

REPUBLIC OF KENYA
MACHAKOS COUNTY ASSEMBLY

OFFICIAL REPORT

Tuesday, 4th December, 2018

The House met at 2.36 p.m.

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

PRAYERS

Deputy Speaker: Serjeant at Arms, please ring the bell so that we can be able to have quorum.

(Quorum Bell rung)

I think we have quorum now, you may stop ringing the bell. Mr. Clerk, proceed.

PAPER LAID

REHABILITATION OF GULLIES IN THE COUNTY

Deputy Speaker: We have one paper to be laid by Hon, Kisini or Hon. Minority Leader.

Hon. Kamitu: Thank you, Hon. Speaker. It is important you note that our chair Hon. Kisini has an apology because he had some serious issues; he was supposed to attend in his ward. Otherwise, I am standing in for him.

I beg to lay the following paper on the table of the House today Tuesday, the 4th day of December, 2018; the Report of Environment, Lands, Energy and Natural Resources Committee of the Second Assembly on rehabilitation of the existing gullies in the entire Machakos County. Thank you, Hon. Speaker.

Deputy Speaker: Thank you Hon. Kamitu for standing in for Hon. Kisini.

NOTICE OF MOTION

REHABILITATION OF GULLIES IN THE COUNTY

Deputy Speaker: We have one notice of Motion again to be moved by Hon. Kamitu.

Hon. Kamitu: Thank you very much, Hon. Speaker.

Hon. Speaker, that aware that the Fourth Schedule of the Constitution of Kenya, 2010 bestows the County Government with matters of implementation of specific national resources and environmental conservation, including soil and water conservation;

Aware that soil erosion is a natural process which has increasingly been exacerbated by human activities such as agriculture and deforestation;

Hon. Speaker, aware that one of major environmental effects of soil erosion is formation of gullies and many villages have experienced these effects in the entire Machakos County;

I wish to give notice of the motion that, this Hon. House discusses and approves the Report of Environment, Lands, Energy and Natural Resources Committee of the Second Assembly on Rehabilitation of all the Existing gullies in the entire Machakos County.

Thank you, Hon. Speaker.

Deputy Speaker: Thank you, Hon. Kamitu.

STATEMENT

ADDITIONAL BUSINESS FOR THE HOUSE FOR 5TH DECEMBER, 2018

Deputy Speaker: We have one statement to be made by Hon. Justus Kiteng'u.

Hon. Kiteng'u: Thank you, Hon. Speaker. Hon. Speaker, I stand under Standing Order 41(2)(a) where during the Statement Hour a Member of the House Business Committee designated by the Committee for that purpose shall for not more than ten minutes, present and lay on the table, a Statement informing the House of the business coming before the House.

Hon. Speaker, the House Business Committee met today 4th December, 2018 and balloted additional business for the week of 4th to 5th December, 2018 pursuant to the provisions of the Standing Order 151 as follows:

Wednesday, 5th December, 2018

Afternoon at 2.30 p.m.

Report of Budget and Appropriations Committee on the County Budget and Outlook Paper.

Thank you, Hon. Speaker

Deputy Speaker: Thank you, Hon. Justus for that Statement.

MOTION

REPORT ON STATUS OF SELECTED HEALTH FACILITIES IN THE COUNTY

Deputy Speaker: Hon. Members we have one motion by Hon. Cosmus Masesi, chairperson Health and Emergency services.

Hon. Masesi: Thank you, Hon. Speaker.

Mr. Speaker, that aware that Article 43(a) of the Constitution of Kenya, 2010 which 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;
- (g) Refuse removal, refuse dumps and solid waste disposal;

Hon. Speaker, cognizant of the fact that one of the functions of sectoral Committees pursuant to Standing Order 190(5)(e) shall be to 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 Assembly;

Further aware that the Committee on health and emergency services conducted site visits to investigate on status of selected health facilities in the County;

Hon. Speaker, I wish to move the motion that this House discusses and approve the Health and Emergency services Committee report on status of selected health facilities in the County.

I wish to call upon Hon. Johana Munyao to second the motion.

Deputy Speaker: Hon. Johana Munyao.

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

Deputy Speaker: Hon. Cosmus

Hon. Masesi: Thank you, Mr. Speaker. I wish to proceed with the report.

PREAMBLE

Hon. Speaker, Article 43(1)(a) of the Constitution of Kenya, 2010 states 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.”

Further 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 parlors and crematoria; and
- (g) Refuse removal, refuse dumps and solid waste disposal.

MANDATE OF THE COMMITTEE

Hon. Speaker, the Health and Emergency Committee is established as per Standing Order 190. Under the second schedule that underlines the functions of the Committee to include “all matters related to County Health services including in particular county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlors and crematoria and refuse dumps and solid waste disposal; fire- fighting services and disaster management”

Hon. Speaker, one of the functions of sectorial Committees pursuant to Standing Order 190(5)(e) shall be to 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 Assembly.

COMMITTEE MEMBERSHIP

Hon. Speaker, the Committee on Health and Emergency Services is comprised of the following members;

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

TERMS OF REFERENCE

Hon. Speaker, during a Committee meeting the following was set out as the matters to be considered and investigated on during the site visits to the various public health facilities in the County.

1. Staffing levels of the health facilities.
2. Supply of drugs and non- pharmaceuticals.
3. Whether the facilities have adequate and appropriate infrastructure.
4. Quality of health care services in the facilities.
5. General operations of the health facilities.

The study activities, methodology and deliberations carried out while in the field were the same in all health facilities visited namely holding discussion with the officers responsible for health services, taking a guided inspection tour to the departments within the health facilities and consulting the patients where applicable

COMMITTEE FINDINGS

Hon. Speaker, the Committee visited the listed health facilities and found out the following:

MUTITU DISPENSARY IN KATHIANI CENTRAL WARD

Hon. Speaker, the dispensary has one Clinical Officer, three nurses and one support staff who doubles as a dispensing pharmacist. The facility lacks a laboratory hence patients seeking these services are referred to Kathiani Level IV Hospital which is 10 Kilometers away. The officer in charge of the facility reported that the supply of drugs and non-pharmaceuticals was inconsistent. The average influx of patients per day is between 60 and 70.

