

**MACHAKOS COUNTY ASSEMBLY****OFFICIAL REPORT****Wednesday 4<sup>th</sup> May, 2016**

The House met at 2.30 p.m.

*[The Speaker (Mr. Mung'ata) in the Chair]***PRAYERS****PAPER LAID****STATUS OF RURAL HEALTH FACILITIES IN NDALANI WARD**

**Hon. (Ms.) Sereka:** Thank you, Mr. Speaker, Sir. I beg to lay the following paper on the floor of the House today, Wednesday 4th May, 2016. The health and emergency services committee report on the status of rural Health facilities in Ndalani Ward. Thank you, Mr. Speaker.

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

**Hon. Speaker:** Thank you. The paper is laid proceed. Proceed with the next agenda. The matter for Hon. Oliver Munyaka will be placed back to the House Business Committee further next week. Yes.

**Hon. Kitheka:** Mr. Speaker, as I can see from the Order Paper, we have very sensitive agendas which are in hand and I do not see it we discuss without quorum. I wish to notify you that we do not have adequate quorum in the House. We are only about five or six, Mr. Speaker.

**Hon. Speaker:** Let us proceed. Clerk and clear on the Order Paper first.

**NOTICE OF MOTION****STATUS OF RURAL HEALTH FACILITIES IN NDALANI WARD**

**Hon. (Ms.) Sereka:** Thank you, Mr. Speaker, Sir. I wish to give notice of the following motion;

THAT this House discusses and approves the Health and Emergency Services Committee report on the status of rural facilities in Ndalani Ward as laid on the floor of the House today, Wednesday, 4th May, 2016. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. Let us proceed. Notice as issued. Yes.

**MOTION**  
**STATUS OF RURAL HEALTH FACILITIES IN NDALANI WARD**

**Hon. Speaker:** I think it is now, at this point that I can hear Hon.Kitheka

**Hon. Kitheka:** I wish to notify you that we do not have adequate quorum in the House and for the matter which is in hand, I think the matter is very sensitive about the issue of the hospital and health facilities and even about the motion which even the Member who is supposed to move it has just entered the House about finance, I think it would be prudent enough for us to be all in the House to discuss this agenda in the best way we can to help our County. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. Clerk, what is the position of quorum? Serjeant at Arms, may the bell be rang.

*(Quorum bell rung)*

Thank you, Hon. Members. I am now advised that we can proceed. We are now not lacking in quorum. Hon. Cecilia Sereka, proceed.

**Hon. (Ms.) Sereka:** Mr. Speaker, I now ask Hon. Kasoa to second my motion.

**Minority Leader (Hon. Kasoa):** I stand to second the health and emergency services committee report on the status of rural health facilities in Ndalani Ward.

**Hon. Speaker:** Thank you, the motion is properly laid then we can now hear the Chairperson on the matter of the report.

**Hon. (Ms.) Sereka:** Mr. Speaker, Sir,

THAT aware that the health and emergency services committee, among other roles, is mandated with all matters related to County health services including in particular County health facilities and pharmacies, ambulance services, promotion of primary health care and funeral parlors.

THAT Standing order No. 190 (5) (a) 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.

Aware that there has been public outcry from the residents of Ndalani Ward on the poor delivery of health care services at the rural health facilities in the ward, cognizant of the fact that the committee visited the health facilities on 10th, 11th, 12th and 14th March, 2016 to ascertain the claims.

Acknowledging that the development of a county is done by the people and that their health is a key factor in development, I wish to move the motion that this Hon. House discusses and approves the health and emergency services committee report on the status of rural health facilities in Ndalani Ward.

## **HEALTH AND EMERGENCY SERVICES COMMITTEE REPORT ON THE STATUS OF RURAL HEALTH FACILITIES IN NDALANI WARD**

### ***Introduction***

#### ***Preamble***

Mr. Speaker, Sir, Article 43 (1)(a) of the Constitution of Kenya 2010 states that ‘every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.’

