

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



County Hall
Along Mwatu wa Ngoma Rd
P O Box 1168 – 90100
MACHAKOS – KENYA



Email: assemblymks@gmail.com

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REPORT

(HEALTH AND EMERGENCY SERVICES COMMITTEE)

TASK: THE STATUS OF MACHAKOS LEVEL 5 HOSPITAL

By: Hon. Vincent Mutie

Chairperson: Health and Emergency Services committee

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ABBREVIATIONS

| | |
|-------|--|
| CECM | County Executive Committee Member |
| CRF | County Revenue Fund |
| PPE | Personal protective Equipment |
| PFM | Public Finance Management |
| NHIF | National Hospital Insurance Fund |
| ICU | Intensive Care Unit |
| HDU | High dependency Unit |
| CT | Computer Tomography |
| CCC | Comprehensive Care Clinic |
| MRI | Magnetic Resonance Imaging |
| HME | Heat and Moisture Exchangers |
| KEMSA | Kenya Medical Supplies Authority |
| MEDS | Mission for Essential Drugs and Supplies |
| FY | Financial Year |
| WHO | World Health Organization |

1.0 INTRODUCTION

1.1 Preamble

1. Article 1 of the Constitution of Kenya states that;

(1) all sovereign power belongs to the people of Kenya and shall be exercised only in accordance with this Constitution.

(2) The people may exercise their sovereign power either directly or through their democratically elected representatives.

(3) Sovereign power under this Constitution is delegated to the following State organs, which shall perform their functions in accordance with this Constitution—

(a) Parliament and the legislative assemblies in the county governments;

(b) the national executive and the executive structures in the county governments; and

(c) the Judiciary and independent tribunals.

(4) The sovereign power of the people is exercised at—

(a) the national level; and

(b) the county level.

2. Honorable Speaker, 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;”

3. Further the fourth schedule of the Constitution of Kenya, 2010 confers counties with the under listed roles on matters of health;

a) County health facilities and pharmacies;

b) Ambulance services;

c) Promotion of primary health care;

d) Licensing and control of undertakings that sell food to the public;

e) Veterinary services (excluding regulation of the profession);

f) Cemeteries, funeral parlors and crematoria; and

g) Refuse removal, refuse dumps and solid waste disposal.

1.2 Committee Mandate

4. Honorable Speaker, the Health and Emergency Committee is established as per standing order No. 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; fire- fighting services and disaster management”
5. Honorable Speaker, the functions of sectorial Committees pursuant to Standing Order 190 (5) shall be to;
 - a) investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments;
 - b) study the programme and policy objectives of departments and the effectiveness of the implementation;
 - c) study and review all county legislation referred to it;
 - d) study, assess and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
 - e) 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;
 - f) to vet and report on all appointments where the Constitution or any law requires the Assembly to approve, except those under Standing Order 184 (Committee on Appointments); and
 - g) make reports and recommendations to the Assembly, including recommendations of proposed legislation

1.3 Committee Membership

6. Honorable Speaker, the Committee on Health and Emergency Services is comprised of the following members;
 - 1) Hon. Vincent Mutie -Chairperson
 - 2) Hon. Mathew Ndunda -Vice Chairperson
 - 3) Hon. Brian Kisila -Member
 - 4) Hon. Douglas Musyoka “
 - 5) Hon. Caroline Mutuku “
 - 6) Hon. Dee Kivuva “

- 7) Hon. Felix Ngui “
8) Hon. Jackson Ndaka “
9) Hon. Winfred Mutua “
10) Hon. Justus Mutuku “
11) Hon. Peter Kilonzo “
12) Hon. Philip Ndolo “
13) Hon. Margaret Ndalana “

1.4 Committee Secretariat

7. The Committee was facilitated by the following secretariat members:

- 1) Ms. Norah Muteti - Senior Clerk Assistant
- 2) Mr. Daniel Makau - Clerk Assistant
- 3) Mr. Joseph Mutiso - Hansard Officer
- 4) Ms. Mirriam Nthoki - Sergeant At Arms

2.0 TERMS OF REFERENCE

8. Honorable Speaker, during a Committee meeting held 12th February, 2024 it was brought to the attention of the Committee on the public outcry about the poor status of Machakos Level 5 Hospital. This was backed by letters circulated in social media purported to be originating from Doctors and the Medical Superintendent of the said Hospital. *(Annexure 1, 2 and 3)*

9. The following was set out as the matters to be considered and investigated on during the site visit and engagement with the Management of Machakos Level 5 Hospital;

- 1) Status of the Intensive Care Unit
- 2) Status of the Mortuary
- 3) Status of the theatre
- 4) Status of the Laundry Unit
- 5) Availability of Hospital Supplies (Pharmaceutical and non-Pharmaceutical)
- 6) Status of the Catering Unit
- 7) Revenue Collection in the Facility
- 8) General Service Delivery

3.0 COMMITTEE OBSERVATIONS

3.1 Site Visits

10. Honorable Speaker, the Committee conducted impromptu visits authorized by the Speaker pursuant to Standing Order 162 (*Annexure 4*) to the facility on 14th - 16th February, 2024 and the following were the observations;

3.1.1 Intensive Care Unit (ICU)

11. The Committee interrogated the nurse in-charge of the ICU who stated that the bed capacity is six. However as at the time of this visit only four beds were being used because the staffing levels of nurses in the ICU was not enough. The ICU Department has twenty six nurses working in shifts. One patient in ICU is supposed to be manned by six nurses working in shifts.
12. The Hospital has a two bed capacity High dependency Unit (HDU) which at the time of this visit was not operational because of shortage of nurses. It was further reported that in an ideal situation, a patient in HDU is supposed to be handled by eight nurses working in shifts.
13. The Committee was informed that when the ICU is overwhelmed with patients, referrals are made to Kenyatta National Hospital or Private Hospitals depending on the patients/kins' preference.
14. The nurse in charge of the ICU acknowledged that letter (*Annexure 1*) was known to him and was the true status of the ICU as at 24th January, 2024. The ICU had stock-outs of heat and Moisture Exchangers (HME) and bacterial filters, Bacterial filters for the ventilators, catheter mounts, perfusor lines and blood gas analysis. The breathing circuits' wipes had broken down and needed replacement. He however stated that new breathing circuits were later traced in the maternity theatre.
15. It was reported at the time this letter was written, the ICU had stayed for two weeks without supplies with an admission of only one patient. During this time when stock outs were experienced, patients were being referred to other Hospitals.

