

**REPUBLIC OF KENYA**  
**MACHAKOS COUNTY ASSEMBLY**

**OFFICIAL REPORT**

**Tuesday, 6<sup>th</sup> November, 2018**

The House met at 3.07 p.m.

*[The Speaker (Hon. (Mrs.) Mwangangi) in the Chair]*

**PRAYERS**

**Hon. Speaker:** Good afternoon Hon. Members. I welcome you to this sitting.

**NOTICE OF MOTION**

**Hon. Speaker:** We have one business by Hon. Steve Mwanthi. I was actually wondering why Hon. Steve Mwanthi is looking at me suspiciously; I am told its not yet, proceed. We need to correct the HANSARD, under order number six, we had to proceed because there is no business so we are now on statements where we have one business by Hon. Mwanthi.

**STATEMENT SOUGHT**

ANNUAL COUNTY GOVERNMENTS BUDGET IMPLEMENTATION REVIEW REPORT FOR  
2017/2018

**Hon. Mwanthi:** Thank you, Madam Speaker.

Madam Speaker, the Controller of Budget released an Annual County Governments Budget Implementation Review report for the year 2017/2018 and it contains departmental analysis of budget and budget performance. Pursuant to Standing Order 41, I wish to seek a Statement on the following matters:

1. How the department of Labor, Public Service and ICT got to have an expenditure of Ksh. 4.547 billion despite having a budget allocation of Ksh. 468 million on the recurrent vote.
2. How the department of transport road, public works and housing utilized their Ksh. 510,500,000 in development expenditure.
3. How the department of Agriculture, water and Livestock utilized Ksh. 199 million on development expenditure.
4. How the department of Health and Emergency services utilized Ksh. 159,780,000 in development expenditure.

Madam Speaker, the above mentioned departments should provide detailed report indicating specific projects activities undertaken, awarded contractors, amounts paid and any other relevant information. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Steve Mwanthi. This is a Statement being sought and usually we allow Members to express their sentiments on a Statement before the Chair gives direction on how the matter in the statement is to be dealt with.

**Hon. Museku:** Thank you, Madam Speaker. I would like to thank the Hon. Member for this great Statement seeking on various issues pertaining to the concluded financial year 2017/2018. Before I highlight on some issues he has talked about here, on the recommendation he is saying 'on the above mentioned departments should provide a detailed report indicating specific votes projects and activities undertaken,' I would like an amendment to be added there 'and in which ward' which will be able to assist the implementation committee of this House to verify those projects.

So, that they can be able to indicate this project was done in Kivaa ward or a particular ward and Members can be able to go and verify that those projects did occur in those specific areas. When I look at some of the observations which the Hon. Member has made, for a department to move from an allocated budget of Ksh. 468 million to an actual expenditure of Ksh. 4.5 billion without the authorization of this Assembly, it beats logic how the person in charge of Labour, public service and ICT or the person in charge of finance and revenue management could have allowed such a huge viament of Ksh. 4 billion. That is completely unheard of.

When we look at the department of roads and we are sure that 90 per cent of our roads were not worked on yet we see that department spent Ksh. 510 Million in development expenditure and our wards all the roads are not done. So, where did this Ksh. 510 Million go to; in which ward was this money utilized?

Madam Speaker, under Agriculture, livestock and water no new boreholes which we are aware of in most of our wards took place yet we can Ksh. 199 million was spent. We can also see under health and emergency services, Ksh. 159 million was spent in development expenditure yet we are not aware of any new Level II, III or IV hospitals which were constructed during the same period.

I agree with the Hon. Member that this Hon. House requires details of the specific projects, activities which were undertaken in which ward, who were the contractors who did the specific contracts so that we can able be to do due diligence on them and the amounts which have already been paid. This will be able to assist us to note where these amounts were paid before the supplementary budgets were done or after the supplementary budgets were done. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Museku. Hon. Kalumu.

**Hon. Kalumu:** Thank you, Madam Speaker. I would like to take this opportunity to congratulate Hon. Mwanthi for bringing such a statement because we are the representatives of the people who send us to this House and we know each and every place in our wards and what developments have been done if any. If you look at the department of Labor, it had an allocation Ksh. 464 million against an actual spending of Ksh. 4.547 billion. The law here has been violated by those who spend of this money because this is the House which approves budgets and I wonder how people across the other side can spend money without approval of this House.

One department can use almost half of the budget of this County; that tells you the so called recurrent expenditure is just a mess. So, they lie to us that this is the recurrent expenditure if they can put it in one department. Something needs to be done because if you look at what the Executive side has been doing we pass a resolution here, they don't follow it. There are laws governing budgets like the Public Finance Management Act that says any expenditure to be incurred must be passed by this Assembly. I wonder how it came to be that they could spend almost eight or nine times the amount which was allocated to them.

If you look at the transport department, if you look at my ward for example, nothing was done, only one road from KRB which was given to certain contractor whom we did not know who did a very shoddy job. Looking at things, it seems that they change the budget to suit themselves. If they can change from Ksd. 468 million to Ksh. 4.5 billion, what else can they not change? We are here as Hon. Members waiting for the budget again to approve then it goes to the Executive and they use it the way they want.

