

MACHAKOS COUNTY ASSEMBLY**OFFICIAL REPORT****Wednesday, 22nd October, 2014**

The House met at 10.18 a.m.

*[The Speaker (Mr. Mung'ata) in the Chair]***PRAYERS****PAPER LAID****REPORT ON LEVEL FOUR HOSPITALS**

Hon. (Ms.) Sereka: Thank you, Mr. Speaker, Sir. I beg to lay the following paper on the floor of the house today, Wednesday, 22nd October, 2014; the report from the health committee on visits to Level Four hospitals in the county. Thank you, Mr. Speaker.

(Hon. (Ms.) Sereka laid the paper on the Table)

Hon. Speaker: Thank you. Paper laid. Proceed.

NOTICE OF MOTION**REPORT ON LEVEL FOUR HOSPITALS**

Hon. (Ms.) Sereka: Mr. Speaker, Sir, I wish to give notice of motion of the following motion. That this house discusses and approves the health and emergency services committee report on the visits to Level Four Hospitals in the county as laid the floor of the house today, Wednesday, 22nd Octobers, 2014. Thank you, Mr. Speaker.

Hon. Speaker: Thank you.

MOTION**REPORT ON LEVEL FOUR HOSPITALS**

Hon. (Ms.) Sereka: Mr. Speaker, Sir, that aware that health committee is mandate with all matters related to county health services including particularly, county health facilities and pharmacies, ambulance services, promotion of health, primary health care, licensing and control

of sale of food to the public, cemeteries, funeral parlours, crematoriums and refuse removal and solid waste disposal, fire-fighting services and disaster management. Pursuant to Standing Order 190, (5) (a) and (g) stipulates that sectoral committees shall investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments and make reports and recommendations to the Assembly as often as possible, including recommendations of proposed legislations.

Mr. Speaker, Sir, aware that the committee visited all Level Four Hospitals from 26th September to 6th October, 2014 to assess the situation on the ground and retreated to Eden Beach Hotel from 17th to 20th October, 2014 to compile the report. Mr. Speaker, Sir, further aware that the development of our county is done by the people and that their health is a key factor in development, I wish to move a motion that this house discusses and approves the Level Four hospitals report of the health committee. Thank you Mr. Speaker, Sir. I wish to call Hon. Kanui to second my motion.

Hon. Kanui: Thank you Mr. Speaker, Sir, and the House at large. I wish to stand here to second the motion on health and emergency services committee on Level Four hospitals. Aware that the Level Four Hospitals are the highest institutions in the sub counties, I want to second and support that that motion of the Level Four hospitals be treated as the highest institutions in our sub-counties and they be equipped and well staffed. They have problems and we have seen that and this motion should be supported by all members who know that healthcare administration and health services factor is a traditional service to the community and should be treated with the seriousness it deserves. Thank you, Mr. Speaker, Sir.

Hon. Speaker: Thank you, Hon. vice-chairman. The motion is properly laid. We can proceed and hear the report. Chairperson, proceed.

Hon. (Ms.) Sereka: Mr. Speaker, Sir, the health and emergency services committee is mandated under Standing Order No. 190 (5) (a) and (g) to investigate, inquire into---

Hon. Speaker: Do we have the report Clerk? Hon. Members, can we proceed and those who can share with your counterparts as other copies come. We can proceed.

Hon. (Ms.) Sereka:

PREAMBLE

Mr. Speaker, Sir. The Health and Emergency services committee is mandated under standing order No. 190 (5),(a) and (g), to investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned department and make reports and recommendations to the assembly as often as possible, including recommendation of proposed legislation.

MEMBERS

Mr. Speaker, the committee as constituted by this house comprises of the following members;

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| Hon. (Ms.) Cecilia Sereka | Chairperson |
| Hon. (Ms.) Mary Ndinda | Vice Chairperson |
| Hon. Joseph Kalunde | Member |
| Hon. Stephen Muthuka | “ |
| Hon. (Ms.) Amina Mutio | “ |
| Hon. (Ms.) Magdalene Ndawa | “ |
| Hon. Thomas Kasoa | “ |
| Hon. Sammy Nduva | “ |
| Hon. Kyalo Kyuli | “ |
| Hon. David Manyolo | “ |
| Hon. (Ms.) Penina Kaluki | “ |
| Hon. Edrick Ngunzi | “ |
| Hon. Winston Kanui | “ |

Mr. Speaker, Sir, the committee visited the Level 4 hospitals across the county and compiled the following report taking into account the challenges faced in each unit or clinic within every hospital.

KANGUNDO LEVEL 4 HOSPITAL	CHALLENGES
<p>[Date of Visit: 26th Sept. 2014]</p> <p>The Clinical Officer attached to the Ambulance, voluntarily serves in the hospital when free</p>	<p>Kitchen:</p> <ul style="list-style-type: none"> -No running Water. -Poor Drainage. <p>Laundry:</p> <ul style="list-style-type: none"> -No running water to wash linen. -CSTC machine was not working hence the clothes we aren't sterilized. -Unpaid water bills. <p>Maternity:</p> <ul style="list-style-type: none"> -Sharing of beds; whereby three mothers with their babies were sharing one bed.

	<ul style="list-style-type: none">-The New Born Unit had only two incubators and three baby cots therefore not meeting the demand.-There is only one nurse serving in the New Born Unit.-Old and outdated delivery equipment in the labor room and one delivery bed.-Delivery room was located away from the theatre-No water heaters and mothers bath with cold water. <p>Pediatric Unit:</p> <ul style="list-style-type: none">-Only one nurse serving in the pediatric unit-The ward has no burns unit. <p>Physiotherapy Unit:</p> <ul style="list-style-type: none">-Lack of a spacious and equipped gymnasium.-Lack of a special machine to decompress nerves.-Understaffing in the Department. <p>Mortuary:</p> <ul style="list-style-type: none">-The mortuary has a small capacity of 24 bodies and was congested with 48 bodies, 20 of which were unclaimed and had stayed there for one year.-Lack of Equipment for postmortem-Understaffed (served by one attendant) <p>Laboratory:</p> <ul style="list-style-type: none">-Lack of basic laboratory reagents and patients are referred to private laboratories for some tests.-Understaffed <p>Ambulance:</p> <ul style="list-style-type: none">-Most of the time the County Government Ambulance had no fuel.
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	<p>Dental Unit:</p> <p>-The Dental equipment are old, outdated and out of use, that is the Compressor, Excursion instruments and autoclave</p> <p>Outpatient Department:</p> <p>-The Outpatient Department is served by a single clinical officer hence patients have to wait for long hours to be served.</p>
<p>MWALA LEVEL 4 HOSPITAL</p> <p>[Date of Visit: 1st October 2014]</p> <p><i>Located at Mwala sub county- approximately 65 kilometres from Machakos town.</i></p> <p>The hospital was generally clean and tidy both inside the wards and outside.</p> <p>The hospital is served by 11 medical officers out of whom five serve the wards.</p> <p>Monthly deliveries are 19</p> <p>The level 4 hospital is</p>	<p style="text-align: center;">CHALLENGES</p> <p>Major Challenges</p> <ul style="list-style-type: none"> - Lack of water supply - Lack of clinical officers - Clinical officers posted to the hospital reject to work at the hospital and opt to resign. - Hot climate and extreme poor condition of the hospital should earn the staff hardship allowances. <p>Ambulance and Paramedics:</p> <p>One staff has been supportive in offering services to patients. The ambulances offer reference services only.</p> <p>Kitchen:</p> <ul style="list-style-type: none"> - Lacks utensils. - Small room. - No running water. - Extension under construction. <p>WARDS</p> <p>Ante- Natal Ward</p> <ul style="list-style-type: none"> - No patient lockers

