

REPUBLIC OF KENYA
MACHAKOS COUNTY ASSEMBLY

OFFICIAL REPORT

Tuesday, 23rd July, 2019

The House met at 10.08 a.m.

[The Deputy Speaker (Hon. Museku) in the Chair]

PRAYERS

Hon. Deputy Speaker: Good morning Members. I can see we do not have quorum; Serjeant at Arms could you ring the bell for 10 minutes.

(Quorum Bell rung)

Thank you. Welcome to today's sitting.

MOTION

Hon. Deputy Speaker: Hon. Members, we have one motion to be moved by the Hon. Cosmus Masesi, Chairperson Health and Emergency services committee.

REPORT ON INVESTIGATION ON THE COMPLETION STATUS OF COMMUNITY HOSPITAL
PROJECTS WITHIN THE COUNTY

Hon. Masesi: Thank you, Chair.

Mr. Speaker, that aware that Article 43(a) of the Constitution of Kenya, 2010 stipulates that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

Aware that the Fourth Schedule of the Constitution of Kenya, 2010 confers counties with the under-listed roles on matters of health:

- (a) County health facilities and pharmacies;
- (b) Ambulance services;
- (c) Promotion of primary health care;
- (d) Licensing and control of undertakings that sell food to the public;
- (e) Veterinary services excluding regulation of the profession;
- (f) Cemeteries, funeral parlours and crematoria; and
- (g) Refuse removal, refuse dumps and solid waste disposal;

Aware that in the Financial Year 2014/2015, the County government of Machakos in its Annual Development Plan, through the Department of Health embarked on construction of 40 community hospitals, a strategy which was geared at improving maternal-child health care and aware that those community hospital projects are at various stages of completion;

Hon. Speaker, I wish to move the motion that this Hon. House discusses and approve the Health and Emergency services Committee report on its investigation to the completion status of community hospital projects within the county.

I wish to call upon Hon. Jeremiah to second my motion.

Hon. Deputy Speaker: Hon. Jeremiah.

Hon. Munguti: Thank you, Mr. Speaker. I second the motion.

Hon. Deputy Speaker: Thank you Hon. Jeremiah. Hon. Masesi, you may proceed.

Hon. Masesi: Thank you, Mr. Speaker. With me is a report of Health and Emergency services Committee report on investigation to the implementation status of community hospital projects within the county through the department of health and emergency services.

INTRODUCTION

Hon. Speaker, on behalf of the Members of the Committee on Health and Emergency Services and pursuant to the provisions of Standing Order 190, it is my pleasure and duty to present to this Hon. House the Committee's Report on investigation to the implementation status of the Community hospital projects by the County Government of Machakos through the Department of Health and Emergency Services.

COMMITTEE MANDATE

The Sectoral Committee on Health and Emergency Services draws its mandate from Standing Order 190(5) of the Machakos County Assembly Standing Orders which are specified as follows:

- a. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments.
- b. Study the program and policy objectives of departments and the effectiveness of the implementation.
- c. Study and review all county legislation referred to it.
- d. Study, assess and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives.
- e. Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly.
- f. To vet and report on all appointments where the Constitution or any law requires the County Assembly to approve, except those under Standing Order 184 (Committee on Appointments)

- g. Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

COMMITTEE COMPOSITION

The sectoral Committee on Health and Emergency service was constituted by the house pursuant to the provision of the Standing Order 190 comprising of the following Members:

- | | | |
|-----|-------------------------|-----------------|
| 1. | Hon. Cosmas Masesi | - Chairperson |
| 2. | Hon. Pauline Munguti | - V/Chairperson |
| 3. | Hon. Peter Mutiso | - Member |
| 4. | Hon. Paul Museku | “ |
| 5. | Hon. Annastaciah Mutuku | “ |
| 6. | Hon. Daniel Kiilu | “ |
| 7. | Hon. Daniel Mbevi | “ |
| 8. | Hon. Ikusya Kaloki | “ |
| 9. | Hon. Jacinta Luka | “ |
| 10. | Hon. Jacqueline Nziva | “ |
| 11. | Hon. Jeremiah Munguti | “ |
| 12. | Hon. Johanna Munyao | “ |
| 13. | Hon. Patrick Kituku | “ |

TERMS OF REFERENCE

Mr. Speaker, in line with the provisions of the Constitution of Kenya 2010 and the Standing Orders of County Assembly of Machakos, the terms of reference of the Health and Emergency Services Committee with respect to the task assigned by the House concerning the stalled community hospitals within the County health facilities are:

- a) To ascertain the overall implementation status of all community hospital projects since the initiation of the projects in 2014/2015 Financial Year to date.
- b) To know the action plan which the Department of Health and Emergency Services has put in place to complete the stalled community hospital projects.
- c) Make recommendation for consideration in the Assembly based on the committee findings and observations.