Madam Speaker, the law made all these offices we are sitting on today; I am a representative of the people of Kithimani because the law stipulated that. The Governor and his Executive Committee Members are there because the law says so but when it comes to following the law, here the law is not being followed. I also wonder how the Controller of Budget managed to give such amount of money; using which vote, to such an amount of Ksh. 4.5 billion to one department?

Those institutions from the national government who also could help us in doing oversight; it seems they are collaborating with the Executive and denying Mwananchi the services they should be given. Madam Speaker, we should rise to the occasion of saying 'No' for this to stop. If you look at the Agriculture department, the Ksh. 199 million which they are saying they used to buy fertilizers and seeds for our people, those seeds which come to the ward level and distributed to our people, we did not see them. I wonder where this money went; and if this is a routine, then why are we here?

If we can't strike a whip to these people, then what is our work, and I will ask myself again; what is my work if a person who has come for me to approve his budget goes beyond his mandate and approves for himself. How department of Health and Emergency services utilized Ksh. 159 million is a miracle because we go to our hospitals today and you find there is no medicine, the available medicines there are just Panadol painkillers; nothing else.

The time has come because it was a routine; we heard when we were out there that the past Assembly used to pass budgets and nothing was being done to the people of Machakos. How long are we going to keep quiet, having known what is happening in the other side? Madam Speaker, this is the highest time for us to rise to the occasion and demand all the projects which have been done although we have seen from the reports that they did not even present the list of projects to the Auditor General yet they have spent the money.

Where does Machakos money go? When we ask this and this is our work because the people send us here to ask for that money; when we ask, we are told now we are against the leadership of the said Governor of Machakos. If we did not come here to ask that, then what is our work here? This demotivates us as an Assembly. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Members.....sometimes, I am at a loss to refer to the Hon. Member as Kalumu or Kioko because I ask him to contribute as Hon. Kalumu but when he introduces himself he says he is Francis Kioko; so is Kalumu one of the side names?

**Hon. Kalumu:** Yes it is one of my names.

**Hon. Speaker:** Is it in your ID?

**Hon. Kalumu:** Yes.

**Hon. Speaker:** Then I am safe. Hon. Members, I asked the mover of this business, Hon. Steve to provide me with the report of the Controller of budget. I just want to be sure about the first number; is it as stated in that report?

**Hon. Mwanthi:** Yes, Madam Speaker.

**Hon. Speaker:** Please guide the House on that particular area on the report; page what and what it says.

**Hon. Mwanthi:** Madam Speaker, it is page 151 of the report where you will find Public Service, Labor and ICT; the first column shows financial year 2017/2018 budget allocation. The department had been allocated Ksh. 468 million only.

**Hon. Speaker:** Yes I see that and had Ksh. 14.68 million for development?

**Hon. Mwanthi:** Yes. Then after that you will find exchequer issues and after that there is now the expenditure in financial year 2017/2018. You will find that same department managed to spend Ksh. 4.547 billion. So you are left worried; Ksh. 4.5 billion in other words. If you go down Madam Speaker, you will find in Health and Emergency services, there was allocation of Ksh. 3 billion, that is in recurrent expenditure but they only managed to use Ksh. 276 million, Madam Speaker.

That is where we get money to purchase drugs in our hospitals and pay our health workers. So, that shows the Ksh. 3 billion, Ksh. 2.7 billion went to Devolved Units that is Public Service and Labour from health sector. So, if you go to the last column, you will find in percentage, that same department managed to spend 971 percent of their total allocation.

**Hon. Speaker:** 971 percent?

**Hon. Mwanthi:** Yes.

**Hon. Museku:** Point of information Madam Speaker.

**Hon. Speaker:** Point of information. Are you willing to be informed?

**Hon. Mwanthi:** Yes, Madam Speaker.

**Hon. Museku:** Madam Speaker, just to inform the Member that, looking at the figures he has talked about, you can see there was an attempt by the Executive to put certain bills like salaries and wages and everything to lump them under Public Service and ICT and not expense them under the specific departments which they had been planned in the budget against and you know very well that the PFM Act says and the County Fiscal Strategy Paper says that you cannot vary from what has been put on the ceilings and what has been approved on the budget, you cannot be able to vary by more than 10 percent and even that 10 percent has to have an approval of the Assembly.

So, with the main aim of trying to confuse the wage bill so that people do not know exactly how much is being incurred by each department in terms of wage bill. For you to do that, you remove it from all the departments and lump it in one area and then nobody will be able to know how much is being spent in health, how much is being spent in roads, how much is being spent here; it is all in an effort to conceal the truth and that is why the Hon. Member has raised that issue and the Controller of Budget in that report, highlighted that they had overspent on that amount and if you look at the recommendations on the other page which she has given, she is talking about that there need to be strict budgetary controls to ensure that people spent within the captions which have been approved by the Assembly in the budget.

So, I just wanted to inform him that for example, that shift from health of Ksh. 3 billion, it means that Ksh. 3 billion meant for Ministry of health whether it was through payment of salaries and wages or whatever it is, was actually expensed under Public Service, ICT and Labour and that

movement, you can see there is Ksh. 3 billion here plus another additional to make it Ksh. 4 billion over and above the budgeted amount. Thank you, Madam Speaker.