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<p>below standards in comparison with other level 4 hospitals.</p> <p>Cleaning at the hospital is done by contractor engaged by the Health department.</p>	<ul style="list-style-type: none"> - Room overcrowded - No nets on beds - Broken-down ceilings <p>Labor Ward</p> <ul style="list-style-type: none"> - Very small room. - One bed. - No piped water. - Understaffed- one nurse manning the ward, ante-natal and post natal. - -Broken-down ceilings. <p>Post Natal& Theatre</p> <ul style="list-style-type: none"> - Theatre is not operational though equipped. - The hospital relies on Kangundo or Machakos for related services. - Broken-down ceilings. <p>Pediatric Ward</p> <ul style="list-style-type: none"> - Not equipped. <p>Female Ward</p> <ul style="list-style-type: none"> - Small room. - Beds have no nets. - Capacity of 4 beds. - No Lockers for patients. <p>Male wards</p> <ul style="list-style-type: none"> - Small room. - Capacity of three beds. - Beds have no nets. - No lockers for patients. <p>MORTUARY</p> <ul style="list-style-type: none"> - No mortuary at the hospital. <p>Toilets</p> <ul style="list-style-type: none"> - No running water. - Latrines for out-patients. <p>Out Patient Department</p> <p>Laboratory</p>
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	<ul style="list-style-type: none"> - Understaffed. - Other lab facilities lacking and supplies lacking like, Cultures and Reagents. - Very small space. - Slow to offer services due to space. <p>Physiotherapy Room</p> <ul style="list-style-type: none"> - Small space. - No machines to offer services. - Patients have to line up for services. - Orthopedic services offered at the same room. - Overcrowded due to small room to offer services. - Understaffed. - No running water. - Poor flooring. - Poor status. - Outdated machines.
	<p>Occupational Therapy</p> <ul style="list-style-type: none"> - Very small space. - Poor flooring. - Old furniture.
	<p>Pharmacy</p> <ul style="list-style-type: none"> - Small space. - Old furniture and equipment in a poor state - Understaffed. - Old ceiling dangling above patients. - Supply of orders is delayed beyond reasonable time. <ul style="list-style-type: none"> - Non-pharmaceuticals like gloves, soaps and antiseptics lacking in the hospital. - Not computerized.
	<p>X-RAY ROOM</p> <ul style="list-style-type: none"> - Served by one staff who was on leave. - Small space. -

HIV CONSULTATION ROOM

- Patients line up in an open tent hence lack of privacy.
- Small space available for consultation and records.
- No electricity in the block.
- Doors have no locks.
- Roofs leak during rainy seasons.
- Old condemned staff quarters were converted to hospital facilities.

HIV COUNSELLING AND TESTING

- In a very poor condition.
- Poor ceiling.
- Small space.

STAFF CANTEEN

A tent donated to the hospital serves as canteen. Tent is on an open ground-floor with no cement flooring.

CHEST CLINIC

- Very small room.
- Located at an old condemned staff quarters.
- No equipment.
- Poor flooring.
- Old stuff stored in the room.

DENTAL CLINIC

- Served by one dentist and does not operate when on leave.
- Available equipment belongs to staff.
- Very dark condemned room without electricity.
- The disabled cannot access the room.
- No single equipment.

- The reality is that only the name tag 'DENTAL CLINIC' exists.
- The facility is next to TB clinic posing danger of infection to patients.

CANCER SCREENING CLINIC

- Manned by **ICAP**.
- Dark, condemned room.

WATER TANK

- One old tank and in poor condition.
- Available water is hard.

NUTRITION ROOM

- Small room.
- Poor furniture.
- No running water.

CHILD WELFARE CLINIC

- Weighing and vaccination done in the same room.
- Understaffed- served by one nurse.

FAMILY PLANNING

- Small room.
- Poor ceiling.
- Poor outdated furniture.
- No screen / curtain for patients' beds (in all departments).

RECEPTION / PAYMENTS DESK

- Small room.
- Old dilapidated furniture.
- Not computerized.

INJECTION AND DRESSING ROOM

- Very small room.
- Understaffed-served by one nurse.

	<ul style="list-style-type: none"> - No room to attend to two persons at a time resulting to slow services. <p>OUT-PATIENTS ROOM</p> <ul style="list-style-type: none"> - Very small room. - No screen or curtain for patients' bed. - No equipment. - Three clinical officers serve day and night. - Staff take long to go for leave. - Poor condition of the building. - Medical officers object working at Mwala Hospital due to straining conditions of the hospital.
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<p>KATHIANI LEVEL 4 HOSPIATAL</p> <p>[Date of Visit: 2nd October 2014]</p> <p>The hospital is tidy with a total of 98 staff including four doctors.</p> <p>The hospital has a well-equipped conference room.</p> <p>The hospital has a committee for the physically disabled.</p> <p>Cleaning is done by casual recruited by the hospital.</p> <p>The hospital handles a minimum of 8 delivers every 24 hours</p>	<p style="text-align: center;">CHALLENGES</p> <ul style="list-style-type: none"> - Old outdated computers. - Disabled cannot access upper floor. - No authority to incur expenses (AIE) making it difficult to cater for urgent supplies. - Patients must carry gloves to the hospital or be turned back. <p>Health Records Office</p> <ul style="list-style-type: none"> - Outdated computers. - No printers. - Awaiting automation in filling.
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<p>MATUU LEVEL 4 HOSPITAL</p> <p>[Date of Visit: 3rd October 2014]</p> <p><i>The hospital is strategically located with a beautiful surrounding and well painted from outside.</i></p> <p>The hospital relies on candles and kerosene lamps for lighting.</p> <p>The hospital is managed by 70 medical staff including five doctors</p>	<p>TB CLINIC</p> <ul style="list-style-type: none"> - Very dusty surrounding. - Nutrition room for TB patients untidy <p>Public Health Officer's Office</p> <ul style="list-style-type: none"> - Untidy. - Poor ceiling condition. - Claimed casuals have not been paid thereby performing poorly. <p>Maternal Child Health Care</p> <ul style="list-style-type: none"> - Untidy - Attends to over 30 babies daily - Small space, overcrowded with a fridge that should not be in the room. - Weighing, Vaccination, Antenatal and other are all done in the same room. - Understaffed. - Lacks drugs and equipment. <p>Laboratory.</p> <ul style="list-style-type: none"> - Untidy - No running water - Small space - Reagents not available - No gloves and antiseptics <p>Records Office</p> <ul style="list-style-type: none"> - Unkempt - Small space - Understaffed - Not computerized <p>Casualty and Outpatient</p> <ul style="list-style-type: none"> - Untidy- blamed on lack of water - Lack of drugs that has put off patients from
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	<p>the hospital.</p> <ul style="list-style-type: none"> - Lacks wards that are under renovation, to admit patients - No gloves and other non-pharmaceutical drugs. - Understaffed with 8 staff to attend 150 patients per day. <p>Babies Wards</p> <ul style="list-style-type: none"> - Small 4 beds - Untidy - No curtains & nets <p>Ante Natal / Post Natal ward</p> <ul style="list-style-type: none"> - No curtains - Untidy - Small room - Old /broken patient lockers - All clothing was not washed[blamed on lack of water [done manually] <p>Theatre</p> <ul style="list-style-type: none"> - Under construction [construction stalled six months ago] - No theatre services <p>Dental Clinic</p> <ul style="list-style-type: none"> - Not attended due to lack of water - No longer opened <p>Other Facilities Under Renovation</p> <ul style="list-style-type: none"> - Kitchen, X-ray room, others wards, laboratory [construction and renovation of the facilities stalled six months ago and paused most services at the hospital]
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	<p>Pharmacy</p> <ul style="list-style-type: none"> - Most Drugs not available - No non pharmaceutical supplies like gloves, antiseptics and detergents. <p>Conference Room</p> <ul style="list-style-type: none"> - There is no room allocated for staff functions <p>Vehicle</p> <ul style="list-style-type: none"> - No utility vehicle for the hospital beside the ambulance which is used for referrals. <p>CHALLENGES</p> <ul style="list-style-type: none"> - The hospital is understaffed. - The facility is very small but full of activities than most level 4 hospitals within the county. - The hospital has no room for staff functions. <p>TB and HIV clinic</p> <ul style="list-style-type: none"> - Fully managed by ICAP - Clinic, filling, nutrition services, counseling, screening of breast and cervical cancer under one roof. - Small space - No speculum disposables - Attends over 50 patients per day. - Old furniture - No running water. - Facility near the road and no
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	<p>fenced for privacy of the patients.</p> <ul style="list-style-type: none"> - Few benches for patients - Children’s playing ground for the affected is dilapidated. <p>DPHN offices (Vaccination and Immunization)</p> <ul style="list-style-type: none"> - No physical office; operating in an old cargo container. - Understaffed - Offering services to both GoK and private institutions. - Small space <p>Extension of Hospital</p> <ul style="list-style-type: none"> - Residential suit under construction stalled. - Wards under construction have stalled. - Construction of Theatre not yet started. <p>Physiotherapy Clinic</p> <ul style="list-style-type: none"> - Small dark room [old staff quarters room] - Can attend one patient at a time - Old furniture - No facilities <p>Pharmacy Store</p> <ul style="list-style-type: none"> - Small dark room [previous staff quarters] - Short of most common drugs - Supplies are delayed for long period.
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<p>ATHI RIVER MEDICAL CENTER</p> <p>[Date of Visit: 6th October 2014]</p> <p>The facility though small is very clean and busy.</p> <p>A very busy medical facility managed from 2 tiny rooms that are referred to as administration block.</p> <p>The facility has a special clinic for diabetes and hypertension.</p> <p>The facility received 4 computers from world health organization for outpatients' data.</p> <p>The centre screened over 200 women on breast and cervical cancer in September, 2014</p> <p>The facility has a Comprehensive Care Clinic (CCC) pharmacy fully sponsored by ICAP</p> <p>The Hospital space is very small and should have storey buildings only.</p>	<ul style="list-style-type: none"> - Supplies are normally not as requested - Located at a lone area - Expired drugs not disposed <p>Ambulance</p> <ul style="list-style-type: none"> - Serves for referrals only[challenge of moving patients without referral] - Paramedics with ambulances are not mostly busy and do not assist other clinical officers. <p>Clinical Room</p> <ul style="list-style-type: none"> - Understaffed- 3clinical officers- attending more than 100 patients per day. - Small space serving one patient at a time. - No benches for patients <p>Laboratory</p> <ul style="list-style-type: none"> - One staff assisted by another from ICAP.[attending to over 500 patients per week including those from factories and companies around]. - Laboratory is very busy as it is used by other clinics at Mlolongo, Kinanie, and Kyumbi. - Lacks equipment - No running water - No X-ray machine <p>Maternity</p> <ul style="list-style-type: none"> - No staff[has 10 midwives] - With 4 old beds and torn clothing. + 3 bare beds with no mattresses. - No patient lockers. <p>Labor Ward</p> <ul style="list-style-type: none"> - One Bed in a very poor condition - No wheeling stretcher
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<p>The medical centre provides free services and drugs to patients.</p>	<ul style="list-style-type: none"> - Old weighing machine - No incubator - No backup generator during power blackouts. - No running water - Old furniture <p>MCH/ ante natal/ post natal and baby clinic</p> <ul style="list-style-type: none"> - Small space for the various services <p>Kitchen</p> <p>Very small facility without utensils</p> <p>Toilets</p> <ul style="list-style-type: none"> - No toilets but latrines
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Mr. Speaker, Sir, the health services committee visited four (4) out of a total of 198 medical facilities and found out challenges that are massive and intimidating. The challenges may have been inherited from the previous regime before devolution and may be growing to unaffordable heights.

