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REPUBLIC OF KENYA



KENYA NATIONAL ASSEMBLY



ELEVENTH PARLIAMENT – FIFTH SESSION

THE DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON STATUS OF IMPLEMENTATION OF THE MANAGED EQUIPMENT
SERVICES (MES) PROGRAMME

DIRECTORATE OF COMMITTEE SERVICES
CLERK'S CHAMBER
PARLIAMENT BUILDINGS
NAIROBI

JUNE, 2017

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EXECUTIVE SUMMARY

The report seeks to provide insights on the status of implementation of the Ministry's of Health key project, the Managed Equipment Services (MES) through Committees County visits to at least nine health facilities across seven Counties where the project is being implemented.

The specific objectives of the County visits in relation to the Managed Equipment Services were to determine:

- i) The progress made in the implementation of the MES project
- ii) The progress made in training personnel to operate the MES project
- iii) Any emerging challenges and the coping mechanisms the Counties have applied in the implementation of the MES project

In an attempt to determine the progress made in the implementation of the MES project, the Committee visited nine health facilities in eight Counties. The Counties visited were Nandi, Kericho, Kakamega, Kisii, Homabay, Bomet, Machakos and Mombasa. The following health facilities were sampled out of the 94 (ninety four) expected to benefit from the project in the next seven years. These were:

- i. Kapsabet County Referral Hospital
- ii. Kericho County Referral Hospital
- iii. Kakamega County Referral Hospital
- iv. Malava Sub County Hospital
- v. Kisii Teaching and Referral Hospital
- vi. Homabay County Referral Hospital
- vii. Longisa Hospital
- viii. Machakos County Referral Hospital
- ix. Coast General Hospital
- x. Likoni Hospital, Mombasa

In the course of the County visits which were undertaken between June 2015 and November 2015 and 13th to 16th October, 2016, the Committee also held consultative and briefing meetings with County Government officials and health officials in the respective Counties to further brainstorm on the emerging issues being observed. the Committee observed as follows, that

- a) In as much as health is a devolved function, Counties continued to make significant contributions to the health service delivery thereby complementing the National Government efforts.

1.0 PREFACE

1.1 Establishment and Mandate of the Committee

The Committee on Health is one of the Committees of the National Assembly established under Standing Order 216 and mandated to:-

- i. investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;
- ii. study the programme and policy objectives of ministries and departments and the effectiveness of the implementation.
- iii. **study and review all legislation referred to it;**
- iv. study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;
- v. investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary and as may be referred to them by the House;
- vi. vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (*Committee on Appointments*); and
- vii. Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

1.2 Committee's Membership

The committee comprises of the following members:-

1. **Hon. Dr. Rachel Nyamai, M.P.** - Chairperson
2. **Hon. Dr. Robert Pukose, M.P.** - Vice Chairperson
3. Hon. Dr. Naomi Shaban, M.P.
4. Hon. Dr. Enock Kibunguchy, M.P.
5. Hon. Dr. James Nyikal, M.P.
6. Hon. Dr. James Gesami, M.P.
7. Hon. Dr. Eseli Simiyu, M.P., CBS
8. Hon. Fred Outa, M.P.
9. Hon. Alfred Sambu, M.P.

1.7 Adoption of the Report

We, the members of the Departmental Committee on Health have, pursuant to Standing Order 199, adopted this Report on the Departmental Committee on Health on the status of implementation of the Managed Equipment Services Project by the Ministry of Health. and affix our signatures (Appendix A) to affirm our approval and confirm its accuracy, validity and authenticity today Thursday 16th March,2017

- e) Testing of equipment
 - f) Commissioning of equipment
 - g) Maintenance (both scheduled and reactive)
 - h) Repairs and replacement of spare parts
 - i) Upgrading of equipment software
 - j) Supply of consumable and reagents
 - k) Insurance over the equipment
 - l) Replacement of equipment upon expiry of its useful lifespan
 - m) Decommissioning of equipment
 - n) Training of staff using the equipment in the hospitals
6. The type of equipment prioritized under the MES project according to the Ministry was informed by the assessment conducted in March 2014 by technical teams from the Ministry of Health and the Counties in the selected hospitals. In this regard, seven categories (LOTS) of equipment were prioritized as follows:

LOT No.	Item
1	Theatre equipment
2	Theater, CSSD equipment
3	Laboratory equipment (Category 1)
4	Laboratory equipment (Category 2)
5	Renal equipment
6	ICU equipment
7	Radiology equipment

7. The benefits of the proposed MES project according to the Ministry are expected to outweigh the challenges likely to be experienced in the initial inception days and the benefits from outright purchase. Among the key benefits are:
- a) Level 4 and 5 hospitals under the project will benefit from specialized, modern and a state of the art medical equipment
 - b) Patients will enjoy access to uninterrupted, quality, specialized healthcare services regardless of location within the Country due to the uniformity in equipment across the Country
 - c) Reduced pressure on existing referral facilities such as KNH and MTRH
 - d) Reduced equipment downtime and increased efficiency in the hospitals
 - e) Apparent risk transfer from the hospital facilities to the MES providers
 - f) Recurrent costs such as supply of consumables and reagents as well as equipment maintenance and replacement of spare parts are covered at no additional costs to the facility
 - g) Increased focus on patient care
 - h) Training benefits leading to increased staff competencies and skills

Source: Ministry of Health, 2014¹

9. The term of the MES contract is expected to be seven (7) years with a possibility of an extension for an additional three (3) years. The project is being implemented in all the 47 (forty seven) counties, two hospitals per county including four National Referral Hospitals. The tender process having been concluded, were signed on 5th February 2015. The following have so far signed contracts with the Ministry of Health:

- a) **Shenzhen Midray Bio-medical LTD of China** – Lot 1 dealing with Theater equipment- with 96 hospitals expected to be fully fitted with theater equipment
- b) **Esteem Industries Inc of India** – Lot 2 dealing with CSSD and surgical equipment – with 96 hospitals expected to be equipped with sterilizing equipment complete with surgical sets for all operations.
- c) **Bellco SRL of Italy**- Lot 5 dealing with Renal and Dialysis machines. % dialysis machines to be provided for each of the 47 Counties and 2 national referral hospitals
- d) **Phillips Medical Systems of Netherlands** – Lot 6 dealing with ICU equipment. 11 Hospitals to be equipped with ICU facilities
- e) **General Electric of USA** – Lot 7 dealing with radiology equipment where 98 hospitals are expected to be equipped with digital X-ray, ultrasound and other imaging equipment.