**Hon. Speaker:** Hon. Steve Mwanthi, you want to proceed further? I think---

**Hon. Mwanthi:** Yes. It was just a point of information from a Member.

**Hon. Speaker:** And you are not satisfied? Say something because we want to move forward.

**Hon. Mwanthi:** You know, Madam Speaker, it worries me when you find that Ksh. 276 million is the money that was spent in our hospitals yet in our budget we had an allocation of Ksh. 1 billion for buying drugs. Madam Speaker, you know recurrent expenditure is where we get money for buying drugs in our hospitals, so the person or the Officer who has been working in the public service and ICT should tell us whether he managed to purchase the drugs on behalf of Health Sector or what happened?

Then with my number two is where you will find Agriculture, Livestock and Water Irrigation Development whereby you will find they had an allocation of Ksh. 426 million as recurrent, Ksh. 431 million as development then you go to the expenditures, you will find the department managed to spend Ksh. 199 million. I was requesting Madam Speaker, if possible the Chief Officer to give this House the projects that were undertaken with those funds because in all those departments I think as a County we did not get projects worth that money.

Then number three is on Health and Emergency Services also where Ksh. 159 million was spent on development yet I do not know whether there is any facility or construction that was done using the funds.

Last one is on transport Roads, Public Works and Housing Madam Speaker, where Ksh. 510 million has also been spent in development, in roads whereby we cannot show where the projects were done, either grading or murraming in our roads. So, I see it is good for them to elaborate because as per the report, if you check on that page, you will find the County did not report on development projects undertaken during the reporting period. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Stephen Mwanthi. Hon. Members, I think it is commendable that the House is taking note of the reports of the nature that are before you the one by the Controller of Budget and it is in order for the House to internalize the report and through this Statement, the Members will be able to interrogate the report and perhaps make a decision going forward on the contents of that report.

So, Hon. Members, the matter is committed to the budget and appropriations committee and the Committee is required to report to the House on or before the 20th day of November, 2018 and I notice that the Chair is in the House, it is important....I am talking to the Chair of the Budget and Appropriations Committee, Hon. Ndambuki; the sentiments that were expressed by the Members which are intended to enrich the statement you need to take into consideration.

So, you go to the HANSARD as you seek for the information from the relevant office on the executing arm of the County Government, you should be able to raise the issues that the Members expressed on the floor over and above what is stated in the Statement. Mr. Clerk, proceed.

## MOTION

### REPORT ON UNIVERSAL HEALTH CARE IN MAKUENI COUNTY

**Hon. Speaker:** Hon. Members, under this Order we have one business by the Hon. Cosmus Masesi. Hon. Cosmus Masesi.

**Hon. Masesi:** Thank you, Madam Speaker. Good afternoon, Members.

Hon. Speaker, that aware that universal health is a health care system that provides health care and financial protection to all citizens of a particular country:

Hon. Speaker, 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;

Hon. Speaker, cognizant of the fact that a motion seeking the intervention of this Hon. House on initiation and implementation of a universal health care scheme by the County Government was brought to this Hon. House;

Further aware that the Motion was referred to the health and Emergency Services Committee for investigation and reporting back;

Hon. Speaker, acknowledging the fact that the Committee benchmarked with Makueni County Government with a few of learning on how the County was successfully implementing the Universal Health Care programme;

Hon. Speaker, I wish to move the Motion that this Hon. House discusses and approve the Health and Emergency Services Committee report on Universal Health Care.

Madam Speaker, I wish to call upon my Vice-Chair to second the Motion.

**Hon. (Ms.) Mene:** Thank you, Madam Speaker. I second the Motion.

**Hon. Speaker:** Thank you, Hon. Cosmus Masesi and Hon. Pauline Mene. Hon. Cosmus Masesi, proceed.

**Hon. Masesi:** Thank you once again, Madam Speaker. I want to believe each and every Hon. Member has the report with him or herself which is the report of Committee and Health and Emergency Services; the task was to report on universal healthcare, Madam Speaker.

## INTRODUCTION

### *Preface*

Hon. Speaker, Universal health care, also called universal health coverage, universal coverage, universal care, or socialized health care, is a health care system that provides health care and financial protection to all citizens of a particular country. It is organized around providing a specified package of benefits to all members of a society with the end goal of providing financial risk protection, improved access to health services, and improved health outcomes.

Hon. Speaker, Universal Health Care is firmly based on the World Health Organization (WHO) constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. Universal Health Care cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world's poorest.

### *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 the 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.'

*Committee Composition*

Hon. Speaker, the Committee 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. Annastacia 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, a motion seeking the intervention of the House on initiation and implementation of a universal health care scheme by the County Government was brought to this Hon. House. The Motion was referred to the health and Emergency Services Committee for investigation and reporting back.

The Committee held a meeting and resolved to benchmark with Makueni County Government which was successfully implementing the Universal Health Care.