The health and emergency services committee had received public outcry on poor status of the health facilities in Ndalani Ward through their area Member of the County Assembly. Pursuant to Standing Order 190 (5)(e) on the function of sectorial committees, ‘the functions of a sectorial committees shall be to investigate and inquire into all matters relating to the assigned departments as they may deem necessary and as may be referred to them by the Assembly.’

The Committee amongst other invited Members of this Honorable house visited the rural health facilities in Ndalani Ward on 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> and 14<sup>th</sup> March, 2016 on a fact-finding mission to investigate on the matters raised by the public.

#### ***Mandate of the Committee***

Mr. Speaker, Sir, the health and emergency services committee is established as per Standing Order 190 under the Second Schedule that underlines the functions of the Committee to include “all matters related to County health services including in particular county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlors and crematoria and refuse dumps and solid waste disposal; firefighting services and disaster management”

#### ***Committee Membership***

Mr. Speaker, the health and emergency services committee is comprised of the following members;

1. Hon. (Ms.) Cecilia Sereka - Chairperson
2. Hon. (Ms.) Mary Ndinda - Vice Chairperson
3. Hon. (Ms.) Catherine Nguluku -Member
4. Hon. (Ms.) Brigid Kitili “

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| 5. Hon. Kyalo Kyuli            | “ |
| 6. Hon. Winston Kanui          | “ |
| 7. Hon. (Ms.) Amina Mutio      | “ |
| 8. Hon. Sammy Nduva            | “ |
| 9. Hon. Edrick Ngunzi          | “ |
| 10. Hon. Stephen Muthuka       | “ |
| 11. Hon. (Ms.) Peninah Kaluki  | “ |
| 12. Hon. Thomas Kasoa          | “ |
| 13. Hon. (Ms.) Magdalene Ndawa | “ |

### ***Committee Site Visit***

The Committee managed to visit the 5 dispensaries namely; Kisiiki, Kivingoni, Kwakulu, Nthungululu and Ndalani dispensaries.

### ***Committee Findings***

Mr. Speaker, Sir, from the site visit the committee found out the following:

## **KISIIKI DISPENSARY**

### ***Staffing***

Mr. Speaker, Sir, Kisiiki dispensary serves more than 1,000 patients in a month. Services at the facility are free of charge. It has three nurses and a registered clinical officer who visits the facility only on Tuesdays.

### ***Infrastructure***

#### **Comprehensive Care and TB Clinic**

The clinic runs on Tuesdays and Thursdays. It caters for HIV and TB patients. The Committee acknowledged that drugs meant for patients in this unit were available. Further services in this unit were supported by a NGO called ICAP.

#### **Delivery Room**

There was one room for deliveries in the dispensary. Most deliveries in this ward were done at home or referred to other hospitals such as Matuu and Thika Hospitals because the dispensary lacked a post-natal unit. Deliveries were done only during day time since there were no medical personnel to work during the night.

Mothers who delivered at the dispensary were provided with tea meant for the staff working in the dispensary. This was occasioned by the dispensary not getting food supplies from

the department of health and emergency services. Mothers who delivered in the dispensary were observed for four hours only after delivery and discharged.

### **Records Office**

There was one records clerk who doubled as the cleaner.

### **Drug Store**

The supply of drugs and non-pharmaceuticals were consistent.

### **Laboratory**

The dispensary had an equipped laboratory funded by ICAP although there was no laboratory technologist. The facility, therefore, doesn't offer laboratory services.

## **KIVINGONI DISPENSARY**

Mr. Speaker Sir, the Committee visited Kivingoni dispensary and noted the following:-

### ***Staffing***

There was only one nurse who operated the dispensary and had no casuals for support services.

### ***Infrastructure***

The dispensary had no waiting bay, laboratory, disinfecting equipment and electricity connection. Drugs were kept in the cartons since there was no room for their storage. The dispensary lacked a delivery room and the delivery cases were handled in a room which doubled as an office. The dispensary is not registered. This way, supplies meant for the facility were delivered through Matuu Level IV hospital hence delay.