3.1.3 Status of the Theatre

16. The Committee had an engagement with the Head of General Surgeons, who confirmed to be the author of letter (*Annexure 2*) dated 29th January, 2024. He further confirmed that the contents of the letter addressed to all Heads of Departments and copied to the Medical

Superintendent on frequent disruption of essential theatre supplies were known to him and was a true reflection of the status of the theatre as at the time the letter was done.

17. As at the time of this site visit, the Doctor further highlighted to the Committee that supply of essential theatre commodities was still erratic.
18. Patients were being told to purchase such theatre supplies from outside the facility whenever they were out of stock. Some would purchase while others would opt to have their patients transferred to private hospitals within the town. Those who could not afford to purchase would wait until restocking is done.
19. The Doctor reported that the common theatre commodities whose supplies are not consistent were gloves, sterile drapes, sterile gauzes and sutures.
20. He further acknowledged that laundry for theatre was recently being done from Kangundo Level 4 Hospital since the Laundry Machines at Machakos Level 5 Hospital had broken down.

3.1.4 Availability of Hospital Supplies (Pharmaceutical and non- Pharmaceutical)

21. The Committee held a discussion with the Head of Pharmacy on hospital supplies especially pharmaceuticals.
22. He indicated that the facility consumes approximately Kshs. 30M on drugs, Kshs. 30M on laboratory reagents and Kshs. 10M on Imaging Supplies quarterly.
23. He further reported that during the second quarter of the currently Financial year (October, November and December, 2023) the hospital had ordered supplies from KEMSA worth Kshs. 20M and from MEDS worth Kshs. 10M. Out of this order, a consignment worth Kshs. 15M and Kshs.9M was received from KEMSA and MEDS respectively in the month of January. This is because payments for MEDS are made upfront whereas those for KEMSA are made after delivery. However KEMSA cannot supply until the previous payment has been done.
24. The Committee was informed that lack of funds occasioned delay of these critical hospital supplies and to bridge the gap, the hospital has been engaging local suppliers who currently were not being promptly paid.
25. He acknowledged that supply of pharmaceuticals and non- pharmaceuticals in the Hospital was erratic and this was inconveniencing all the Departments and the patients.
26. The Committee made visits to the non- pharmaceuticals store and noted that most of the cartons were empty. The nurse in charge reported that most of the commodities were out of

stock and more especially clean gloves. Out of an order of one thousand pairs of clean gloves from the outpatient Department, only one hundred pairs were available. This meant that patients will have to buy gloves from outside to supplement the deficit.

27. The Committee further had an engagement with the Officer, in-charge of Procurement in the Hospital who stated that acquisition of bulk commodities and equipment was done by the Director of Procurement in the entire Department of Health. The In-charge of procurement in the facility reported that she only dealt with emergency commodities of amounts less than Kshs. 50,000 per item per year through requests of quotation from prequalified suppliers. The Hospital has accrued approximately Kshs. 2M pending bills from suppliers of the emergency commodities since last year. She was also charged with the responsibility of receiving delivered commodities and issuance to the user Departments.

3.1.2 Mortuary

28. The Committee interrogated the Officer in-charge of Public Health in the facility who confirmed that in the month of October, November and Part of December, 2023 the Mortuary at Machakos Level 5 had been closed to pave room for renovations.
29. The renovations were done on the super structure and not the chambers. This included plastering, partitioning, cold room, Toilets, Offices and Doctors' rooms. The walls were dilapidated before the renovations and were losing coldness hence compromising the preservation aspect of the mortuary.
30. Before the closure for renovation, the Public Health Department had made an application to the court to conduct mass burial of thirty one (31) unclaimed bodies which was granted. As at the time of renovations the Mortuary had four bodies. During the renovations, the Hospital wrote a letter to notify the police of non-admission of bodies but a public notice was not done.
31. The Officer was neither aware whether inspection and acceptance had been done on the renovated part nor handing over of the project. He however confirmed that the contractor had exited the site.
32. He further brought to the attention of the Committee of the body of a suspected thief who had been burned at Kenya Israel in January and clarified that it was not brought at Machakos Level 5 Mortuary but instead taken directly to Kathiani Level 4 Mortuary.
33. The Committee visited the mortuary and noted that it was operational with three chambers holding six bodies each; only one chamber was under renovation. A public notice had been placed on the notice board to inform the members of public of resumption of services. The

Mortuary has a capacity of twenty four and the occupancy as at the time of the visit was thirteen.

34. The Public Health officer further notified the Committee that post mortem services were not being offered in the mortuary because of lack of a post mortem kit whose requisition had been raised severally.

3.1.5 Status of the Laundry Unit

35. The Committee held a discussion with the hospitality Officer in- Charge of the Laundry Unit who confirmed that in the month of December, 2023, the Hospital received four new laundry machines which included; one sluicing machine, two washing machines and one calendar (Ironing machine). These replaced the old machine which would frequently break down and tear linen as it washed.
36. Installation of the new machines started in January, 2024 which included mounting, wiring and plumping and was done by the Hospital maintenance team in conjunction with the supplier.
37. The hospitality Officer reported that disruption of laundry services occurred when the old washing machine was un- installed and replaced with one of the new washing machines. The new washing machine started overheating and the heater had to be removed. Linen was therefore taken to Kangundo for laundry. Laundry services have since resumed at the facility.
38. The Committee was informed that the Inspection and Acceptance Report had not been done. The Committee further interrogated the Bio- Medical Engineer who further stated that the manual book for the laundry machines was in Chinese Language but plans were underway to have an English version availed. He added that the Machines did not have a brand name hence difficult to compare their maintenance with other machines. The hospital staff operating the machines had not been trained.
39. The Committee visited the laundry unit and was impressed by its operations despite the initial installation challenges. As at the time of this visit all the newly installed machines in the laundry unit were working. The hospital linen was however old, stained and torn.