Mr. Speaker, Sir, the development of any state is done by the people and that the health of the people is one big factor that determines development. Mr. Speaker, our hospitals stand to safeguard the health of our people so that they can engage in development.

This house has never before been confronted with grave matters of this magnitude that should be decided herein and implemented without further delay. Mr. Speaker, let these house allow me to use the words that ‘the county government health sector is in an intensive care unit’. Mr. Speaker, the committee wondered how the county government, unable to equip and staff level 4 hospitals would fund, equip and staff 40 health facilities under construction. The budget for the 40 facilities would have resolved the challenges in level 4 hospitals.

Mr. Speaker, Sir, the committee was of the opinion that the construction of more medical facilities in all county wards was not of equal importance to equipping the existing hospitals with

drugs and equipment to enhance better health care service delivery to our people. Some wards have more than four medical facilities that have never functioned because of lack of equipment and staff. A good example, Mr. Speaker, is Lower Kaewa with separately four built hospital structures that area a testimony.

RECOMMENDATIONS

KANGUNDO LEVEL IV HOSPITAL

Mr. Speaker, Sir, the committee after intense deliberation on the challenges facing Kangundo hospital recommends that old maternity wards next to the theatre be renovated and fitted with more beds. The Committee also recommends that a theatre be constructed near the delivery room.

Mr. Speaker, water is important than drugs in the life of a human being and even to nature. It is unwelcoming for any hospital to operate without water. Providing water is one of the services rendered in all hospitals. The outstanding Water Bill at the hospital should be cleared and supply of water be connected immediately without further delay. All the bathrooms should have hot running water for patients.

Mr. Speaker, the hospital has two incubators that are insufficient to offer services; babies are switched in and out at the time of need, posing danger to the life of the newly born. The committee recommends for additional two incubators.

Mr. Speaker, Sir, a department in any hospital cannot be established without manpower. The investment on human resource is a prerequisite for every medical establishment. This is one common problem in all our hospitals that the committee recommends to be resolved immediately.

Mr. Speaker, Sir, the health services committee members would not relent or compromise on health matters. The committee recommends that all machines at the hospital that are outdated and the few or unavailable be provided without further delay. These include four burns units, paediatric equipment, physiotherapy equipment, dental unit chair and equipment, laboratory equipment and x-ray machine.

Mr. Speaker, the committee found that the mortuary was moving to become a health hazard other than a health unit. The committee recommends that the officer in charge at the hospital to follow the law and dispose the unclaimed bodies. The mortuary should be expanded and the outdated freezer, axes and other equipment used at the mortuary be replaced with modern equipment.

On the two volunteers who have worked at the hospital for 15 years, the committee recommends that they be employed on permanent basis and be stationed at the hospital.

Mr. Speaker, Sir, the comprehensive care unit (CCU) handles HIV and Tuberculosis infected persons. The patients sit under a tent on ground that is not cemented posing risk of infection from TB patients who often spit on the dusty ground. The committee members proposed to contribute a minimum of Ksh.1000 and receive contribution from any other willing donor to cement the tent floor within 10 days without involving the Executive.

MWALA LEVEL IV HOSPITAL

Mr. Speaker, Sir, the status of this hospital was below what is expected of a level 4 hospital and what this honorable house would expect to be referred as a medical facility. The challenges at this hospital forced the committee to recommend that, before the county provides water to households, every level 4 hospital within the county should have a borehole.

Services at the hospital were in the hands of clinical officers in absence of doctors slowing down activities and putting risk to patients. The committee recommends change of administration at the hospital. The committee recommends that contracted cleaners at the hospitals be replaced with contract employees.

Mr. Speaker, the patients at Mwala hospital were against ambulance services since they were not need-based but operate according to set regulations, that is, for referrals only. The committee recommends that ambulances should operate on user-need basis.

Mr. Speaker, Sir, the challenges at Mwala hospital cannot be described without condemning all the old structures, hostile buildings, poor setup, lack of equipment, lack of drugs and understaffing. The committee recommends for total overhaul of the hospital, and that the construction of the proposed Ward medical facilities and the proposed Makutano hospital be suspended for construction, equipping and staffing of Mwala hospital with level 4 status facilities.

MATUU LEVEL IV HOSPITAL

Mr. Speaker, Sir, disconnection of power and water at the hospital and stalling of renovation of half of the wards, mortuary, theatre, kitchen and laboratory for the last six months suspended most of the services at the hospital to the minimum. Mr. Speaker, even the least available services at the hospital are in vain, whether it is a painkiller for the patient or gloves for medics to put on to treat the patient.

The committee recommends that the power and water bills be paid immediately and that the contractor be given one month to complete all construction work at the hospital or else the contract be terminated. The committee would move to meet the contractor and the supervisor of the projects at the hospital.

The committee recommends that all level 4 hospitals within the county to have standby generators or alternative power source to guard against power failures.

Mr. Speaker, the cause of the paradox of events at the hospital may have been caused by disputed change of top administration. Further, the medical officers, who are now underworked and idle, may be engaged in private practice. The committee recommends that all staff at the hospital be transferred and replaced immediately.

Mr. Speaker, Sir, the hospital is located at a very strategic area and serves a large population zone that is being turned away at Thika hospital. The committee recommends that the status of the hospital be re-established immediately and all referral patients be send to Machakos level five hospital.

Mr. Speaker, the county government of Machakos donated a water bowser to Tanathi water company that should have been reciprocated with kindness on a bill of Ksh.100,400, other than disconnecting water to such a sensitive consumer. It is a lesson to learn from a good gesture.

