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THE SENATE

APPROVED  
RT. HON. SEN  
AMASON J. KINGI

STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING  
ENGAGEMENTS TO KIAMBU COUNTY ON 10<sup>TH</sup> NOVEMBER, 2025

| PAPERS LAID        |                    |
|--------------------|--------------------|
| DATE               | 19/3/2026          |
| TABLED BY          | Sen. Githuku Kamau |
| COMMITTEE          |                    |
| CLERK AT THE TABLE | Nery.              |

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## **LIST OF ABBREVIATIONS**

|       |                                               |
|-------|-----------------------------------------------|
| CECM  | County Executive Committee Member             |
| CHS   | Community Health Service                      |
| CHP   | Community Health Promoter                     |
| CPSB  | County Public Service Board                   |
| CS    | Cabinet secretary                             |
| DG    | Deputy Governor                               |
| EMR   | Electronic Management Records                 |
| FIF   | Facilities Improvement Financing              |
| FY    | Financial Year                                |
| HMIS  | Health Management Information System          |
| HPTs  | Health Products and Technologies              |
| HRH   | Human Resource for Health                     |
| SHIF  | Social Health Insurance Fund                  |
| SHA   | Social Health Authority                       |
| OSR   | Own Source Revenues                           |
| ICU   | Intensive Care Unit                           |
| KEMSA | Kenya Medical Supplies Agency                 |
| KCRH  | Kiambu County Referral Hospital               |
| KMPDU | Kenya Medical Practitioners and Dentist Union |
| MEDS  | Mission for Essential Drugs Supplies          |
| MoH   | Ministry of Health                            |
| NG    | National Government                           |
| NHIF  | National Health Insurance Fund                |
| PSC   | Public Service Commission                     |
| UHC   | Universal Health Coverage                     |
| WHO   | World Health Organization                     |
| MAT   | Medically Assisted-Therapy                    |



## PRELIMINARIES

### Establishment and Mandate of the Committee

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

- 1) *investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;*
- 2) *study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;*
- 3) *study and review all legislation referred to it;*
- 4) *study, assess and analyze the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;*
- 5) *consider the Budget Policy Statement in line with the Committee's mandate;*
- 6) *report on all appointments where the Constitution or any law requires the Senate to approve;*
- 7) *make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;*
- 8) *consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;*
- 9) *examine any statements raised by Senators on a matter within its mandate; and*
- 10) *follow up and report on the status of implementation of resolution within its mandate;*
- 11) *follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C;*

### Committee Membership

The Committee is comprised of the following members-

|                                                 |   |                         |
|-------------------------------------------------|---|-------------------------|
| 1. Sen. Jackson K. Mandago, EGH, MP             | - | <b>Chairperson</b>      |
| 2. Sen. Mariam Sheikh Omar, MP                  | - | <b>Vice-Chairperson</b> |
| 3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP | - | Member                  |
| 4. Sen. Ledama Olekina, MP                      | - | Member                  |
| 5. Sen. David Wakoli, MP                        | - | Member                  |
| 6. Sen. Richard Onyonka, MP                     | - | Member                  |
| 7. Sen. Tabitha Mutinda, MP                     | - | Member                  |
| 8. Sen. Hamida Kibwana, MP                      | - | Member                  |
| 9. Sen. Joseph Githuku, MP                      | - | Member                  |

## **CHAIRPERSON'S FOREWORD**

At its Sitting held on 28<sup>th</sup> October, 2025, the Standing Committee on Health deliberated on the state of provision of healthcare services at health facilities country-wide and resolved to conduct an oversight visit to Kiambu County to acquaint itself with the provision of healthcare services as part of its oversight function.

The oversight visits which took place on Monday, 10<sup>th</sup> November, 2025 were designed to provide crucial firsthand insights into the state of health infrastructure, service delivery quality and the urgent challenges affecting medical staff and local communities they serve.

The Committee engagements involved site visits and direct interactions with healthcare workers and members of the public at the Kiambu County Referral Hospital, Karuri Level 4 Hospital and Ruaka Level 3 Hospital. Through these interactions, the Committee gathered critical evidence on the adequacy of healthcare personnel, the status of medical equipment and supplies, the effectiveness of emergency and referral systems and the implementation of digital health records.

The Committee further sought to acquaint itself with the information and understand the operationalization of health financing mechanisms including the Social Health Insurance Fund (SHIF) and the Facility Improvement Fund (FIF). The Committee also sought to assess the counties compliance with relevant health sector policies and regulations.

The Committee noted significant disparity between the County's ambitious infrastructure investments and the critical maintenance and operational challenges facing existing facilities while substantive resources have been committed to modernize diagnostics and expand capacity. The Kiambu County Referral Hospital is grappling with severe structural dilapidation, chronic overcrowding and systemic inefficiencies such as frequent Health Information Management Systems (HIMS) downtimes that delay patient registration for up to four hours.

Critical gaps in clinical accountability were noted, particularly the unwillingness or inability to provide reliable neonatal mortality data, alongside serious environmental risks posed by non-functional incinerators and the unsafe storage of biomedical waste near residential areas. The Committee further identified major financial and social barriers, including a Kshs. 132 million debt to KEMSA that has led to a suspension of medical supplies, delays in SHA/NHIF reimbursements, and the detention of teenage mothers due to gaps in social health insurance registration

This report provides a comprehensive analysis of the identified issues within the healthcare sector and presents actionable recommendations specifically tailored for county governments and other relevant stakeholders. The overarching objectives of these recommendations are to strengthen existing healthcare systems, enhance accountability mechanisms, and ensure that investments in healthcare translate directly into tangible improvements in service delivery and, ultimately, public health outcomes.

## Acknowledgements

On behalf of the Committee, I wish to sincerely thank Sen. Karungo Thang'wa, CBS, MP Senator for Kiambu County for the warm welcome and the invaluable support extended to the Committee by his office during our oversight visits. The contributions and input from the team greatly facilitated the effective discharge of the Committee's oversight mandate and functions in the County.

The Committee also wishes to extend its sincere appreciation to the Governor and the Executive of the Kiambu County Government, Hon (Dr.) Kimani Wamatangi, EGH, for their input, submissions and the evidence provided during the oversight visit. The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

Further, the Committee extends its appreciation to the Speaker of Kiambu County Assembly and Members of the County Assembly counterpart Committees on Health for their presence and participation during the visit. The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

Finally, I acknowledge and appreciate the Members of the Committee for their dedication and commitment during gathering of evidence, drafting of this report and setting out conclusions and recommendations.

Further appreciation goes to the Office of the Speaker of the Senate and the Office of the Clerk of the Senate for their continuous support to the Committee during execution of its mandate.

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 223 (6) of the Senate Standing Orders.

Signed..........Date.....  
**SEN. JACKSON K. ARAP MANDAGO, EGH, MP**  
**CHAIRPERSON, STANDING COMMITTEE ON HEALTH**



## **CHAPTER ONE**

### **1. INTRODUCTION**

1. The Standing Committee on Health is established pursuant to Standing Order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation*
2. To execute its mandate, the Committee has adopted different modes of operation which include County Oversight and Networking Engagements. Through these engagements, the Committee is able to augment the evidence gathered within the precincts of Parliament with site visits.
3. At its Sitting held on Tuesday, 28<sup>th</sup> October, 2025, the Committee resolved to undertake a County Oversight and Networking Engagements (CONE) in Kiambu County to acquaint itself with the provision of healthcare services in the County as part of its oversight function. The Committee further sought to establish the veracity of the recent concerns and wide spread claims of a surge in infant deaths in the County allegedly linked to a prolonged healthcare personnel strike.

#### **Purpose and Objectives**

4. The specific objective of the visit was to-
  - a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;
  - b) assess the automation of healthcare provision systems for patients, drugs and commodity management;
  - c) assess the availability of requisite healthcare personnel, the gaps and challenges, if any, these counties face in regard to healthcare workers;
  - d) assess the availability of training and capacity building programs and avenues for healthcare workers in emergency healthcare, specialized services and referrals;
  - e) assess the availability of drug and medical supplies in healthcare facilities in the counties; and
  - f) obtain information on the Social Health Authority (SHA) reimbursements, facility accreditations and pending bills with the Kenya Medical Supplies Agency (KEMSA).

#### **Scope of the Engagements**

5. The Committee selected the following facilities in Kiambu County for assessment-
  - a) Kiambu County Referral Hospital (KCRH);
  - b) Karuri Level 4 Hospital; and
  - c) Ruaka Level 3 Hospital.