NGOLENI DISPENSARY IN KATHIANI CENTRAL WARD

Hon. Speaker, the dispensary has two nurses, one clinical officer and two support staff on casual terms. The Committee was informed that the support staff had salary of arrears of more than four months. The officer in charge of the facility reported that the supply of drugs and non-pharmaceuticals was inconsistent hence opting to borrow from neighboring health facilities. Disbursement of funds to the dispensary for purchase of consumables like gloves was also inconsistent.

KATHIANI LEVEL IV HOSPITAL IN KATHIANI CENTRAL WARD

Hon. Speaker, the Committee noted that the facility's staff establishment is as follows;

- 3 Medical Officers,
- 2 Consultants.
- 14 Clinical Officers.
- 56 Nurses.
- 18 support staff.
- 5 Laboratory technologists.
- 4 Pharmacists.
- 3 Pharmaceutical technologists.
- 2 physiotherapists.
- 2 radiographers.
- 1 dentist.
- 2 Community health workers.
- 2 Mortuary attendants.

The Committee was also informed that the mortuary had a capacity of 12 bodies and sufficient for the hospital's catchment area. Four support staffs had salary arrears of more than four months.

Hon. Speaker it is worth noting that disbursement of funds from the County Government to this facility was very consistent. These funds are utilized as follows:

- a) Payment of the contracted security firm.
- b) Procurement of food rations.
- c) Payment of electricity and water bills.
- d) Purchase of consumables such as gloves.

The hospital administration also reported that NHIF funds are wired directly to the hospital's account and quarterly reporting was being done pursuant to section 165(1) of the Public Finance Management Act.

Further, the facility has an ultra-sound machine in good working condition but lacks a sonographer to operate it. The Committee acknowledged the supply of drugs and non-pharmaceuticals to the facility. This was evident by a well-stocked pharmacy and drugs store. The x-ray and laundry machines were not in working conditions. Patients seeking x-ray services were being referred to Kangundo Level IV or Machakos Level V Hospitals.

On the same note, patients were also using their own beddings since laundry services were being sought from Machakos Level V hospitals and there were occasional delays. Hon. Speaker, the Committee was informed that Kathiani Level IV hospital lacks a title deed.

KIMITI LEVEL III HOSPITAL IN MATUNGULU WEST WARD

Hon. Speaker, the Committee had an opportunity to see the ambulance attached to the facility and noted that although it was operational, it needed major repair and maintenance. The hospital's staff establishment is as follows;

- 1 Clinical Officer.
- 1 EMT.
- 7 Nurses.
- 1 Pharmaceutical technologist.
- 1 laboratory technologist.
- 4 support staff.

Hon. Speaker, when the Committee visited the facility, only two nurses and one support staff were at the hospital despite a long queue of patients. Reluctance of the staff in service delivery was reported by the members of public interrogated by the Committee. The Hospital Administration reported that some equipment like the refrigerator, incubator, Diagnostic Kit and cryotherapy machine were taken from the facility to Kangundo Level IV hospital without the consent of the Hospital Management Committee.

The supply of drugs and non-pharmaceuticals was very inconsistent. The facility has well-furnished and fully equipped buildings constructed by Constituency Development Fund (CDF). The buildings were meant to be hospital wards and had never been utilized and the ward beds risked rusting. The ward walls were also peeling off. An incomplete building meant to host the staff quarters and funded by the County Government had stalled and risked falling off.

NDITHINI HEALTH CENTRE IN NDITHINI WARD

Hon. Speaker, the health center has the following staff establishment; 1 Clinical Officer, 6 Nurses, 1 EMT, 1 Public Health Officer, 1 Lab technologist and 3 support staff. The supply of drugs and non-pharmaceuticals was consistent. The Committee noted that the facility had a complete building to house the maternity wing though not equipped.

Despite lack of the maternity facilities the health center reported at least five deliveries every month. The Officer in-charge reported that the facility is funded from the County Government and Danida donations although the disbursement of the funds is not consistent. The facility lacked most of the essential drugs.

The ambulance attached to the facility was in good working condition. The Committee was informed that the ambulance is usually fueled at Matuu town which is close to 200 kilometres away.

KIATINENI DISPENSARY IN NDITHINI WARD

Hon. Speaker, the staff establishment of the facility is as follows; 2 nurses and 2 support staffs. The facility serves an average of 80 patients in a day. Despite the under-staffing, the dispensary offers delivery services. The dispensary has no electricity connection hence storage of vaccines is a major challenge.

Further, the facility lacks a fence and therefore the security of the premises is compromised. There was no laboratory in the dispensary and treatment of patients was being

done clinically. An ambulance attached to the facility lacked fuel most of the time and therefore not useful to the facility and the residents at large. Essential drugs like anti-hypertension and anti-diabetic were not available at the time of the visit.

NDELA DISPENSARY IN NDITHINI WARD

Hon. Speaker, the staff establishment of the facility is as follows; 2 nurses, 1 Public Health Officer and 2 support staffs. The dispensary has a catchment of approximately 50 to 120 patients in a day. There is no electricity connection to the facility. The officer in- charge reported that they had only received Ksh. 141,000 with Ksh. 71,000 from Danida and Ksh. 70,000 from the County Government for the 2017/2018.

This amount was way below the expected Ksh. 800,000 based on the facility's expenditure. The facility had last received drugs in February, 2018 and as at the time of this visit the pharmacy and the drug store were empty. Patients were being referred to private chemists for purchase of drugs. The building was in a deplorable condition with the ceilings falling down.

MANANJA HEALTH CENTER IN NDITHINI WARD

Hon. Speaker, the staff establishment of the facility is as follows; 6 nurses, 1 Clinical Officer, 1 Emergency Medical Officer, 1 Public Health Officer and 2 support staff. The facility's main challenge was lack of clean water despite being near Tana River. The Committee also noted that the health center lacked a fence hence exposing the facility to trespassers.