Further, Mr. Speaker, the county owns water bowsers that are used to water flowers across the county with very clean treated water, fit for human consumption. It is a big shame for patients to lack water in our hospitals. The committee recommends that hospitals with water problems be provided with water bowsers or tractors with tanks to supply clean water other than the requested additional ambulances. The executive committee member in charge of the department of water should ensure that all hospitals across the county have sufficient water before the plants are watered.

Mr. Speaker, Sir, there was no kitty in most hospitals to purchase emergency drugs and inevitabilities. The committee recommends that an authority to incur expenditure [AIE] be organized for all hospitals to spend on emergencies to safeguard loss of life. The CEC health should constitute boards to be accountable to monitor and manage the AIEs.

ATHI RIVER MEDICAL CENTRE

Mr. Speaker, Sir, the committee recommends that the county government offices next to the hospital be vacated for the hospital which is very busy with no space to offer services. The stalled construction should be of storey buildings because of space.

Mr. Speaker, Sir, the supplies to the hospital were mostly not as requested and this was the same tendency in most hospitals. The committee recommends that supplies of drugs and non-pharmaceuticals be limited to orders. Mr. Speaker, Sir, the committee recommends that the facility to be upgraded to operate for 24 hours but to remain a health centre and allow the upcoming construction to be a level 4 hospital.

The county government project to construct toilets for the public should be extended to urban hospitals that are using latrines. The committee recommends that all funds budgeted for the departments expenditure should not be diverted to any other use.

KATHIANI MEDICAL HOSPITAL

Mr. Speaker, Sir, there is a lot of laxity to offer services at the hospital beside the shortage of drugs and supplies, the committee recommends that the administration at the hospital be overhauled and all staff transferred to different hospitals and replaced with efficient administration and other staff.

The committee further recommends that the executive committee member should send a surveyor to survey the hospital land and have it fenced and report back to the committee.

Mr. Speaker, the committee found a mentally ill patient at the hospital maternity with a three months old baby, the committee recommends that the baby be separated from the mother who should be referred to a mental hospital. The minister should make arrangements on the bill incurred by the patient to ensure the two are safe and protected.

Mr. Speaker, Sir, this report may read like a fight against our own hospitals, but seated in this house are honorable members who can bear witness to these facts that are true to the last word.

ACKNOWLEDGEMENT

Mr. Speaker, Sir, the health and emergency services committee is particularly grateful for the support it received from all the members of this house in the process of drawing this report. The committee is grateful to all medical officers who provided crucial information that supported the writing of this report.

May I take this opportunity to thank all members of the committee for their input and valuable contribution during the several visits to hospitals and meetings. The committee is further grateful to the office of the Speaker and that of the Clerk to the County Assembly, for the support it received to discharge its mandate in drawing this report.

Mr. Speaker, Sir, it is therefore my pleasant duty and privilege, on behalf of the Health and Emergency services committee to table this progress report and recommend it to this hon. house. Thank you, Mr. Speaker.

Hon. Speaker: Thank you chairperson.

Hon. (Ms.) Sereka: I ask hon. Kanui again to come and second this report.

Hon. Kanui: Thank you Mr. Speaker, Sir, and the house at large. I wish to second this report and with a challenge. Though we inherited healthcare services from the national government, we should not let it be the way it used to be. It was found the healthcare delivery can be done better in the counties. That is one of the reasons why it was devolved as a function which caters for everything in the house and our homes. We need to equip our healthcare facilities effectively. We need to address the issues and areas where the national government was unable to reach, if it is staffing we need to look in to it, if it buying new equipment, we need to look into that.

We cannot blame the county government for all that mess because the function was just devolved the other day and it is our responsibility to see to it that the healthcare delivery services is up to date. And when we are saying Machakos, we are number one, we want to see our health facilities being number one. Thank you Mr. Speaker, Sir, and I support the report with all the challenges. Thank you.

Hon. Speaker: Thank you very much vice chairperson. The report is now formally before the house for debate. I must appreciate it is a good report but let us debate it.

Hon. Ndeto: Mr. Speaker, Sir, and the entire house at large, let me begin by congratulating the hon. member who is the chairperson and also the entire committee for the presentation of the state of our health hospitals. It is a true reflection of what is going on in our hospitals. And as the report tabled today, we the entire house as we support this report, we need to come together both the government and the opposition and stand firm to make sure things work as they should work. This is a matter of life because we know health is issue to deal with life and it is said a healthy nation is a wealthy nation. And if our people are not taken care of, which is clearly indicated in these reports, even the productivity of our county will go down.

I thank the vice chairperson, who has worked with the health department for years, I believe he has a lot of input in this report from him because he is a specialist in the same and as he works together with the chairperson and the entire committee, we request that they call the CEC member health and if possible not to the committee only but to the entire house so that she can respond to these things.

At the same time, I have been thinking about the issue of health, level 4 hospitals and why it was devolved, because hospitals are liabilities. They are not assets to the county. In fact, I have started working silently because I believe the on devolved functions somebody came up with them, we can also reverse these things Mr. Speaker, and have the health facilities taken over by the national government.

Yes, that is my opinion, because if the county governments are not able to sustain the health facilities and we believe this is a liability, it is not an asset to the county government. We can have it reversed and it goes back to the central government. And I believe I can bring and workout a motion to reverse the same. Thank you, Mr. Speaker.

Hon. Speaker: I think for the purpose of the house, let us hear hon. Ndeto. What exactly do you mean by ‘they are liabilities’ and I thought a function is devolved together with its resource.

Hon. Ndeto: When I talk about a liability, in business you know what a liability is and asset. An asset gives some input and profit. A liability is something that eats on what you have. And I believe the hospitals are liabilities to the county governments because there are no profits we get from the hospitals, what we do, we just put inputs in them. That is what I mean by liability.

Hon. Speaker: Ok. Let us hear hon. member at the back there. There is point of information here, let us hear the point of information.

Minority Leader (Hon. Kasoa): Thank you Mr. Speaker, I totally disagree with the member for Kola because when he is telling us the health sector should be taken back to the national government, the same problem which we are facing now is because of the national government. Because this problem we inherited from the national government. I think now we

should work on a way forward on how we should assist our health sector. Thank you, Mr. Speaker.

Hon. Speaker: I think we have already taken the point of information. Let us hear that contribution.

Hon. Nduva: Thank you Mr. Speaker, Sir. My contribution to this important motion is that, what we have read and what has been presented by the chair in the department of health which I am member, is a true picture of what it is in our hospitals. Mr. Speaker, Sir, we must start from somewhere. It is not that these problems in these institutions have started with the county governments. What I want to urge the hon. members for this hon. house is, now to take the matter as it is and let us put our attention to these health institutions.

Mr. Speaker, some pictures in these institutions are worrying. For example the health facility for Matuu, level 4, which serves the whole of Yatta sub-county and parts of Mwingi, Mr. Speaker, it is pathetic because most of the services were closed down by a contractor who has been given a contract to renovate the hospital.

Mr. Speaker, it is not kind because our patients are being referred to Thika level 4 and when they go to Thika, they are sent back because Thika is in another county and they believe we are using their resources. Mr. Speaker, I will urge this hon. house, to move fast for this issue to be addressed by using the capacity that our county government to make these institutions work.

Mr. Speaker, we cannot go back to saying, 'this is a problem that we can't settle' because this is one out of the 47 counties and to challenge what hon. Ndeto was saying, if we fight to reverse the devolved function for health, what about the other 46 counties? We will not be in a position.

So Mr. Speaker, my position is, let us work the much we can to see this institutions in a position to offer services to our electorates. Thank you, Mr. Speaker.

Hon. Speaker: Thank you.

Hon. Muli: Thank you, Mr. Speaker. First and foremost, I would like to congratulate the committee of health for the good work which they have done on issues of scrutinizing the problem which we have in level 4 hospitals.

Mr. Speaker, understanding that this issue originated from the central government from the earliest situations and having the level 4 hospitals devolved in our county government, Mr. Speaker, we request the committee of health and if possible the committee of the whole house to involve the CEC member in the issues of debating the issues of these hospitals so that firm action can be taken as immediately as possible.

Mr. Speaker, although our county is the best performing in all the departments and having the proof, we are having level five hospital which is now well maintained and also within

our wards, the county construction of health centers are on the process, Mr. Speaker, the CEC member and the department should be informed that there are things which require priorities. It will seem negative when our level 4 hospitals are in this pathetic situation while we are building more structures for hospitals.

