



MINISTRY OF HEALTH

SUPPLEMENTARY INFORMATION REGARDING STATEMENT TO THE SENATE  
ON THE MALARIA OUTBREAK IN WESTERN KENYA AND INAPPROPRIATE  
ADMINISTRATION OF INJECTABLES IN BUSIA COUNTY

Supplementary information requested as per Senate Hansard Report for 29/07/2015

1. Efficacy of Artemether Lumefantrine for the treatment of uncomplicated malaria;
2. Inappropriate administration of an injection;
3. Similar errors committed in other counties;
4. Qualification and training of personnel who carry out injection procedures;
5. Use of DDT for mosquito control.

**Answers**

1. **Efficacy of Artemether Lumefantrine for the treatment of uncomplicated malaria:**

Through a collaborative effort with KEMRI and CDC, the Ministry of Health conducts Therapeutic efficacy trials every two years to check on the efficacy of Antimalarials. In 2014, data from two sites in high Malaria burden areas (Kwale and Ahero) showed the efficacy to be 98%. This is within the allowable limit for efficacy as set by World Health Organisation (WHO). Management of Malaria is carried out as per WHO guidelines and there are no plans to use quinine for the management of uncomplicated malaria.

2. **Inappropriate administration of an injection**

We established that the injection of Artesunate was made to the wrong site but was not injected into the nerve trunk because all the children that were affected recovered. Out of the 21 children that were referred to the Nairobi Hospital for further management, all of them were discharged for follow up and rehabilitation at the county health facilities. It is expected that all children except one will recover because it was partial paralysis.

3. **Similar errors committed in other counties**

No similar errors have been reported in other counties. The Ministry has been in communication with other counties on mitigation measures to avoid

repeat of the error. The measures proposed include the revitalization of County and Sub-county Therapeutic Committees and the strengthening of supervision of health workers on procedures being used on patients. The counties have also been alerted on the need to report on any adverse drug reactions whenever they appear to the Pharmacy and Poisons Board, Ministry of Health.


4. **Qualification and training of personnel who carry out injection procedures**  
Regarding the qualification and training of personnel who carry out the procedures, we have established that the personnel who gave the injection were trained to the level of Kenya Registered Community Health Nurse at a diploma level. These staff were well qualified but probably lacked regular supervision on procedures and skills on injection administration. The Ministry has communicated to all counties on the need to enhance supervision. The Ministry has also issued guidelines and other relevant job aids to counties with the objective of ensuring that there is quality of procedures and that there is adherence to Standard Treatment Guidelines

5. **Use of DDT for mosquito control**

Traditionally the Ministry has used pyrethroids for Indoor Residual Spraying (IRS) for mosquito control. Concurrent with their use, their efficacy was being monitored and due to resistance problems, the Government has since shifted to organophosphates under advice from WHO. This is currently being carried out in a few high malaria burden areas due to its high cost.

DDT is a Persistent Organic Pollutant and its use has ramifications on the agricultural sector particularly with regard to exports. It is currently not an option for IRS since it could curtail agricultural exports, a major income source for our economy.

Prevention of Malaria is currently being undertaken through the distribution of LLINs (Long Lasting Insecticide Treated Nets). There is an ongoing campaign covering all Malaria endemic and epidemic prone areas where one net is being distributed for every two people. In tandem with the distribution, there are ongoing campaigns to encourage LLIN use among communities living in those areas.



James W. Macharia  
**CABINET SECRETARY**  
October 6, 2015





## MINISTRY OF HEALTH

### STATEMENT TO THE SENATE ON IMPLEMENTATION OF NEW NHIF RATES

Statement requested by Senator George Khaniri, Vihiga, on May 20, 2015, to answer to the following questions:

1. Explain the efforts by NHIF management to educate the public on the benefits of the new enhanced contributions.
2. Explain the process of ensuring proper implementation of the new contributions.
3. Explain the process of claiming the benefits; and
4. Explain how the NHIF management plans to improve healthcare provision in the country given that the hospitals that are supposed to provide the services under the Fund are not well equipped and staffed.

