

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

**OFFICIAL REPORT**

**Tuesday, 19<sup>th</sup> March, 2024**

The House met at 10.34 a.m.

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

**PRAYERS**

**Hon. Speaker:** Serjeant at Arms, ring the Quorum Bell.

*(Quorum Bell rung)*

We now have quorum we can start. You do not sound happy; what is the issue? You are happy. Then let us start the business of the day.

**MOTION**

STATUS OF MACHAKOS LEVEL V HOSPITAL

**Hon. Speaker:** May I invite Hon. Vincent Mutie to come and---

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Madam Speaker. I am rising under Standing Order on quorum of the House. Madam Speaker, I think whoever has told you there is quorum....we do not have quorum Madam Speaker. The members in the House are only 18 and the quorum of the House should be 20 which is a third of the Assembly membership.

**Hon. Speaker:** I have received a report that we have enough quorum.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): That is why I am notifying you that we are not enough, Madam Speaker.

**Hon. Speaker:** Clerk at the Table, can I get the correct position.

*(Hon. Speaker consulted with the Clerk at the Table)*

I am advised that we do not have enough quorum and I would direct that the Quorum Bell be rung again for eight minutes. I think that is procedural and then we can move.

*(Quorum Bell rung)*

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): Madam Speaker, while the Bell is being rung---

**Hon. Speaker:** I understand that when the Bell is ringing, procedurally it is wrong for a Member to address the House. You can whip the members to come so that we can work and if the Whips are not working, you can remove them and appoint the right people. Everything is within your hands; mine is just to communicate what you tell me. That is it.

*(Loud consultations)*

Who is being sabotaged? You are just sabotaging yourselves. If a Member came to this House then they should not even be saying that there is sabotage. Who is being sabotaged? Everyone here was sent here by the electorate of their ward to come and represent them so if you do not want to come to Bunge they are sabotaging who?

*(A Hon. Member spoke off record)*

Exactly! So I do not know who it is. If the Whips are not working, you discharge them from their duties and get new ones because this Bunge must proceed. We cannot have an Assembly that is not working.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Madam Speaker, since you have allowed debate during---

**Hon. Speaker:** I have not allowed debate; I am the one talking.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): But Madam Speaker, you have set a precedent.

**Hon. Speaker:** I am the one talking.

*(Loud consultations)*

Order, Members. Can we start the business of the day? We have quorum now. *Simamisha* Bell *tuanze kazi*. I am told the mover is outside. We can now start afresh from the Motion which is Order No. 8. May I invite Hon. Vincent Mutie, Chairperson of Health and Emergency Services Committee to come forward and move the Motion? Proceed, Hon. Mutie.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Thank you, Hon. Speaker. I am the current Chair of the Committee on Health and Emergency Services.

Hon. Speaker, pursuant to Standing Order 190(5), I wish to move the motion THAT this House adopts the Report of the Health and Emergency Services Committee on the status of Machakos Level 5 Hospital, laid on the Table of the House on Wednesday, 13<sup>th</sup> March, 2024.

I invite Hon. Kisila to second the Motion.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC) seconded.

**Hon. Speaker:** Thank you, Hon. Members.

*(Question proposed)*

Before I proceed to call Members to debate this matter, I want to invite the Hon. Mover to come forward and give highlights of the report. Proceed, Hon. Mutie.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Thank you, Hon. Speaker. The report is available on various platforms that the Assembly has availed to us. There are various headings and sub-headings but Hon. Speaker, I will not discuss the introduction, the Committee mandate, membership and also the secretariat but I will give a highlight on the references that we relied on to do this work as a committee.

#### *TERMS OF REFERENCE*

Hon. Speaker, during a Committee meeting held 12<sup>th</sup> 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*)

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. We had a letter that did suggest that they were on the verge of closure due to low supplies.
- 2) Status of the mortuary. You realize there were claims and utterances in the public that the mortuary had been closed.
- 3) Status of the theatre based on the many complaints that we received that the theatre cannot admit patients.
- 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.

#### *COMMITTEE OBSERVATIONS*

##### *Site Visits*

Hon. Speaker, the Committee conducted impromptu visits authorized by the Speaker pursuant to Standing Order 162 (*Annexure 4*) to the facility on 15<sup>th</sup> and 20<sup>th</sup> February, 2024 and the following were the observations;

##### *Intensive Care Unit (ICU)*

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 26 nurses working in shifts. One patient in ICU is supposed to be manned by six nurses working in shifts.

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.

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 patient or their kin preference.

The nurse in charge of the ICU acknowledged that letter which we relied on to make our decisions was known to him and was the true status of the ICU as at 24<sup>th</sup> 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.

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.

#### *Status of the Theatre*

The Committee had an engagement with the Head of General Surgeons, who confirmed to be the author of letter (*Annexure 2*) dated 29<sup>th</sup> 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. Hon. Speaker, this is to help the Assembly realize that our action was informed by those letters that were doing circles in the media.

As at the time of this site visit, the Doctor further highlighted to the Committee that supply of essential theatre commodities was still erratic.

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 was done.

The Doctor reported that the common theatre commodities whose supplies are not consistent were gloves, sterile drapes, sterile gauzes and sutures.

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.

#### *Availability of Hospital Supplies (Pharmaceutical and non-pharmaceutical)*

The Committee held a discussion with the Head of Pharmacy on hospital supplies especially pharmaceuticals.

He indicated that the facility consumes approximately Ksh. 30M on drugs, Ksh. 30M on laboratory reagents and Ksh. 10M on imaging supplies quarterly.

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 Ksh. 20M and from MEDS worth Ksh. 10M. Out of this order, a consignment worth Ksh. 15M and Ksh.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. What this means Hon. Speaker, is that KEMSA has a window for credit and the moment they give you a credit for example Ksh. 50 million and you exhaust that credit, then you have to pay it before accessing another credit.

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.

He acknowledged that supply of pharmaceuticals and non-pharmaceuticals in the hospital was erratic and this was inconveniencing all the Departments and the patients.

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 1,000 pairs of clean gloves from the outpatient Department, only 100 pairs were available. This meant that patients will have to buy gloves from outside to supplement the deficit.

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 Ksh. 50,000 per item per year through requests of quotation from prequalified suppliers. The hospital has accrued approximately Ksh. 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.

### *Mortuary*

Hon. Speaker, we had an issue about the mortuary because we had heard about its closure and the Committee made the following observations. 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.

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.

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.

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.

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.

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 24 and the occupancy as at the time of the visit was 13.

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.

#### *Status of the Laundry Unit*

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.

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.

The hospitality Officer reported that disruption of laundry services occurred when the old washing machine was uninstalled and replaced with one of the new washing machines. The new washing machine started overheating and the heater had to be removed. The heater was to warm the water so when the heaters overheat so when it as removed the laundry basically had to resume with cold water. Linen was therefore taken to Kangundo for laundry. Laundry services have since resumed at the facility.

The Committee was informed that the Inspection and Acceptance Report had not been done and that is where we were concerned that machines were already being used by the department and yet the handover had not been done. It exposes us to a risk that the contractor or the supplier would rather say 'we have since began using the machines and so take any risk that occurs in case of a breakdown.' 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. Hon. Speaker, you realize it was part of the contract to install and train the staff on operations. As at the time of the visit, the training had not been done.

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.

#### *Status of the Catering Unit*

The Committee interrogated the Hospitality Officer in- Charge of the Catering Unit who confirmed that the contents of letter *Annexure 3* dated 25<sup>th</sup> 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.

She highlighted that orders are done quarterly and forwarded to the Department of Procurement. Approximately Ksh. 9M per month was adequate to cater for perishables, dry foods and cooking fuels.

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. That is because we know that Monday and Friday are market days here in Machakos Town.

Currently the supplies were unpredictable and there are days she gets to office at 8.00 a.m. without food stocks for lunch and dinner meals for that day. On these days, the lunch meals are served at 2.30 p.m. 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 on some day.

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 to be tiled, 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 and works on the stores and cold rooms had not commenced.