Mr. Speaker, the report which has been tabled in this house, I personally felt nervous. Sure enough, it even changed the mood of the hon. members in this house. If this is the true report which the committee has surrendered in this house, I believe these hon. members should not be here but they should be scrutinizing more problems because this is only the problem of four centers which had been visited. What about the other 194 health centers.

Mr. Speaker, this is a good start. It is a good report which has been presented and I request the chairman and the committee of health to call the CEC member as immediately as possible so that this situation is catered for because it is pathetic. Thank you, Mr. Speaker.

Hon. Speaker: Thank you.

Hon. R. Mutuku: Thank you Mr. Speaker, Sir. May I start, first of all, by thanking the committee for the good work that they have done. Mr. Speaker, Sir, health is a devolved function. Initially it was in the national government. It was just devolved the other day. This is one year since devolution started at the grassroots. Mr. Speaker, Sir, initially those who used to visit level five hospital could attest that the same problems were faced in level five hospital.

Today Mr. Speaker, Sir, if you visit level five hospital, the services that are offered there are efficient, the hospital is very clean. That hospital is among the clean hospital in our country. Mr. Speaker, Sir, I believe if the same can be referred to the level four hospitals, the same can be achieved.

Mr. Speaker, Sir, if you look at areas like Masinga, patients cannot move at ease within the very short time to come to level five hospital. They are only supposed to be given first aid at Matuu. Mr. Speaker, Sir, there is need for the CEC member responsible for health to move with speed and ensure the level four hospitals are efficient as level five hospitals because if this is not achieved, we will keep on losing lives.

Mr. Speaker, Sir, as any given country before it develops, before we talk of economic stability, health should be a factor that is given the first priority Mr. Speaker, Sir. So Mr. Speaker, Sir, I will urge the committee to move with speed and get the CEC member so that their recommendations are implemented within the shortest time possible so that we may avoid situations of losing lives. Thank you, Mr. Speaker, Sir.

Hon. Speaker: Thank you.

Hon. Kalunde: Mr. Speaker, Sir, the report which has been read to the house is a true reflection of what is on the ground. It is true we made visits to all these health centers and hospitals and what you have read or what you have heard from this report is true on the ground

and I am sure that the Governor of Machakos county would not like to lead a county with almost over 50 per cent sick people.

So I do not even know whether he himself knows what is on the ground as far as health centers are concerned. Because in some places where we visited, even the CEC member of health had not known what is on the ground on those health centers. So we have decided that we are going to engage the minister for health so that if anything can be done, even if it is we recommend that the county should give more money to the health department so that our hospitals can be improved.

It is true that the problems which we found in our hospitals were inherited from the previous government and it is only one year, so these health centers have not only deteriorated for one year, they have been so for many years. So Mr. Speaker, it is important that we now face this problem head on.

By so saying I mean that we have to sit down with the minister and make sure that something should be followed according to this report. Mr. Speaker, I believe that we did as a committee what is important for this county. Thank you, Mr. Speaker.

Hon. Speaker: Thank you.

Hon. Muthuka: Thank you Mr. Speaker, Sir, and the rest of the house. Mr. Speaker, I would like to urge the house that since we are representatives of the people, let us create time and visit our institutions and from there we will be able to be objective. Actually we lacked the basic words that we could put in this report to give the real picture of what we saw and what we experienced.

It is a pity because yesterday we attended a forum but I was amazed if the director of curative is not alive of what is happening at Matuu level four. Already the hospital has a borehole which has been disconnected because of electricity but the director was talking about putting up another borehole since there was a problem of water. I also think this house should be able to support the Executive in one way or the other by tabling these reports and having them attended to.

Secondly, I would like to urge every member of the house to revisit our budget because we awarded Ksh. 1.8 billion in this financial year, 2014/15, for the health services. It is high time that we assist the Executive member to prioritize this amount so that we can get the best services that we could offer to our people. Thank you Mr. Speaker, Sir, and the rest of the House.

Hon. Speaker: Thank you. The next contributor.

Hon. (Ms.) Ndinda: Thank you Mr. Speaker, Sir. I really support our chairperson for the recommendation which she has brought about because it is exactly true and really true what she has spoken out. We have taken time going round all the hospitals and surely if all of you had a chance to go round, the situation is pathetic, there are areas where we went and we could not

even go inside especially in Kangundo. Inside the mortuary, the place was in a bad state where we had several decomposed bodies because of the status of the mortuary. Even going through all the wards, the maternity wing, the child health care clinics, the state was very pathetic.

I can surely say and repeat and recommend what the other hon. members have said that if there is a department we should prioritize is the health sector and number two, we should not condemn ourselves as Machakos county because we are only one year old and appreciate the health committee because we have just started and it is because of this status we have decided to recommend exactly what is needed to make sure our hospitals are in a proper grade.

The Bible says that we should not despise our humble beginnings because God will greatly increase us.

Lately or in the previous years, we were not in charge of the hospitals and that is why we found that some issues have been messed around. Having tonnes of methylated spirit in Athi River, that was not done by Machakos County but it is because it was in the Central government. But now we are coming to bring change so that we may make sure that whatever is needed, any drug which is needed is supplied but not just supplying anything for the sake of supplying, for people to benefit.

According to our investigations we have discovered there are even some people who tendered this supply, doing it just doing it for their own benefit to get enough money, but right now I can say, we have got the right chairperson, we have the right committee, we have the right members of Machakos county who are going to stand up and spearhead everything. When I talk of everything it is all committees starting with the health committee and make sure that we are going to have all the facilities in order.

So I really recommend and say, in reference to what the workshop we had in Mombasa, where we said ‘immediately we come back to Machakos, we will call the CEC member of health to tell us what they are planning because what is planned is not according to the status of the hospitals we visited.’ We are going to reverse that status and make sure that we prioritize every hospital according to the needs which they have.

So Mr. Speaker, Sir, I 100 per cent support this motion and I also beg my fellow hon. members we support this motion.

There is a small amendment I want to make because maybe somebody misunderstood. When the chairperson spoke of the flowers and the water in Machakos County, we did not mean that we want to stop the watering of the flowers, but we are saying just the way the flowers are watered, we get enough water also to supply in the hospitals. We recommend what the environment department is doing but we also request to have the same standard in the health department. So I am only elaborating the status, lest we walk out and have claims that we were fighting water and flowers. No. Excuse me! We are supporting and we need clean fresh water in all hospitals.

Yesterday we were in Matuu and we were shocked to hear somebody stand up and just speak anything without knowing. But at least we stood up and we also managed to talk to the first lady and we told her exactly what is in Matuu. Our Governor may not be aware of what is

happening because he has not gone through the hospitals, but we as the committee has the mandate to go round so that we can let him know what is happening because many are the times people who are in the lower level mislead the leaders or don't tell the leaders the truth.

But I thank God because of it through intelligent hon. members of Machakos County. So I am sure we are going to upgrade everything in the health department and make sure that healthcare will be number one, the way Machakos is. Thank you, Mr. Speaker, Sir.

Hon. Speaker: Thank you so much. Who is next? We had a line of contributions. Hon. Kasoa, while you were away so you may have to wait for a while.

Hon. Kyuli: Thank you Mr. Speaker, and the house at large. Mine is, first, Mr. Speaker, Sir, in this report there is the issue of those nurses that were employed to attend patients in the ambulances. Mr. Speaker, except in Mwala and in Athi River, my fellow colleagues will attest to this that, we employed nurses to serve with the ambulances but you will find that, Mr. Speaker, they only serve when there is an emergency.

We found out that there are areas where an emergency for example, this level 4 hospitals are supposed to have an ambulance that is only for referrals. So patients will be referred from level 4 to 5 here in Machakos and that, Mr. Speaker, can take about a week, two weeks, three, even a month. Therefore you find that, that particular employee is seated idle all those hours. Therefore we as a county are paying people who are not even working according to the way it is supposed to be.

Therefore our recommendation was that if there is an ambulance that is a stationed at a certain facility, let the people that are working in that particular facility be allocated a duty of going with the ambulance. Our recommendation therefore was, that these nurses that were employed by the county to serve with the ambulances to ferry patients, let them start working at the facilities because they have become arrogant, Mr. Speaker, sorry to say.