## **Methodology**

6. On 10<sup>th</sup> November, 2025, the Committee conducted site visits to the identified facilities. During these visits, Members of the Committee engaged with pertinent county government officials, hospital management, and other stakeholders and gathered oral and written submissions. The Committee also conducted thorough physical inspections of the premises, reviewed relevant documentation and directly observed working conditions and challenges affecting healthcare delivery in the County.
7. The findings, analysis and recommendations set out in this Report are based on evidence collected throughout these engagements, and aim to support the improvement of health sector governance, accountability, and service delivery within the context of the devolved system of governance.

## **1.2 KIAMBU COUNTY PROFILE**

8. Kiambu County covers about 2,538.6 km<sup>2</sup> and had a 2019 census population of 2,417,735, with projected growth to about 2.75 million in 2025 and 2.85 million by 2027 (annual growth about 2.7%). Population density averages about 952 people/km<sup>2</sup>, but ranges from high densities in Kabete, Kiambaa, and Ruiru to much lower densities in Lari and Gatundu North according to the Kenya National Bureau of Statistics (KNBS). This creates distinct service access and referral challenges across sub-counties.
9. The County is largely urban and peri-urban with a double burden of NCDs and persisting maternal-child and infectious conditions. The 2022 KDHS county factsheet shows relatively low child undernutrition (stunting about 15–16%, wasting about 2–3%, underweight about 5%) but pockets of vulnerability and rising overweight in under-fives. Maternal and child health indicators (ANC attendance, facility delivery, childhood vaccination) are generally better than national averages, but adolescent pregnancy, NCDs (hypertension, diabetes), mental health, injuries, and road traffic accidents are growing concerns given rapid urbanization and mobility.
10. The County borders Nairobi and Kajiado to the South, Machakos to the East, Murang'a to the North and Northeast, Nyandarua to the Northwest, and Nakuru to the West. The County has a relatively dense, urbanizing health system with major ongoing investments in infrastructure, digitalization and social health protection, but it also faces congestion, human resource gaps, high service demand from neighbouring counties, and persistent inequities between sub-counties.
11. Kiambu County has three county referral (Level 5) hospitals namely Kiambu, Thika and Gatundu, approximately 11 Level 4 hospitals and a large base of Level 2 and 3 primary facilities, with significant numbers of faith-based and private providers. The Department of Health Services is mandated to promote, regulate and provide health care, operating an integrated network of community, primary, and referral services.



12. In September, the County Government reported that construction of more than 30 new Level 3 and 4 hospitals and upgrading many existing facilities, aiming to increase public bed capacity from about 1,600 to over 3,200 and to decongest the main referral hospitals has been taking place.
13. The County's approved Supplementary II budget for FY 2023/24 was Kshs. 23.21 billion, Kshs. 6.97 billion (30.0 percent) and Kshs. 16.25 billion (70.0 percent) allocations for development and recurrent Programs, respectively. The approved budget estimates represented an increase of 31.4 percent compared to the previous financial year when the budget was Kshs.17.66 billion, comprising Kshs. 4.59 billion for development expenditure and Kshs. 13.07 billion for recurrent expenditure. Regarding healthcare, the budget allocation stood at Kshs. 7.5 billion, aimed at expanding health infrastructure, providing medical supplies, and enhancing service delivery capacity.
14. The County received Kshs.11.25 billion as an equitable share of the revenue raised nationally, Kshs.645.61 million as additional allocations/conditional grants, and a cash balance of Kshs.2.55 billion from FY 2022/23, and raised Kshs.4.58 billion as own-source revenue (OSR). The raised OSR includes Kshs.1.20 billion as FIF and Kshs.3.38 billion as ordinary OSR. The total funds available for budget implementation during the period amounted to Kshs.19.11 billion.<sup>1</sup>
15. Kiambu County allocated approximately Kshs 7.7 billion for health services in the 2024/2025 financial year, making it the largest budget line among all county sectors for this period. The main health services allocation is Kshs 7,755,267,432.00 split as recurrent expenditure Kshs 7,039,805,677.00 and development expenditure Kshs 715,461,755.00.
16. Nonetheless, the Auditor General's reports for 2023/2024 identified significant inaccuracies in financial statements, with discrepancies between the books of accounts and reported figures. There were persistent weaknesses in internal controls, especially in revenue collection and expenditure tracking. Further, Hospitals failed to deduct and remit statutory contributions such as NSSF, contrary to legal requirements and many facilities used manual billing systems without clear criteria, leading to revenue leakage and lack of audit trails. It was also reported that patient bill waivers were granted without proper delegated authority, violating regulations.
17. The Controller of Budget Implementation Review Report for the first half of 2024/2025 Financial Year noted delays in the implementation of health sector projects, including hospital construction and equipment procurement, which affected the timely delivery of services. There were gaps in monitoring and evaluation of health programs, with limited reporting on outcomes and impact of allocated funds.

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<sup>1</sup> Office of the Controller of Budget. (2024). Consolidated County Budget Implementation Review Report FY 2023/2024. <https://cob.go.ke/reports/consolidated-county-budget-implementation-review-reports/>



## CHAPTER TWO

### 2. COMMITTEE OBSERVATIONS AND STAKEHOLDER SUBMISSIONS

#### 2.1 Meeting with the County Assembly

18. The Committee paid a courtesy call to the County Assembly of Kiambu on 10<sup>th</sup> November 2025 and was received by the Speaker, Hon. Charles Murungaru Thiong'o. The Committee informed the Speaker and the Members of the County Assembly present that the objectives of the oversight included monitoring county health facility conditions and evaluating healthcare service delivery in the County.



*Picture 1 &2: The Committee on Health during a courtesy call on the Speaker of Kiambu County Assembly*



## 2.2 Meeting with the County Executive

19. The Committee also paid a courtesy call on the Governor of Kiambu County at the Governor's office in Kiambu Town and was received by the acting County Secretary Mr. John Maingi; Mr. James Njuguna, the Chief of Staff; Dr. Elias Maina, the County Executive Committee Member (CECM) for Health Services; and Dr. Patrick Nyaga, the Chief Officer of Health Services;
20. The Committee was accompanied by Hon. John Njue, the Deputy Speaker of Kiambu County Assembly and the Members of the counterpart committee of the County Assembly led by Mr. Charles Muhinja, Ms. Esther Irungu, Mr. Edward Ngugi, Mr. Peter Njoroge Wainaina, Mr. Kungu, Mr. Brian Sinne, Mr. Hezron Gachui, Mr. Julius Kahura Waweru and Mr. Francis Wanjiru.



*Picture 3: The Committee on Health during a courtesy call on the Governor of Kiambu County Government*



21. During the courtesy call the Acting County Secretary, Mr. John Maingo informed the Committee that-

- 1) the County Government had committed significant resources to upgrading health infrastructure. The upgrade included building new hospitals, expanding existing ones such as Karuri Health Centre, Gathiga, and Ruaka Level 3 Hospital, and improving maternity services as part of a broader health sector overhaul aimed at enhancing quality and accessibility;
- 2) the information regarding the increased number of newborn mortalities reported during the healthcare workers' strike was misleading and disputed by the County Government;
- 3) the County had recorded an overall increase in Facilities Improvement Financing (FIF) collections and consequently had settled payments with most suppliers and maintained up-to-date accounts. However, the Committee was informed that the outstanding debt owed to Kenya Medical Supplies Authority (KEMSA) amounted to a total of Kshs. 132 Million being Kshs. 52 Million from an order supplied in July 2025, along with an additional 60 million for an order placed in the previous week; and
- 4) the County Government had employed three hundred and sixty-eight (368) healthcare workers before the strike and ninety more after strike. Further, the County had 17 ambulances and had employed thirty (30) ambulance drivers.

### **2.3 Visit to Kiambu County Referral Hospital**

22. The Committee undertook an oversight tour of the Kiambu County Referral Hospital (KCRH) on Monday 10<sup>th</sup> November 2025. During the visit the Committee was received by Dr. Elias Maina, the County Executive Committee Member (CECM) for Health Services; Dr. Patrick Nyaga, the Chief Officer, Health Services; Dr. Peninah Makau, the Medical Superintendent; Mr. Patrick Wanjohi a Nutrition Officer; Ms. Beatrice Gitau, Medical Lab Technologist; Dr. George Mwangi, Medical Superintendent; and Mr. Emmanuel Muthomi the Medically Assisted-Therapy Clinic (MAT) Lead.

