

REPUBLIC OF KENYA
COUNTY ASSEMBLY OF MACHAKOS

OFFICIAL REPORT

Tuesday, 15th March, 2023

The House met at 10.32 a.m.

[The Speaker (Hon. (Mrs.) Anne Kiusya) in the Chair]

PRAYERS

PAPER LAID

STATUS OF BARABARA MASHINANI GRADING PROGRAM

Hon. Speaker: May I call Hon. Mbuva to proceed and lay the Paper?

Hon. Charles Mbuva (Kangundo West, GDDP): Thank you, Madam Speaker. I am laying this Paper on behalf of the Chair, Transport, Roads and Public Works Committee the Hon. Muoki Musila who was not able to be with us. He has requested me to do so as a Member of the Committee.

Hon. Speaker, I beg to lay the following Paper on the Table of the House today Wednesday, the 15th day of March, 2023; the Report of the Transport, Roads and Public Works Committee on

Hon. Speaker: Thank you, Hon. Mbuva.

(The Paper was laid on the Table)

NOTICE OF MOTION

STATUS OF BARABARA MASHINANI GRADING PROGRAM

Hon. Speaker: May I call Hon. Mbuva to proceed and lay the notice of Motion.

Hon. Charles Mbuva (Kangundo West, GDDP): Thank you, Madam Speaker. Madam Speaker I give notice of the following Motion.

Hon. Speaker, that aware that the County Assembly's oversight function is one of the cornerstones of democracy;

Aware that oversight is a means for holding the County executive accountable for its actions and for ensuring that it implements policies in accordance with the laws and budget passed by the County Assembly;

Hon. Speaker, acknowledging that Article 183(3) of the Constitution of Kenya, 2010 provides that the County Executive Committee shall provide the County Assembly with full and regular reports on matters relating to the County;

Further aware that Article 185(3) states that the County Assembly, while respecting the principle of separation of powers, may exercise oversight over the County Executive Committee and any other County Executive Organs;
Hon. Speaker, cognizant of the fact that Transport, Roads and Public Works Committee is established under Second Schedule Standing Order 190 and is mandated to deal with all matters related to county transport, including county roads;

Aware that the Transport, Roads and Public Works Committee received a report on status of *Barabara Mashinani* grading program from the Department of Roads and Transport;

Further aware that the Committee conducted site visits to ascertain the status of the sampled graded roads as indicated in the report, held meetings with the Chief Officer and compiled a report;

Hon. Speaker, I wish to give notice of motion that this Hon. House discusses and approves the Transport, Roads and Public Works Committee report on status of *Barabara Mashinani* grading program.

Thank you, Madam Speaker.

Hon. Speaker: Thank you, Hon. Member.

MOTION

APPROVAL OF REPORT ON THE STATUS OF MACHAKOS LEVEL V HOSPITAL

Hon. Speaker: May I invite Hon. Vincent Mutie, Chairperson Health and Emergency Services Committee to proceed and move the Motion.

Hon. Vincent Mutie (Upper Kaewa/Iveti, WDM-K): Thank you, Madam Speaker.

Hon. 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 Article 185(3) states that the County Assembly while respecting the principle of separation of powers, may exercise oversight over the County Executive Committee and any other County Executive organ;

Cognizant of the fact that Health and Emergency Services is established under Second Schedule Standing Order 190 and is mandated to deal with all matters related to health services, firefighting and disaster management;

Aware also that the Committee conducted site visits to ascertain the status of Machakos Level 5 Hospital, held a meeting with the Hospital Management and compiled a report;

I wish to move the motion that, this Hon. House discusses and approves the Health and Emergency Services Committee report on the status of Machakos level 5 Hospital.

Hon. Speaker this was a site visit which was conducted to establish the work and the services that are being offered at level 5 and with us is a report we need this House to consider and I would call my brother the Hon. Member for Masii to second the Motion.

Hon. Douglas Musyoka (Masii, MCCC): Thank you, Madam Speaker. I am a Member of this Committee on health. I acknowledge this report. I was part and parcel of it and therefore I second the Motion.

Hon. Speaker: Thank you, Hon. Member.

Hon. Vincent Mutie (Upper Kaewa/Iveti, WDM-K): Madam Speaker, I want to take the House through the report briefly so that they can appreciate what we did. We visited the outpatient department and we had several observations. No 9 in bullet 3.11 discusses the outpatient. You realize that the public toilets which are meant to serve patients at the outpatient department had their flushing systems not working. We had one male attendant who had been assigned to clean 12 toilets for both women and men.

As at that time, this person or this attendant did not have protective gear. By so I mean the gumboots, masks, the apron and gloves and we observed that this person is exposing himself to infections.

We also observed that the queue of patients at the outpatient department was not well managed and it was not monitored as well. Some patients took advantage of that especially who did not know the procedure and hence no priority on the first come, first serve patient basis. The Committee interrogated some patients at the reception and noted that they had waited for one and half hours before being attended. Madam Speaker, that is a long time for a patient to stand in a queue.

We also realized that the registration fee at the reception which is about Ksh. 100 and we realized that there are three paying points at the reception of the outpatient department. The fees and charges paid at the hospital are banked in the County Revenue Fund and hence not accessible to the facility.

The outpatient was only operating during the day and patients seeking services at night were been attended at the casualty department. Further we also realized that after payment of registration fee by patients, the patients were being directed to the nursing triage where basic check up on blood pressure and sugar level were undertaken.

The Committee noted that there was no control of the queue at the nursing triage. The nurse in charge informed the Committee that the outpatient department handles approximately 250 to 300 patients a day.

Patients from the nursing triage were been referred to or book specialized clinics like gynecologists, general medical officers or clinicians rooms in the outpatient departments especially on general ailments and there was also a long queue at that place. We interrogated several patients who were waiting to be attended by the specialized doctors and we note that the queue was not well coordinated as well as you realize, Madam Speaker, there is an issue about patient management all across.

The Committee noted that the specialized clinics were scheduled to close at midday despite the confusion in regard to control of movement and control of patients; there was a limited time of attendance for the patients which meant that the clinics were to be closed at midday. Patients who would not have been attended by that time had to be rebooked again for another day. Madam Speaker, that is a frustration.

We also noted that the Committee visited the pay-point which is situated at the laboratory department and noted that the computerized payment system was not reliable hence causing delay and a long queue again. This in itself was a risk in loss of revenue because payment

receipts were not been timely generated. Due to that long wait most patients are bound to give up. After giving up that is revenue lost for the County.

The Committee also visited the casualty department and we noted several things. We noted that there is delay in receiving and attending to patients. For instance, the first patient whom we identified arrived at the hospital at 7.00 a.m. and was attended by the medical personnel at 10.43 a.m. Madam Speaker, if you are good in Mathematics you will realize that it is 3 hours and 43 minutes of wait.

Hon. Speaker: I wish I was! Thank you, all the same.

Hon. Vincent Mutie (Upper Kaewa/Iveti, WDM-K): Secondly, you realize that this is not a person who is waiting to deposit money in a bank; this is somebody who is in pain had to wait for 3hours 43 minutes to be attended to. We also observed that the reception of the casualty department was disorganized and patients were not well-guided on where to start and who to attend to them first. There was no control of the queue at the reception of the casualty department. Madam Speaker, you will realize that there is no disorganization in terms of attending to people who are coming to seek services at the various services at the various departments.

On interrogating the Medical Personnel at the Casualty Department on the flow of patients, the Committee was informed that the flow of patients at the Casualty Department is unpredictable. As to what that means we are yet to establish.