The Officer in charge of the facility reported that during the FY 2017/ 2018 the facility had received Ksh. 296,000 as the Danida donations and Ksh. 60,000 from the County Government. The committee noted with great concern that the ambulance attached to the facility was being fueled at Matuu town. During the journey from the facility to Matuu town and back, the ambulance would consume 30 liters of fuel to get a full tank of 70 liters. Residents had taken up the responsibility of fueling the ambulance.

IKOMBE DISPENSARY IN IKOMBE WARD

Hon. Speaker, Members were informed that Ikombe dispensary serves more than 1000 patients in a month and the services at the facility are offered for free. The facility has 2 clinical officers, 5 nurses, a lab technician and 1 EMT and driver. The in charge informed the members that the outpatient turn-up per day was over 70 patients and therefore requested for the dispensary to be upgraded to a health center.

The supply of drugs and non- pharmaceuticals was very erratic citing that the last bunch had been received in the month of February 2018. The Committee acknowledged that drugs meant for patients in Comprehensive care and TB clinics were available.

KIKULE DISPENSARY IN MUTHESYA WARD

Hon. Speaker, The facility has only two nurses and one support staff. The support staff had salary arrears of more than five months. The Committee noted that medical referrals faced a great challenge because of poor road network and the ambulance attached to the facility is not suited to the terrain during the rainy season. The facility is not fenced and hence compromising the security of the dispensary. There is scarcity of water and the facility relies on rain water. The supply of drugs and non-pharmaceuticals was inconsistent.

MILAANI DISPENSARY IN MUTHESYA WARD

Hon. Speaker, the Committee acknowledged the way the facility was well-kept. The dispensary has two nurses and two support staff. Water supply to the dispensary was being done by a donkey and not enough. The facility lacked a laboratory and patients seeking such services were referred to Ekalakala Ward which was more than 30 kilometres away.

KATHUKINI DISPENSARY IN MUTHESYA WARD

Hon. Speaker, the dispensary is manned by 1 clinical officer, 2 nurses and two support staff. The Committee noted that the Clinical Officer was over worked since he was attending to approximately 70 patients daily. The casuals in the dispensary had not received their wages for the last four months. The Committee noted that the roads to the dispensary are impassable especially during the rainy season.

The dispensary had no electricity connection despite the power line being 100 metres away. The roofing in maternity ward was leaking and it needed repair. The supply of drugs and non- pharmaceuticals was erratic.

MUTHESYA DISPENSARY IN MUTHESYA WARD

Hon. Speaker, the dispensary is manned by 2 nurses, 1 lab technician and one Support staff. The facility was understaffed since when one was away, the center was forced to operate with one officer. The supply of drugs and non- pharmaceuticals was erratic which forced patients from the ward to seek services from Murang'a County.

MASII HEALTH CENTER IN MASII WARD

Hon. Speaker, the health center serves over 2000 patients in a month. Services at the facility are charged at a fee. The Committee noted that the public toilet is not operational and this was inconveniencing the patients. The supply of drugs and non- pharmaceuticals was not consistent. The facility gets funding from three sources namely; the NHIF, DANIDA and the County Government though the disbursements not consistent.

The Committee noted that constant water supply in the health center is a major challenge despite the existence of a public borehole in the neighboring School. This was occasioned by pending water bill amounting to Ksh. 112,000.

MWALA LEVEL IV HOSPITAL IN MWALA WARD

Hon. Speaker, the Committee noted that the staff establishment was too lean making 24 hours operation almost impossible. Support staffs employed on casual basis were subjected to wage delays for a period of six months. The Committee noted that the general sanitation of the hospital was far below reasonable standards due to erratic water supply. The facility lacks the following key facilities; Dental unit, incinerator and a new born unit. Plumbing of the entire facility was urgently needed.

The drug store was virtually empty. There were acute delays in delivery of medical commodities. A case cited was an order that was made in the September 2017 and received in February, 2018 with the wrong specifications. Drugs delivered had a short shelf life ended up expiring before they were disbursed. The hospital being a level IV facility lacked a mortuary which is a key requirement.

MATUU LEVEL IV HOSPITAL IN MATUU WARD

Hon. Speaker, this hospital is seriously understaffed. As at the time the Committee visited this facility, the maternity ward was congested and stretched beyond its bed capacity. All the wards had shortage of essential commodities such as linen and beds. The drug store and pharmacy lacked key drugs and ironically had an overflow of drugs not requisitioned by the facility.

The hospital did not have a laundry facility and the general cleanliness of the hospital was wanting due to erratic water supply. A building meant to host the pediatric Ward had long stalled and risked falling off. As at the time the Committee visited this facility, there was a complete building which was meant to house the hospital theatre. The building lacked essential equipment to operationize it.

However, the Committee noted that some equipment had been borrowed from Kangundo Level IV Hospital which included an operating bed, incubating machine and operating couches. The X-ray Machine had been un-utilized for the last four and half years after the retirement of the operator. The hospital management committee had taken up the responsibility of engaging the retired operator on casual bases. The facility lacked a mortuary despite being the only Level IV hospital serving the residents of Yatta and Masinga Sub-Counties.

COMMITTEE OBSERVATIONS

Hon. Speaker, the committee observed the following;

1. All the health facilities reported under-staffing. There were facilities where dispensing of drugs was done by support staff. This posed dangers of over dosing, under dosing and giving drugs contradicting the prescriptions.
2. Most of the support staff in the health facilities had salary arrears of more than four months. This demoralizes the employees.
3. There was no consistent supply of drugs and non-pharmaceuticals in almost all the health facilities. This exposed patients to exploitation by the commercial chemists.
4. Kathiani Level IV Hospital seemed to have autonomy in management of its funds. This was evident by the quality service delivered in the hospital and measures put to ensure that daily expenses were catered for. The disbursement of funds to the facility was also consistent. The Committee wondered how the hospital was able to pay for some services and supplies unlike other hospitals in the same level.
5. Management of ambulances was poorly coordinated hence compromising the services. Most of them needed major repairs and maintenance. Fuelling was also reported as a challenge and the Committee felt that there was wastage of public resources when an ambulance had to be fuelled in a town more than five kilometres from the facility it is attached to. Poor service delivery of these ambulances contravenes the provisions of Article 46(2) which stipulates that “a person shall not be denied emergency medical treatment.”
6. The Danida and County Government funding to dispensaries and health centres was not adequate. The disbursement of these funds was also not consistent.
7. Some health facilities had buildings which had been initiated and had stalled. The contractors had long left the site and the buildings were at the verge of collapsing if some measures would not be put in place.
8. Most of the health facilities lack valid title deeds and chances of land grabbing are very high.

