

**REPUBLIC OF KENYA**  
**MACHAKOS COUNTY ASSEMBLY**  
**OFFICIAL REPORT**

**Wednesday, 5<sup>th</sup> April, 2017**

The House met at 10.03 a.m.

*[The Speaker (Hon. Bernard Mung'ata) in the Chair]*

**Hon. Speaker:** Good morning Hon. Members.

**MOTIONS**

**HEALTH COMMITTEE REPORT ON DOCTORS STRIKE**

*(Hon. (Ms.) Ndinda on 04.04.2017)*

*(Resumption of Debate on the Motion tabled on 04.04.2017)*

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

Aware THAT Standing Order 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;

Mr. Speaker, Sir, aware THAT the national doctors strike which began in November 2016 and ended in early March 2017 resulted to inadequate service delivery in all public hospitals in our County;

Cognizant of the fact THAT the committee visited Machakos Level 5, Bishop Kioko and Shalom Community Hospitals on 20<sup>th</sup> and 27<sup>th</sup> February 2017 to investigate on the effects of the strike;

Mr. Speaker, Sir, acknowledging THAT devolution of healthcare allows County Governments to design innovative models and intervention that suit the unique health sector needs in their contexts:

I wish to move the motion THAT this Hon. House discusses and approves the Health and Emergency Services Committee report on the effects of the three months doctors' strike that ended in March, 2017 to enhance service delivery during such occurrences in future.

I call upon Hon. Nduva to second this motion. Thank you, Mr. Speaker, Sir.

**Hon. Nduva:** Mr. Speaker, I second the motion that this House discusses and approves the report of health committee. Mr. Speaker, I want to point that, we went round to Level V

Hospital, Shalom and Bishop Kioko hospitals and Mr. Speaker, I want to confirm that our people suffered a lot during the three months strike and as a result many lost lives and it was evident that the Government should move fast and put measures in case such a thing like that happens again so that our people do not suffer. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. The motion is properly laid. Proceed and deliver the report.

**Hon. (Ms.) Sereka:** 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 national doctors’ strike which began in November, 2016 and ended in early March, 2017 had resulted in inadequate service delivery in all the public hospitals countrywide. The electorates had been on the receiving end with most of them opting to seek medical services from private hospitals which are unaffordable. The committee, through the representatives of the people in this Hon. House, had received outcry from members of the public on the challenges faced during this strike.

Mr. Speaker, Sir, the Constitution of Kenya, 2010, Fourth Schedule, part 2(c) conferred County Governments with powers and functions of county health services including promotion of primary health care. Mr. Speaker, Sir, pursuant to Standing Order 190 (5)(e) on the function of sectorial committees, ‘the functions of a sectoral committee 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.’

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

Mr. Speaker, the committee on Health and Emergency Services 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     | ”                  |
| 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 Kaso            | ”                  |

13. Hon. (Ms.) Magdalene Ndawa ”

Mr. Speaker, Sir, the Health and Emergency Services committee visited Machakos Level V Hospital on 20<sup>th</sup> February, 2017 on a fact-finding mission to investigate on the matters raised by the public. The committee held a meeting with the hospital administration which included the hospital administrator, medical superintendent and the nursing officer in charge.

The committee noted that Machakos Level V hospital had closed the wards during the strike hence no inpatients except for three patients in Ward 9 whose kin were not known.

### ***Visitation to Shalom Community and Bishop Kioko Catholic Hospitals***

Mr. Speaker, Sir, these two hospitals are privately-owned and located within Machakos town in Machakos County. Mr. Speaker, Sir, the visitation to these private hospitals was prompted by the status of service delivery in Machakos Level V occasioned by the just ended doctors' strike. The Committee visited these facilities on 27<sup>th</sup> February, 2017 to ascertain the effects of the doctors' strike on public health facilities. Patients who needed special attention or admissions were being referred to these private owned hospitals during the strike.