Further the time taken to attend each patient depends on the severity of their condition and the availability of staff and resources. If we were to look at that Madam Speaker, we thought that maybe these personnel were trying to justify why this patient had to wait for three hours. Could that be the reason why we lose so many people at the casualty department? Maybe so.

In general, patients in casualty department expect to be seen within a few hours of arrival; that was the theoretical approach that we were given but practically it was not working.

However, due to the high demand for care and the limited number of staff, many patients had to wait for a longer period. The medical personnel observed that we have to attend to people as soon as possible but because of demand and limitation in terms of staff then patients are bound to wait for a longer time which means that due to that we are putting our people at risk. You realize that this is the casualty department that handles severe cases maybe from accidents or some other issues and this person need to be saved as quickly as practicably possible.

We were informed that the Casualty Department was operating for 24 hours. Madam Speaker, following up with the communication that we had received and the observation that we had made of a patient waiting for almost three hours, then having 24 hours operationalization did not mean that there was any meaningful output at the department. Perhaps it only existed for the sake of existing.

The registration fee for each patient is Ksh. 100 payable to a pay point at the Casualty Department. The fees and charges paid at the hospital as we had observed are banked in the County Revenue Fund. We noted that the medical personnel at the casualty department lacked key essential supplies like gloves. Madam Speaker, you realize gloves are a basic gear that anybody needs to have. They lacked masks and they also lacked essential drugs for managing emergency.

We also observed that the Casualty Department lacks a fully-equipped Trauma Centre which is ideal for provision of comprehensive care to patients with severe injuries. This includes both surgical and non-surgical care.

The Minor Theatre at the Casualty Department was not well-equipped. This meant that patients who needed minor surgery were not able to have their procedures done at the hospital and had to travel to another facility. Madam Speaker, you realize that this is the level 5 of Machakos County.

We also noted that part of the hospital has asbestos roofing which is not suitable for the patients because of the health risks associated with asbestos exposure. It is a known carcinogen and exposure to asbestos can cause a variety of health problems, including lung cancer, mesothelioma and asbestosis. In addition, patients in the hospital are likely to be more vulnerable to the effects of asbestos exposure due to their underlying health conditions.

We interrogated the management of the Hospital and this was the response;

As at the time we were meeting, the cleaning in the facility was being done by cleaners on casual engagement and an additional 24 others who were on permanent and pensionable terms. This is what they said concerning the cleaning.

The in-charge of the facility acknowledged that the personal protective equipment were not adequate for all the cleaners. You realize, Madam Speaker, this is an acknowledgement that the cleaners were not well-protected.

The procurement process had been initiated to supplement the available ones. The Committee was further informed that the cleaners on casual terms were not strict in putting on the Personal Protective Equipment (PPEs). Madam Speaker, it is the management who observed that the cleaners are not keen or strict on putting on the PPEs. It is my humble understanding that if you are given work to supervise someone you must ensure that they do their work in the manner in which they are supposed to do it.

The nurse in-charge of the outpatient department acknowledged the challenge faced by patients at the waiting bay and added that the hospital has customer care officers who are not adequate to manage the patients at the outpatient. Madam Speaker, I do not want to tire the Assembly in going with the other responses from the management because all of us have copies of this report.

I would like to draw the attention of the Assembly to No. 30 of the responses from the management. This is what they said; the hospital management acknowledges that the only urologist in the facility was away on a study leave and there was no reliever at the time of such an approval. What does that mean? It means that the urologist was released to go for a study leave and there was nobody to take up their responsibility which means that our people were left exposed because there was nobody to attend to them.

Asked on the rationale of such an arrangement, the response was that the urologist will gain knowledge and skills to handle more complicated cases. My casual understanding is the urologist will gain skills perhaps to attend to our people after they die when he was not on duty.

Hon. Speaker: I suggest Hon. Vincent that you still handle Nos. 31, 32 and 33; they are very key, according to my assessment.

Hon. Vincent Mutie (Upper Kaewa/Iveti, WDM-K): Well-guided, Madam Speaker. So we were concerned as a committee that the Human Resource department had the audacity to release the only available urologist to go on a study leave without a reliever on the pretext that

that person will acquire more skills. Anybody will pose the question; at what time will that extra skill and knowledge be applied. We need the services now but the skill is good but due diligence was important before that decision was arrived at.

The management also said on the revenue collected in the facility, the management reported that all fees and charges are in the custody of the Department of Finance and Revenue Management. The tellers at the pay points did not have full access to system and relied on the payment messages provided by the patients. It means that if I do a payment then I have to show you I have done the payment.

Let us imagine that I do a fake payment or you give me your payment and I edit it and I show it to them. Then they will rely on what the patient will provide to them. That, in our assessment, provided a way or rather avenue where the County will lose meaningful resources.

The hospital management acknowledged also that the supply of bed linen, cleaning materials, pharmaceuticals and non-pharmaceuticals was not consistent and the allegations by the public on lack of these items in the facility were true. Hon. Members, you will bear me witness, not ones or twice but many times that their electorates have called them to report that they went to the hospital and they were told to go and buy gloves for the attendants. They said that they were under-budgeted they cited that as the root cause.

It was also reported that the washing machine in the hospital needed replacement since it kept on breaking down. Madam Speaker, as to why it keeps breaking down we do not know. The approximate cost of a new washing machine was put at Ksh. 36,000,000. We did not see any requisition for the same.

The hospital management admitted that the asbestos roofing in some hospital buildings was a health risk to the patients as well as the staff in the facility. Proposals on replacement of the roof had previous been made but implementation stalled due to lack of budgetary provision.

The mortuary was reported to be in a very deplorable state and posing a health hazard and hence the dire need of building a new modern mortuary in the hospital. Madam Speaker, those are the responses that we received from the management which to an extent confirm the observations that the Committee made.

These are our findings as a Committee

From the above observations drawn from the site visit and discussion with the hospital management, the Committee made the following findings;

Cleaning services of toilets at the outpatient and casualty department is not managed efficiently and effectively and the attendants seem not to be well informed on the use of PPEs. If training is necessary, Madam Speaker, we will recommend such. The supervisory of the cleaning programs at the outpatient department is not well coordinated and can expose the patients and the workers to infections.

The committee also noted that the department is understaffed, not well-capacitated to undertake cleaning services in such a facility. We also found out that the hospital has neither a queue management system nor personnel at the customer care desk to direct patients also to guide them where assistance is needed. Our findings also that the revenue collected in the facility is banked in the County Revenue Account and the hospital had no access to the funds whatsoever despite the existence of the Public Finance Management Act (Machakos County Health Service) Regulations that provide for ploughing back of fees and charges collected in health facilities.

The hospital is understaffed in all cadres; this is another finding we made. These has occasioned the long queues of patients and some of them end up being unattended to at the outpatient department especially those on appointments at the specialized clinics.

It is also another finding that the hospital faces a very inconsistent supply; Madam Speaker, we insist very because if something as small as gloves is not available, what about a bigger item which might cost much more money. It is inconsistently supplied and that is both pharmaceutical and non-pharmaceuticals supply which poses a big challenge on service delivery to the residents of the County.

It is also important for us to note that when the hospital does not provide these important tools of work it acts as a demotivating factor for the workers. The casualty minor theater, minor theater and hospital mortuary are in deplorable state and there is dire need to have them renovated.

We also found that the management has no guidelines on the procedure of approvals of study leaves for medical personnel.