3.1.6 Status of the Catering Unit

40. The Committee interrogated the Hospitality Officer in- Charge of the Catering Unit who confirmed that the contents of letter *Annexure 3* dated 25th January, 2024 and signed by the Medical Superintendent was a true reflection of the food stock of the hospital as at that date. According to the letter, the framework supplier of food stuffs in the hospital was adamant on

supplying food owing to delayed payment since September, 2023. She however confirmed that patients have never missed a meal.

- 41. She highlighted that orders are done quarterly and forwarded to the Department of Procurement. Approximately Kshs. 9M per month was adequate to cater for perishables, dry foods and cooking fuels.
- 42. The Committee was informed that in the month of October and November, 2023 supply of food rations was sufficient and dry stuffs were supplied enough for a month. The supplier would supply perishables every Monday and Friday which are market days for Machakos town Market.
- 43. Currently the supplies were unpredictable and there are days she gets to office at 8.00am without food stocks for lunch and dinner meals for that day. On these days, the lunch meals are served at 2.30pm. Diabetic patients were being served with porridge as they wait for the meal. The Committee interrogated some patients and it was confirmed that meals were being delayed.
- 44. The Committee also visited the main kitchen and noted that it was under renovation since last year October. A temporary kitchen was being used in the meantime. The scope of works for the renovation of the kitchen included drainage, painting, cold rooms, store, partitioning of washrooms and ceiling. The Committee noted that when the rains came, the roof leaked destroying the already renovated ceiling. As at the time of this visit the contractor was not on site. Works on the stores and cold rooms had not commenced.
- 45. The Committee made a check-up of the food store and the available food was two bales of maize flour, five bales of wheat flour, six cartons of tea leaves and two cartons of blue band. The store had sufficient perishables (fruits and vegetables) but the cereals store was empty.

3.1.7 Revenue Collection in the Facility

46. On revenue Collection, the Committee was informed that in the month of November, 2023, Kshs. 11,467,000 was collected. This included 61% from outpatient and 39% from inpatient. A breakdown of the outpatient collection showed that Kshs. 2M was collected from Laboratory Services, Kshs. 1.6M from Imaging Services, Kshs. 1.2M from pharmacy and Kshs. 1.6M from consultations. In the month of December, 2023 the hospital collected Kshs. 9.4M which included 56% from Outpatient and 44% from inpatient. These fees and charges are paid through MPESA to the hospital account and later swept to Family Bank Account. The hospital has no authority to spend the monies collected at the facility.

47. The hospital Administration reported that during the second quarter of the FY 2023/2024 the facility got a plough back of Kshs. 5M which was received in the month of October, 2023 whereas in the month of January, Kshs. 5.5M was received to cover the third quarter. These funds are utilized in the form of imprest to cater for operations of the hospital. This includes fueling of ambulances and purchase of emergency hospital commodities. The hospital Administration stated that the monies received as plough back were very little and not able to sustain the hospital.

3.2 Minutes from meeting of Consultants.

48. **Honorable Speaker**, the Committee was supplied with copies of minutes from meetings of Consultants which had highlighted various issues (*Annexure 5 and 6*) The Committee deduced the following from the minutes;

Minutes of 15th November, 2023

49. The committee noted from the minutes that the County Government has adopted the facilities improvement financing Act, 2023 that was recently passed by the senate and whose operationalization was to start from 1st December, 2023.

50. The Committee noted the FIF collection from 10th September to 15th November:

- i. Outpatient-Kshs.13,5112,266.68
- ii. Inpatient- Kshs. 8,212,212.91
- iii. Total collection - Kshs. 21,724,383.59

51. On average outpatient revenue collection accounted for was at 62.2% of total revenue collection while inpatient accounted for 37.8%.The committee observed that the consultants had unanimously agreed that the hospital was not reaching its full potential in revenue collection.

52. That the malfunctioning of the Laundry Unit, poor state of linen and lack of key supplies had been discussed during this consultants meeting.

Minutes of 17th January, 2024

53. The Committee appreciated that there was automation of health records-launch of new Health Information Management system for both inpatient and outpatient services which was a great boost to service delivery.

54. The Committee noted the following challenges as discussed by the consultants;

- i. Staff exodus resulting in acute staff shortage especially nursing

- ii. Security lapses in the vicinity of the hospital.
- iii. Low staff morale due to lack of implementation of collective bargaining agreement (CBA) and public service policies.
- iv. Shortage of electronic infrastructure like computers
- v. Under equipped departments like dental which has resulted in increased referrals to Kenyatta National Hospital
- vi. General poor and old buildings with inadequate space to accommodate expansion of services.

55. The committee noted from the minutes that the hospital level of operation was at 10% mainly because critical Departments such as laboratory, radiology, ICU, renal and pharmacy departments were still struggling with commodity stock outs causing demotivation and lethargy of staff.

3.3 Meeting with the Chief Officer, Medical Services

56. Honorable Speaker, Article 195 (1) of the Constitution of Kenya, 2010 stipulates that “A County assembly or any of its Committees has power to summon any person to appear before it for the purpose of giving evidence or providing information.

57. Section 39(2) of the County Governments Act, 2012 states that “A committee of the county assembly may require a member of the executive committee to—

- (a) Attend or appear before the committee; and
- (b) Answer any question relating to the member’s responsibilities.

58. Further Section 18 (1) of the County Assemblies Powers and Privileges Act, 2017 states that “a County Assembly or its Committees may invite or summon any person to appear before it for the purpose of giving evidence or providing any information, paper, book, record or document in the possession or under the control of that person and, in this respect, a County Assembly and its Committees shall have the same powers as the High Court as specified under Article 195 of the Constitution.