10. According to the Ministry, the government has committed to make budgetary provisions amounting to Ksh 42 Billion for a period of seven years. So far Parliament has awarded the Ministry a total of Kshs 10 billion between 2013/14 and 2015/16 broken down as follows:

FY Year	Amount allocated in the Approved Estimates (Ksh Billions)
2013/14	1
2014/15	4.5
2015/16	4.5
Total	10

11. For the operationalization of the project, the Ministry was to sign Memorandum of Understanding (MoUs) with each of the County Governor of all the 47 Counties. So far (as at 8th October 2015) 44 Counties had signed the MOU and the remaining three (Kakamega, Bomet and Garissa) were yet to sign.

¹ Ministry of Health “ County Capacity building and National Awareness creation for Managed Equipment Service Programme, 2014

2.1 COMPARATIVE ANALYSIS: Managed Equipment Service

15. MES has been adopted in the United Kingdom (UK) as strategy for service reform in the National Health Service (NHS) and is extensively used to improve service and save costs. Other countries where MES has been adopted and implemented include Saudi Arabia, United Arab Emirates, Kuwait and Canada.

3.0 COMMITTEE FINDINGS: COMMITTEE VISITS TO COUNTIES: KAPSABET, KERICHO, KAKAMEGA, KISII, HOMABAY AND BOMET

16. In determining the progress made in the implementation of the MES project, the Committee visited eight health facilities in eight Counties. The Counties visited were Nandi, Kericho, Kakamega, Kisii, Homabay, Bomet, Machakos and Mombasa. The following health facilities were sampled out of the 94 (ninety four) expected to benefit from the project in the next seven years. These were:
 - a) Kapsabet County Referral Hospital
 - b) Kericho County Referral Hospital
 - c) Kakamega County Referral Hospital
 - d) Malava Sub County Hospital
 - e) Kisii Teaching and Referral Hospital
 - f) Homabay County Referral Hospital
 - g) Longisa Referral Hospital
 - h) Machakos County Referrral Hospital
 - i) Sigor Sub-County Hospital
 - j) Coast General Hospital
 - k) Likoni Hospital, Mombasa
17. The following is a summary of some of the highlights of the visit.

3.1 KISII COUNTY – Kisii Teaching and Referral Hospital (KTRH)

18. The Committee paid a courtesy call to Governor James Ongwae of Kisii County to brief him on the purpose of the visit which was among others, to assess the implementation of the Managed Equipment Service (MES) Program by the National Government. Kisii County is one of the 47 Counties with an estimated population of about 1.3million people. Kisii Teaching and Referral Hospital (KTRH) is a regional referral hospital in East Africa serving approximately 7 million inhabitants within its catchment area following its upgrading to

3.3 BOMET COUNTY – Longisa Hospital & Sigor Hospital

25. For the case of Bomet County, the delegation was not able to pay a courtesy call to the office of the Governor as he was said to be away on official duties. The delegations therefore proceeded to visit Longisa County Referral Hospital upon which they were welcomed and briefed by the County officials and hospital management as follows:
26. In terms of the MES program, Longisa County Hospital expected to benefit from the following equipment: the Imaging equipment (x-ray, OPG (Orthopantomogram), mammogram and ultra sound equipment), theatre equipment (c-arm and operating sets) and the CSSD (Central Sterile Services Department). The Committee heard that staff to operate the equipment were undergoing training in Kisumu and in China. As regards consumables, the startup package had been provided by the suppliers and the facility was expected to procure subsequently. The County had also organized training opportunities with the Ministry of Health for staff expected to operate the equipment. The Committee however observed that some MES equipment had not reached the facilities.
27. Sigor Sub-County Hospital, visited by the Committee is not one of the County hospitals expected to receive the MES equipment. However in terms of service delivery, it was noted that the County government had renovated the facility constructed a perimeter fence and landscaped the area. The hospital had also benefitted from beds, delivery couches, and laboratory equipment from the County government. There were also plans to construct a new administration block, casualty and theatre whose architectural drawings had been submitted for approval by the relevant authority.

3.4 NANDI COUNTY - Kapsabet County Referral Hospital

28. The Committee visited Kapsabet County Referral Hospital on the 20th November 2015. The visit commenced with a briefing between the County officials and the Members of the Committee. The briefing was aimed at ensuring that both parties appreciate the terms of reference of the visit. The County Government was represented by the following among others:
 - a) Chairperson, Health Committee at the Nandi County Assembly
 - b) Vice Chairperson, Health Committee at the Nandi County Assembly
 - c) Members of the Health Committee
 - d) CEC Health
 - e) The hospital administration including the Kapsabet Referral Medical Superintendent
 - f) County Chief Officer of Health
 - g) The Members of the Board of the Hospital

worked on. The Imaging section of the facility is expected to receive an MRI machine, C-Arm, Ultra sound machine, mammogram machine and a digital x-ray machine. However the Committee noted that the contractor was expected to undertake renovations with exception of the roof in readiness for the installation of the imaging equipment. The CT scan machine was not expected, instead the hospital was earmarked to receive a C-Arm, although the Committee observed that it lacked the capacity to utilise the latter. The Committee was however informed that the facility was sourcing for personnel to operate the equipment.

34. As regards the renal unit, the nurses were undergoing renal training with a physician currently training in the United Kingdom. These was being financed by the County government

3.5 KERICHO COUNTY -Kericho District Referral Hospital

35. The Committee visited the Kericho County Referral Hospital at 4pm on the 20th November 2015. Prior to and following the visits to the various departments within the facility, the Committee held brief sessions with County representatives and hospital management team. The team comprised of the following among others:

- i. Ms. Hellen Ngeno- the CEC health in Kericho County
- ii. Dr. Shadrack Mutai - The Chief Executive Officer
- iii. The nursing officer, Kericho County
- iv. Medical superintendent
- v. Nursing officers

36. Following the briefing and the subsequent visit within the Kericho County hospital, the Committee noted as follows:

37. As regards MES, the County signed MoU with National Government in June 2015 with different contractors having visited the facility to assess the suitability of the installations of the equipment from as early as 2014. For example the Contractors responsible for the renal unit visited the site in July 2015, General Electric, expected to install the CSSD were on site having identified and renovated the installing room.

