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REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING
ENGAGEMENTS IN KITULI, MAKUENI AND MACHAKOS COUNTIES

25/02/26

Clerks Chambers,
Parliament Buildings,
NAIROBI.

APPROVED
RT. HON. SEN
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February, 2026

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COMMITTEE	-
CLERK AT THE TABLE	Abdi Rahman

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SPEAKER'S OFFICE

on Health.

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LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CARM	Computer-Aided Risk Score for Mortality
CECM	County Executive Committee Member
CHS	Community Health Service
CHP	Community Health Promoter
CIHEB	Center for International Health, Education and Biosecurity Kenya
CPSB	County Public Service Board
CSSD	Central Sterile Services Department
CT	Computed Tomography
EMR	Electronic Management Records
FIF	Facilities Improvement Financing
GCP	Gross County Product
HDU	High Dependency Unit
HMIS	Health Management Information System
HPTs	Health Products and Technologies
HRH	Human Resource for Health
ICT	Information Communication and Technology
ICU	Intensive Care Unit
KEMSA	Kenya Medical Supplies Agency
KMPDU	Kenya Medical Practitioners and Dentist Union
MEDS	Mission for Essential Drugs Supplies
MES	Medical Equipment Service
MoH	Ministry of Health
NHIF	National Health Insurance Fund
OPG	Orthopantomography
PSC	Public Service Commission
SHA	Social Health Authority
SHIF	Social Health Insurance Fund
UHC	Universal Health Coverage
WHO	World Health Organization

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; and*
- 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	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP	-	Member
4. Sen. Ledama Olekina, CBS, MP	-	Member
5. Sen. David Wakoli, CBS, MP	-	Member
6. Sen. Richard Onyonka, MP	-	Member
7. Sen. Tabitha Mutinda, CBS, MP	-	Member
8. Sen. Hamida Kibwana, MP	-	Member
9. Sen. Joseph Githuku, MP	-	Member

CHAIRPERSON'S FOREWORD

At its Sitting held on 25th September, 2025, the Standing Committee on Health deliberated on the state of provision of healthcare services at health facilities country-wide and resolved to conduct oversight visits to Kitui, Makueni and Machakos Counties to acquaint itself with the provision of healthcare services as part of its oversight function.

These oversight visits took place from 21st to 25th October, 2025 and they were designed to provide first hand insights into the state of healthcare infrastructure, service delivery and the challenges faced by healthcare providers and the communities they serve.

The Committee engagements involved site visits to key healthcare facilities, direct interactions with county leadership, healthcare workers and members of the public. 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 also 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 further sought to assess the counties compliance with relevant health sector policies and regulations.

The Committee noted numerous significant and widespread factors that hinder the provision of healthcare services across the County. The Committee observed that there was widespread deterioration of physical structures structural deficiencies, poor maintenance and resulting safety risks were widespread in all the three counties. This was compounded by a systemic failure in environmental and biomedical waste management infrastructure in all the three counties visited. Another critical cross-cutting deficiency noted by the Committee was is the lack of safe disposal mechanisms, particularly functional incinerators.

Across the visited counties, expensive, specialized medical equipment, including those supplied under the Managed Equipment Services (MES) program, were frequently found to be defective or completely non-functional, hindering diagnostic and high-level care services. The Committee further observed a significant cross-cutting technological issue was the unreliability and inconsistent deployment of digital health management systems and access devices, forcing facilities back to inefficient manual processes.

The overarching objectives of the Committee recommendations are therefore 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 thank Sen. Enoch Kiio Wambua, MP Senator, Kitui County; Sen. Dan Maanzo, MP, Senator Makueni County and Sen. Agnes Kavindu Muthama, MP, Senator Machakos County for the warm welcome extended to the Committee by their respective offices during the oversight visits. Their input and contributions enabled the Committee carry out its oversight mandate and functions effectively in the three counties.

The Committee wishes to extend its appreciation to the Governors of Kitui, Makueni and Machakos Counties and their respective Executive Committees Members for their input, submissions and evidence produced during the oversight tours.

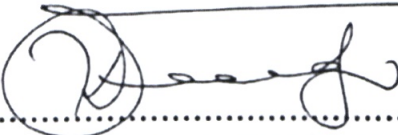
Further, the Committee extends the appreciation to the Speakers of the County Assemblies in the three counties and Members of the County Assembly counterpart committees on Health for their facilitation and participation.

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.....19/2/2026.....
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, 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. At its meeting held on Thursday, 25th September, 2025, the Committee resolved to undertake County Oversight and Networking Engagements (CONE) in Kitui, Makueni and Machakos counties to acquaint itself with the provision of healthcare services in the counties as part of its oversight function.

1.1. Purpose and Objectives

3. The specific objectives of these engagements were 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, 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).

1.2. Scope of the Engagements

4. The Committee selected the following facilities for assessment-
 - a) Kitui Teaching County Referral Hospital in Kitui County;
 - b) Mukuyuni Level 4 Hospital and Makueni County Referral Hospital in Makueni County; and
 - c) Athi River Level 4 Hospital, Mwala level 4 Hospital and Machakos County Referral Hospital in Machakos County.

1.3. Methodology

5. The Committee conducted site visits to the identified facilities. During these visits, Members engaged with relevant county government officials, hospital management and other stakeholders, and gathered oral and written submissions. The Committee also conducted physical inspections of premises, reviewed documentation and observed working conditions and challenges first hand.
6. The findings, analyses, and recommendations set out in this Report are based on evidence collected during these engagements and aim to support the improvement of health sector governance, accountability and service delivery within the context of Kenya's devolved governance framework.

1.4. COUNTY PROFILES

1.4.1. Kitui County

7. Kitui County has a population of about 1,136,187 people according to 2019 population census and covers an area of approximately 30,496 square kilometers. The County is classified as an Arid and Semi-Arid Land (ASAL) characterized by low rainfall, vulnerability to climate shocks, and high poverty levels which are estimated at 63.1%, significantly above the national average.
8. In the FY 2024/25, the County was allocated Kshs. 14.31 billion, with Kshs. 4.75 billion allocated for development programs and Kshs. 9.55 billion for recurrent expenditures. Consequently, the County allocated Kshs. 4.465 billion, with Kshs 3.98 billion for recurrent expenditure and Kshs. 385 million for development expenditure to the healthcare provision.
9. Further, facilities were able to collect Kshs. 754 million as the Facility Improvement Financing (FIF) against an allocation target of Kshs. 904 million. The County health facilities also had unsettled claims by the Social Health Authority (SHA) of Kshs. 63.35 million, out of which Kshs. 28.69 million was attributed to SHA and Kshs. 27.95 million was attributed to the defunct National Health Insurance Fund (NHIF).

1.4.2. Makueni County

10. Makueni County covering an area of approximately 8,034.7 square kilometers with a projected population of over 0.9 million people. The County borders Kajiado County to the West, Taita Taveta to the South, Kitui to the East, and Machakos to the North. Its terrain includes key physical features such as the volcanic Chyulu Hills along the Southwest border, as well as the Mbooni and Kilungu hills.
11. In the FY 2024/25, the County was allocated Kshs. 11.58 billion, with Kshs. 3.68 billion allocated for development programs and Kshs. 7.90 for recurrent expenditures. The County Government allocated Kshs. 4.2 billion to healthcare provision out of which Kshs. 3.114 billion was allocated for recurrent and Kshs. 1.085 billion allocated for development.

12. Further, the County health facilities collected Kshs. 773.6 million as the Facility Improvement Financing that was retained and absorbed within the facilities.

1.4.3. Machakos County

13. Machakos County borders Nairobi, Kiambu, Embu, Kitui, Makueni, Kajiado, Murang'a and Kirinyaga Counties. The County has a population of about 1.42 million according to 2019 population census and features a semi-arid climate with hilly terrain and altitudes ranging from 1000 to 2100 meters above sea level.
14. The County has prioritized expanding and modernizing its healthcare infrastructure as part of broader infrastructure enhancement efforts. The County Annual Development Plans (2024/2025 and 2025/2026) highlight plans to improve access to quality health services through facility upgrades, construction of new health centers, and strengthening health systems to meet the population's needs effectively.
15. In the FY 2024/25, the County was allocated Kshs. 15.62 billion, with Kshs. 10.87 billion allocated for development programs and Kshs. 4.75 billion for recurrent expenditures. The County allocated Kshs. 5.155 billion to healthcare provision with Kshs. 4.547 billion being allocated for recurrent expenditure and Kshs. 607.6 million to the development expenditure.
16. Further, the County health facilities collected Kshs. 755.68 million against Kshs. 903.88 million. It is reported that the monies collected were retained by the facilities and spent at the facility. The facilities had claims to SHA amounting to Kshs. 340.7 million, of which Kshs. 229.52 million was attributed to SHA and Kshs. 111.18 million attributed to the defunct NHIF.