59. The Health and Emergency Services Committee invited the Chief Officer, Medical Services for a meeting on 6th March, 2024 through a letter Reference No. (MKSCA/PCS/CMM/HES/VOL.13/25) dated 26th February, 2024. The Chief Officer stated the following in regard to the status of Machakos Level 5 Hospital;

60. That supplies of pharmaceuticals, non- Pharmaceuticals and food rations is inconsistent in Machakos Level 5 hospital and across all hospitals in the County. This is occasioned by

inadequate budget allocation on vote lines of such supplies. For instance in the current FY the budget for purchase of pharmaceuticals and non- Pharmaceuticals in all Hospitals in the County is at Kshs. 236M. As at the time of this meeting, the Chief Officer reported the budget had been exhausted and had put forth a request to have an additional Kshs. 123M in the second supplementary budget.

61. He stated that 70% of these hospital supplies go to level 3 and 2 hospitals which do not collect much revenue. He further stated that the ideal budget for pharmaceuticals and non- Pharmaceuticals in all Hospitals across the County in Financial year should be Kshs. 800M. As at the time of this meeting, the Chief Officer confirmed that most of the supplies in the hospital were out of stock.
62. On revenue collected in Machakos Level 5, the Chief Officer highlighted that during the first half of FY 2023/2024 the hospital collected Kshs. 106M even when all the Departments were not operating optimally. He informed the Committee that if this amount was to be utilized within the facility as provided for in the Facility Improvement Financing Act, 2023 much pressure on supplies would be relieved.
63. All the revenue collected at the hospital was banked via MPESA paybill to family bank. He however reported that he was not a signatory of the account and had no access to the funds collected.
64. NHIF claims for Machakos Level 5 Hospital according to the Chief Officer goes to the County Revenue Account (CRF).
65. On staffing of the hospital, the Chief Officer acknowledged that shortage of staff across all cadres was a big challenge affecting service delivery in Machakos Level 5 Hospital and all other hospitals in the County. This had been occasioned for mass exodus of nurses in pursuit of greener pastures outside the Country and non- replacement of medical personnel who exited service due to natural attrition. He however informed the Committee that recently an advertisement had been made to fill ninety one (91) positions which were still not enough.
66. On the status of the mortuary, the Chief Officer appreciated that most of the cooling machinery were old and inefficient. This meant that routine maintenance had to be done and was expensive since some spare parts of such old machinery were not locally available. He proposed that the County can consider building a modern funeral home.
67. He further stated that the current mortuary at Machakos Level 5 Hospital did not have space to accommodate post mortem services and such can be considered when proposing for a modern funeral home. He also acknowledged that public notice was not done when the

FY
mortuary was closed during renovation which was an oversight on the Administration of the Hospital.

68. On the Laundry Unit, he confirmed that it was operational. He stated that when the Committee visited the facility, personnel working in the laundry unit had not been trained on operations of the Machines and used to overload the machines hence the overheating. He however confirmed that the supplier had since trained them and availed an English version manual. Handing over of the machines was yet to be done and was planned to take place after the biomedical engineers had been inducted on the use of the machines. The Chief Officer acknowledged that the hospital linen was torn and old hence the need to have it replaced. A budget of Kshs. 30M would be ideal to cater for linen and patients' gowns in Machakos Level 5 Hospital and all Level 4 Hospitals.
69. On the food rations, the Chief Officer stated that the supplies were erratic owing to delayed payments of the suppliers and exchequer releases. He however highlighted that patients at the hospital have never lacked a meal.
70. On renovations works on the main kitchen of the hospital, the informed the committee that the scope of works did not include roofing of the kitchen and no payment had been paid on the works. Works were ongoing according to the Chief Officer.
71. On why the hospital did not have a medical superintendent, the Chief Officer stated that there was a proposal to have a Chief Executive Officer (CEO) managing the Hospital. Currently the hospital was being manned by Deputy Medical superintendent Officer.

4.0 COMMITTEE FINDINGS

72. **Honorable Speaker**, from the above observations drawn from the site visit, minutes of hospital consultants and discussion with the Chief Officer, Medical Services, the Committee made the following findings;
73. That Machakos Level 5 Hospital has an acute shortage of staff across all the cadres. This has led to service delivery at the facility being poor. Some critical Departments like the ICU and HDU have had to scale down on their admissions because of shortage of nurses. This has also greatly affected the quality and promptness of medical care.
74. There is no functional and competent County Directorate of health as provided for in the Health Act 2017. Most directors are in acting capacity and the substantive ones had been transferred to other areas under unclear circumstances.

75. Supply of pharmaceuticals and non- pharmaceuticals in Machakos Level 5 Hospital is very erratic despite it being the referral Hospital of the County. This was affecting the less fortunate especially those who required theatre services and could not afford to purchase the much needed theatre commodities from outside the hospital or get transferred to private hospitals. The hospital can operate smoothly with a budget of Kshs. 70M per quarter to cater for drugs, imaging and laboratory commodities.
76. When renovations were being done at the Machakos Level 5 Hospital Mortuary, closure was done without informing members of public. As at the time of the site visit, the mortuary had been re-opened. The capacity and standards of the Mortuary however do not meet the current market demand of funeral homes. Post mortem services were not being conducted at the mortuary because there was no post mortem kit. All of deaths with police cases requiring post mortem services had to be transferred to private funeral parlors. This in itself was a loss of revenue.
77. The new Laundry Unit is working well despite the initial installation challenges. However the laundry Machines are being used even before the inspection and acceptance report has been done and commissioned. This poses a risk especially on who is responsible in case a breakdown happens.
78. That the hospital linen and patients' gowns are old and torn. Besides not having replacement of the linen done in the recent past, the old washing machine had contributed in worsening the state of the hospital linen.
79. The supply of food rations is inconsistent and there is a high risk of patients missing meals. The hospital can comfortably operate with a budget of Kshs. 27M per quarter on perishables, dry stuffs and cooking gas.
80. The renovations works of the main kitchen seems to have stalled with the contractor not being on site. The roof of the kitchen is leaking. Priority has to be given to the roof before repairing the ceiling.
81. The amount ploughed back to the hospital is way too low compared to the amount collected in the hospital. The ratio of the amount ploughed back to the amount collected can be equated as **0.2:1**. If the hospital can collect an approximate of Kshs. 10M per month with the current inconsistent supplies is a clear indication that when all supplies are well stocked, a double output on revenue can be realized.