If there is no call, that person stays at home all the period. They do not assist in the facilities. Therefore our recommendation was, that members let us pass this as it is that they serve at the facilities because they are working like they are the bosses of the area because if you can get one referral in two weeks, that person will work only once. for example if it is from Kathiani to level 5 here, that person will work only once in a month when he ambulance is ferrying a patient from Kathiani to the level five.

Therefore Mr. Speaker, we recommend they serve even at the facilities and not serving at the ambulances, Mr. Speaker.

Secondly, you heard that our people when they have been taken to Thika for example, because that is where we found that report, that they are being turned away. They are told, if you are coming from Machakos County, go back to your county and be treated there. That is not what ethics demands. It is happening, our people have been taken to Thika and turned back. You find that most of the patients or our people from the area of Masinga are taken even to

Embu. Mr. Speaker, our level five here is also being congested by people who do not belong to this county.

We also need to have equal measures here Mr. Speaker, because we cannot have our people taken to Thika and are turned away. I personally went to the medical superintendent's office here in level five and she told me Mr. Speaker---

Hon. Speaker: Let us take that point of information.

Hon. Kanui: Thank you Mr. Speaker, Sir and the house. I want to inform the hon. member that health has no boundaries. We have Ebola, which is spreading all over the world and you cannot turn away patients. I would wish if you withdraw the idea of level five hospitals of turning patients the way they are being turned in Thika.

It is unethical to turn a patient away. When I was in coast region administering health care at administration, we used to cater for patients from Tanzania. We even used to give them drugs and that was to stop the disease from spreading in our country. So Mr. Speaker, Sir, that was my point of information. Thank you.

Hon. Speaker: Another point of information. And if I were you I would say thank you for that information.

Majority Leader (Hon. Mwonga): Thank you Mr. Speaker. I would like to inform the hon. member for Wamunyu that level five hospitals are being funded by the National government due to the simple reason that they will have to cater for patients from all the neighboring counties. Thank you.

Hon. Speaker: Thank you. In the report we have seen that our patients have been turned away by Thika, isn't it?

Hon. Kyuli: That Mr. Speaker was my point. Thank you very much. You supported my point. I said it is against ethics for our people to be turned away from Thika. I gave an example of patients from Masinga, they are taken to Embu and are treated, and patients from Wamunyu are taken to Kitui and are treated. Therefore Mr. Speaker, my point to expound on this was that, I am requesting that the Chair, we form a subcommittee and we go to Thika and talk to the administration of Thika because they are turning away our patients which is not ethical

Mr. Speaker, my next point is on the decongesting of level five especially this one and it involves on improving on all level fours and other lower hospitals. Therefore, the committee members decided to start on the level fours so that we can see how we can decongest our level five. Mr. Speaker, Sir, to decongest our level fours, we need to improve on the infrastructure and the services, Mr. Speaker.

In the infrastructure side, Mr. Speaker, Sir, there are funds that were set aside to build community hospitals Mr. Speaker. I would wish therefore, Mr. Speaker, if it can be allowed for example in Mwala where I come from, if it is possible, members for this assembly from Mwala can sit and see how to improve on the infrastructure of our level four from our wards and the allocations that we had, Mr. Speaker.

Then we will be decongesting our level five by improving our level four first by doing the infrastructure and other services Mr. Speaker, will follow. Then Mr. Speaker, we must prioritize. You will find that there are buildings that are coming up and they are not priorities, Mr. Speaker. Let us prioritize so that a government policy that requires a 24 bed capacity at the dispensary level and we can even begin higher than that by improving the level four that cannot even have such capacity.

We found out that level four hospital at Kathiani had 98 members of staff, including four doctors, Mr. Speaker. While we were there we could not even find five staff members. It means that there is a lot of laxity in supervision, Mr. Speaker.

While at Matuu, where there are 70 staff, even the one in charge had to be called from the market. These guys, let me call them guys because they are funny looking human beings, are operating clinics in those markets. They are funny. I wish, Mr. Speaker, you saw them. They are funny looking human beings.

Hon. Speaker: They are supposed to be queer looking.

Hon. Kyuli: Actually they are queer, Mr. Speaker, thank you. If you saw them, like the person was called from the market, she was even shaking when she found that we were there at the facility. Mr. Speaker, they are sabotaging their work so that they can refer patients to their clinics. That we found out, Mr. Speaker. If you go to Kathiani, there are 98 and they could not even marshal five of them to take us round.

Mr. Speaker, there is serious laxity in supervision, either by design or by negligence. Therefore, when we are recommending as a committee, that Kathiani be overhauled by transferring all of them, Mr. Speaker, Sir, we are that serious.

So this now goes to the implementation part, Mr. Speaker. In this assembly we pass issues that are not taken seriously. This one, I urge the house through you Mr. Speaker, that it is taken as it is if you allow, Mr. Speaker, if we say all Kathiani staff be transferred, let them be transferred. Let us see the whip being cracked because if we start with Kathiani, every other health official or worker will be serious. Let us do it Mr. Speaker.

In Matuu, there is a nothing going on at the hospital. Even the people who sweep in the facility don't even care. We found out one of the hospitals is very clean and this is a challenge to this house. As a house, let us look and weigh on which is cheaper, either contracting a cleaning company in our facilities or hiring casuals to do the cleaning in our facilities. Whichever is cheaper and efficient?

My proposal was when we contract, we give one person a lot of money then he comes with his staff. Whether they are coming from that particular area or not, that person has the mandate and the authority to use his staff from wherever to come and do the work they are contracted for. So my request is this, Mr. Speaker, that we do away with the contracting and we hire on casual basis because again when we employ them, they will grow horns like the rest.

Therefore, my recommendation was that, we hire casuals, because when we hire casuals definitely the people that come from that particular area will benefit, Mr. Speaker.

Lastly Mr. Speaker, as an assembly I want to urge that this issue of health, members let us take it seriously. If there is nothing else we will take seriously, for this one on health, I pray that we take it seriously as it is and the recommendations that members have heard from you, they are even more serious. They want, as a house, we invite the CEC health so that she can shed light on so many things that we have highlighted and we get an informed opinion and a way forward.

Therefore, Mr. Speaker, let us take it seriously and especially on the implementation part. Thank you Mr. Speaker, Sir.

Hon. Speaker: Thank you very much, the next contributor.

Hon. Matheka: Thank you Mr. Speaker, Sir, and the house at large. Mr. Speaker, I would like first to deal with the hospital in my sub-county. There is the issue of Kangundo hospital lacking water. Mr. Speaker, Sir, I am wondering how the hospital lacks water and it is surrounded by four public boreholes. That is a wonder and it is a pity. Also the boreholes from Kangundo are supplying water to Tala town and Kangundo town and those towns never lack water. How comes an essential facility like a hospital lacks water. Mr. Speaker, I just wonder.

Mr. Speaker, Sir, on page 17, I applaud the chairperson and the committee at large and they demonstrated that charity begins at home. They found a tent at Kangundo Hospital which was not cemented and they volunteered to contribute Ksh. 1000each to do the cementing. I am challenging them, whether they did so and I will pass by tomorrow and report to you whether they did it. 10 days are over, Mr. Speaker, Sir, and we should lead by example. They volunteered and the chairperson, you should go ahead and do it. Mr. Speaker, Sir---

Hon. Speaker: Let us take that point of information.

Hon. Muthuka: Thank you Mr. Speaker. I want to inform hon. member that we passed these resolutions on Saturday. Today is the fourth day, actually it begins today after the tabling of this document in the house because it must be accepted by the assembly. So from today, in the next 10 days you can report.

Hon. Speaker: I agree.

Hon. Matheka: Thank you member from Ndalani. I totally agree with you.

Hon. Speaker: Hon. Matheka, time will start running after the approval of the report.

Hon. Matheka: By 30th, Mr. Speaker, Sir, or by 15th next month, I will pass by and give the house a report. I am also willing to give Ksh. 1000 for that noble course. Mr. Speaker, Sir, I personally don't blame the central government for the mess in level five hospitals and other facilities. Because I believe devolution is the future of this country. Mr. Speaker, Sir, there is a hypothesis in business which says 'we take care of our current clients as we rush for others.'

I believe one and half years down the line, the county government should have organized itself into a manner to take care of the current hospitals before it went for others. There is a part in this report which says Lower Kaewa has four facilities which have not been opened and they have nothing. I believe, Mr. Speaker, Sir, the county government should have taken care of all the other hospitals especially the level five which act as the referrals before going to do any other facility.