Madam Speaker, having done all that we have several recommendations that we are putting forward for the department to adopt and to implement. Based on the above findings Madam Speaker, the committee makes the following recommendations:

The hospital management should come up with a clear policy on cleaning services. These can be achieved through creation of infection prevention committees and ensuring that the cleaners are well informed on the precautions they need to take when dealing with the various waste in the hospital to avoid subsequent infections and health hazards. The management should competitively outsource all the cleaning services.

We also recommend that the hospital management should endeavor to have an automated queue management system in the Budget Estimates for the financial year 2023/2024 to manage patients at the casualty and the outpatient department. In the meantime, the personnel working in the hospital and the department of health at large can be deployed at the customer care desk to manage the queues. Madam Speaker when you go to most of our hospitals you realize there is nowadays a new department called hospitality. I do not know whether we need hospitality in a hospital. Perhaps, those people who are being touted to serve in that department can assist in managing the queues.

We also recommend that the department should do a staff audit of the medical personnel in Machakos Level V with a view of identifying the understaffed cadres and proposing recruitment to fill up the vacancies.

We also recommend that the CECM department of health in collaboration with the CECM finance and economic planning should operationalize the Public Finance Management Act (Machakos County Health Services) Regulations. This will ensure that revenue collected in health facilities is utilized in the same facilities on consumables and services that are urgent and promote service delivery. The hospital management should ensure that guidelines on leave such that an officer can only be released when there is a reliever available. In the meantime, urologist should be engaged on contract basis to stand in for the one who is on leave.

We also recommend equipping of the minor theatre, the trauma center at the casualty department, the renovation of the mortuary and purchase of a laundry machine should be given priority in the Budget Estimates for the financial year 2023/2024.

The department should streamline the supply of pharmaceuticals and none pharmaceuticals in the hospital. This can be achieved by ensuring sufficient budget allocations are done based on annual consumption of the items. Timely requisitions, payment to supplies, Madam Speaker, you realize the issue of pending bills is an elephant in our House, proper stock management and coding of supplies for ease of traceability. You realize sometimes medicine and other supplies will come to the hospital and they disappear and as to how they disappear perhaps nobody can tell.

We also finally recommend that the department should implement the Machakos County Health Services Act 2020 which creates the hospital boards for Level V and IV, health centers and dispensary committees. These hospital boards and facility committees oversee the management of the facilities.

Madam Speaker, in conclusion allow me to acknowledge the department of health and emergency services for the response and proposals given for the management of Machakos level V hospital. I wish to appreciate health and emergency services committee members for their dedication during site visits, committee sittings and compiling of this report.

Hon. Speaker, the committee expresses gratitude to the office of the Speaker and that of the Clerk to the County Assembly for the continuous and relentless support received as it discharged its oversight mandate. It is therefore my duty on behalf of the Health and Emergency Services Committee to table this report and recommend it to this Hon. House for consideration and adoption. Thank you, Hon. Speaker.

(Applause)

Hon. Speaker: Thank you, Hon. Member. That is a good report.

(Question proposed)

May I now invite members to debate that report; it is your turn Hon. Members. Hon. Mathew then the Majority Leader.

Hon. Wilson Ndunda (Kangundo North, IND): Thank you, Madam Speaker. As it has been stated by the Chair on health, indeed we went to Machakos Level V and what we can confirm exactly those are the issues as they have been articulated and it is our concern basing on the affairs of the County whereby that is our biggest hospital whereby all sub-counties report to Machakos and when you go to that kind of a hospital and find those kind of challenges it becomes a very critical affair.

All starting from the issues of toilets going all the through to the issues of the services in terms of the medical services. You find that it is big challenge and therefore we request that his adoption be given a priority and in fact the matters be taken serious because now let's talk about the cases of cholera which is now in our county; you find if such kind of situations are not given the priority then they become a challenge in this County and therefore puts our state in a bad condition.

Therefore it is our concern that, if possible, all stakeholders to take the responsibility especially basing on the issues that was presented yesterday where you find health has a lot of resources in terms of cash being given and therefore if they are being given money they are not

accounted for then it becomes a challenge and therefore we request this motion to be given a chance and debated to the fullest. Thank you.

Hon. Speaker: Thank you Hon. Member. Hon. Ndawa.

Hon. Mbili Ndawa (Matuu, MCCC): Thank you, Madam Speaker. Initially you had referred to me as the Majority Leader and I can see that is a sign of I becoming a Majority Leader of this House.

Hon. Speaker: Amended; Minority Leader.

Hon. Mbili Ndawa (Matuu, MCCC): So I appreciate. Hon. Speaker I will start by applauding the committee and our most able chair Hon. Vincent for coming up with a very brief and elaborate report touching our health facility that is our Machakos level V hospital. Hon. Speaker the committee has eased because it has reduced the work of who are supposed to manage the hospital because the committee has come up with very good recommendations. If we can go by these recommendations, Madam Speaker, I am very sure even if we are not going to finish all the problems we will reduce them by a very big margin.

Hon. Speaker, there are some issues that I want to talk about. The committee observed about issues of asbestos in Machakos level V and I want to report here Hon. Speaker, whatever is happening in Machakos level V is also happening in some other health facilities. If you go to Mwala you find the same if you go to Kangundo you find the same you go to Matuu you find the same and this is a problem when we said, we would move all the asbestos roofing, we did not talk of where to take them or how to dispose them.

We tried in another facility and the asbestos that were removed are just kept somewhere and covered with the canvas. We did not get a good way of disposing them so I would request also the committee to assist us in finding a way of disposing the asbestos.

Hon. Speaker the other issues which is not clear on the report, the Chair has made it very clear that the cleaners are working without protective gear and it is not clear whether this cleaners are employees of the County or are employees of a particular contractor so that we can be able to know who to ask because if these are our employees now the aspect of law of tort comes in and it touches on issues of negligence.

Hon. Speaker, from the report we are getting, we have heard from the report or from the Chair of an officer who is the only one in the facility is given a study leave and whoever is giving him a study leave is not looking for somebody to relieve that officer. Hon. Speaker, if we allow this to happen within our county, it means that during that study all the patients who come to that facility to get services will not be attended to because there is no one to handle that docket.

So Hon. Speaker that is where now I am talking of issue of negligence. Negligence is either omission or commission and whoever is doing that he/she must either within the shortest time possible recall the person who is on study leave or source for another particular person even if he is going to get him from Kenyatta national Hospital or any other facility to ensure that we have that service being given in our facility.

The other issue that I have observed Hon. Speaker is that the report is very clear; it has not touched our medical staff so it is only fair for us as an Assembly to say *heko* to our medical

staff because they are giving us good medical services. We need to appreciate for the good services that we get; it is only that they are working without what they are supposed to use.

The committee is recommending that we ensure that orders are done in good time. We don't need to wait until when everything has been exhausted then we start ordering and you know the bureaucracy of procurement. So whoever is supposed to order for these drugs and gloves and other items, let him/her place the orders in good time so that we do not find ourselves in that period of deficiency or cavity.

Hon. Speaker another issue that I have noted is the issue of the theater and also the casualty wing. Is it casualty wing? There are two departments that are said to be in deplorable situation. Hon. Speaker, if we do not renovate these two rooms that now is also exposing our patients to another danger. You may be coming to be treated for a small problem but you can get a serious problem than the one which brought you there.

So Hon. Speaker, I want to support the report and request; there is what we call Abuja Declaration. I do not know whether Members are aware there is something we call Abuja Declaration. Abuja Declaration said that 30 per cent of all the moneys should go to health, 30 percent and it was agreed by all the states including our country Kenya.