82. The Department of Health and Emergency Services has never operationalized the Facility Improvement Financing Act, 2023 enacted by the senate which provides for collection, management and Administration of charges and monies collected in hospitals.

5.0 COMMITTEE RECOMMENDATIONS

83. Honorable Speaker, based on the above findings, the Committee makes the following recommendations;
84. The County Government should consider apportioning some additional funds to start a phased program of recruiting medical personnel in the Department of Health and Emergency Services. The County Public Service Board should prioritize recruitment process for any pending advertisement in the shortest time possible.
85. Sufficient budget should be allocated for the purchase of pharmaceutical and non-pharmaceutical supplies. Lack of these basic and very essential commodities entirely impact negatively on service delivery in the hospital and ultimately affect residents of the County who cannot afford medical services in private hospitals. At least Kshs. 70M should be allocated to the Hospital per quarter to cater for drugs, imaging and laboratory commodities.
86. In future when the Department of Health and Emergency Services intends to close certain units in the Machakos Level 5 Hospital or any other public hospital within its jurisdiction a public notice should be issued on such disruption of services through the Kenya gazette and other media platforms. Reopening and resumption of such services should also be notified to the public.
87. The County Should also set aside funds for construction of a modern state of art funeral home with a 100 body capacity well equipped with a post mortem kit and a chapel. Further, the non- functional chambers in the current mortuary should be operationalized and modernized to cater for the police cases and unclaimed bodies.
88. Training of biomedical engineers and handing over of the Laundry unit to the Hospital should be fast tracked the soonest. This is in line with the Public Procurement and Disposal Act.
89. Kshs. 30M should be factored in the budget for the FY 2024/2025 for purchase of hospital linen and gowns. This linen and gowns will specifically be for Machakos Level 5 and all the level 4 hospitals in the County.
90. Accrued debts of the food rations suppliers should be paid within the next thirty days (30). Since the County is in the budget making process according to the Public Finance

Management regulations, sufficient budget should be allocated for purchase of food rations in the hospital. At least Kshs. 27M should be allocated per quarter on perishables, dry stuffs and cooking gas for Machakos Level 5 Hospital.

91. Scope of works for renovation of the main kitchen should be revised to include repair of the roof. The contractor should also be urged to hasten the renovations works because hygiene of the makeshift kitchen is not to the required WHO standards.
92. The Health Department should be restructured by establishing the directorates as described in Health Act, 2017 and the posts in acting capacity to be filled competitively to provide the necessary technical advice required. Mandatory Directorates that should be established are; medical services, nursing, pharmaceutical services, public health and administrative services.
93. Machakos level 5 Hospital to be converted to a co-operate headed by a Chief Executive Officer competitively sourced by County Public Service Board and a fully functional hospital board of management with such powers and responsibilities as outlined in the recently enacted Facility Improvement Financing Act, 2023. Machakos level 5 Hospital to be considered as a procuring entity with end to end procuring rights to arrest the lengthy procedures which comes with delays and that for the purpose of budgeting Machakos Level 5 Hospital should be budgeted independently.
94. Implementation of the Facility Improvement Financing Act, 2023 is bestowed with the CECM, Department of Health and Emergency Services. This Act will ensure monies collected in all county hospitals are banked and managed within such hospitals. It will also facilitate creation of hospital boards and Facility Committees to oversee management of monies collected in hospitals. The Committee directs the CECM to formulate regulations and forward them to the Assembly for consideration and approval. The Committee further directs that the CECM appraises this house with the implementation status of the said act fourteen days from the approval of the said regulations.

6.0 CONCLUSION AND ACKNOWLEDGEMENT

95. Honorable Speaker, allow me to acknowledge the Department of Health and Emergency Services for the response given and proposals given for the management of Machakos Level 5 Hospital. I wish to appreciate the Health and Emergency Services Committee members for their dedication during site visits, committee sittings and compiling of this report. Honorable Speaker, the Committee expresses gratitude to the Office of the Speaker and that of the Clerk to the County Assembly for the continuous and relentless support received as it discharged its

oversight mandate. It is therefore my duty, on behalf of the Health and Emergency Services Committee to table this report and recommend it to this honorable house for consideration and adoption.

Thank you Honorable Speaker.

Signed..........Dated.....26 / Feb / 2024.....

Hon. Vincent Mutic – Chairperson, Health and Emergency Services Committee.

Annexure 1

REPUBLIC OF KENYA



GOVERNMENT OF MACHAKOS
DEPARTMENT OF HEALTH
MACHAKOS HOSPITAL LEVEL 5 REFERRAL FACILITY

Machakos Level 5 Hospital
P.O. Box 10-00100
MACHAKOS
Tel. No. 0722313013
Fax 044-21979
Email - machakoshospital@gmail.com
When replying please quote

Medical Superintendents office
P.O. Box 1221-90100
MACHAKOS
Tel. No. 0722313913
Fax 044-21979
Email - machakoshospital@yahoo.com
When replying please quote

REF NO. MKS/GEN/VOL.1/357

25/01/2024

Director - Medical Services
Department of Health
MACHAKOS COUNTY

Dear Sir,

RE: HOSPITAL IN CRISIS DUE TO LACK OF COMMODITIES

The above matter of outmost urgency and importance refers.

Among the sizeable number of major challenges in the delivery of health services in Machakos Level 5 Hospital is the inconsistent, untimely and inadequate supply of health products and supplies needed in the facility. This has been the case for the big chunk of last calendar year except on short spells when KEMSA or MEDS supplies land.