### ***Committee Observations***

1. From the visitation to Machakos Level V, it was clear that the number of patients seeking services in the outpatient department had dropped. This was attributed to the fact that the public had a notion that with the doctors being on strike, operations in the hospital were at a halt.
2. Despite the strike, the following departments in Machakos Level V hospital were operational:-
  - a) The casualty.
  - b) Comprehensive Care Centre (CCC).
  - c) Maternity Unit.
  - d) Dental Unit.
  - e) Mother and Child Health Unit (MCH).
  - f) Pharmacy.
  - g) Renal Unit.
  - h) X-ray Unit.
  - i) Laboratory Services.
3. Referral cases which needed advance medical attention or admission were being referred to private hospitals.
4. The committee also noted with appreciation that the doctors in management offices had volunteered to work in the maternity department during the strike. There were inpatients in the maternity wards and the maternity theatre was operational.
5. Despite the low turnout of patients to the facility, the supply of drugs was inadequate. This was attributed to the non-implementation of the health regulations which were enacted by this Hon. House. The hospital administration officers informed the committee that in the event the strike was called off, they were not in a position to

- meet the demand of drugs. The hospital collects approximately Ksh. 8 million to Ksh. 10 million monthly which is banked with the County Treasury. The hospital in return receives Ksh. 5 million monthly as monthly allocation which is way below the hospital's expenditure.
6. From the visitation to Shalom Community and Bishop Kioko Catholic Hospital, it was clear that the hospitals were congested, with overcrowding being evident in the outpatient department. This had forced the hospitals' management to engage more nurses and clinical officers on locum. The inpatient capacity had been far much over stretched to accommodate the high influx of patients.
  7. Majority of the patients who were being referred from public hospitals to these private hospitals couldn't afford the services. The hospitals were working in conjunction with the local and religious leaders to ascertain the level of poverty with a view of waiving the bills. These patients with accrued bills couldn't be constrained in the wards because the space was limited.
  8. As much as the facility was privately owned, their supply of drugs, non-pharmaceuticals and blood reserves were inadequate because most of the patients seeking services in the facility were not able to settle their bills. This case was specifically noted at Shalom Community Hospital where most of the patients were being admitted.
  9. From a discussion with the hospital administrator at Bishop Kioko Catholic Hospital, it was noted that several submissions to the department of Health and Emergency Services on partnership on matters of public health had not been responded to.
  10. Both private hospitals acknowledged and appreciated support from Interactive Clinical Assessment Programme (ICAP). Staff from ICAP were working in the Comprehensive Care Centre and Mother and Child Health departments.
  11. The private hospitals were referring patients who needed specialized medical attention to other private hospitals within the country and also according to the financial ability of the kin.
  12. The committee noted that there was no intensive Care Unit in Machakos, whether private or public owned.
  13. From the discussions with the private health facilities, it emanated that most of the members of public were not covered by National Hospital Insurance Fund. This was probably due to ignorance or lack of knowledge. From the discussions with the hospital administrators, the committee was informed that organized groups can pay Ksh. 160 per month per person for the NHIF cover.

### ***Recommendations***

Mr. Speaker, Sir, the Health and Emergency Services committee recommends the following:-

1. The committee on Implementation should, with immediate effect, fast track the implementation of the Machakos County Health Regulations. The objective of the regulations was to ensure that revenue collected from public health facilities is ploughed

back to the hospitals for smooth running and supplement the monthly allocation from the County Budget.

2. In future similar occurrences, the department of Health and Emergency Services should make arrangements and second some health officers to these private hospitals. This should be done through a policy.
3. The department of Health and Emergency Services should have a policy where during similar strikes, drugs, blood reserves and laboratory reagents whose shelf-life is short and are likely to expire quickly, are donated to private hospitals. The private hospitals should on the other hand account for the donations received.
4. There should be goodwill by the department of Health and Emergency Services to partner with private hospitals since they are stakeholders serving the same members of public and delivering the same services.
5. The department of Health and Emergency should budget for the construction of an intensive care unit in Machakos Level V Hospital. This will ease the situation where such patients are referred to Nairobi.
6. The department of Education and Social Welfare which is mandated to conduct civic education should take up the responsibility of sensitizing members of public on the importance of being contributors of the National Hospital Insurance Fund.