23. The Committee was presented with an overview of the facility's operations including the service coverage and was informed that Kiambu County Referral Hospital is the main referral facility in Kiambu, serving both county and neighboring populations with a comprehensive service portfolio, modernized departments and increased capacity. The facility provides services such as emergency and trauma care, outpatient and inpatient services, maternity and child health services, specialized clinics such as cardiology, oncology, nephrology, neurology and mental health.



*Picture 4: The Committee on Health Chairperson interacts with the Kiambu County Referral Hospital members of staff during the oversight visit on 10<sup>th</sup> November, 2025*

24. The Hospital routinely operates at or near full capacity, with persistent congestion reported due to high demand from neighboring counties. Maternity, pediatric, and intensive care units experience especially high utilization, often running at maximum available capacity due to high patient inflow. Specialized units, especially neonatal and maternity are highly congested due to regional referral patterns and elevated birth rates, sometimes resulting in delays in service provision and overcrowded wards.
25. During the visit and engagement with the members of the public, the patients and their relatives, the hospital management and the healthcare service providers at the Hospital, the Committee made the following observations-
  - a) The facility was overcrowded with long queues at the reception which was associated with system challenges linked to the Hospital Information Management System (HIMS). The Committee was informed that patient's registration system which is the initial point of service, experiences frequent downtimes and slowdowns which were associated with inefficient patient registration and delay in subsequent clinical services causing patients to queue for inordinate longer period sometimes up to four (4) hours;
  - b) The Committee was informed that the patient registration system had experienced slowdowns attributed to the inter-linkages between hospital departments within the HIMS. The Committee observed that inadequate digital infrastructure or lack of redundancy measures exacerbated these issues and advised the County Government to engage the system service providers to monitor system performance and ensure rapid response to any issues;

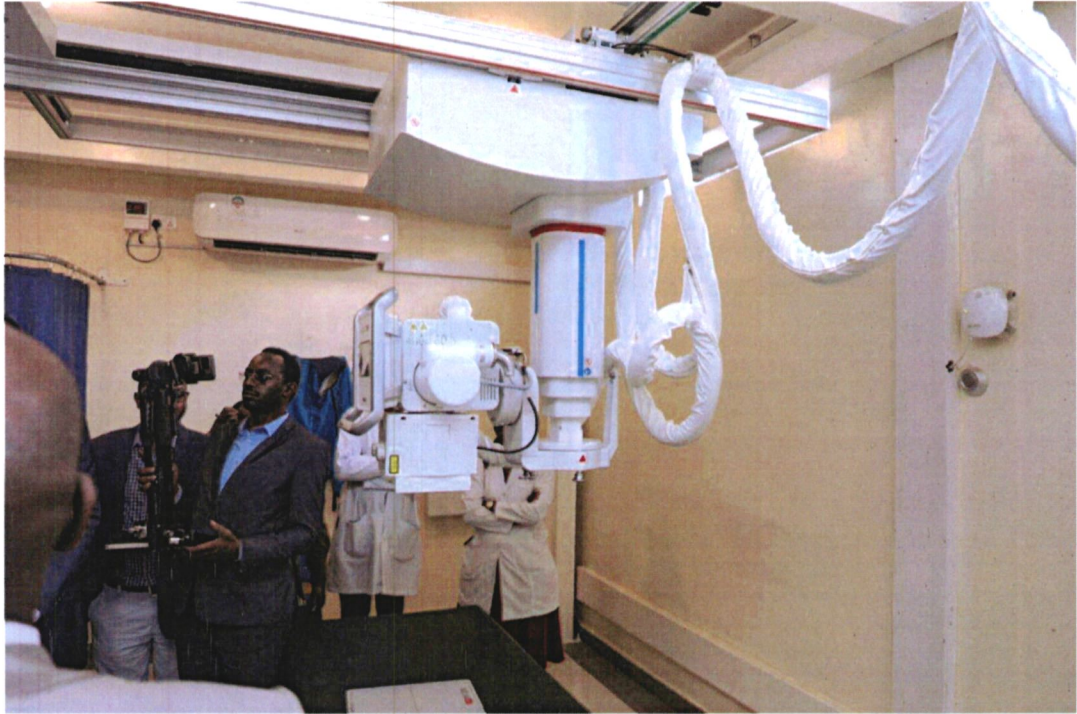




*Picture 5: The Committee Members interacting with patients and their relatives who informed the Committee that patient's registration system was experiencing frequent downtimes making it inefficient in-patient registration and causing delay in subsequent clinical services causing them to queue for inordinate longer period*

- c) At the radiology unit, the facility had installed a ceiling suspended digital X-ray machine, state-of-the-art radiological device mounted on overhead tracks, allowing highly flexible and precise positioning for a broad range of imaging and enhanced diagnostic capabilities by allowing for various imaging services such as X-rays, ultrasounds, and other essential scans. The Committee was informed that it was able to serve between 90 and 100 patients within a day significantly improving patient throughput and access to diagnostic services;





*Picture 6 &7: The Committee Members being apprised of the operations and performance of the ceiling suspended digital X-ray machine at the Kiambu Level 5 Hospital which is specifically designed to allow X-ray imaging of patients on stretchers, beds, or wheelchairs without needing to move or reposition the patient.*



- d) The maternity wards were severely overcrowded, with two to four mothers sharing a single bed and bed linens that were old, worn-out, stained and reportedly changed only once a week. The facilities lacked essential mosquito nets, putting both mothers and newborns at risk. Such overcrowding compromised privacy, increased risk of infection and diminished patient dignity and comfort. The Committee was informed that majority of the detained patients in the wards were teenage mothers confined due to gaps in registration and coverage under the Social Health Authority (SHA) scheme. Many of these young mothers lacked national identity cards or independent access to SHA facing significant barriers enrolling for coverage and were subsequently unable to pay hospital bills after delivery;
- e) The maternity wards were however, completely unprepared and or unwilling to provide accurate data and information regarding neonatal mortality rates thereby denying the Committee an opportunity to verify claims of newborn deaths within the facility. The Committee observed that no reliable documentation and records had been kept which greatly undermined efforts to clarify the true scale of neonatal mortality and impeded accountability measures



**Picture 8:** *Members of the Committee at the maternity departmental which was found to be overcrowded with majority of patients being teenage mothers confined due to gaps in registration and coverage under the Social Health Authority (SHA) scheme.*



- f) The Committee observed that the documentation system at the pediatric unit was well organized, enabling effective monitoring of child health records. The nurse in charge provided clear records showing a total of twenty (20) mortality cases in the pediatric ward during the strike period in 2025. The Committee observed that organized and timely documentation allowed for accurate reporting, review and oversight by both internal hospital leadership and oversight institutions;



Picture 9 &10:

*The Committee Members visiting the pediatric unit which they noted inadequately equipped with waiting benches, which may result in overcrowding*



- g) The Hospital faced serious infrastructural maintenance problems characterized by dilapidated walls and floors, loose ceiling panels, rusty roofs and peeling paint, that could undermine both the quality and safety of patient care. The Committee observed that such physical defects exposed patients, their families and healthcare staff to risks of falling debris, slips, damp-related infections and poor infection prevention and control. It was observed that some surfaces were harder to maintain hygienic, dignified clinical environments;
- h) The Hospital has limited seating and waiting areas leading to significant discomfort and inconvenience for patients and their caregivers as they awaited medical consultations or treatment. The Committee observed that this deficiency in seating availability increased frustration and anxiety, making waiting times harder to endure and further exacerbating patient discomfort, especially for the elderly, children and those with disabilities;
- i) There were broken window panes in the maternity ward rooms significantly compromising patient comfort, security and infection control standards, directly affecting the wellbeing of mothers and newborns. The Committee observed that such infrastructural damage exposed patients to harsh weather, unsafe intrusions and increased the risk of infectious diseases due to poor barrier protection and inadequate room sealing;
- j) There were significant challenges with Social Health Authority (SHA) reimbursements in Kiambu County Referral Hospital. It was reported that the delays and inconsistencies in payments strained the hospital's finances and adversely affected service delivery. Both the Kiambu County Referral Hospital and County Government reported issues including delayed remittances and unresolved unpaid claims inherited from the previous National Hospital Insurance Fund (NHIF) system;
- k) Majority of healthcare workers including both clinical and administrative staff were not wearing any official identification name tags, which posed challenges for accountability, patient-provider interactions and patient trust. The Committee observed that the absence of clear staff identification made it difficult for patients to differentiate among staff roles, follow up on care or address grievances, thereby complicating communication and service delivery within the facility;
- l) Patients raised concerns over the quality of inpatient food services including poor taste, inadequate portions and improper preparation which negatively affected their comfort, nutrition and recovery. They informed the Committee that food was sometimes improperly prepared, served cold, poorly cooked or presented unhygienically. They added that they had never been served meat in their meals, making them low-protein and less satiating. Salt was absent from the food and tea lacked sugar making them unpalatable to some patients;