## **NDALANI DISPENSARY**

### ***Staffing***

The facility had 2 nurses of the same gender who were deployed to the center three months ago from other stations. The facility was understaffed since when one was away, the center was forced to operate with one officer. The officers were overworked since they were attending over 100 patients daily. The 2 nurses reported that the facility needed at least 4 nurses. There were two support staff; a watchman and cleaner who was also acting as the records officer.

### ***Infrastructure***

The dispensary had four small rooms. They were used as store, injection room, consultancy room/ office and records room. The incomplete lab was being used as a delivery

room. The lab needed finishing and fittings and equipment. Electricity connection was in one room only. The dispensary did not have a standard incinerator but had improvised an old pit latrine that had sunk to be used as an incinerator. The structure was very risky. The facility had one 10,000 litres tank but did not have supply of water. It borrows water from the neighboring school, Ndalani Secondary, which has a borehole.

### **KWAKULU DISPENSARY**

#### ***Staffing***

The dispensary had one clinical officer who had not reported back to work after Christmas holiday. The facility was therefore not operational. Patients from the area were seeking health care services from Kisiiki dispensary which was quite a distance.

#### ***Infrastructure***

The buildings are in good condition and needed minor repairs. The dispensary had no electricity supply. The maternity unit was well equipped. The roads leading to the dispensary were impassable. There is a public borehole near the dispensary but water supply in the facility was a challenge.

### **NTHUNGULULU DISPENSARY**

#### ***Staffing***

The dispensary is manned by 2 clinical officers but by the time of visit, one of the officers was on leave. The Committee noted that the Clinical Officer was over worked since he was attending to approximately 70 patients daily. The area is classified as hardship area but the clinical officers were not benefiting from hardship allowances unlike teachers.

#### ***Infrastructure***

Roads to the dispensary are impassable especially during the rainy season. The dispensary has no electricity connection despite the power line being 100 metres away. Water supply to the dispensary is a major challenge. Drugs and non-pharmaceutical supply to the facility was erratic.

#### ***Committee Observations***

Mr. Speaker, the Committee observed the following:-

- i. That the ambulance services were efficient and effectively working in Kisiiki dispensary. There were no ambulance services in Kivingoni and Ndalani dispensaries.
- ii. The rooms in Kisiiki dispensary are poorly-ventilated.

- iii. The Kisiiki dispensary has incomplete structures meant for female and male wards, laundry, minor theatre and a kitchen.
- iv. There is dire shortage of medical personnel in the dispensaries in Ndalani Ward.
- v. The basic structures of a delivery unit were lacking in all the dispensaries. This meant that most patients were referred to Matuu Level IV Hospital hence congestion.
- vi. Constant water supply in the dispensaries is a major challenge despite the existence of public boreholes in the neighborhood.
- vii. Most of the rural health facilities lack fences and perimeter walls.

### ***Committee Recommendations***

Mr. Speaker, Sir, the health and emergency services Committee recommended the following:-

- a) The rural health facilities without electricity connections should be considered for the sake of refrigeration of vaccines and laboratory services.
- b) Recruitment of medical personnel and support staff should be budgeted for in the next Financial Year (2016/2017).
- c) In order to decongest Level IV and Level V Hospitals, the department should ensure that rural health facilities are well equipped.
- d) The health and emergency services department should ensure that all rural health facilities have constant water supply.
- e) All the stalled buildings in the rural health facilities should be constructed to completion to ensure that more health services are delivered at the facilities.
- f) The transport and roads department should ensure that access roads to these rural health facilities are well maintained.
- g) The health and emergency services department should consider putting up fences around all the rural Health facilities in a view to enhance security measures.

### ***Conclusion***

Mr. Speaker, Sir, the health and emergency services committee is grateful to the office of the Speaker and that of the Clerk to the County Assembly for the support accorded during the committee sittings and visitations. Mr. Speaker, Sir, it is therefore my privilege, on behalf of the health and emergency services committee, to table this report and recommend it to this Hon. House for adoption. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Thank you very much, Hon. Chairperson. Members, you have heard the report, let me welcome contributions. Yes, Hon. Muthuka.