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 margarine. The store had sufficient perishables (fruits and vegetables) but the cereals store was empty.

#### *Revenue Collection in the Facility*

On revenue Collection, the Committee was informed that in the month of November, 2023, Ksh. 11,467,000 was collected. This included 61 per cent from outpatient and 39 per cent from inpatient. A breakdown of the outpatient collection showed that Ksh. 2M was collected from Laboratory Services, Ksh. 1.6M from Imaging Services, Ksh. 1.2M from pharmacy and Ksh. 1.6M from consultations. In the month of December, 2023 the hospital collected Ksh. 9.4M which included 56 per cent from Outpatient and 44 per cent 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.

The hospital Administration reported that during the second quarter of the FY 2023/2024 the facility got a plough back of Ksh. 5M which was received in the month of October, 2023 whereas in the month of January, I believe in 2024, Ksh. 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. Hon. Speaker, that is Ksh. 11.5 million which had been taken back to the hospital against a collection of Ksh. 20 million for two months.

#### *Minutes from meeting of Consultants*

Hon. 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 15<sup>th</sup> November, 2023*

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 1<sup>st</sup> December, 2023.

The Committee noted the FIF collection from 10<sup>th</sup> September to 15<sup>th</sup> November:

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

Hon. Speaker, this is an indicator that even with low supplies, the hospital was able to make collections. If we could use the same collection to enhance the supplies, then perhaps we could have more collection.

*(Applause)*

On average outpatient revenue collection accounted for was at 62.2 per cent of total revenue collection while inpatient accounted for 37.8 per cent. The committee observed that the consultants had unanimously agreed that the hospital was not reaching its full potential in revenue collection and that the malfunctioning of the laundry unit, poor state of linen and lack of key supplies had been discussed during these consultants meeting.

#### *Minutes of 17<sup>th</sup> January, 2024*

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

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.

The committee noted from the minutes that the hospital level of operation was at 10 per cent 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.

#### *Meeting with the Chief Officer, Medical Services*

I will skip page 13 for it gives us the background but I will pick bullets 59 and 60. The Health and Emergency Services Committee invited the Chief Officer, Medical Services for a meeting on 6<sup>th</sup> March, 2024 through a letter Reference No. (MKSCA/PCS/CMM/HES/VOL.13/25) dated 26<sup>th</sup> February, 2024. The Chief Officer stated the following in regard to the status of Machakos Level 5 Hospital.

That supply 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 Ksh. 236M. That is pending bill. 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 Ksh. 123M in the second supplementary budget.

He stated that 70 per cent of these hospital supplies go to levels 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 Ksh. 800M. As at the time of this meeting, the Chief Officer confirmed that most of the supplies in the hospital were out of stock.

On revenue collected in Machakos Level 5, the Chief Officer highlighted that during the first half of FY 2023/2024, the hospital collected Ksh. 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.

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.

NHIF claims for Machakos Level 5 Hospital according to the Chief Officer goes to the County Revenue Fund (CRF) Account.

**Hon. Speaker:** Hon. Member, that bullet No. 64 sounds like the money should not be banked there; is that what you mean?

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): For every facility, right from Level IV to Level V, they make individual claims and these remissions are supposed to be made to those individual hospitals. As to how now they found access to the County Revenue Fund (CRF) Account, we do not know. We are laying emphasis that they should be available at those facilities from which they were first collected.

**Hon. Speaker:** Okay.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): 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 especially for the ICU and the HDU.

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.

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

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 Ksh. 30M would be ideal to cater for linen and patient gowns in Machakos Level 5 Hospital and all Level 4 Hospitals.

On the food rations, the Chief Officer stated that the supplies were erratic. Hon. Speaker, you realize that all these officers are giving the same indication that the food 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.

On renovation 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.

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 who was on leave at the time of the visit.

### *COMMITTEE FINDINGS*

Hon. 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:

1. 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.
2. 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.
3. 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 Ksh. 70M per quarter to cater for drugs, imaging and laboratory commodities.
4. When renovations were being done at the Machakos Level 5 Hospital Mortuary, closure was done without informing members of public. Hon. Speaker, every time there is a disruption occasioned by a closure, even our

road, it is prudent that members of the public are notified because they use those facilities. 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. Postmortem services were not being conducted at the mortuary because there was no post mortem kit. All of deaths with police cases requiring postmortem services had to be transferred to private funeral parlors. This in itself was a loss of revenue.

5. 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 incase a breakdown happens.
6. That the hospital linen and patient 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.
7. 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 Ksh. 27M per quarter on perishables, dry stuffs and cooking gas.
8. 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.
9. 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. That means that if we collect Ksh. 10, we take back Ksh. 2. If the hospital can collect an approximate of Ksh. 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.
10. 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.

### *COMMITTEE RECOMMENDATIONS*

Hon. Speaker, based on the above findings, the Committee makes the following recommendations:

1. 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.
2. 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 Ksh. 70M should be allocated to the hospital per quarter to cater for drugs, imaging and laboratory commodities.

3. 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.
4. The County should also set aside funds for construction of a 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.
5. 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.
6. Ksh. 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.
7. 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 Ksh. 27M should be allocated per quarter on perishables, dry stuffs and cooking gas for Machakos Level 5 Hospital.
8. 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.
9. 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. The Health Act, 2017 requires that there will be a Director for health for every County. Mandatory Directorates that should be established are medical services, nursing, pharmaceutical services, public health and administrative services. That Act gives them a specific responsibility to be the advisors of the Governor on matters of health. As it is the Directorate at the department does not meet the standards of the Act and that is why we are recommending that those who are in acting capacity to wither be confirmed or those who were substantially hired to be reinstated (??) so that the required technical advice can be offered as per the law says.

**Hon. Speaker:** Before you leave that point on technical knowledge of those officers given that the duty to work as a directorates, I remember discussing this matter with you sometimes back and I can tell you that I am aware that officers in acting capacity or fully engaged but have questionable or dubious academic papers and perhaps they could be checked and be verified. I do not know whether during this visit you were able to do that and if you were not able to do that, it is still outstanding. So there is still more work to be done.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Thank you, Hon. Speaker. We did question those who were in acting capacity. Section 18 of National Health Services Act describes the academic qualifications and experience of such officer. Nevertheless, those who had been handpicked in acting capacity and the scheme of service does not allow someone to act in a position they do not qualify to hold.

It is also important for the House to note that we have a functional County Public Service Board that can guide on those positions that require acting officers and no officers should act for more than six months.

**Hon. Speaker:** Sure.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Therefore, it is important that these positions are well-structured to create the necessary technical advice to the department and more so the Governors because elected leaders bear the greatest responsibility. Mandatory Directorates that should be established are medical services, nursing, pharmaceutical services, public health and administrative services. As at the time of the visit, the Director of Medical services was exiting the service and as to whether he has exited, we are yet to know.

As at the time of the visit, the Director of Nursing services was acting and the substantive one had been transferred and as to why that happened we do not know. Hon. Speaker, perhaps it is internal reorganization but at a time like this when the County is struggling with the wage bill, you cannot afford to transfer someone to go and perform duties that are less and pay them for a position that is high. If there were human resource errors, it is the belief of the Committee that there are procedures that are provided in law to punish, reprimand errant officers but now to transfer a director to go and become a nurse at Matuu Level IV hospital is okay but why should you pay a nurse the salary of a director.

It would have been prudent to take disciplinary action rather than expose the County to a matter that seems to draw us into the same conclusion that we have always held.

As at the time of the visit, the Director of public health was also acting. We understand that the same director is now a nurse; a medical officer at Kathiani Level IV hospital. As why that happened, we do not know. We have no issues with transfers as a Committee but we have an issue on why the administration office at the department of health does not want to offer the right advise to the County Government to the extent that when you create another position when already there is an officer in that position so the cost of paying two salaries for the same position goes high and it will mean that we will not be able to hire other people because we might have a challenge in budgeting.