- m) Patients reported experiencing rudeness, unresponsiveness and dismissive attitudes from some of the healthcare professionals and support staff at the facility including receptionists. The Committee observed that such negative interactions undermined patient dignity, created unnecessary anxiety and contributed to poor overall healthcare experiences;
- n) At the pharmacy stores, there were sufficient drugs, well stored, and record-keeping was managed under a fully automated drug management system. This system enabled real-time monitoring of stock levels, expiration dates and reordering points, ensuring that essential medications were consistently available;
- o) The Committee observed that the Kenya Medical Supplies Authority (KEMSA) account at Kiambu County Referral Hospital had been suspended due to an outstanding debt of 4.5 million owed to the Authority. This suspension resulted in the temporary halt of medical supplies and commodities provided by KEMSA to the hospital;
- p) The mortuary infrastructure at Kiambu County Referral Hospital (KCRH) was found to be in a dilapidated state featuring old, deteriorating structures and aging equipment that had not been meaningfully upgraded or renovated. There were no functional freezers or coolers available for proper body preservation; instead, the facility relied exclusively on embalming as its preservation method, which is less ideal for managing the dignity and safety of the deceased over extended periods;
- q) During the visit, the Committee observed that the mortuary was holding fifty-four (54) bodies eighteen (18) of them being unclaimed bodies and had only three refrigerators. It was observed that lack of modern preservation equipment exposed the mortuary to potential hygiene, odor and safety challenges while also raising public health concerns regarding adequate handling of deceased persons. It was further observed that the inadequate refrigeration or cooling accelerated decomposition increasing the risk of infection, environmental contamination and distress to visiting families, hospital staff and neighbouring communities;
- r) The mortuary was understaffed, having only three morticians, one employed under permanent and pensionable terms, while the other two served on contract employment. The Committee was informed that the contracted workers had been working for over two years on contractual terms.



*Picture 11 &12: Members of the Committee at the Kiambu County Referral Hospital pharmacy*

- s) The hospital lacked an incinerator and relied on a burning chamber that was non-operational, resulting in improper disposal of hazardous and toxic wastes, including biomedical waste. Additionally, waste was contained in polythene bags raising concerns about contamination and infection risks to the surroundings.



The Committee was informed that waste is usually collected by County Government trucks for disposal but the facility was in the process of procuring a functional incinerator.



*Picture 13 & 14: The biomedical and toxic waste stored in polythene bags near residential areas at the Hospital posing risks of leakage, improper containment and pests*



#### 2.4 Visit to Karuri Health Centre

26. The Committee conducted an oversight visit to Karuri Health Centre on 10<sup>th</sup> November, 2025 and was received by the hospital management. The Committee was informed that the Health Centre offers preventive, promotive, curative and rehabilitative health services.
27. During the visit, the Committee was informed that the hospital had daily patients turn-over of around 120 patients. The facility was undergoing an upgrade to a Level Four (IV) Hospital and the County Government had invested a substantial amount of resources to construct 200-bed capacity block as part of the upgrade, with the initiative costing approximately Kshs 420 million.



*Picture 15: Karuri Health Centre new block that will house the additional outpatient wing, a 16-bed maternity ward, a 10-bed general ward, a pediatric ward, a laboratory, and a theatre.*





**Picture 16:**      *The Committee being taken through the construction status of a  
200-                      bed Capacity Hospital Block in Karuri Health Centre*

28. During tour the Committee observed that:

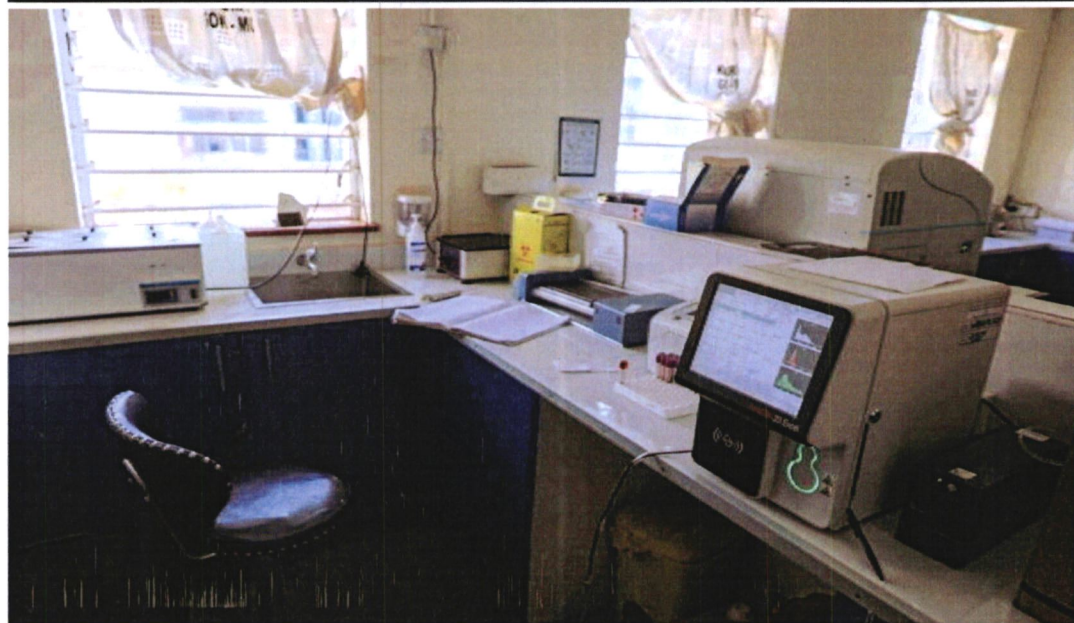
- a) The hospital provided primary healthcare services such as Outpatient Consultations, basic Laboratory Services, Immunization, Maternal and Child Health, and minor Emergency Care;
- b) The facility was fully automated including digital systems for Hospital Management and medical services, enhancing efficiency and improving Healthcare delivery;
- c) The hospital waiting bays were adequate and well-maintained featuring leather-padded benches which provided comfortable and efficient patient experience;
- d) There was proper and safe storage of drugs, with particularly high-hazardous drugs securely kept in a locked room as part of strict drug storage and safety protocols to prevent unauthorized access and ensure compliance with regulatory safety standards.





e) Picture 17 and 18: *The Hospital Pharmacy which was observed to have put in place safety protocols to prevent unauthorized access and ensured compliance with regulatory safety standards for medical products was followed.*





Picture 19 &20:

*A fully equipped laboratory with the state-of-the-art machines, including a mammogram machine as well as a Biochemistry Analyzer capable of performing a wide range of biochemical analyses that the laboratory was equipped with fully functional machines*

- f) The employees generally exhibited high levels of motivation, professionalism and the right attitude towards work which was attributed to adequate staffing and employment terms. The Committee was also informed that all staff members were employed under permanent and pensionable terms of employment;
- g) The hospital generally maintained high standards of cleanliness, with well-maintained amenities that contributed to a safe and pleasant environment for patients, staff and visitors;



*Picture 21: The Children play area at the hospital which was generally tidy and demonstrated a high standard of cleanliness*

- h) However, the facility lacked an incinerator. The Committee was informed that there was a functional Biomedical Waste Combustion chamber used for safe disposal of infectious and hazardous biomedical waste.





**Picture 22:** *The Committee Members at the Biomedical waste Combustion chamber used for medical waste disposal at the facility.*

### **2.5 County Visit to Ruaka Level 3 Hospital**

29. The Committee visited the Ruaka Level 3 Hospital on 10<sup>th</sup> November, 2025. The Committee was informed that the facility that was under construction represents an important step in Kiambu County's healthcare expansion plan, aiming to enhance emergency response, maternal and child health services, and outpatient care at the grassroots level.



*Picture 23: The Ruaka Level 3 Hospital which would include outpatient wing, maternity ward, general ward, pediatric ward, laboratory and theatre.*

30. The Committee observed that the general infrastructure would efficiently cater to the anticipated needs of the people within its catchment area. The Committee was further informed that consultations were ongoing to relocate the police station adjacent to the facility to allow for the hospital's further expansion.
31. The Committee was informed that the necessary amenities were being integrated, including spacious procedure rooms, accessible pathways, patient waiting bays, water points, doctors' rooms and nursing stations. These elements are designed to enhance operational efficiency and create a comfortable and safe environment for proper healthcare provision.