BACKGROUND INFORMATION

Hon. Speaker, Goal No.16 of the Sustainable Development Goals targets to substantially reduce corruption and bribery in their forms, develop effective, accountable and transparent institutions at all levels and ensure responsive, inclusive, participatory and representative decision making at all levels.

Kenya pushes for the devolution to come to fruition through the promulgation of the Constitution in 2010 charting the course towards achievement of these goals and aspirations. Article 174 of the Constitution lists the objects of devolution to encompass powers of self-governance to the people, recognizing of the right of the communities to manage their own affairs and further their development; promotion of social and economic development and the provision of proximate, easily accessible service and enhancement of checks and balances and separation of powers.

In 2013, 47 distinct County Governments each with its own governance structure and own share of resources to manage come into being, effectively setting devolution on course.

County Governments took on responsibilities of service delivery, designing and implementing public policy.

Based on the above mentioned powers, the County Government of Machakos through the Department of Health and Emergency Services allocated a larger share of its development budget to the development of 40 Community hospital projects in each ward. The Community Hospital projects were initiated in the Financial Year 2014/2015 a strategy which was geared towards improving maternal-child health indicators hence the focus in ensuring a functional maternity unit.

Pursuant to the provision of Chapter 11 of the Constitution, the legislative authority of a county Government is vested in the County Assembly pursuant to Article 185 of the Constitution and it further bestows County Assembly with the powers to exercise oversight over the County Executive Organ.

Based on the aforementioned, Hon. Tariq Mulatya, a Member of the County Assembly representing Masinga Central Ward through a Statement request sought to establish the reasons as to why Kangonde community hospital project had stalled and the strategies that the department of health had put in place to complete the said project and any other related stalled projects within the County health facilities.

Health and Emergency Services Committee was tasked with the responsibility of examining the budgetary allocations of all community hospital projects within the county by evaluating their completion status and determine whether the County Government actually got the value for the money spent.

COMMITTEE REQUEST FOR DOCUMENTS

Hon. Speaker, on 15th March, 2019, the Committee wrote a letter to the Chief Officer, Department of Health and Emergency Services requesting to be provided with a status report on the Community hospital projects across the County. (See appendix 1 attached)

The County Assembly through the sectoral committee on Health and Emergency Services received a statement response REF: DHES/COMMHSP/P.H/COVOL.1/22 dated 17th April, 2019 on the Community Hospital projects allocations; their status and the year of completion/remarks in three phases as provided in the following matrix.

PHASE (1) COMMUNITY HOSPITALS COMPLETION STATUS AS AT MAY, 2019

S/O	Project name/ward	Contractor/Address	Completion/payment status	Remarks
1.	Mukunike (Kangundo West)	Coolcom Contacts no. 0725816500 0700176700	90% done with Ksh. 8,302,801.25 Paid	To be completed in 2018/2019
2.	Muumandu (Kola)	Vineyard contractors 0720214543	95%	To be completed in 2018/2019
3.	Kangonde Masinga Central	Multiple contractors 0797800888	90% done but contractor not paid	to be completed in 2018/2019
4.	Athi River	Webcon technical	80% done with Ksh.	To be