10. Since Machakos Level 5 Hospital is the apex of the referral system in the County, we felt that we cannot afford to merge Level V and Level IV hospitals to be managed under one department. It is our feeling that Machakos Level V Hospital to be converted to a corporate body 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 V Hospital to be considered as a procuring entity....Hon. Speaker, you realize that the chain of procuring a small item seems to take a long procedure and we normally say that the opinion of the doctor is

always a decision. We cannot subject that opinion to higher hierarchies of approval. If the hospital requires syringes, we do not need someone from outside the hospital to approve for us purchase of syringes. If the hospital requires gloves, we do not require someone from outside to determine that we need gloves. Hon. Speaker, the bottlenecks we have seen for---

**Hon. Speaker:** It is called bureaucracy or bottlenecks to procurement.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): The bottlenecks we have seen as we discussed with the procurement department at Machakos Level V Hospital is that they do not have the end-to-end right and by this I mean that the person the person at the ward has to do a requisition that will go to the ward manager which will go the officer in charge of that particular ward and to proceed to the Medical Superintendent. From the Medical Superintendent to the Chief Officer and then to the CECM and that is the department of health at that particular hospital.

When the CECM has that, it has to be forwarded to Finance to okay the sourcing of supplies and at that time the patient is still at the ward. For the purpose of budgeting, Machakos Level V Hospital should be budgeted independently.

11. 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. Hon. Speaker, we have that Act that has been enacted recently and requires that every health facility should have its own account.

### **PROCEDURAL MOTION** EXTENSION OF SITTING TIME

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Point of order, Madam Speaker. I rise on Standing Order 27 which allows for extension of sitting of the House from 12.30 p.m. to another time.

Hon. Speaker, I beg to move the motion that the House resolves to extend its sitting time until the business is completed.

**Hon. Speaker:** You can have a seconder.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): I call Hon. PK to second my Motion.

**Hon. Peter Kilonzo** (Mbiuni, UDA) seconded.

**Hon. Speaker:** Thank you, Hon. Members.

*(Question proposed)*

*Question put and agreed to)*

*(Applause)*

Hon. Mutie, you may proceed.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Thank you, Hon. Speaker. I will take No. 94 again.

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 Health 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 14 days from the approval of the said Regulations.

#### *CONCLUSION AND ACKNOWLEDGEMENT*

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

Thank you, Hon. Speaker.

*(Applause)*

**Hon. Speaker:** Thank you, Hon. Mutie. A very comprehensive report there for you members. I want applaud that Committee and its Chair for having done a very good job on this report. I now invite Members to discuss this report because it is a very important matter and key to our County. Members, it is your floor to debate the report on Machakos Level V hospital. Hon. Brain Kisila, you can start us off.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): Madam Speaker, I would like to start by thanking our very able Chairman. Chairman, you started by introducing yourself as the current Chairman and you are going to be our Chairman because you are competent as a Chairman. I feel very proud to be a Member of this committee; this is one of the best committees we have in this Assembly. A committee which knows its work and very thorough in what they do and Madam Speaker if you look around you will see the commitment by the committee by the way the Members are present. Even the Members who were there and have been moved to other committees, Mheshimiwa Dee and Mheshimiwa Digital, they are still here. That is a commitment that they are up to the task.

Madam Speaker, if there is a report as an Assembly we need to ensure is implemented to the letter is this one because, the state of Machakos Level V is wanting. This is the place where we should be interrogating these issues thoroughly because if we do not do that, we will be failing on our oversight work. You can see this report is very detailed, it has no malice, straight to the point, highlighting the issues as they are and it is important the House start taking such reports very seriously.

In fact, we had recommended to go further and have a one-on-one interrogation with the CECM based on our findings. We want to take it even further to have a sitting with H.E. the Governor. Maybe she is not even aware of some of these issues and it is unfortunate that the best hospital we have in our County is being managed poorly. It is not that the hospital does not have money, it has a lot, revenue is being collected but it is being used in different ways.

If you look at Mwala Level IV, we are collecting Ksh. 1 million every month but if you go there, you cannot get even one piece of cabbage. This hospital is collecting so much money but the quality of service is very poor. We have reached a stage where we need to start calling a spade a spade and get deeper into serious oversight on the Executive and it can only be done at the committee stage. I am very strong supporter of us doing our work at the committee level and we need to go further and if we find that the CECM or the Chief Officers whom we have employed do not have the competencies to implement what we are telling them. This Assembly should go further and start reprimanding them to do their work or ship out because we cannot continue like this.

First of all, why would monies collected in our hospitals be channeled into a Family Bank account or a CRF account when ideally it should be ploughed back to the same facility so that service delivery can be done. I visited the same hospital last week and the state is no different. What I am saying as a Member of this committee, we need to get in to the depth of all the issues and as a committee we are very committed and we will go further and make follow up visits and if we find the issues are not being addressed Madam Speaker, we will bring the issues here; discuss them and start resolving them. We are not going to become a talking show.

It is very unfortunate, how do you transfer very competent directors to become nurses. Surely, why would you do that? You either sack them on the spot or show cause instead of transferring a problem. Why would you transfer very senior people to become normal nurses in the hospital? That is not acceptable. Secondly, Madam Speaker, we need to enforce the Facilities Improvement Financing Act, 2023.

Madam Speaker, I am urging Members because we are going to bring it here, we need to enact it (??). It is the only solution to our problems because it gives Machakos Level V authority to plough back. If they collect Ksh. 20 million, they plough back Ksh. 20 million instantly without it going to Family Bank then it goes to CRF and they receive it as 0.5 per cent; that is not acceptable, Madam Speaker. I think we need to ensure that is done. We also need a CEO in this hospital. It looks like the people who are running that hospital do not have the competency at all or their hands are tied. As an Assembly should we continue allowing incompetent people to run facilities? The answer is no. I strongly believe that we need to get our act together and do a lot in that hospital. It is the only hospital we have and unfortunately if people who do not have money go there, they are just suffering.

The last point I want to talk about is we need to take care of the dead. The state of that mortuary is appalling and we need to raise it to the level of a funeral home where people can go pray; a parlour where they can pray for their departed relatives and they can also perform post-mortem and all these things are avenues for us to raise additional revenue for the same hospital.



So, I am supporting the report and we need to go further and ensure that these recommendations in the report are enacted and this is the way committees are run.

Mr. Chairman, I am very proud to be part of your committee and let us continue doing the good work. Hon. Members of this committee, let us continue doing the good work and move to the next step. We should not just do a report and remain quiet about it but we will go further and find the real issues facing the hospitals. If it needs the CECM or the Chief Officer health to come to this Assembly and explain some of these things, so be it. As you can see Madam Speaker, the Chief Officer is confirming our findings so the Chief Officer looks like his hands are tied. Have you ever gone to see a doctor and the doctor tells you they cannot treat you. The main Chief Officer, Medical Services is confirming our frustrations. So, it means his hands are tied and he is the person we should hold accountable in this Assembly. Madam Speaker, I am very emotional about this report because yesterday, I was in Mwala Level IV and the same things which are being said here are the one in Mwala Level IV.

Lastly, it looks like there is some conflict of interest from some Members here. It looks like there are some Members who have started supplying goods in our Level IV and V hospitals.

*(Applause)*

It is very sad and Madam Speaker, if you give me permission I am going to further and table..... Yes, we cannot have a situation where some people---

**Hon. Speaker:** It is oversight.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): Of course, you cannot be the maker and checker. If you are the one supplying the cabbage you cannot come and tell us that we are doing badly. So, if it is oversight, let us do good oversight. Let us not go---

*(A Hon. Member spoke off record)*

I do not need a point of order...I am saying, let us rise above the bar.

**Hon. Helen Ndeti** (Nominated, WDM-K): Point of order.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): I do not need it. Let us rise above the bar.

**Hon. Speaker:** You have made your point, Hon. Member.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): I am finishing. Let us rise above the bar and do what is right because our people are looking upon us to give those services. I am one person who is very passionate about Mwala Level IV. One member here seems to be belittling, *anatumfinya na sisi watu wa Mwala tutamnyorosha*.

