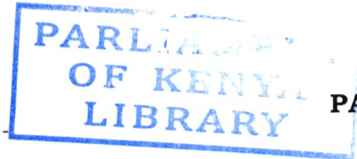


REPUBLIC OF KENYA



PARLIAMENT OF KENYA

THE SENATE

**REPORT
OF
THE STANDING COMMITTEE ON HEALTH, LABOUR AND
SOCIAL WELFARE
ON
THE STUDY VISIT TO LEVEL FOUR HOSPITALS
IN KILIFI, MOMBASA AND KWALE COUNTIES.
NOVEMBER, 2013**

CLERK CHAMBERS
THE SENATE
PARLIAMENT OF KENYA
K.I.C.C. BUILDING
NAIROBI

November, 2013.

ABBREVIATIONS

CT Scan	-	Computerized Tomography
CDM	-	Chronic Cancer Management
KEMSA	-	Kenya Medical Supplies Unit
MRI	-	Magnetic Resonance Imaging
URTI	-	Upper Respiratory Tract Infections
GBVRC	-	Gender Based Violence Recovery Centre
ICRH	-	International Centre for Reproductive Health
HDU	-	High Dependency unit
ICRH	-	The International Centre for Reproductive Health
UTIs	-	Urinary Tract Infections

TABLE OF CONTENTS

PREFACE	4
EXECUTIVE SUMMARY.....	5
ACKNOWLEDGMENT.....	9
CHAPTER ONE	10
Introduction.....	10
The Objectives of the Study visit are.....	10
CHAPTER TWO	11
KILIFI COUNTY	11
COURTESY CALL TO THE SPEAKER, THE COUNTY ASSEMBLY OF KILIFI.	11
THE MALINDI DISTRICT HOSPITAL	11
The Committee observed that;-	14
THE MATSANGONI HEALTH CENTRE;	15
The Committee observed that the Health Centre;	15
COURTESY CALL TO THE GOVERNOR OF KILIFI COUNTY	16
THE KILIFI DISTRICT HOSPITAL.....	16
The Hospital Innovations	16
The Committee observed that;.....	17
CHAPTER THREE	18
MOMBASA COUNTY.....	18
COURTESY CALL TO THE GOVERNOR'S OFFICE	18
THE COAST PROVINCIAL GENERAL HO SPITAL	18
The Committee observed that;.....	19
CHAPTER FOUR	20
KWALE COUNTY	20
THE KWALE DISTRICT HOSPITAL	20
Developments/Achievements in the Hospital	20
The Committee observed that;.....	21
GENERAL OBSERVA TIONS	22
GENERAL RECOMMENDATIONS	23
ANNEX 1.....	25
ANNEX II MINUTES.....	28

PREFACE

Mr. Speaker Sir,

1. The Standing Committee on Health, Labour and Social welfare was constituted on Thursday April 25, 2013 during the First Session of the Eleventh (11th) Parliament pursuant to provisions of Senate Standing Orders 177. The Committee executes its mandate in accordance with the provisions of Standing Order 206 and Second Schedule from which it draws its mandate to –

Consider the following issues:- Health; manpower and human resource planning; labour; trade union relations; gender; culture and social welfare; youth; national youth service; children's welfare; national heritage; betting; lotteries and sports; public entertainment; public amenities; recreation.

- 2 In executing its mandate, the Committee oversees the following Ministries:

- i. Ministry of Health and Medical services
- ii. Ministry of Labour, Social Security and Services,
- iii. Ministry of Sports, Culture and Arts.

- 3 The Standing Committee on Health, Labour and Social welfare comprises the following Members: -

Sen. Mohammed Kuti – Chairperson
Sen. Zipporah Kittony - Vice-Chairperson
Sen. Lenny Kivuti,
Sen. John Munyes Kiyonga
Sen. Hosea Onchwangi
Sen. Paul Njoroge.
Sen. Stephen Ole Ntutu
Sen. Abdirahman Hassan
Sen. Wilfred Machage
Sen. Stewart Mwachiru Shadrack Madzayo

EXECUTIVE SUMMARY

The Health Labour and Social Welfare Standing Committee during its meeting held on Tuesday May 14, 2013 adopted its work plan. During the Committees deliberations in reference to the Constitution of Kenya 2010 Article 43(1) (a) which states that “every person has a right to the highest attainable standard of health which includes the right to health care services, including reproductive health care” and Article 43 (2) “A person shall not be denied emergency medical treatment”

The Committee after considering the Government Policy on Health and its Mandate under the Senate Standing Orders 206 and the Second Schedule it is mandated to consider all matters related to health, manpower and human resource planning, labour, trade union relations, gender, culture, social welfare, youth, National Youth Service, children’s welfare; national heritage, betting, lotteries and sports, public entertainment, public amenities and recreation.

The committee resolved that it was prudent to have a study visit to see and analyze the minimum standard of Health services, facilities and equipment the hospitals offer to patients in the counties. The counties plan to upgrade levels 4 hospitals to Levels 5 and the Sub District hospitals which may be upgraded to levels four (4) and the whether other health facilities are within reach in the counties.

The Committee resolved to visit level four hospitals in Kilifi, Mombasa and Kwale counties to asses the hospitals facilities and their mandate of offering the best accessible and affordable medical health services.