Hon. Speaker, I have seen here there is an issues of Health Regulations and I seem to wonder whether the CECM Finance is aware of this Health Regulations they say that all the moneys collected within the facility should be used in the same facility but when the CECM finance came in he gave direction that all the monies should go to the County kitty and if we allow all the monies to go to the money kitty---

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Point of information Madam Speaker.

Hon. Speaker: Proceed, DS.

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Thank you, Madam Speaker. Madam Speaker, I want to believe that based even on the ceilings that were set yesterday, whatever the Member is saying has been achieved because I can see a recurrent budget of Ksh. 4billion 62 million and development of Ksh. 740 that makes it Ksh. 4.8 billion and if our total budget is Ksh. 12 billion, if you calculate that, it is over 30 per cent that is going to health. Thank you, Madam Speaker.

Hon Speaker: Thank you.

Hon. Mbili Ndawa (Matuu, MCCP): Well- informed, Hon. Speaker, and that is clear indication that we are adhering to the Abuja Declaration. *Heko* to our County Executive, *heko* to the County Assembly for approving that we use the Ksh. 4.8 billion on health and that is the way we can take care of our lives, that is the way we can take care of our people's lives.

Hon. Speaker I was saying if the money goes to the County kitty, there is a risk of the money going to construct road, going to drill water boreholes or going to do other activities while the hospitals are starving. Hon. Speaker, you will be surprised to go to a particular hospital, you are told go and buy gloves and wherever you are going to buy I do not want to mention the hospital, the person who is selling there the gloves is the watchman who is in the gate who is manning the gate.

So, Hon. Speaker, I want to agree with the report let us adhere to this and I want to inform the committee, because I know the site visits were done a little bit longer about two months ago there are some reshuffles that were made and I want to say the officer who was now transferred to Machakos level V as Medical Superintendent is an officer whom I have a lot of trust in. He is an officer who has all what is required to offer services, the fact of flexibility Hon. Speaker is very key in Human resource.

That officer can handle administrative matters, that officer can go to outpatient department, see patients and admit those who need to be admitted. The same officer can go to the ward and discharge those who are okay and the same officer can go to the theatre and conduct an operation so I want to inform the House that we have the best officer now in Machakos level V and I am very sure now God willing we will have the positive change in this facility.

Finally, Hon. Speaker there is the issue of motivation. Sometimes back we were discussing about County Public Service Board. Hon. Speaker, I want to report to this House that some of the medical officers who were to be promoted but because of the incompetence of the County Public Service Board which was there, those who were invited for the interview were all failed and that is demotivating our officers. So I am requesting the committee to recommend those who are due to be promoted and let them be invited for interview and get the promotion. Thank you, Hon. Speaker. I support the report.

Hon. Speaker: Thank you very much, Hon. Member. Members before I invite Hon. Brian Kisila, I just want to emphasize on the issues we spoke about yesterday concerning calling the appearance of the CECM in different departments to come and appear before us and answer some of these questions that we cannot be able to get.

(Applause)

Especially I could hear that we have some questions we need to be answered and we do not have somebody to answer them. Members, I think we need to take that issue we discussed yesterday very serious and proceed and make such Standing Orders or something like that.

Hon. Mbili Ndawa (Matuu, MCCC): Maybe a concern, Hon. Speaker. The House, through your leadership has powers to alter the Standing Orders to allow the CECM for any department to be appearing before this House and I would request the Rules and Procedure Committee to move with speed and bring recommendation of amending such Standing Orders so that we can have that in place. Remember the National Assembly went the same route, County Assembly is the replica of National Assembly so we have a leeway. Thank you, Madam Speaker.

Hon. Speaker: Thank you. I hope the Rules and Procedure Committee is represented here and has heard what Hon. Member has said. Hon. Kisila, do you wish to say something.

Hon. Brian Kisila (Makutano/Mwala, MCCC): Madam Speaker, I must say this House is raising the standards and we can even see the Speaker contributing to very key motions and giving directions. This is the way we are going to continue and if we continue like this I can tell you Her Excellency the Governor together with ourselves are going to deliver the mandate.

Oversight does not mean you see things going wrong and you keep quiet; the minute we keep quiet, we are actually letting the people who brought us here down. Madam Speaker, I want

also to comment on importance of Chairman and members of committees taking their responsibility seriously and on this matter I want to commend my Chair. I am a member of this committee; we have a very able tough Chair in this committee and you can even see the quality of the report which we are presenting here.

(Applause)

Together with our well able Clerk Assistants led by Madam Norah, Madam Speaker before I contribute I want to propose that moving forward through your panel, we start looking at rewarding and bringing awards to this Assembly of Chairman of the year award, vice-chairman of the year award, committee of the year award Madam Speaker. Whip of the year award can you see it is only the Deputy Whip who is in attendance today, Majority Whip is not here, Minority Whip is not here and their role as Whip is to whip us to come here.

We need to start taking issues seriously. On this matter I want to commend Bw. Dee for seriously taking the work of this Assembly; if we do not take work of this Assembly seriously, I can tell you we can give departments money *lakini hakuna kitu itafanyika*, Madam Speaker. Whip of the year, leader of the year, contributor of the year award right and we need Madam Speaker and the Deputy Speaker to be the ones in the panel so that we can be able to come up with a very tough detailed award scheme and staff of the year.

Actually let me tell you, for me yesterday Members that the Assembly has actually taken a step ahead. We are not just doing business as usual we are now raising the bar. Madam Speaker, my contribution is very brief. Revenue collection is a very key aspect of this County and Madam Speaker one of the findings is of streamlining revenue at the hospital and ensuring that revenue comes back. There is an Act to that effect which ensures that money is supposed to be ploughed back to the hospitals.

The second point, Madam Speaker, that I have on ensuring that we streamline supply of medicine. Madam Speaker, I asked the CECM finance; how much medicine have we bought? To surprise you, Madam Speaker, to date we have bought medicine worth over Ksh. 80 million but if you go to the health facilities, all of us who are Members who are here, you will not find the medicine. So where is the medicine?

My Chairman said in a Monday meeting the cartels are regrouping and that is a fact. Madam Speaker, the cartels which were there are regrouping and they are actually ensuring diversion of medicine. We are giving the health department a lot of money but we cannot continue giving them money if they cannot show us they have the capacity to put systems to control and ensure the medicine is going to the right person.

So, Madam Speaker as a committee we are very concerned and as you said we have actually summoned the CECM Health on Monday. We were supposed to start at 9.00 a.m. but we have actually we want to meet him for two hours from 8.00 a.m. to 10.00 a.m. on Monday. I am requesting members please 8.00 a.m. in the morning our committee is among the first, at the plenary please come so that we can engage him. Let him take us through the plans he has, especially on medicine and especially on ensuring that our people are getting service.

Then my last point, Madam Speaker, is on Members please, it is important that you read the Machakos County Health Services Act 2020. It is important. By the way members, we have a library; a lot of these Acts were passed when you were not here by the First and Second Assemblies s take time go through this.

One of the recommendations of this Act is on creation of hospital boards. In the last term or the Second Assembly, we were actually shocked that the CECM health that time went out of his way to bring very incompetent people to be board members deliberately so that they can divert and actually siphon money from the hospitals. This Act spells out very clearly who should sit in those boards, what is their mandate and the controls they have. Members, we need to operationalize these boards on all levels from Level V to the dispensary and we are the ones to approve those boards in these Assembly.