**Hon. Speaker:** You are now in breach

*(Laughter)*

You have finished your submissions? Thank you very much. Hon. Paul then Hon. Ndeti in that order.

**Hon. Paul Wambua** (Kibauni, PTP): Thank you, Madam Speaker. I support this report by the Committee on Health and applaud its super chairman for presenting the report in a very clear and clarified manner. Madam Speaker, health is one of the basic necessities for us to exist. It sits next to food, water and above shelter. Personally, I do not like it when politics are brought into matters that touch into lives of our people especially those people who cannot afford to go to any other hospital. I want to thank the committee for confirming all the rumours that were in the media were correct; that our government tried a lot to cover but there are things even our forefathers used to say you can hide some things but others you cannot hide. You cannot hide when you have problems.

I was invited to the Health Committee in one of the days that they visited the hospital and the 10 per cent operation level that had been outlined by a medical superintendent who had since been transferred as a nurse to Kathiani hospital was the truth actually. During that visit, I spoke one of the staff and told me no one wants to be a substantive medical superintendent in that hospital because when they say the truth, they will be demoted and transferred to other facilities.

Madam Speaker, we urgently need a hospital management board in our Level IV and V hospitals which are headed by a qualified CEO, who will not be part of the politics of the day and will have a security of tenure in their operations and operate without fear or favour. The Facilities Improvement Financing Act, 2023 needs to be put in place because when you go to Mwala Level IV where most of the patients from my ward Kibauni will go, because probably they cannot afford fare to get to Machakos, the funds collected at that level should be spent at that level. We are experiencing a lot of impunity and bureaucracy where money has to go a certain kitty then later come back to be used in the hospitals where procurement has to be done by a certain person.

Madam Speaker, when we need urgent medical supplies, we cannot wait for someone seated in an office to make a decision on the lives of our people. It has to be made from the hospital and these hospitals have to be given the power and the mandate to do end-to-end processing of the supply chain management.

The other day, some group of MCAs met the President and one of the recommendations that he gave to the members who were there was that we need to pass laws to enable CECMs and Chief Officers to come to this House and answer questions touching on service delivery to our people. We need to do that very urgently because some of our CECMs and Chief Officers have taken it business as usual. We meet in committees, they make their presentations there and disappear and nothing happens. We need to have them come to this House and answer questions on specific matters.

For example, if the CECM health was sitting there, I would ask him; the health system is not only doing badly at Level V but in all levels. Personally, Kibauni I do not have a Level III hospital; it is a level II baptized as a Level III. A level III must have a maternity ward, a place to test patients, it must have wards for the patients and I do not have a hospital that can accommodate a patient overnight and I need that person to come here and answer the people of Kibauni why they are deprived of a Level III hospital.

Lastly, Madam Speaker, matters health need to be handled devoid of any politics because it is a matter of life and death. When these issues are pointed out by the citizens of this County, then it should be taken seriously and handled as such. As a County we are not supposed to be in

a reactionary mode, we need to be action-oriented. We need to be proactive and do these things before our people notice them and that way apart from doing service to man, we shall also have done service to God.

Today as we took tea, a Member noted that one of the constituents lost a loved one and the body had to be taken to Kathiani Mortuary which would mean the issues that are here are still here. Let us try to improve our health system. Thank you, Madam Speaker, and thank you, Health Committee and thank you super Chairman.

**Hon. Speaker:** Thank you very much, Hon. Paul. Hon. Ndeti.

**Hon. Helen Ndeti** (Nominated, WDM-K): Thank you, Madam Speaker. I wish to congratulate Hon. Mutie and the entire Health Committee for coming up with a clear and loud report on what is happening within our health docket. What I would say, once you go through the report the biggest problem you can see is the erratic procurement of drugs and accessories, equipment and it is unfortunate because you got procurement officers who are fully-trained on government procurement systems. If they are not performing, then we have a system that should be able to calculate and give them the consumption rate of these items especially the fast-moving consumables.

That system should be able to tell them the usage per week, per month, per year, and if not, they have garbage in garbage out and that system should be thrown out and a new one put in place that is going to allow them to know when to procure. People are suffering because of lack of essential things like gloves and medicine, it is unfortunate. I think through the committee of health you should ensure that you follow up with the department and ensure that there is a sound procurement system in place.

The other thing I took note of is employment of staff. Machakos County, we have 47 per cent wage bill while the accepted level according to the constitution should be 30 per cent. It is unfortunate that this department gets the lion's share in the budget of over Ksh. 4 billion and yet they are running short of staff. I think there is need for this County to go back and find out what quality of staff we have employed that are consuming 47 per cent of our wage bill. I can imagine the recurrent expenditure must be quite high in this health docket.

The other thing I would talk about is the procurement of the equipment. I do not understand why those who are held responsible in procurement should procure equipment that does not have proper guidelines on how to operate. How do you go ahead and procure an equipment in a foreign language that nobody within the department can interpret. This must be done away with and I call upon the Chairman and his entire team to really work closely with the department because these are things that can be addressed and sorted out amicably.

Finally, I would call upon my colleague Mheshimiwa Kisila. In future to give us facts especially when he says that some of us are supplying, you should tell us who these people are. This is a Hon. House that will not want to depend on stories out there. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, Hon. Member. Hon. Dee Kivuva, proceed.

**Hon. Dee Mutisya** (Nominated, WDM-K): Thank you, Madam Speaker. I rise to support that report from my former Chairman whom we parted ways last night and he was in a hurry I could see he was going to the laundry and *kinyozi* and I can see he came out very well

ready to present this report. The Chairman is a good man and I can state here and Madam Speaker, I have been a Member of that committee for the last one or two years and we have worked very closely with your office. I happen to be one of the right hand men of the Chairman just to support him so that we can achieve the best.

Then, what was happening in the hospital happened also in the Assembly; when you talk you are transferred.

*(Laughter)*

So, it came down to.....I had to part ways with my chairman but no problem, where i go i will still perform to my optimal best.

**Hon. Speaker:** You are being asked to take skills to that other committee.

**Hon. Dee Mutisya** (Nominated, WDM-K): I will do it, I will take them moreso I have been welcomed by my Chairman Kaloi and he is my good friend and I promise to be his right hand man. Madam Speaker, I rear goats and dogs and the experts do not allow us to inbreed because when you inbreed you get a very weak version. The problem we have in the hospital is inbreeding in this sense what Mheshimiwa Brian has said; in terms of supplies, management, somebody there has a connection here.

Somebody here will stand to deter the Committee from knowing what is happening there. One day, I think we should away with that inbreeding that Members of this House should not be allowed to supply; spouses, girlfriends and what not, should not be allowed to supply or procure.

You can imagine Madam Speaker, when the Governor wanted to introduce Facility Improvement Fund (FIF) in absolutely good faith, she called the health committee to her office and requested our comments on the Facility Improvement Fund which we said we would support because it would improve services at the hospitals. November, as the Chair has stated, Machakos Level 5 collected Ksh. 11 million and December it collected Ksh. 9 million and that money collected in November was enough to run in December. We would not be here if that money was ploughed back although yesterday when you send me to the Senate, Madam Speaker, it came out very well that we can never spend anything at the source. Even the chairman finance at the Senate, the former Governor of Mandera, said some County Governments are hiding behind FIF and spending. I do not remember the clauses he quoted but we are not allowed to spend. So, we will find a way.

**Hon. Speaker:** That is the truth.

**Hon. Dee Mutisya** (Nominated, WDM-K): We can never spend the money collected at the hospital at the source; it must be swiped to the CRF account then come back. We will find a way but not be---

*(Hon. Brian Kisila spoke off record)*

Let me finish, I do not want to be informed Hon. Brian.