### **Conclusion**

Mr. Speaker, Sir, devolution of healthcare services allows county governments:

1. To design innovative models and interventions that suit the unique health sector needs in their contexts.
2. Sufficient scope to determine their health system and citizen priorities.
3. To make autonomous and quick decisions on resource mobilization, subsector resource allocation and spending and management of arising issues.

Devolving the health function also presents institutional and resource allocation and utilization challenges that must be dealt with to assure effective and sustainable healthcare service delivery at the county level.

Mr. Speaker, Sir, the Health and Emergency Services committee is grateful to your office 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:** The report is ably presented and I urge the members to make their contributions. Yes, Hon. Nduva.

**Hon. Nduva:** Thank you, Mr. Speaker. This is a well presented report and as it is contained in this report, previously we had gone to several counties and visited the health and

emergency services institutions and I want to point one area where as a committee, we find challenges that are faced by our health institutions.

Mr. Speaker, if you move to page three, the last part, number five, I will read a part of it: 'the hospital collects approximately Ksh. 8 million to Ksh. 10 million monthly which is banked in the County Treasury. The hospital in return receives Ksh. 5 million monthly as allocation which is way below the hospital's expenditure.

Mr. Speaker, if you look at these figures, we can't fail to face challenges in our institution because if the hospital collects Ksh. 10 million and they get only Ksh. 5 million in return, to render services, Mr. Speaker, it means we will not be improving the facilities and the services. I remember a time when this committee went to Mombasa county and we learnt that the monies collected by the institution is not taken anywhere but revolves within the facility and during the budgeting time Mr. Speaker, the facility is also given allocations and the monies are counted in that department.

Mr. Speaker, we will urge this Hon. House to recommend and to pass policies where monies in these institutions don't move to other departments because Mr. Speaker, the lives of our people are very important. We realize how many lives have been lost during this time of the strike but the major part of this document, this House should discuss and recommend that the monies allocated to them and the monies they collect, remains and revolves in the facilities and our institutions will be the best in this country. Thank you, Mr. Speaker.

**Hon. Speaker:** Let us hear Hon. Kathinzi.

**Hon. Kathinzi:** Thank you, Mr. Speaker for catching my hand. In every report, it is good to dwell on recommendation because that is the way forward for this particular scenario. I would like to take the House to page 6, on the committee recommendations, item 5.0. You realize that item number one which says, 'the committee on Implementation should with immediate effect fast track implementation of Machakos County Health Regulations.

Mr. Speaker, I want to inform this House that I am one of the members of the Implementation committee and since the Assembly was incepted then we were sworn in, we have been discussing important reports to make sure this county moves forward, but the committee stands to be a toothless committee because whatever we discuss in this Assembly, the Executive does not listen to what we say from this particular point.

In this particular scenario, Mr. Speaker, it might not be very possible to force the Executive anymore to do whatever their people deserve. Item 2 under recommendations you will also find that in similar---

**Hon. Speaker:** Hon. Kathinzi, I want to understand you, what do you mean by you have not been able to implement anything?

**Hon. Kathinzi:** For instance, Mr. Speaker, it is in this House we discussed about stopping the purchase of water tanks; you remember it is in this House where we stopped purchasing of seedlings; it is in this House where we said the Governor's portraits should be

withdrawn from all county projects. Mr. Speaker, these reports have been lying in this Assembly; we discussed and passed unanimously as elected members and nominated, but the Executive side of the government is not willing to cooperate and did not put forward the goodwill we are expecting them to work with, Mr. Speaker.

What I am saying is the naked truth that whatever we pass, when it goes to the other side to the ministerial departments, they just put it there and it is not implemented. Even the Water Act has never been enacted. These are the things we have been making follow up on very closely and I have several members in this House who are in this Implementation committee. It is our best intention to make sure our people get the best services but in vain, Mr. Speaker.

If you allow me to continue, go to item number two, you will find that we have, 'in future similar occurrences, the department of health and emergency services should make arrangements and second some health officers to these private hospitals.'

Mr. Speaker, I believe I can't call you, a learned friend, because I am not so in terms of law, but a private hospital is a private business; there is no way a government can second that particular fellow to work in a privately-owned institution because they are run by private regulations of that scenario; the directors have the mandate to run their business the way they want.

