equipment and supplies, the effectiveness of emergency and referral systems and the implementation of digital health records.

Through these interactions, the Committee gathered critical evidence on the adequacy of healthcare personnel, the status of medical equipment and supplies, the effectiveness of emergency and referral systems and the implementation of digital health records. The Committee sought to acquaint itself with the information and understand the operationalization of health financing mechanisms including the Social Health Insurance Fund (SHIF) and the Facility Improvement Fund (FIF). The Committee further sought to assess the county's compliance with relevant health sector policies and regulations.

The Committee noted systematic failures across infrastructure, human resource management and supply chain integrity despite some evidence of recent efforts towards healthcare improvement. Healthcare facilities in Kilifi County suffer from significant infrastructural deterioration, including worn out floors, walls and pathways, dilapidated kitchens and inadequate space resulting in severe overcrowding, particularly in maternity wards where mothers were compelled to share beds.

The facilities in the County face severe understaffing particularly in specialized areas like maternity and pediatrics, exacerbated by lack of supervision from senior medical professionals, high staff demoralization due to stalled promotions and poor compensation, including casual cleaning staff who were often unpaid for over two months and lacked necessary protective equipment. There were lapses in pharmaceutical management and safety, indicated by lack of required Pharmacy and Poisons Board accreditation license, the presence of expired drugs mixed with current stocks in pharmacies and found in ambulances and discrepancies between recorded and physical drug inventories.

This report presents a comprehensive analysis of these issues and makes actionable recommendations to the Kilifi County government and other stakeholders. These recommendations are aimed at strengthening healthcare systems, enhancing accountability and ensuring that investments in healthcare translate into tangible improvements in service delivery and health outcomes.

Acknowledgements

On behalf of the Committee, I wish to thank Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP, Senator for Kilifi County, for the warm welcome and the support extended to the Committee by his office during the oversight visit. The input and contributions of his office enabled the Committee carryout its oversight mandate and functions effectively during its visit.

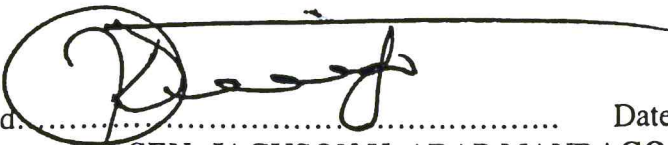
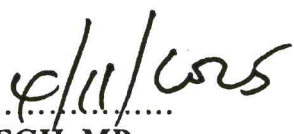
The Committee wishes to extend its appreciation to Hon. Gideon Mung'aro, OGW, Governor, Kilifi County Government and his Executive Committee Members for their input, submissions and evidence produced during the oversight tour. The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

Further, the Committee extends the appreciation to the Speakers of the County Assembly in Kilifi County and Members of the County Assembly counterpart committees on health for their facilitation and participation.

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.

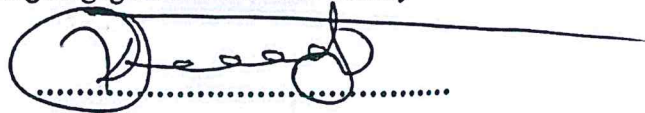


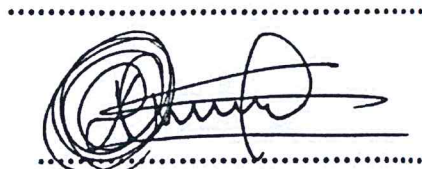
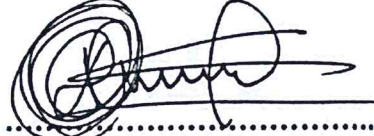



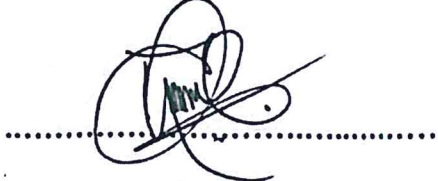
Further appreciation goes to the Office of the Speaker of the Senate and the Office of the Clerk of the Senate for their continuous support to the Committee during execution of its mandate.

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 STANDING COMMITTEE ON
HEALTH ON THE COUNTY OVERSIGHT AND NETWORKING
ENGAGEMENTS IN KILIFI COUNTY.**

We, the undersigned Members of the Standing Committee on Health of the Senate, do hereby append our signatures to adopt the Report of the Standing Committee on Health on the County Oversight and Networking Engagements in Kilifi County

1. Sen. Jackson K. Mandago, EGH, MP 
2. Sen. Mariam Sheikh Omar, MP 
3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP 
4. Sen. Ledama Olekina, MP 
5. Sen. David Wakoli, MP 
6. Sen. Richard Onyonka, MP 
7. Sen. Tabitha Mutinda, MP 
8. Sen. Hamida Kibwana, MP 
9. Sen. Joseph Githuku, MP 

CHAPTER ONE

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* and to undertake investigations, inquiries and reports on relevant issues under its purview as prescribed by the Constitution and the Standing Orders.
3. In fulfilment of the Senate's constitutional responsibility to represent and protect the interests of counties and their government, at its Sitting held on 22nd July, 2025, the Committee resolved to undertake an oversight visit in Kilifi County to acquaint itself with the provision of healthcare services in the County as part of its oversight function. This visit took place on 1st and 2nd August, 2025.

1.1. Purpose and Objectives

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) Asses 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) Obtain information on the Social Health Authority (SHA) reimbursements, facility accreditations and pending bills with Kenya Medical Supplies Agency (KEMSA).

1.2. Scope of the Engagements

5. The Committee selected the following facilities for assessment-
 - 1) Mtwapa Sub-County Hospital; and
 - 2) Kilifi County Referral Hospital

1.3. Methodology

6. On 2nd August, 2025, the Committee undertook site visits to the designated facilities. During these visits, Members engaged with relevant county government officials, hospital management, and other stakeholders, and gathered oral and written submissions. Additionally, the Committee also conducted thorough physical inspections of premises, reviewed relevant documentation and directly observed the working conditions and challenges on site.
7. The findings, analyses, and recommendations presented in this Report are grounded in evidence gathered throughout these engagements and are intended to facilitate the enhancement of health sector governance, accountability, and service delivery within the framework of the devolved system of governance.