	(Athi River)	services 0720030636	7,924,680.20 on process of payment	completed in 2018/2019
5.	Masii (Masii)	Northridge logistics 0722934478	85% done with Ksh. 5,917,140.00 Paid	to be completed in 2018/2019
6.	Mutitu (Kathiani Central)	Sandhu builders 0721436111	95% done with Ksh. 2,886,197.68 Paid	To be completed in 2018/2019
7.	Kyumvi (Kinanie)	Kalibin building contractors 0722663202	70% done with Ksh. 4,667,940.00 Paid	To be completed in 2018/2019
8.	Kamulu (Muthwani)	Bourton investments 0723393724	90% done with Ksh. 8,302,502.50 On process	To be completed in 2018/19
9	Mitaboni (Mitaboni)	Stepal builders co. Ltd 0722510170	100% done at Cert 2- final with Ksh. 2,257,315.72 Payment stage	To be completed in 2018/19
10	Mbiuni (Mbiuni)	Stejan investment ltd 0721565218	100% done with 1 st and final cert and Ksh. 2,886,197.68 A waiting certificate	To be completed in 2018/19
11	Kithimani (Kithimani)	Tahya Kenya ltd 0724888897/725011155	95% with Cert. 2 Ksh. 3,380,789 On process	To be completed in 2018/19
12	Mlolongo (Mlolongo/ Syokimau)	Tanya Kenya ltd 0724888897/725011155	90% done with Cert.1 Ksh. 10,034368.50 Paid	To be completed in 2018/19
13	Ekalakala (Ekalakala)	Pemu enterprises	90% done with no payments	To be completed in 2018/19
14	Katulani (Kibaoni)	Force account	80% done with no payments	to be completed in 2018/19
15	Kithyoko (Kivaa)	Shelulu investment co	50% done with no payments	To be completed in 2018/19

PHASE (II) COMMUNITY HOSPITALS COMPLETION STATUS PROJECTS

S/o	Project name/ community hospital	Contractor Name	Bid amounts (Ksh)	Total paid (Ksh)	Difference due (Ksh)	Remarks
16	Kaviani	Markers company ltd	13,810,700	0	13,810,700	Completion 2019/2020
17	Mwala	Sadhu builders	10,922,415	3,890,894	7,031,521	Completion 2019/2020
18	Nguluni	Jessmatt construction	6,221,090	0	6,221,090	Completion 2019/2020
19	Ithaini	Fine engineering	14,211,627	0	14,211,627	Completion 2019/2020
20	Kyeleni	Seedcol maritime	10,220,786	2,537,615	7,683,171	Completion 2019/2020
21	Muthetheni	Fine engineering	12,178,888	0	12,178,888	Completion 2019/2020
22	Kisiiki	Shelulu investment	8,669,830	4,899,513	3,770,317	Completion 2019/2020
23	Kwamwatu	Promise managers	6,044,530	0	6,044,530	Completion 2019/2020
24	Ngiini new	Mwanganza general	10,764,550	2,717,469	8,047,081	Completion 2019/2020
25	Kalama	Kadan builders	11,662,574	2,241,938	9,420,636	Completion 2019/2020
26	Sengani	Morkal ltd	12,875,362	0	12,875,362	Completion 2019/2020
	Totals		243,750,988	79,698,901	54,260,381.50	

PHASE (III) COMMUNITY HOSPITALS NOT AWARDED

	FACILITY	WARD	REQUIRED FOR COMPLETION (Ksh)	COMMENTS	
27	Ndithini	Ndithini	10,864,135	COMPLETION 2019/2020	
28	Kathukini	Muthesya	9,371,175	COMPLETION 2019/2020	
29	Kikesa	Ikombe	10,864,135	COMPLETION 2019/2020	
30	Wondeni	Muvuti/KiimaKimwe	12,561,865	COMPLETION 2019/2020	
31	Kusyomuomo	Machakos Central	12,312,985	COMPLETION 2019/2020	
32	Katulani	Kibaoni	6,301,031	COMPLETION 2019/2020	
33	Wamunyu	Wamunyu	8,000,100	COMPLETION 2019/2020	
34	Matungulu	Matungulu West	8,546,935	COMPLETION 2019/2020	
35	Kitambasye	Matungulu North	10,525,878	COMPLETION 2019/2020	
36	Kawauni	Kangundo North	6,908,780	COMPLETION 2019/2020	
37	Mua	Mua	11,527,260	COMPLETION 2019/2020	

COMMITTEE VISIT TO THE COMMUNITY HOSPITAL PROJECTS

In examining the status of the community hospital projects, the committee's primary approach was to elicit background information as to how the budgetary allocations made for the construction of 40 community hospital projects were utilized versus their implementation status.

The exercise involved visiting sampled projects in the wards for physical verification of the project's completion status *vis-a-vis* the status report submitted by the chief officer.