**Hon. Speaker:** You have started discussing the two of you?

**Hon. Dee Mutisya** (Nominated, WDM-K): Sorry, Madam Speaker.

**Hon. Speaker:** Maybe we could hear what Hon. Kisila wants to inform you maybe it could be important for all of us.

**Hon. Brian Kisila** (Makutano/Mwala, MCCC): You see Madam Speaker, I do not want us to lose the point. We are not saying we spend the money at the source but if Machakos Level 5 hospital collects Ksh. 10 million it is swept to CRF and it is the same amount requisitioned back, the same amount but what is happening now they are collecting Ksh. 20 million but they only get Ksh. 5 million. So, other monies go to other things like roads and other uses. We are saying, the same amount should come back. Thank you.

**Hon. Dee Mutisya** (Nominated, WDM-K): That is okay Madam Speaker and I think I had said so. What happened, that Ksh. 20 million was collected from Family Bank and I do not know it went to athletics but it never got back to health and those are some of the problems that we have. Laundry, Madam Chair and I do not know whether the Governor knows some of her officers want to fail her because if you go to the laundry Madam Speaker you, will she a tears the way I know you. The linen is totally torn and if you have to spread some of the linen on the bed, it will look nasty because they are stripes or are cuttings.

If it is a whole bed, it will cover less than three centimetres and it is in the machine being washed. We have a problem in the laundry; the machines are in Chinese language and they have not come to train our officers and the Chinese do not know English. So, I do not know, we will have to get somebody else to translate from Chinese to English and vice versa and it will take time. They are in use and they have not been officially received. So, these are some of the small things which will make our hospitals not to work.

The again when you go to the mortuary and this is a serious one, you find the contractor who was tasked to do the repair works at the mortuary is a Muslim and you know Muslims do not have mortuaries. It is like giving a Christian a contract to do a mosque.

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

**Hon. Speaker:** Point of order taken, Deputy Speaker.

**Hon. Stephen Mwanthi** (Ekalakala, WDM-K): Thank you, Madam Speaker. I think it is prudent for Members when they are debating we give facts. It is not ideal that we personalize..... I support the report but let us also be moderate and be factual. I happen to have met one Member of our community in fact who told me by chance that he was the contractor on that facility and so Members when we change and talk about Muslims and any other community I also think it is not prudent for us unless we have got evidence. If the Members have evidence of the contractor then he can table here then we debate from that point. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, very much Hon. DS.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Point of information.

**Hon. Dee Kivuva** (Nominated, WDM-K): Let me finish Madam Speaker, then they can inform me please because I am almost done.

**Hon. Speaker:** Let me give directions that do not mention communities and people's names. Restrict yourself to the comments without mentioning any community. Thank you.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Point of information Madam Speaker.

**Hon. Speaker:** I will give you an opportunity Hon. Mwonga.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): It is a point of information.

**Hon. Speaker:** Informing who? I have made a ruling on that issue.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Madam Speaker, I do not know whether it is information or a reminder. I want to remind the Chair that is you. You made a ruling here earlier that anyone standing on a point of order should first name the Standing Order. You have allowed the DS to just shoot up and start contributing because he said he is rising on a point of order. He did not tell us which Standing Order.

**Hon. Speaker:** I thought he said point of information? It was information Hon. Member. Thank you.

**Hon. Dee Kivuva** (Nominated, WDM-K): Thank you. I request the Hon. Mwonga not to go to that direction. He will be roasted.

*(Applause)*

**Hon. Speaker:** Hon. Dee, restrict yourself to your point.

**Hon. Dee Kivuva** (Nominated, WDM-K): I can say it without contradiction---

**Hon. Speaker:** Hon. Dee, put yourself strictly to the point.

**Hon. Dee Kivuva** (Nominated, WDM-K): Madam Speaker, thank you. What I have stated here Madam Speaker, I raised it in the committee and I rarely speak on rumours but because you have said we do not mention names let me leave it at that. I do not want to be controversial; I want to be as polite and as good as possible.

Lastly, Madam Speaker, it is about the kitchen. You know, if you have a good heart like mine you would want the Governor to excel. The Governor went and launched works at the kitchen. State of the art, if that kitchen is finished and handed over it will be one of the best kitchens we have in this country but what has happened? If you go there Madam Speaker, the contractor was in a hurry I do not know to get paid or to get what because it is not being used, there are some positive and very nice renovations but it has not been fully handed over or

finished.

**Hon. Speaker:** Perhaps they are in the process of doing so?

**Hon. Dee Kivuva** (Nominated, WDM-K): I think the process is the inbreeding we raised here that some of us are doing the kitchen and there are politics in it which should not be the case and I request if we can run away from that. If the kitchen Madam Speaker, in your wisdom you can pass by the kitchen and see, if that kitchen is finalized, we will have the best kitchen in this country and that will be something the Governor will be proud of but I do not know if she knows that it is not in use, the roof is almost falling down as we speak today because rain is finding its way down to the floor and everything is a mess.

The kitchen is in a deplorable state which the committee should go back there and make sure it is finalized. Madam Speaker, I raise to support the committee findings which I think I signed that I was part of it and I wish them well in the new era without my contribution. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you, very much Hon. Dee. Let us have Hon. Loyd, Hon. Ndwiki then Hon. Katiti in that order and then we can have Hon. Mwonga then Hon. Digital later. Members let us be brief because I think we have heard a lot of input. Let us not keep repeating what other Members have said.

**Hon. Loyd Mutua** (Nominated, MCCP): Thank you, Madam Speaker. I want to support the report given by the health committee and I want to applaud the Chair, this is really good work. As an Assembly our role is to do oversight and this is real oversight. They have done a very good job and the recommendations and findings they have done they can be implemented without looking like there is political malice in it. When as an Assembly we have a committee us Members, like the health committee has very competent Members, we as an Assembly trust that committee and the work and the findings they bring we go by it.

By whatever we have found out in that report without repeating myself, a lot has been said. We will not hide here and say things are okay in our health system because they are not. From the leadership of that health system which is questionable. When we have so many senior officers in acting capacity from more than six months you do not expect those people to have a morale to work. You do not expect them to have morale to give right advisory to the government.

Then what are we doing as the government when we have a health system that is not working. Even if you do roads and do not put water to the people and everything you are not helping them because people will not use roads when they are dead. So the best thing we can do is to have political goodwill to help the people of Machakos by ensuring that our hospital systems are working. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you very much, Hon. Member. Hon Ndwiki; very quickly do not repeat anything else that has been said earlier.

**Hon. Daniel Ndwiki** (Mlolongo/Syokimau, WDM-K): Thank you, Madam Speaker. First of all, I rise to support this report. Madam Speaker, since I came to this House I never heard a report that is comprehensive and that is very simple and straight forward as this report, Madam

Speaker. I happen to have been invited to the health committee and I visited that facility and Madam Speaker, I can testify here that the report is very correct. Madam Speaker, the report touches all the departments of the health. We have had reports concerning the kitchen, the revenue collection, wards and mortuary. All the departments of health they is report concerning those sectors.

Madam Speaker, my concern is about the implementation. I would like to ask this committee Madam Speaker, and also I would like to ask your goodwill Madam Speaker, to follow up on implementation of this report, Madam Speaker. We have had many reports in this House and urge the Chair of the health committee that your work is not over. You have compiled the report, you have handed over to the House, you have debated and supported but Madam Speaker, I urge that committee to make sure that it follows up on the implementation of this report, Madam Speaker. If this report is not implemented it is as if it is as good as if it is not there, Madam Speaker.

In our areas we meet our people but all the matters rest here, Madam Speaker. We hear them at our locals. I come from far from Machakos that is Mlolongo but if I have a public gathering I receive complaints and issues concerning this facility, Madam Speaker. So I urge the implementation of this report to be taken with seriousness that it deserves and if possible it should be reported here on the progress of the implementation of this report, Madam Speaker. So I support and I applaud this report and I say that it will be good for the people of Machakos and for the government of Machakos. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you very much, Hon. Ndwiki. Hon. Katiti.

**Hon. Boniface Katiti** (Muthetheni, UDA): Thank you, Madam Speaker. First and foremost, I want to acknowledge and thank the committee on health and more so the eloquent and articulate Chairman who has come up with this report. It is a nice report and is presented to us in a simple East and West language that is simple language possible. It is understandable and everybody can understand what has been said and the rot that is taking place in the main facility that is Machakos Level V hospitals.