So, Members go through that, so that we move with speed, we are giving these people money. Let us ensure we oversight this money to serve our people. Madam Speaker, I support the report, and my final word is let us ensure that we oversight these money properly. Thank you, Madam Speaker.

Hon. Speaker: Thank you, Hon. Member. Hon. Dee, Hon. Francis to follow and Hon. Mary, in that order.

Hon. Mutisya Kivuva (Nominated, WDM-K): Thank you, Madam Speaker. I am representing the marginalized and a proud member of the 20 marginalized here in the Assembly. I am also a Member---

(Applause)

Hon. Brian Kisila (Makutano/Mwala, MCCC): Madam Speaker, do we have a group or a cadre in this Assembly called marginalized? It is important that we understand him; do we have a caliber of Members? When we enter here, we are equal, but do we have marginalized group?

Hon. Francis Kitaka (Ndalani, WDM-K): And who is the representative?

Hon. Mutisya Kivuva (Nominated, WDM-K): Thank you, Madam Speaker. I acknowledge what Mheshimiwa Brian said but his guess is good as mine that we were but we are not currently.

(Applause)

Notwithstanding that I am a member of the Health Committee and I want to support this motion. As member of Athi River, my good friend, Hon. Kaloi talks of cartels and it is good to support him because cartels are back or the department of health. They are even cropping; not cropping but they have a hand, they have even come to the Assembly. Madam Speaker, when we went for the visit, which was

Hon. Speaker: What do you mean cartels have come to the Assembly?

Hon. Mutisya Kivuva (Nominated, WDM-K): I am proving that point. When we went for the site visit at the hospital to get a proper report from our staff on what transpired we had to defer that report more than six times. Our Clerk Assistants could not write what we found and up to now, one aspect we found of a rogue staff has been missing and the Chair knows it. We found a staff that was very arrogant to this committee; in fact, almost beat us. We had to remind the

staff that we are from the Assembly. That report is not part of this report because somebody somewhere was talked to by the cartels and it was omitted,

Hon. Speaker: You are saying that---

Hon. Mbili Ndawa (Matuu, MCCC): Point of information.

Hon. Joshua Mwonga (Masinga Central, WDM-K): Madam Speaker, is it in order for our member to try to name a staff who cannot come before the House and to defend himself or herself? Is it in order?

Hon. Speaker: I think that that particular information should have been included in the report for your information.

(Loud consultations)

Hon. Brian Kisila (Makutano/Mwala, MCCC): I am a member of this committee and on Monday we sat down to deliberate on this report. Hon. Dee Kivuva was not in attendance. It is important and let us take this Assembly seriously. When you are making those kind of comments, you should have come to the meeting and ensured that point is inside what is captured. Let us be fair because when you make such a comment, you make some of us look like we are cartels.

Mheshimiwa Mutisya, with all due respect, I would like you to withdraw that statement because it means the Chairman and Members who attended that meeting on Monday are compromised. I want you to withdraw that statement.

(Applause)

Hon. Mutisya Kivuva (Nominated, WDM-K): Thank you, Madam Speaker. I think I won't I will not withdraw because if we can go back to our reports and the HANSARD of our committee, that has been a concern of our committee.

(Loud consultations)

But if you insist, if you insist that I withdraw, I withdraw,

Hon. Brian Kisila (Makutano/Mwala, MCCC): Thank you very much because you are a very key member Mheshimiwa Dee, you are a very key member.

Hon. Mutisya Kivuva (Nominated, WDM-K): I have withdrawn; sit down

Hon. Brian Kisila (Makutano/Mwala, MCCC): Thank you.

Hon. Mutisya Kivuva (Nominated, WDM-K): And please don't look me with those eyes.

(Laughter)

Madam Speaker, let me go on. Currently, in the hospital---

Hon. Speaker: Mheshimiwa Dee, have a seat a bit.

(Hon. Kivuva took his seat)

If a matter has been brought to the attention of the House, that is not substantiated, the law requires or our Standing Orders require that it is withdrawn. I applaud you because you have taken that direction to withdraw. The other comment I want to make is that when a member is contributing and there is a point of information, point of order, point of what, and identify one Hon. Member to bring on forward their point of order, the Member was contributing things should sit down. Isn't that the procedure so that we don't have two Members standing at the same time? Thank you. Proceed, Hon. Dee.

Hon. Mutisya Kivuva (Nominated, WDM-K): Thank you, Madam Speaker. Currently, the state of affairs of the hospital is dire. There is no medicine, there are no gloves and the small things which should be at the hospital are not there. Currently, personally, I was passed there and I found women buying those small things from other chemists opposite the hospital. When Madam Governor took over, the first step she took was to equip the hospital and people thought that would be the norm throughout our five-year term but currently, it is worse than when we left there early January.

So I sympathized with my brother the Minority Leader when he promised us that we have a new person who will bring a new order, he has sunk the hospital down. I want to propose, I want to propose that although we will love the CECM on Monday, I want to propose here that we invite the CECM health to a committee of the whole House because some of the things can be tackled by the whole House. It is good that---

Hon. Stephen Mwanthi (Ekalakala-WDM-K): Point of information, Madam Speaker.

Hon. Speaker: Okay, proceed.

Hon. Stephen Mwanthi (Ekalakala-WDM-K): Thank you, Madam Speaker. I think unless it is amended on the report, that is not possible or the House chooses to have its date for the same but if the committee on Health has invited the CECM, then probably Members can just come and listen to the proceedings, which I believe the Health committee is doing well, we can come and listen to the submissions from the CECM. Thank you.

Hon. Speaker: Thank you, Hon. Member and that is why we choose to hasten our amendments so that we can be legally composed when we are doing this. Thank you; proceed, Hon. Dee.

Hon. Mutisya Kivuva (Nominated, WDM-K): Thank you, Mr. Deputy Speaker. I know where you stand.

(Laughter)

It is good for the Executive, Madam Speaker, to concentrate on service delivery and leave politics to us because now we are competing with the executive on matters of politics, whereas this the House to do politics and it is good that they know that we are the politicians, and they should concentrate on service delivery. If that one is done, I think the hospital will be fully-equipped with medicine and everything else. If we had the CO, in our committee, Madam Speaker, and I can tell you I want to talk about the cartels.

If you look at the pending bills at the hospital, they are the same players with the same amount; you will find we have two units in the department of health. A supplier in one department is owed Ksh. 13 million and then the other one Ksh. 13 million, uniform Ksh. 10 million another one Ksh. 10 million, like six of them. So the cartels are fighting back, Madam Speaker, as a House, we must put our foot down and reject the emergence of these strong cartels. I stand to support the motion. Thank you very much.

Hon. Speaker: Thank you very much. Hon. Francis Kitaka.

Hon. Francis Kitaka (Ndalani, WDM-K): Thank you, Madam Speaker. I want first to congratulate the committee of health for the good report that they have submitted to this House. We are talking of cartels and we need to put this to an end. Importantly, this is the department that has the largest budget in our County; they have now at their disposal a ceiling of Ksh. 4 billion and if we are not careful enough the absorption rates will be maximum on the other end of cartels when our people are suffering.

I, therefore, recommend and request the committee and also the Hon. Members here that we must have proper accountability of all the pharmaceutical and pharmacy or non-pharmaceutical items that are being purchased and that has been purchased from the previous period of the financial year 2022/ 23. Why am I saying this? We will have communication from the executive that we bought medicine for Ksh. 100 million for example but we cannot get the right and the proper documentation on how these medicines have been disbursed.