#### STATEMENT

1. **Efforts by NHIF management to educate the public on the benefits of the new enhanced contributions.**

A roll out plan was developed by NHIF management and transmitted to all NHIF branches (over 50) for dissemination to the relevant stakeholders during the month of June/July 2015. The targeted stakeholders include NHIF staff, employers and employees, NHIF accredited hospitals and the general public.

NHIF packaged relevant information to meet the needs of different segments and carried out dissemination using the following channels:

- Adverts on various radio stations covering the fund, its products and services as well as interviews of NHIF representatives;
- Interactive forums by the CEO on both radio and television as well as with various stakeholders;
- Use of promotional materials e.g. brochures, flyers, and handbooks
- Newspaper notices in all the popular dailies;
- Organized forums with NHIF staff, employers and hospital officials
- The NHIF website which is interactive;
- Provision of a toll free line 0800 for clients to call the fund's 24hour call centre;
- Active participation in social media i.e. Facebook and Twitter.

## 2. Ensuring effective implementation of new contribution rates.

NHIF has compliance teams in the branch offices which have been assigned roles and responsibilities of disseminating packaged information to employers, employees and hospitals within their specific micro-zones. The packaged information includes content on:

- New contribution rates;
- Benefit packages of both in and out patient;
- Contracts to be executed with the hospitals clearly showing obligations of all stakeholders;
- Communication to employers on when and how to effect the new deductions;
- Policy guidelines on how the scheme should be implemented by all the players;
- Communication to health care providers on the benefit packages and capitation rates applicable to each facility;
- Guidelines on choice of facility.

NHIF has also held forums with the Federation of Kenya Employers (FKE) to sensitize them on the new rates and accruing benefits. To ensure effective roll out of the new rates NHIF has re-engineered the claims and receipting processes to be in tandem with the expanded mandate and additional benefits to members.

## 3. Management of Benefits

NHIF has two (2) different payment mechanisms for outpatient and inpatient services.

For outpatient services, the fund is using the capitation payment mechanism where accredited hospitals are paid in advance for all NHIF members and dependants who have selected their facility in order for beneficiaries to access medical services when the need arises.

For inpatient services, the fund is using a Fee-for-Service payment mechanism with providers accredited to provide inpatient care for any member admitted. Hospitals (providers) are reimbursed based on the services offered and as per the contracts they have signed up with NHIF. All hospitals accredited to NHIF are connected to NHIF database and are able to confirm the status of every beneficiary before they are allowed to access benefit at the facility level.

## 4. Equipment and human resources for accredited facilities

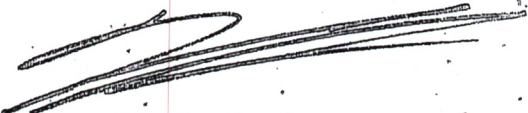
To ensure that facilities are well equipped to discharge their mandates, the fund's management has partnered with the Council of Governors to ensure that branch managers within their areas of jurisdiction are incorporated in the health management boards in all the major county hospitals. The aim is



to influence hospital management boards to provide quality services at their facilities. In this role, the branch managers are also supposed to ensure that hospitals constitute Quality Improvement Teams (QIT's) within their facilities with the sole responsibility of ensuring that facilities are well equipped in terms of human resource, hospital equipment, provision of requisite drugs and other reagents.