9. Supply of water to most of the health facilities is a great challenge hence compromising the cleanliness of the facilities. Facilities which have constant water supply have accrued water bills.
10. Electricity connection to some health facilities is yet to be done. Electricity is key in the medical field especially in the laboratory and refrigeration of vaccines.

COMMITTEE RECOMMENDATIONS

Hon. Speaker, the Health and Emergency Services Committee recommend the following;

1. The department of Health and Emergency Services during the budget making process for the 2018/2019 reported the highest recurrent budget of Ksh. 2.8 Billion. This wage bill is alarming yet the health facilities are understaffed. The Committee recommends that a staff audit be conducted by the County Public Service Board and a report be submitted to the County Assembly 30 days from the day this report is adopted by this Hon. House. Further the existing staff should be distributed in the facilities based on the average number of patients treated in the facility.
2. The County Public Service Board should ensure that all the support staff are captured in the payroll and paid promptly. All salary arrears should be cleared with immediate effect. This will help in boosting the morale of the employees and ultimately achieving quality services in the facilities.
3. All contracts of stalled constructions in the health facilities should be terminated and fresh issuance of the contracts be done with immediate effect. On the same note, instead of initiating new constructions in the facilities, the County should put more efforts in renovating existing structures.
4. To enable this Committee to perform its oversight mandate as envisaged in Article 185 of the Constitution of Kenya, 2010, the Department of Health and Emergency Services in collaboration with the Department of Finance and Revenue Management should submit a report of all the funds received from donors and meant for County health care and how these funds are spend. This report should reach the office of the Clerk of the County Assembly 14 days from the day this report is adopted.
5. A mortuary is a key facility especially in all the Level IV facilities. One of the objects of devolution pursuant to Article 174(d) is to recognize the right of communities to manage their own affairs and to further their development; Hon. Speaker, there is dire need to have a mortuary in Matuu Level IV hospital. This will serve the residents of Masinga and Yatta Sub Counties. Construction of this mortuary should be captured in the CIDP.
6. The autonomy of management in Kathiani Level IV Hospital should be in all the facilities. The Committee is committed in ensuring that the implementation of the Machakos County Health regulations, 2015 is done in all health facilities. The main objective of these regulations is to ensure that all monies collected in the facilities are ploughed back. The Department of Finance and Revenue Management should ensure that any proposals to amend the regulations are submitted to the County Assembly thirty days from the date this report is adopted.
7. For the ambulances to be managed in a sound manner there is need to have a policy. The Department of Health and Emergency Services should formulate and forward this policy to this honorable house two months from the date this report is adopted.

8. The Department of Lands should ensure that all Health facilities are surveyed and those without title deeds are issued with them. Fencing of such facilities should also be done to evade encroachment and for security purposes.
9. Water and Electricity supply should be considered with a lot of urgency to ensure that service delivery in these health facilities is not compromised. Alternative measures of harvesting water should also be capitalized.

CONCLUSION AND ACKNOWLEDGEMENT

Hon. Speaker, I wish to express my appreciation to all parties involved in preparation of this report. Hon. Speaker, it is therefore my privilege, on behalf of the Health and Emergency Services Committee to table this report and recommend it to this Honorable House for adoption. Thank you, Hon. Speaker.

Hon. Deputy Speaker: Thank you, Hon. Cosmus for that report well read.

(Question proposed)

Hon. Deputy Speaker: Hon. Francis.

Hon. Kalumu: Thank you, Mr. Speaker. I want to start by thanking the committee for work well-done. Actually, they have given us a good report which gives us a reflection of what is happening in our health centers, dispensaries and hospitals. Mr. Speaker, if you go to the streets of Nairobi, you go to the streets of bigger towns or major towns in Kenya, they will tell you it has been a saying that Machakos is the place to be; that is what has been put in the picture and in the minds of the people of Kenya.

They think when you go to Machakos dispensary you are treated you are given each and every drug that you want yet you can see and even agree with me and according to this report, this county is unhealthy and a saying goes by a healthy county is a wealthy county because we need to have services given by the people who dwell within and the residents of Machakos and I cannot afford to give services or grow the economy of Machakos when we are sick.

Looking back at the budget when we appropriated money for drugs for everything this financial year, we gave the department of health Ksh. 2.8 billion and Mr. Speaker, you can hear for yourself what this report is telling us; it is telling that there is misappropriation, lack of funds, lack of drugs, so many problems which have been highlighted by this report. Those are not my words.

Mr. Speaker, you have read for yourself that DANIDA which if you look at the report of the Controller of Budget you will find that he gives this county close to Ksh. 290 million every financial year yet some of the health centers, dispensaries and hospitals do not receive that money. If you look at our own allocation because this Ksh. 2.8 billion also includes the appropriation from DANIDA, you find that our money made from our own coffers does not reach these centers, these hospitals, these dispensaries.

Mr. Speaker, it is the mandate of each elected and nominated member of this House to look into the issues of health because if we don't do that then, what is our work? Our people will get sick and if we continue like this we will be the place to be but with trees without people; then we will be to be because I think I am the one to be in Machakos and not trees.