32. However, the Committee observed that the hospital's main entrance corridor was placed outside and directly visible to neighboring areas, which could potentially compromise patients' privacy.



*Picture 24: The Committee Members walk through the Hospital's main entrance corridor which was noted to be placed outside and directly visible to neighbouring areas potentially compromising patients' privacy*

## **CHAPTER THREE**

### **3 COMMITTEE OBSERVATIONS**

33. The Committee made the following observations from the visit to Kiambu County healthcare facilities, including Kiambu County Referral Hospital (KCRH), Karuri Health Centre and Ruaka Level 3 Hospital.

#### ***3.1 Infrastructure Development and Capacity Constraints***

34. Kiambu County Government is actively investing in healthcare expansion, including the upgrade of Karuri Health Centre into a 200-bed Level 4 hospital and the construction of Ruaka Level 3 Hospital. However, significant contrasts emerge between facilities in terms of physical infrastructure and equipment. While these newer projects incorporate modern patient waiting bays and specialized wings, existing infrastructure at Kiambu County Referral Hospital suffers serious maintenance deficiencies: dilapidated walls and floors, loose ceiling panels, rusty roofs, peeling paint, broken window panes in maternity rooms, and limited seating and waiting areas, all of which compromise safety, comfort, infection prevention and the ability to maintain hygienic and dignified clinical environments.
35. Furthermore, chronic overcrowding persists at Kiambu County Referral Hospital, particularly in maternity and pediatric units where high demand from neighbouring counties leads to patients sharing beds and linens, compromised privacy and diminished dignity. In the maternity wards, severe overcrowding leads to two to four mothers sharing a bed, with old, stained linens reportedly changed only once a week and no mosquito nets, exposing mothers and newborns to infection and discomfort. Even in new designs, such as at Ruaka, the placement of main corridors raises concerns regarding the protection of patient privacy from neighbouring areas.
36. The mortuary at Kiambu County Referral Hospital is also in a dilapidated state with aging infrastructure, only three refrigerators for fifty-four bodies (eighteen unclaimed), and no functional freezers or coolers, forcing reliance on embalming and raising odor, hygiene and public health concerns while also being understaffed with only three morticians, two on prolonged contracts.
37. On the positive side, KCRH has invested in a ceiling-suspended digital X-ray machine serving 90–100 patients daily, improving diagnostic access and throughput, and its pharmacy has adequate drug supplies managed by a fully automated stock system. Karuri Health Centre, in turn, shows strong infrastructure readiness with adequate, comfortable leather-padded waiting bays, high standards of cleanliness (including a tidy children's play area), safe drug storage with secure rooms for high-hazard medicines, and a well-equipped laboratory with state-of-the-art machines including a mammogram and biochemistry analyzer.



### ***3.2 Digital Transformation and Diagnostic Capabilities***

38. There is a significant push toward automation and modern diagnostics across the County however, management of information and financing is uneven across facilities. Karuri Health Centre is fully automated, and KCRH has implemented a Hospital Information Management System (HIMS) alongside an automated drug management system. However, technological inefficiencies at KCRH, such as frequent HIMS downtimes and lack of digital redundancy, cause significant service delays, with patient registration sometimes taking up to four hours.
39. At KCRH, the pediatric unit's documentation system is well-organized: the nurse in charge could provide precise records of twenty mortality cases during the 2025 strike, demonstrating that timely and structured record-keeping supports internal management and external oversight. In sharp contrast, the maternity departments at KCRH could not provide up-to-date or comprehensive data on neonatal mortality; staff were either unprepared or unwilling to share records, and the Committee observed that reliable documentation was lacking, undermining the ability to verify reported newborn deaths or clarify the true scale of neonatal mortality. This gap directly weakens accountability, monitoring and responsive policy action in a high-risk service area.
40. By contrast, Karuri Health Centre is described as fully automated, using digital systems for hospital management and medical services that enhance efficiency, while Ruaka Level 3 Hospital is being designed with spacious procedure rooms, accessible pathways and waiting bays to support efficient future service delivery. On the diagnostic front, the facilities have acquired state-of-the-art equipment, including ceiling-suspended digital X-ray machines at KCRH and biochemistry analyzers and mammogram machines at Karuri, which have vastly improved patient throughput and clinical accuracy.
41. Financially, the County reported increased Facilities Improvement Financing (FIF) collections, settlement of most supplier payments and employment of additional health workers, ambulances and drivers, signaling some progress in resource mobilization and staffing. However, KCRH's KEMSA account had been suspended due to an outstanding debt of Kshs 4.5 million (separate from the County-level KEMSA debt of approximately Kshs 132 million), temporarily halting KEMSA supplies and exposing the facility to stock vulnerabilities despite the pharmacy's internal automation. Furthermore, delays and inconsistencies in Social Health Authority (SHA) reimbursements, including inherited unpaid claims from the former NHIF, were reported to strain KCRH's finances and negatively affect service delivery.

### ***3.3 Human Resource Management and Operational Systems***

42. Staffing and operational morale vary significantly; while Karuri employees exhibit high motivation and professionalism under permanent employment terms, KCRH faces challenges with staff accountability, as many workers lack official identification name tags hampering patient-provider communication, accountability, grievance redress and the ability of patients to differentiate staff roles. Operational gaps are most evident in mortuary and supply chain services.
43. The KCRH mortuary is understaffed, dilapidated, and lacks functional refrigeration, relying solely on embalming. Additionally, a massive Kshs. 132 million debt to KEMSA has led to the suspension of medical supply accounts at KCRH, threatening the consistent availability of essential commodities despite the County recently hiring hundreds of new healthcare workers.
44. In contrast, staff at Karuri Health Centre were described as motivated, professional and positive, supported by adequate staffing and permanent and pensionable terms of employment, which appears to contribute to a more supportive and patient-centred environment.

### ***3.4 Patient Welfare, Experience, and Clinical Accountability***

45. The Committee's engagements with patients and the public reveal serious concerns about patient experience and dignity, especially at KCRH. Overcrowded maternity wards, bed-sharing, worn and infrequently changed linens, absence of mosquito nets and broken window panes compromise privacy, comfort, respect and infection control for mothers and newborns. Patients further reported rudeness, unresponsiveness and dismissive attitudes from some clinical and support staff, including receptionists, which erode trust, increase anxiety and contribute to negative care experiences. The quality of the patient experience.
46. KCRH is further undermined by poor inpatient nutrition and hospitality services. Inpatients complained about poor-tasting food, inadequate portions, cold or poorly prepared meals, unhygienic presentation, lack of meat, and absence of salt and sugar, which they felt undermined comfort, nutrition and recovery.
47. Regarding clinical accountability, there is a stark contrast between the well-organized documentation in pediatric units and the unreliable records for neonatal mortality in maternity wards, which hinders the ability to verify death rates during strike periods. Furthermore, financial barriers under the Social Health Authority (SHA) have led to the detention of teenage mothers who cannot pay bills, while delayed SHA reimbursements and unpaid NHIF claims continue to strain hospital finances.



48. Social protection and coverage gaps compound these challenges, particularly for vulnerable groups. The Committee was informed that many detained patients in the maternity wards were teenage mothers held due to unpaid bills arising from difficulties enrolling in the SHA scheme, often because they lacked national identity cards or independent access to SHA, leaving them exposed to financial hardship and prolonged confinement after delivery.

### ***3.5 Environmental Health and Waste Management***

49. Waste management and environmental safety emerged as a distinct theme across the facilities. KCRH lacks a functional incinerator and relies on a non-operational burning chamber; biomedical and toxic waste is stored in polythene bags, sometimes near residential areas, raising risks of leakage, pest attraction, contamination and increased exposure of communities and staff to infectious agents and environmental hazards. Although the County Government reportedly collects waste for off-site disposal and the hospital is in the process of procuring an incinerator, current practices fall short of safe healthcare waste management standards.
50. Karuri Health Centre, while also lacking an incinerator, uses a functional Biomedical Waste Combustion Chamber specifically for infectious and hazardous medical waste, offering a safer interim solution for waste destruction.
51. At KCRH, the physical state of infrastructure as well as the dilapidated and under-equipped mortuary create additional occupational and public safety risks, including falls, damp-related infections, odour and accelerated decomposition with attendant infection and environmental concerns. The combination of inadequate waste treatment, poor building maintenance and insufficient mortuary cooling capacity therefore poses system-wide environmental and safety challenges that require focused remedial action

## **CHAPTER FOUR**

### **4 COMMITTEE RECOMMENDATIONS**

52. Based on the observations made during the oversight visits to Kiambu County healthcare facilities the Standing Committee on Health makes the following recommendations -

#### **4.1 Governor, Kiambu County Government**

- (1) to clear all the outstanding debts owed to KEMSA, estimated to be over Kshs. 132 million, within the next 90 days to lift the suspension of medical supply accounts and ensure the consistent availability of essential drugs;
- (2) to allocate and utilize funds specifically for the structural renovation of KCRH, targeting rusty roofs, broken windows and peeling paint and the installation of functional, modern incinerators at both KCRH and Karuri Health Centre. This must include the immediate relocation of biomedical waste from residential proximity to secured, designated sites;
- (3) to allocate sufficient resources to upgrade the digital infrastructure for the Hospital Information Management System (HIMS) at KCRH to include redundancy measures, such as backup servers and offline modes in order to reduce patient registration wait times;
- (4) to expeditiously cause healthcare facilities to enforce a policy requiring all staff to wear official identification name tags to improve accountability and patient trust; and
- (5) to standardize and digitize all health records especially neonatal mortality records to ensure 100% data accuracy and transparency for oversight purposes.