This report provides a summary of the study visit to levels four hospitals in Kilifi, Mombasa and Kwale counties by the Senate Standing Committee on Health, Labour and Social Welfare from November 10th to 12th, 2013. The Study Tour was the second after the North Rift. The Members got first hand information and observed the working of level four hospitals.

The study visit was an important avenue to enable members understands the hospitals facilities and services.

The following were the objectives of the study visit.

- To inspect the state of the healthcare facilities and equipments for a level four hospital.
- Inspect the existing departments.
- To understand the ratio of doctor to the patients,

- To learn the most common ailments in the County and measures in place to address the same,
- The patient's medical records keeping and communication.
- The supply of essential drugs and medicine.
- Finding out the main causes of emergencies in the hospital,
- The challenges and issues facing health care facilities,
- The high dependency unit and the intensive care units,
- The blood bank, emergencies and the Intensive Care Unit facilities.
- The counties plan to upgrade levels four hospitals to levels five.
- Assessing the status of preparedness in handling devolved health care in the Counties.

The study visit activities, methodology and deliberations carried out while in the field were more or less the same in all the counties Hospitals visited, namely:

- Making courtesy calls to the Governors for the county health briefs.
- Holding discussions with the county executives responsible for health, the MOH, the Hospital Superintendents and other officials from the Health sector.
- Taking an inspection guided tour of the hospitals equipments and facilities.
- Talking to the patients in the selected counties hospitals randomly.
- Addressing the patients in the hospital as the need arose
- Holding discussions with the Hospital management teams.

This report documents the findings of the three County Hospitals visit from Kilifi Mombasa and Kwale Counties.

Chapter one is an introduction to the workings of the Committees including its mandate and the objectives of the study visit.

Chapter two covers the visit to Kilifi County, the County Assembly of Kilifi, a guided tour of Malindi Distirct Hospital, Matsangoni Health Centre, a courtesy call to the H.E. the Governor of Kilifi County and a guided tour of Kilifi District Hospital.

Chapter three covers the visits to Mombasa County, a courtesy call to the Governor of Mombasa Hon Ali Joho and an inspection tour of the Coast Provincial General Hospital.

Chapter four covers the visit to Kwale County and Kwale District Hospital.

Chapter five is a summary of the Committees' general observations and recommendations for the hospitals.

The counties study visit started with a visit to Kilifi County Assembly where the Committee paid a courtesy call to the Speaker of the County Assembly of Kilifi, and the County Assembly Committee on Health. The discussion was mainly health in the County and the challenges the health facilities. The Committee was then steered on to a guided tour of Malindi District Hospital by the Hospital's superintendant. The tour was in line with the Committee's objectives of the study visits whereby inspection of the health facility and discussion of the challenges faced in the hospital were made. Later on the way to Kilifi District Hospital the Committee had an unscheduled visit to Matsangoni Health Centre. This was to assess the health facilities and the distance, whether the common person is able to reach a nearby health facility within a reasonable distance. The Committee then paid a courtesy call to the Kilifi Governor H.E. Hon. Amason J. Kingi who steered the members to a guided tour of Kilifi District Hospital with the health county executive officer, the Hospital Supretendant and the MOH. All matters relating to the hospital welfare was discussed and the Governor called for vibrance of the Hospital management through the new devolution process to ensure better health services.

The Committee paid a courtesy call to the Governor of Mombasa County H.E. Hon. Ali Hassan Joho at his office; he stressed the need for increased collaboration between the members of the Senate Standing Committee on Health, Labour and Social Welfare and the County Members of the Health Committee in Mombasa's County Assembly. The Committee there after visited Coast General Hospital and made a tour of the hospital, identifying the challenges, improvements and the way forward at improving the standards of the hospital.

The Committee visited Kwale County and was unable to meet with the Governor due to the time lapse and was taken to a guided tour of Kwale District Hospital by the Sub County Health Coordinator. The Committee deliberated with Hospital Management including the challenges the hospital faces on a daily basis, the improvements the hospital has made so far and plans to improve the services offered in the hospital.

The Committee findings are that most Counties have already identified the level four hospitals which need to be upgraded to levels five and some levels three to four. The upcoming level five hospitals will need more equipment, facilities and medical personnel.

The Committee acknowledges the good work being done in the hospitals and congratulates The Governors, the Ministry of Health, the County Health Executives, County Committees of Health, the MOHs, the Hospital

Superintendents, the Consultants, Specialists, Medical doctors, Clinical officers, Nurses and all the staff for striving to realize the Constitution of Kenya 2010 in regards to Article 43(1)(a) and 43(2) on accessible and affordable Health care to all Kenyans.

Each Hospital has its own challenges while all the three counties have general findings and recommendations.

The Committee's General findings to the four Counties' hospitals is that;-

- Most of the levels four hospitals visited some had prepared a strategic plan to upgrade the hospitals to levels five.
- Some of the hospitals had improvised their blood banks.
- The computerized system for recording patient data was elaborative and easy for tracking a patient's illness and appointments.
- The misdiagnosis sometimes being done in the laboratories was due to lack of proper equipments.
- The hospitals had formulated other ventures to work in collaboration with development partners.
- The poverty level of patients is due to low education and income levels.