1.4. The County Profile

8. Kilifi County is located north and northeast of Mombasa along the Indian Ocean coast, featuring sandy beaches and significant historical sites such as the Ruins of Gedi and Mnarani ruins, which date back to the 11th to 17th centuries. Kilifi County covers an area of approximately 12, 245.90 square kilometers (4,728.17 square miles) and has a population of about 1,453,787 according to the 2019 census.
9. The County depends heavily on tourism and fishing due to its coastal location. Agriculture is also a major livelihood source, contributing about 52.7% of household income, mostly from rain-fed small-scale farming, including crops like cassava and cashew nuts, as well as livestock such as dairy cattle and poultry. However, the County faces high poverty (about 71.7%) and food insecurity challenges.
10. The County projected several health sector development projects for the Financial Year 2024/2025 as outlined in its budget and development plans. Key health sector projects including construction of **Kilifi County Referral Hospital (KCRH) Complex Phase II**. This major project had a contract sum of about Kshs. 389 million. It is intended to expand specialized facilities, including improved emergency and intensive care units, surgical theatres, and diagnostic services and expansion of maternal and child health services.
11. The County established three mental health and maternal health clinics at Malindi Sub-County Hospital, Mariakani Sub-County Hospital, and Kilifi County Referral Hospital. Additionally, newer rural centers have been opened in Ganze, Kaloleni, and Gongoni to bring services closer to underserved communities. These clinics run weekly and have been effective in increasing community awareness and reducing stigma about mental illness as a treatable condition.
12. The County is also involved in strengthening rural health facilities and outreach projects include upgrading dispensaries and health centers to improve access in

remote areas, including the rollout of grassroots primary health campaigns to bring specialist care closer to communities.

13. In the FY 2024/25, the County allocated Kshs. 18.74 billion, with 43.4% allocated for development programs and 56.6% for recurrent expenditures. By the end of the first nine months, the County had received Kshs. 7.02 billion as the equitable share of national revenue, Kshs. 897.6 million from conditional grants, and raised Kshs. 842.37 million as Own-Source Revenue (OSR), including Kshs. 287.46 million from the Facility Improvement Fund (FIF).¹

14. In addition, for the FY 2024/25, the County has planned to undertake several major development projects dedicated to the health sector. Table 1 below outlines the key health sector projects scheduled for implementation during FY 2024/25.

Project Name	Location	Description	Contract Sum	status
Procurements and Installation of Medical Equipment	Countywide	Installation of advanced radiology equipment such as CT scanners	Not specified	Ongoing
Mental Health Clinic Establishment and Expansion	Various Sub-Counties	Establishment of mental health clinics in rural areas to improve access and reduce stigma	Not specified	Ongoing/Planned
Construction of 112 Bed Male and Female Wards at St. Lukes Hospital	Kaloleni Ward	Construction of new wards for inpatient services	Tender process ongoing	Planned
Construction and Completion of 30 Bed Maternity with Operating Theatre at St. Lukes Hospital	Kaloleni Ward	New maternity ward with operating theatre	Tender process ongoing	Planned

Source: Kilifi County Budget Implementation Report

¹ County Government of Kilifi. (2024). *Kilifi County Budget Implementation Report, First Quarter FY 2024/25*. Directorate of Budget and Economic Planning. Retrieved from <https://kilifi.go.ke/wp-content/uploads/2025/02/budget-implementation-report-quarter-1.pdf>

15. The Executive and the Assembly submitted a pending bills payment plan at the commencement of FY 2024/25, committing to pay Kshs 1.5 billion and Kshs. 66.68 million, respectively, in the first nine months of FY 2024/25. However, the County did not adhere to this payment plan, as it cleared Kshs.1.12 billion for the Executive and Kshs. 37.75 million for the Assembly. As of 31st March 2025, the outstanding bills amounted to Kshs. 790.12 million, comprising Kshs. 721.94 million for the County Executive and Kshs. 68.18 million for the County Assembly.

CHAPTER TWO

2. COMMITTEE OBSERVATIONS

2.1. Mtwapa Sub- County Hospital

16. Mtwapa Sub-County Hospital in Kilifi County is a level 4 health facility located about one kilometer off Mombasa-Malindi road. The hospital was recently upgraded by the Kilifi County government to significantly improve service delivery and better serve the growing population of the Mtwapa area and Kilifi South sub-county. The Committee conducted an oversight visit to the Mtwapa Sub- County Hospital, a level 4 public health facility on 2nd August, 2025.
17. The Committee was informed that Mtwapa Sub County Hospital features a 80-bed capacity, surgical operating theatre services, a resource center and a drug store with a constant supply of medicines and medical equipment as part of the county's effort to bring modern health services closer to residents and reduce the need to travel to Mombasa or Kilifi town. The Committee was further informed that plans for further expansion included constructing an emergency wing, adding radiology and X-ray services to enhance emergency and diagnostic care.
18. The Committee was further informed that the Hospital provides services to about four hundred (400) patients daily. However, it faces significant challenges related to understaffing.
19. During the visit and engagement with the facility administration and staff, the Committee made the following observations-
- 1) Mtwapa Sub-County Hospital generally **lacks adequate infrastructure** and space for medical and support services, with essential areas like waiting bays, pharmacies, and stores forced into small, congested spaces. There was no clear and proper infrastructure and facilities to store essential equipment which is likely to compromise patient comfort and health care quality;
 - 2) There is **severe understaffing** leading to extended working shifts, some up to twelve hours, which negatively affects quality of patient care. Indeed, there was only one laboratory technologist on duty during the visit. Further, senior medical staff such as doctors and pharmacists were not listed on the duty rosters availed to the Committee;
 - 3) The facility's pharmacy **lacked an accreditation license** from the Pharmacy and Poisons Board (PPB), which is likely to jeopardize patient safety and regulatory compliance;

- 4) The hospital laboratory faces **persistent shortages of equipment and reagents**, limiting the range of diagnostic tests available;
- 5) The hospital **incinerator was dysfunctional**, leading to the accumulation of medical and biohazard waste at the facility;
- 6) The contracted cleaning staff reported **that they had not received their salaries for over two months** and had not been provided with the necessary equipment like gloves and masks. The cleaning staff reported that they were initially contracted by the hospital but had been transitioned to a private company, resulting in salary reductions and non-remittance of statutory deductions;



Picture 1: The Committee observed that the drug stocks were limited and the pharmacy staff faced human resource challenges and expired drugs and medication were present in the hospital shelves which lacked proper drug inventory control



Picture 2: The Committee observed discrepancies between physical stocks and recorded stocks.