CHAPTER TWO

2. COMMITTEE OBSERVATIONS AND STAKEHOLDER SUBMISSIONS

2.1 KITUI COUNTY

2.1.1 Meeting with the County Executive

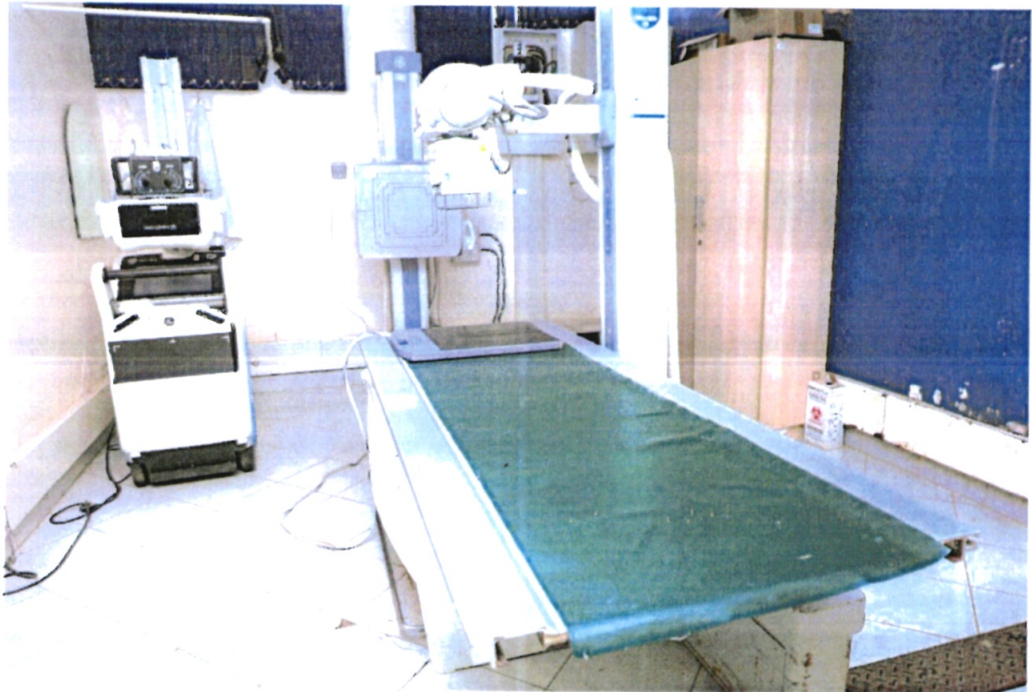
17. The Committee paid a courtesy call to the Governor of Kitui County Government Dr. Julius Malombe, EGH on Wednesday, 22nd October, 2025. The Committee was accompanied by the counterpart Committee of the Kitui County Assembly. During the courtesy call the Governor presented a comprehensive overview of healthcare provision in the County. A copy of the written submission is annexed to this report.
18. The Committee was informed that the Department of Health and Sanitation was in charge of 326 health facilities, which included 3 level IV hospitals, 9 level 3B, 54 level 3A, and 260 level 2 healthcare facilities. The Department had employed a total of 1,940 healthcare workers across these facilities, encompassing a broad range of cadres such as clinical officers, dentists, medical officers, nurses, nutritionists, pharmaceutical technologists and physiotherapists.
19. The Governor informed the Committee that public healthcare facilities had become heavily strained as they served not only local residents but also an increasing number of patients from neighboring counties including Garissa, Machakos, Makueni and Embu.
20. The Committee was further informed that recently, the public healthcare facilities in the County experienced a significant influx of patients following a standoff between the private healthcare providers and the Social Health Authority (SHA). This crisis reportedly began when private and faith-based hospitals started requiring patients to pay cash for services.
21. The County Government had taken major steps to invest in its healthcare personnel with a strong emphasis on converting staff on fixed-term contracts especially those under the Universal Health Coverage (UHC) scheme. In the current FY 2025/2026, the County has set aside a budget of Kshs. 236million for recruiting additional health workers in order to strengthen the county's healthcare workforce and enhance service delivery.
22. As of 31st July 2025, Kitui County had successfully registered 365,613 persons, which amounted to 32.2% of the county's total target population of 1,136,187. On 2nd June 2025, the County launched an enhanced SHA registration strategy which successfully increased monthly SHA registration rate to an average of 36,025 persons, a rise from the previous monthly average of 29,497. The steady growth achieved through this strategy demonstrated the County's commitment and sustained momentum to expand SHA coverage.

23. To support SHA registration process, the County had received 213 SHA gadgets including tablets and power banks. However, despite this allocation, 101 public health facilities were still without SHA gadgets, limiting their ability to submit claims and access timely reimbursements. As of 30th September 2025, the County had submitted claims totaling Kshs. 643,360,501.31. Of this amount, Kshs. 355,949,011.86 had been reimbursed, while Kshs. 287,411,489.45 remained outstanding.
24. The Committee was informed that The County Government has deployed 2,470 Community Health Promoters (CHPs), distributed at a ratio of ten (10) CHPs per village across all 247 villages within the County. Each CHP is paid Kshs. 3,000 as a stipend of which Kshs. 2,000 is paid in their personal accounts and the remainder Kshs. 1,000 is deposited to the community unit's income generating activity account;
25. The Committee was informed that KEMSA remained the primary supplier of essential health products and technologies to the County. However, the County had also been affected by persistent drug supply challenges from KEMSA, experiencing order fill rates that typically range between 50% and 70%. Further, the County Government was actively upgrading its healthcare facility infrastructure and broader service delivery capacities and had procured a new laundry machine for hospital use.

2.1.2 Visit to Kitui County Teaching and Referral Hospital

26. The Committee conducted an oversight visit to the Kitui County Teaching and Referral Hospital (KCTRH) on 22nd October, 2025 and was received by Ms. Ruth Koki, the County Executive Committee Member (CECM) Department of Health and Sanitation, Dr. Benson Musyoka, Chief Officer; Medical Services, Mr. Aggrey Kamba; Chief Officer, Drugs and Medical Supplies, Ms. Lynn Kitwan; Chief Officer, Public Health and Sanitation.
27. During the visit, the Committee was informed that the Hospital gained recognition throughout the County and its environs as a preferred diagnostic, treatment and referral centre. In the preceding years, it witnessed expansive investments in the latest technology, systems, procedures, drugs, non-pharmaceuticals, health expertise and medical equipment that had enabled adequate provision of most of the specialized health services.
28. The Committee was informed that the facility offered a range of specialized department and units including the outpatient, inpatient, Intensive Care Unit (ICU), radiology, laboratory, maternity, renal unit, pharmacy, blood bank, Tuberculosis (TB) clinic and specialized clinics such as the dental unit. During the visit it was reported that the facility had a bed capacity of 320 beds. In FY 2022/2023, 2023/2024, and 2024/2025, the facility recorded a rise in total workload of 299,195, 358,340 and 409,440 patients, respectively. This implied that the facility had an average daily workload of 1,121 patients.

29. The Committee was further informed that the facility has 31 consultants, 19 medical doctors, 70 Registered Clinical Officers, 185 nurses, 10 pharmacists, 7 radiographers, 18 nutritionists, 12 anesthetists, 7 physiotherapists and 4 occupational therapists. The hospital had recently constructed a new mortuary wing that could hold 60 more bodies. The hospital admitted patients beyond its capacity as most private hospitals had turned away patients following a standoff between the private healthcare Practitioners and the SHA.
30. During the tour of the facility, the Committee made the following observations-
- a) That each patient requires at least four different records to be kept, a responsibility that is reportedly overwhelming for the available staff, especially with the shortage of both health records and nursing personnel;
 - b) At the radiology unit, the X-ray machine had broken down for about three weeks and patients had been referred to private facilities outside the hospital. However, during the visit, the X-ray machine had been repaired and was operational;



Picture 1:

The X-ray machine at Kitui County Referral Hospital that had reportedly broken down for over three weeks and only started functioning prior to the oversight visit.

- c) However, the facility did not have a functional mammogram, a specialized X-ray device designed for breast imaging, primarily used to screen for and detect breast cancer in its early stages;



Picture 2: The dysfunctional Mamogram at Kitui County Referral Hospital leading to delays in diagnosis and treatment of breast cancer in the County.