If they want to close it or open it at midnight, they have the free will so long as they are within the rules and regulations of that hospital. In this recommendation, I differ totally with this committee, that it is not possible, unless we change the rule of law of operationalization of registration---

**Hon. Speaker:** Hon. Kathinzi, I think looking at that recommendation number two, it says, 'this should be done through a policy.' A policy would cover areas of interaction.

**Hon. Kathinzi:** Yes, Mr. Speaker, but I am just furnishing them with extra information about privately-owned institutions; they are totally away from government owned institutions. There is no way a government will force my business to suit the problems they have caused themselves by not serving their---

Mr. Speaker, you go to item 5, it is in this Assembly whereby we got some funds to have the forensic lab made; you find that the department of health and emergency services should budget for the construction of an intensive care unit in Machakos Level Five.

Mr. Speaker, if we go back to the drawing board, ask ourselves how much money have we been allocating for development of Level Five hospital in this county? It is a lot of money, Mr. Speaker, and in the last year like now, we should not be talking of an ICU, which might cost not more than Kshs. 50 million. These things we have been talking about and I also want to inform this House, once upon a time, I was the chairperson of this committee and I know very well some of these things we had discussed and approved, given appropriate budget to make sure our people get best services. Mr. Speaker, I would also want to know from this report, because there is no identification of why the forensic lab was not made, the monies were given, but a small painting somewhere was done and it was said that construction is over.

Mr. Speaker, Sir, this information is in the public domain and it is in the best interest to make sure in this Assembly, we articulate issues the way they are supposed to be done and this is a big failure of this committee to, at the last day, come and bring such a report which on my own, I would say I will not support this committee unless they expunge some of the information like item number two, five and one because the Implementation committee is not responsible for non-performance of the government projects because we have been trying to request them to do whatever is---

**Hon. Speaker:** Hon. Kathinzi, I don't know, but I am having an issue on the matter of implementation. If a particular department doesn't implement a particular report, the committee on Implementation should file a motion and discuss that particular department and if again it is defiant, the committee on Implementation can still recommend filing of a suit against that particular department. Have you exhausted those avenues?

**Hon. Kathinzi:** Mr. Speaker, on the same matter, although I am not the chairperson of that committee but I can tell you I am very active and I know very well all the issues we have been dealing with in the Implementation committee and even the Chair of Chairs has been presenting reports, quarterly reports, of the progress of every committee; how we have been progressing, and the kind of reports that we have been bringing in this House, Mr. Speaker.

**Hon. Speaker:** Okay. Thank you, Hon. Kathinzi.

**Hon. Kathinzi:** Yes. Thank you.

**Hon. Speaker:** Next.

**Majority Leader (Hon. Mwonga):** Mr. Speaker, first and foremost I want to applaud this committee for a job well done. However, Mr. Speaker, to some degree, I tend to agree with the Hon. Member for Kivaa ward, that is Hon. Kathinzi, on this document and before that Mr. Speaker, I also want to give some advice to the Hon. Member for Kivaa that when the Speaker is speaking, the member ought to have been seated so the next time he should take caution of that; it is in the Standing Orders, Mr. Speaker.

Back to the document, Mr. Speaker. The topic of the document or the title of the document is effects of the just ended doctors' strike in Machakos Level Five Hospital, but Mr. Speaker, when you go through the document, the committee is talking more about the status of the health sector in Machakos County, Mr. Speaker.

When you look at the recommendations, Mr. Speaker, I want to fault this committee on that. Mr. Speaker, none of the recommendations out of the six recommendations, is telling us, if they were looking at the effects of the doctors' strike, what should have been done to avert future strikes in our Level Five and other hospitals, Mr. Speaker.