The Committee's General Recommendations to all the four Counties' hospitals is that;-

- The counties prioritize the health sector by upgrading at least one Hospital to a level five (5 referral) hospitals in each county.
- All levels four hospitals should have adequate equipments, i.e MRI, CTscan etc with specialists and consultants.
- The hospitals should have at least an upgraded accident and emergency centre and an Intensive Care Unit.
- Each referral hospital should establish a Medical Training Centre and a blood bank.
- The Counties Directors of Health should ensure that the hospitals get their land title deeds.
- Each referral hospital should do research to eradicate the common disease in its county.

ACKNOWLEDGMENT

Much gratitude goes to all the participants for their time and input in the second study visit for the Committee on Health, Labour and Social Welfare. In particular, the Honourable Senators, The Governors, the County Executives, the County Health Committees, the Members of County Assemblies, the Ministry of Health officers, the Hospital Supretendants and the MOH not only for their high turnout but also for their active participation and contributions to the deliberations, throughout the Study visit.

The Committee acknowledges the special gratitude to the Speakers Office, Office of the Clerk of the Senate of which without support and facilitation this study visit would not have taken place. The Cabinet Secretary for Health, the Principal Secretary, the County Governors, their deputies and the counties executives of Kilifi, Mombasa and Kwale, directors of Health, the MOHs and the Hospital Superintendents for their kind support and information.

Finally, we appreciate the senators for Kilifi, Mombasa and Kwale counties for their attendance; contributions, presentations and the zeal to have the hospitals offer the best affordable medical services with the minimum standard services delivery, equipment and infrastructure. And finally the Secretariat for the extensive planning and coordination of the county hospitals study visit.

Mr. Speaker Sir

I wish to express my appreciation to Members of the Committee who sacrificed time to attend the study visit and all the meetings that were held. The Committee findings, observations and Recommendations in this Report are based on the spot check, evidence and submissions received during and after the Committee study visit.

It is my pleasant duty and privilege, on behalf of the Standing Committee on Health, Labour and Social Welfare to table this Report on the study visit to levels four hospitals in Kilifi, Mombasa and Kwale counties and commend it to the House for adoption pursuant to provisions of the Senate Standing Orders 201.

Signed..... Date

SENATOR: Mohammed Kuti

CHAIRPERSON;

HEALTH, LABOUR AND SOCIAL WELFARE COMMITTEE

CHAPTER ONE

Introduction

The Committees are fundamental tools to the working of legislatures around the world. These Committees are anchored in the Kenyan Constitution, 2010 pursuant to Article 124.

The Committee on Health, Labour and Social Welfare is established pursuant to the Senate Standing Orders 206 and the Second Schedule and is mandated to consider all matters related to health, manpower and human resource planning, labour, trade union relations, gender, culture, social welfare, youth, National Youth Service, children's welfare; national heritage, betting, lotteries and sports, public entertainment, public amenities and recreation.

During one of its weekly meetings the Committee had resolved to visit level four hospitals in Kilifi, Mombasa and Kwale Counties to inspect the state of the health care facilities and equipment, learn the common ailments and finally, assess the challenges and issues faced in Malindi District Hospital, Kilifi District Hospital, Mombasa Provincial Hospital and Kwale District Hospital.

The Committee as a matter of courtesy paid courtesy calls to the Governor of Kilifi, and Mombasa Counties while reaching Kwale County it was very late and the Governor and Senator had already left their offices.

The Objectives of the Study visit are

- i. To inspect the state of health care equipment and facilities for a level four hospital
- ii. To inspect the existing departments in the hospital
- iii. To understand the ratio of doctor to the patients
- iv. To learn the most common ailments in the country and measures in place to address the same
- v. The patient's medical records keeping and communication
- vi. The plans in place to establish Medical Training Colleges in the hospitals
- vii. The supply of essential drugs and medicines
- viii. The blood bank, emergency and the Intensive Care Unit facilities
- ix. The main cause of emergencies in the Hospitals
- x. Issues and challenges facing health facilities
- xi. Assess the status of preparedness for handling devolved health care in the Counties.

CHAPTER TWO

KILIFI COUNTY

The Kilifi County is located on the Coastal line, bordering Tana River, Taita Taveta, Mombasa and Kwale Counties. It covers an area of 12,639 square kilometres. The County has a population of 1,109,735. Its capital town is Kilifi Town while its largest town is Malindi.

COURTESY CALL TO THE SPEAKER, THE COUNTY ASSEMBLY OF KILIFI.

The Committee paid a courtesy call to the Speaker of the County Assembly of Kilifi. The Hon Thadius Rajuaye Speaker MCA accompanied by Hamisi Mwabashiri Majority Leader, the County Assembly Health Committee Chairman, the MCAs and the County Executive in charge of Health, Labour and Social Welfare informed the members on the overall status of the Health Institutions in the County that;-

- i. Kilifi County has inadequate health facilities with 9 hospitals, of which three are level five facilities (district hospitals), three private and two mission, four nursing homes, 57 health centres, 50 dispensaries with a total bed capacity of 544 in all these facilities which are meant to serve about 1.2 million residents of the County.
- ii. The Major challenge was responding quickly to the patients in the Institutions due to inadequate health facilities such as ambulances and relevant machines.
- iii. Inadequate water supply is a key problem in the County
- iv. High illiteracy levels
- v. Less bed capacity
- vi. Current facilities in the County are underutilized especially by expectant mothers who prefer traditional birth attendants who are to be found within close proximity to the villages
- vii. Sewage problems
- viii. Job insecurity, this is because a large percentage of the County labour force feels that once the County Public Service Board is up and running, many people from the County will want to return and develop the County.