If you don't treat people of Machakos, if you don't give them drugs, if you don't pay them; what are you doing? We allocated money for all these things like drugs problem; in every center or hospital here, Mr. Speaker, there is inconsistent supply of medicine yet when we dare say that there is no drugs in Machakos, they say Hon. Kalumu is fighting with the Governor. Are we not going to say the truth or we just put up another blanket on top of the problems of Machakos or we are going to highlight them?

Our work is to highlight where the problem is and that is why I came to this House and I am highlighting them by saying that our hospitals in Machakos don't have drugs. The issue of ballooning wage bill Mr. Speaker, is the one which we are told every time that it consumes our development money; every time you hear that we cannot do this, we cannot do that because our health department consumes each and every coin that comes in Machakos treasury.

If you look at those employees or nurses, some of them you cannot even say they are equal to even balloon or make that wage bill to be the way it is, the way we are told. I will support the recommendation that there should be a headcount of every nurse, every staff, every doctor so that we can get a good number because we are told every time we have so many doctors yet our hospitals are understaffed.

Mr. Speaker, you look at the problem of title deeds you find that some of the facilities do not have title deeds yet it is the work of the county government to give title deeds to the people and it cannot give to its own facilities; that is very wonderful. You cannot give your own facility a title deed; what are you doing in office? Mr. Speaker, even there is a challenge of water and the Governor said that he drilled 800 boreholes; where did he drill these boreholes yet our hospitals don't have water?

Electricity is another problem, Mr. Speaker. Some of the facilities, the report is telling us, do not have connection of electricity; where are we heading? In today's economy where electricity is not a big problem; it is not like before when only 2,000 or 3,000 people were connected in Kenya but now there are so many people who are connected and electricity is there. Just a payment of connection fee and then the facility is connected. We have a misappropriation problem in Machakos County of whatever money we allocate in all the departments of Machakos County.

Mr. Speaker, salaries is another problem; you have heard for yourself that some of the staff go even to four months without salaries. How do they survive, for heaven's sake Members of this House went for two months without salaries and I could hear their cries; what about members of staff of our own facilities who does not have salaries? We were about to go to the streets and they are still there working and yet they do not have yet we are the voice of the voiceless. We are saying that those people should be paid tomorrow because we were told there is no money, there is no money and yet the money is there. Those employees of Machakos County who do not have salaries for the last four months should be paid.

There is stalled construction or construction buildings which are in those facilities. I think we have a poor planning problem for what we do in Machakos County. Several issues here say that every facility has a stalled building; why? Where is that money which was allocated that time when those buildings were being started and the foundation were being started; where is that allocation? I believe when you start a building, you must have that money, when you start a project you must have that money. Where is that money, Mr. Speaker?

The biggest problem and I can remember very well last time when we talked about other facilities of Machakos County, health facilities of Machakos County, where was a certain member who was given a job of looking into issues of repatriation of those monies which are

paid in the facilities because there are money which are paid in the facilities, in the health centers and hospitals.

We have a problem of even having enough money to fund our budget yet in Machakos Level V, if you look at it very well, in one year there is Ksh. 1 billion which entered in that hospital yet we have a problem of medicine, yet we cannot even fund our own budget. Mr. Speaker, what are we doing in Machakos? Machakos is almost on its knees and it needs restoration and the only people who can restore Machakos it is you people.

We need to stand and say no to this practice. If we do not do that then we shall be blamed forever. Mr. Speaker, because this was not my day, I want to say, every time people ask who is God but he said himself, whoever serves my people, serves me. We came to this House to serve the people of Machakos yet there are people who are serving their bosses. Thank you, Mr. Speaker.

(Applause)

Hon. Deputy Speaker: Thank you, Hon. Member. Hon. Moffat.

Hon. Maitha: Thank you, Mr. Speaker. Mr. Speaker, I want to commend the Committee for having produced a very good report and in fact, if this report is adopted and the recommendations given are done, then the people of Machakos will have something to smile about. Mr. Speaker, I want to make some two corrections concerning Kimiti Level III Hospital, which is on page 7. In that facility, there is no ambulance; the ambulance which was there was taken away and taken to Kalandini Health Center some three years ago and therefore at the moment there is no ambulance there.

Number two, Mr. Speaker; the buildings which were put in that facility were not done through the CDF but by the National Government through the Economic Stimulus Program (ESP), Mr. Speaker. In that facility, we have many health personnel but when you visit that facility, you hardly find three at a given time. So, something should be done to make sure that the majority of them are in the facility because there are so many patients who go to the facility and they return home without being attended to.

Mr. Speaker, when you read the report, some materials were taken away from that facility without the consent of the Hospital Management Committee. Mr. Speaker, it is by belief that the person who gave out those materials should be held responsible and those materials should be returned back to Kimiti Health Center. Otherwise, Mr. Speaker, I thank the Committee for a job well done. Thank you.

Hon. Deputy Speaker: Hon. Judas Ndawa.

Hon. Ndawa: Thank you, Mr. Speaker, Sir. I want also to give my input on this report and first of all I will start by congratulating the Chairperson and the Committee for the job well done. Mr. Speaker, sometimes when we stand to contribute in this House, we may not be understood whether we are saying what is supposed to be said or we are defending somebody but we are saying today is this; we need to separate politics from facts.

Mr. Speaker, Article 43(1)(a) of the Constitution provides every citizen of Machakos to get the highest attainable standards of health care. Mr. Speaker, according to this report what has

been captured here is 100 percent truth because that is the current status of the hospitals we have in Machakos.

Mr. Speaker, I do not want to talk about other facilities, I will only talk about Matuu because I have a lot of information in that particular institution. I am just an immediate neighbour and that facility my father donated about 30 acres to have that facility in Matuu, the land which Matuu Level IV stands on. Matuu Level IV is just along Thika-Garissa Highway, which is a very busy highway. It has a lot of traffic and most of the times we experience accidents and when accidents occur, all the patients are brought to Matuu Level IV Hospital.

That facility does not have a casualty wing. So once we have a bus which has overturned or which has been hit or which has been involved in a road accident, all the patients are brought to that particular hospital and they all lay on the floor because we do not have a casualty wing and that is a very key facility that we lack in that hospital.