Mr. Speaker, Sir, I just want to wonder loudly and allow me to do it for today, Mr. Speaker, Sir. How can the county government afford to build a park for more than Ksh. 200 million when its people are dying because of lack of drugs?

Mr. Speaker, Sir, I am wondering how can the county government afford to organize a rugby series for more than Ksh 30 million when its people are dying for lack of drugs and hospitals which are not equipped? How can the county government afford to organize a bicycle race for more than Ksh. 20 million when its people are dying?

Mr. Speaker, Sir, there are priorities which should take precedence. Luxuries come later. If our people are healthy, they will engage in all those other luxuries like going to the park, doing the bicycles racing and coming to the Machakos Sevens. No wonder in the race, in number one to ten, nobody was from Machakos. How can people who are ill race a bicycle? I just wonder Mr. Speaker, Sir.

Hon. Speaker: Hon. Matheka, do you have these facts with us. Yes, let us hear the point of information. We need to know whether these facts are exactly there.

Hon. Manyolo: Thank you Mr. Speaker, Sir. The point of information to hon. Matheka is that it is clear that we passed a budget for every department. I understand each department is performing its duty. So within the department of health, I understand there is a kitty for whatever we are discussing. If it is the health services, related plans or whatever it is, I understand there is a kitty set aside for it.

So we don't have to discuss about the bicycle races. That is a department which was performing its own duty. Don't discuss about the park, it is an initiative of a department of the government. So we have to discuss issues pertaining to each department. So let me inform the

hon. member, don't go beyond the borders of every executive mandate. Thank you, Mr. Speaker, Sir.

Hon. Speaker: Thank you. I think the objection is sustained. These are issues you can raise in the line committees and they will be appropriately addressed. Another point of information?

Hon. Muthuka: Thank you Mr. Speaker. I want to inform hon. Manyolo---

Hon. Speaker: You are out of order. I think I have made a ruling on that. Proceed, hon. Matheka.

Hon. Matheka: Thank you Mr. Speaker, Sir, for the good information from hon. Manyolo, but---

Hon. Speaker: Proceed on your---

Hon. Matheka: I am proceeding. The things are in black and white and there was no budget for the park Mr. Speaker, Sir.

Hon. Speaker: Proceed.

Hon. Matheka: Mr. Speaker, Sir, to finalize, I can see the hon. Majority Leader and the member for Masinga Central is a bit, I don't know what is making him low today. But I want to request him to advise the Governor---

Hon. Speaker: You are saying he is low?

Hon. Matheka: Yes he is low today. I don't know why.

Hon. Speaker: What do you exactly mean?

Hon. Matheka: He is not to his senses. See how he is sitting. He normally sits upright but today he is a bit low.

Hon. Speaker: Point of order overruled. Proceed.

Hon. Matheka: Mr. Speaker, Sir, I would request to finalize. I would request the hon. member, Majority---

Hon. Speaker: Okay. One point of information over there.

Hon. Kamitu: Thank you Mr. Speaker, Sir, the point of information is that, I would kindly inform the hon. member, who is my neighbor bordering at Kangundo and Tala ward, that, if he is really knowledgeable, to understand that when the health services were devolved to the county government, the county government and especially Machakos county did allot to health services because you remember the medical services were not budgeted for when the health services were devolved to the county government.

Sincerely, we are hearing and we have records that Machakos county government is one of the counties that have taken care of welfare for the doctors, clinical officers and for the services given within level four and five hospitals. So we should applaud our county government because in other counties, recently you were hearing of strikes within the hospitals. We had none in our county. So he should be informed that the medical services were not budgeted for from the central government, so central government never gave money to the county government.

So what am I saying is the county government is really trying to ensure that some of the health facilities or services are being provided. So you should be proud of what the county government and especially our Governor is doing. I am not praising the governor. He is concerned about the health services being rendered to the Machakos county residents. Thank you Mr. Speaker, Sir.

Hon. Speaker: Thank you hon. Kamitu. We will take that as your contribution because it is not a point of order.

Hon. Matheka: Mr. Speaker, Sir, I am not saying that the county government is not doing anything but---

Hon. Speaker: That was his contribution, because I did not take any point of order there.

Hon. Matheka: Thank you Mr. Speaker, Sir. My final point was this. It is just a request or an advice to the Majority Leader because he is the advisor to the government concerning what is passed in this house. Mr. Speaker, Sir, we need hon. members to be fully consulted when things are done and we avoid duplication and inverted priorities. If priorities are gotten right like health, water and other priorities we will have very good hospitals, well-equipped and then the rest will come later. Thank you Mr. Speaker, Sir.

Hon. Speaker: Thank you very much. I hope the Majority Leader has taken that free advice.

Hon. (Ms.) Amina: Thank you Mr. Speaker, Sir. First, I congratulate the chairlady for the said report and mine is on recommendation. As you see page 16, Mr. Speaker, Sir, I am a

member of the committee of health and I am proud to be in that committee. We are committed and we need to be given a chance to work for our people and through committees we can do better, we can do much and we can take Machakos county to another level. So we need to be given a chance. When we call the CEC member, we are supposed to be given the chance to achieve our goals because it is a matter of life for our people. Thank you, Mr. Speaker, Sir.

Hon. Speaker: Thank you. You referred us to page 16 and you did not tell us why on recommendations. Okay, proceed.

Hon. Kimata: Thank you, Mr. Speaker, Sir, for giving me this chance to contribute to this important motion. First and foremost, I take this opportunity to thank the chairlady of this committee for identifying the problems facing all the ward levels in our county of Machakos. But I go straight to Mwala. Page 17 where I think one of the problems facing the hospital in Mwala is water. So she recommends for construction or digging of a borehole. So what I can say is, they should move with speed and make sure that boreholes are constructed within that hospital.

Also in terms of the clinical officers who were in charge of that hospital, I also request for posting of more doctors to Mwala sub county hospital, so that they can give good services to wananchi. About ambulances, they should be there permanently at Mwala so that they can give services to wananchi.

I also disagree with the committee recommendation saying that they can suspend the construction of Makutano hospital because it serves the other wards. It is only the center of the other wards within Mwala sub-County. So they should not propose to suspend that construction. I am in the same opinion of proposing for county government to add additional money to level four hospitals within the counties. Thank you.

Hon. Speaker: Thank you very much. We are through with the list of ten. I think.....Oh yes, Hon. Alice has not contributed.

Hon. (Ms.) Nzioka: Asante sana Bw. Spika kwa kunipa hii nafasi.

Hon. Speaker: Order, Order. Hon. Alice is on the floor.

Hon. (Ms.) Nzioka: Nashukuru mwenyekiti wa kamati ya afya na kamati yake kwa jumla kwa kazi nzuri ambayo walifanya. Mwenyekiti wa kamati ya afya ni mmoja wa wale wanapaswa kutuzwa mwaka huu kwa kufanya kazi nzuri. Wakati mmoja nilitembea katika hospitali ya Mwala. Mimi sio mwanachama wa hio kamati lakini nilienda na nimeangalia hiyo ripoti ambayo ametupatia.

Vile tulikuta katika hio hospitali ndivyo hivyo ilikuwa. Mwenyekiti na kamati wamefanya kazi nzuri. Nina mfano mmoja ambao nataka kusema kutoka Matuu. Siku kama nne

zilizopita, kuna mtu kutoka Matuu alipata ajali na akapelekwa katika hospitali ya Matuu ili kupata matibabu.

Lakini, ni pigo sana kwa sababu alifika na kuambiwa apelekwe Thika. Watu wa Thika hawakumtibu, akaambiwa apelekwe Kenyatta na katika hio harakati, huyo mtu aliaga. Sisi kama waheshimiwa wa bunge la Machakos, ni laana kwetu na pia ni pigo. Sababu sisi ni waakilishi wa wale watu ambao wametuchagua, wanahitaji kupata afya, wanahitaji tuwatetei.

Sisi kama hatuwatetei, mtu akipelekwa hospitali na anaaga, sisi kwetu ni laana. Yangu ni kusema, sisi kama waheshimiwa ile kazi ambayo tunapasa kufanya katika hii ripoti ni tumuite waziri wa afya ili atueleze kinaga ubaga bajeti ambayo tulipitisha 2013/14 alifanya nini tuone ile kazi ambayo amefanya sasa tuone kama ni idadi ya zile pesa tulikuwa tumepewa.