First, the procurement process has been talked about for long. I remember one day we had a meeting with the Governor when we were talking about the procurement process in this County, even the same Chairman was talking about the procurement and we said the decentralized mode of procurement was the best but that time we were told even the centralized was not even possible but I do not know it was centralized procurement although eventually it came to be a mode of centralized procurement that has been taking long.

In terms of revenue collection, we can collect a lot of money if the facility is functioning well because now most of the patients here in my ward are being taken to Kitui because of the facility in Machakos Level V is not working so when people come here they are referred to Kenyatta National Hospital because there is no competent staff also as most of them have been transferred that have the knowledge to cater and care for us.

The other thing is let us appreciate and acknowledge that we are beneficiaries of the insurance covers. My wife, children and I can be treated in any hospital in this country but there are people down there in our wards that made us have that kind of insurance cover and once they come to our facilities they cannot access the medical services that they require. So that kind of rot that is in Machakos Level V should be addressed well and also trickle to level 4, 3 and other dispensaries in our locations.



Some days back I had an issue with disconnection of electricity at the Miu Level III hospital and it took almost a month to connect it back and imagine that is a health facility that requires some patients being treated there at night and there are vaccines that require to be stored in a refrigerator. They were being taken every day to Muthetheni Level III hospital to be stored so as not to be wasted. So my argument is the report is good and let it be implemented to the letter. Thank you, Madam Speaker. I support the report.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Thank you, Madam Speaker. I think I was next after Hon. Katiti. I want to start by applauding the committee and the super Chair as he has been nicknamed by the previous contributors. Madam Speaker, the Chair and his committee are equal to the task. Madam Speaker, with your permission, I want to say it is unfortunate that one Member who had passion in this committee had to be roasted; I am using his words. One Hon. Dee had passion with this committee and our Level V hospital. I remember him inviting me to that committee as if he was the Chair because of some issues I had raised outside there and the Chair you know when he was presenting the report, he used the word utterance two times.

I was very keen and he said one thing that formed or compelled the committee to visit the hospital is because of those utterances. They made the basis of that committee. Madam Speaker, what has been said by the previous Members is a true replica of what is happening in our other health facilities. Although my elder brother Hon. Brian has been told not to make allegations, I want to say what Hon. Brian said is true these are not allegations. Madam Speaker, Level IV hospital in Masinga is being supplied by one of us and if allowed I would present documents to prove my case. The same thing happening in other hospitals---

**Hon. Speaker:** What the Hon. Member said if I remember correctly is that you do not just say that some Members are supplying and there is conflict of interest. You mention them if you know them and if you have hard evidence. That is what the Member said.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Madam Speaker, since now I do not have that evidence allow me not to name them but next time I will do.

**Hon. Speaker:** Okay.

**Hon. Joshua Mwonga** (Masinga Central, WDM-K): Madam Speaker, Masinga Level IV hospital, the person who is doing cleaning services is a politician and a MCA from outside Machakos County Assembly. This is wrong and as Hon. Loyd has said, the rot is starting from the head and the Luo say a fish starts to rot from the head. We need to do something about the department of health. Thank you, Madam Speaker. I do support.

**Hon. Speaker:** Thank you very much, Hon. Member. Hon. Ndunda.

**Hon. Mathew Ndunda** (Kangundo North, IND): Thank you, Madam Speaker. I support this report in regard to Nos. 17 to 19 basically on measures regarding to supply of essentials in Level V hospital. When you go to that hospital you find things like paper, pens and gloves are not there. This department is given more than Ksh. 2 billion so I believe if better ways are looked upon it would be just the win to Machakos County Governor, not even to this Assembly but also

to the public who elected us because if you try to see, if the gloves are not available you are told to buy outside, if something like photocopying paper is not there then it becomes a challenge. Now, in the same measures, you find that in our Level V hospital; if things are not good do not expect things down to be well. If a father is not okay, it means the son also has a problem. To this problem I think it can be taken care of if this report is adhered to the letter.

Secondly, in my point is the kitchen which Hon. Dee has mentioned. The current kitchen being used, Madam Speaker, if you go there in fact you will not eat that food. When we went there we found the buckets being lined there. Some for rice, vegetables and so forth. Imagine such kind of diseases like diarrhea and *kipindupindu* are likely to be transmitted. So I believe if the current kitchen under construction is going to be done effectively it means then we are going to treat the current problem and our people are going to get the best services.

My last point in that regard is the issue of toilets. Madam Speaker, if you go there, three-day stool from three days ago is still there. These people only wash the given utilities only when they hear the committee is there. Imagine somebody used a toilet three days ago and another one yesterday what about the person who will use it now? Where will you place your stool and all that waste? So it becomes a challenge and indeed it becomes a pathetic issue and therefore, it is very important to ensure that those who are responsible in those measures do it on a daily basis despite the fact that the committee is going there because I have said if we are going to win this and this report is implemented the biggest win will be to our Governor.

The second win will be to this County Assembly and third and above all will be our people who brought us here. I support this report to the fullest. Thank you, Madam Speaker.

**Hon. Speaker:** Thank you very much, Hon. Members. Hon. DS I will give you an opportunity after which Hon. Aliphonce and then Hon. Mulinge. Let us start with Hon...I had not seen your hand but I have now seen it. You can make your contribution after Mulinge Hon. Majority Leader. Thank you.

**Hon. Stephen Mwanthi** (Ekalakala, WDM-K): Thank you, Madam Speaker. Madam Speaker, I will start by applauding the committee and also supporting the recommendations from the committee that there are recommendations that should be supported and implemented even though out the submissions that have been made by Hon. Members here you will think that the facility does not operate or it is not there. I was trying to imagine when the Member for Kangundo North was saying that stool for the last three days is still visible in the facility. You will find that although it is not in the recommendations, you can think that it is a market toilet and it is something that---

**Hon. Speaker:** He was initially a Member of that committee so he must have visited the facility and found that. He is speaking from the point of knowledge.

**Hon. Stephen Mwanthi** (Ekalakala, WDM-K): What I am saying is that...well it is not quoted in the report but things that have been mentioned in the report are things that should be adhered to, followed up but with some questions that we need to ask ourselves now as Members of this County Assembly. Madam Speaker, it is barely a week since the Assembly passed the CFSP with a budget of Ksh. 4.4 billion for the health sector. From that report you will find that our wage bill is now at 47 per cent and being at 47 per cent the Ksh. 4.4 billion translates to 33 per cent of the entire County budget. So it means that 33 per cent of our budget will be going to

the health sector and at the end of the day you will realize that according to the recommendations it is true that budget is not enough. The budget that has been allocated to the health sector notwithstanding the revenue that is collected from the facilities, I believe it is still not enough and what I think is we need to get a better way of handling health issues.

We can talk and talk but if we do not look at the budgets the Ksh. 20 million that is collected at Level V hospital is too little for the facility to make it move. What I am trying to say is let us also look at the budget and see how best we can do so that we may have our health sector moving forward. Madam Speaker, Machakos County happens to have been a pilot county that was piloting the introduction of Universal Health Cover (UHC) and out of that we used to get Ksh. 1.2 billion for the health sector then and it was something that maybe the resolutions were it was not viable or possible to be undertaken and so the National Government no longer supports the Counties with the money that was going to the pilot counties which were Machakos, Nyeri, Kisumu and another one county. It is the high time we see as a County how we are going to seal the deficit that was left by the Ksh. 1.2 billion that was coming to our health facilities.

I am also in support that FIF be implemented but also note as one Member was saying here that the money be spend at the source. One of the things that have been fought and have been fighting in that Level V hospital, Madam Speaker, is because the so-called directors were spending all that money at the source. The Ksh. 52 million that was swiped according to the COB report that we have, the health sector had Ksh. 52 million by the end up December. The first six months they had collected Ksh. 52 million and that now was swiped to the CRF account for spending. That means in the health sector we used to collect over Ksh. 100 million and that money was being spent by the so-called directors. The ones we are saying here they were transferred to other facilities and that is why according to me they opted to boycott or sabotage services there.