- d) The Renal Unit at the hospital had five functional dialysis machines offering at least ten (10) sessions per day. The Committee was informed that the County Government was in the process of procuring twenty (20) more dialysis machines to set up a new renal centre;
- e) The Male General Ward had admitted patients beyond its designated capacity leading to multiple incidents of patients sharing beds. The Committee observed that TB patients had been accommodated in a cubicle in the same ward which could heighten infection risks in addition to possibly violating infection prevention and control standards. The Committee was informed that the County Government had prioritized construction of sixteen (16) bed capacity isolation services wards for the highly infectious and multidrug-resistant patients who were isolated in improvised isolation rooms;



Picture 3: The renal washing area was in a deplorable state, characterized by dirt accumulation, old and rusty washing sinks and corroded surfaces.

- f) The Hospital's TB Clinic was responsible for managing approximately 400 patients but critically lacked a dedicated TB-specific laboratory. Diagnostic and laboratory services for TB, such as sputum microscopy, GeneXpert molecular tests and cultures are typically conducted in general labs, which risked contamination and delays in diagnosis;
- g) The hospital faced challenges in proper drugs records management within its pharmacy characterized by inadequate capacity of records officers'. There were too few staff handling documentation for high patient volume and managing majority of the records manually without uniform standards. Some offices were congested with non-current records and lacked sufficient storage facilities, increasing vulnerability to physical loss and damage;
- h) Some departments and units in the hospital such as the TB Clinic, the blood bank and the maternity wards were severely understaffed leading to challenges in service delivery and overall functioning of the facility. However, the Committee observed that healthcare personnel had been assigned duties to work even at night in the radiology unit even when the machine was not working;



Picture 4: Members of the Committee at the Male General Ward, that had admitted patients beyond its designated capacity.

- i) The maternity wards were severely overcrowded, forcing some mothers to share single beds, a situation that substantially increases the risk of hospital-acquired infections and leads to considerable physical and psychological discomfort for both mothers and newborns. This congestion was associated with high patient load, especially given the county's expanded role in serving neighboring counties and the strain on regional healthcare delivery systems;
- j) The labor ward and delivery room were found to be open and directly accessible from the general wards, with only curtains used as partitions instead of solid doors. The Committee observed that this configuration caused significant privacy concerns. However, the Committee was informed that the County Government had prioritized the construction of a 276-bed capacity mother and child block to accommodate maternity, labor and pediatric units.



Picture 5: *The delivery room that uses curtain partitions instead of solid walls and doors.*



Picture 6: *The "Little Angels Newborn Unit" that has made major improvements, including new equipment like radiant warmers, incubators, laundry and intensive care space.*

- k) The hospital faced significant challenges regarding proper drugs records management in its pharmacy. There were discrepancies between the physical drugs and the records at the Pharmacy;
- l) The hospital had a dysfunctional incinerator, resulting in the improper disposal of hazardous and toxic wastes, including biomedical wastes, which raises concerns about contamination and infection;
- m) The hospital mortuary stood out as well-maintained, clean and equipped with modern refrigeration systems, including newly installed refrigerators and upgraded cold rooms which provided hygienic, dignified storage for deceased and comfort for bereaved families. Nonetheless, the Committee was informed by the mortician in charge that they faced challenges related to workload and the lack of promotional opportunities;



Picture 7: The Hospital Mortuary which appeared to be well maintained, clean and equipped with modern refrigeration equipment and provide hygienic, dignified storage for deceased and comfort for bereaved families.

- n) Kitui County Referral Hospital faces general several infrastructural maintenance challenges including window panes, broken tiles and failing ceilings in the wards all of which would negatively impact the quality and safety of patient care. The Committee observed that this would expose wards to dust, wind, rain and increased risk of theft or unauthorized entry;



Picture 8: The section of the ceiling at Kitui Referral Hospital which had fallen off and ceiling panels are missing, exposing the internal framework, wooden beams, electrical wiring and the underlying metal roofing sheets.



Picture 9: The bathrooms at the Hospital were dilapidated with visible cracks, peeling paints on the wall and signs of prolonged water damage on the walls and floor suggesting poor maintainance.

- o) The hospital's overall CCTV camera system was reported as malfunctioning which compromised the security and heightened risks related to both patient safety and asset protection. The Committee noted that functional security cameras are crucial for maintaining order, monitoring sensitive spaces like drug stores and mortuaries and providing evidence in case of security breaches or disputes;



Picture 10: The Hospital CCTV camera system was found to be malfunctioning which compromised the security and heightened risks.

- p) The hospital's blood bank was domiciled in a very small room with limited storage space and it faced operational challenges, with its main blood storage fridge reported to have been out of order since 2024;



Picture 11: The hospital's blood bank was in a small room and the main blood storage reported to have been out of order since 2024.

- q) There were some healthcare workers who had worked for an inordinate long period without promotion such as the mortuary attendant who had reportedly worked for over twenty years without advancement;
- r) Some departments and units in the hospital such as the TB Clinic, the blood bank and the maternity wards were severely understaffed which led to challenges in service delivery and overall functioning of the facility. However, the Committee observed that healthcare personnel had been assigned duties to work at night in the radiology unit even when the machine was not working; and
- s) Expired drugs were found in the pharmacy. However, management informed the Committee that the drugs had been donated to the county government during a medical camp. Notably, there was no supporting documentation confirming the hospital's official acceptance of these drugs.

2.2 MAKUENI COUNTY

2.2.1 Mukuyuni Level 4 Hospital

31. The Committee conducted an oversight visit to Mukuyuni Level 4 Hospital on Thursday, 23th October, 2025. The Committee was informed that Mukuyuni Sub County Hospital was a level-4 facility that had a bed capacity of eight (8) inpatient beds and offered a wide range of health services including Outpatient Curative Services, Inpatient Care, Emergency Services, Tuberculosis treatment, HIV Testing and Treatment, Maternal and Child Health Services, Family Planning, Mental Health Services, Dental Services among others. However, the only ambulance that had been assigned to the facility has been withdrawn and assigned to another facility, thus adversely affecting emergency response capacity at the facility.
32. During the tour the Committee observed that-
- a) There was absence of critical healthcare personnel and supervisors at the facility indicating a critical systemic failure that could possibly lead to poor staff performance, compromise patient safety and lead to general decline in service quality at the facility;
 - b) The hospital mortuary received three (3) coolers, that would have been used in preservations of the bodies, procured by the use of the National Governments Constituency Development Fund (NG-CDF) in 2013. However, the coolers had been left uninstalled since and were now lying unutilized in the facility;
 - c) The facility was inadequately staffed with critical areas such as the laboratory facing the greatest challenges. Further, some staff members such as the mortuary attendant informed the Committee that they had served for at least twelve (12) years without a promotion or career advancement;
 - d) There was poor record keeping of drugs notably characterized by the lack of clear and updated transfer records of drugs from the main pharmacy to the dispensing pharmacies which undermined effective drug inventory management and accountability, potentially leading to stock discrepancies;
 - e) The facility lacked an operational incinerator and was instead utilizing a deteriorated old combustion chamber with broken doors to dispose medical waste during the Committee visit. The Committee observed biomedical waste was brown around the surrounding areas, posing likely health risks to both staff and the community;
 - f) The maternity unit had six functional beds, however, they had what appeared like aged linen and old mosquito nets. Further, the Continuous Positive Airway Pressure (CPAP) medical device for newborns was dysfunctional, potentially resulting in inadequate respiratory support for the neonates and possibly compromising the quality of care; and

- g) Community Health Promoters (CHPs) informed the Committee that they had not signed any formal agreement with the County Government and had not received their wages for the preceding seven months. Additionally, they lacked proper working gears/kits like gumboots and umbrellas to protect while working in rough terrains or adverse weather.

2.2.2 Makueni County Referral Hospital (MCRH)

33. The Committee conducted an oversight visit to the Makueni County Referral Hospital on Thursday 23th October, 2025 accompanied by Dr. Justine Kyambi, the County Secretary, Makueni County; Ms. Joyce Mutua, the County Executive Committee Member (CECM); Ms. Damaris Kavoi, the County Executive Committee Member -Finance and Dr. Geoffrey Muthoka in charge of Health Services and host officers from the Health Department in the County.

34. During the tour of the facility, the Committee made the following observations-

- a) The Radiology Department had one (1) x ray machine, one (1) CT scan, two (2) ultrasound, one (1) mammogram machine, one (1) OPG machine, Computer-Aided Risk Score for Mortality (CARM) machine in the Theatre, one (1) Laparoscopic tower in the Theatre, 4 Renal Dialysis machines and a Telemedicine for teaching and consultations;



Picture 12:

A fully operational Radiology Department at the Makueni County with all functional machines, including X-ray machines, Computed Tomography (CT) scanners, mammography units, and ultrasound machines.