*Committee Findings***UNIVERSAL HEALTH CARE***Background of the Program*

Hon. Speaker, Makueni County has been implementing a Universal Health Care (Makueni Care) for its residents since October, 2016. This is in line with 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.' Currently, more than 500,000 households have registered with the program.

Implementation of Makueni Care was informed by a successful pilot programme of universal health care for senior citizens of 65 years of age which had been done from May to September 2016.

Further, the initiation of Makueni Care was based on the fact that the County's population is mainly rural based with the County's poverty index at 60.1 per cent necessitating social programs to cushion citizens from catastrophic healthcare expenditure.

*Eligibility and Registration*

Hon. Speaker, all citizens who have been residing in Makueni County for a period of not less than six months are eligible. Further all eligible citizens undergo a registration process that registers the principal beneficiary, their spouse(s) and direct dependents below the age of 18 and 24 years for school going dependents.

There is an annual non-refundable registration fee of Ksh. 500 per household. An access card is issued after registration.

*Health Benefits Package*

Hon. Speaker, residents who have subscribed to the Universal health care enjoy the following inpatient services; nursing care, daily bed fee, ward consumables, drugs, daily

consultation, side room procedures and last office procedure, where applicable, up to 10 days, inpatient investigations both laboratory, radiological and blood transfusion.

Hon. Speaker, on outpatient, subscribers of the universal health care services patients enjoy the following services; consultation in the outpatient clinics, dental services, minor operations, excluding major surgeries and transplants, ambulance services from community to County Hospitals, laboratory services, occupational therapy, physiotherapy, routine orthopedic services, pharmacy services and imaging.

### **OTHER KEY ACHIEVEMENTS MADE BY MAKUENI COUNTY ON HEALTH SERVICES**

Hon. Speaker, from the meeting with the CEC and Chief Officer, Department of Health and Emergency Services in Makueni County, the Committee learnt the following:

1. The County has made significant investments in the healthcare system by allocating more than 30 per cent of its annual budget since 2013/2014
2. The County Public Service Board has seriously embarked on recruiting new healthcare staff since 2013/2014.
3. The County embraces the following initiatives to improve staff morale and output:
  - a. Health Insurance with Madison.
  - b. Availability and fair training opportunities.
  - c. Promotions and timely salary payments.
  - d. Timely remittance of all statutory deductions.
  - e. Improved and safe working environment.
  - f. Locum for staff on off-duty.
  - g. Uninterrupted supply of health commodities.
  - h. Improved staffing levels to match workload.
  - i. Improved infrastructure/equipment.

4. On infrastructure the County has set out the following projects.

- a. Makueni County Mother and Child Hospital
  - i. A 120 bed Capacity autonomous center of excellence / specialist hospital for mothers and children. This unit has a water tub which embraces the recent technology of delivery. With the operationalization of this facility, the hospital anticipates a high number of mothers from all over the country coming for deliveries hence increased revenue.
  - ii. The Center envisages offering pediatric heart surgeries and pediatric oncology services.

As at the time the Committee visited the County, the facility was 90 per cent complete.

- b. Makindu Hospital Trauma Center
  - i. This is center of excellence for operative fracture management and surgical interventions.
  - ii. The facility is intended to serve Mombasa-Nairobi Highway accident patients from Voi to Malili and other surgical cold cases across the Country.
  - iii. The center is also envisaged to rival Kijabe Mission Hospital in efficiency and effectiveness towards trauma center.

As at the time of the study tour, an orthopedic surgeon had already been posted to the facility.

- c. Upgrading of Makueni County Referral Hospital
  - i. Major infrastructural projects undertaken which include;
    1. Construction and Equipping of an additional theatre.

2. Setting up of a 4-bed ICU.
  3. Setting up a heavy duty oxygen generating plant with capacity to generate surplus oxygen for use in other. County Hospitals and Selling to neighboring Counties
  4. Construction of a new ultra- modern casualty block.
  5. Full automation of hospital work flows.
  6. 350 KVA standby power generator.
  7. Major facelift for the entire facility.
- d. Upgrading of satellite facilities- This has greatly reduced patients' waiting time and improves health outcomes.
  - e. New Rural Health facilities –This has reduced the average distance to access health services from 9kms in 2013 to below 5Kms in 2017 hence achieving the WHO recommendation.
  - f. County Medical Waste Management- This is located in Makindu Sub-County Hospital and has the Capacity to dispose safely medical waste from all public and private health facilities within the County.
  - g. County Ambulance System- The County has 17 heavy duty fully equipped ambulances. The ambulances are controlled from a central command center through toll-free telephone lines. This system has improved health outcomes since patients are picked and evacuated to health facilities within the reasonable time.
5. Healthcare Financing;
- a. All revenue generated in County Hospitals is ploughed back to improve service delivery.
  - b. Other streams of revenue to strengthen hospital operations include;
    - i. Recurrent Hospital financing.
    - ii. Free maternity/ Linda Mama.
    - iii. Universal health care.
    - iv. Donor funds from DANIDA and World Bank.
    - v. Conditional Grants.
    - vi. NHIF disbursements.
  - c. Donor funds, DANIDA and World Bank, and Conditional grants are promptly disbursed to rural health facilities thus efficient service delivery in the primary healthcare facilities.
  - d. Rural facilities operationalized by the County receive quarterly recurrent financing for smooth operations.