GENERAL FINDINGS

- i. The Committee found out that most of the Community hospital projects had stalled with numerous incomplete buildings going as far back as five years down the line yet they are critical for the economic wellbeing of the county.
- ii. The Committee found out that funds have been rolling over from one financial year to another since 2014 to date resulting to stalled community hospital projects in wards. Savings from such un-utilized funds were not disclosed by the sector.
- iii. The reasons for slow projects completion as provided in the letter forwarded to the committee by the Chief Officer included:
 - Delays in disbursements from National Treasury.

- Slowed construction by the Contractors awarded due to their own internal challenges of finances/competencies and as a result of strict adherence to project regulations.
 - Disputes arising therein after award.
 - Unavailability of land.
- iv. Committee found out that some contractors had no capacity to undertake the projects assigned successfully within the stipulated period forcing the department to terminate their contract and re-tender again hence resulting in delay or stalling projects
- v. That the contractors were handed over the sites without the awareness of the public resulting into a conflict between the community and the contractors who finally abandoned the project before completion.

COMMITTEE OBSERVATIONS

- i. As witnessed by the committee members, some projects stalled as a result of unsettled disputes within the community regarding land ownership. Ngiini new community hospital is one of the buildings which stalled at the lintel level as a result of unsettled disputes. The committee was informed that total cost of land was agreed at Ksh. 2,509,976. The Community managed to raise Ksh. 854,625 leaving a deficit of Ksh 1,655,351
- ii. The report presented by the Chief Officer on the status/percentage of completion of the community hospital projects was not a true reflection of the actual status of the projects on ground, a scenario which was much attributed by lack of proper supervision by the concerned department.
- iii. For instance; construction of Kikesa community hospital in Ikombe ward is done up to the foundation level but according to the report submitted by the Chief Officer, the said building was among the list of community hospital projects classified under phase III with zero award and among the projects which factored in the FY 2019/2020 budget.
- iv. Contractors who have not been paid or paid less as per the report submitted by the Chief Officer on 4th April, 2019, have done commendable job with good progress and much execution of works like Kangonde community hospital in Masinga Central ward is 90 per cent complete with zero payments to the contractor unlike Mwala community hospital project where large payments have been made to the contractors with very little execution of works.
- v. Failure by the contractors to execute the projects as per the approved Bills of Quantities (BoQS) resulting in sub-standard work as witnessed in Matungulu Community hospital project where the buildings had started cracking and risked falling down.

COMMITTEE RECOMMENDATIONS

Mr. Speaker, based on the committee findings and the observations made from the report forwarded to the committee by the Chief Officer, the committee recommends as follows---

(A cellphone rung)

Hon. Deputy Speaker: Just a minute; Hon. Annastacia, may I have that phone, put it off. That is the second time in one sitting your phone is ringing, making noise. You will get it after the plenary. Proceed.

Hon. Masesi: Mr. Speaker, we were at the committee recommendations.

1. That, given the importance of finalizing the ongoing community hospital projects, resources allocated for the projects should be ring-fenced and a proper monitoring and evaluation framework be put in place to ensure that these projects are completed within the stipulated timeframe as indicated in the status report submitted by the Chief Officer. This is to forestall cases of many stalled projects witnessed by the committee within the health facilities.
2. The department should ensure that all contract time frames/periods are adhered to and that the contractor whose payments have been made and contract period has lapsed should be taken to task.
3. The Department should ensure proper evaluation of successful contractors is done before handing over projects to avoid delays and sub-standard construction and also ensure that project inspection/supervisions is done at all stages of implementation before payments are made to the contractors to avoid incidences of contractors abandoning the site before finalizing the assigned job.
4. The County Government should form agencies to deal with project implementation with responsibilities like those of agencies like KeNHA. These agencies will ensure the following:
 - That there is professionalism in project implementation and reduce political interference.
 - That there is balanced public participation to avoid conflict.
 - That project planning is above board and follows the same to conclusion.
 - That project monitoring is streamlined in accordance with the needs of the projects to ensure timely and successful completion.
5. Public involvement; every citizen has a right to information held by the state or any state organ and this is guaranteed by Article 35 of the constitution which requires the state to publish and publicize any important information that may affect the nation. It is therefore mandatory upon the county government through the relevant department to give adequate and factual information to the public before initiation of the project and the expected impact. This will eliminate the conflict between the public and the contractors thus minimizing the cases of contractors abandoning the projects.
6. The Committee commends the following contractors for their exemplary work on projects done. They are Multiple Contractors, Pemu Enterprises, Force Accounts and Shelulu Investment despite their non-payments and further directs the Department of Health and Emergency Services to make their payments immediately.