Mr. Speaker, again we have the biggest theater building in Machakos County if I can say. The theater we have, the building itself, it is the biggest in Machakos County because it has spent a lot of money. It was started some years back about 10 years by the current Member of Parliament, Hon. Charles Kilonzo about five years back. In between that time there was another Member, Hon. Francis Mwangangi.

So, during the time of Kilonzo, he gave out Ksh. 6 million to construct that facility; the money was exhausted and the building was not completed. When the other Member of Parliament came in, he also gave out some money to ensure that the facility is complete. As we talk the building is there but it is empty. Mr. Speaker, the report has said that there are some equipment which were taken from Kangundo Level IV; it is true there is what we call operating bed, that bed is supposed to be adjustable, when an operation is being carried, you are supposed to adjust that particular bed so that you can have the patient lie the way you want him to sleep; whether you want the head to be on the lower side or you want to lift the head, you can do that. The bed is not adjustable, in other words the bed is defective; it cannot assist us.

We have other equipment which was brought from Kangundo Level IV and I have even instructed the Chief Officer, Dr. Nthanga to ensure that the equipment is taken back because we do not want Matuu to be the dumping site. All the equipment which is not working they have brought them to Matuu, and then we are saying we have equipment, that is not true. Let us have new equipment for Level IV, Matuu because we are residents of Machakos and we are also entitled to be given services that we require.

The other issue, Mr. Speaker, it is about the same facility. It serves patients from even other Counties, leave out Yatta and Masinga. Residents from Garissa, when they are on their way to Nairobi or when they or their way from Nairobi to Garissa and they are involved in a road accident, they are all brought to Matuu Level IV. So, the patients who come to Matuu Level IV Hospital are not only from Machakos County; they come from other areas and Matuu Level IV Hospital should be given a very urgent attention so that we can address this problem that we have.

The report has said that some of the facilities are understaffed; I am also confirming the same. In Matuu Level IV, you will find that whoever was in the night shift, when he leaves in the morning, he might be forced to come back during the day because the staff are few. So, we are requesting that we also increase the number of staff in Matuu Level IV Hospital.

The other issue, Mr. Speaker, we have one ambulance which is in operation but once it has taken a patient to Machakos which is about 100 kilometres away and another accident

occurs, it means now we will have to wait for it to go to Machakos and come back when patients are suffering.

So, Mr. Speaker, we are kindly requesting, if we can equip the theater of Matuu, I am very sure whatever patients are brought to be served in Machakos, that service that they are coming to get in Machakos, if we have equipment in our theater, I am very sure we can get that service there and by so doing, I am very sure we will have saved so many lives.

Mr. Speaker, I want to sight an incident when one of the Bishops, Late Bishop Wambua was involved in a road accident in Mukalala just few meters from Sofia; he was involved in a road accident, he was rushed to Matuu Level IV Hospital and when he reached Matuu Level IV Hospital, the ambulance had already left for Machakos to bring another patient. So, another Bishop, who is Bishop Samuel Kathita decided to bring the patient or the colleague to Machakos Level V; the patient had difficulties in breathing and you know those oxygen cylinders cannot be given to a civilian car because they are supposed to be in the ambulance.

So, because of that difficulty in breathing from Matuu to Machakos Level V, the patient was pronounced dead on arrival. If we had another ambulance, maybe we would have saved that particular life.

Mr. Speaker, the issue of Hospitals, the issue of treatment and medicine are things that should not be taken for granted. Matuu Level IV Hospital is the only facility when I collapse, I can be rushed to but if there are no drugs, if there is no equipment, it means the moment I will land there, I will be also pronounced dead.

So, Mr. Speaker, I agree with this report and the recommendations which have been given here and request the concerned department to ensure that locals of Machakos, whether in Muthesya, whether in Ndithini, whether in where, they have a right to get the highest attainable medical healthcare.

So, Mr. Speaker, I wish to say this report is okay. The other bit I have not spoken about is about fueling of the ambulances; according to the report some ambulances are being fueled in Matuu and the report is saying Matuu is about 200 kilometres from Ndithini. It is not fair if we can allow the ambulances to be fueled at the nearest filling station that is going to be economically viable because if you take a vehicle 100 kilometres away to be fueled, it means when coming back it will consume half of the fuel that you have put and we are not going to use it economically.

Also on the issue of repairs, if we can have the ambulances being repaired in the nearest garage, we will have even saved because those locals or the owners of those garages are also residents of Machakos and they also need to get back their tax that they pay. Once you give them a job to do that I am very sure we will have empowered them.

So, Mr. Speaker, to conclude I would request that, we ensure that, we have fuel dealers, at least we need to pre-qualify fuel dealers or fuel sellers in every Ward so that the ambulances in that Ward can take fuel in that filling station. Let us also pre-qualify mechanics from every Ward so that the County vehicles that are within that Ward can be repaired by that particular garage and resources are left there. Mr. Speaker, I want to rest my case and say, politics aside and facts to take charge. Thank you, Mr. Speaker.

Hon. Deputy Speaker: Thank you, Hon. Judas Ndawa. Hon. Patrick.

Hon. Kituku: Thank you, Mr. Speaker. I actually want to comment something related to the report since health is very important and very crucial to everybody. You have heard one of

the concerns of Member from Matuu concerning my Ward. That one is very serious because actually sometimes we say Ndithini and Muthesya are the marginalized and simply one of the reasons is because we have poor road network, the roads are very poor, very pathetic. As at now remembering that the grading was not done, now things are not so good. I actually do not go to the other side because of many questions.

If actually whatever is meant for development is ploughed to development, we would not be having such issues. In the report there is a facility only benefited from the County Government only Ksh. 60,000. What is that compared to a population of about may be 10,000 in a year? We are budgeting a lot of money to health but implementation is an issue. If actually the FIF funds would be ploughed the way they should be ploughed back to the facilities, the Level IV and V most of the problems would be solved.