38. The hospital was expected to receive renal equipment, radiology equipment, theater and Sterilizing equipment. As regards the sterilizing equipment, the Committee observed that the hospital had acquired three autoclaves in the last two years; one each through the National Government, County Government and MES programme. The Committee was concerned on whether the facility requires all the three and their sustainability. It was however noted that at the time of the assessment for the MES programme, the County Government had however not delivered the autoclave. The Committee however advised that it would be more economical if the additional autoclaves are distributed to other health facilities in the County like the Londiani and Kapkatet.

- a) The establishment of the ICU and HDU with a complementing laboratory unit in collaboration with a partner, Walter Reed foundation where the County Government has spent Ksh 47 million to procure equipment.
- b) Capacity building for health staff has been given priority by the County Government with the County having taken the initiative to train their staff. The Government continues to build capacity for the ICU personnel where 4 nurses and 1 doctor have attended refresher courses at the MTRH. Further 1 Clinical Officer anesthetist and 1 physician are being trained in India, the latter on critical care and renal. Additionally, 8 (eight) doctors are undertaking specialization in Kericho County in different areas.

3.6 KAKAMEGA COUNTY - Malava Sub-District Hospital & Kakamega County Referral Hospital

46. The Committee visited the Malava Sub- district hospital on the 21st November 2015 having visited Kapsabet County Referral Hospital and Kericho County Referral Hospital the previous day. At Malava Hospital, the Committee was received by the area Member of Parliament, Hon Injendi. Other County official and hospital management official present included:

- a) CEC Health, Kakamega County
- b) Ministry of Health representative
- c) Medical Superintendent
- d) Hospital staff

47. The Committee held a brief introductory session with the officials from the County and hospital before proceeding for the hospital visits. The following is a summary of the Committee discussions and observation during the visit at the facility:

48. The Malava Sub district hospital has a capacity of (40) forty beds in the general ward (both men and women and 20 women in the maternity ward. There is a central nursing centre with a nursing capacity of 32(thirty two) nurses against the hospital requirement of 68 (sixty eight)

49. As regards the MES program, the county representatives acknowledged the need to have the equipment installed at the facility. The Committee however heard that two hospitals in the county are expected to benefit from the MES programme; that is Kakamega County Referral Hospital and Malava sub-district hospital. It was however revealed that the County Governor is yet to sign the contract.

50. The hospital is expected to receive equipment under the MES programme in the following areas: Radiology, Theater, and Sterilizing equipment. At the radiology department the following equipment was available but was yet to be installed by the contractor, General

55. Following the inception of the MES program, for the Theater unit, the County hospital has received four recovery beds (2 in the main theater and 2 in the Maternity) although the recovery room is yet to be setup. Additionally, two main theatres were equipped with the old machines previously in the two theaters being used at the Eye Theater and Family Planning theatre. The sterilizing equipment was received even though the hospital had in their possession small –sized autoclaves.
56. For the case of the renal unit, the unit has been operating since 18th November 2015 with ongoing user training. Currently the Renal unit is receiving patients who earlier were receiving treatment at MTRH or Kisumu General Hospital. Two resident physicians provide renal services. The Committee heard that four machines were installed including one for patients diagnosed to be HIV positive. Further, that the unit received 250 start up kits with an additional 750 assured as the initial supplies after which the hospital will be expected to procure supplies. The cost per kit ranges between Ksh 7000-Ksh 10,000 with an individual patient expected to receive dialysis two to three times a week. The Committee was concerned about the charges per session for the renal services of Ksh 5,500 underscoring the need for the hospital to consider establishing a waiver program for the specialized services especially with the MES whose initial installation and supplies requirement are being undertaken by the National Government.
57. The Committee was also concerned about the contents of the contracts on MES as relates to provision of consumables which the Committee felt that the national Government ought to clarify going forward. It was also noted that the renal unit did not have a complementing laboratory however the Committee lauded the existing water treatment plant which offered readily available distilled water hence making the unit more sustainable and affordable in the long term.
58. As regard the x-ray and imaging the Committee heard that several equipment had been acquired through the MES program. Among them, the digital x-ray unit complete with a digital mobile unit and digital image intensifier, a mammogram, a dental x-ray machine, an ultra sound machine and a processing room for the radiology unit. What concerned the Committee however were the charges levied for the various services and which the Committee felt ought to be revised downward to ensure accessibility of the services by the majority of patients requiring the specialized services. For example the Digital x-ray services costs Ksh 600 per session, mammography services cost Ksh 1200 per patient (compared to Jaramogi Hospital where the cost is Ksh 600 for the analogue machine). Dental X-ray services cost Ksh 1000. The Committee was informed that given the digital machines, there is need for the interconnection to other physician so as to minimize the processing of film which increases service costs.
59. Further the Committee was also concerned about the low numbers of patients seeking the services as most of the services were recording as low as 2 patients per day. The Committee was therefore of the opinion that the hospital management ought to implement a marketing

serving the entire department. With a capacity of eight patients, the hospital serves an average of four patients a day and has so far served hundred and fifty from as far as Kitui, Kibwezi, Kajiado, Emali and Nairobi.