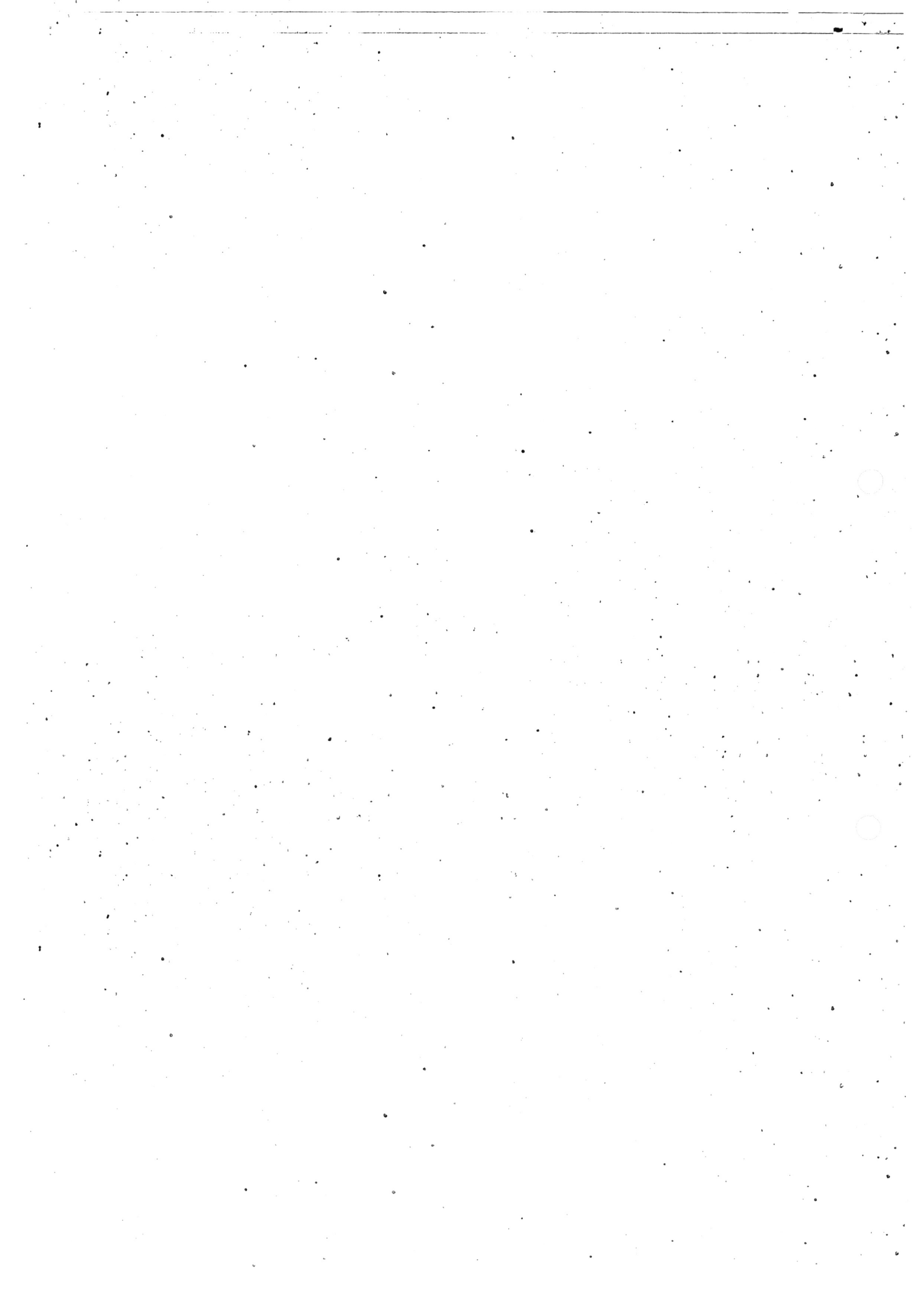
As part of assuring quality to our members, NHIF has a vibrant Quality Assurance & Standards department tasked with the responsibility of carrying out accreditation of facilities that wish to partner with NHIF, conducting quality audits, reinforcement of treatment protocol and monitoring of continuous training of staff at the accredited facilities. The department uses an accreditation manual and a master checklist to ascertain that hospitals have a certain level of standards in terms of equipment, human capital and drugs to qualify for recognition (accreditation) by NHIF.

Though unrelated to the new NHIF rates, the Ministry is in the processing of equipping one level 4 and one level 5 hospital in each county. This will not only improve access to quality health services in all counties but also increase the competitiveness of public hospitals in providing healthcare to NHIF-beneficiaries.