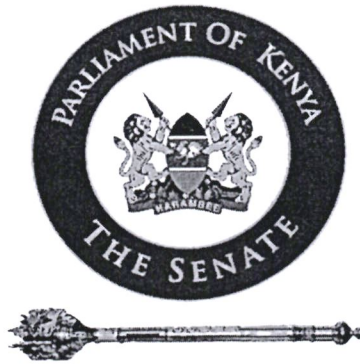
#### **4.2 County Public Service Board of Kiambu County**

- (6) to regularize the employment of contracted mortuary staff and hire additional morticians within the current financial year to meet the facility's demand.

#### **4.3 Chief Executive Officer, Social Health Authority (SHA)**

- (7) to fast-track the reimbursement of the unresolved Kshs. 4.5 million in unpaid NHIF claims and current SHA claims to provide the hospital with necessary liquidity; and
- (8) to create a streamlined registration protocol for teenage mothers who lack national IDs to prevent their detention in facilities due to inability to pay hospital bills.





**13<sup>TH</sup> PARLIAMENT | 5<sup>TH</sup> SESSION**

**MINUTES OF THE SIXTH (6<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE  
ON HEALTH HELD ON THURSDAY, 12<sup>TH</sup> MARCH, 2026 AT 11.00 AM AT  
COMMITTEE ROOM 6, BUNGE TOWER, PARLIAMENT BUILDINGS**

**MEMBERS PRESENT**

- |                                                |                    |
|------------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP                 | - Vice-Chairperson |
| 3. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member           |
| 4. Sen. Richard Onyonka, MP                    | - Member           |
| 5. Sen. Tabitha Mutinda, CBS, MP               | - Member           |
| 6. Sen. Joseph Githuku Kamau, MP               | - Member           |

**ABSENT WITH APOLOGY**

- |                                      |          |
|--------------------------------------|----------|
| 1. Sen. Ledama Olekina, CBS, MP      | - Member |
| 2. Sen. Hamida Kibwana, MP           | - Member |
| 3. Sen. Vincent Kiprono Chemitei, MP | - Member |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe     | - Senior Clerk Assistant  |
| 3. Mr. David Ngamate    | - Clerk Assistant         |
| 4. Mr. Gilbert Juma     | - Legal Counsel           |
| 5. Ms. Lilian Onyari    | - Fiscal Analyst          |
| 6. Mr. David Munene     | - Research Officer        |
| 7. Mr. Joseph Otieno    | - Audio Recording Officer |
| 8. Mr. Jack Lemeteki    | - Media Officer           |
| 9. Mr. Ibrahim Odindo   | - Serjeant at Arms        |
| 10. Mr. Ham Juma        | - Legal Intern            |
| 11. Ms. Yvonne Momanyi  | - Legal Intern            |

**MIN/SEN/SCH/031/2026**

**PRELIMINARIES**

The Chairperson called the meeting to order at fifteen minutes past eleven o'clock and the proceedings commenced with a word of prayer followed by brief introduction of those present.

**MIN/SEN/SCH/032/2026**

**ADOPTION OF THE AGENDA**

The agenda of the meeting was adopted as listed below upon being proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Richard Onyonka, MP.

1. Preliminaries;
2. Adoption of the Agenda;
3. Confirmation of the previous Minutes;
4. Matters arising;
5. Consideration and adoption of the Committee Report on the County oversight and networking engagement in Kiambu County;
6. Consideration of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) (*Committee Paper No.165*);
7. Any other Business; and
8. Adjournment/Date of the Next Meeting

**MIN/SEN/SCH/033/2026**

**CONFIRMATION OF THE MINUTES**

1. The Minutes of the 3<sup>rd</sup> meeting held on Thursday, 19<sup>th</sup> February, 2026 at 11.00 am were confirmed as a true record of the proceedings having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Tabitha Mutinda, CBS, MP;
2. The Minutes of the 4<sup>th</sup> meeting held on Tuesday 24<sup>th</sup> March, 2026 at 11.00 am were confirmed as a true record of the proceedings having been proposed by, Sen. Vincent Kipronon Chemitei, MP and seconded by Sen. Mariam Sheikh Omar, MP;

**MIN/SEN/SCH/034/2026**

**CONSIDERATION AND ADOPTION OF THE  
COMMITTEE REPORT ON THE COUNTY  
OVERSIGHT AND NETWORKING IN KIAMBU  
COUNTY (COMMITTEE PAPER NO. 164)**

1. The Secretariat presented the Committee Report on oversight visit to Kiambu County that took place on 10<sup>th</sup> November, 2025 as contained in *Committee Paper No. 164* for consideration and adoption; and
2. Following consideration, the Committee report was adopted without amendments after being proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Justice (Rtd) Stewart Madzayo, EGH, MP.



1. The Committee was informed that the consideration of the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) has commenced during the previous Committee meeting. During the said meeting, the Committee had further commenced consideration of the stakeholder submissions contained in the matrix as contained in Committee Paper No. 165;
2. The Committee considered the matrix on stakeholder submissions and observed that, the Autism Management Bill does not seek to replace the protection in the Persons with Disabilities Act, 2025. The Bill is designed as a targeted, sector specific supplement that fills the gap left by the PWD Act, 2025 by not providing for autism's unique diagnostic, clinical and support needs. Indeed, the PWD Act, 2025 currently covers persons with autism under general provisions but lacks autism's specific provisions;
3. The Committee further observed that the Autism Management Bill, 2025 seeks to address overlap with existing legislation through complimentary clause rather than seeking to replace or conflict with the existing framework. The Autism Management Bill, 2025 addresses education primarily through a public health and awareness lens;
4. However, the Committee observed that several provisions on the Bill address subject matter that the PWD Act already covers under its general framework. For instance, Autism Bill clauses 4 (c), 4 (g), 5 (c), 5 (f) and 6 mandates establishment of diagnostic centers at referral hospitals and country level 4 and 5 hospitals, establishment of autism's units and measures for affordable medical services for persons with autism. On the other hand, PWD Act section 24 (right to health) already provides that, persons with disabilities have the right to the highest attainable standard of health without discrimination and that persons with disabilities are entitled to free medical care and treatment in public health institutions;
5. Several provisions in the Autism Management Bill, 2025 address issues that are already substantively covered, or directly mandated by existing national policies and strategies. The Committee observed that the Bill would therefore benefit from explicit cross-referencing to these instruments to ensure coherence, avoid duplication of structures and anchor implementation within the existing policy ecosystem.
6. Following its deliberations the Committee resolved-
  - a. to seek submissions from the Cabinet Secretary, Ministry of Health and Cabinet Secretary, Ministry of Education on the provisions of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025); and
  - b. to invite the Chief Executive Officers of the National Council of Persons with Disabilities (NCPWD) and Kenya Institute for Special Education (KISE) to a meeting of the Committee to deliberate on the provision of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025);

MIN/SEN/SCH/036/2026

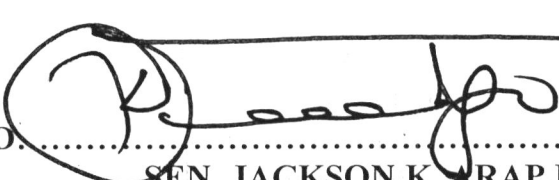
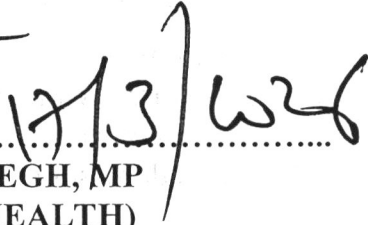
ANY OTHER BUSINESS

Members confirmed their attendance to the Committee activities scheduled for the weekend being oversight visit to Lamu County on Friday 13<sup>th</sup> and Saturday 14<sup>th</sup> March, 2026 and the working retreat on Monday 16<sup>th</sup> March, 2026 in Kiambu to consider the Assisted Reproductive Technologies Bill, 2022 (National Assemblies Bill No. 61 of 2022).