THE MALINDI DISTRICT HOSPITAL

The Malindi District Hospital's superintendent Dr Hasfa Mohamed and Justin Ngure the County Health Administration officer informed the Committee that;- Malindi District Hospital was founded in 1951 with the aim of offering basic health services to the 65,000 residents of Malindi town, whose majority live below the poverty line.

The services offered in the hospital include; antenatal, antiretroviral therapy, basic emergency obstetric care, caesarean section, curative in-patient services, curative out-patient services, family planning, a cardiologic clinic, HIV counselling and testing, immunization, radiology service, tuberculosis treatments, and the rural health training centre.

The Hospital bed capacity is stipulated below:

Wards	Bed Capacity
Male ward	50
Female ward	50
Paediatric ward	52
H.D.U.	12
N.B.U.	6 incubators and 10 cots
Casualty	8
Maternity shelter	15

The top ten cause of morbidity are at the Malindi District Hospital are as under;-

Disease Conditions	2007	2008	2009	2010	2011	2012
Malaria disease of the respiratory system	5612	5446	7626	8008	4897	715
Disease of the respiratory system	5551	4578	5581	7184	7068	5617
Disease of the skin	3033	1881	1921	2592	1802	284
Hyper tension	0	0	0	1246	920	0
Diarrhoea	941	6804	1072	1732	1315	2044
Urinary tract infection	1940	1681	1675	2216	2359	71
Rheumatism	0	0	728	532	0	526
Ear infection	599	364	328	591	0	282
Eye infection	513	526	375	0	825	98
Anaemia	627	617	0	577	710	0
Accident	493	273	362	1676	2343	136
Dental	1088	0	119	0	1485	0
Disease of circulatory system	0	861	0	0	0	0

That the sources of revenue for Malindi District Hospital are:-

- i. FIF from the hospital collection;
- ii. capital fees form NHIF;
- iii. funds from the HSF and
- iv. Donors and well wishers.

The estimate Budget of the Hospital is Ksh 20 million per year.

The main sources of expenditure for the Hospital are the;-

- i. Wages for the casuals;
- ii. Utilities and food for patients;
- iii. Pharmaceuticals;
- iv. Medical equipment;
- v. Medical gases;
- vi. Maintenance of rundown buildings and equipments and fuel

The challenges at Malindi District Hospital are;

The Committee was informed that challenges facing the Institution are:

- i. The Casualty wing is too small for large number of patients.
- ii. Rapid expansion of the hospital;
- iii. Deficit in the number of nurses, currently suffering a 40% deficit.
- iv. Inadequate supply of drugs from KEMSA.
- v. Most patients referred to Coast General Hospital for enhanced treatment are unable to pay the hospital bills.
- vi. Lack of blood banks, currently the hospital is forced to go to Mombasa to get blood for patients.
- vii. Staff insecurity due to threats from patients.
- viii. Infrastructure that the labour ward is congested with a bed occupancy of 150%., the orthopaedic workshop needs expansion, kitchen, laundry, stores, and the mortuary needs an overhaul.
- ix. Transfer of staff without replacements in the laundry, x-ray and ambulances services.
- x. Lack of sterilization and disinfectant unit and equipment that the hospital is forced to take their dirty linen to Kilifi District Hospital for sterilization.
- xi. The Hospital has a deficit budget of Ksh ten million.
- xii. There is a concern by health workers about the devolution process.
- xiii. The FIF have not been released, thus the health workers are concerned about their emoluments as systems are yet to be placed.
- xiv. The Land grabbing court cases has prolonged.
- xv. Human resource

The following is a table showing the cadre, numbers of personnel currently available and the deficit:-

Cadre	Available	Deficit
Specialized clinical officers	5	7
General clinical officers	8	16
Community oral health officers	1	2
Dentists	1	1

Dent. Technologists	2	0
Nurses	98	121
Public health officers	1	2
Radiographers	2	4
Pharmacists	3	4
Pharmtechs	1	4
Orthopaedic technologist	2	2
Nutritionist	1	4
Physiotherapists	3	3
Lab techs	17	0
Health record and information officers	2	3
Health record and information technicians	0	4
Occupational therapists	2	2
Med engineering therapist	2	3
Social workers	0	3
Trained comm. health workers	0	1
Plaster technicians	3	2
Health administrator	1	1
Accountants	1	0
Secretaries	2	0
Clerk	0	2
Tailors	1	0
Cooks	1	2
Drivers	3	6
Tel service persons	2	2
Support staff	4	45

The Committee observed that:-

- i. The Hospital has new developments such as the rehabilitation and the refurbishment of a new theatre block.
- ii. The emergency department costing a total of kshs. 9 million has been funded by well wishers and the Safaricom Foundation;
- iii. The devolved finds such as CDF and LATF and other partners such as UNFPA, APHIA and KEMRI have also contributed greatly to improve access to health services by constructing more health facilities near the communities.
- iv. There is a need for more social amenities and utilities in order to provide the population with the basic services of health.
- v. The formation of a palliative care centre with trained doctors is in place and on progress;
- vi. The laundry services are out and a tender to receive washing machines has already been sent.