James W. Macharia  
**CABINET SECRETARY**

October 7, 2015





## MINISTRY OF HEALTH

### STATEMENT ON THE SUSPENSION OF RADIOTHERAPY TREATMENT AT KENYATTA NATIONAL HOSPITAL

Statement requested by Senator Fatuma Dullo to include the specific information as follows:

1. State and explain the circumstances leading to the suspension of radiotherapy treatment at KNH on 16<sup>th</sup> March, 2015;
2. State and explain the interim measures that the ministry of Health took to ensure that patients who were on radiotherapy treatment at the hospital before the suspension continue with treatment as scheduled to avoid loss of lives;
3. State how many lives, if any, have been lost so far as a result of the shut down and give an indication on when radiotherapy treatment will resume at KNH;
4. Explain why KNH is the only public radiotherapy facility in the country and has only two radiotherapy machines, which are now worn out and need to be replaced;
5. Explain why radiotherapy is classified as an outpatient treatment and therefore not covered by the National Hospital Insurance Fund (NHIF).
6. State measures that the Ministry of Health plans to ensure more radiotherapy treatment centres are established countrywide to enhance access for Kenyans and prevent loss of lives due to unavailability or inaccessibility of the service.

#### Answers

1. **State and explain the circumstances leading to the suspension of radiotherapy treatment at KNH on 16<sup>th</sup> March, 2015;**

The suspension of radiotherapy treatment services in March 2015 was due to equipment breakdown. One of the radiotherapy equipment which is 22 years old had excessive table sag which is irreparable due to age, wear and tear.

The second equipment had its electronic component affected due to a power surge. Repairs were completed on 19<sup>th</sup> March 2015 followed by recalibration and testing on 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> March 2015. Normal services resumed on 23<sup>rd</sup> March 2015.

2. **State and explain the interim measures that the ministry of Health took to ensure that patients who were on radiotherapy treatment at the hospital before the suspension continue with treatment as scheduled to avoid loss of lives;**

Following the breakdown of Radiotherapy equipment at the Cancer Treatment Centre KNH, the following measures were instituted immediately.



- (i) KNH Management engaged the private sector with Radiotherapy facilities (the Nairobi Hospital and Aga Khan University Hospital) and requested them to accept the patients on treatment. 46 patients were transferred to these institutions to continue with treatment free of charge. The rest of the patients numbering one hundred and five (105) continued treatment at KNH after repairs of the equipment.
- (ii) KNH Management extended the working hours of the cancer Treatment Centre in a bid to clear the backlog.

3. State how many lives, if any, have been lost so far as a result of the shut down and give an indication on when radiotherapy treatment will resume at KNH;

There were no lives lost as a result of the shut down. Following repairs and calibration of the equipment, normal service resumed on the 23<sup>rd</sup> March 2015.

4. Explain why KNH is the only public radiotherapy facility in the country and has only two radiotherapy machines, which are now worn out and need to be replaced;

Radiotherapy is a highly specialized service which requires highly specialized personnel and equipment. Training of Radio-oncologists is costly, lengthy and not locally available hence resulting in shortage of manpower in this area. Currently there are less than 10 Radio-oncologists in the country. This manpower shortage has limited expansion of radiotherapy services in the country.

Further, the Ministry has been functioning on inadequate resources which have to be spread across many competing needs. Against the Abuja standard of 15% of the national budget, the Ministry has never been allocated more than 8%. For a long time, communicable diseases have exerted pressure on the available resources to the detriment of non-communicable diseases which have lately become associated with high levels of mortality and morbidity. The resource gaps have also contributed to inadequate investment in cancer treatment.