The magnitude of the crisis at hand is as follows:

1. **ICU:** We have interrupted services here and cannot admit patients due to complete stock outs of critical items such as HME and bacterial filters, catheter mounts, perfusor lines, breathing circuits etc.
2. **Radiology:** There is very little service delivery here as there are no ultrasound gel and thermal paper, contrast for CT Scan and films for x-ray and CT Scans.
3. **Food & Ratios:** The framework supplier is adamant not to provide additional ratios for dry foods and vegetables henceforth owing to delayed payment since September, 2023.

No food stuff for patients as from tomorrow 26th January, 2024 and patients risk missing meals.


4. **Theatres:** services are bound to be interrupted from today due to absence of many items including, X-ray gauze, haemostat sponges, HME'S for paediatric and adults, sutures etc.
Additionally, general anaesthesia agents such atracurium, suxamethonium, nitrous oxide are lacking.
5. **Wards:** Nasal progs, non- rebreather masks, infusion sets, catheter, strapping etc are basic supplies that are unfortunately out of stock.
6. **Renal Centre:** Many challenges abound here including unserviced machines, lack of concentrate, bicarbonate etc.
7. **Oncology department:** For sometimes the staff here have been exposed to toxic oncology drugs as there is no N-95 masks in stock.

The Hospital Management team(HMT) sitting on 17/1/2024 rated the current performance of the facility at a mere 10% (Minutes of the meeting attached), mostly occasioned by these frequent stock - outs for commodities and the demotivation of the staff as a consequence. Watching this deterioration in the level of services and care is not only heart- breaking but also tantamount to tolerating it.

Kindly note that we have in the past and even currently continue to develop and timely transmit requisitions to the relevant offices to facilitate supply but nothing is forth-coming. We are left to engage loyal local suppliers for limited supplies to continue running the hospital but this option is no longer feasible as we have accumulated substantial credit with them.

This is to let you know the facility is at critical point as departments are slowly closing down due to commodity shortages. This is a clear sign of an impending collapse!

Regards,


Medical Superintendent
P. O. Box 1223-90100,
MACHAKOS
MACHAKOS HOSPITAL
LEVEL 5 REFERRAL HOSPITAL

Dr. Benjamin Nzomo
Medical Superintendent
MACHAKOS LEVEL 5 HOSPITAL
CC
CECM- HEALTH
Chief Officer-Medical Services

ANNEXURE 2

To
Medical Superintendent
Machakos level 5 hospital
P O Box 19-90100



*Very important to Asolate to Dr. V
C-M*

24/1/2024

Dear Sir,

RE: INTERRUPTION OF CRITICAL CARE SERVICES

This is to inform your office that we are currently unable to offer critical services in our ICU.

This is due to complete stock out of:

1. HME and Bacterial filters.
2. Bacterial filters for the ventilators.
3. Catheter mounts
4. Perfusor lines
5. Blood gas analysis
6. Breathing circuits

Thank you.

Dr. Veronica Mutinda
Consultant anaesthiologist

(Signature)

Annexure 3

REPUBLIC OF KENYA



GOVERNMENT OF MACHAKOS DEPARTMENT OF HEALTH MACHAKOS HOSPITAL LEVEL 5 REFERRAL FACILITY

Machakos Level 5 Hospital
P.O. Box 19-90100
MACHAKOS
Tel No. 0722313913
Email
When replying please quote

Machakos level 5 hospital
MACHAKOS
Tel. No. 0722313913

29/1/2024

INTERNAL MEMO

FROM: HEAD OF GENERAL SURGERY

TO: ALL DEPARTMENTS

RE: FREQUENT DISRUPTIONS OF ESSENTIAL THEATRE SUPPLIES

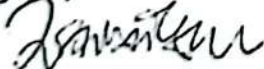
The surgical departments wish to notify all that daily theatre operations will not commence before the following essential theatre supplies are provided:

1. Gloves (clean, sterile & gynae)
2. Sterile drapes
3. Sterile gauzes (abdominal & raytek)
4. Sutures (vicryl round & cutting of sizes 3/0, 2/0, #1; nylon 2/0, 3/0, #1, #2 cutting

Elective lists will be cancelled by 9am each day should the above essential theatre supplies not be available.

Patients will also NOT be asked to purchase any supply outside the hospital as the hospital is expected to provide for such & bill the patients upon being discharged

Regards,


Dr. George Orerah,
Head of General
Surgeons.

cc-Medical
Superintendent
Head of clinical Services

Annexure A



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF MACHAKOS
COUNTY ASSEMBLY OF MACHAKOS



15

County Hall
Along MwatunwaNgoma Rd
P O Box 1168 - 90100
MACHAKOS - KENYA

Email: assemblynks@gmail.com

REF: OUR REF: MKSCA/PCS/CMM/HES/VOL.4/16
INTERNAL MEMO

TO: THE SPEAKER

THRO: THE CLERK

DATE: 12TH FEBRUARY, 2024

Forwarded
2/12/2024
Clerk approved
12.2.2024

RE: REQUEST TO HOLD SITTINGS OUTSIDE THE PRECINCTS OF THE ASSEMBLY

Pursuant to Standing Order No. 162 of the County Assembly of Machakos Standing Orders, a sitting of a Committee shall be held at such place, date and time as shall be determined by the Chairperson or on a petition made by at least one-third of members of that committee but no meeting of a committee may be held outside the precincts of Assembly without the approval of the Speaker.

The Health and Emergency Services Committee in enhancing its oversight role on matters related to County health facilities and pharmacies pursuant to the Fourth Schedule of the Constitution of Kenya 2010 is planning to undertake a site visit to Machakos Level 5 from 14th - 16th February, 2024.

The purpose of this memo is to request for your approval for the committee to sit outside the precincts of the Assembly during the specified dates.


DOMINIC MUSYOKA
HOD, PROCEDURE AND COMMITTEE SERVICES

⑧ Clerk HSS - Health
Deal
14/2/24

② Procedure
The sittings are hereby approved
14/02/2024

Annexure 5

MINUTES OF THE HMT MEETING HELD IN THE MEDICAL LABORATORY BOARDROOM ON 17/01/2024.