#### *Committee Observations*

Hon. Speaker, based on the interactions made with the host county the Committee made the following observations;

1. The Universal Health Care program is successfully being implemented by Makueni County. This is beneficial to the residents of the County since it's cost effective and also ensures quality service delivery.
2. Approximately 90 per cent of the County's population has registered themselves with the universal health care program.
3. Proper public participation was done before the actualization of the program. This is pursuant to the provisions of Article 10(2)(a) of the Constitution of Kenya, 2010 which states that 'the national values and principles of governance include patriotism, national unity, sharing and devolution of power, the rule of law, democracy and participation of the people.'

4. The subscription fee of Ksh. 500 per year per household adequately caters for the provision of health care, both inpatient and outpatient, to the residents of the County.
5. The 30 per cent allocation of the total budget to health care is a great boost in ensuring that proper infrastructure is put in place and there is consistent supply of consumables in all the health facilities.
6. All funds collected in the health facilities are ploughed back to the same facilities. This has seen health facilities in Makueni County independently and successfully pay for cleaning services, security services and purchase of consumables as they await allocations from the exchequer. This step has been made by proper implementation of the health regulations which recognizes the existence of hospital management committees.
7. Most of the County's dignitaries are treated in the public health facilities in the County. For instance, H.E. Prof. Kivutha Kibwana the Governor of the County has on numerous cases been attended to in Wote Level V Hospital. This is a key indicator of quality service delivery in the facility.
8. The Committee also noted the political goodwill between the County Assembly and Department of Health. The Makueni County Assembly has been on the forefront in ensuring that key legislation on matters of health care are enacted whilst respecting the separation of powers.
9. The County has an operational oxygen plant which generates oxygen enough for all the public facilities in the County. Further, excess oxygen is sold to private hospitals and neighboring counties like Kajiado, Kitui and Taveta Counties. This is an income generating project whose funds are channeled directly to the Facility Improvement Fund account and utilized on health care.
10. Donor funds are used for the specific purposes they are intended for and proper accounting on the same is done. This has created a good rapport with the donor hence consistent and increased funding.
11. There are no commercial dispensing chemists around Wote Level V Hospital. This is a clear indication that the hospital has sufficient drugs.

*(Applause)*

#### *Committee Recommendations*

Hon. Speaker, based on the above observations, the Committee recommends the following;

1. Acknowledging that Machakos County has been pointed out to benefit from the universal health coverage plan set out to be piloted by the National Government, public participation and civic education should be done. This way the residents of our County will be privy to the requirements and benefits of the program.
2. During budget-making process, considerations should be done to ensure that adequate funds are allocated to the Department of Health. This will ensure that service delivery to the residents is not compromised at any time of the year.
3. Health Workers irrespective of the cadre should be well facilitated by ensuring timely promotions and payments of salaries, proper staffing and ensuring that their working conditions are favorable. This boosts the morale of the work and increases their productivity in service delivery.
4. The Machakos County Health Regulations, 2015 which were enacted by this Hon. House are yet to be implemented. The objective of the regulations is to ensure that funds collected in health facilities are ploughed back to the facilities. The delay in implementation has been occasioned by lack of goodwill by the Department of Finance and Revenue Management. The Committee recommends that any proposed amends to

the regulations be forwarded to the Committee for considerations in the next 30 calendar days.

5. The Department of Health and Emergency Services should factor construction of an oxygen generation plant in the next Fiscal Year's budget. This will cut cost of purchasing the gas and also generate income from sale of oxygen to other facilities.
6. Donor funds should be used for the specific purposes intended for. The County Executive Committee member should submit quarterly reports on the receipts and expenditure of the funds pursuant to Article 183(3) of the Constitution of Kenya, 2010 which provides that 'the county executive committee shall provide the county assembly with full and regular reports on matters relating to the county.'
7. The County Executive Committee member (CEC) responsible for the Department of Health and Emergency Services should formulate a policy on management of all the County ambulances and forward to the County Assembly in the next 60 calendar days from the day this report is adopted. This will ensure a sound management of the critical docket.
8. The County Government should ensure that procurement of sufficient drugs for health facilities is done in done and with proper consultation. This will curb circumstances of patients lacking essential drugs and being prone to exploitation from commercial chemists.

#### *Conclusion and Acknowledgement*

Hon. Speaker, strengthening service delivery is crucial to the achievement of the health-related Millennium Development Goals (MDGs), which include the delivery of interventions to reduce child mortality, maternal mortality and the burden of HIV/AIDS, tuberculosis, malaria and other ailments. 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 Hon. House for adoption. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Cosmus Masesi.

*(Question proposed)*

Hon. Members, you invited to debate on the report. Hon Museku.

**Hon. Museku:** Thank you, Madam Speaker. First of all, I am thanking my chairman for a good report which the committee has presented before the House in as far as the Universal Health Care is concerned. Madam Speaker, in brief in this report, it is evident that Makueni as a county has got a working Universal Health Care system which is benefiting its residents and it is something which we as the people of Machakos should be able to emulate and follow suit on the things they have done.