Pia atueleze bajeti ambayo tuko nayo sasa, amepanga mpango gani na nauliza hii kamati, kama itawezekana, hii ripoti ambayo wameleta, waipoleke na waongee na waziri wa afya ili hizi ripoti ambazo zimeletwa juu ya hospitali ya Mwala, Matuu, Kangundo, wafanye vitu ambavyo ni vya lazima. Zingine zitafuata nyuma. Kwa hivyo nashukuru hio kamati kwa kazi nzuri ambayo wamefanya.

Naomba waheshimiwa wa hili bunge la Machakos tuchukue hii ripoti kwa uzito sana ili tuone kwamba wale ambao walituchagua wameangaliwa kwenye mahospitali na waone kabisa tunawawakilisha. Asante sana.

Hon. Speaker: Thank you very much. I think the chairperson of health committee, there is this issue on Thika. Maybe you can tell us, what you intend to do with it. Because I would think, perhaps, you can nominate two or three persons to visit Kiambu County and resolve it once and for all or use the CEC member. I don't know, but you can advise.

Hon. (Ms.) Sereka: Thank you Mr. Speaker, Sir. The officer in-charge at Matuu told us they were being turned down because Thika is saying they are using their money to buy drugs, so even Machakos County has a budget to buy drugs. So they are being surprised why we want to use their drugs and we can't equip our hospitals. But we were on that process, my committee to sit down and take two other leaders so that we can go there and talk to them because we can't compromise health. Thank you, Mr. Speaker.

Hon. Speaker: Perhaps, you heard what Hon. Kanui said that it is unethical to turn away a patient. So I don't know, you need to take it up. I think I am through with the Chairperson. Now we proceed on contributions. There is a point of information on that point. Okay.

Hon. Muthuka: Thank you Mr. Speaker. I happen to border Kiamb and most of my electorates are normally referred to Thika. I understand there was a letter which was sent to Matuu level four hospital to discourage them from referring patients to Thika so that they can refer the patients to Machakos level five. I have requested to get the letter and once we get the

letter, through the Chair, we will be able to sit down and think on ways on how we can be able to harmonize the two regions.

There is a claim that most of the ambulances from Machakos flock Thika town while most of the Thika budget of health they have put medicine or drugs in their dispensaries and their hospitals. So we are asking, let us borrow a leaf from Thika. First of all, let us invest on drugs and medicine but not buildings. Thank you.

Hon. Speaker: Yes, but as we do that, it is wrong to turn away patients. They may die.

Majority Leader (Hon. Mwonga): Thank you Mr. Speaker, for according me time to contribute on this report of the health and emergency services committee which is headed by hon. Cecilia Sereka, member for Kinanie-Mathatani ward. Mr. Speaker, first and foremost, I would start by thanking the committee for coming up with a replica of how our facilities are.

Mr. Speaker, every member of this house will agree that our facilities are in a deplorable state and as many members who contributed earlier have said, the members are not blaming the county government for the mess. Mr. Speaker, some functions have been devolved to the county government and the last function to be devolved was health. And Mr. Speaker, as we go through this report, I would like to say that the committee has done a wonderful job, but Mr. Speaker, allow me to quote a Kiswahili saying, 'mgala muue na haki mpe'.

Mr. Speaker, the committee should have highlighted what the county has done in the past one year. Mr. Speaker, I want to inform the committee and the house, Machakos County is being used as a case study on issues of health and I know the chairperson will agree with me. Why, Mr. Speaker, is Machakos county being used as a case study. Mr. Speaker, so far we have the best level five hospital among all the 47 counties.

Mr. Speaker, Machakos County is the only county which has bought 70 ambulances at a go. I also want to---

Hon. Speaker: Let us take that point of order from the chairperson.

Hon. (Ms.) Sereka: Mr. Speaker, I want to remind the hon. member, the Majority Leader that we are very happy about level five hospital, but what we are talking about here is level four hospitals. I am kindly asking the Majority Leader and my boss to strictly stick to level four hospitals. That is what we are talking about. Thank you, Mr. Speaker.

Hon. Speaker: Thank you. I think---

Majority Leader (Hon. Mwonga): Mr. Speaker, I truly agree with the chairperson but in contribution you have to start from somewhere. Mr. Speaker, I have already I said our level four hospitals are deplorable---

Hon. Speaker: Hon. Member, I think the Chairperson has made her point that you are casting aspersions on her that she did not appreciate what has been done by the county government.

Majority Leader (Hon. Mwonga): No Mr. Speaker, I am not.

Hon. Speaker: Then paraphrase your argument.

Majority Leader (Hon. Mwonga): Mr. Speaker, let me go to level four so that I cannot offend my chairperson. About the level four, I have already said Mr. Speaker, and I have said it loudly that they are in deplorable state. Mr. Speaker, if there is anybody to blame about the mess in our level four, this house also has to be blamed for the mess.

Why? I am saying this because we passed a budget and in that budget, the proposal by the department of health and I know the chairperson is aware of that, they had proposed to be given Ksh. 2.2 billion. But Mr. Speaker, we gave that important department..... this hon. house passed a budget giving that ministry Ksh. 1.8 billion and half of these monies is going to salaries.

Mr. Speaker, another share is going to administrative and operational costs. I want to tell you this house did not approve money for fueling of ambulances. The ambulances are eating money on health sector whereas Mr. Speaker, we withdrew the ambulances from the health department and created another department called emergency department which we did not give any single cent.

Mr. Speaker, I want to urge the chairperson of health and her committee to move fast and sit with the CEC member so that they can bring supplementary budget which will cater for the mess in our level four hospitals, Mr. Speaker.

Mr. Speaker, although the hon. member for Kangundo has walked out, it is not that I am down, but Mr. Speaker, remember that I am recovering from a trauma. It is only about two weeks when I was slapped by a woman in front of the public, Mr. Speaker. It is not an easy thing, Mr. Speaker, so even if I don't contribute as I do in the earlier day that is the reason. I very much support this report 100 per cent Mr. Speaker. Thank you.

Hon. Mutisya: Thank you Mr. Speaker for allowing me to comment or to contribute on the report that was presented to the house by the chairperson for health and emergency services. First of all, I would like to comment and say that it is a good report and my concern, Mr. Speaker, Sir, is on the level four hospital of Matuu. I was surprised Mr. Speaker to learn that the contractor who was contracted to construct the walls at Matuu closed all the wards and I was surprised if that was allowed by the ministry of health officials to close all the wards

In fact, it is just like saying somebody to be given or to be contracted to construct a school like Machakos boys and he closes all the classes for the students to go home, that is the dormitories. If it was fair, the contractor at Matuu should have started with one ward, then moves

to the other ward. I was requesting, if it is possible, action must be taken against that contractor and the officers who were concerned with that. Thank you, Mr. Speaker, Sir.

Hon. Munyao: Thank you Mr. Speaker, let me start by thanking the committee on health for the good job they have done. My comments, Mr. Speaker, Sir, are about the Kathiani hospital. Mr. Speaker, I think Kathiani level four hospital, I can term it as a slaughter house. Mr. Speaker, if you can take your patient at Kathiani, imagine you can take four hours without---

Hon. Speaker: A point of order. There is a point of order.

Hon. (Ms.) Sereka: Thank you Mr. Speaker, Sir. I want to ask this hon house plus the Speaker to adjourn this sitting to start again in the afternoon. As you can see a lot of members have just gone out. You know the hon. member for Kathiani is talking a lot of sense so that all the other members can hear what the hon. member is saying and Kathiani is one of the affected hospitals. Thank you, Mr. Speaker.

Hon. Speaker: Thank you. Let us hear the member.

Hon. Munyao: I stand to support my hon chair to adjourn because the other hon members are not hearing what we are airing. I think we will be lost.

Hon. Speaker: Those in support of the adjournment until 2.30.

(Question put and agreed to)

Then the house will adjourn with remarks that we will begin with your contributions. Then we will hear Hon. Alphonse and Hon. Kasoia and there we can now give those who will want second chances.

ADJOURNMENT

Hon. Speaker: A small matter on housekeeping. Those who have not yet registered on the biometric thumbprint registration can remain behind. I am told the officer doing it is around so that your details can be taken. Thank you and let us meet later in the afternoon.

The House rose at 12.19 p.m.