- vii. There are efforts to expand the hospital and set up a gynaecology clinic and a blood transfusion centre by the year 2015.
- viii. A High Dependency unit (HDU) costing Ksh 120 million is being set up by San Matteo Research Foundation Hospital from Italy, the HDU needs to be upgraded to an Intensive Care Unit (ICU);
- ix. The hospital is one of the selected mentorship centres;
- x. Two trained nurses in ICU, a paediatric surgeon, one surgeon and anaesthetic are presently undergoing training in cardiac surgery and anaesthesia in Italy.

THE MATSANGONI HEALTH CENTRE;

The Committee on its way to Kilifi District Hospital made an adhock visit to Matsangoni Dispensary. The Committee was met by the Dispensary Management Board Chairman Mr M. Kazungu, the County Health Executive Officer, the Health Committee members, Dr Swabah A. Omar and Hon Gertrude Mreyu, MCA. Me informed the Committee that;-

Matsangoni Health Centre was officially opened in the year 2012 in Matsangoni village in Kwale County.

The services offered by the health facility include; maternity services, inpatient and outpatient services, general ward and gynaecology ward.

It receives a maximum of 10 patients a day and has a bed capacity of 30 beds and 4 cots. Currently there exists a new maternity ward but not in use, because there is no water piping installation.

The Committees Adhock visit was to assess whether the local Mwananchi is able to reach at least a health facility within a reasonable distance and be able to receive appropriate health and maternity services. The Committee was able to asses the challenges the health facility was having namely;-

The Committee observed that the Health Centre;

- Lacks adequate water supply, especially in the new maternity building.
- The supply of medicine was erratic.
- There was no ambulance for referrals.
- There was a few number of nurses and
- There were inadequate bed linens.

COURTESY CALL TO THE GOVERNOR OF KILIFI COUNTY

The Committee paid a courtesy call to the Governor of Kilifi County H.E. Hon Amason J. Kingi who informed the Committee that;

- i. The resources are constrained but efforts are being put in place to utilize the available allocations
- ii. The governor stressed the challenges faced namely lack of equipments etc, that efforts are being put in place to tackle the health facilities challenges.
- iii. Funds are being availed to ensure that mortuaries are up and running.
- iv. Fund to dispensaries in the rural areas are being disbursed so that services and some ailments are dealt with.
- v. Funds have been allocated for seven ambulances to be distributed to each Sub county to handle emergency cases.
- vi. The quick response is a major key to successful running of hospitals
- vii. The old system and ideology is still in play and looking forward to embracing devolution.
- viii. A scheme is being developed in the Health Sector for a more responsive to people needs.
- ix. The training scheme in the health sector is now in place for individuals to climb up the ladder.
- x. Devolution will work efficiently and effectively.

THE KILIFI DISTRICT HOSPITAL

The Hospital Medical supretendant Dr E. Wanjala, Mr Sabah Omar the County Health Executive and the MOH informed the Committee that;

Kilifi District Hospital was established in the 1950s by the Colonial Government. It serves 500,000 residents, it has an elaborate outpatient department and a 205 bed capacity; 21 in the maternal shelter and 15 for new-borns, the hospital also has adult, maternity and paediatric ward. In terms of staff, the hospital currently has 2 specialists from KEMRI, 8 medical officers, 8 medical interns and 100 nurses.

The hospital currently performs 260 surgeries and 150 caesarean sections in a month. The common ailments in the hospital include; diarrhoea, respiratory tract infections, two cancer surgeries performed every week and strokes.

The Hospital Innovations

The Committee was informed that the hospital had made the following innovations:-

- i. Set up a new maternity ward,
- ii. Improved and refurbished outpatient facility which was established in 2010,

- iii. Setting up a fish pond in order to improve the patients' diet.
- iv. There is an active diabetic clinic which receives up to 40 patients in a month;
- v. Plans are in place to have piped water in the hospital in the two wards that will cost a total of Ksh 600,000

The Committee observed that;

- i. There was lack of ambulances to refer patients in the rural areas to the Hospitals.
- ii. There are only two ambulances in the hospital which were very old and uneconomical to run.
- iii. The Hospital had few wards.
- iv. The hospital is in need of a new mortuary.
- v. Funds from the County allocations are yet to be released making the daily running of the Institution hectic.
- vi. There is lack of proper IT infrastructure to support the Hospital work,
- vii. The Hospital experiences water shortage.
- viii. There was no utility vehicle.

CHAPTER THREE

MOMBASA COUNTY

Mombasa County is located on the South Eastern part of the Kenya Coast. It borders the Indian Ocean to the East and South East, Kilifi County to the north and Kwale to the west and south west. It covers an area of 295 square kilometres. It has a population of 939,370. The county is a major trade centre and the centre of Coastal Tourism.