However, with a budget of Ksh. 4 billion ceiling, we need to know how much money is allocated for medicine in our County so that we can be able to know whether it is enough or it is not enough for consumption. If we don't do this, then we will be running the same gimmicks; every time we have purchase of medicine it does not last even a month. So are we in order pumping so much money in this department whereas our people are not getting even the basic medicines in the hospital?

The other thing is staff management in this department is pathetic, and it is in bad shape. I will give an example from my ward; we have a lab technician who goes on leave and the lab is closed. Seriously, we need to address this matter critically. If we really want to serve our people, we must stand to defend and to ensure that the services that are required to our people are also rendered in the right manner.

I would want to say about the management system have the patients; we need to borrow a leaf from even our private entities. The queuing systems are in place and nobody will pass the queue unless you are called. Let us have this implemented in our main hospital here because it is where we experience an influx of people. If we don't do that, then we love that system whereby a doctor comes in and a nurse because he is a relative, you walk in one hour when another guy is

on the other patients on the queue and one person is moved straight to see the doctor when the others are waiting. We will not want to have this kind of a situation in our medical facilities.

Finally, we are talking of understaffing of our department. We know we are fighting a wage bill that is too high. I will also want to reiterate a point that was also discussed in this House. It is until we get a staff audit of our County that is the time we' will think of how we are going to replenish the deficit that we have in our departments. We cannot keep on bringing people on board when we still in darkness of how much staff we have actively in our County.

So, I propose that Hon. Speaker, the report on staff audit be fast-tracked so that we can know the departments that are in dire need to be staffed and on that basis, this Assembly will have a recommendation on what to do next for our County. Thank you very much, Madam Speaker. I congratulate the team and they are able Chairman and I think this is the way to go. Thank you.

Hon. Speaker: Thank you. Hon. Mary.

Hon. Mary Kituku (Nominated, UDA): Thank you, Madam Speaker, for catching my eye. Now in absentia of Hon. Maeke, I would like to nominate him as the fastest and the best oppose through you Hon. Kisila in our in-house awards. Yes, in absentia,

Hon. Speaker: For what award?

Hon. Mary Kituku (Nominated, UDA): Our in-house awards are proposed. Now, I have gone through these very good reports by the Health Committee and I think as a mother, I have not seen the in-patient department, the maternity wing; it has not been included. However, I would like to propose some recommendations to it. In the spirit of Lent, during the weekend to happen to go visit a friend at the maternity wing and I noticed that most of the patients there have bed-sharing. You have a baby and have to share a bed which is not comfortable for them.

I also noted that they need a bigger, and a better-equipped Maternity facility wing. There are very many premature babies I do not know why and they need incubators. They also have to share the incubators and it is actually congested in there and there was one incident that didn't go right for with me as a human being. Now you see, when anyone goes to maternity, you don't expect to come back without your child and it is unfortunate that we lose our children but how our medics relate with the mothers that have lost their children did not go right with me.

They need special care, they need psychological help. They actually need I think a better wing to deal with that because no one wants to lose a child. So my very able committed Chair Hon. Vincent kindly, I would recommend that the committee goes back and looks into that. Thank you, Hon. Speaker.

(Applause)

Hon. Speaker: Thank you, Hon. Member. Hon. Paul, Hon. Kaloi and Hon. Maeke in that order.

Hon. Paul Wambua (Kibauni, PTP): Thank you, Madam Speaker. First of all, let me thank the committee and its Chair for this good report. My starting point is to state that the wealth of the people of Machakos County will be measured by their health because I say, my

health is my wealth. Machakos County Level V hospital is the highest-level medical facility in this county and therefore, it is a facility that we should give very keen attention to, a facility that as a County should make sure performs very well for the good the wellness of our people. Every time in this nation when we speak about matters touching on the public good, they are things that we call cartels that always hinder the service delivery and the good streamlined running of these facilities.

That is why I want to request the health committee through our able Chair Mheshimiwa Vincent, as you talk to the CECM health, let him know clearly that in this department, we need.....(*inaudible*) in countries that have seen better economic growth, like for instance, when Gaddafi was in Libya, he streamlined their economy, their health, their housing and other sectors before he was brought down by the white people. So we need someone who will work to make this hospital, to kill these cartels without minding about their wellness because they are working to kill our people.

Madam Speaker, this facility should be a model facility for other facilities in this County. For instance, all the issues that I have seen touching on this facility touch on other lower-level facilities; the issues of pharmaceuticals, the issues of staffing and relievers. For instance, the other day, I was in a dispensary called Nthwanguu in Kibauni; the guy who attends to patients there was going on leave but there was no one to relieve him. So, what I am saying is that what is ailing our Level V cascades down to other lower-level facilities and we should make our Level V a model so that all other facilities copy that model downwards.

So, Madam Speaker, I would also request the committee and this House that we pass a motion or legislation that sees Machakos County Government helping people to pay for their NHIF contributions. For instance, Madam Speaker, we can say that for a certain age group of our population, the county can put in Ksh. 200 while the patients put in Ksh. 300 and that way, we will also be encouraging our Level V facility to be getting earnings from NHIF. Madam Speaker, I support the recommendations of the committee and I applaud them for their good work. Thank you, Madam Speaker.

(Applause)

Hon. Speaker: Thank you, Hon. Member. Much has been said that let us be very brief; I think we have exhausted this proceed Hon. Kaloi.

Hon. Jeremiah Kaloi (Athi River, WDM-K): Thank you. Thank you, Madam Speaker. As we deliberate on the issue of the committee, this has done a commendable job. I have one, two or three things that I have observed within the recommendation. I usually ask myself about these cartels and Madam Speaker, in short, the word cartels is an association of people who are coming together with some specific interest and agenda that might not be good for the common wananchi. That is why sometimes we refer to these groupings as cartels. I have tried to see what is in the report but I do not know if it was an oversight but I think the Chair and the committee might go back also and try to see because in these hospitals, you find in our labs there usually lack of reagents. So patients come there and they go to seek some services outside the main hospitals. If you try it follow up, the hospital has no reagents. That is one thing the committee finds out.

The other thing is we have a lot of moving ambulances within the county; I usually call them shell moving vehicles. These are vehicles that were purchased sometimes back, but they are

not helping this County. A point in mind last weekend, I had a patient in my ward that happened to have been involved in an accident and was taken to the nearby hospital and he was forced, to come to Machakos. Unfortunately, the ambulance had no oxygen so the patient succumbed. So what do I want to say; there needs to be an overhaul of these vehicles because the purpose of bringing or buying these vehicles was not to make them shells or to make them I don't know---

Hon. Stephen Mwanthi (Ekalakala-WDMPK): Point of information. Madam Speaker.

Hon. Speaker: Point of information proceed.

Hon. Stephen Mwanthi (Ekalakala-WDM-K): Thank you, Madam Speaker. Madam Speaker, it is good that the member is mentioning about this disposal of the old vehicle but it is yesterday when this Hon. House slashed out money meant for leasing other vehicles. So the question becomes; if we disposed of now, the existing ones, what will the departments be using? So, as we talk of disposing of, we also have to get other vehicles that will be at least acting as we dispose of the others. Thank you, Madam Speaker.

Hon. Speaker: Thank you. You are well-advised.

Hon. Jeremiah Kaloi (Athi River, WDM-K): Thank you. Yes, my question is; can these vehicles also which are existing be at least we have the necessary equipment on these existing vehicles, like oxygen and, even a first aid kit?