MIN/SEN/SCH/037/2026

ADJOURNMENT

There being no other business, the meeting ended at one o'clock. The next meeting shall be held on notice.

SIGNED.......... DATE..........  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)





**13<sup>TH</sup> PARLIAMENT | 4<sup>TH</sup> SESSION**

**MINUTES OF THE SIXTY-SECOND (62<sup>ND</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY, 10<sup>TH</sup> NOVEMBER, 2025 AT 12.00 NOON IN HEALTH FACILITIES KIAMBU COUNTY**

**MEMBERS PRESENT**

- |                                                |               |
|------------------------------------------------|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member      |
| 3. Sen. David Wakoli, MP                       | - Member      |
| 4. Sen. Richard Onyonka, MP                    | - Member      |
| 5. Sen. Tabitha Mutinda, MP                    | - Member      |
| 6. Sen. Joseph Githuku Kamau, MP               | - Member      |

**ABSENT WITH APOLOGY**

- |                                |                    |
|--------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 2. Sen. Ledama Olekina         | - Member           |
| 3. Sen. Hamida Kibwana         | - Member           |

**SENATE SECRETARIAT**

- |                         |                             |
|-------------------------|-----------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Assistant |
| 2. Mr. David Ngamate    | - Clerk Assistant           |
| 3. Mr. David Munene     | - Research Officer          |
| 4. Mr. Ian Otieno       | - Audio Assistant           |
| 5. Mr. Ibrahim Odindo   | - Serjeant at Arms          |
| 6. Mr. Jack Lemeteki    | - Media Relations Officer   |

**IN ATTENDANCE**

1. Mr. Joseph Muhinja
2. Ms. Esther Muthoni
3. Mr. Brian Sinne Simiyu

**KIAMBU COUNTY ASSEMBLY**

- |                                             |
|---------------------------------------------|
| - Chairperson, Committee on Health Services |
| - Member, Committee on Health Services      |
| - Member, Committee on Health Services      |

- |                               |                                        |
|-------------------------------|----------------------------------------|
| 4. Mr. Peter Wainaina Njoroge | - Member, Committee on Health Services |
| 5. Mr. Vincent Karumba        | - Director, Committee Services         |

#### **KIAMBU COUNTY EXECUTIVE**

- |                      |                                                             |
|----------------------|-------------------------------------------------------------|
| 6. Dr. Elias Maina   | - County Executive Committee Member (CECM), Health Services |
| 7. Dr. Patrick Nyaga | - Chief Officer, Health Services                            |
| 8. Dr. Peninah Makau | - Medical Superintendent, Kiambu Referral Hospital          |
| 9. Dr. George Mwangi | - Medical Superintendent, Karuri Level 4 Hospital           |

#### **MIN/SEN/SCH/322/2025**

#### **PRELIMINARIES**

The meeting was called to order at ten minutes past noon and the proceedings commenced with a word of prayer and brief introductions of those present.

#### **MIN/SEN/SCH/323/2025**

#### **OVERSIGHT VISIT TO KIAMBU REFERRAL HOSPITAL**

1. The Committee conducted an oversight visit to Kiambu County Referral Hospital on Monday, 10<sup>th</sup> November, 2025 and was received by Dr. Elias Maina, the County Executive Committee Member (CECM) in charge of Health Services, Dr. Patrick Nyaga, the Chief Officer, Health Services and Dr. Peninah Makau, the Medical Superintendent alongside other health care staff at the Hospital. The Committee was accompanied by the counterpart Committee on Health Services from the Kiambu County Assembly
2. The Committee was informed that Kiambu County Referral Hospital is the main referral facility in Kiambu, serving both the county and neighboring populations with a comprehensive service portfolio, modernized departments and increased capacity. The facility provides services such as emergency and trauma care, outpatient and inpatient services, maternity and child health services, specialized clinics such as cardiology, oncology, nephrology, neurology and mental health.
3. The Committee was informed that the Hospital routinely operates at or near full capacity, with persistent congestion reported due to high demand from neighboring counties. The facility however faces challenges related to Social Health Authority (SHA) reimbursements. It was reported that the delays and inconsistencies in payments strained the hospital's finances and adversely affected service delivery. The hospital management further reported that there were unresolved and unpaid claims inherited from the defunct National Hospital Insurance Fund (NHIF)
4. The maternity, pediatric, and intensive care units experience especially high utilization, often running at maximum available capacity due to high patient inflow. Specialized units, especially neonatal and maternity are highly congested due to regional referral patterns and elevated birth rates, sometimes resulting in delays in service provision and overcrowded wards.



5. During the visit the Committee made the following observations-

- 1) The facility was overcrowded with long queues at the reception and the Committee was informed that patient's registration system which is the initial point of service, experiences frequent downtimes and slowdowns which were associated with inefficient patient registration and delay in subsequent clinical services causing patients to queue for inordinate longer period sometimes up to four (4) hours;
- 2) The Radiology Unit at the facility had installed a ceiling suspended digital X-ray machine, state-of-the-art radiological device mounted on overhead tracks, allowing highly flexible and precise positioning for a broad range of imaging and enhanced diagnostic capabilities. The Committee was informed that it was able to serve between 90 and 100 patients within a day significantly improving patient access to diagnostic services;
- 3) The maternity wards at were severely overcrowded, with two to four mothers sharing a single bed and bed linens that were old, worn-out, stained, and reportedly changed only once a week. The facilities lacked essential mosquito nets, putting both mothers and newborns at risk;
- 4) The Committee noted a large number of detained new mothers' majority of whom were teenage mothers confined due to what was described by the management as gaps in registration and coverage under the Social Health Authority (SHA) scheme. Many of these young mothers lacked national identity cards or independent access to SHA facing significant barriers enrolling for coverage and were subsequently unable to pay hospital bills after delivery;
- 5) Further, the maternity wards were completely unprepared and or unwilling to provide accurate data and information regarding neo-natal mortality rates thereby denying the Committee an opportunity to verify claims of newborn deaths within the facility. No reliable documentation and records had been availed to the Committee during the visit which greatly undermined efforts to clarify the true scale of neonatal mortality and impeded accountability measures;
- 6) Conversely, the documentation system at the pediatric unit well organized, enabling effective monitoring of child health records and positively impacting the quality-of-service delivery. The nurse in charge provided clear records showing a total of twenty (20) mortality cases in the pediatric ward during the strike period in 2025;
- 7) The hospital faced serious infrastructural maintenance problems characterized by dilapidated walls and floors, loose ceiling panels, rusty roofs, and peeling paint, that could undermine both the quality and safety of patient care. It was observed that some surfaces were harder to maintain hygienic, dignified clinical environments;

- 8) The Hospital has limited seating and waiting areas leading to significant discomfort and inconvenience for patients and their caregivers as they awaited medical consultations or treatment. The Committee observed that this deficiency in seating availability increased frustration and anxiety making waiting times harder to endure;
- 9) There were broken window panes in the maternity ward rooms significantly compromising patient comfort, security and infection control standards, directly affecting the wellbeing of mothers and newborns. It was observed that such infrastructural damage exposed patients to harsh weather, unsafe intrusions and increased the risk of infectious diseases;
- 10) Patients raised concerns over the quality of inpatient food/catering services including poor taste, inadequate portions and improper preparation which negatively affected their comfort, nutrition and recovery. They informed the Committee that food was sometimes poorly prepared, served cold or presented unhygienically;
- 11) Patients reported experiencing rudeness, unresponsiveness and dismissive attitudes from some of the healthcare professionals and support staff at the facility including receptionists. The Committee observed that such negative interactions undermined patient dignity, created unnecessary anxiety and contributed to poor overall healthcare experiences;
- 12) At the pharmacy stores, there were sufficient drugs, well stored, and record-keeping was managed under a fully automated drug management system. This system enabled real-time monitoring of stock levels, expiration dates and reordering points, ensuring that essential medications were consistently available;
- 13) The Committee observed that the Kenya Medical Supplies Authority (KEMSA) account at Kiambu County Referral Hospital had been suspended due to an outstanding debt of 4.5 million owed to the Authority. This suspension resulted in the temporary halt of medical supplies and commodities provided by KEMSA to the hospital;
- 14) The Hospital lacked an incinerator and relied on a burning chamber that was non-operational, resulting in improper disposal of hazardous and toxic wastes, including biomedical waste. A big mountain of medical waste, contained in polythene bags, was stack next to staff quarters at the hospital. The Committee was informed that waste is usually collected by County Government trucks for disposal but the facility was in the process of procuring a functional incinerator;
- 15) The mortuary infrastructure was found to be in a dilapidated state featuring old, deteriorating structures and aging equipment that had not been meaningfully upgraded or renovated. There were no functional freezers or coolers available for proper body preservation; instead, the facility relied exclusively on embalming as its preservation method, which is less ideal for managing the dignity and safety of the deceased over extended periods;



- 16) It was observed that lack of modern preservation equipment exposed the mortuary to potential hygiene, odor and safety challenges while also raising public health concerns regarding adequate handling of deceased persons. It was further observed that the inadequate refrigeration or cooling accelerated decomposition increasing the risk of infection, environmental contamination and distress to visiting families, hospital staff and neighboring communities;
- 17) The mortuary was understaffed, having only three morticians, one employed under permanent and pensionable terms, while the other two served on contract employment. The Committee was informed that the contracted workers had been working for over two years on contractual terms.