65. The ICU department has six bed capacities with no trained staff to operationalize the unit. However the hospital has so far trained sixteen nurses at MTRH.
66. Despite the existing installations, challenges persist, among them: lack of a kidney specialist which the County has been unable to acquire despite the advertisements. Access to the kits by patients, it was felt ought to be facilitated by NHIF. Purchase of reagents by the hospital continues to be a challenge. The hospital buys all the reagents. The ICU continues to witness numerous challenges among them, is lack of trained staff with only one anaesthesiologist and clinical officers and absence of a laboratory for the ICU with referrals of patients to
67. The HDU at the facility is yet to be operationalised, however it is under installation. Digital radiology machines have been installed however the following challenges have noted: the cost of the service is higher with patients expected to purchase films for Kshs. 300 per film. Shortage of health workers to operate the machines with only one radiologist and that the machines are networked with Kakamega County Referral Hospital for interpretation.
68. It was revealed that the mammogram machine serves four patients on average daily at a cost of Kshs. 1500. These have been operational following staff training by the MES provider.
69. As regards Dental X-ray - OPG only one machine has been installed with the other awaiting the installation of radiation prevention specifications in the theatre. The hospital is served by two orthopedic surgeons at the hospital, patients are charged Kshs. 1500 per jaw for CPST and Kshs. 1000 for OPG

3.8 MOMBASA COUNTY – Coast General Hospital and Likoni Hospital

70. The Committee visited Coast General Hospital on 14th October, 2016, and were received by the county officials and hospital management officials present included:
 - i. Dr. Shem O. Patta - Director of Medical Services
 - ii. Dr. Njom Victor - Deputy Chief Administrator, Coast General Hospital
 - iii. Mr. Morris Karane - Project Manager, MES
71. The Committee held a brief introductory session with officials from the County and Coast General Hospital before proceeding for the hospital visit. The following is a summary of the Committee discussions and observations made during the visit:
72. With regards to the MES project, the county representatives acknowledged that while the full impact of the MES project was yet to be seen, it had significantly improved access to specialized healthcare services and social protection for patients and their families.
73. The intended beneficiaries of the MES project in Mombasa County were Coast General Hospital and Likoni Hospital. However, given the relatively small size of, and low demand

84. The county and hospital management reported that efforts had been made to increase the number of supportive health personnel (e.g. nurses), and expand the pool of relevant specialists. In relation to this, the county management reported that it was in the process of recruiting specialized personnel to optimize use of the equipment.
85. The following were identified as challenges affecting the effective implementation of the MES project in the hospital:
- a) Inadequate specialized personnel to operate the equipment and run the services.
 - b) Insufficient training and capacity-building.
 - c) Erratic supply of needed consumables with frequent delays e.g. X-ray films
 - d) Disproportionate burden of health service provision compared to other counties due to large number of referrals, and high numbers of non-resident patients seeking services at the hospital.
86. At Likoni Hospital, the Committee was met by the County Director of Health, the Medical Superintendent and other hospital officials as follows
- i. Dr. Shem O. Patta - Director of Medical Services
 - ii. Mr. Morris Karane - Project Manager, MES
 - iii. Dr. Ali Juma - Medical Superintendent
 - iv. Jennifer Makena - Nursing Officer In Charge
 - v. Robert Yator - Radiographer
 - vi. Mohammed Nasser - Medical Engineer
 - vii. Serafina Wangai - Health Administrator
87. Under the MES Project, Likoni Hospital was to benefit from theatre, radiology, laboratory and CSSD services. At the time of the visit, the hospital was yet to receive laboratory equipment, and the implementation of the other components of the project such as theatre and radiology were in varying phases of completion
88. CSSD services were operational at the time of the visit. On inspection of the equipment, the Committee noted that despite the hard nature of water in the region the equipment lacked a reverse osmosis component. The Committee noted that the lack of this component put the entire CSSD equipment at risk of breaking down. It was noted that despite the relative affordability of the reverse osmosis component, it had not been supplied by the MoH and/or the contractor.
89. In theatre, renovation works were complete with some minor repairs e.g. need to change cabinet sizes in the changing rooms. The hospital had received patient stretchers with resuscitation capabilities, theatre beds, anesthetic machine, patient monitors, neonatal resuscitaire etc. The Committee noted that while there was no stand-by generator serving the theatre, the anesthetic machine and theatre equipment were equipped with back-up UPS'.
90. Installation and operationalization of radiology equipment was complete with one mobile and one fixed X-ray machine, and an ultrasound machine. On inspection of the equipment, the Committee noted that while the contract had been made to General Electric, some of the

4.0 COMMITTEE'S OBSERVATIONS

Following the Committee visits to the various health facilities in the eight different Counties with an objective of following up on the MES project, the Committee observed as follows:

98. **Lack of requisite infrastructure and support systems for the equipment placement.**
The committee noted that most of the facilities seemed to be ill prepared for the equipment with some of the hospitals being unable to accommodate the equipment. In some cases, some facilities have been forced to convert certain rooms to provide room for the equipment thereby interfering with the provision of certain key services. For example, in Malava Sub County, installation of the X-ray equipment has been delayed as result of the need to convert the initial consultation rooms into imaging rooms while no extra rooms were available for the resuscitation beds acquired through MES. This has necessitated that the equipment be placed at a corner awaiting further direction. In Kapsabet the laundry area is to be converted into a renal unit while in Kericho, KEPI stores are paving way for the renal unit.
99. Additionally, low power voltage that requires upgrading for the equipment to be functional was noted in Malava Hospital. Further, some health facilities did not have the requisite specification for the installation of the especially radioactive imaging and x-ray equipment. This has therefore caused delays in terms of the utilization of the already acquired equipment.
100. **Lack for full disclosure by the Ministry on the contract details:**
The Committee observed that some facility heads were not aware of the exact equipment expected. As such some MES providers had supplied incomplete sets of equipment to facilities. For example in Kakamega, the hospital had received two theater beds (operating bed and orthopedic bed) and equipment even though some specific parts among them theater lamp were missing.
In Nandi, the Kapsabet hospital is awaiting full installation of the part of the autoclave before its commissioning. At Likoni Hospital in Mombasa County, details of the equipment and start-up kit had not been shared by the hospital management. As such, the hospital management was unable to verify if all the equipment and supplies as specified in the contract had been received.
101. **Lack of specialized health personnel to operate the machines/equipment:**
This was noted to be the greatest challenge facing the facilities in relation to the implementation of the MES project. For example despite the possibility of the Kericho hospital receiving a C-Arm, it lacks an orthopedic surgeon even though two radiographers are undergoing training at the MTRH. This is replicated in Kapsabet, Malava and

patients were well aware of the available services offered at the hospital especially following the inception of the MES program.