ACKNOWLEDGEMENT

Hon. Speaker, the Health and Emergency Services committee is grateful to the office of the Speaker and that of the Clerk to the County Assembly for the support accorded during the committee sittings and visitations. I wish to express my appreciation to the Hon. Members of the Committee who sacrificed their time to participate in the activities of the Committee including attending the field visits and in preparation of this report.

I wish to confirm that the recommendations of the committee given herein were unanimous. It is therefore my pleasant duty and privilege, on behalf of the sectoral committee on Health and Emergency Services to table and commend the adoption of its recommendations. Thank you, Hon. Speaker.

(Applause)

Hon. Deputy Speaker: Thank you, Hon. Cosmus Ngula Masesi.

(Question proposed)

Hon. Members, you may debate on the report. Hon. Hellen Ndeti.

Hon. (Ms.) Ndeti: Thank you, Mr. Speaker. I would like to thank the Committee for a very well put report and raise my concerns. I have noted that almost 70 percent of the Community Health Care Clinics are not completed. I have also noted that the County had planned to complete in the year 2018/2019 which is already gone. I also note with a lot of concern that, some of the construction is also not satisfactory because either the Bill of Quantities was not correct or I do not understand why the contractors who were given should do shoddy job. We need to find out why there was no supervision.

My last concern was about Mua Health Clinic I think it is in Kaseve; I note that the funds maybe have been rolled over from one year to the other and it is still left incomplete. So, my question is, what is the Committee going to do to ensure that the department of Health in Machakos County ensures that contractors are paid, these clinics are completed without having to roll over funds from one year to another? Thank you, Mr. Speaker.

Hon. Deputy Speaker: Thank you, Hon. Hellen Ndeti. Hon. Thomas Mutinda.

Hon. Mutinda: Thank you, Mr. Speaker. Mr. Speaker, I am on the floor to support the report and thank the Chairman and his Committee for good work done. Mr. Speaker, when you see this report, you will note that we had different categories of contractors and when you study about it, you wonder what the budget for these projects was because normally Government commits funds for projects which have been budgeted for and now you see there are so many projects which were started and never completed.

Mr. Speaker, when we see and check on the value for money in terms of time, some projects have had their funds not completed and they have taken either two years, three years and for example in my Ward we have some which are three years old and I have in one dispensary, Wamunyu Dispensary, three projects incomplete but if we were doing one project because there are staff quarters, there is a Ward and there is a maternity wing and if we did one, it would have been completed and offering services.

Mr. Speaker, we are not getting services, value for money in terms of time, it is not being gotten and it is not good for taxpayers' money. So, Mr. Speaker, I think it is the high time our people got services and our Committee for health should dig deeper because we have heard of contractors who have done a lot of work either 80 percent and be paid 20 percent or even less. Others have done very little and paid a bigger percentage.

So, that is where this Committee should also dig deeper because that is the start of white elephant projects where you find a project has consumed money and will never be completed. So, such contractors should be followed up by the Committee to ensure that they complete their work despite having been paid more money.

The other thing is a reminder that it is high time this Hon. House ensures that our Government is operating on performance contract because when we have a performance contract then performance contract does not recognize processes but results. So, that money should have done work which can be seen even if it is three dispensaries or three Health Centers in the whole County, but those people get services rather than having small units being done here and there and nobody is getting services for the money spent.

So, Mr. Speaker, I support and request the Committee digs further and see what transpired between the Contractor and Project Management Committee to have projects paid for work not done, projects being incomplete and remember it is just recently that the President gave an Executive Order that we should not have incomplete projects. So, what I request is, we finalize with those and also the Sectoral Committees ensure that, all projects which were being done in the 2018/2019 Financial Year are completed and paid so that we do not continue with this trend of business. Thank you, Mr. Speaker.

Hon. Deputy Speaker: Thank you. Hon. Jacqueline Nziva.

Hon. (Ms.) Nziva: Thank you, Mr. Speaker and Hon. Members present. I wish to applaud the Committee where I am also a Member for good report. When the County Government started Community hospitals, it was a good idea because we will see most of our dispensaries de-congested. Like in my Ward, Kikesa Dispensary, there will be de-congestion of many patients who go all the way to Matuu Level IV Hospital.