Mr. Speaker, the committee I said did work but Mr. Speaker, I am not giving them 100 percent of what they did. If I were to mark, Mr. Speaker, I would have given them less than 50



percent because instead of telling us the effects, they should have told us how many patients died during this period, Mr. Speaker; how many maternal deaths we had during this time, Mr. Speaker, but in their recommendation they are talking about the regulations which we passed. Even if the regulations were in place, Mr. Speaker---

**Hon. Nzoka:** Point of information, Mr. Speaker.

**Hon. Speaker:** Denied.

**Majority Leader (Hon. Mwonga):** Protection, Mr. Speaker. Thank you. Mr. Speaker, if you look at their recommendations, recommendation number one Mr. Speaker, ‘the committee on Implementation should with immediate effect fast-track the implementation of Machakos County Health Regulations.’ Mr. Speaker, one wonders even if the regulations were in place, how would that avert the doctors’ strike, Mr. Speaker?

The other recommendation which I want to talk about is recommendation number five, ‘the department of Health and Emergency Services should budget for the construction of an intensive care unit.’ Mr. Speaker, if we construct an intensive care unit and the doctors are on strike, will this limit the effects of doctors’ strike, Mr. Speaker? Mr. Speaker, I need your protection, Sir.

**Hon. Speaker:** Let me take the point of order from the mover.

**Hon. (Ms.) Sereka:** Mr. Speaker, Sir, the Hon. Member for Masinga Central maybe was not listening to what we were recommending. Mr. Speaker, we were not recommending how the strike affected our people but we were trying to say when the strike happens again, we must have something to do and I wonder how a member can say building an ICU is not needed in our county.

Mr. Speaker, Machakos County Level Five Hospital is a very big hospital. Mr. Speaker, this ICU will help our people very much and Mr. Speaker I need your protection against the member because I think he has something else with the Hon. Member for Kivaa because they come from the same place, Masinga sub-county, and I think they have a problem with this committee.

**Majority Leader (Hon. Mwonga):** I think I am still on floor, Mr. Speaker, because that was an---

**Hon. Speaker:** Before you are back on floor---

**Majority Leader (Hon. Mwonga):** Yes, Mr. Speaker---

**Hon. Speaker:** The point of order is taken; the point of order is sustained. Maybe from the chairperson, perhaps Majority Leader, part of the reasons that the doctors went on strike was

insufficient infrastructure and I am sure the matter of ICU is properly on point. Let me hear Hon. Nduva. Then to the extent of the matter of ICU, you are out of order. Now proceed.

**Majority Leader (Hon. Mwonga):** Mr. Speaker, on the matter of the ICU, although you have ruled Mr. Speaker, I am not saying that we should not have ICU in Machakos, Mr. Speaker. That is an important facility, Mr. Speaker.

**Hon. Speaker:** Hon---

**Majority Leader (Hon. Mwonga):** Back to the contribution, Mr. Speaker---

**Hon. Speaker:** Yes.

**Majority Leader (Hon. Mwonga):** Mr. Speaker, the other thing I want to tell the chairperson, the strike was not only in Machakos Level Five; it was all over. It was a national strike and Mr. Speaker, one of the reasons why the doctors went on strike was because of their salaries. The CBA is not about the infrastructure in our hospitals.

So, Mr. Speaker, next time, I would urge the chairperson and her committee when they are preparing reports, they stick to the agenda and to terms of reference of that committee when writing their report. Thank you Mr. Speaker.

**Hon. Speaker:** Hon. Member, I made a ruling on the matter that for the much that I know, the reason for the strike was, over and above, the salaries. There was the point (*inaudible*) so the Hon. Chairperson was right and the Hon. Majority Leader, you need to apologize to the House. Proceed with the matter that---

**Majority Leader (Hon. Mwonga):** I do, Mr. Speaker.

**Hon. Speaker:** Let me hear Hon. Nduva.

**Hon. Nduva:** Mr. Speaker, although I don't want to go back to the argument that has been done by the Majority Leader, the strike was not only in Machakos. It was throughout the country and Mr. Speaker, for this committee to go round to the Level Five Hospital and Bishop Kioko and Shalom Hospital, was to ascertain the position of the effects of the strike in this county.

Mr. Speaker I want to point out here, in the recommendations number two which reads 'in future similar occurrences, the department of Health Services should make arrangements and second some health officers to this private hospitals. This should be done through a policy,' Mr. Speaker, I think this point carries the reason for this motion, Mr. Speaker. We know it is not something easy and there is no way this County Government of Machakos would have controlled this strike because it was a national strike but we are urging in future that some arrangements can be done through a policy whereby if it happens, Mr. Speaker, our people will be safe.