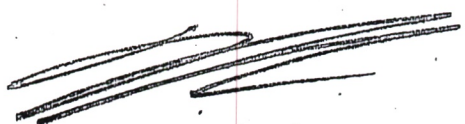
5. Explain why radiotherapy is classified as an outpatient treatment and therefore not covered by the National Hospital Insurance Fund (NHIF)

NHIF does not categorize radiotherapy as outpatient treatment. It is a service that can be provided to both outpatients and inpatients. Cancer ailments are chronic conditions that may cost a lot to manage and radiotherapy is provided on a need basis. NHIF is currently in the process of quantifying average costs of radiotherapy with a view of introducing a cover for the service separate from other outpatient and inpatient provisions. A similar process has recently been completed for renal dialysis.

6. State measures that the Ministry of Health plans to ensure more radiotherapy treatment centres are established countrywide to enhance access for Kenyans and prevent loss of lives due to unavailability or inaccessibility of the service.

For a long time, KNH has been the only public facility offering radiotherapy services in the county. Currently, KNH has acquired a linear accelerator, a modern machine which is used for radiotherapy among other services. The equipment has already been installed and will be commissioned soon. Further, plans are underway to install two radiotherapy machines at Moi Teaching and Referral Hospital. In addition, the government has secured funding from a development partner for construction of a cancer centre at Kisii level 5 hospital. These initiatives will reduce the burden of treating cancer patients in the public sector. Diagnostic support for cancer in the county health facilities has been incorporated in the ongoing Managed Equipment Service (MES) programme.

Moving forward, the Ministry is currently finalizing the Cancer prevention and control strategy. One of the proposals in the strategy is to create regional radiotherapy centres and thus expand the country's ability to control cancer.



James W. Macharia  
**CABINET SECRETARY**

October 7, 2015





PARLIAMENT  
OF KENYA  
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NYAYO HOUSE  
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28<sup>th</sup> September, 2015

**J.M. Nyegenye, CBS**  
Clerk of the Senate  
P.O. Box 41842-00100  
NAIROBI.

Dear *Sen*

*Both  
TEU Mukoi  
that this  
shall now be given  
on Tuesday 6, 10-15  
Drummond*

**RE: REQUEST FOR A STATEMENT ON FREQUENT POWER BLACKOUTS IN  
WEST POKOT COUNTY**

The above matter refers.

Standing Order 45 (2) of the Senate provides that a Senator may request for a statement from a Committee chairperson relating to matters under the mandate of the Committee.

Pursuant to this provision, at the sitting of the Senate held on Tuesday, 28<sup>th</sup> July, 2015, Sen. (Prof.) John Lonyangapuo M.P, requested for a statement from the Chairpoerson of the Senate Standing committee on Energy on the frequent power blackouts in West Pokot County. The blackouts have led to massive losses to

business in spite of Turkwel I KenGen Power plant being situated in the County.

In the Statement, the Senator sought the following information:

- i. The plans the Ministry has put in place to mitigate this problem; and,
- ii. When constant power supply will be experienced in West Pokot County.

Attached herewith is the response from this Ministry.

Yours

*Faithfully*

*Michael W. Mwangi*

*J* *mupf*  
Eng. Joseph K. Njoroge, MBS  
PRINCIPAL SECRETARY

Copy to: Ag. Cabinet Secretary

(i) CAUSES OF FREQUENT POWER INTERRUPTIONS

In our efforts to make the network supporting supply to this county more robust, flexible and with alternative sources, we carried out a series of planned outages during the Month of August 2015, as detailed below. On such occasions it was inevitable to interrupt the supplies hence the high frequency.