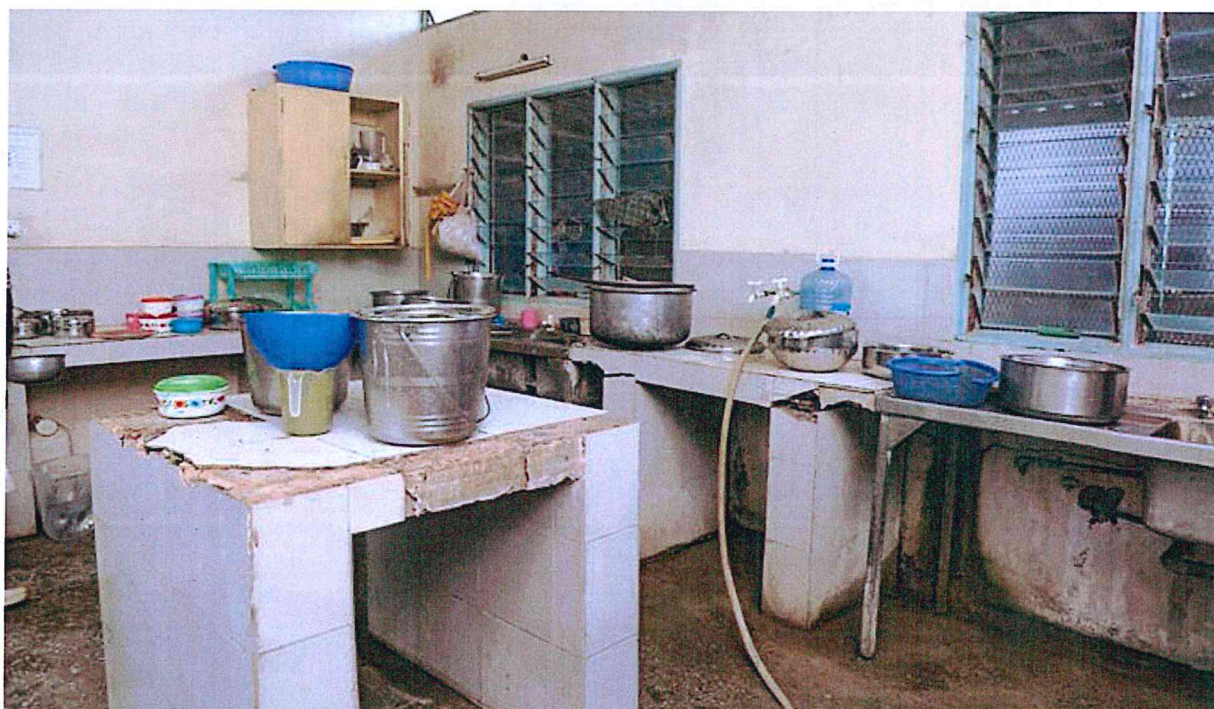
Picture 3: Some of the expired drugs and medication which were found in the hospital ambulance and pharmacy

2.2. Kilifi County Referral Hospital (KCRH)

20. The Committee undertook a visit to Kilifi County Referral Hospital on 2nd August, 2025 and was accompanied by Mr. Peter Mwarogo, the County Executive Committee Member (CECM) in charge of the Health and Sanitation Services, Dr. David Mulewa, the Chief Officer, Department of Health and Dr. Matano Kibwana, the Medical Superintendent at the facility. The Committee was accompanied by Members of the Kilifi County Assembly Committee on Health Services.
21. The Committee was informed that the Kilifi County Referral Hospital (KCRH) is a Level 4 primary care hospital located in Kilifi Town Centre and serves a population of about 1.5 million people annually. The Hospital serves as the main public referral hospital for Kilifi County, providing a wide range of services including pediatric care, emergency services, inpatient care, and modern diagnostic capabilities such as advanced radiology equipment including 64-slice CT scanners.
22. During the visit and engagement with the administrators and staff at the Kilifi Referral Hospital, the Committee made the following observations-
 - (1) **Staffing shortages** were **severe**, with only one gynecologist in the busy maternity ward, absence of a pediatrician, and heavy reliance on nurses and interns, while senior medical professionals and Heads of Departments were often missing at workstations;
 - (2) The hospital pharmacy operated without a valid Pharmacy and Poisons Board (PPB) license for both facility and pharmacists. There were **drug stock discrepancies**: some medications were listed as having zero records while physically present on shelves. Further, **expired drugs, including injectables**, were mixed with other drugs in the pharmacy, and unused medical stocks were prevalent, signaling poor pharmaceutical management and oversight;
 - (3) Despite some recent infrastructural development, there was **widespread deterioration** with worn-out floors, walls, pathways and especially a dilapidated hospital kitchen, raising hygiene and safety concerns. Several hospital wards were found to be in poor condition, undermining patient safety and comfort. Further the **oxygen plant was non-functional** and essential amenities such as water taps and **bathroom doors were missing**, straining emergency and critical care services;



Picture 4: The Committee observed widespread infrastructural deterioration with worn-out floors, walls and peeling paints witnessed in majority of the hospital wards visited.



Picture 5: The Committee observed that the hospital kitchen was also greatly dilapidated which raised hygiene and safety concerns.

- (4) The **maternity wards were severely overcrowded**, with mothers compelled to share beds and endure poor sanitation; most bathrooms lacked doors and cleaning staff lacked essential tools. Patients and staff endured significant indignities due to capacity gaps and poor working conditions;



Picture 6: The bathroom doors were missing and where present they were worn out and unable to lock properly.