(Applause)

Most of them do not even have their first aid kit and they are located in this hospital. If the Level V Hospital has got no such vehicles, what about the Level V II, the Level V IV which are in the wards. It is so shameful but the cartels have to end on the same. Lastly, let me thank the committee for a commendable job. Well-done Chair and the committee and we are going to walk the same and we are going to finish the cartels in this hospital. Thank you so much.

Hon. Speaker: Thank you. Hon. Maeke.

Hon. Musyimi Maeke (Kalama, CCU): Thank you, Madam Speaker.

Hon. Speaker: Hon. Katiti winds it up. Then we move on to the real now Majority Leader and the Deputy Speaker.

Hon. Musyimi Maeke (Kalama, CCU): Thank you, Madam Speaker. I believe from what I have observed from the National Assembly, the priority of speaking is usually to the leadership then others follow later if I am not wrong when people are doing contributions. However, I want to thank the committee, I have seen its composition and it is composed of able Members and I believe the so-called cartels will have no place unless they influence the Chair who I believe cannot be influenced. I will go to the recommendations because I concur with Hon. Dee. As a resident of Machakos, we are the great users of Level V Hospital, we usually go there

and the Chair can attest that after every two days I am calling him trying to help a patient who probably is stuck.

Personally, I have gone there to the emergency services and what you have said is what I have personally gathered. One doctor in a whole night shift with four nurses; they cannot be able to attend the influx of patients especially at the casualties.

In all the recommendations that the House is making are geared and pegged to money but Madam Speaker, if our hospitals cannot generate enough money, this problem of having no theatre, no supplies, no pharmaceuticals will never end. It is the high time the department of health comes up with solutions and let us look at the issue of queues; why they are long is because somebody has travelled from Matuu, Yatta where he was supposed to be attended at a Level IV hospital to come and seek the same services he should have sought in Matuu Level IV.

Why there are queues in the hospitals; it is because there are inadequate staff and for your information even though this is not verified, there is a lot of brain drain of people moving from Level V hospitals to UK, Canada. Yesterday two doctor friends of mine *wametoka hospitali hapa* and the committee should look into that. Probably, are we paying---

Hon. Nicholas Nzioka (Machakos Central, WDM-K): Point of order Madam Speaker. I do not think it is in order for the Hon. Member to bring us unverified information in the House.

Hon. Speaker: Restrict yourself to verified information Hon. Member.

Hon. Musyimi Maeke (Kalama, CCU): Thank you. And I said unverified and I will stick to the verified. The verified says that there are inadequate supplies. How can we look into the issue of enough supplies; we are talking about cartels but who are these cartels? Cartels is any group of persons, as Hon. Kaloi has put it, who have gathered together and this will start if all of us have one desire to ensure that services are delivered. Even a good House like this, if it does not follow the law and regulations can become a cartel to promote evil and improper service delivery.

Let us look for procedures, my recommendations to the committee would be; let us have doctors have what we used to call satellite outreaches. There are a lot of doctors here, for example ENT doctors and has a satellite clinic on Wednesdays at Level III in Kimutwa and we gather all people who require ENT services they attend, you will not find a lot of people coming because they come today, they are not served, tomorrow they come..... let us have outreaches. There are a lot of doctors in the hospitals who are doing good work but not being maximized.

The other thing I would say is that free medication is very expensive and even in America and all those developed countries do not have free medication. It is not free and because they have come up with programs like in America, they have their health care. Let us come up with a program which will enable the Governor to deliver because we have spent Ksh. 80 million giving to dispensaries and it is not coming back.

Hon. Speaker: Point of information proceed, Hon. Member.

Hon. Brian Kisila (Makutano/Mwala, M CCP): Madam Speaker, I would like to inform the Member that the last Assembly passed a Finance Bill which put the rates for every hospital including Level III, Level II, Level IV, Level V but the department of medicine did not effect of

actualize that Bill.

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Can I inform the Member Madam Speaker?

Hon. Brian Kisila (Makutano/Mwala, MCCC): No. Actually, I understand already that Finance Bill the rates have started being effected. I was in Mwala Level IV and they have started using those rates which are from previous Finance Bill.

Hon. Speaker: Thank you. Proceed Hon. Member.

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Point of information Madam Speaker.

Hon. Musyimi Maeke (Kalama, CCU): Do I need more information?

Hon. Speaker: Maybe it could be beneficial.

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Thank you, Madam Speaker. Sometimes when we are informing a Member it does not mean we are against what he/she is saying and it is good we all be in tandem in some of this information.

Madam Speaker, in the Second Assembly I was the Finance Chair and on that issue of charges that were imposed on the Finance Bill were meant for people who are coming outside the County. In the last five years, we have not been charging our patients who are coming from the County particularly but out of that we were getting so many patients now from Makueni, Kitui and Kiambu to access the services from our County and that is why we said that for people coming outside this County should be paying and that is when now we posted those figures.

I think if we introduce such. we can talk to our people and pay NHIF out of the proceeds from NHIF we can be able to buy enough drugs for our people other than introducing charges to our people in our local facilities. Thank you, Hon. Chair.

Hon. Musyimi Maeke (Kalama, CCU): Thank you for that information and I believe it is important. Counties and countries are run by policies; Hon. Dee spoke about politicizing the Executive doing the work of politics and us doing the work.....but we believe everything should be done for the good of our people.

Madam Speaker, if we are honest enough as Members, the number of times we have been called for fundraising for sick patients are many. Yesterday I had to pay Ksh. 15,000 for somebody to go to Doctors Plaza for a CT Scan yet the Level V hospital some of those basic amenities are not found there. Even if we do not charge these Members and I agree with Hon. Deputy Speaker; there was a government program going on in several counties that was subsidizing; the County Government was getting money and that is why the previous government of Hon. Mutua was able to give free medication. At the moment we do not have that subsidy and it means that even if we give them Ksh. 8 billion it will not be enough for this because there is no ploughing back of the same money.

Health is one docket that takes a lot money and you will find that a lot of our Members are going to private hospitals. If they are able to go and pay millions in Nairobi Hospital, why can't they pay a quarter of that in our hospitals? It is a matter of looking it in a positive way and I

agree with Hon. Wambua that we can encourage this Hon. House can pass a Bill and we say a certain age of people we are going to subsidize them to pay NHIF and through that and I believe the Governor has spoken about that and it is a matter of fast-tracking that so that we can be able to get.

Otherwise, I thank the committee for their good findings and my prayer is the implementation runs quickly and I agree with you Madam Speaker; we need to amend and get answers from the right people because we have had Chief Officers come and they tell us it is the CECM and the CECM will tell you it is the CO and we are left not in a good place. Thank you and I congratulate the Health Committee for putting that in place. Thank you.

Hon. Speaker: Members, I wish to make a comment on the issue raised by Hon. Maeke concerning 100 per cent free medical services. There are challenges associated with anything that is 100 per cent free. I may not know to what extent these services are free, I have not looked at the Act but Hon. Members, the reason as to why we are perennially not having drugs in hospitals is not because drugs are not there. Drugs could be there but somebody, a cartel or other people make it so difficult for these drugs to reach the patients so that they can divert them and take them either to the private hospitals around to benefit and make money out of that scenario.

You find that there are no drugs by design in the hospital to make you move to the private hospitals to get services from there and somebody benefits. So, when we make these services 100 per cent free, there is a catch. I am also meant to understand that we have made water 100 per cent free. It is not because we have boreholes that need to be serviced. So Members, let us rethink some of these laws we have made previously, let us rethink these policies we have made previously and see how we can make services cheaper by making them expensive or expensive by making them cheaper. Hon. possible Father of the House.