When you look at the report it shows great strides which have been made in term of ensuring that enough public participation was done by them and that all households in that area more than 500,000 households have been registered in the program; that is quite impressive, Madam Speaker. Looking at one of the index they have given here is that; further the initiation of Makueni Care was based on the fact that the County's population is mainly rural based with the County's poverty index at 60.1 per cent necessitating social programs to cushion citizens from catastrophic healthcare expenditure.

The same thing is happening to our county. Madam Speaker, most of our county, in Machakos if I do not have the fact with me on the poverty index level but I do not expect it to be any much better even if it is better than this and people have resulted to social programs. If you go to most of areas in where we come from, you will find there are very many self-help groups; people have formed numerous self-help groups to try and assist themselves in as far as provision of health care is concerned.

Health care is a basic thing for humanity. At this age, we cannot be having somebody who, when they fall sick, do not know what to do and I can assure you most of our people when they fall sick, they do not have an option. Most of them actually end up taking traditional drugs because the cost of medication in this country has gone very high and therefore this report shows the need for us to move with speed and be able to have our very own universal health care.

I know as the committee has recommended, we have been pinpointed to be part of the pilot programs on Universal Health Care by the National Government but that should not stop us however in ensuring that for example in the budget process which we did we allocated Ksh. 170 million to provision of drugs.

So, as a health committee and also as the budget committee, we will be seeing how that provision of Ksh. 170 million will be merged with the government-sponsored universal health care so that we do not have the government providing the universal health care and Ksh. 170 million which we allocated in the budget, finding legs to go elsewhere now that the National Government is taking over that docket of provision of Universal Health Care.

So, this I am speaking specifically to my chair on Budget and my chair of Health; we must keep note that we did allocate funds in the budget for provision of drugs for provision of supplies to our hospitals and that now the coming on of the Universal Health Care by the National Government should not blind us into losing track of those funds which we allocated during the budget.

Something like the Machakos County Health Regulations 2015 which again is part of the reasons why you saw in the notice of motion of the impeachment of the CEC finance; it is a very clear regulation which says that if a facility collects money and deposits it in the County Revenue Fund, that money needs to be ploughed back to that facility for it to be able to continue operating.

Madam Speaker, I have moved round in most Level IV and V facilities in this county and they do not get that money ploughed back and I always ask myself; if there is a regulation which was passed by this House and remember this regulations are made by the executive and they are brought to the committee for verification before being adopted by the House, why would we be halving regulations in place and then we do not go ahead and implement them?

Health facilities are not revenue facilities but in Machakos County they have been treated as revenue facilities. So, when that money is collected from the health facility and is taken to the Treasury, they take it as the money coming in and re-allocate it to other uses whereas the regulations say that this money needs to be ploughed back.

So, it is important for as the committee has recommended that the objective of the Machakos County Health Regulations which were enacted by this Hon. House need to be implemented and one of the things to make sure is implemented is the notice of motion which has been given here.

Tomorrow we make sure we do justice to it so that we can get people who can be able to implement such regulations when they are brought before the House. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Museku. Hon. Dominic.

**Hon. Ndambuki:** Thank you Madam Speaker for the opportunity to contribute to this motion and I would like to applaud the Chair and his Committee on Health for the good work that they have done. Madam Speaker, as you note that in the Big Four Agenda that the President of this Republic outlined, affordable health Care is one of them and Madam Speaker talking of health care, the committee on Health has done a good job in trying to compare what Machakos County and

Makueni county differ in their provision of health services to our people and I would like to echo the segments which have been put across by Hon. Museku that Facility Improvement Funds needs to be ploughed back to respective facilities if we have to take care of the running costs of these facilities, Madam Speaker.

Then again, Madam Speaker, for Universal Health Care to be sustainable in line with the global Sustainable Development Goals, Madam Speaker it is very important that we be innovative and also creative every day and one of the things that the committee has brought forward is that Machakos County can borrow a leaf from Makueni county and we start our own oxygen-generating plant so that we can also supply to other private health facilities that we have and this way we can be able to get some extra coin and plough it back to the program that will benefit the people of Machakos.

Madam Speaker checking again in the report that has been read here, you will note that, Madam Speaker, at times when we go to our facilities we find that there are essential drugs that are missing or rather they are lacking in these facilities. Madam Speaker, if we could equip them as a county, we equip these facilities with essential drugs then we will be helping our people and universal health care as a program will be beneficial to our people and sustainable. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Dominic Ndambuki. Hon. Musau

**Hon. Wambua:** Thank you, Madam Speaker. Madam Speaker, as I was reading through the motion and listening to its mover, I almost got lost between believing and not believing because comparing the situations in Makueni and Machakos are two different words, Madam Speaker. Madam Speaker, actually at a point when I realized even H.E the Governor of Makueni County seeks medical attention in such facilities; I came to ask myself why it is not in Machakos, Madam Speaker. I concluded by saying if only it were so in my mother county, Machakos County, Madam Speaker.