Picture 7: There was widespread deterioration and wearing out of the facilities at the wards especially in the bathrooms

- (5) There was no functional incinerator at the hospital, resulting in accumulation and unsafe dumping of medical and biohazard wastes.
- (6) Staff cited frustration due to **stalled promotions** and **lack of career progression**, leading to demoralization and poor service quality. Further, Staff cited frustration due to stalled promotions and lack of career progression, leading to demoralization and poor service quality. There were **systemic issues in staff supervision**, with ineffective oversight and a breakdown of reporting structures.
- (7) Casual cleaners had been transitioned to a private company **without formal contracts** and had not received salaries for two months; and many **lacked basic protective equipment**. The laundry services were inadequate: no linen ironing machine, and most linen was dusty, indicating neglect.
- (8) Out of seven hospital ambulances, only two were operational and most grounded vehicles had been vandalized, losing essential parts such as wheels and mirrors. Expired drugs were found in ambulances, which poses risks for patient safety and contributes to antimicrobial resistance.



Picture 8: The Committee observed that there were only two operational ambulances in Kilifi County Referral Hospital



Picture 9: The Committee observed that most grounded vehicles that had been previously used as ambulances had also been vandalized



Picture 11: The Committee observed a stalled mobile clinic repurposed for storage of medical supplies and expired drugs.

CHAPTER THREE

3. COMMITTEE OBSERVATIONS

3.1. Infrastructure and Facility Challenges

23. Both hospitals suffer from significant infrastructural deterioration, including worn-out floors, damaged ceilings, inadequate bed capacity, and poor sanitation facilities. The lack of functional ambulances, absence of incinerators, and stalled mobile clinic further compromise emergency response and safe waste disposal. Such infrastructural deficits hinder effective patient care, infection control, and overall hospital operations.
24. Mtwapa Sub-County Hospital lacked adequate infrastructure and space, forcing essential services like pharmacies and waiting bays into small, congested areas. The Kilifi County Referral Hospital maternity ward was severely overcrowded, compelling mothers to share beds.
25. Further, the hygiene concerns were raised due to greatly dilapidated kitchen at Kilifi County Referral Hospital. Additionally, many bathrooms were missing doors and exhibited poor sanitation.

3.2. Human Resource Management Issues

26. The two facilities visited exhibited critical shortcomings in personnel management, staffing levels and morale. Both facilities faced severe understaffing, particularly in critical areas like the maternity ward and the laboratory. This resulted in extended working shifts some up to twelve hours negatively affecting patient care.
27. There was conspicuous absence of senior medical professionals and heads of departments at workstations, signaling lack of effective leadership and oversight. Staff reported frustration due to stalled promotions and lack of career progression with some of them reporting that they received promotion letters but did not receive corresponding salary adjustments.
28. The contracted cleaning staff reported not receiving salaries and remuneration for inordinate long periods some spanning over two (2) months and they also lacked necessary protective equipment and working gear. These casual workers, who were transitioned to private cleaning companies after being recruited by their respective facilities, often lacked formal contracts.

3.3. Supply Chain and Pharmaceutical Management Issues

29. The oversight visit revealed poor oversight and non-compliance in the handling of medication and supplies in the healthcare facilities in Kilifi County. Expired drugs and medication, including injectables were found mixed with current stock in pharmacies, shelves, stores and functional ambulances, posing serious risks to patient safety.

30. Discrepancies existed between physical drug stocks and recorded stocks. For instance, some medications listed as zero records on the bin cards were found to be physically present on the shelves. Further, the pharmacies at the two facilities lacked valid accreditation licenses from the Pharmacy and Poisons Board (PPB). The hospital laboratory at Mtwapa faced persistent shortage of equipment and reagents.

3.4. Operational Failures and Emergency Service Deficiencies

31. The Committee observed significant operational gaps which compromise provision of essential healthcare services, especially emergency response and infection control in the County. The incinerators at both Mtwapa Sub-County Hospital and KCRH were non-functional, leading to the accumulation and unsafe dumping of medical and biohazard waste in open areas. KCRH's installed incinerator was reportedly stalled due to power connection challenges.

32. The Committee observed that the ambulance services were inadequate in the healthcare facilities in the County; at KCRH, only two out of seven ambulances were operational, and most grounded vehicles had been vandalized, missing essential parts like wheels and mirrors. Further, the oxygen plant at KCRH was non-functional, posing serious risks to emergency and critical care services

3.5. Overwhelmed Facilities

33. The Committee observes that the Malindi Referral Hospital mortuary serves as the central facility for storing **over four hundred (400) bodies** exhumed from the *Shakahola* massacre, including many remains of children. These are preserved in the main morgue and additional refrigerated containers provided by the Kenya Red Cross.

34. The huge number of bodies overwhelms the mortuary and the cold storage is **causing a backlog that severely disrupts hospital operations**. This congestion also blocks ambulance access. The backlog poses significant **public health and financial challenges** due to the high electricity costs associated with preserving the large volume of remains.

CHAPTER FOUR

4. COMMITTEE RECOMMENDATIONS

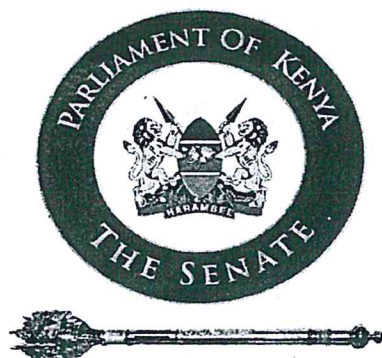
35. With the foregoing, the Committee recommends that the **Governor, Kilifi County Government** should-