**Hon. Muthuka:** Mr. Speaker, as you have gone through this report, it is evident that, Ndalani residents sometimes they live as if they are cavemen, people living in the bush. Mr. Speaker, even to some extent, it is good the report is lenient because this area is a no-go zone because you cannot claim that you have a dispensary when you do not have a road heading to that dispensary and this is attested by the Members who visited Ndalani ward.

Some of them they had to live their cars to walk by foot to get to the facilities. We talk of ambulance services. From the report we have alluded that these ambulance services were only accessible from one dispensary that is, Kisiiki dispensary because of the nearness to the tarmac road. Mr. Speaker, Ndalani ward comprises of 5 sub-locations and anybody else keen going through the report has noticed that it is only four sub-locations that we have the structures that we call dispensaries. One of them is missing because Mavoloni sub-location has no dispensary.

So, anybody from Mavoloni sub-location has to travel more than 10 kilometers to access medical care. Mr. Speaker, going to the recommendations, I am also left to wonder, what are we going to do because after adoption of this report, do we have some hope for the people of Ndalani or will it be just records to be stored for perusal because Mr. Speaker, this is our final year and before even I could bring this issue to the committee, Mr. Speaker, I have been going to the offices, to the department of health and what has been coming, from the first day, I have been promised that everything will be taken care of until to the point that now it has to become a property of the House since the report does not belong to the MCA or even the residents of Ndalani but, at large, this report it is a mirror of all other dispensaries that we have in our wards.

So, Mr. Speaker, it is my humble request that as we adopt this report, we need maybe to have a work plan, we need to know after the report, we need to know what next? How are we going to put some hope in our people? Are they really expecting anything maybe from Machakos or where else can we go maybe where else can we go so that we can get the necessary facilities? Mr. Speaker, this is a report from health. I had also requested committee on transport to go on a fact-finding mission in the same ward.

Currently, it is raining, it is a shame that last weekend on Saturday, I had to pay 9 boys to ferry a corpse for more than 10 kilometers simply because the roads are impassible. Mr. Speaker, people are wondering, is this the devolution because some of them they think we used to live better without devolution but now with the on start of devolution, it is the onset of problems. The roads are impassible, we have heard ourselves the kind of structures that we call dispensaries, the kind of personnel that we have, the facilities without infrastructure.

Mr. Speaker, it is pathetic. I would like to implore to the Hon. House that we consider adoption of the report. At the same time also, I plead to the Machakos County Government to fulfill its mandate. Take further essential services to the residents of Ndalani. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. Yes let us hear Hon. Kitheka.

**Hon. Kitheka:** I wish to support this report with a few issues at hand. Mr. Speaker, first and foremost, I would wish to point out that there is an issue here, where the officers in the



delivery part of the dispensary they attend to people on day time. They do not attend to patients at night of which it does not make sense because delivery is somehow next to nature and I think--

**Hon. Speaker:** Which page is that? I want to have benefit of that.

**Hon. Kitheka:** Page four. It is a dispensary and there is a delivery room. Even if it is a dispensary, I think with a delivery room there must be consideration. Secondly, Mr. Speaker for the mothers who have given birth, I think it is normal for them to stay for about five to six hours to rest before they are discharged. Here, yes with experience. Here in this---

*(Laughter)*

Mr. Speaker, I wish to point out that there is a Member interrupting with my speech, Hon. Katela.

**Hon. Speaker:** Proceed. Hon. Katela, kindly give him room. Proceed.

**Hon. Kitheka:** Yes, I think they need some rest because in the same page, that is page four, they are only given four hours to rest and I think that is not adequate. Something should be done because I think it is a very sensitive issue. Mr. Speaker, with all the issues which have been addressed here, I think the issue of shortage of staff has been addressed in all the dispensaries which have been highlighted here. Mr. Speaker, I think the County Government is the only County Government which has got a wage bill which is almost blowing out of proportion.