Drugs are key and actually especially in my Ward we are suffering because we cannot be referred to any facility in Machakos; why? Because the facilities in Machakos are far. So, we had at many times had to go to Murang'a and when we go there, they actually use dirty language to us. 'You call yourselves number one, can you go to your place and be treated there.' So, sometimes we tend to even cheat on where we come from.

So, if these facilities because most of the conditions of the patients can be addressed in the Level II and the dispensaries, if actually we can get serious on health matters and we follow on implementation, we would not be having so many challenges including the roads because there is relationship of road infrastructure and healthcare because there is relationship of road infrastructure and health care because the ambulances have to use those roads and remember the quality of the ambulances that we have is not good.

So the ambulances that we even have in our area if you look at it with the exception of the one at Ndithini Health Center, you will wonder what kind of ambulance is that. If actually we can also follow on the implementation of a motion that we had passed on the ambulances, the Land Cruisers, the nine of them, maybe if it was not catered in the budget if it can also be followed so that in the next financial year it can be implemented, actually we would be a step ahead.

So our facilities are lacking very key drugs, there is a facility that has been mentioned there, Kiatinani whereby the officers there are also offering delivery services without a delivery bed. Even the rooms are not there; for those who happened to visit that facility, it was very pathetic. Since we have money for development, why can't we... why can't the executive arm implement on the budget.

Actually, it is very painful and mostly to the elected members because when we are in our wards, we have got so many questions and now I am wondering how I will go on recess tomorrow because we have achieved almost nothing and you know we have been under pay. Who is failing? Okay, some understand that the executive, yes, it is failing since we have done our part. You know when we make the budget and the like that is our part but the implementation is a problem remembering that even money for development has been given to our county.

But what is happening? Where does this money go? Don't we fear God? Don't we fear the oath that we took? That is the people who are elected, the Governor himself. So, I do not know, can we pray God so that something happens so that at least our county becomes at least number 10 or 15 because now we are not going on well and more so on roads and health.

So, Mr. Speaker, because we have budgeted for a lot of funds can we do all that is possible so that we can see the implementation of what we have passed so that our people cannot

continue suffering because it is very pathetic. I do not know whether this is the way to go because we have actually been doing a lot of work passing motions, coming to the Assembly and the like and if things go on that way, I do not know whether we will be coming to the Assembly after the recess because now why would you be coming here and things are not working?

You know sometimes it hurts; it is painful, even if we cheat ourselves that we are called and we do not go; you know that is not our work. This is an independent arm, the other one is an independent arm. Every arm should perform its duties with a lot of seriousness. So, Mr. Speaker, I rest my case there.

Hon. Deputy Speaker: Thank you, Hon. Patrick. Hon. Dominic.

Hon. Ndambuki: Thank you, Hon. Speaker. I would like to start by commending the committee on health for the good report they have brought to the House. More so, Hon. Speaker, since it touches on three facilities that are in Kathiani Central Ward and Hon. Speaker, I would like to make a few changes on what has been tabled here. Hon. Speaker, Mutitu dispensary, it lacking or rather it having inconsistent supply of drugs and pharmaceuticals; in fact, the picture on the ground as we speak is that we are lacking basic essential drugs and there have been over supply of drugs that are not fast moving and people have been forced to buy drugs from chemists that are mushrooming next to these facilities.

Looking at Ngoleni dispensary Hon. Speaker, when we visited the facility, I accompanied the committee and the officer in charge narrated to us how they have lacked drugs for some time now and they gave very simple reason that there is a certain code that each facility is given so that when they procuring drugs through KEMSA or MEDS that that unique code will enable the facility procure drugs and those drugs will be specifically for that facility.

For this particular facility that is Ngoleni dispensary Hon. Speaker, there was a mismatch in giving out the code and the facility has been languishing in dire need of drugs. People there Hon. Speaker, are really suffering. Last week, I spoke to one of the community leaders from that area and they were crying out to me asking how the County Government can assist them.

Hon. Speaker, the cry is loud that these people are in need of services being brought closer to them. Looking at Kathiani level four hospital Hon. Speaker, I wish to disagree with the committee on a few issues here, Hon. Speaker. I was at the facility early this week and last week as well and the picture that is being painted here does not reflect what is on the ground.

Hon. Speaker, the ambulance that is there doubles up as the utility vehicle. Hon. Speaker, you cannot imagine that that ambulance also ferries laundry to Machakos Level V Hospital. Hon. Speaker, the same vehicle again is used to carry oxygen cylinders and used to run errands. It is appalling to see that such a facility does not have a utility vehicle that can be used to run errands at the hospital.

It is my cry and my prayer to this House that the report that we are going to adopt also reflects that and makes a request to the executive to provide this facility with a utility vehicle. As an elected leader, I have tried to reach out to professionals from the area and see how we can pull our hands together and see if we can source a utility vehicle for the facility. However, our resources maybe limited but with the County Government, I am sure it can support us in this noble cause.

Hon. Speaker, last week I was sharing with a neighbor of mine and he seemed to echo the sentiments of one of the elected leaders we were sharing last week about how developed

countries have been and are in terms of their health facilities. Hon. Speaker, it is my prayer that one day, in each Level III facility we shall have an ultra-sound machine since we are having maternity wings in these facilities, Mr. Speaker.

Talking of maternity wings, the first two facilities that is Mutitu and Ngoleni dispensaries which have maternity wings under construction and I believe other facilities across the county are also having maternity wings being constructed; my wish is that these wings be fitted with all the requisite machines and equipment so that we can reduce the distance that our mothers, our wives and our sisters might go through as they deliver.

Hon. Speaker, and looking at this report it clearly calls for the executive to plough back the FIF money so that these facilities can stand on their own. Hon. Speaker, going through the report, one can easily pick out points that depict that casual laborers in some of these facilities have gone for months without pay and FIF money could be used to pay them. If this is actualized Hon. Speaker, then we could be boosting morale of these health workers, of these casual laborers and ensure that we give good services to our people. Thank you, Hon. Speaker.

Hon. Deputy Speaker: Thank you. May I call upon the mover of the motion to respond please?