- a) Provide resources and prioritize renovation and maintenance of the hospital infrastructure including floors, ceilings, walls, bathrooms and kitchen facilities to ensure compliance with Health Infrastructure Norms and Standards;
- b) Allocate sufficient resources to Kilifi County Referral Hospital to expand current bed capacity, equip critical units, including the ICU and expand maternity and pediatric wards;
- c) Prioritize repair and maintenance of the ambulance fleets to ensure operational readiness. Additionally, mobile clinics should be restored and equipped for emergency transport and service functions;
- d) Install fully functional incinerators to ensure safe and compliant medical waste disposal and promptly resolve the existing power connection issues with the Kenya Power to guarantee uninterrupted operation;
- e) Implement routine maintenance and repair programs, establishing scheduled maintenance plans for hospital buildings, equipment and utilities;
- f) Allocate adequate resources to upgrade hospital kitchens to ensure the provision of quality and nutritious meals while adhering to established hygiene, safety and dietary standards;
- g) Conduct a comprehensive staffing assessment to identify vacancies and address understaffing, particularly in critical areas like maternity, pediatrics and pharmacy;
- h) Develop and implement a comprehensive strategy to resolve systemic stalled promotion and salary stagnation for the majority of employees in order to combat the resultant low morale and diminished productivity;
- i) Resolve delayed salary payments for casual workers by ensuring timely remuneration and appropriate salary increments and foster positive employee relations through regular feedback, supportive supervision and participatory decision-making processes;
- j) Enhance collaboration with the Kenya Medical Supplies Authority (KEMSA) to ensure prompt and complete delivery of pharmaceuticals by improving order processing, payment and communication to reduce supply delays and stock-outs;
- k) Enhance pharmaceutical management practices, including proper storage, regular disposal of expired drugs, and adherence to professional standards with pharmacist oversight;

- l) Enforce strict inventory audits to remove expired drugs and reconcile recorded stocks with actual inventory;
 - m) Repair and maintain laundry equipment to ensure efficient cleaning processes and provide sufficient quantities of clean linen to uphold hygiene standards and reduce the risk of healthcare-associated infections;
 - n) Accelerate automation by adopting electronic health records and inventory management systems to improve efficiency, accuracy, and timely access to patient information
 - o) ensure close monitoring, regular visits, and consultations with facility management, and ensure that the responsible personnel properly account for cash collections from the Facility Improvement Fund (FIF) and Social Health Insurance Fund (SHIF)
36. The Committee recommends that the **County Public Service Board** should ensure that any formal promotion is immediately accompanied by corresponding salary adjustment and assumptions of increased responsibilities.
37. The Committee, further, recommends that the Governor Kilifi County Government should provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of adoption of this report by the Senate.

Annex 1:

Minutes of the Committee sittings



13TH PARLIAMENT | 4TH SESSION

MINUTES OF THE FIFTIETH (50TH) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY, 30TH SEPTEMBER, 2025 AT 11.00 AM IN COMMITTEE ROOM 4, BUNGE TOWER

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 3. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 4. Sen. David Wakoli, MP | - Member |
| 5. Sen. Joseph Githuku Kamau, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|-----------------------------|----------|
| 1. Sen. Ledama Olekina, MP | - Member |
| 2. Sen. Tabitha Mutinda, MP | - Member |
| 3. Sen. Hamida Kibwana, MP | - Member |
| 4. Sen. Richard Onyonka, MP | - Member |

SENATE SECRETARIAT

- | | |
|--------------------------|---------------------------|
| 1. Mr. Humphrey Riingera | - Senior Research Officer |
| 2. Mr. David Ngamate | - Clerk Assistant |
| 3. Mr. Gilbert Juma | - Legal Counsel |
| 4. Ms. Lilian Onyari | - Fiscal Analyst |
| 5. Mr. David Munene | - Research Officer |
| 6. Mr. Ian Otieno | - Audio Assistant |
| 7. Mr. Jack Lemeteki | - Media Relations Officer |
| 8. Mr. Ibrahim Odindo | - Serjeant at Arms |

MIN/SEN/SCH/258/2025

PRELIMINARIES

The meeting was called to order at twenty-seven past eleven o'clock and the proceedings commenced with a word of prayer and brief introductions of those present.

MIN/SEN/SCH/259/2025

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted with amendments after being proposed by Sen. Joseph Githuku Kamau, MP, and seconded by Sen. David Wakoli, MP, as listed below-

1. Preliminaries;
 - a) Prayer
 - b) Introductions
2. Adoption of the Agenda;
3. Confirmation of Minutes of the Previous Meetings;
4. Matters arising from the Minutes of the Previous Meeting;
5. Consideration and Adoption of the Committee Report on the County oversight visit to Kilifi County (**Committee Paper No.146**);
6. Consideration of the Kenya Health Products and Technologies Regulatory Authority Bill, 2022 (National Assembly Bills No.54 of 2022) (**Committee Paper No.148**);
7. Any other Business; and
8. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/260/2025

CONFIRMATION OF THE MINUTES OF THE PREVIOUS MEETINGS

1. The Minutes of the 42nd meeting held on Saturday 2nd August, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. David Wakoli, MP and seconded by Sen. Joseph Githuku Kamau, MP;
2. The Minutes of the 43rd meeting held on Saturday 2nd August, 2025 were confirmed as a true record of the proceedings having been proposed by, Sen. Joseph Githuku Kamau, MP and seconded by Sen. David Wakoli, MP

MIN/SEN/SCH/261/2025

MATTERS ARISING FROM THE ABOVE MINUTES

There were no matters arising from Minutes of the previous meeting.

MIN/SEN/SCH/262/2025

CONSIDERATION AND ADOPTION OF THE COMMITTEE REPORT ON THE COUNTY OVERSIGHT VISIT TO KILIFI COUNTY

1. The Committee Secretariat presented the Committee Report on the County Oversight and Networking visit to Kilifi County which was conducted on 2nd August, 2025 for consideration and adoption;
2. The Committee observed that despite the pressing need for safe medical waste disposal, the healthcare facilities visited, they did not have functional incinerators for handling biomedical waste. The Committee observed that this was dangerous and the unhygienic dumping of medical waste in open areas was due to non-functional incinerators.

3. Following its consideration, the Report on the County Oversight and Networking Engagement in Kilifi was unanimously adopted after being proposed by Sen. David Wakoli, MP, and seconded by Sen. Joseph Githuku Kamau, MP;

MIN/SEN/SCH/263/2025

CONSIDERATION OF THE KENYA HEALTH PRODUCTS AND TECHNOLOGIES REGULATORY AUTHORITY BILL, 2022 (NATIONAL ASSEMBLY BILLS NO.54 OF 2022)

The Committee resolved to prioritize and fast track consideration of the Kenya Health Products and Technologies Authority Bill, 2022 (National Assembly Bills No. 54 of 2022) that was pending before the Committee as it was subject to timelines provided under the Standing Order.