106. Lack of adequate consultation between the National and County Government.

The Committee noted that some facilities had or were scheduled to receive equipment that already existed in the facility and were therefore of low priority. This clearly indicated a lack of consultation between the two levels of Government as relates to what indeed is the priority for each County. For example in Kericho, the facility has acquired a total of three autoclaves in the last two years. One each through the National, County and MES programme. This raises the question of utilization and whether the institution would have considered a different type of equipment, particularly one that the facility lacks.

107. Some facilities continue to experience challenges in so far as acquisition of consumables was concerned, with some facilities experiencing challenges due to inability to access consumables. For example the in Kakamega it was indicated that the MES provided only 250 kits along with the renal machines and was to supply the remaining 750. This means that the facility will be expected to procure the renal kits once they exhaust the 1000 kits. The Committee therefore felt that it would be important for these to be clarified taking into consideration that supply of consumables and reagents had been catered for under the project in the initial MES agreement.

108. Immense contributions of the County government towards health service delivery.

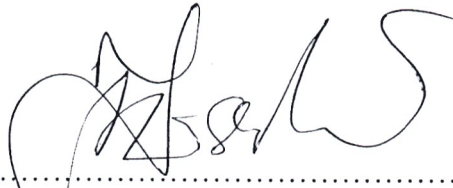
The Committee recognized the efforts made by County governments in complementing the efforts of the National Government in provision of health services. For example progress was noted in Kakamega, Machakos, Kericho and Mombasa Counties where the County governments have made an effort of complementing the efforts the MES project through procuring equipment that is not part of the MES project. Kericho County is in the process of establishing an ICU and HDU with a complementing laboratory unit in collaboration with a partner Walter Reed foundation. The County Government has spent Ksh 47 million to procure the equipment.

109. Reporting Structure on Incidences of Downtime between the National and County Governments.

The Committee noted that there was no functional reporting structure to inform the MoH on incidences of downtime. The implication of this was that contractors had an obligation to minimize downtime to less than 2% in order to receive payment. However, it was impossible to effectively ensure the same without an effective reporting system between the county/hospital and the MoH.

110. Supply of equipment from brands other than the contracted supplier. At Likoni Hospital, Mombasa, the Committee noted that while the contract for radiology equipment

3. An independent countrywide inventory be conducted to compare list of equipment and supplies received by counties against information provided by the Ministry of Health.
4. The National Assembly to amend the Public Finance Management Act to ring-fence Facility Improvement Fund (FIF) and increase the financial autonomy of hospitals and other health facilities.
5. The Office of the Auditor General to conduct a performance audit of the MES Project to establish the value for money for the project.



Signed:

HON. DR. RACHAEL NYAMAI, MP
CHAIRPERSON,
DEPARTMENTAL COMMITTEE ON HEALTH

6/6/2017

Date:

Annex 1: Sample photos of some of the equipment in the various health facilities³

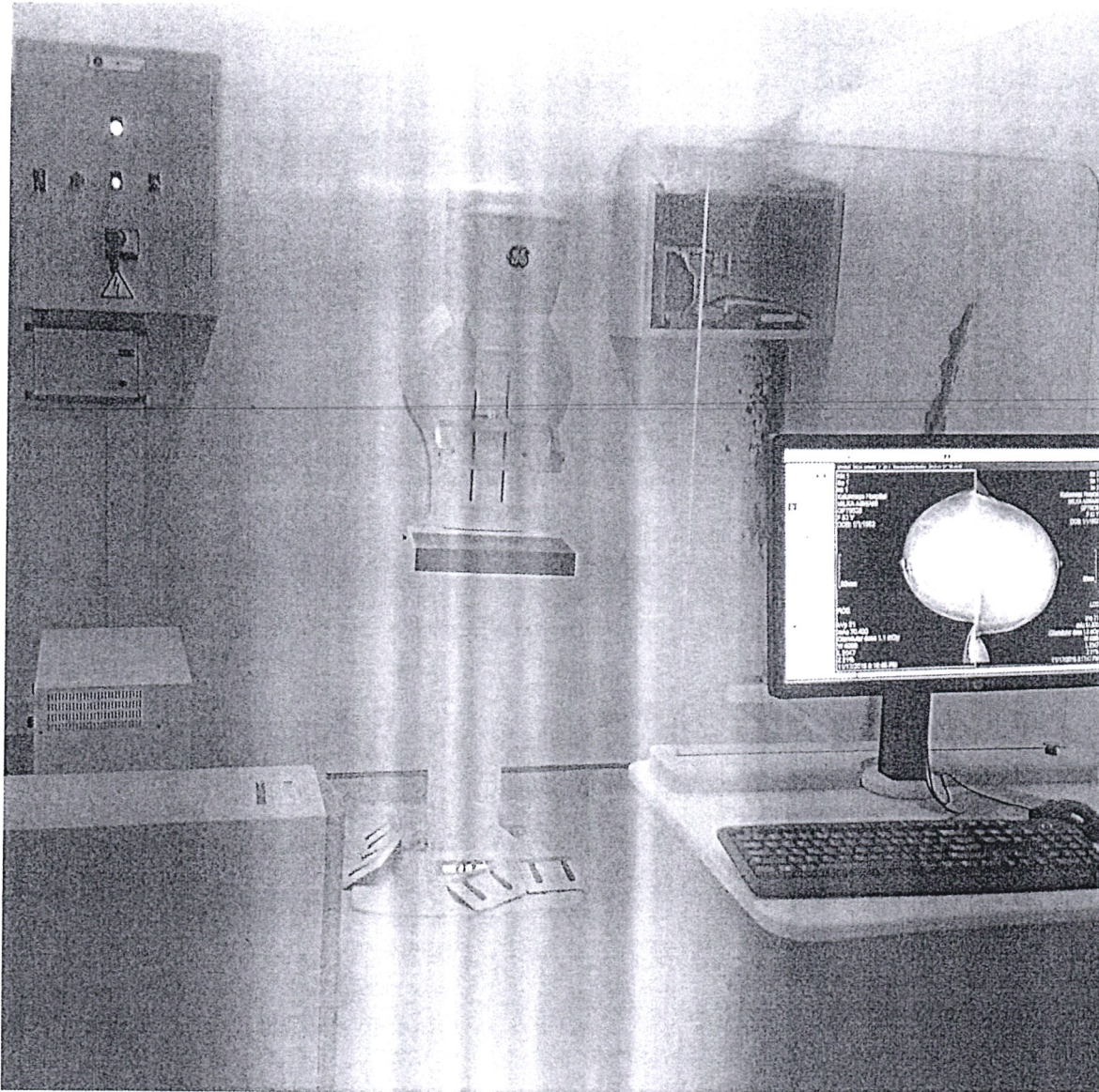


Photo 1: Showing mammogram equipment supplied under the MES project in one the facilities visited by the Committee, the charges for such services range from Ksh 1000-1500 per session