The irony in this report Madam Speaker, which has come out very clearly is that; just imagine, the report very clearly indicates that there are no dispensing chemists or pharmacists around the Level V of Makueni while we have so many of them coming up just around our Level V, Madam Speaker. Does it imply that drugs are lacking, is there bad intention such that the same drugs that are lacking in our hospital maybe stocked in the upcoming and the existing pharmacies around our Level V?

Madam Speaker, so many questions are going unanswered and something must be done and be done very urgently; our people have suffered enough, Madam Speaker. Comparing our level of our county, resourcefully our County is better than Makueni Madam Speaker and that means we can do better but the irony becomes sarcasm. The Voice tells me sarcasm is a bitter irony and that is not cheating, Madam Speaker...

**Hon. Speaker:** Which voice; the one we know or another one?

**Hon. Wambua:** The Voice you know, Madam Speaker; the voice of the disabled. Thank you, Madam Speaker, for the concern. It is sarcastic, with all the resources, with all the National Government allocation to our Level V, Madam Speaker, with all the amounts collected in that hospital which is not being ploughed back; it worries us a lot. What is our destination?

The Makueni people have their destination; it is unbelievable it is just happening in our neighborhood sister county, Madam Speaker. Why can't we borrow from them? Why can't we be humane to the suffering; our hospitals are places for the suffering, Madam Speaker. If it is not for the sake of the MCAs' salaries and allowances, why not for the sake of the health of the suffering in

the hospitals, Madam Speaker. Something must be done and I reiterate that once again, Madam Speaker.

We cannot play around with the health of our people; we shall be cursed. I beg this House to do all that it takes and rescue our institutions, Madam Speaker. These charitable institutions which even so many NGOs and other organizations have seen the need to fund them because of the nature in them. Patients are sufferers, there are so many efforts put by different bodies to rescue their situation but the fruits are not seeing, are not coming out clearly, Madam Speaker.

Madam Speaker, let us pray to God that things go well and let us act where we can Madam Speaker. We have so many people in this County who cannot afford private medication, we have so many people who even cannot afford the NHIF money but now, a rescue has come; the Universal Health care, Madam Speaker. Let us make efforts to see that it works and it works to the best and to the benefit of the suffering. I rest my case, thank you, Madam Speaker. Thank you so much.

**Hon. Speaker:** Thank you, Hon. Musau. Hon. Angela

**Hon. (Ms.) Munyasya:** Thank you, Madam Speaker. I would like to echo the health committee for the wonderful presentation of this report. Madam Speaker, I remember I am the one who moved the motion on health care in Machakos County and I am glad that it has been followed up to this level. Madam Speaker, it is a pity that in Machakos County, we have not as much as reduced the distance between healthcare centers. So many patients have to walk long distances to get health care facilities and it is a pity that even when they get to the health care centers, there is no medication.

Madam Speaker, our people do not have enough funds to be able to purchase drugs and if only the County could utilize the allocation funds in the budget for the health care for our people, it will be at least 50 percent adequate to cater for the suffering people of Machakos County. Madam Speaker, I would like to really urge our members together to fight so that we get these health care facilities closer to our people, more efficiently because a nation or a people is as productive as they are healthy. I rest my case, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Angela, Hon. Majority Mark Muendo, sorry.

**Hon. Muendo:** Thank you, Madam Speaker for catching the eye of your MCA. Let me also say and support this report and say this report is correct on what is happening in Makueni. Actually, when you look at this report and if you have been to Makueni, this is what is happening in Makueni. Madam Speaker, I will like to say Makueni is not in a foreign country; Makueni is in Kenya. Let me say, Madam Speaker, what we lack in Machakos is not funds but purely the structures. We do not have the structures; that is from human resource up to experts to run this facilities.

When you look at this Madam Speaker, in Makueni we are talking about Ksh. 500 a year. Yes, it is very small but the County Government of Makueni normally tops up for the people of Makueni to have these facilities, for this universal health care to work. Madam Speaker, I have seen now Machakos is among the four counties that are supposed to benefit from the National Government on Universal health care and I can see Madam Speaker, and I can feel this is being actually also being taken over by the County in a way that the County Executive want to feel that they are the ones who are implementing.

I want to urge this Hon. House to be careful now because as we are talking Madam Speaker, I understand the CEO of NHIF has given the Executive the right to recruit these people to benefit from the Universal health care. Hon. Members, let me tell you if we are going to allow this to be done by the executive, it is going to be a mess again.

*(Applause)*

I urge this House to stand firm and watch what is happening. I understand Madam Speaker, this is what we are hearing but also I know from my ward, some people have been taken for training to start registering the universal health care in our county. This is where Madam Speaker, and I am telling you this is where we are now going wrong because we allowed now the National Government funds to be channeled through our County Executive.

Madam Speaker, let me say as members of this Assembly, we must be now watching about the universal health care registration. When you look at Makueni Madam Speaker, they went for public participation which is very important before you start doing anything because it is in our constitution. When you look at number three of the observations, this is pursuant to the provisions of Article 10(2)(a) of the Constitution of Kenya. That is where we must start; first of all public participation then now we start recruiting.