Mr. Speaker, in other areas, when we mention what we need the health facilities to have done or this County Government as far as the health sector is concerned, we can't talk for today only. We want to mention even what needs to be done for our people in future. So, Mr. Speaker, I stand to disagree with a member standing to say that we should not mention what we need to be done in this health institutions because we are not living for today and today only. Thank you Mr. Speaker.

**Hon. Speaker:** Thank you. Hon. Nzeki

**Hon. Nzeki:** In support of the chairperson and the committee, I do say number two, number three and number four are in order, because in future in case there is such a case of strike, the department of Health and Emergency Services should make arrangements and second some health officers where you find at Bishop Kioko you might find a doctor is at work and in Machakos General Hospital there is no doctor, there are clinical officers.

In future, those clinical officers should be taken to Bishop Kioko for support, otherwise if there are no doctors at Machakos General Hospital, why should they be left just idle. They should be taken back to that place because there will be a policy to transfer those clinical officers. It is not that they will be there in all the time, it is only in future if there are strikes.

Number three, the department of Health and Emergency Services should have a policy where during similar strikes, I understand there was a lot of wastage of lab reserves, those reagents, whose shelf life was affected. I agree with the chairperson that in case in future we get such strikes, some drugs and lab reserves be taken to private hospitals and there must be a policy. We have to have a policy in case we have such a strike.

Number four, there should be goodwill by the department of Health and Emergency Services to partner with private hospitals since they are stakeholders serving the same members of public and delivering the same services. Mr. Speaker, Sir, number four is in order and I agreed with the chairperson that there be a policy; in case there are issues with doctors, we have a public private partnership with private hospitals. So, Mr. Speaker, I support the chairperson of health and her committee for the job they highlighted to us through this document. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Hon. Mueni

**Hon. (Ms.) Mueni:** Mr. Speaker, Sir, I support what the committee has done but mine is to ask the County, because the people who are suffering are the poor not the rich, to make sure the doctors do not go on strike. They can be making arrangements because the suffering was because of salaries, they know how they will be paying our doctors because in some other counties, the doctors did not go on strike. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Hon. Nzoka

**Hon. Nzoka:** Mr. Speaker, Sir, I wanted to talk when the Leader of Majority was here but let me put it across. Mr. Speaker, Sir, the committee could not know the people who died. It is clear in the report that the wards were closed so the people were turned away. Where they died outside the hospital, they could not know the number. Again the duty of the government is to help its citizens. The duty of the Government of Machakos is to help the citizens of Machakos---

**Hon. Speaker:** What do you really mean Hon. Nzoka? You do not know that people died?

**Hon. Nzoka:** The wards were closed, the report is here, so when the people visited the hospital they were turned away. So when they die on the way, it is we who buried people in the villages and the talk in the funerals was that there were no doctors so in those circumstances *akatuacha* (a person died). What I can say is that the committee could not know; they could not get details from the hospital how many people died.

Again there is no government that trades with its citizens; it is the duty of the Government of Machakos to feed and care for its people. It is funny if the hospital is collecting between Ksh. 8 million and Ksh. 10 million and in turn it is given Ksh. 5 million. It means that there is a business there; we should not agree on that. All the money that is collected from the hospital should be deposited at the hospital account and also the County Government should also subsidize whatever is further needed.

If you see here there is a business, the government of Machakos is doing business with some government institutions of which it is wrong and it is not lawful. What I can say is that that should be stopped immediately even before we go anywhere and the money should be returned to the hospital and they should not be banking in the County Government account. They should have their account which should be audited separately.

Again when we talk of the Implementation committee of which I am a member, it has been illustrated how much we have passed but without the goodwill of the Government, we are doing nothing. We have done beautiful things here, made recommendations to build this and this but it is all going to waste. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Thank you. Let us hear the mover.