³ Photos as taken by the Committee following the County visits



Photo 2: Showing the control room for the newly established imaging department in one of the facilities. Leveraging in ICT is necessary to reduce operation costs of imaging and x-ray services and hence charges for services rendered in the long term.

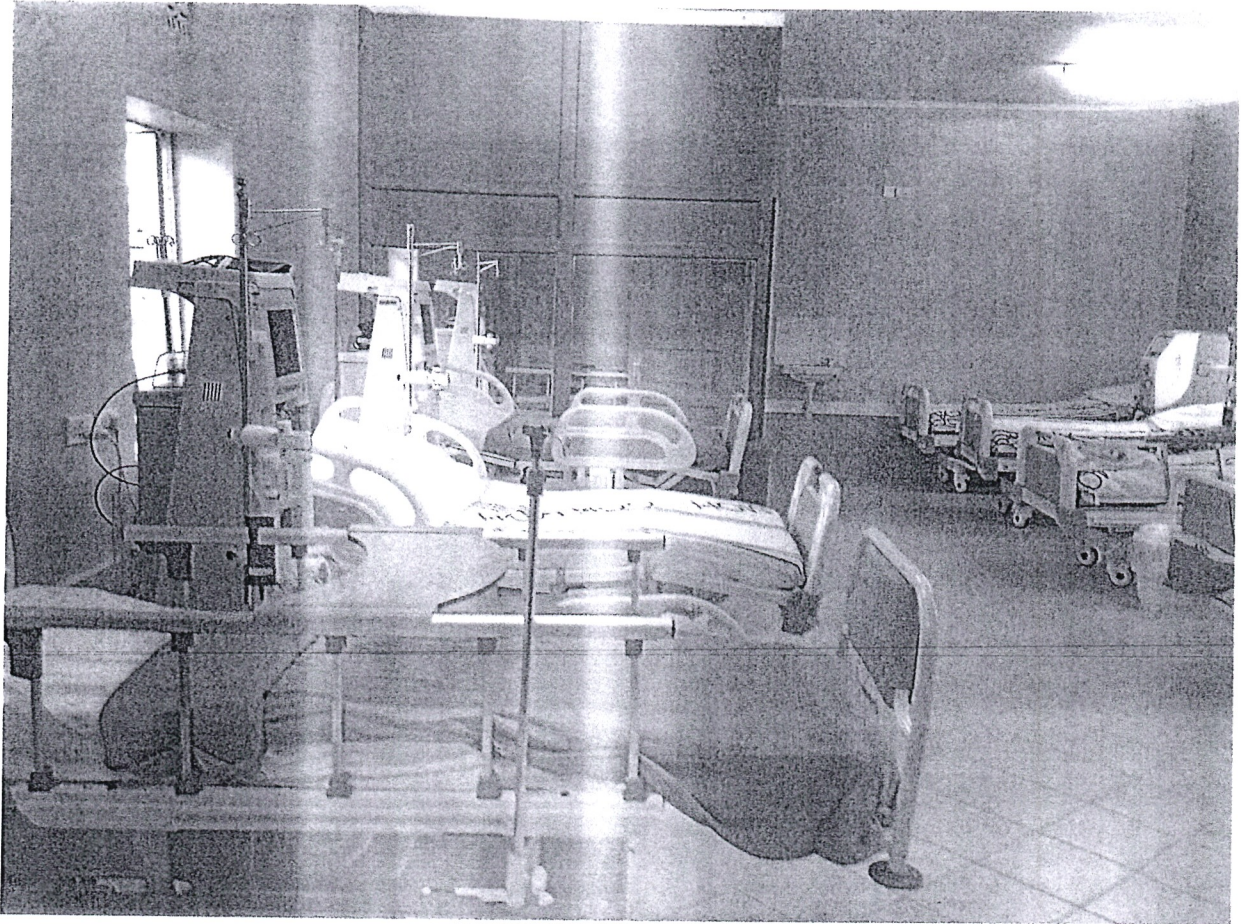


Photo 3: Showing dialysis (renal equipment) under the MES project. Dialysis services is one of the very new specialized services being offered in level 5 hospitals under the project.



Photo 5: Showing the main operating theater in a facility equipped through the MES project. Among the instruments are suction machines, stitching trays among others.