- b) Whereas the County was in the process of constructing a new morgue it was noted that the existing facility had a limited capacity of 24 bodies had broken glass windows, exposed poorly installed electrical wires, dilapidated floors and weak refrigeration units;



Picture 13 and 14: The dilapidated mortuary infrastructure at the Makueni County Referral Hospital.

- c) There was only one functional laundry machine, and the linen awaiting cleaning were not properly sorted, indicating inadequate hygiene practices. Additionally, the unit was operated by two casual workers who did not have signed contract agreements, raising concerns about staffing and compliance with employment regulations.



Picture 15 and 16:

Members of the Committee at the laundry unit where there was only one functional laundry machine operated by casual labourers

- d) The Mother and Child Unit was spacious, clean, and well-ventilated, with adequate bed capacity. However, the Committee observed that the unit faced challenges such as insufficient supply of mosquito nets and linen. It was also reported that the Unit was also understaffed and faced a severe shortage of nursing personnel;
- e) The kitchen infrastructure was significantly deteriorated, with notable issues such as cracked flooring, poor drainage systems, rusty sinks, chipped walls, damaged work surfaces, and old, soiled food preparation equipment, which posed a risk of food contamination and compromised both safety and hygiene standards;



Picture 17:

The Makueni County Referral Hospital kitchen was dilapidated as characterized by cracked flooring and unfunctional cold room.



Picture 18: The Kitchen had rusty sinks, chipped walls, damaged work surfaces.

- f) The hospital had several ambulances, however, most of them were grounded, with only one operational. Additionally, it was noted that the ambulances' interiors included broken old beds with rugged, worn-out covers;
- g) The hospital compound near the parking lot was dotted with abandoned, unused and broken-down motor vehicles posing significant health, safety and environmental concerns. The Committee observed that the derelict vehicles and machinery were an eye sore and a source of pollution and hazard to both staff and the public since they were parked along the hospital busy paths and walk ways;



Picture 19:

The Committee Members at one of the many unfunctional ambulances at the Makueni Hospital that had been grounded.

- h) While the hospital had removed the asbestos roofing, they had been disposed in an open field and piled along the fence to the wards exposing the patients, their families and healthcare personnel to significant health problems related to asbestos fibres;
- i) Patients informed the Committee that they had been directed to purchase prescription drugs from external pharmacy stores located along the hospital road indicating inadequate supply of essential drugs and medicine at the hospital;
- j) At the Pharmacy, there were no bin cards and record keeping was poorly done making it unreliable to track drug movement and thereby increasing risks of pilferage, waste and loss of medicine through expiry and mismanagement. There were discrepancies between bin card entries and physical counts for instance there were excess stock of *Tradmin*, a brand of the prescription drug, on the shelves as opposed in the recorded stocks; and
- k) There was no functional incinerator at the facility and both medical and non-medical waste was being disposed in an open field next to residential and commercial buildings and during the visit some recently used bandages and blood-stained linen were found strewn all over the said field posing serious health risks to human health and the environment. The Committee observed that this violated the regulatory standards for safe waste management and promoted spread of dangerous pathogens to nearby residents.



Picture 20: The sheds and trash bags used for storing empty boxes, pharmaceutical and non-pharmaceutical wastes at the hospital.



Picture 21: *The Committee Members at an open field used instead of an incinerator leading to improper biomedical waste disposal.*

2.2.3 Meeting with the County Executive

35. The Committee held a de-briefing meeting with the Governor, Makueni County to present its preliminary report and informed the Governor that during the oversight visit to the healthcare facilities in the County, the following observations had been made-
- a) There were expired drugs and reliance of manual and paper-based record keeping systems in the hospital pharmacy which slowed down pharmacy workflows and increased the risks;
 - b) The employees exhibited high level of positive attitude and motivation towards work. However, there were some extreme cases where the personnel demonstrated some lethargy and lackluster attitude such as the radiology unit. Further there were complaints that some healthcare personnel had not been promoted for inordinate long periods. It was observed also that some time some cadres were being remunerated below the recommended minimum wage bill;

- c) The Makueni Hospital Mammogram machine to support early breast cancer detection was operational. However, low utilization was reported suggesting barriers including limited community awareness. The Committee observed that there were also dedicated desks for gender-based violence and mental health which is a significant step in strengthening care for survivors of violence and individuals with psychiatric needs;
- d) There was presence of old, stalled and non-operational ambulances at the Makueni Referral Hospital while there was no functional ambulance in the facilities visited representing a critical gap in emergency medical response capacity and directly threatening patient safety and ability to deliver urgent medical care. Further, the mortuary refrigerators purchased for Mukuyuni Sub-County Hospital in 2013 required installation to ensure the effective functioning of the cooling system;
- e) The two hospitals visited experienced general low drug stock levels, which compelled patients to procure medications out of pocket. However, the hospital wards were generally clean, uncongested and had clean beds;
- f) The Makueni County Referral Hospital lacked a functional incinerator and hazardous medical wastes including sharps, contaminated materials, pharmaceuticals were found disposed improperly exposing patients, staff and the neighboring community to infectious agents and toxic substances; and
- g) Patients had informed the Committee that they faced challenges of long delayed CT scan imaging reports due to shortage of Radiologists forcing patients to wait for their reports to be sent to Kenyatta National Hospital (KNH) for analysis. Further, the Committee had observed general shortage of nurses across all the departments and units in the facilities visited.

36. The Governor informed the Committee that-

- a) All healthcare workers hired by the Makueni County Public Service Board hold positions on Permanent and Pensionable terms, ensuring job security and access to retirement benefits as mandated by county public service employment regulations;
- b) The County Government will address concerns that some employees were receiving a minimum wage bill and ensure that casual workers employed by healthcare facilities receive fair and adequate remuneration in line with Kenyan labour laws and government guidelines;
- c) Further, the County Government will address the attitude of Human Resources for Health (HRH) staff and strengthen supervision to ensure consistent, accurate record keeping, thereby improving administration, accountability and service delivery in healthcare facilities;

- d) Makueni County had a huge pending disbursement from the Social Health Authority (SHA) due to high number of rejected claims, a problem that was disrupting financial flows at the healthcare facilities and affected timely payment for health services;
- e) The County had achieved a significant reduction in maternal mortality caused by hemorrhage during childbirth by introducing heat-stable *carbetocin* to prevent and treat postpartum hemorrhage, the leading cause of maternal deaths in the Country;
- f) The County Government faced severe resources drain resulting from serving a large influx of patients from other parts of the Country arising from its proximity to Mombasa- Nairobi Highway and attendant socio-economic activities;
- g) The County Government of Makueni has allocated funds in its budget specifically to clear all outstanding arrears and delayed payments owed to Community Health Promoters (CHPs), aiming to strengthen grassroots health outreach; and
- h) The County was actively transitioning from a manual paper-based system to a digital health information system, aiming to improve efficiency in record-keeping, service delivery and resource management across its healthcare facilities.

2.3 MACHAKOS COUNTY

2.3.1 Oversight visit to Athi River Level 4 Hospital

37. The Committee conducted an oversight visit to the Athi-River Level 4 Hospital in Mavoko Sub-County on Friday 24th October, 2025. The Committee was received by Mr. Benjamin Mwongela, the Mavoko Sub-County Public Health Officer; Dr. Catherine Kilonzo, the Mavoko Sub-County Medical Officer of Health; Dr. Jemimah Ndila, the Hospital Administrator alongside Ms. Mary Mutua, the Outpatient Department Head in charge of clinical officers; Mr. Mark Ndambuki, the Sub-County Nutritionist.
38. During the visit, the Committee was informed that Athi River Level 4 Hospital is a public primary referral hospital serving Athi River, Mavoko and surrounding areas. The facility provides a wide range of inpatient and outpatient services, including general consultations, diagnostic services, maternity care and pediatrics. However, the facility had a relatively small inpatient bed capacity of twenty (20) beds.
39. The Committee was further informed that there are plans to expand the facility through infrastructural improvements at the hospital construction of a new Mother and Child Unit, X-ray unit and a theatre block to enhance healthcare delivery and expand diagnostic and surgical capacity. Further, the management had conducted staff promotions in May, 2025 and organized training sessions to enhance workforce capacity and skills.
40. During the visit the Committee observed that-
- a) The online health management system, AFYA 1, was not functional and had reportedly collapsed for over two weeks forcing operations to revert to slow and inefficient manual, paper-based records. The Committee observed that this had severely impacted patient registration, pharmacy inventory, laboratory results and general data retrieval contributing to delays and long queues;
 - b) The hospital faced significant challenges including insufficient procedure beds with old rusty beds, unclean linen and lack of working surfaces and equipment. Beds used at the maternity wards appeared old and were rusty, with worn-out mattresses and linen. Additionally, the beds lacked mosquito nets, posing significant risks for patient safety and increasing vulnerability to mosquito-borne diseases;
 - c) The laboratory at the facility is currently understaffed and has been facing persistent shortage of essential reagents. It was reported that the laboratory had six (6) staff members against an establishment of eleven (11) staff members which was associated with overwhelming workloads and disruption of diagnostic services;