Hon. Masesi: Thank you, Mr. Speaker. Once again allow me to thank all the members who have contributed to this report and again Hon. Speaker, I want to appeal to all members of this house for us to unite in this action and these matters health. Mr. Speaker, we may underscore in the other departments like bursaries, water, infrastructure but Mr. Speaker, I want to believe we need to unite for this cause as a House. We need to speak as one House and Mr. Speaker, we need to call it enough.

When we articulate issues here Mr. Speaker, I do not see where politics is coming in. Mr. Speaker, for now we are the lawmakers of this county and we need to deliver to our people. One year, Mr. Speaker, down the line we have got nothing to show in terms of development.

Mr. Speaker, again I am very much grateful to the Almighty Lord for allowing this County of Machakos to be one of the four counties which the National Government has taken to do the pilot programming of the free Universal Health Care which is among the four big agendas of H. E the President Uhuru Kenyatta and his deputy. Mr. Speaker, we are very lucky and again we need to do our oversight role very well on this matter of health, Mr. Speaker.

Members, Mr. Speaker, we have not been involved and how I was willing now Mr. Speaker, we can give one joint press statement by both parties on issues of registration to this free Universal Health Care, Mr. Speaker. Our people Mr. Speaker, need to register themselves which is free for them to be able to get these services and I want to believe already we have been given some monies. When the President will launch UHC, we need to embark on full force and engage the executive to make sure we deliver to our people.

Mr. Speaker, when you look at the report we have only taken a sample of eight wards which is Kathiani, Ndithini, Muthesya, Matuu, Mwala, Masii and Matungulu West, Mr. Speaker. Issues which have been coming through there, I have realized that most of our casual workers are not within the payroll and it will be too hard for one to be paid when he or she is not in the payroll. In my case Mr. Speaker, I have one casual worker in Matungulu Health Center who has gone for almost two years without pay.

We need to push the County Public Service Board to make sure that all workers that we have are within the payroll to also enable us to have an overview on the issue of audit of

employees. Mr. Speaker, spending Ksh. 2.8 billion on wages in the health department and in the other case we are talking of under-staffing, Mr. Speaker, something needs to be done.

The report has said within 30 days after the adoption of this report, the County Public Service Board needs to give us a report on the staff audit in the health department. Mr. Speaker, this House needs to follow this strictly and make sure that within the 30 days, we are given the staff audit on the issue of health workers. Mr. Speaker, we cannot go on saying that we have a bloated wage bill when we do not even have the numbers which we are talking about.

Mr. Speaker, the report has focused more on staffing levels, supply of drugs, infrastructure, quality of services and the general operations. Mr. Speaker, I have been thinking of how our people have been rushing to Kenyatta University Mortuary all over and I am imagining us as a County we cannot do anything for our people. I do not know how a budget of a mortuary is but even the one in Kangundo Level IV Hospital still needs a lot to be done.

We need to give our people services which are up to standards of the current Kenya we are in. Mr. Speaker, I wish we could do a budget as an Assembly to give a modern mortuary for our people. Our people are taking their money to KU; I can imagine the whole of Machakos County will depend mostly on Matungulu, Kangundo we depend on KU mortuary. Mr. Speaker, we have the budget; I wish 2019/2020 we could do a budget to see that we up lift the standards of health within Machakos County.

Again as I finalize you can imagine of a hospital without a title deed; a full facility without a title deed. We need to tighten our belts and make things work, Mr. Speaker. Matters of health Mr. Speaker, we have a budget last year 2017/2018 DANIDA gave us Ksh. 30 million and Level V was given Ksh. 383 million. Mr. Speaker, we need to look at these issues of money together with the budget committee to know the monies which are coming from the National Government and also the money which we budget for the same to make sure that there is openness and accountability, Mr. Speaker.

Mr. Speaker, I wish to thank all members and I appeal to them again we unite in matters to do with health. Thank you.

Hon. Deputy Speaker: Thank you, Hon. Cosmus for your response on this issue. .

(Question put and agreed to)

Hon. Members now that you have adopted the report I just want to emphasize on two or three main points which have been brought before this House. The first one, the Hon. Member for Ndithini has come out very clearly on the issue of implementation and I do have the chair of implementation in the House. We have talked about the fact that this House is passing motions, is passing issues, reports recommendations and there is need for them to be followed through.

This actually lies squarely on the committee of implementation; every single item which has been approved by this House and the normal time lines are 60 days within which the implementation committee needs to pick up those items put them in a list and go on the ground and confirm whether those things are being done and bring back a report to the House on the status of those items which they will have confirmed.

There is a lot to be done. Hon. Members, when we pass especially money laws and motions in this House, it is important to realize that we should not be able to pass another money law before you know what happened to the last one which you did. That is the only way you are going to make sure that you have accountability. Do not pass money law on top of another

money law unless the previous money law has been fully accounted for with the work which it was given to do.

If you are brought a supplementary budget to pass, you passed a budget and then you are brought a supplementary budget to pass; you must question what happened to the budget before you pass the supplementary budget. You must question each and every single sector, every department.

If we passed money for hospitals to be done and health facilities to be done all over the place, we must first of all find out have all those facilities been done before we can be able to approve money for more facilities to be done. So, in as much as I am hearing some desperation, if I may use that word by members in terms of we are passing motions and we are doing things and we are not seeing the end result, remember the authority is in your hands.

We need to go and find out through our sectoral committees, through our various committees what has happened and if what has happened, what was approved has not happened then before you go ahead and pass anything else, you must hold the people who are responsible for not happening accountable.

Otherwise it makes no logic for you to keep approving a budget on top of another budget if you do not have the results of the previous budget and then we sit here and say Hon. Members sit down and say you know we are frustrated. Let us take these things into consideration before we pass a money bill let us get accountability for the previous money bill which we passed.

ADJOURNMENT

Hon. Deputy Speaker: Hon. Members this House stands adjourned to Wednesday the 5th day of December, 2018 at 10 a.m.

The House rose at 4.17 p.m.