	Feeder		Date	Time out		Outage duration	Remarks
	Sub station	Line		Hr		HRS	
1	Kapenguria	Kainuk	04.08.15	08	40	8.33	Replace rotten poles with concrete ones
2	Turkwel	Kainuk	07.08.15	07	27	9.55	To replace 72no. Of rotten poles on 11kv kainuk fdr
3	Turkwel	Kainuk	08.08.15	08	22	10.88	To create new feeder line
4	Kapenguria	Town	10.08.15	13	38	3.65	To instal new transformers to address those overloaded
5	Turkwel	Kainuk	11.08.15	09	10	8.83	To interconnect with new line to create flexibility
6	Turkwel	Kainuk	13.08.15	08	28	7.08	To replace rotten poles with concrete ones.
7	Eldoret	Kitale Inter	14.08.15	06	46	11.12	To replace 48no. Rotten wooden poles byd 33kv kitale Inter
8	Kapenguria	Town	17.08.15	08	00	9.50	To instal new transformers and protection switchgear
9	Eldoret	Kitale Inter	22.08.15	06	40	14.52	To service breakers and main transformer
10	Eldoret	Kitale Inter	24.08.15	06	30	13.18	To repace rotten poles on the 33kv line- (Supply sourced from Webuye Kitale line)

It is reassuring to note that positive gains have been noted as regards stability of supply following these interventions.

(ii) IMPACT AND IMPLICATIONS OF POWER FAILURES

We recognize the critical role played by the availability of electricity to the county residents both for their economic and social wellbeing. To this end, we limit incidences of supply interruptions for planned outages and when unplanned outages occur, restoration is limited to time needed to rectify the identified cause. Kenya Power has operational offices both at Kitale and Kapenguria which are staffed by competent teams ready address all the needs of our customers in the county.





**RE: REQUEST FOR STATEMENT ON FREQUENT POWER BLACKOUTS IN WEST POKOT COUNTY**

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Reference is made to your letter dated September 24, 2015.

(i) **SOURCE OF POWER SUPPLY**

The electricity distribution network in West Pokot county and neighbouring Trans Nzoia County is supplied from Kenya Power's 132/33kV main transmission substation in Eldoret situated 100kms away and an alternative source from Webuye substation through Kitale.

At Kapenguria there is a subtransmission 33kv substation which has several lines distributing supply to Ortum, Kesagon, Kapenguria and makutano towns. Due to rapid growth in demand in West Pokot County, there has been need to upgrade the aging network to address overload problems.

(ii) **CAUSES OF FREQUENT SUPPLY INTERRUPTIONS**

These have been due to the very long lines (100kms) and breakdowns caused by wood poles which have decayed or been attacked by termites. The overloaded lines have experienced several unplanned breakdowns and in our effort to address this situation, several activities have been undertaken.





These include replacing wooden poles with longer lasting concrete ones, construction of additional new lines and installation of transformers. To accomplish these projects, it has been necessary to interrupt supplies on planned shutdowns.

During the month of August 2015, we undertook a network refurbishment exercise in the main load centre of Kapenguria/Makutano Town and environs which have substantially improved quality and reliability of power supply throughout the County.

(iii) FUTURE PLANS

Besides the above stated activities, the following are part of ongoing or planned projects intended to improve quality of supply in the county:

1. Replacement of wooden poles with concrete in Makutano/Alale 33kV line, Kainuk ex Turkwel 11kV feeder.
2. Reinforcement of 33kV Kapenguria Substation by increasing number of 11kV feeders from two to six to avoid overload situations.
3. Commissioning of ongoing Turkwel 220/11kV substation project at Turkwel.
4. Construction of Ortum 66/33kV Substation at Ortum expected to be completed in December 2015.
5. Construction of 220/33kV Turkwel - Kitale Substation expected to be completed in March 2016.
6. Commissioning of Eldoret - Kitale 132kV line and substation expected in October 2015 will greatly shorten the length of 33kV lines to Kapenguria.
7. Item 1 and 2 nearing completion at costs of Kshs.200 million.

All the above projects will guarantee alternative and reliable power sources with inbuilt flexibility for the county.

(iv) CONTRIBUTION OF TURKWEL POWER STATION

Since its inception Turkwel Power station has served the county and to a great extent the whole country by having the power generated there transmitted to Lessos for injection to the National Grid. Through this connection it has been meeting the needs of the customers in Kainuk, Turkwel, Marichpass Sigor, Lomut etc. all in West Pokot. With the new plans mentioned above it will serve the whole County more effectively.