- d) There was no functional laundry unit to ensure patients always had access to clean linen at the facility risking infections, general hygiene and compromised patient comfort and dignity;
- e) The hospital kitchen was extremely small and lacked running water supply. Water bottles used to fetch water were found strewn all over the floor. Further, the kitchen was inadequately equipped and lacked modern equipment and essential tools necessary for efficient operation;
- f) The facility faced challenges related to poor physical infrastructure conditions including cracked floors, faded and peeling wall paints, loose electrical sockets and exposed electric cables and damaged ceilings that expose patients and staff to uncomfortable and potentially unsafe conditions;



Picture 22: A Ward at the Athi River Level 4 Hospital face with poor physical infrastructure conditions including cracked floors.

- g) The facility faced significant sanitation and cleanliness challenges with the lack of reliable water supply and poor maintenance of hygiene standards. It was reported that for the past six (6) months, there has been no running water in the maternity wards and patients had to rely on buckets and basins for their basic cleaning needs;



Picture 23: A bucket in use at the Athi River Level 4 Hospital due to lack of reliable water supply and poor maintenance of hygiene standards.

- h) There were old, rusty beds at the facility, with worn-out mattresses and linen. Additionally, the beds lacked mosquito nets, posing significant risks for patient safety and increasing vulnerability to mosquito-borne diseases such as malaria;





Picture 24 and 25: A Committee Member engaging the hospital staff at Athi River Level 4 Hospital where significant challenges including insufficient procedure beds with old rusty beds, unclean linen and lack of working surfaces and equipment was noted.

- i) There was no functional laundry unit to ensure patients always had access to clean linen at the facility risking infections, general hygiene and compromised patient comfort and dignity; and
- j) There was poor waste disposal at the facility due to lack of a functional incinerator, which posed significant health risks to both the hospital environment and the surrounding community.

2.3.2 Oversight Visit to Mwala Level 4 Sub-County Hospital

41. The Committee conducted an oversight visit to Mwala Level 4 Hospital on Friday, 24th October, 2025 and was received by Dr. Emmanuel Wambua the hospital's Medical Superintendent and Ms. Eunice Manuna, the Nursing Service Manager. The Committee was informed that Mwala Level 4 Hospital has modern infrastructure which includes a 16-bed maternity wing, 10-bed general ward, pediatric ward and a fully equipped laboratory and surgical theater.
42. The Committee was further informed that the Health Records Unit was operated by four (4) contracted employees two of whom were contracted by the facility while the other two were contracted under partnership with the service provider. The four were supported by students on attachment and industrial attachment at the facility. Nonetheless, the facility experienced challenges related to understaffing, which adversely affected service delivery and compromised the quality of care.



Picture 26: *The Mwala Level 4 Hospital which offers maternity, emergency, specialized treatments, and laboratory diagnostics.*

43. The Committee was also informed that Mwala Level 4 Hospital has been identified as having asbestos roofing, which has been flagged as a major public health hazard due to the well-documented cancer risks associated with asbestos exposure. However, plans had been mooted to ensure safe removal and disposal of asbestos before the end of the 2024/2025 Financial Year.



Picture 27: A roof with asbestos at the Mwala Level 4 Hospital which is scheduled to be removed and disposed before the end of the 2024/2025 Financial Year.

44. During the oversight visit, the Committee observed that-

- a) The Health Record Management System was experiencing a failure over two weeks before the visit, forcing staff to revert to manual, paper-based recording for all patient data and administrative tasks. This system downtime had resulted in service delays, increased risk of record errors and omissions and greater administrative burdens for healthcare personnel;
- b) At the pharmacy, expired drugs and certain hazardous medicines were found on the shelves, with some medicines not securely stored in the refrigerators as required by their respective manufacturers. Additionally, there was a faulty refrigerator;
- c) Mwala Level 4 Hospital currently lacks a functional incinerator, resulting in significant challenges for proper biomedical waste management. As a result, biomedical wastes including sharps, syringes and other possible infectious materials are being temporarily stored in old, rusty containers on-site, awaiting periodic collection and disposal by the County Government;

- d) The laboratory equipment, including the Full hemogram Machine, Centrifuge, Liver Function Machine, and Tuberculosis (TB) machine, were observed to be in good working condition. The Committee observed that this allows the hospital to maintain essential diagnostic services for a broad range of conditions supporting effective patient management; and
- e) The kitchen was found to be small, poorly equipped and inadequately ventilated, lacking critical fixtures such as smoke extractors and essential cooking equipment. It was observed that charcoal was used for food preparation presenting significant health risks from smoke and carbon monoxide exposure, fire hazards and poor air quality, which could negatively impact patients and staff.



Picture 28: The charcoal used for food preparation at the Mwala Level 4 Hospital presenting significant health risks from smoke and carbon monoxide exposure.



Picture 29: *The rusty container used for temporally holding of biomedical wastes at Mwala Level IV Hospital.*

2.3.3 Oversight visit to the Machakos County Referral Hospital

45. The Committee conducted an oversight visit to Machakos County Teaching and Referral Hospital on Friday 24th October, 2025 and was received by Dr. Muya Ndambuki, the County Secretary Machakos County; Mr. Justus Kasivu, the County Executive Committee Member (CECM) Health; Ms. Winfred Nzuki, the Hospital's Chief Executive Officer; and Dr. Daniel Katua, the Medical Superintendent besides a host of officers from the Health Department in the County.
46. During the oversight visit, the Committee was informed that Machakos Level 5 Hospital is the largest government health facility and main referral hospital in Machakos County serving as the primary center for advanced care in the region and neighboring counties. The hospital provides curative, palliative, rehabilitative and specialized referrals, including surgery, maternity and outpatient services. The hospital had a bed capacity of 541 beds, including 123 maternity beds. Additionally, the Newborn Unit accommodated a total of 75 cots and 10 Kangaroo Mother Care (KMC) beds.

47. The Committee was informed that the facility had employed a total of forty-nine (49) consultants, with forty-seven (47) on Permanent and Pensionable (PNP) terms and two (2) locums, alongside twenty-four (24) medical officers comprising eighteen (18) PNP and six (6) locums. There were seventy-nine (79) registered clinical officers, including 21 general and forty (40) specialist officers on PNP terms, two (2) under Universal Health Coverage (UHC), fifteen (15) general officers under the Center for International Health, Education and Biosecurity Kenya (CIHEB) and one (1) locum. Nursing staff totaled three hundred and fifty-five (355), made up of three hundred and thirty-three (333) general and specialist nurses on PNP terms, fourteen (14) under UHC, two (2) general nurses under CIHEB and six (6) locums.
48. The pharmacy department had 14 pharmacists, all employed on PNP terms. Radiography services were supported by 14 radiographers, of whom 8 were on PNP terms, three (3) under UHC and three (3) locums. Nutrition services included seven (7) nutritionists all on PNP terms and 1 locum psychologist. The hospital also employed 10 anesthetists (clinical officers) on PNP terms, 15 physiotherapy staff with thirteen (13) on PNP terms and two (2) locums, and 8 occupational therapists, including seven (7) on PNP terms and one (1) under UHC.
49. During the tour, the Committee observed that-
- a) The hospital was equipped with a high-resolution CCTV camera system that comprehensively monitors all departments within the facility. The Committee was informed that the installation includes wireless surveillance cameras and a modern control centre, which has significantly enhanced security for patients, staff and visitors by deterring and detecting incidents such as theft and other unauthorized activities;
 - b) The hospital has an ICT laboratory dedicated to staff training, where healthcare workers and administrative personnel acquire essential skills for operating the hospital's integrated digital systems. The Committee was informed that the facility supports ongoing professional development, boosting staff capacity to manage electronic health records, digital financial operations and other automated services that improve overall hospital efficiency and service delivery;
 - c) The hospital is equipped with a modern incinerator designed for the safe and efficient disposal of biomedical and clinical waste. The Committee was informed that the incinerator is part of the hospital's advanced medical facilities for managing toxic and infectious materials. However, it was noted that the incinerator needed repairs, specifically its entrance door to ensure continued optimal operation and security;



Picture 30: *The incinerator at Machakos County Referral Hospital which does not have a functional entrance door.*



Picture 31: *The Committee Members being conducted on a tour of the modern incinerator at the Machakos County Referral Hospital.*

- d) During the visit, the AFYA 1 Health Management System utilized in the County was reported as not working, hindering its intended support for service delivery and operational efficiency. This outage contributed to challenges in patient processing, record management and general hospital administration and resulted in delays and need for manual interventions;
- e) The hospital has two well-established mental health wards that separately accommodate male and female patients, supporting both inpatient psychiatric care and specialized mental health interventions. This arrangement enables the hospital to provide gender-sensitive treatment and a safer environment for individuals with acute psychiatric conditions, ensuring proper supervision and tailored psychosocial support for each group;
- f) However, it was observed that the wards were equipped with old, rusty hospital beds and worn-out linen, which reflected a lack of proper maintenance and timely replacement of these essential items. These conditions also pointed to persistent infrastructural and supply challenges within the unit, affecting both patient comfort and the overall quality of care;



Picture 32: The rusty beds at the mental health unit.