COURTSEY CALL TO THE GOVERNOR'S OFFICE

The Committee paid a courtesy call to H.E Hon Joho Governor Mombasa County who informed the Committee that;-

- Mombasa County is the smallest County in Kenya covering an area of 229.7 square kilometres excluding 65 sq kilometres of water mass.
- The wage Bill is a major concern to the staff in the Hospitals around Mombasa County,
- There is a deficit on the Bill and that the main cause is referral arrangements made in other institutions.
- There was a concern by the staffs at the Hospitals that they may not be handled well in the County Level of government as compared to the National level.
- The payroll was considered a major concern;
- There is a need to balance with the other counties so as to maintain an equal relationship.

THE COAST PROVINCIAL GENERAL HOSPITAL

The Chief Administrator, Dr Bernard Japhet Mwero, the County Director of Health Dr Khadija S. Sekhe, the MOH Dr Chidagaya S.T informed the Committee that;

The Coast Provincial General Hospital, the second largest government hospital in Kenya, was founded in 1908 as the native civil hospital for Mombasa Island. It acts as a teaching and referral hospital whose service area comprises the 7 coastal districts in Mombasa County.

Coast Provincial General Hospital has an annual inpatient admission and outpatient visits of 32,000 and 200,000 respectively. It receives 6-10 referrals per day. Its profile of service comprises of 12 general Boards, 3 maternity Boards, 1 amenity ward, mortuary services and family care team. It offers both inpatient and outpatient consultations with other profile services like dressing, vaccinations,

MCH/F/D, physiotherapy, laboratory services, pharmacy, occupational therapy, and orthopaedic plaster. The hospital also runs X-ray services, Comprehensive care clinic for HIV/AIDS cases, dental, theatre, monthly neurosurgery operations by volunteer surgeons and palliative care.

The hospital has 305 nurses on the ground, 6 pharmacists and 16 medical interns. The common ailments are malaria, pneumonia and malnutrition.

The hospital has recently received a dialysis unit from Safaricom Foundation and there are also plans to put up 16 more units.

The Coast General Hospital has a Gender Based Violence Recovery Centre (GBVRC), a public-private partnership with the Ministry of Health and The International Centre for Reproductive Health (ICRH). It was set up in May 2007 to complement and strengthen services available at the hospital and provide comprehensive, quality care for survivors of rape, sexual violence and sexual exploitation.

The services provided at the centre includes, medical, psycho-social care, legal counselling and support and referral for specialized services.

The Committee observed that;

- i. There is a shortage of nurses, currently they have 305 instead of 305 and workload on the patients was demanding.
- ii. There is insufficient allocation of funds and high levels of waivers and exemptions was due to the inability of patients to meet their medical bills;
- iii. There is a shortage supply of medicine.
- iv. The Hospital receives too many referrals from the other County Hospitals.
- v. There was a lot of cases of Urinary Tract Infections (UTIs) in children under the age of 18 who need their parents' consent to be provided with the necessary medication.
- vi. The Hospital has poor infrastructure that need intensive repairs.
- vii. Problem of cost sharing with the government funding;
- viii. There is inadequate necessary equipment such as wheel chairs and stretchers.
- ix. The Hospital has a deficit of about Ksh 100 million on their budget.
- x. The screening machines are too old;
- xi. The ICU Department has a shortfall of 6 monitors.
- xii. The staff in the hospital are afraid of the new devolved system, they are worried that they will not be paid well under new administration and
- xiii. The career progression for doctors will no longer have relations to the national government.

CHAPTER FOUR

KWALE COUNTY

Kwale County covers an area of 8,270.2 square kilometres, a county in the Coastal line with a population of 649,931.

THE KWALE DISTRICT HOSPITAL

The Hospital Management team led by the MLTO Sub County Cordinator Mr Salim Kobo Godani informed the Committee that;

That Kwale District Hospital is located in Matuga District in Kwale County. The services offered at the hospital include; antiretroviral therapy, curative inpatient services, family planning, HIV counselling and testing, and immunization.

The key areas in the hospital are the family planning and nutrition centre supported by Trnava University in Slovakia.

The hospital has a general ward and a gynaecology ward. It has a bed capacity of 52 beds including 3 cots.

It caters for trauma counselling in adults and offers therapy for children. Kwale District Hospital is praised for its good relations with the patients and considered the best referral in the area. .

Developments/Achievements in the Hospital

The Committee was informed that despite the hurdles, the hospital has made some efforts to improve its status through donors, well wishers and the hospital management.

The following are some of the progression done in the hospital;

- The hospital hosted a three-day congress between March 30th, 2012 and April 1st, 2012 for ultrasound in abdominal, small parts, Doppler and chest sonography for all the health professions in the Coast Province.
- The Congress was sponsored by Stifung fur mediizinischen Wissentransfer (the foundation for medical know how transfer from Switzerland).
- A water tank worth 6M was set up to help in the daily running of the facility.
- The laboratory facilities have been improved since 2013.
- The Swiss Foundation by Dr. Walter has supplied Ultra sound machines and offering training to clinical officers.
- A nutritional centre was built in 2008 through a project by Trvana University in Slovakia, they also supports two rural centres (in Tiwi and Mkongani) which is a great help to the community to reduce malnutrition.

- Boreholes have been earmarked to be constructed but the process is still at the preliminary stages.