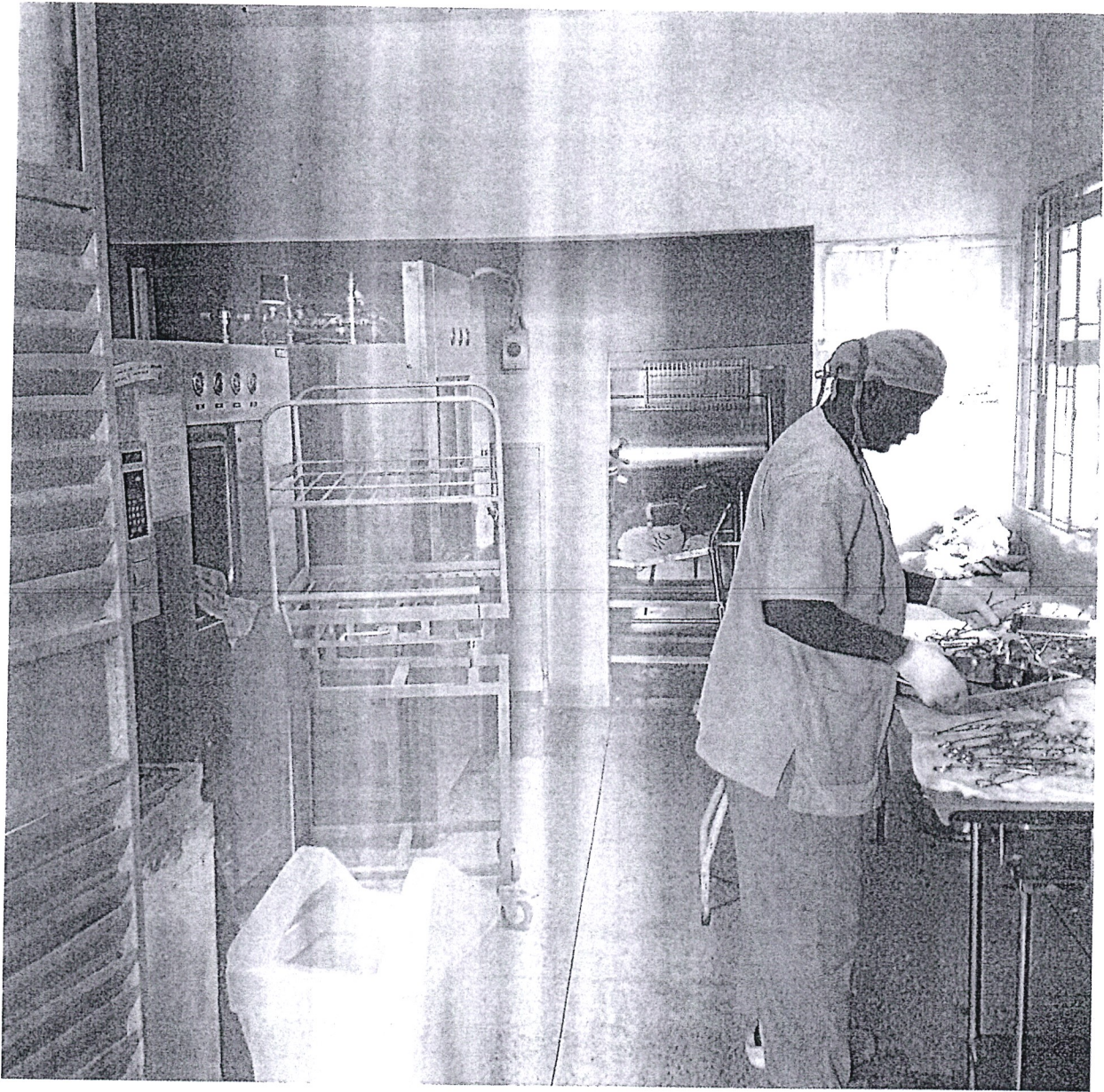


Photo 7: Showing the newly installed CSSD installed under the MES. Sterilization of theatre equipment remains key to the success of any operating procedure.

MINUTES OF THE 20TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD ON THURSDAY 16TH MARCH, 2017 IN THE COMMITTEE ROOM ON 2ND FLOOR, PROJECTION HOUSE, PARLIAMENT BUILDINGS AT 10.00 AM.

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice-Chairperson)
3. The Hon. Alfred Agoi, M.P.
4. The Hon. Dr. Dahir D. Mohamed, M.P.
5. The Hon. Dr. Enoch Kibunguchy, M.P.
6. The Hon. Dr. James Nyikal, M.P.
7. The Hon. Dr. James O. Gesami, M.P.
8. The Hon. Fred Outa, M.P.
9. The Hon. Paul Koinange, M.P.
10. The Hon. Dr. Eseli Simiyu, CBS, M.P.
11. The Hon. John Nyaga Muchiri, HSC, M.P.
12. The Hon. Mwinga Gunga, M.P.
13. The Hon. Hassan Aden Osman, M.P.
14. The Hon. Raphael Milkau Otaalo, M.P.

ABSENT WITH APOLOGY

1. The Hon. Zipporah Jesang, M.P.
2. The Hon. Dr. Naomi Shaban, M.P.
3. The Hon. David Karithi, M.P.
4. The Hon. Dr. Patrick Musimba, M.P.
5. The Hon. Alfred Sambu, M.P.
6. The Hon. Jared Opiyo, M.P.
7. The Hon. Dr. James Murgor, M.P.
8. The Hon. Dr. Stephen Wachira, M.P.
9. The Hon. Leonard Sang, M.P.
10. The Hon. Michael Onyura, M.P.
11. The Hon. Robert Mbui, M.P.
12. The Hon. Stephen M. Mule, M.P.
13. The Hon. Dr. Susan Musyoka, M.P.
14. The Hon. Kamande Mwangi, M.P.
15. The Hon. James Gakuya, M.P.

IN ATTENDANCE

FRIEND TO THE COMMITTEE

The Hon. Issack Mwaura, M.P.

Presentation by the Hon. Issack Mwaura, MP

The Hon. Issack Mwaura, MP appeared before the Committee and informed it that:

1. Persons living with sickle cell anaemia suffer a lot but there was no serious government intervention to alleviate their suffering.
2. The sickle cell anaemia disease is ignored in government health programs.
3. Serious government interventions were required in order to reduce the number of children and adults dying from the disease including those who commit suicide due to sufferings occasioned by the disease.
4. Most persons suffering from sickle cell anaemia were from poor backgrounds hence need for proper interventions to socially protect and ensure proper management of the disease.
5. There was an urgent need to create awareness of the disease to ensure people make informed decisions with respect to the disease.
6. There was need for resource allocation to create a program at the Ministry of Health to deal with management of sickle cell anaemia.

He then invited persons living with sickle cell anaemia to make presentations.

1. Presentation by Mr. Mudukiza Joe

Mr. Mudukiza Joe, a person living with sickle cell anemia, appeared before the Committee and informed it that:

- i. He was 22 years old and was living with sickle cell anemia.
- ii. He discovered his condition when joining form one since it was kept secret from him when growing up.
- iii. When he joined boarding school in form one, he experienced challenges like inappropriate diet and stigma from teachers and fellow students who never understood his condition.
- iv. He left school often due to ill health but managed to complete his four year secondary education.
- v. Whenever he applies for jobs, he was discriminated against due his condition.
- vi. He has held jobs as a secondary school teacher but was sacked from employment due to having the sickle cell anemia disease.
- vii. Sickle cell anemia was difficult and costly to manage in terms drugs purchase.
- viii. Local hospitals don't have handling mechanisms for people living with sickle cell anemia. Such people are left to queue like normal people which was inhumane.
- ix. He urged that government considers providing free medication for people living with sickle cell anemia.