So, Mr. Speaker, we tend to wonder the more employees, are these employees just choosing where to go to work or they just dictate to the people who are employing them they want to work in town? You find a lot of workers around this town and even the hospitals which are just around the town and outside, in the periphery, there is no staff. Is it that this people who are employed are not transferable because in the audit report which he had, I think Machakos has over employed?

I tend to assume that it has also over-employed in this sector. So, there is need of rationalization of the staff and even transfers to make sure that there is adequate staff in these areas. On the issue of the roads, I think something can be done otherwise, we say thanks for the Chairperson for coming up with this report even though I was still a Member doing the investigation. Thank you very much, Mr. Speaker.

**Hon. Speaker:** Thank you. Let us hear Hon. Nzoka.

**Hon. Nzoka:** I support this report and I want to circle my concerns on page 4, point one, Kisiiki dispensary; it has a turnover of 1,000 per month and if you just go down, there is record Officer. There was one records clerk who doubled as the cleaner. I think that should be handled to see how we can work on that. You cannot be a cleaner while you are still keeping the records.

It is the duty of the County Government to see how it can have a cleaner and the records person to settle in the record office.

Also again on laboratory, it is shameful for our County Government. We have been assisted with all the equipment required in the laboratory and we have no officer to do so. Does it mean that the donors they should come and take away the equipment? It is pitiful if someone cannot be tested there, cannot be checked whatever she is being checked or is being checked and the equipment is there. It is only the personnel which is not there. I know we have a challenge of ballooning wage bill, but there are some things which are too much necessary.

If the donor has come all the way from where he has come from and he is giving all these equipments and he is there and he is giving for free, how can we have no person there? How can they be staying idle there? It means there is someone who is sleeping on his job. So, I say, this should be acted soon. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Thank you. Before we hear the mover, can we hear any other person? Then let us hear the mover.

**Hon. (Ms.) Sereka:** Thank you, Mr. Speaker, Sir, and the House at large. I want to thank my fellow Hon. Members for supporting this motion. Mr. Speaker, the people of Ndalani really need health services because the place is very far even from the main road. Mr. Speaker, aware that now you have employed nurses and we are waiting to employ clinical officers, I ask kindly the County Government and the department of health, where I am the Chairperson and where the Hon. for Ndalani is a Member of the health committee, so that they send more nurses to these facilities.

Mr. Speaker, as you can see the population of the patients there is very high and they need nurses and clinical officers. Hon. Kitheka asked why mothers deliver only at daytime. I want to tell Hon. Kitheka that, we have a problem of electricity, as you see in most dispensaries and we cannot use torches to help our mothers to deliver at night. So, they do it at daytime and only when that issue comes, they are taken to Matuu at night. Again, Mr. Speaker where he was saying about four hours---

Mr. Speaker, protect me from Hon. Kitheka.

**Hon. Speaker:** You are protected, proceed.

**Hon. (Ms.) Sereka:** The four hours Mr. Speaker, they just relax because you know, that is just a health Centre. It is not a hospital. So they just rest so that they can get energy to reach their home and I want to thank the Hon. Member for Ndalani very much because he has really been helping them to reach home safely. I talk to him, and here it is because they are his voters and he has no choice but to help them. I want to assure the Hon. Muthuka that the County Government of Machakos will do everything to make the people of Ndalani get health services. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you very much. Hon. Kitheka, I think your concerns have been adequately answered. I cannot expect any better answer than that.

**Hon. Kitheka:** I would like to point out---

**Hon. Speaker:** Yes.

**Hon. Kitheka:** Mr. Speaker, I was on the point that the Hon. Member would have considered using a generator instead of a torch because a torch will not have a purpose and also Mr. Speaker, I have not even heard her address the issue of funeral parlors, crematoriums and issue of dumping solid waste.