- g) The hospital laundry unit was equipped with only one functional washing machine, significantly limiting its capacity to process the substantial volume of linens and medical garments generated daily. The Committee noted that this hampered efficient laundry operations and contributed to delays in supplying clean linen to the inpatient wards;



Picture 33:

Committee Members at the laundry unit at the Machakos County Hospital which was equipped with only one functional washing machine, significantly limiting its capacity to process the substantial volume of linens and medical garments generated daily.

- h) At the medical wards, some patients informed the Committee that they had been compelled to buy drugs out of pocket from private pharmacies. The Committee observed that some of the said drugs or their generic equivalents were available in the hospital pharmacy indicating gaps in pharmacy inventory management and access. This also suggested shortcomings in dispensing practices or systemic inefficiencies in the distribution of stocked medicines, leading to unnecessary expenses for patients;
- i) There was a locked container filled with expired drugs was observed, which had not yet been collected for safe destruction. This situation indicates lapses in pharmaceutical waste management and poses a risk to safety and regulatory compliance, underscoring the need for timely removal and proper disposal of expired medications to avoid potential misuse or environmental hazards;
- j) The Hospital faces significant infrastructural challenges in its wards, where only two toilets were functional for large numbers of patients in one of the female wards. Additionally, the medical wards lack mosquito nets, exposing patients to increased risks of mosquito-borne diseases and reducing overall comfort and safety. These gaps highlighted the urgent needs for sanitation and infection prevention improvements within the facility;

- k) At the time of visit, Machakos County Referral Hospital was in the process of finalizing establishment of a modern kitchen. It was observed that upgraded kitchen is designed to enhance food service quality for patients with improvements including more hygienic food preparation and new equipment; and



Picture 34: *The Committee at the modern kitchen at the Machakos County Referral Hospital said to be part of wider healthcare upgrades at the hospital.*

- l) Contracted staff members informed the Committee that they had experienced payment delays of up to three months, resulting in considerable hardship as they struggle to meet their daily subsistence needs. The Committee was informed that these delays had negatively impacted staff morale. Some casuals narrated to the Committee how they had been compelled to eat leftover food due to delayed payments and financial hardship

2.3.4 Meeting with the Governor, Machakos County

50. The Committee held a meeting with the Governor Machakos County on Friday 24th October, 2025. The Governor was accompanied by the Deputy Governor, the County Secretary, the County Executive Committee Member (CECM), the County Secretary (CS), the County Chief Officer of Health, Chief Officer in the Department of Health Services and other senior officials from the County Government Health Department.

51. During the meeting the Committee informed the Governor and the County Executive that-

- a) There is need to urgently address the issue of asbestos roofing in order to ensure the safety of patients, staff, and visitors. The Committee observed that prompt replacement of the asbestos materials with safer, modern roofing is essential to meet occupational health standards and protect public health within the facility;
- b) Although the County had made substantial investments in upgrading healthcare facilities, a persistent challenge remains in ensuring a reliable water supply, especially at Athi River Level Hospital. The lack of consistent water access undermined the effectiveness of infrastructure improvements and affects critical functions such as infection control, sanitation and daily patient care;
- c) There were concerns that inpatients at Machakos Level 5 Hospital have experienced situations where they were instructed to purchase medicines from outside vendors and pharmacies, despite the same drugs being available in the hospital's pharmacy stock. The Committee observed that this reflected issues in accountability and the internal distribution of pharmaceuticals, resulting in an unnecessary financial burden for patients and inefficient use of public resources;
- d) There is an urgent need to install incinerators at the sub-County Level 4 Hospitals within Machakos County to ensure safe and efficient disposal of biomedical and clinical waste as the absence of incinerators at these facilities poses health, safety, and environmental risks;
- e) Healthcare facilities in Machakos County including sub-county Level 4 Hospitals encountered considerable challenges in record keeping and health information management. Discrepancies and inconsistencies in health records were observed, undermining reliable patient tracking, pharmacy inventory and service delivery; and

- f) Casual cleaners at Machakos Level 5 Hospital had not received payment for five months and they did not have formal contracts with their employer, Ms. Nathifu Cleaners Limited Company. This lack of contractual agreement contributed to poor job security and welfare for the cleaning staff, who were also not provided with meals, leading some to consume patient food. It was observed that these conditions highlight serious deficiencies that require urgent redress for ethical and operational reasons.

52. During the meeting, the Governor informed the Committee that-

- a) Machakos County has invested in upgrading and equipping Machakos County Referral Hospital to enhance its ability to deliver specialized and referral services. The County is actively working on further improvements, notably upgrading the Mother and Child unit, Cancer unit and Renal unit, aiming to expand access to advanced healthcare services and reduce patient referrals to hospitals outside the County;
- b) The County has outlined plans to hire additional nurses, pharmacists and pharmaceutical technologists, with ongoing efforts to train and deploy more healthcare personnel to critical service areas. These measures are aimed at addressing workforce shortages, enhancing service delivery and ensuring adequate staffing levels in specialized and high-demand hospital units;
- c) Further, the County Government of Machakos had promoted 422 doctors as part of efforts to recognize and reward staff for their service and qualifications. The promotion process was ongoing, with additional healthcare staff expected to benefit as part of the county's broader workforce development and retention strategy;
- d) The SHA had not remitted all dues owed to county hospitals, with outstanding payments amounting to approximately Kshs. 600 million. This significant financial shortfall has hindered the efficient delivery of healthcare services and stalled the upgrading of facilities. The lack of timely disbursements has strained hospital operations, affected procurement of essential supplies and delayed critical infrastructure projects; and
- e) The County Government of Machakos has committed to address the attitude and professionalism of Human Resources for Health (HRH) staff, alongside strengthening supervision throughout its healthcare facilities. These measures are aimed at ensuring consistent and accurate record keeping which will enhance administration, improve accountability and raise the overall quality of service delivery within the county's health sector.

CHAPTER THREE

3. ANALYSIS OF COMMITTEE OBSERVATIONS

53. Having undertaken the oversight visit and reviewed submissions from the stakeholders, the Committee made the following observations.

3.1. Critical Healthcare Infrastructure

54. There is widespread deterioration of physical structures and the non-functionality of critical specialized and non-specialized equipment, compounded by a systemic failure in environmental and biomedical waste management infrastructure. This manifests in several key areas in all the three counties visited.

a) Failure of Biomedical Waste Management Infrastructure

55. A critical cross-cutting deficiency is the lack of safe disposal mechanisms, particularly functional incinerators, across the counties. The incinerator at the Kitui County Referral Hospital (KCRH) was dysfunctional, leading to improper disposal of hazardous and toxic biomedical wastes, which posed severe health and environmental risks. Mukuyuni Sub-County Hospital lacked an operational incinerator, utilizing a deteriorated old combustion chamber instead, with biomedical waste found strewn around the surrounding areas.

56. Makueni County Referral Hospital also lacked a functional incinerator, resulting in medical and non-medical waste, including recently used bandages and blood-stained linen, being improperly disposed of in an open field next to residential and commercial buildings. Both Athi River Level 4 Hospital and Mwala Level 4 Hospital lacked functional incinerators. At Mwala, biomedical wastes were being temporarily stored in old, rusty containers on-site.

b) Breakdown and Non-Functionality of Essential Equipment

57. Facilities across all three counties had non-functional crucial specialized and non-specialized equipment which compromised service delivery. In Kitui, the mammogram machine, essential for breast cancer screening, was non-functional. Other Managed Equipment Services (MES) machines including the Portable X-ray, OPG Machine and C-Arm were reported as faulty, needing calibration, or having broken components. A theatre table was also non-functional due to the unavailability of spare parts.