The Report on Status of Implementation of the MES Programme was adopted after being proposed and seconded by Hon. Raphael Milkau Otaalo, M.P. and Hon. Hassan Aden Osman, M.P. respectively.

MIN.NO. DCH 094/2017: CONSIDERATION AND ADOPTION OF A REPORT
ON THE VISIT TO KISII, HOMABAY, BOMET,
KAKAMEGA, KERICHO AND NANDI COUNTIES
TO INSPECT QUALITY OF CARE IN THE PUBLIC
HOSPITALS

The Report on the Visit to Kisii, Homabay, Bomet, Kakamega, Kericho and Nandi Counties to Inspect Quality of Care in the Public Hospitals was adopted after being proposed and seconded by Hon. Dr. James Nyikal, M.P. and Hon. Raphael Milkau Otaalo, M.P. respectively.

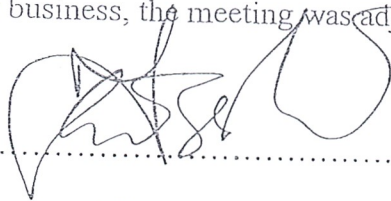
MIN.NO. DCH 95/2017: ANY OTHER BUSINESS

Members were informed of a petition by the Medical Services Consumer Association to amend the Constitution of Kenya, 2010 to create the Medical Services Commission which was referred jointly to the Committee on Health and that of Justice and Legal Affairs.

MIN.NO. DCH 96/2017: ADJOURNMENT

There being no other business, the meeting was adjourned at 12.07 pm.

SIGNED:



HON (DR.) RACHAEL NYAMAI, M.P.

CHAIRPERSON

DATE: 9/5/2017

DC-II: DEPARTMENTAL COMMITTEE ON HEALTH

ATTENDANCE REGISTER

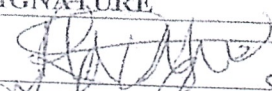
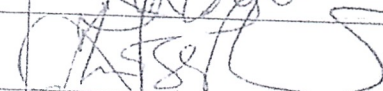

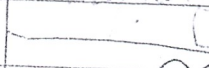
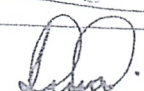
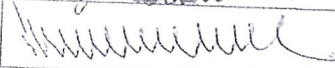

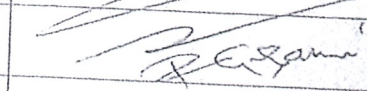

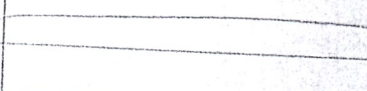
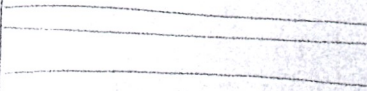
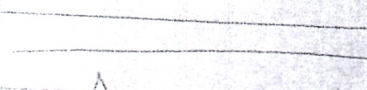

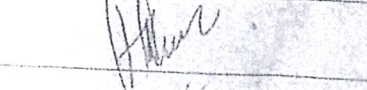
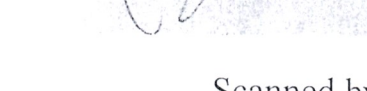

AGENDA:

1. MEETING WITH HON. ISSACK MWAURA ON THE PETITION BY THE CHILDREN SICKLE CELL FOUNDATION OF KENYA ON ENACTMENT OF LEGISLATION ON PREVENTION, CONTROL AND MANAGEMENT OF SICKLE CELL ANAEMIA.
2. CONSIDERATION AND ADOPTION OF THE FOLLOWING REPORTS:
 - i) REPORT ON STATUS OF IMPLEMENTATION OF THE MES PROGRAMME
 - ii) REPORT ON THE VISIT TO KISHI, HOMABAY, BOMET, KAKAMEGA, KERICHO AND NANDI COUNTIES TO INSPECT QUALITY OF CARE IN THE PUBLIC HOSPITALS

DATE:

16/03/17

VENUE: 2nd Floor Boardroom, Protection Hse.

	NAME	SIGNATURE
1.	Hon. Dr. Rachel Nyamai, M.P. Chairperson	
2.	Hon. Dr. Robert Pukose, M.P. Vice Chairperson	
3.	Hon. Alfred Agoi, M.P.	
4.	Hon. David Karithi, M.P.	
5.	Hon. Dr. Dahir Mohamed, M.P.	
6.	Hon. Dr. Enoch Kibunguchy, M.P.	
7.	Hon. Dr. James Murgor, M.P.	
8.	Hon. Dr. James Nyikal, M.P.	
9.	Hon. Dr. James Gesami, M.P.	
10.	Hon. Dr. Naomi Shaban, M.P.	
11.	Hon. Dr. Patrick Musimba, M.P.	
12.	Hon. Eng. Stephen Mule, M.P.	
13.	Hon. Dr. Stephen Wachira, M.P.	
14.	Hon. Dr. Susan Musyoka, M.P.	
15.	Hon. Fred Outa, M.P.	
16.	Hon. Hassan Aden Osman, M.P.	

17.	Hon. James Gakuya, M.P.	
18.	Hon. John Nyaga Muchiri, M.P., HSC	
19.	Hon. Dr. Eseli Simiyu, CBS, M.P.	
20.	Hon. Kamande Mwangi, M.P.	
21.	Hon. Leonard Sang, M.P.	
22.	Hon. Michael Ouyura, M.P.	
23.	Hon. Mwinga Gunga Chea, M.P.	
24.	Hon. Paul Koinange, M.P.	
25.	Hon. Raphael Milkau Otalo, MP	
26.	Hon. Zipporah Jesang, MP	
27.	Hon. Alfred Sambu, M.P.	
28.	Hon. Robert Mbuvi, MP	
29.	Hon. Jared Opiyo, MP	