I am very sure if the committee goes there today and comes up with a report it will be different because it was money that the directors were sitting down the Medical Superintendent was sitting down making arrangements and spending that money on things that sometimes could not help the facility. Now things have started moving and working and so I support the FIF Act to be implemented so that we may get competent people who will also be held accountable.

I used to be the Chair finance committee during the Second Assembly here and at no single time did I ever had statements of expenditure from Level V hospital, Madam Speaker and the reason being they used to spend the money at source. Now the issue is this money has been swiped to the CRF account and now these directors were not comfortable with that and that is why we had all those issues that are being mentioned here.

Madam Speaker, it is unfortunate that we are talking and it is being taken as if it is a big thing that a kitchen has not been handed over yet we are told the kitchen is very modern and there is a very good kitchen that has already been constructed but the serious issue here is that the kitchen has not been handed over. We need to rise up and we know things will work out very well with those changes that were made. We expect the best for our people but also let those because....you see Madam Speaker, after the transfers, you can tell there is sanity at that facility.

These were people who were ready to sabotage that health facility because they used and as at now I now the amount that has been collected from our Level IV hospitals and Level V hospital have hit up to Ksh. 180 million. Money that was not being accounted for and money that three or four people were sitting down and planning how to spend it and that has been our serious issue. Let us have all money accounted for from whichever quarters let the money be accounted, let it be swiped back to our health facilities and that way I am very sure we will have serious

changes in our health sector. Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you very much, Deputy Speaker. We had other Members in line. Hon. Aliphonce and then Hon. Mulinge.

**Hon. Aliphonce Mutinda** (Kivaa, MCCC): Thank you, Hon. Speaker. I want to start by thanking the Chairman of health committee and the entire committee members. Madam Speaker, now the report we have received here has confirmed the complaints which have been existing about Machakos Level V hospital were all true. Madam Speaker, I wonder some days back there were some claims trending all over Machakos County and some of the Hon. Members seated here, who went to the hospital to confirm whether the complaints were not true. Hon. Members, I am here representing the residents of Kivaa who sent me to be representing them and it is paining me so much if a patient will come all the way from Kivaa, knowing Kivaa is the furthest end of Machakos County, come to the referral hospital which is Machakos Level V hospital and finds the services they intend to receive are not there at all.

Madam Speaker, I think and I believe we were elected by our electorate having their strong beliefs that when we come to this House their things will run smoothly. It is my plea to Hon. Members; let us work for the people who elected us being honest to them. Let us work for our three obligations and let us not allow ourselves to lie to our electorates. Thank you, Madam Speaker I stand to support the report.

**Hon. Speaker:** Thank you very much, Hon. Aliphonce. That are very good comments there. Proceed, Hon. Mulinge.

*(Hon. Speaker left the Chair)*

*(The Deputy Speaker (Hon. Stephen Mwanthi) took the Chair)*

**Hon. Joseph Mulinge** (Muvuti/Kiima Kimwe, MCCC): Thank you, Madam Speaker. I am going to be very brief. First I will start by thanking the chairman of Health and Members of the Health committee. Madam Speaker, the matter we are addressing is basic right for health. Madam Speaker, what the report has given us, the report is very good but it has given us bad news of Machakos Level V hospital. Madam Speaker, you know 90 per cent of Kenyans and I am talking about the people of Machakos who flock to public hospitals to get medical attention and Madam Speaker with the report we have been given, low supply of drugs, food affecting even the patients getting lunch is very wrong and eve getting supper very late.

Again the kitchen where the lunch is being prepared is in a bad state and the reason why I am saying it is in a bad state is because I accompanied the committee and we went round. Also, Madam Speaker, the laundry machine has been procured, brought and started being used when the operators of the machine have not been trained and this informs me that there is a lot that is happening because hospitals is procuring different types of machines and it means that if that is happening it means that there is a lot of rot taking place.

Madam Speaker, without forgetting our mortuary which is supposed to accommodate 24 bodies but it can only accommodate 13 and that means that the rest of the bodies in Machakos Sub-County because most of the bodies come from Machakos County means that they will be

nowhere to go only to be referred either to our private morgues or Kangundo or Kathiani. That means that the basic right we are talking of is not given in the right way. So, I support the report and I urge this noble House to make sure that the report is addressed by the relevant department and not even Madam Speaker forgetting this, I thought the issue was procurement alone but it is not because we are talking of a load of exodus of workers, nurses flying from our hospitals getting jobs elsewhere.

It means that the working environment of our workers in the hospital there is a problem and I remember Madam Speaker, when you interview workers like CECMs, Chief Officers have a list of things they are saying, when I get the job I am going to do A, B, C, D' but now the percentage of management everything we are talking about 10 per cent. It means that in our hospitals and I am not talking about general hospital alone because when your heart has a problem means that all the organs of the body have a problem, they are in the problem and it not be even finance because this is the department getting a large share of the money from our coffers. Thank you, Madam Speaker.

**Hon. Deputy Speaker:** Thank you very much, Hon. Mulinge. Hon. Majority Leader.

**Hon. Nicholas Nzioka** (Machakos Central, WDM-K): Thank you, Madam Speaker, Madam Speaker, allow me to share my sentiments. First of all, I would like to thank the chairman for the good report they have been able to come up with. I also want to thank the members of the health committee for the work they have done. I also want to thank so many invitees to the committee because it seems it had a lot of interest. I only wonder Madam Speaker, the chairman did not see it good to invite me so please Chairman next time I also want to follow up on this interest and know why you are having so many invitees in your committee so I would also want to be invited.

Having said that, Madam Speaker, the facility in question lies within the ward I represent and I interact with the facility a lot and the attendant facility, the patients, the ambulances and so much. Allow me, Madam Speaker, to say that Machakos Level V hospital is a wonderful facility and we are bound to have challenges as identified by the health committee. I mean a facility of this nature that attracts people from Nairobi, Kiambu, Kitui, Kajiado coming to seek intervention you will realize that we would not be at 100 per cent optimally, so as much as we have loops holes in the operations of Machakos Level V hospital let us also appreciate that it is a facility that does not only serve the people of Machakos but it serves way beyond Machakos and I invite Members we start thinking strategically.

Madam Speaker I would wish to draw to your attention that Mheshimiwa for Makutano/Mwala is not listening to me and I would really want you to listen to this. Thank you, Mheshimiwa Kisila. I would want to invite all of us to think what the strategic measures that we need to put in place so that we do not look at Machakos Level V hospital in isolation. What are the strategic measures as a County that we need to put it into place? I would think that one of the main issues is that Machakos Level V hospital is congested so if it is congested what do we do? I propose that we start thinking of having equally well-equipped and well-staffed regional hospitals.

We can have one in Mwala that would serve the people of Mwala or Yatta. We can improve the equipment and facility at Kathiani, Kangundo, Athi River and by doing that we will have halved the problems that are in Machakos Level V hospital. So let us start thinking how we can help the Governor to actualize the dreams of having regional hospitals and with that we are

going to reduce the traffic in Machakos Level V hospital and that calls then for budgetary allocation so that when the health CECM comes here, we have a strategic plan that we are going to start with Mwala for example and next financial year we are going to go to Kathiani and like so.

I have heard Hon. Members ventilate on issues of internal controls and Machakos Level V hospital. Internal controls I think is the work of the Chief Officer that he must be able to manage the personnel those are the doctors, directors and everyone else they must be able to manage and control the stores because they are issues to do with pharmacies or supplies that are not taken care of. They must be able to manage the equipment so I support that we put those people into task, whoever is supposed to do internal controls must be able to tell this House any other time that he is called upon to make sure that the internal controls are working.