58. In Makueni, the Continuous Positive Airway Pressure (CPAP) medical device for newborns at Mukuyuni Sub-County Hospital was dysfunctional. Mortuary refrigerators bought for Mukuyuni in 2013 had been left uninstalled. Ambulances at Makueni Referral Hospital were grounded or stalled, with only one reported operational. Further, a main blood storage fridge at Kitui County Referral Hospital in Kitui was reported to be out of order since 2024.

c) Structural Defects and Hazards

59. Structural deficiencies, poor maintenance and resulting safety risks were widespread in all the three counties visited. Kitui County Referral Hospital exhibited general maintenance challenges, including broken window panes, broken tiles and failing ceilings in the wards which impact patient care quality and safety. The labour ward and delivery room in Kitui were noted as being open to general wards, using only curtains as partitions, raising significant privacy concerns.
60. In Makueni, general dilapidation was noted at the Referral Hospital, including leaking pipes, wet pathways, naked and exposed electrical wires, broken windows at the mortuary and non-functional cold rooms in the kitchen. Machakos facilities suffered from cracked floors, faded and peeling wall paints, loose electrical sockets, exposed electric cables and damaged ceilings.

d) Outdated Fittings and Unsafe Conditions

61. Across the counties, old, rusty hospital beds and worn-out mattresses/linen were observed. The kitchen facilities in Athi River and Mwala were reported as extremely small, poorly equipped and inadequately ventilated, with Mwala specifically using charcoal for food preparation, presenting health and fire hazards. Machakos County faced the public health hazard of asbestos roofing at facilities like Mwala Level 4 Hospital, requiring urgent safe removal and disposal.
62. The pervasive nature of non-functional critical equipment (medical and waste management) alongside the dilapidated state of the hospital buildings highlights a deep-seated challenge in both capital investment and routine maintenance of healthcare infrastructure across all three counties.

3.2. Medical Equipment and Technology

63. During the inquiry, the Committee observed widespread non-functionality and maintenance challenges affecting critical diagnostic equipment; the systemic failure and poor rollout of digital health information systems; and the collapse of essential supporting clinical technology, particularly for waste management.

a) Non-Functional and Faulty Specialized Equipment

64. Across the visited counties, expensive, specialized medical equipment including those potentially supplied under the Managed Equipment Services (MES) program were frequently found to be defective or completely non-functional, hindering diagnostic and high-level care services. In Kitui County Referral Hospital, several specialized machines were reported as faulty or non-functional. This included the mammogram machine, essential for breast cancer screening, which was non-functional and needed system calibration. Other faulty equipment included a Portable X-ray machine and an Orthopantomography (OPG) Machine;

65. A renal dialysis machine was reported as non-functional in Kitui County and labelled obsolete. The theatre department reported an operating table that was not functional because the spare part was not locally available. At Mukuyuni Sub-County Hospital in Makueni County, the Continuous Positive Airway Pressure (CPAP) medical device for newborns was dysfunctional.

b) Digital Health System Failures and Technology Access Gaps

66. A significant cross-cutting technological issue is the unreliability and inconsistent deployment of digital health management systems and access devices, forcing facilities to revert to inefficient manual processes. The online health management system, AFYA 1, was reported as non-functional or collapsed for over two weeks at both Athi River Level 4 Hospital and Machakos County Teaching and Referral Hospital. This downtime forced staff to revert to slow, inefficient manual, paper-based records, impacting patient registration, pharmacy inventory and laboratory results.
67. In Kitui County, although 213 SHA gadgets (tablets and power banks) were received, 101 public health facilities still lack these gadgets, limiting their capacity to submit claims and access timely reimbursements under the Social Health Authority framework.

c) Non-Functionality of Support Infrastructure Equipment

68. Beyond clinical equipment, the essential technological tools required for basic sanitation, hygiene and logistics are either dysfunctional or insufficient. The most critical infrastructure failure observed across all counties relates to biomedical waste disposal technology. The incinerator at Kitui County Referral Hospital, Makueni County Referral Hospital, Mukuyuni Sub-County Hospital, Athi River Level 4 Hospital and Mwala Level 4 Hospital in Machakos County lacked functional incinerators, leading to temporary, unsafe storage of infectious materials.
69. The main blood storage fridge was out of order since 2024 in Kitui County Referral Hospital. In Makueni, most acquired ambulances were grounded with only one reported operational at the Referral Hospital. Both Makueni County Referral Hospital and Machakos Level 5 Hospital had only one functional washing machine, hampering the provision of clean linen. Athi River Level 4 Hospital also lacked a functional laundry unit.

3.3. Human Resources for Health (HRH)

70. All the three counties reported or exhibited significant challenges related to chronic understaffing coupled with high workload, persistent failures in staff welfare and compensation and systemic issues regarding career progression and staff professionalism.

a) *Chronic Staffing Shortages*

71. All the three counties reported shortages in specialized and clinical cadres, leading to pressure on existing staff and compromised service delivery. Departments such as the TB Clinic, the blood bank and maternity wards in Kitui County Referral Hospital were reported as severely understaffed. Similarly, Makueni County Referral Hospital faced a general shortage of nurses across all departments, as well as a lack of specialists like Radiologists, leading to long delays in CT scan reports.
72. The laboratory at Athi River Level 4 Hospital in Machakos County was significantly understaffed, operating with only six staff members against an establishment of eleven. In Kitui, staff handling patient documentation were overwhelmed due to the high patient volume and the inadequacy of records officers, especially since each patient requires at least four different records to be kept.
73. The absence of critical healthcare personnel and supervisors observed at Mukuyuni Sub-County Hospital in Makueni County indicated a systemic failure that could compromise patient safety. Furthermore, healthcare personnel in Kitui were assigned duties, such as night shifts in the radiology unit, even when the required machinery was non-functional.

b) *Persistent Issues with Welfare, Compensation, and Payment Delays*

74. Staff employed on non-permanent terms particularly Community Health Promoters (CHPs) and casual workers faced significant financial hardship and lack of employment security across the visited counties. Contracted staff members, including casual cleaners at Machakos Level 5 Hospital, reported payment delays of up to three to five months. This lack of timely payment resulted in considerable hardship.
75. In Makueni, Community Health Promoters (CHPs) reported that they had not received their wages for the preceding seven months and lacked formal agreements with the County Government. They also lacked proper working gears/kits like gumboots and umbrellas. Some casual workers employed by healthcare facilities in Makueni were reported to be receiving a minimum wage bill.
76. In Machakos, the delayed payments led some casual workers to be compelled to eat leftover patient food due to financial hardship. They reported that they were not provided with formal contracts or meals.

c) *Career Stagnation and Limited Promotional Pathways*

77. A key factor affecting staff morale and retention is the lack of formal mechanisms or budgetary allocation for promotions, leaving long-serving employees stuck in the same position for decades. Some healthcare workers in both Kitui and Makueni reported having worked for inordinately long periods without promotion. In Kitui, a mortuary attendant reported working for over twenty years without career whole on advancement. In Makueni, a mortuary attendant at Mukuyuni Sub-County Hospital had served for at least twelve (12) years without career advancement.
78. Across the three counties, the healthcare workforce relies on staff under Universal Health Coverage programs, on hospital contracts and locums, indicating dependence on non-permanent staffing models to bridge gaps.