MIN/SEN/SCH/264/2025

ANY OTHER BUSINESS

The Members and Committee were informed that there would be a press briefing by the media on Thursday, 2nd October, 2025 at 11:00 a.m. They were urged to keep time for the briefing, which will inform the public on the state of hospitals in the various counties visited so far.

MIN/SEN/SCH/265/2025

ADJOURNMENT

There being no other business, the meeting ended at twenty-two minutes past one clock. The next meeting shall be held on notice.

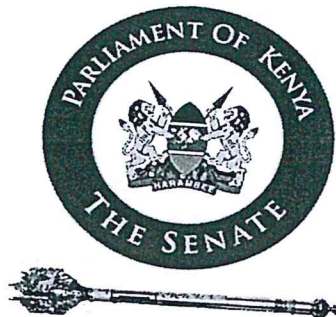
SIGNED.....


for

DATE.....

30/10/2025

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



13TH PARLIAMENT | 4TH SESSION

**MINUTES OF THE FORTY THIRD (43RD) SITTING OF THE STANDING
COMMITTEE ON HEALTH HELD ON SATURDAY, 2ND AUGUST, 2025 AT 5.00
PM AT GOVERNORS OFFICE, KILIFI COUNTY**

MEMBERS PRESENT

1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP - Member
2. Sen. David Wakoli, MP - Member
3. Sen. Tabitha Mutinda, MP - Member
4. Sen. Joseph Githuku Kamau, MP - Member

ABSENT WITH APOLOGY

1. Sen. Jackson K. Arap Mandago, EGH, MP - Chairperson
2. Sen. Mariam Sheikh Omar, MP - Vice-Chairperson
3. Sen. Ledama Olekina, MP - Member
4. Sen. Richard Onyonka, MP - Member
5. Sen. Hamida Kibwana, MP - Member

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Gilbert Juma - Legal Counsel
4. Mr. David Munene - Research Officer
5. Mr. Ian Otieno - Audio Assistant
6. Mr. Ibrahim Odindo - Serjeant at Arms

IN ATTENDANCE

- KILIFI COUNTY ASSEMBLY, HEALTH SERVICES COMMITTEE**
1. Mr. Edward Kazungu - Chairperson
 2. Ms. Mary Maneno - Vice-Chairperson
 3. Mr. Hassan Mohammed Said - Member
 4. Mr. Mwambire Mohamed - Member
 5. Mr. Thomas Mumba Chengo - Member
 6. Mr. Edward Kazungu - Member
 7. Mr. Stephen Baya - Member
 8. Ms. Patrice Sikuku - Member

KILIFI COUNTY EXECUTIVE

1. Hon. Gideon Mung'aro, OGW
2. Mr. Philip Chanzo
3. Mr. Yaye Shosi
4. Mr. Peter Mwarogo
5. Dr. David Mulewa
6. Dr. Hassan Leli
7. Dr. Sultan Hubess

8. Dr. Matano Kibwana

9. Dr. Samiya Mabruk Abeid

- Governor
- Ag. County Secretary
- County Executive Committee Member - Finance
- County Executive Committee Member - Health
- Chief Officer, Department of Health
- Ag. County Director of Health
- Sub – County Medical Officer of Health,
Kilifi South
- Medical Superintendent
Kilifi County Referral Hospital
- Medical Superintendent
Mtwapa Sub-County Hospital

MIN/SEN/SCH/224/2025

The meeting was called to order at half past five o'clock and the proceedings commenced with a word of prayer and brief introductions of those present.

MIN/SEN/SCH/225/2025

PRELIMINARIES

OVERSIGHT EXIT REPORT ON THE MTWAPA SUB-COUNTY HOSPITAL AND THE KILIFI COUNTY REFERRAL HOSPITAL

1. The Committee held a de-briefing meeting with the Governor, Kilifi County to present its preliminary observations and report on 2nd August, 2025. The Committee informed the Governor that during the oversight visits the following observations had been made:
 - (1) There was some evidence of remarkable efforts towards improving healthcare provision in the County with tangible projects, investments and reforms implemented in several areas and facilities. The Committee noted the Kilifi County Referral Hospital Complex featuring state-of-the-art facilities including an Emergency and Accidents section, an ICU, and surgical theaters;
 - (2) Despite the notable improvements, there was also widespread neglect of existing health infrastructure and persistent unsanitary conditions in the two facilities visited. The Kilifi County Referral Hospital appeared overwhelmed, poorly equipped and understaffed leading to low quality of care especially in the maternity and new born units;
 - (3) The healthcare personnel were demoralized and some employees reported that they had waited for inordinate long periods for their promotions and even those who received promotion letters did not receive corresponding salary adjustments. There had been cases where promoted staff informed the Committee that they received formal letters without any increase in pay or responsibilities frustrating aspirations for career progression;

- (4) The Committee was concerned about lack of supervision by Heads of Departments (HoDs) especially at the Kilifi County Referral Hospital which may have significantly undermined service quality and staff discipline. The Committee observed that there was no effective staff oversight and or established supervisory lines, resulting in confusion, breakdown of reporting and possible discipline issues;
- (5) Expired drugs and medication were found in pharmacies, stores and ambulances highlighting serious lapses in pharmaceutical management and drug disposal practices. Further, there was variance in the drugs record at the pharmacy with some medication having been indicated has having zero records while there were physical stocks in the shelves;
- (6) The ambulance services in the County appeared to be inadequate; for instance, at the Kilifi Referral Hospital there were only two (2) out of seven (7) ambulances in operation during the visit. It also appeared like most of the grounded ambulances had been vandalized and were missing parts such as wheels, side mirrors and headlights implying that someone might have deliberately decided to vandalize and or sell spare parts from the grounded ambulances;
- (7) There is strong evidence that casuals recruited and/or transitioned to private cleaning companies such as Ms. Kulty Cleaning Service Limited, to provide cleaning services in both facilities visited did not have formal contracts. Further, the casual laborers had not been paid for two months during the visits and their employers were not remitting statutory deductions such as those remitted to Social Health Insurance Fund;
- (8) Despite the pressing need for safe medical waste disposal, the healthcare facilities visited by the Committee did not have functional incinerators to handle biomedical waste and there was dangerous, unhygienic dumping of medical waste in open areas.