The Committee observed that;

Kwale District Hospital has;-

- Inadequate number of nurses;
- Only four (4) doctors' shares one department.
- No proper maternity equipments for mother's delivery.
- Only one ambulance is available in the whole District for making emergency referrals.
- There was perennial water shortage.
- About 60% of the hospital staff are from neighboring counties, hence there was a need to train Kwale residents.
- The hospital has inadequate government funds allocation.
- Only 5 clinical officers at the hospital.
- No X-ray machines making it impossible for the qualified radiographers in the hospital to perform their functions.
- The ambulance is unable to deal with rural areas emergency situations due to the poor terrains.

CHAPTER FIVE

GENERAL OBSERVATIONS

The Committee noted and observed that;-

- Through devolution, there will be developments in the health sector in the Kilifi, Mombasa and Kwale Counties.
- That the areas that seem neglected in the past can be improved and the county governments should have a good comprehensive strategic plan for the hospitals.
- Setting standards and benchmark for the Health sector across the counties will enable citizens in Kenya to be treated equally across the country.
- Most of the levels four hospitals visited, some had prepared a strategic plan to upgrade the hospitals to levels five.
- The computerized system for recording patient data was elaborative and easy for tracking a patient's illness and appointments.
- The misdiagnosis sometimes being done in the laboratories was due to lack of proper equipments.
- The hospitals had formulated other ventures to work in collaboration with development partners.
- The poverty level of patients is due to low education and income levels
- The Hospitals had inadequacy number of nurses and few clinical officers.
- Some hospitals had four doctors sharing one department.
- Lack of X-ray machines in some facilities makes it impossible for the qualified radiographers in the hospital to perform their functions.
- Patients referred to Coast General Hospital for enhanced treatment are unable to pay the hospital bills.
- Due to lack of blood banks Malindi hospital is forced to go to Mombasa Hospital to get blood for patients.
- The staff at the Malindi District Hospital echoed insecurity from some patients.
- The sterilization and disinfectant unit and equipment were lacking in some hospitals.
- There was a concern by health workers about the devolution process, about their emoluments as systems are yet to be put in place.

CHAPTER SIX

GENERAL RECOMMENDATIONS

The Committee recommends that:-

- i. All levels four hospitals should have adequate equipments, i.e MRI, CTscan etc with specialists and consultants.
- ii. The hospitals should have at least an upgraded accident and emergency centre and an Intensive Care Unit.
- iii. Each referral hospital should establish a Medical Training Centre and a blood bank.
- iv. The Counties Directors of Health should ensure that the hospitals get their land title deeds.
- v. Each referral hospital should do research to eradicate the common disease in its county.
- vi. Doctors should maintain good relations with the patients and give the necessary treatment irrespective of class, age, and race.
- vii. The hospitals are in need of extra support to deal with mass tragedies and natural disasters.
- viii. Hospital may seek for assistance in paying off some debts through a need based partner (donor) input.
- ix. Need to provide civic to the public on their rights such as the right to every citizen be treated as envisaged in the Constitution.
- x. The Committee stressed the need for the members of the County Assembly in charge of Health to work harmoniously with the Senate Committee on Health, Labour and Social Welfare so that they can both be able to tackle the health problems facing the counties.
- xi. Other opportunities to increase revenue in the Hospitals may be brainstormed so as to help the residents of Kilifi and in general, strengthen the County.
- xii. The County Executive should put in place services, to ensure that the affairs of the residents of Kilifi County are taken care of.
- xiii. There is need for active participation County Assemblies Committee members and the Senate Committees.
- xiv. There is a dire need to upgrade the rural health centres in the counties.
- xv. The electrification of some health centres Like Matsangoni may be done as soon as possible for maternity services to be undertaken there.
- xvi. The Coast Provincial General Hospital should shorten the process to see a consultant.
- xvii. There is need to improve the facilities at Malindi District Hospitals in order to reduce the number of referrals taken to the Coast Provincial General Hospital;

- xviii. Efforts should be made to bring the Malindi District Hospital to a level 5 hospital since it has the capacity.
- xix. The process of drug supply by KEMSA should be improved to alleviate inefficiencies.
- xx. The Committee urges the hospital management to be patient and wait for the devolved funds to be released for use.
- xxi. The hospital is urged to increase awareness to the patients in the rural areas of the free surgical camps done at the hospital to ensure huge turn-out of patients;
- xxii. Efforts should be made to train and employ the nurses once the devolved funds are released.
- xxiii. All the county Hospitals should have their title deeds and the cases in court should be fast tracked to conclusion.

ANNEX 1

1.1 Kilifi County Assembly, Attendance List

The following table shows the members of the Kilifi County Assembly who participated in the discussion with the Senate Committee on Health, Labour and Social Welfare.