MEMBERS PRESENT

| | | |
|--------------------------|---|--|
| 1. Dr. Benjamin Nzomo | - | Medical Superintendent (Chairman) |
| 2. Dr. Tunje Supa | - | Deputy Medical Superintendent |
| 3. Richard Yotta | - | Health Administration Officer |
| 4. Charles Wanderi | - | Accountant |
| 5. Daniel Musili | - | Clinical Officer |
| 6. Denis M. Ndeto | - | Lab Department |
| 7. Peter K. Matata | - | Public Health Officer |
| 8. Ben Mugoh | - | Accident & Emergencies |
| 9. Carolyn Muthuri | - | Health Records |
| 10. Dr. Nzioki C.M | - | Paediatric Department |
| 11. Ruth Muthuku | - | Theatre in charge |
| 12. Jacinta Moki | - | Deputy NSM |
| 13. Miriam Matata | - | Human Resource Officer |
| 14. Everlyne Mwendu | - | Emergency Physician |
| 15. Juliana Kasondu | - | Physiotherapist |
| 16. Colletah Wambua | - | Occupational Therapy |
| 17. Samuel T. Mwaura | - | Orthopaedic Technologist |
| 18. Juliana Kalundu | - | Physiotherapist |
| 19. Celina Mwangangi | - | ICU/Renal Department |
| 20. Gladys Mumo | - | OPD/Clinics |
| 21. Emily Kioko | - | Radiology Manager |
| 22. Michael Muli | - | B.M.E Department |
| 23. Alvin Wachira | - | HOD INT. Medicine |
| 24. Dr. Kevin Matheri | - | HOD Pharmacy |
| 25. Dr. Waithera Njenga | - | HOD Pathologist |
| 26. Marietta M. Imili | - | Nurse- Surgical |
| 27. Mungui Alex | - | Nurse- Pediatric |
| 28. Dr. Lydia Nyagwendia | - | HOD Epidemiology/ public Health |
| 29. Purity M. Mutunga | - | HOD Hospitality |
| 30. Dr. Jeniffer Njoki | - | HOD Psychiatry |
| 31. Dr. Stella Kirangu | - | HOD Dental |
| 32. Lillian Katunge | - | HOD Nutrition |
| 33. Ruth Makore | - | Medical |
| 34. Dennis Misiune | - | Telecommunication |
| 35. Onesmus Musyimi | - | Nutritionist |
| 36. Meshack Kiminza | - | Snr. Accountant |
| 37. Briggitt Mutuku | - | Clinical Medicine |
| 38. Emma Njagi | - | Health Administration Officer (Taking Minutes) |

C to
to

ACHIEVEMENTS

- ❖ Automation of health records-launch of new HMIS system for both inpatient and outpatient services
- ❖ Increase in number of specialists especially in dental and surgical departments
- ❖ Increased partner support for some departments like paediatrics due to exemplary clinical team performance
- ❖ Successful partnerships with research institutions like KEMRI, CREAN, ICAP and AMREF

CHALLENGES

- ❖ Staff exodus resulting in acute staff shortage especially nursing
- ❖ Security lapses in the compound
- ❖ Severe shortage of commodities in all departments
- ❖ Low staff morale due to lack of implementation of CBA and public service policies
- ❖ Shortage of electronic infrastructure like computers
- ❖ Under-equipped departments like dental which has resulted in increased referrals to KNH
- ❖ Training programs like COSECSA are at risk of collapse due to constant lack of supplies and poor accountability frameworks
- ❖ General poor/old buildings with inadequate space to accommodate expansion of services

RECOMMENDATIONS

- ❖ Increase funding/ change model of financing of the hospital-implement FIF act
- ❖ Staff recruitment - replacement and new recruitment based on service need
- ❖ Consistent supply of essential commodities according to Kenya Essential medicines List and list of equipment
- ❖ Strengthen training programs like COSECSA
- ❖ Establish new units like substance/alcohol rehabilitation ward/center, in-patient pharmacy, paediatric emergency unit among others
- ❖ Purchase of essential equipment like dental chairs, blood gas machine, ventilator accessories, operationalize MRI scanner, OPG
- ❖ Strengthen partnerships with research institutions

GENERAL VERDICT

Hospital level of operation is currently at 10%, mainly because of critical departments such as laboratory, radiology, ICU, Renal and Pharmacy departments are struggling with commodity stock outs causing demotivation and lethargy of staff.

MIN 4:8/01/2024: LEADERSHIP AND GOVERNANCE STRUCTURE

All heads of departments had been tasked to come up with organograms of their respective departments and roles and responsibilities of their staff. Only 30% of the departments submitted their reports.

RECOMMENDATIONS

1. Departmental heads were advised to submit their organograms to the Medical Superintendent by COB on 19/01/2024 and also send soft copy to hospital email.

Constituted
by

He further requested health workers to do their best with the limited resources as issues get streamlined.

Having no any other business the meeting was closed with a word of prayer by Carolyne Muthuri at 1.45pm.

CHAIRMAN D. Benjamin Nzumu DATE 17/1/2023 SIGN [Signature]

SECRETARY [Signature] DATE 17/1/2023 SIGN [Signature]

Certified
14/2/2023

Annexure 6

MINUTES OF THE HMT MEETING HELD IN THE MEDICAL LABORATORY BOARDROOM ON 15/11/2023.