Madam Speaker, I want to support also the issue of Facility Improvement Fund but not the way it has previously been managed. You cannot entrust Ksh. 52 million to four people or five people. There has to be a way of tracking back the said money and when you are saying the money must first of all hit the revenue account of the County because that is what the finance act says. You cannot remove money from a hospital cashbox and spend it but there has to be a way of knowing that the hospital is also an emergency facility and it is bound to get emergency needs that we can have another internal control. A person holding some form of imprest just in case there is need for the emergency they can be able to account the imprest but not spending directly from the cashbox of the hospital. The money must always hit the County account and then it can be swiped back.

So on the issue of the FIF; I would pray that the Members see the sense that it is not issue of spending the money cash without accountability so there has to be accountability. Finally, Mr. Speaker I want to say that the management of personnel of the County is the work of the County Secretary. Let us not personalize transfers. I happen to have been a civil servant for 19 and a half years and the last line of my appointment letter said and any other duty that you may be assigned from time to time by your supervisor.

So if you have been given the job of to be a Director at Machakos Level V hospital and your supervisor feels like he can transfer you to another facility to do other duties unless you want to sack yourself out of the job that is exactly the terms and conditions of your employment. That you can be transferred anywhere within Machakos County to offer another service. So with that Mr. Speaker I want to support the report and ask that we follow up on the very specifics that the committee identifies and recommendation for the greater good of improving the service delivery in terms of health of our people. Thank you, Mr. Speaker.

**Hon. Deputy Speaker:** Thank you, Hon. Majority Leader. Hon. Francis Kitaka.

**Hon. Francis Kitaka** (Ndalani, WDM-K): Thank you, Mr. Speaker. I would like to be very brief, first I rise to support the report and say that the report is good and requires proper implementation. One thing I have observed and that needs to be taken care of is we need also to ensure that the automation of the hospital management system is in place, tested and giving reports as required by the system. Of importance we have said so many things, we have read through the report, everything looks like things are not running the way they are supposed to do but one thing that we need to understand is that we have people who are responsible to run in every particular department in the hospital and people who should be responsible so it is a matter of taking responsibility.

Those who have failed to give us results in those facilities have answers and we need to get responses as to why because when you give somebody a task to perform at the end of the day you need to get a response, a result. So it is not about money. I do not want to believe that it is all about money in the health facility. It is also about responsibility and everybody should perform your duty. If it is about procurement please can we have timely procurement of our medical supplies? Do we have an inventory? If we do not, why? You do not procure when you have zero. You procure when you are at a particular level and so these are things that we need also to make sure that happens in level five and if this happens timely we will have our people served in the right way. Thank you, Mr. Speaker. I support

**Hon. Deputy Speaker:** Thank you, Hon. Francis. I think Hon. Dee you had your time and you cannot speak twice. I call the mover to come and respond.

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): Thank you, Hon. Speaker and Hon. Members, for making your remarks. I would not want to waste a lot of time and would perhaps point out two issues that Members seem not to have captured and one of them is on the Facility Improvement Fund and the spending on source that has been attributed to the Deputy Speaker and the Majority Leader and happened not to be the one described in the FIF Act. It is important to note that the FIF Act has said that every facility must have its account and the source of the monies to that account shall be the money they collect at that facility and money allocated by the County Assembly. Therefore, it is important for Members to understand that we are pointing out issues that are valid.

The FIF Act again has given the procedure of granting the authority to incur expenditure to the people who have been designated by that Act so it will not be about taking money from the cashbox and purchasing matchsticks. It will be properly checked.

Secondly, I would like to point out that when the committee is speaking in regard to the directors who have been transferred we were not superfluous. We were speaking informed by the role that the law has given these directors. We were not speaking on the person who was holding that office. We did ask whether there was any procedural activity that preceded those actions. I believe that the human resource and the labour laws have provided the procedure through which a disciplinary action can be undertaken. What we were questioning is, after you have made that decision if so, it was right according to your actions then why the documentation is missing.

That exposed us to a fact that the person who is supposed to offer technical advice is now not available because maybe they wanted to use money, this and that. It is important for people to always be objective. Directors and other officers do not handle money at facilities Hon. Speaker. Therefore, the issue we are raising was who now does that work of technical advice to the department. It was not about the person.

**Hon. Deputy Speaker:** So, Chair, what was happening before? You are saying they were not handling money at the source. I think one of the debaters here said that there is no need here of sending the moneys to the Family Bank account so what was the meaning of that?

**Hon. Vincent Mutie** (Upper Kaewa/Iveti, WDM-K): It is important to know that previously Level V hospital was not charging. Hon. Speaker, you realize that we were not collecting money at any facility until last year August. For all that time, no facility was charging so where was the money?

Finally, I would like to point out that Hon. Dee said about contractors being of a certain religion. There is no law that stops a contractor from being awarded a contract on the basis of religion. Therefore, if it was a Muslim doing the mortuary or a non-Muslim that to us was not an issue perhaps it was part of enhancing his contribution.

Finally, we will be following up on the implementation of this report. This report was basically objective and not political as people would have thought. It was informed by the need that was in existence at the time. Our recommendations are for the betterment of the facilities that attend to our people and I would urge Members that what we are doing now shall be remembered many years later. When we do our work to please some quarters, when we do our work because it is the right thing to do, those are two different things. I have always believed and I will continue to hold the same conviction that God has sent us here to do what is right not what is convenient.

I will urge my colleagues that we continue to discharge our duties. We will differ in opinions and one person will say it is red another will say it maroon another sky blue and another ocean blue but that does not mean that one person is superior than the other. Therefore, Hon. Members, I thank you for making this time good for us. We have laid this report before you. Thank you for your wonderful support and also those who were skeptical in nature has proved you wrong that we were objective and professional.

*(Loud consultations)*

Back in the years Hon. Speaker and Hon. Kisila is interrupting me. During the era of the Catholic kings, in England there was a King called King James and King James had married the first and the second wife and he wanted to divorce the first wife but the Pope of the time said you cannot do that thing. So the King of England had his parliament make a rule and it is called the Supremacy Act. The year was 1537, Hon. Speaker and in that Act it was supposed for every person in that kingdom to make an oath professing that the King of England is greater than any other being including the divine being that is God. At that time there was a man called Thomas Moore and the year was 1543 and Thomas Moore said he will not take that oath because there is no act of man that can supersede the will of God and in that Act anybody who refused to take that oath was convicted of high treason and sentenced to death.

That time when Thomas Moore refused, of course, he was sentenced to death but before he died he said; today I will die as the King's faithful servant but Gods servant first. Hon. Speaker, in this House we might terminate the aspirations of Members because they are not politically-correct but we will die as loyal servants to our people but Gods servant first. I thank you.

*(Applause)*

**Hon. Deputy Speaker:** Thank you, Chair, but two things. I happened to have served in this Assembly this is being my second term. I was the Chair finance Committee and the Finance Act that is being used by the County Government of Machakos is my committee that had prepared and it had all the charges including health charges. We have gone to that facility not once not twice to negotiate for our patients with big bills in that facility during our First and Second Assembly so as however much we had the UHC funding at the facility and you will find it everywhere in the system. You will always find the amounts that were collected by Machakos



Level V hospital just get your CoB report and you will find many reports from 2015, 2016 to 2020. So as a fact, the fact is that its only Level III hospitals that were introduced and Level IV hospitals but Machakos Level V hospital used to charge our patients.

Over and above all that, sometimes in politics it is about where you are standing when you stand from the other side you will see if it is a letter nine, the other one when stands on the other side will say this is six.

*(Applause)*

It does not mean one is wrong so it will depend on wherever you are standing because unfortunately I think all Members on this Assembly supported that report. So the report is good and we appreciate that and even request that let the report be implemented, I think that is the feeling of all Members. Now those other issues are just politics of where you are standing on maybe this side or the other side. Thank you, Hon. Members and so.....

*(Question put and agreed to)*

### **ADJOURNMENT**

**Hon. Deputy Speaker:** The House adjourns to Tuesday, 19<sup>th</sup> March, 2024 at 2.30 p.m.

The House rose at 1.33 p.m.