**MIN/SEN/SCH/324/2025**

**OVERSIGHT VISIT TO KARURI LEVEL 4  
HOSPITAL**

6. The Committee carried out an inspection visit to the Karuri Level Hospital in Kiambu County on Monday, 10<sup>th</sup> November, 2025 and was received by Dr. George Mwangi the Medical Superintendent at the facility.
7. During the visit the Committee was informed that the hospital had a daily patient turn-over of around 120. Further, the facility provided primary healthcare services such as outpatient consultations, basic laboratory services, immunization, maternal and child health, and minor emergency care.
8. The Committee was informed that the facility was undergoing an upgrade to a Level Four (IV) hospital and the County Government had invested a substantial number of resources to construct 200-bed capacity block as part of the upgrade, with the initiative costing approximately Kshs 420 million.
9. During the oversight tour the Committee made the following observations-
  - a) The Facility was fully automated including digital systems for hospital management and medical services, enhancing efficiency and improving healthcare delivery;
  - b) The Hospital waiting bays were adequate and well-maintained featuring leather-padded benches which provided comfortable and efficient patient experience;
  - c) There was proper and safe storage of drugs, with particularly high-hazardous drugs securely kept in a locked room as part of strict drug storage and safety protocols to prevent unauthorized access and ensure compliance with regulatory safety standards;
  - d) The healthcare personnel generally exhibited high levels of motivation, professionalism, and the right attitude towards work, which was attributed to adequate staffing and employment terms.

- e) The Committee was also informed that all staff members were employed under permanent and pensionable terms of employment;
- f) The hospital had generally maintained high standards of cleanliness, with well-maintained amenities that contributed to a safe and pleasant environment for patients, staff and visitors. However, the facility lacked a proper incinerator for the prescribed downgrading of medical and hospital waste.

MIN/SEN/SCH/325/2025

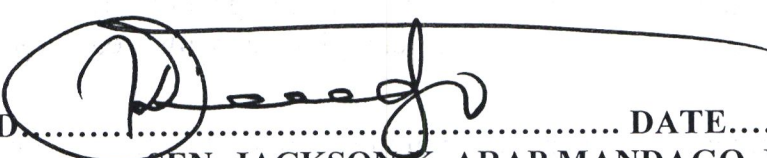
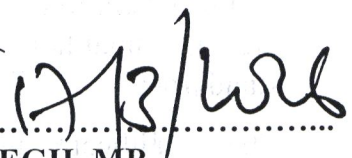
OVERSIGHT VISIT TO RUAKA  
HEALTHCARE HOSPITAL

10. During its tour of the Ruaka Level III Hospital, the Committee was informed that the facility that was under construction represents an important step in Kiambu County's healthcare expansion plan, aiming to enhance emergency response, maternal and child health services, and outpatient care at the grassroots level.
11. The Committee observed that necessary amenities were being integrated, including spacious operating theatre rooms, accessible pathways, patient waiting bays, water points, doctors' rooms, and nursing stations. These elements are designed to enhance operational efficiency and create a comfortable and safe environment for proper healthcare provision.
12. However, the Committee observed that the Hospital's main entrance corridor was placed outside and directly visible to neighboring areas, which could potentially compromise patients' privacy. It was also observed that the facility lacked land for expansion and needs to be well secured with a proper perimeter fence

MIN/SEN/SCH/326/2025

ADJOURNMENT

There being no other business, the inspection visit ended at six o'clock in the evening.

SIGNED.......... DATE..........  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)





**13<sup>TH</sup> PARLIAMENT | 4<sup>TH</sup> SESSION**

**MINUTES OF THE SIXTY-FIRST (61<sup>ST</sup>) SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON MONDAY, 10<sup>TH</sup> NOVEMBER, 2025 AT  
10.00 AM IN SPEAKER'S OFFICE KIAMBU COUNTY ASSEMBLY**

**MEMBERS PRESENT**

- |                                                |               |
|------------------------------------------------|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member      |
| 3. Sen. David Wakoli, MP                       | - Member      |
| 4. Sen. Richard Onyonka, MP                    | - Member      |
| 5. Sen. Tabitha Mutinda, MP                    | - Member      |
| 6. Sen. Joseph Githuku Kamau, MP               | - Member      |

**ABSENT WITH APOLOGY**

- |                                |                    |
|--------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 2. Sen. Ledama Olekina         | - Member           |
| 3. Sen. Hamida Kibwana         | - Member           |

**SENATE SECRETARIAT**

- |                         |                             |
|-------------------------|-----------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Assistant |
| 2. Mr. David Ngamate    | - Clerk Assistant           |
| 3. Mr. David Munene     | - Research Officer          |
| 4. Mr. Ian Otieno       | - Audio Assistant           |
| 5. Mr. Ibrahim Odindo   | - Serjeant at Arms          |
| 6. Mr. Jack Lemeteki    | - Media Relations Officer   |

**IN ATTENDANCE**

1. Mr. Charles Thion'go
2. Mr. John Njiru
3. Mr. Joseph Muhinja

**KIAMBU COUNTY ASSEMBLY**

- Speaker, Kiambu County Assembly
- Deputy Speaker, Kiambu County Assembly
- Chairperson, Committee on health Services

- |                               |                                        |
|-------------------------------|----------------------------------------|
| 4. Ms. Esther Muthoni         | - Member, Committee on Health Services |
| 5. Mr. Brian Sinne Simiyu     | - Member, Committee on Health Services |
| 6. Mr. Peter Wainaina Njoroge | - Member, Committee on Health          |
| 7. Mr. Vincent Karumba        | - Director, Committee Services         |

#### **KIAMBU COUNTY EXECUTIVE**

- |                       |                                                                |
|-----------------------|----------------------------------------------------------------|
| 8. Mr. John Maingi    | - Ag. County Secretary                                         |
| 9. Dr. Elias Maina    | - County Executive Committee Member (CECM),<br>Health Services |
| 10. Dr. Patrick Nyaga | - Chief Officer, Health Services                               |

#### **MIN/SEN/SCH/317/2025**

#### **PRELIMINARIES**

The meeting was called to order at twenty minutes past ten o'clock and the proceedings commenced with a word of prayer and brief introductions.

#### **MIN/SEN/SCH/318/2025**

#### **ADOPTION OF THE AGENDA**

The agenda of the meeting was adopted with after being proposed by Sen. David Wakoli, MP, and seconded by Sen. Tabitha Mutinda, MP, as listed below-

1. Preliminaries;
  - a) *Prayer*
  - b) *Introductions*
2. Adoption of the Agenda;
3. Courtesy Call on the Speaker, Kiambu County Assembly;
4. Courtesy Call on the Governor, Kiambu County Government;
5. Any other Business; and
6. Adjournment/Date of the Next Meeting.

#### **MIN/SEN/SCH/319/2025**

#### **COURTESY CALL ON THE SPEAKER, KIAMBU COUNTY ASSEMBLY**

1. The Committee paid a courtesy call on the Speaker and briefed him about the objective of the oversight visit.
2. The Committee informed the Speaker that the specific objective of this engagement was to visit select Healthcare facilities in the County in order to-
  - a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;
  - b) assess the automation of healthcare provision systems for patient, drugs and commodity management;
  - c) assess the availability of requisite healthcare personnel, the gaps and challenges, if any, Healthcare workers face in the county;