MEMBERS PRESENT

- | | | |
|-------------------------|---|---|
| 1. Dr. Benjamin Nzomo | - | Medical Superintendent (Chairman) |
| 2. Dr. Tunje Supa | - | Deputy Medical Superintendent |
| 3. Richard Yotta | - | Health Administration Officer |
| 4. Anne L. Mutiso | - | Nursing Services Manager |
| 5. Laurent M. Masila | - | Principal Hospital Officer |
| 6. Marietta M. Imili | - | Surgical incharge |
| 7. Willis Kaselli | - | Radiographer |
| 8. Celina Mwangangi | - | ICU/Renal Department |
| 9. Anna M. Ndaka | - | Nursing incharge, CCC, youth centre and TB clinics. |
| 10. Denis M. Ndeto | - | Lab Department |
| 11. Carolyn Muthuri | - | Health Records |
| 12. Ruth Muthuku | - | Theatre incharge |
| 13. Jacinta Moki | - | Deputy NSM |
| 14. Miriam Matata | - | Human Resource Officer |
| 15. Abel Oseko | - | Social Work |
| 16. Juliana Kasundu | - | Physiotherapist |
| 17. Samuel T. Mwaura | - | Orthopaedic Technologist |
| 18. Colletah Wambua | - | Occupational Therapy |
| 19. Michael Muli | - | B.M.E Department |
| 20. Dennis Misiune | - | Telecommunication |
| 21. Onesmus Musyimi | - | Nutritionist |
| 22. Ben Mugoh | - | Accident & Emergencies |
| 23. Dr. Nzioki C.M | - | Paediatric Department |
| 24. Meshack Kiminza | - | Snr. Accountant |
| 25. Dr. Kevin Matheri | - | Pharmacy incharge |
| 26. Briggitt Mutuku | - | Clinical Medicine |
| 27. Dr. Waithera Njenga | - | Pathologist |
| 28. Emma Njagi | - | Health Administration Officer (Taking Minutes) |

AGENDA

1. Opening remarks
2. Draft organogram
3. Financial Analysis
4. Departmental Reports
5. Any other Business (A.O.B)

It was agreed that the Medical Superintendent would add the proposed recommendations in the draft organogram and submit to the CECM for adoption and thereafter to the County level for approval.

MIN 3: 15/11/2023: FINANCIAL ANALYSIS

The Chairman informed the committee that the County Government has adopted the Facilities Improvement Financing Bill (2023) that was recently passed by the Senate. This will be operational w.e.f 1st December 2023.

3/1 FINANCIAL REPORT

3:1:1 Quarter 1 of 2023/24FY

The Accountant took members through Quarter 1 financial report as here below:-

| | | |
|-------------------------------|---|-------------------|
| i) Receipts from NHIF | - | Kes 15,512,470 |
| ii) FIF collection | - | Kes 18,917,416 |
| iii) County Treasury transfer | - | Kes 16,500,000 |
| iv) Receipts in kind | - | Kes 55,215,894.50 |
| v) Donations | - | Kes. 4,994,655 |
| Receivables from NHIF | | Kes 16,800,496 |

Members were requested to prepare the facility budget for the next 2 quarters ASAP. This should be guided by departmental projections.

2:1:2 FIF Collection

Below is a summary of FIF collection from 10th September to 15th November 2023:-

| | | |
|------------------|---|---------------------|
| OPD cash | - | Kes 13, 5112,266.68 |
| Inpatient cash | - | Kes 8,212,212.91 |
| Total collection | - | Kes 21,724,383.59 |

On average outpatient revenue collection accounted for was at 62.20% of total revenue collection while inpatient accounted for 37.80%

Members unanimously agreed that the hospital was not reaching its full potential in revenue collection probably because the AphiaOne system is still under development.

2:1:3 Strategies to enhance Facility Improvement Fund

1. Revive hospital committees and establish well-defined mandates and reporting structures.
2. Implement annual departmental workplans
3. Make reference to previous policy guidelines i.e
 - i) Facility Improvement Operational guideline
 - ii) UHC Policy guideline
4. Strengthen Executive Expenditure Committee (EEC)

sions in the
for

| | | |
|---|----------------------|---|
| | | <ul style="list-style-type: none">• Department needs a computer• Shortage of supplies |
| | Health Record | <ul style="list-style-type: none">• Records needs to provide the required tools/stationery or get more hardware to solve issues of stationery shortage |
| 6 | laundry | <ul style="list-style-type: none">• Only (1) one laundry machine is functional at the moment• Steam drier and laundry boilers were procured but not yet delivered. |
| 7 | Radiology Department | <ul style="list-style-type: none">• Lack of supplies. Needs stock up |
| 9 | Nursing Department | <ul style="list-style-type: none">• State of hospital linen is wanting due to state of laundry machines. Laundry staff need to employ more creative methods like sun drying of linen when machines are not working• There is need to revive most hospital committees i.e. IPC, IQ that has not been functional.• Disposal management needs to be improved |

MIN 5: 15/11/2023 :A.O.B-

The next meeting will be held in the 2nd week of December 2023

There being no other business the meeting ended at 14:04 pm with a word of prayer from Dr.Tunje Supa.

CHAIRMAN Dr. Benjamin Njano DATE 19/11/2023 SIGN [Signature]

SECRETARY Emma Njago DATE 19/11/2023 SIGN [Signature]



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF MACHAKOS
COUNTY ASSEMBLY OF MACHAKOS



County Hall
Along Mwatu wa Ngoma Rd
P O Box 1168 – 90100
MACHAKOS – KENYA
Second Assembly

Email: assemblymks@gmail.com

Adoption schedule for Report on the status of Machakos Level 5 Hospital

The report was adopted by the following Members:

Date: 26th February 2024

| | Member | Signature |
|-----|------------------------|-----------|
| 1. | Hon. Vincent Mutie | |
| 2. | Hon. Mathew Ndunda | |
| 3. | Hon. Dee Kivuva | |
| 4. | Hon. Jackson Ndaka | |
| 5. | Hon. Margaret Ndalana | |
| 6. | Hon. Douglas Musyoka | |
| 7. | Hon. Winfred Mutua | |
| 8. | Hon. Caroline Mutuku | |
| 9. | Hon. John Brian Kisila | |
| 10. | Hon. Justus Mutuku | |
| 11. | Hon. Peter Kilonzo | |
| 12. | Hon. Felix Ngui | |
| 13. | Hon. Philip Ndolo | |