Now we are starting recruitment when you have not even done public participation. We do not know even how much is going to be given by the National Government for this universal health care to succeed. Up to today Madam Speaker, nobody can tell you how much money for this Universal Health Care which is coming to Machakos. We members of the Assembly we are not even concerned, we are not informed but Madam Speaker, let us say we can even borrow more from Makueni; there must be a document Madam Speaker, in Makueni which guided this universal health care.

We learn from others; it is not that we are superior we learn from others. We can learn because it has succeeded in Makueni Madam Speaker. It happens that I come from Makueni and our leaders are saying, in Makueni, we know how happy they are and Madam Speaker, the other thing, here we are talking about that we are among the four we are now saying that it is coming but it is only the drugs and the services from the professionals which are going to be catered for. How about our facilities; our facilities are not there even if we get the universal health care are you going to treat them in the kiosks?

So, Madam Speaker, that is why I am saying I support Hon. Museku saying the funds that were allocated for drugs and others should now back to the infrastructure of our facilities because Makueni what they have done, the government when they started this initiative they went back and looked at their facilities.

*(Applause)*

You go even to a small health center in Kibwezi, in Mutito a-Ndei, in Kalawa; the health facilities are perfect in Makueni. Come to my ward in Kyumbi where we have the health center, it is half way and even to date the watchman is the one giving medicine to my people in Kyumbi; even today, Madam Speaker.

So let us be the watchmen, let us do our work Hon. Members, let us get involved in this universal health care because I know now the people are being trained to come and the money is going to be misused. It is going to take over Madam Speaker, if this House is not going to be careful. Thank you, Madam Speaker.

**Hon. Speaker:** Hon. Museku, the mover, please reply. The one who moved Hon. Cosmos Masesi; sorry there is a similarity between Museku and Masesi.

**Hon. Masesi:** Thank you, Madam Speaker. First and foremost, I want to thank the members and Madam Speaker, remind them that it is time we live by our values and be telling the truth even when it is difficult to do so. Madam Speaker, as an Assembly, we have done our part because I want to believe we budgeted for Ksh. 4 billion plus which is more than 30 percent of our budget. Madam Speaker, when we were doing site visit, we realized that even though we are like four months down

the line the budget for health, Ksh. 170 million what we can trace so far is only Ksh. 5 million, Madam Speaker.

Madam Speaker, again if we do not get it right at the start, echoing on of the comments on the piloting program and public participation before the actualization of the program, Madam Speaker, again you will get it wrong. Madam Speaker, I am surprised as we talk now, there is some public participation which is going on within our wards and we are not involved.

Again this reminds me of the Ksh. 1 billion for the municipalities whereby donor funds should be used for the specific purposes. Madam Speaker, as an Assembly, we need to stand firm and make sure that all monies which come from donors Madam Speaker, they are well placed to their specifics. Madam Speaker, lastly we have realized that the acting Chief Officer for health informed the committee that we have Ksh. 1 billion for drugs a lone in this financial year.

Madam Speaker, with that budget and we have no drugs in our facilities, it is raising alarm and the members, we need to put and stamp our feet forthwith. Madam Speaker, again I want to thank the members of the health and emergency services committee for their welcome to the committee and accepting my leadership.

Thank you, Madam Speaker, and I urge the house to approve the report to give way for the House and enable the people of Machakos benefit from this free universal health care. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Cosmus Masesi.

*(Question put and agreed to)*

Hon. Members, as is the practice, I just want to make some comments particularly on this matter and as I was seated here when you started debating this report, this matter came into my mind and I think through osmosis, the Hon. Majority Leader touched on some of my thoughts; I would not be not doing justice to the Assembly if I did not caution you to be aware because, yes this is a project of the National Government; I am talking of the universal health care that is being put in place.

But does the Assembly and the other Assemblies of the other three Counties ever stop to ask why it is that they are not being involved in the process? Who is going to make or pass the policies? Who is going to pass the budget? Who is going to pass the legislation and already you have legislation in place of the County.

If it is necessary to amend it or to repeal it so that it agrees with the program of universal health care, who is going to deal with that? So, please do not just sit pretty and then you say you say you will watch. You should not watch; you should seek an engagement with the CS health at the National Government level so that you can know what are the plans in place, what other budget you need to pass if you are going to pass if you increase the infrastructure because as the Majority Leader said, the National Government is going to cater for drugs and perhaps staff.

So, where are they going to be treating the people? Doesn't that come right at the doorstep of this Assembly on planning, approvals and so on? So, I think you need to take up the challenge and move very fast because the launch is supposed to be around 1st of December or so. Do not be caught flatfooted; as you say you want to oversight, you do not know what you are going to oversight. You do not know where to start, you do not know where to end including even recruitment and involvement of the public.

So, it is up to you to take whatever decision as an Assembly you need towards having an engagement with the CS health, to be informed. It is your right, Article 35 of the constitution and there is a law to a right of information and more so because of the roles you play under the constitution, legislation, representation and oversight.

## ADJOURNMENT

**Hon. Speaker:** Hon. Members, the sitting of this House is adjourned at this point it is going to resume on the 7th day of November, 2018 at 10 a.m. tomorrow. Hon. Members, have a good evening.

The House rose at 4.29 p.m.