**Hon. Speaker:** I think I am in agreement. Hon. Chairperson, kindly address those issues. Before you talk let us hear Hon. Matheka.

**Hon. Matheka:** Thank you Mr. Speaker, Sir, and the House at large. Mr. Speaker, Sir, I am on a different issue but on health matters, I sought a statement here on the status of Kangundo Hospital and to the best of my knowledge, it was a statement and there is no answer that has been given. So, I am still wondering in this House---

**Hon. Speaker:** Order, Hon. Matheka, we are on debate of a motion and I find you out of order. Let us hear the Chairperson.

**Hon. (Ms.) Sereka:** Thank you, Mr. Speaker, Sir. About the solid waste, I want to inform Hon. Kitheka that, Ndalani is not a market and there is no market around Ndalani. They have a very big land where they can do their disposals so I do not think you have to worry about the dumpsite or disposal because it is well taken care of and the Hon. for Ndalani can support that because I was with him there and he knows his ward better.

*(Loud consultations)*

**Hon. Speaker:** Yes, can we hear you.

**Hon. Nzoka:** Mr. Speaker, Sir, the Chairperson is saying that in Ndalani there is no market. I schooled in Ndalani. We have a market there. When the people were chased in 1967 in Kilimambogo, they settled at Ndalani and we called them Kwa Malondu. So there is a big market there and it where the former police commissioner, the deceased Kilonzo has a big shop there and a supermarket and a wholesale. Thank you.

**Hon. Speaker:** Let us hear from Hon. Muthuka, he comes from Ndalani.

**Hon. Muthuka:** Thank you, Mr. Speaker, Sir, I think that is not a major issue since from the report, you have noticed that there is nothing going on in our dispensaries. So, what do you dump and there is nothing that is going there?

*(Applause)*

What we need is medication. My people need to....somebody can dump at home. My place is not a town. It is somewhere in .....*(inaudible)*, it is in the bush---

*(Applause)*

It is a village but what is necessary is the medical care. Medical care is the issue, I have not even talked about the morgue, crematorium. To us that is not an issue. Our major issue is drugs, personnel and then the general infrastructure for any given health care. So, Mr. Speaker, I do not want us to divert our attention to the dumping. If Ndalani dispensaries up and a bit working, now the issue of dumping, we may agree with them we address that issue once we get to that point. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you and I think with that, debate concludes. I have seen Hon. Ndawa but debate had concluded, I can give you one minute.

**Hon. (Ms.) Ndawa:** Thank you Mr. Speaker, I stand to support this motion. Mr. Speaker, I believe what Ndalani Ward residents are facing, it is not only in Ndalani but I presume most of our dispensaries are not well-equipped and it is the duty of this House as the representative of the people that we sit down and we put everything in order. Let us all sit down, agree on how to manage the department of health services and see if we can improve our health services. I believe the residents of Machakos come first and they should be served, it does not matter if they are in the bush or in the town because, Mr. Speaker, as you are aware, we are also having same problem in Matungulu, in Kangundo.

So I urge Hon. Members that we take this matter seriously and address it with a lot of urgency so that we can rescue our people, Mr. Speaker. I also do not say that the County Government is not working but we have been seeing a lot of improvement in the main Level V hospital, the referral here in Machakos but a lot needs to be done in the countryside, Mr. Speaker. Therefore, I urge the Chairperson to keep it up. Let her bring to shame what is happening on the ground so that this House can do its duty, move forward, unite and make sure our people are living in better places than what they are right now because health services, it is urgent, it is a priority and we are not, as people of Machakos, begging for this. It is a right. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. Hon. Members with those few remarks, and maybe to mention the matters for Kangundo there is a report coming next week, so there are other reports on the pipeline. Am I right Hon. Chairperson? So, I will proceed to put the question.

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*(Question put and agreed to)*

There is the rider that the Chairperson ensures implementation of the report, in view of its urgency. Proceed.

### **ADJOURNMENT**

**Hon. Speaker:** In the absence of any further business, then the House adjourns.

The House rose at 3.40 p.m.