(Laughter)

Hon. Joshua Mwonga (Masinga Central, WDM-K): Thank you, Madam Speaker for the good advice to this House.

Hon. Speaker: Thank you.

Hon. Joshua Mwonga (Masinga Central, WDM-K): Madam Speaker, it is not that I am not supporting the report of the Health Committee but since Members have spoken, I do not want to repeat myself on that. I want to congratulate you on your wise advice to this House. It is true when things are free the beneficiaries of those services try to abuse them. Madam Speaker, I want to give example of an NGO known as Plan International. When they came to Masinga some years back, they could not do any project without the input of the local community. One day I asked them; I why are you telling us to mobilize the community so that they can bring murrum and local available sand.

They told me if we give this project to you free of charge, there is no way you will own it up because you have not contributed anything. So, I am agreeing with your wise advice. Thank you, Madam Speaker.

(Applause)

Hon. Speaker: Thank you, Hon. Member. Majority Leader, Deputy Speaker and Hon. Katiti, very quickly. How many seconds?

Hon. Boniface Katiti (Muthetheni, UDA): 20 seconds.

Hon. Speaker: Proceed.

Hon. Boniface Katiti (Muthetheni, UDA): Thank you, Madam Speaker. I want to thank the committee of Health and management of Machakos Level V Hospital because of the recommendations that have come with the committee. Mine is on recommendation No. 9; we can see one male attendant assigned to 12 toilets. I believe this is a major hospital where it does not require one to three hours of cleaning those toilets but every minute of every time. This kind of understaffing should be looked into up to the dispensaries. To quote an example, there is Kaliambeu dispensary where we have only one clinical officer and no cleaner or support staff so he is the one cleaning the hospital all the way to treating. So, we must take care of our staff and make sure our facilities are well equipped with the right staff.

The other thing is about this issue of cartels; everyone is talking about them. We fear the cartels and I will give an example. There is a day the rats were being killed by the cat and they had one resolution for them not to be killed every day, that had to tie a bell at the neck of the cat but no one attempted that. They feared the cat because every time a rat tried; it was killed. So, on the issue of cartels, if they are not in this Assembly they are in the Executive or anywhere else in Machakos County. If the committee of the health should be firm enough and the chairman should not be compromised, do not fear, stand firm, strong and be courageous because those people are coming and it means the ghosts are back to haunt us.

Let the committee and the Assembly take charge because the MCA of Kibauni has said a healthy nation is a wealthy nation. If we will not be having the drugs in our hospitals our County will be sick. So, I support your recommendations and I want to invite the committee of health to my ward because no single dispensary in my ward has water. We need water and electricity in our dispensaries. I support your recommendations. Thank you.

Hon. Speaker: Thank you, Hon. Katiti. The real Majority Leader.

Hon. Nicholas Nzioka (Machakos Central, WDM-K): Thank you for really bestowing that title over and over again because my brother Minority Leader seems to be very concerned with it. By and large what I wanted to say has been said by Members but I speak as an MCA of where the facility is situated and agree with Mheshimiwa Maeke and Mheshimiwa Dee that every other time we are called to the hospital, I would say I have become a nuisance because when I go to the hospital the in-charge and the nurses would say MCA *amekuja* and they will try to improve the way they are serving our people. Machakos Level V hospital; our vision and I hear this being said by the Executive and the CECM and Her Excellency the Governor; that we want to make it a teaching and referral hospital and it comes with a lot of benefits for it to be one.

We will access a lot of funds from the National Government; we already have a university here and that means we have a lot of students coming in for internships and they could assist in some of these things. For us to make it a referral Hospital, we need to improve basic infrastructure. If I look at the report, the things that are coming out are very basic like cleanliness

of toilets and of the hospital. How are we going to make it a referral and teaching Hospital if we cannot get it right at the basic infrastructure?

There is poor staff morale in the hospital---

Hon. Speaker: Majority Leader, you need to wind up; we are running out of time.

Hon. Nicholas Nzioka (Machakos Central, WDM-K): I think by and large what has come out, we need to improve the morale of the staff in the hospital because they are our friends, brothers and sisters and when we are interacting outside the work environment you can feel their frustration. So, something has to be done in improving the morale of the staff at the hospital. Thank you, Madam Speaker.

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

Hon. Stephen Mwanthi (Ekalakala, WDM-K): Thank you, Madam Speaker. I will start by congratulating the committee for the work done. I can walk around and tell what is happening in that facility and I believe that should be the spirit in all committees, if we could be getting such information.

Madam Speaker, I will highlight one area because Members have talked much about the cartels coming back and that issue can only be dealt with if all the monies collected is swiped to a CRF account and ploughed back to the facilities. That way they will not be able to get a coin in the facility otherwise, the information that has been given by the committee; there request is that they want to spend the money at the source which is not allowed in the PFM Act. Let the money be swiped in the CRF Account for accountability.

I have been the chairman for finance and we have never had a financial statement from Health sector and by that time, the money used to be spent at the facility. So, my submission would be; let monies go to the CRF account and be ploughed back into these facilities. So, because of constraint of time let me stop there, Madam Speaker. Thank you.

Hon. Speaker: Thank you, Hon. Member. Mover proceed and take a few seconds.

Hon. Vincent Mutie (Upper Kaewa/Iveti, WDM-K): Thank you, Madam Speaker. I will respond briefly because Members have articulated the issues and I will begin with the latest reaction that the initiative of the committee is not to have the facility spend their income at source but to let the money that is earned by the facility be spent improving the facility.

(Applause)

Madam Speaker, the Hon. Minority Leader talked about the reshuffle and new Medical Superintendent and what I think will happen is that this report will become the eye opener to the new Medical Superintendent.

(Applause)

In order to finish the misappropriation of supplies, the CECM proposed to ensure there is proper coding for our supplies so that we can trace them once and when they are

misappropriated. We will emphasize this as a committee and demand the CECM deliver on this one.

Hon. Dee observed an arrogant staff but the question is, if someone comes to the hospital and complains about headache and maybe the doctor observes that this patient had acid which resulted to headache. The doctor will not treat the headache but the acid. What we observed and we were keen to see that this staff was not arrogant but frustrated.

(Applause)

Madam Speaker, Hon. Mary observed we have an issue in the in-patient department. You realize that this report only handles two departments, the inpatient and the casualty department because this is the entry point of the hospital. We cannot go to clean the bedroom before cleaning the gate and the sitting room. Therefore, the other departments will follow when we address the outpatient and the casualty departments. The casualty department is part of a referral system; all the cases being referred from the lower levels of health care centres are being referred through the casualty department. So, we have to fix the casualty department as an entry point to the Level V hospital.

Madam Speaker, I want to thank the Hon. Members for contributing effectively to this report. I did not know that it will generate a lot of interest to Hon. Members. We will work together and ensure that we deliver on our mandate. We will keep the department on its toes and I will urge the Hon. Members; when King David was about to die, he told his son Solomon 'I am about to go in the way of all men, but show yourself a man.'

I want to invite this House to prove the other departments that they are doing oversight that they are up to the task. On Monday, we are having a special occasion where we are going to interact with the department and I invite Members to join us from 8.00 a.m. and let us continue to discharge our work. Thank you, Madam Speaker.

Hon. Speaker: Thank you, Hon. Member.

(Question put and agreed to)

ADJOURNMENT

Hon. Speaker: The House is adjourned to today Wednesday at 2:30 pm

The House rose at 12.30 p.m.