Remarks by the Governor

2. The Governor informed the Committee that-

- (1) Kilifi County had made significant strides in improving the provision of healthcare services focusing on accessibility, quality and infrastructure development to meet the needs of its constituents. The County had equipped and upgraded the Malindi County Referral Hospital to enhance its capacity to provide specialized and referral services including in maternal and child health, renal analysis and emergency care;
- (2) The County had increased healthcare workers including medical officers and there are plans to hire more nurses. Further there are continuous efforts to train and deploy more healthcare personnel in critical areas;

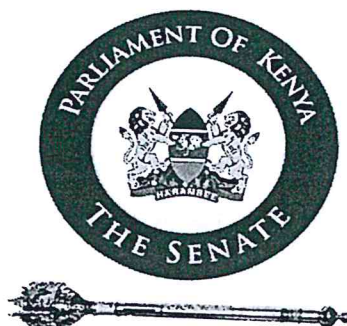
- (3) Whereas an incinerator had been installed at the Kilifi Referral Hospital, it was currently facing power connection challenges with the Kenya Power Company. Consequently, the County was seeking assistance from relevant stakeholders to resolve the issues;
 - (4) The County Government of Kilifi had signed a contract worthy Kshs 45 million with Ms. Kuly Cleaning Service to provide cleaning services in the healthcare facilities and the county governments would follow up on the implementation of the provision of contracts;
 - (5) The County Government had observed that many doctors had been operating from their private clinics for lack of adequate supervision at the public facilities. Consequently, the Executive had advertised vacancies in the positions of facility and heads of departments in the healthcare sector and suitable candidates would be recruited.
3. The Committee was further informed that the Malindi Referral Hospital mortuary, has served as the central facility for storing over four hundred (400) bodies exhumed from the Shakahola massacre. These bodies many of them being children, were preserved in both the main hospital morgue and additional refrigerated containers provided by the Kenya Red Cross.
 4. The Committee was informed that the mortuary was overwhelmed by the huge number of bodies. Further, the cold storage at the facility is causing a backlog that severely disrupts hospital operations, blocks ambulance access, and poses both public health and financial challenges due to the high electricity costs of preserving so many remains. Consequently, there is need for a long-term solution.

MIN/SEN/SCH/226/2025

ADJOURNMENT /ANY OTHER BUSINESS

There being no other business, the meeting ended at half past eight o'clock. The next meeting shall be held on notice.

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



13TH PARLIAMENT | 4TH SESSION

MINUTES OF THE FORTY SECOND (42ND) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON SATURDAY, 2ND AUGUST, 2025 AT 9.00 AM HELD IN KILIFI COUNTY

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. David Wakoli, MP | - Member |
| 4. Sen. Tabitha Mutinda, MP | - Member |
| 5. Sen. Joseph Githuku Kamau, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Ledama Olekina, MP | - Member |
| 3. Sen. Richard Onyonka, MP | - Member |
| 4. Sen. Hamida Kibwana, MP | - Member |

SENATE SECRETARIAT

- | | |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate | - Clerk Assistant |
| 3. Mr. Gilbert Juma | - Legal Counsel |
| 4. Mr. David Munene | - Research Officer |
| 5. Mr. Ian Otieno | - Audio Assistant |
| 6. Mr. Ibrahim Odindo | - Serjeant at Arms |

IN ATTENDANCE: KILIFI COUNTY HEALTH SERVICES COMMITTEE

- | | |
|-----------------------------|--------------------|
| 1. Mr. Edward Kazungu | - Chairperson |
| 2. Ms. Mary Maneno | - Vice-Chairperson |
| 3. Mr. Hassan Mohammed Said | - Member |
| 4. Mr. Mwambire Mohamed | - Member |
| 5. Mr. Thomas Mumba Chengo | - Member |
| 6. Mr. Edward Kazungu | - Member |
| 7. Mr. Stephen Baya | - Member |
| 8. Ms. Patrice Sikuku | - Member |

KILIFI COUNTY EXECUTIVE

1. Mr. Peter Mwarogo - County Executive Committee Member (CECM)
Department of Health and Sanitation Services
2. Dr. David Mulewa - Chief Officer
Department of Health and Sanitation Services
3. Dr. Hassan Leli - Ag. County Director of Health
4. Dr. Sultan Hubess - Sub – County Medical Officer of Health, Kilifi South
5. Dr. Matano Kibwana - Medical Superintendent,
Kilifi County Referral Hospital
6. Dr. Samiya Mabruk Abeid - Medical Superintendent,
Mtwapa Sub-County Hospital

MIN/SEN/SCH/220/2025

PRELIMINARIES

The Committee commenced the tour of Kilifi County Healthcare facilities at nine o'clock by undertaking an oversight visit at Mtwapa Sub - County Hospital in Mtwapa, Kilifi South and later the Kilifi County Referral Hospital in Kilifi.

MIN/SEN/SCH/221/2025

OVERSIGHT VISIT TO MTWAPA -SUB COUNTY HOSPITAL, MTWAPA TOWN

1. The Committee was received at Mtwapa Sub-County Hospital on Saturday, 2nd September, 2025 and was received by Dr. Samiya Mabruk Abeid, the Medical Superintendent.
2. The Committee was informed that the facility has recently been upgraded to level-4 and provides services to between four hundred (400) and six hundred (600) patients daily. The hospital features an 80-bed capacity, surgical operating theatre services, a resource center, and a drug store with a constant supply of medicines and medical equipment as part of the county's effort to bring modern health services closer to residents and reduce the need to travel to Mombasa or Kilifi towns;
3. The Committee was further informed that the facility faces challenges related to understaffing resulting to extended working shifts some lasting up to twelve (12) hours which may affect the quality of patient care. The specialized clinics operated during weekdays and were closed over the weekends. Further, during the visit, there was only one laboratory technologist on duty who was supposed to run the laboratory for a twelve (12) hour shift.