So, I wish to say that when we met with the Chief Officer, Health and Emergency Services, I raised the concern about my Kikesa Dispensary because the hospital was at the foundation level but when I sought to know why the construction had not started the Chief Officer assured me that come the year 2019/2020, of course, the construction will start.

So, I am very sure and I also appeal to the Department of Health and Emergency Services that the dispensaries which are supposed to start in this Financial Year, 2019/2020, kindly can they start off because our people down there are very eager to see our hospitals, and dispensaries de-congested so that they do not go too far places.

So, I wish to recommend the Committee for good job and urge even the contractors who have not been paid because the report says that most of the works have been done like 90 to 95 percent. So, can the contractors be paid so that they can even be more encouraged to do work even in the near future? So, I urge that the work be fast-tracked so that everything goes on very smooth and I also wish to remind them that Kikesa Dispensary needs services like yesterday. Thank you, Mr. Speaker.

Hon. Deputy Speaker: Thank you, Hon. Nziva. Hon. Moffat Maitha.

Hon. Maitha: Thank you, Mr. Speaker, for giving me this opportunity to contribute. Mr. Speaker, I, first of all, I want to thank the Committee for a good report which they have brought to this House. Mr. Speaker, while I am talking about the Health Centers, it is very disturbing

when some money has been allocated to a Health Centre but unfortunately that money has not been released for the use of the intended purposes in that dispensary.

Like when you look at Nguluni, so many millions of shillings have been allocated but none has been released. Mr. Speaker, it is very disturbing, let us request the County Government that if money is allocated to a Health Centre or to any project for a given period of a Financial Year, let that money be utilized for the purpose needed. That was last year and we are now in another financial year. What happened to that money which was not used by those hospitals and dispensaries as at time?

Mr. Speaker when you go to Kimiti dispensary which they are proposing to promote to a Level IV hospital, there is a county government building which was started in the year 2004 and up to now the roof only has not been done. For how long are those people waiting for that roof to be done for the nurses who are there to use that house, Mr. Speaker?

The government is doing a commendable job but let them hasten and pull up their socks so that our people can get the services which are required. Thank you, Mr. Speaker. I support.

Hon. Deputy Speaker: Thank you, Hon. Moffat Maitha. Hon. Dominic.

Hon. Ndambuki: Thank you, Hon. Speaker. Hon. Speaker, I stand to support the report that has been tabled by the Chair, Health Committee and we should also commend the committee for the good job. Hon. Speaker, the report that has been tabled here shows the state of affairs in all health facilities across the county. If we were to take an average of what the report says. Hon. Speaker, access to health care is one of the key four agendas that the government of Kenya is promoting during this regime.

Hon. Speaker, if we have to afford our people that affordable health care that as a government we seek to give them, then Hon. Speaker, it is important that as we also look at the infrastructure, we ensure that Hon. Speaker, we have enough and competent human resource to treat our people.

On top of that Hon. Speaker, the other basic requirements that health facility needs to have, Hon. Speaker, we have a challenge in our county of access to clean water and most of our areas Hon. Speaker, do not have access to clean water that is required at the health facilities. It is therefore my plea that as we also look at the infrastructure, the buildings, we also ensure that all health facilities have access to clean water that can be used for drinking and for doing other things within the facility.

Hon. Speaker, again, it is also my prayer that the county government of Machakos fast tracks the completion of this facilities to ensure that those are to be upgraded to levels that are above where they are today, that be done so quickly so that our people can have access to these services that they require at the shortest distances closer to where they are.

Again, Hon. Speaker, we also have health facilities that were initiated by our communities and others that were initiated by the defunct county council and others initiated by Constituency Development Funds. Some of these facilities are still lying there un-utilized, incomplete and Hon. Speaker some are situated at places where our people have to walk for close to 10 kilometers to access health facilities.

Hon. Speaker, us being legislators, it is our time now to ensure that we defend the rights of our people and ensure that they get what is rightfully theirs. Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Dominic. Any other Member who wishes to conclude before I call the mover to respond? I call upon the mover of the motion to respond please.

Hon. Masesi: Thank you, Mr. Speaker. First, I would like to appreciate the Members for their passionate contribution towards the report. More so Mr. Speaker, it is good that we must acknowledge that health is among the devolved functions and so the county government has the obligation to avail both primary and secondary services to the residents of Machakos, Mr. Speaker.