**Hon. (Ms.) Sereka:** Mr. Speaker, Sir, I want to congratulate the committee for work well done. Mr. Speaker, every member was there when we were going round the hospitals and every member was committed. We want to thank you very much for what you did for us, the Office of the Clerk and all those Hon. Members we invited and they came.

Mr. Speaker, the committee is very happy for work well done and we promise to work for the people of Machakos; we promise to do what is necessary for the committee and we ask the Implementation committee, Mr. Speaker, to help us, because when we give the recommendations most of them are not followed. After we give the recommendations, that is not our work; it is the work of the Implementation committee and I think the committee is really failing us the committee of Health. Thank you, Mr. Speaker, Sir, and thanks Hon. Members.

**Hon. Speaker:** Thank you and I proceed to put the question.

*(Question put and agreed to)*

**SOLID WASTE RECYCLING PROGRAM**

*(Hon. Maitha on 29. 03.2017)*

*(Resumption of Debate on the Motion tabled on 29. 03.2017)*

**Hon. Nzoka:** Mr. Speaker, Sir, I am representing my chairman Edrick Ngunzi, chairperson Environment, Land and Energy committee. Pursuant to Standing Order 47, I wish to move the motion that the Machakos County Government establishes a solid waste recycling program in the financial year 2017/2018 to reduce excessive accumulation of solid waste for the purpose of environmental protection.

Mr. Speaker, Sir, the debate is going on and I wish to request members that there is nobody who does not know how the garbage in the area is. We have especially the polythene papers which are dispersed everywhere. It is being consumed by livestock and whatever and it is pathetic. We should do something to see how we can reduce it. Wherever we have a market, there is a problem.

If you go to river Athi after the heavy rains, if the river banks burst, all the polythene papers are along the river so we need to see how we can recycle and make some use of those polythene papers. They can make balls, they can be used in other areas, so it is my hope that this House will discuss to allow the County Government to make a recycling plant and also they can partner with other countries which have the recycling plants so that we can see how we can get rid of all that waste.

We have a problem of dumping everywhere; we have no dumping site. The dumping sites we have are all full like when you go to Tala market, waste is dumped in the river which is the source of river Thwake. After the rains, all that dirt is pushed from river Thwake and to river Athi, passing through the community and it is also endangering community health wise.

So, here we have to see how we can deal with this and I wish the House can be the first House in Kenya to pass to make a recycling plant. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Let us have Hon. Sereka.

**Hon. (Ms.) Sereka:** Mr. Speaker, Sir, I stand to second the motion. If you go to most of our towns, I will give an example of my town Kyumbi, Kinanie where I come from. Mr. Speaker, the place is pathetic. These polythene bags are everywhere, Mr. Speaker, and sometime people use them badly. They put bad things inside and they are just thrown anywhere. Mr. Speaker, I want to ask this Hon. House, not wasting much time, to pass this motion because if we get the plant in our county, it will really help us clean our towns because they are in a pathetic situation.

Mr. Speaker, if you go to Mlolongo, you will be shocked. The people who clean the town are always there cleaning. They will start in the morning but before evening the whole place is dirty again with paper bags everywhere and Mr. Speaker, some of the people like where there are slums, are using the polythene bags very badly, Mr. Speaker. Thank you, Mr. Speaker.

**Hon. Speaker:** Thank you. Any other contribution.

**Hon. (Ms.) Nziva:** Mr. Speaker, I wish to thank the mover of the motion and support the motion and say pollution has become a menace in our county and even in our country, Kenya so I want to support that we have a recycling plant and maybe come up with a policy. The polythene papers can be separated; maybe we put dust bins where polythene papers are separated from the other materials. I want to support and say we have gone to Ruai and other areas. Can we borrow what they have done and I am very sure we will be able to come to a better position. Thank you, Mr. Speaker, Sir.

**Hon. Speaker:** Yes, Hon. Mueni.

**Hon. (Ms.) Mueni:** I think Mr. Speaker, Sir, you can put the question because I think there is nobody who is not supporting the motion.

**Hon. Speaker:** Thank you very much. I proceed to put the question.

*(Question put and agreed to)*

## ADJOURNMENT

**Hon. Speaker:** The House is adjourned.

The House rose at 10.56 a.m.