No.	NAME	DESIGNATION
1	Hon Thadius Rajuaye	Speaker
	Hon Hamisi Mwabahiri	Majority Leader
	Hon Major Idris	Political Advisor
2	Sabah Omar	Health County Executive
3	Hon. Albert Kiraga	Chair County Health Committee
4	Hon. Daniel Chai Chiriba	Vice Chair County Health Committee
5	Hon. Getruden Mbeyu	MCA/Member
6	Tecra Muyo	MCA/Member
7	Grace Mwagome	MCA/Member
8	Herbert Matano	MCA/Member
9	Lali Omar Sadi	MCA/Member
10	Nixon Mramba	MCA/Member
11	Renson K. Karisa	MCA/Member
12	Daniel Chai Chiriba	MCA/Member
13	Christien Fondo	MCA/Member
14	Priscilla Zawadi	MCA/Member
15	Barka A. Mohamed	MCA/Member
16	Arafa S. Baya	MCA/Member
17	Alphonse Mwayaa	MCA/Member
18	Mwithethe A. Kadenge	MCA/Member
19	Kingi Ngombo Kithi	MCA/Member
20	Grace M. Chihanga	MCA/Member
	Sophia Ismail	Director Protocol

1.2. Malindi District Hospital, Attendance List

The following table shows the participants during the visit to Malindi District Hospital:

No.	NAME	DESIGNATION
1	Dr. Hasfa Mohamed	Malindi Hospital Superintendent
2	Justine Ngure	County Health Admin Officer
3	Sabah Omar	County Health Executive
4	Hon. Albert Kiraga	Chair- Health Committee
5	Hon. Daniel Chai Chiriba	Vice Chair-Health Committee
6	Hon. Nixon Mramba	Member- Health Committee
7	Hon. Tecla Muye	Member- Health Committee
8	Hon. Lali O. Sadi	Member- Health Committee
9	Hon. Grace M. Chihanga	Member- Health Committee

10	Hon. A. Kingi Ngombe	Member- Health Committee
11	Hon. Grace K. Mwangombe	Member- Health Committee
12	Hon. Jane Mwaro	Member- Health Committee
13	Hon. Japhe Nzaro	Member- Health Committee
14	Hon. Elina Mbaro	Member- Health Committee
15	Abeddugoh Ng'onde	Administration Officer
16	Esther Mwerua	Nursing Officer
17	Agyes Mwaragoki	Health Admin. Officer
18	Dr. Fatma Baza	DMOH
19	Ibrahim Samon	Incharge- Clinical Officer
20	Emily Karisa	SCPHN
21	Joshua Chengo	Nursing Officer

1.3.

1.4. Matsangoni Health Centre, Attendance List

The following table shows the participants during the Adhock visit to Matsangoni Health Centre Kilifi.

No.	NAME	DESIGNATION
1	Mr M. Kazungu	Chairman, Dispensary Management Board
2	Dr Swabah A, Omar	County Executive, Health Committee member
3	Hon Gertrude Mreyu	MCA, Health County committee Member.
4	Hon. Hassan Said	MCA
5	Hon. A. Kingi Ngombokithi	MCA

1.5. Kilifi District Hospital, Attendance List

The following table shows the participants during the visit to Kilifi District Hospital:

No.	NAME	DESIGNATION
1	HE Hon Amasson Kingi	Governor Kilifi County
2	Hon Gertrude Mreyu	MCA Health County committee.
3	Dr Swabah A, Omar	County Executive Committee member
4	Hon. Hassan Said	MCA
5	Hon. A. Kingi Ngombokithi	MCA
6	Dr E. Wanjala	Medical Supretendant
7	Dr Anwar O. Ali	MOH
8	Omar R. Sigomba	SPHO
9	Raphael Kalama	SMLT
10	Mathias Karungu	CPO
11	Dorotia Wandoe	ACC
12	Pamela C. Kabibu	NO i/c
13	Mwathi Mwaniki	HAOic
14	Florence M. Lughanje	COi/c KCHOS
15	Christopher Chee	MSW

1.6. Mombasa Provincial Coast General Hospital, Attendance List

The following table shows the participants during the visit to Mombasa Coast General Hospital.

No.	NAME	DESIGNATION
1	Dr Khadija S. Sekhe	County Director of Health
2	Dr Bernard Japhet Mwero	Hospital Supretendant
4	Dr. Chidagaya S.T.	MOH
4	Dr. Benard Japhet Mwero	Chief Administrator
5	William M. Manthi	S.H.A. MSA
6	Esha Yahya	County Clinical Officer
7	Dr. Mohamed Hanir	County Pharmacist
8	Alice Menza	County Nursing Officer
9	Leonard M. Mkala	SHAD CPGH
10	Michael Ochieng	ACHAO
11	Henry H. Ponda	DUN
12	Herbert Aseneka	SHRIO
13	Cecilia Kamau	P.H.O.
14	Dr. Athman B.	D/CA
15	Gracde Kinya	Personal Assistant, County Executive, Health
16	Joseph M. Kimbwele	CDHO-MSA County
17	Hon. Amur	MCA Mombasa County

1.7. Kwale District Hospital, Attendance List.

The following table shows the participants during the visit to Kwale District Hospital:

No.	NAME	DESIGNATION
1	Salim Kobo Godani	MLTO- Sub County co-ordinator
2	Eric Abong'o	Occupational therapist
3	John Munyi	MLT
4	Esther Mwachiro	DDPHN
5	Michael Komboh	FMN
6	Elizabeth Olomba	DCO
7	Mambo Zanih	Physio
8	Juma J. Mwanila	DASCO
9	R. M. Muendo	CPHO
10	Galole Dina	DPHN
11	Crispin Mnyapara	SRN RCO
12	Rosemary Akora	Med. Student, UON.

ANNEX II MINUTES