Committees Observations

4. During the tour of the facility, the Committee observed the following-

- (1) The facility generally lacks adequate infrastructure and space for different medical and support services such as waiting bays, pharmacies, stores, cash offices among more which were forced to occupy small spaces;

- (2) The pharmacies lacked an accreditation license from the Pharmacy and Poisons Board (PPB), which is a regulatory requirement to ensure patient safety and professional standards are met. It was also congested since it occupied a small space but the drug stocks were limited. It further faced human resources challenges; there were only two (2) pharmacists and three (3) pharmaceutical technologists at the facility;
- (3) The senior medical staff members including the medical doctors and pharmacists, were not listed on the duty roster availed to the Committee. Further, the facility relied on manual registers;
- (4) There were expired medication and drugs at the facility ambulance which the Committee was informed was being operated independently through the County Emergency Medical Services (EMS) Program. Further, there was no inventory of the drugs available in the ambulance;
- (5) The contracted cleaning staff reported that they had not received their salaries for over two months and had not been facilitate with the requisite equipment and tools such as gloves and masks to undertake their functions. The Committee was further informed that the casuals were contracted by the facility and were consequently remunerated through Facilities Improvement Fund (FIF). However, they had been transitioned to a private company following a directive from the Executive and their salaries had also been reduced;
- (6) The Hospital Laboratory faces persistent and significant challenges in providing full range of diagnostic tests, primarily due to a lack of adequate equipment and recurrent shortage of reagents;
- (7) The Hospital incinerator was dysfunctional leading to the accumulation of piled medical and biohazard wastes at the facility.

MIN/SEN/SCH/222/2025

**OVERSIGHT VISIT TO KILIFI COUNTY
REFERRAL HOSPITAL**

5. The Committee undertook a visit to Kilifi County Referral Hospital on 2nd August, 2025 and was accompanied by Mr. Peter Mwarogo, the County Executive Committee Member (CECM) in charge of the Health and Sanitation Services, Dr. David Mulewa, the Chief Officer, Department of Health and Dr. Matano Kibwana, the Medical Superintendent at the facility. The Committee was accompanied by Members of the Kilifi County Assembly Committee on Health Services.
6. The Committee was informed that The Kilifi County Referral Hospital (KCRH) is a Level 4 primary care hospital located in Kilifi Town Centre and serves a population of about 1.5 million people annually;

7. The Committee was further informed that KCRH operates 24 hours a day and has a capacity of 172 in-patient beds. The hospital serves as the main public referral hospital for Kilifi County, providing a wide range of services including pediatric care, emergency services, inpatient care, and modern diagnostic capabilities such as advanced radiology equipment including 64-slice CT scanners. The facility handles a population about 1.5 million people in the county and handles around 4,000 pediatric admissions annually;

Committee Observations

8. During the tour of the facility the Committee observed the following-
 - (1) There has been some recent infrastructural development at the Hospital reflecting efforts to enhance healthcare infrastructure and respond to the growing patient demands;
 - (2) The Hospital is facing general infrastructural deterioration, including worn-out floors, pathways, working services and walls in general which is exacerbated by delays in renovations. The hospital kitchen was in a dilapidated state, with peeling paint and missing tiles that posed both hygiene and safety concerns;
 - (3) The Committee was informed that a huge healthcare personnel had been recruited, however, there was no evidence was observed. For instance, the maternity ward, despite being very busy was only served by one gynecologist. In the absence of adequate specialist support, some nurses especially at the maternity and new born units reported that they were forced to rely on consultations conducted over mobile phones, underscoring systemic gaps in staffing and service quality;
 - (4) The Committee observed that majority of the Heads of Different Departments at the Hospital were missing at their respective work stations; the majority of healthcare personnel at the hospital were nurses and interns, with a conspicuous absence of senior medical professionals to provide oversight and specialized care. The lack of effective leadership and professional presence left frontline staff unsupported, contributing to gaps in service delivery and weakening the overall quality of patient care at the hospital
 - (5) Whereas the Committee was informed about availability of at least fifteen (15) pharmacists at the facility, the Hospital pharmacy was being operated by pharmaceutical technologist who was not being supervised by anyone. Further, there was no PPB license for both the pharmacy and the pharmacists;
 - (6) There was variance in the drugs record at the pharmacy. Indeed, one medication was indicated has having zero record while there were physical stocks in the shelves. Further, expired drugs including injectables were found mixed up in the shelves with other drugs;

- (7) The Committee noted that the ambulance services are inadequate; the Committee was informed that out of twenty-two (22) ambulances owned by the County, only twelve (12) were functional. At the Kilifi Hospital there were only two (2) out of seven (7) ambulances in operation during the visit. It also appeared like most of the grounded ambulances had been vandalized and were missing parts such as wheels, side mirrors and headlights implying that someone might have deliberately decided to vandalize and or sell spare parts from the grounded ambulances. Nonetheless, expired drugs were found in the two functional ambulances, which significantly contribute to increased antimicrobial resistance;
- (8) The laundry department did not have a linen ironing machine. Most of the linen were dusty an indication of non - use of the laundry services. Further, the staff at the department lacked proper working equipment and protective clothing;
- (9) Prevalence of expired drugs and unused medical stocks at the Hospital signaling poor supply chain oversight and suggesting that some medicines either expire unused or are frequently unavailable when needed;
- (10) The maternity wards at Kilifi County Referral Hospital were severely congested, with women compelled to share beds due to inadequate capacity. Personnel shortages were pronounced, as the facility lacked a pediatrician and nurses appeared disoriented, citing frustrations over stalled career progression and pending promotions. The wards presented indignities to mothers and their new born, with majority of the bathrooms missing doors and poor sanitation conditions attributed to casual workers operating without essential tools and cleaning materials;
- (11) The hospital lacked essential equipment required for specialized procedures, severely limiting the scope of services available to patients. Several wards were found to be dilapidated, with compromised infrastructure that undermines patient safety and comfort. The oxygen plant was non-functional, posing serious risks to emergency and critical care, while basic amenities such as water taps were missing, further straining service delivery in the facility.

MIN/SEN/SCH/223/2025

ADJOURNMENT /ANY OTHER BUSINESS

There being no other business, the oversight visits to the facilities were concluded at five o'clock in the evening and the Committee proceeded to a meeting with the Governor.

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