Mr. Speaker, in regard to this report, I would like to encourage Members to give priority to the projects within their wards which have stalled with the amount of money you might get as per ward and also I challenge the Members to take charge and also own the projects which are within their wards. Mr. Speaker, us as the County Assembly, we have the mandate into terms of oversight and make sure that everything, all monies we budgets for every activity or projects be utilized.

So Mr. Speaker is my duty, I would like to encourage Members to make sure that if a project starts and more so the health facilities projects, they have to chase and have the Executive on their toes and make sure that these projects are done within the stipulated time.

Mr. Speaker, when you look at the report you will find that implementation of projects within the County government is the main challenge. Mr. Speaker, I don't understand because if there is a budget for a project, I have witnessed in our site visits, some contractors commence the projects or works without being paid a single cent and they have done the same projects up to 90 percent and they have not even been paid a single cent.

That is why the report clearly states that the contractors, who have done works, let them be paid because we very well know that these contractors, in most cases, are surviving on loans which are incurring interests. Mr. Speaker, again it is good for the Members to make sure that they always know the scope of the works which are done by the contractors to avoid this issues of substandard jobs.

Mr. Speaker, lastly, Members I know we have witnessed over the last days in the media we have issues of meat being preserved with this formalin substance. Mr. Speaker, I would like to urge the Members to keep on watch; let them not be tempted by this good-looking meat from the supermarket.

I want to assure them that the committee on health and emergency services will crack down on all supermarkets within Machakos County and make sure that whatever is being given to the residents of Machakos is clean and also to these hotels Mr. Speaker, the committee is ready to work on these issues and make sure that Machakos residents are on a clean environment.

(Applause)

Mr. Speaker, I would like to thank the Members for their commitment and for making sure that we are always here for our business and passing of this motion. Thank you, Mr. Speaker.

Hon. Deputy Speaker: Thank you.

(Question put and agreed to)

(Applause)

Hon. Members, before I conclude the sitting, I just want to point out two or three issues which I have noted now that you have adopted the report. One of the things which I noted on this report is that a Chief Officer giving false information is quite disturbing. That a Chief Officer can say a facility is at a particular stage and in the committee goes to the ground finds information is contrary to what the Chief Officer gave. That tells you that specific officer was not in tandem to what was happening on the ground or in their department.

So I would be urging the committee to ensure that they keep appraising the current Chief Officers, I believe now we do have Chief Officers who, if am not wrong, are in tandem or in a touch with the reality and it is up to the committee to ensure that they keep that one going.

Hon. Moffat Maitha has made a very passionate statement and even other members here on the need for funds budgeted for a specific project should be used for that project. It does not make sense to have a project, a community health facility which was being constructed in the year 2014 and up to today it has not been completed and every year funds are being allocated to that project. What does that mean? It means that those projects actually, that money is allocated but it is diverted to other priorities.

Remember if you have got a 100 incomplete projects, it is better to have one as Hon. Thomas Mutinda said so that to have two completed projects than 100 incomplete projects because these 100 incomplete projects, nobody will benefit from them. So I would be urging the county government or the Executive to ensure completion first before we move on to any other items.

The other thing is that if you allocate funds for a project; always remember that resources are very scarce; we have limited resources. What does that mean? There is always an opportunity cost to what we do so if you allocate funds in a budget to a project; you are denying another project the same money.

So if you get money in a particular project, the opportunity cost of putting up that project is the other project which would have benefited had the funds been utilized there. If you look at the total amounts of money we are talking about here in the report which has been given by the Hon. Member, if you look at the totals for Phase II community hospitals whose completion status is supposed to be 2019/2020, bid amounts of Ksh. 243 million, total paid amount is Ksh. 79 million and nothing is complete.

The opportunity cost of that is how much you would have done with the Ksh. 79 million. It amounts to giving Ksh. 1.5 million as bursary to every ward and children going to school and reading. So we should always look at the opportunity cost of what we are doing and ensure that completeness is achieved and minimize on the opportunity cost of projects.

ADJOURNMENT

Hon. Deputy Speaker: This House stands adjourned to Tuesday, 23rd July, 2019 at 2.30 p.m.

The House rose at 11.14 a.m.