3.4. Health Products and Technologies (HPTs) and Supply Chain

79. The three counties encompass chronic deficiencies in supply chain reliability, critical failures in high-value medical equipment maintenance, and widespread gaps in pharmaceutical management and safety.

a. *Persistent Supply Chain Instability and Stockouts*

80. A fundamental challenge across the counties is the unreliable and insufficient supply of essential health products, leading directly to financial burdens on patients. Kitui County reported persistent drug supply challenges from the Kenya Medical Supplies Authority (KEMSA), with order fill rates typically ranging between 50% and 70%. This highlights a major gap in the supply chain reliability. Nonetheless, Kitui County holds an outstanding debt balance to KEMSA totaling Kshs 36,396,245.78 as of 30th June, 2025, with large portions exceeding 90 days outstanding. Machakos County also reported an outstanding debt owed to KEMSA amounting to Kshs. 49,100,422.04 since FY 2022/2023.
81. Hospitals frequently compelled patients to purchase necessary drugs externally. Patients at Makueni County Referral Hospital and Machakos County Referral Hospital were directed to buy prescription drugs from private pharmacies, even though the Committee observed that generic equivalents were available in the hospital's pharmacy stock. This practice reflects systemic failures in internal distribution and pharmacy management.
82. Hospitals in Makueni experienced general low drug stock levels, which contributed to the necessity for patients to procure medications out of pocket. Kitui County reported that Kshs 424,864,566 had been allocated for Specialized Materials and Supplies, pharmaceuticals and non-pharmaceuticals in FY 2024/2025, indicating significant financial commitment amidst these supply problems.

b. Inventory Mismanagement and Pharmaceutical Safety Gaps

83. The Committee observed poor record-keeping across the three counties leading to stock discrepancies and unsafe storage of pharmaceuticals posing risks to patient safety and regulatory compliance. At the Makueni County Referral Hospital Pharmacy the lack of bin cards made tracking drug movement unreliable, increasing the risks of pilferage, waste and loss through expiry. The hospitals in Machakos County also faced challenges with pharmacy inventory control.
84. Mwala Level 4 Hospital in Machakos County was found to have expired drugs and certain hazardous medicines on shelves, with some not securely stored in the required refrigerators. This facility also had a faulty refrigerator. Machakos Level 5 Hospital had a locked container filled with expired drugs awaiting safe destruction, highlighting lapses in pharmaceutical waste management and regulatory compliance.

3.5. Universal Health Coverage (UHC); Financial and Operational Challenges

85. A primary cross-cutting observation relates to the financial strain on health facilities due to challenges in the Universal Health Coverage (UHC) and Social Health Authority (SHA) framework, particularly concerning reimbursements and service access.

a. Delayed and Outstanding Reimbursements

86. Health facilities in Kitui County reported that they had submitted claims totaling to Kshs. 631,765,540 by 18th August, 2025, with Kshs. 293,381,362 (46.5%) remaining as the outstanding balance. Similarly, Machakos County faces significant delayed SHA reimbursements, totaling approximately Kshs. 600 million across county hospitals, hindering service delivery and facility upgrades. Makueni County reported a huge pending SHA disbursement due to a high number of rejected claims.
87. Kitui County reported that although they received 213 SHA gadgets (tablets and power banks), 101 public health facilities are still without SHA gadgets, limiting their ability to submit claims and access timely reimbursements.
88. Despite efforts to digitize health records, system downtime forces facilities back into cumbersome and risky manual procedures, severely undermining efficiency and data reliability. The use of manual systems slowed pharmacy workflows, complicated drug inventory management and contributed to discrepancies and long queues for patient registration and data retrieval across various hospitals.

CHAPTER FOUR

4. COMMITTEE RECOMMENDATIONS

89. With the foregoing, the Committee makes the following recommendations -

4.1. Chief Executive Officer, the Social Health Authority

90. The Committee makes the following recommendations to the Chief Executive Officer of the Social Health Authority (SHA)-

1. To prioritize and release all verified outstanding claims owed to public healthcare facilities and standardize and expedite the claim verification process to drastically reduce the high rate of rejected claims reported by the counties in order to ensure future disbursements are predictable and timely to maintain hospital liquidity; and
2. To ensure that all public health facilities still operating without SHA gadgets are immediately supplied with the necessary equipment such as tablets and power banks to enable them to submit claims electronically and access timely reimbursements.

4.2. Council of Governors

91. The Committee makes the following recommendations to the Council of Governors-

1. To establish specific project timelines for the safe removal and regulatory-compliant disposal of hazardous materials such as asbestos roofing at all public healthcare facilities in the counties;
2. To ensure that all county governments have ring-fenced emergency capital funds and enforce a non-negotiable deadline for the installation or functional repair of certified biomedical waste incinerators at all public healthcare facilities;
3. To ensure that all County Governments strictly adhere to the law requiring the ring-fencing of Facility Improvement Fund (FIF) revenues to ensure these funds are retained and used exclusively at the facility level for service improvement;
4. To coordinate all county governments to conclude individual debt settlement agreements with KEMSA specifying monthly or quarterly instalments that clear all verified arrears within a maximum of six (6) months, with priority given to debts outstanding for more than ninety (90) days;
5. To ensure that all counties immediately clear all outstanding wage arrears for Community Health Promoters (CHPs) and casual/contracted staff and ensure timely payments and adequate compensation in line with minimum wage and labor laws; and

6. To ensure that County Public Service Boards (CPSBs) must implement binding policies to resolve career stagnation by finalizing and rolling out annual promotion schedules for long-serving staff who have worked for inordinately long periods without advancement.

4.3. Governor, Kitui County Government

92. The Committee makes the following recommendations to the Governor, Kitui County-

- 1) To direct urgent capital investment and maintenance efforts to rectify severe infrastructural deficiencies, particularly those compromising patient safety and environmental compliance;
- 2) To ringfence emergency capital funds for the acquisition, repair and installation of functional biomedical waste incinerators and the repair of the malfunctioning overall CCTV camera system;
- 3) To urgently allocate funds for the repair, calibration or replacement of key non-functional equipment specifically the mammogram machine, the Portable X-ray and OPG Machine and the main blood storage fridge;
- 4) To expedite the construction of the prioritized Mother and Child Block and the isolation services wards to address the severe overcrowding and incidents of patients sharing beds observed in the Male General Ward and Maternity Wards and to properly isolate Tuberculosis (TB), highly infectious and multidrug-resistant patients;
- 5) To accelerate efforts to obtain the reimbursement of the outstanding balance on claims submitted to SHA and ensure that all Facilities Improvement Financing (FIF) are utilized lawfully within the Public Finance Management (PFM) Framework and spending arrangements comply with the PFM Act;
- 6) To execute the planned Kshs. 236M budget for recruiting additional health workers in FY 2025/2026, prioritizing the filling of severe staffing gaps in critical areas such as the TB Clinic, blood bank, maternity wards and increase the number of records officers and nurse to manage the high patient workload;
- 7) To initiate an immediate audit and implement a promotion schedule to address cases where healthcare workers, have stagnated for over twenty years; and
- 8) To convert all UHC Staff, including those recruited under the defunct donor programs on fixed-term contracts, to Permanent and Pensionable (PNP) terms to enhance job security and morale.

4.4. Governor, Makueni County

93. The Committee makes the following recommendations to the Governor, Makueni County-

1. To prioritize the immediate acquisition, repair or installation of functional incinerators at the Makueni County Referral Hospital and Mukuyuni Sub-County Hospital to immediately halt the practice of improperly disposing of hazardous medical and non-medical waste in open fields next to residential and commercial buildings;
2. To ensure the safe and compliant removal and disposal of the asbestos roofing materials that were observed piled along the fence near the medical wards as these expose patients, families, and healthcare personnel to significant health risks;
3. To ensure the immediate installation and functional commissioning of the mortuary refrigerators that were purchased in 2013 but have remained unutilized at Mukuyuni Sub-County Hospital;
4. To immediately repair the dilapidated infrastructure, including leaking pipes, wet pathways, naked and exposed electrical wires inside wards and corridors, broken windows at the mortuary and non-functional cold rooms in the kitchen at Makueni Referral Hospital;
5. To review and adjust the remuneration of casual workers employed by healthcare facilities to ensure they receive fair and adequate remuneration in line with Kenyan labor laws and address concerns that some cadres were being paid below the minimum wage bill;
6. To implement a clear policy to address the grievances of long-serving healthcare workers, such as the mortuary attendant who had served for inordinate long periods without a promotion or career advancement;
7. To prioritize the repair and functional commissioning of the grounded ambulances at Makueni County Referral Hospital to restore emergency fleet;
8. To ensure that essential drug stock levels are maintained and immediately enforce accountability measures to prevent patients from being directed to purchase prescription drugs from external pharmacy stores even when generic equivalents are available in the hospital pharmacy stock;
9. To institute strict inventory management protocols, specifically mandating the use of bin cards in the pharmacy department to eliminate poor record keeping and reliably track drug movement, thereby reducing risks of pilferage and loss through expiry;

10. To immediately clear all outstanding arrears and delayed payments owed to Community Health Promoters (CHPs);
11. To address the internal administrative failures contributing to the high number of rejected claims which results in a huge pending disbursement from the Social Health Authority (SHA), disrupting financial flows; and
12. To strengthen supervision and address the observed instances of lethargy and lackluster attitude among some personnel (such as those in the radiology unit) to ensure consistent, accurate record keeping and improved service delivery.

4.5. Governor, Machakos County

94. The Committee makes the following recommendations to the Governor, Machakos County-

1. To rectify the deplorable welfare situation of the contracted healthcare personnel by ensuring that they are provided with formal contracts, paid fairly, above the recommended minimum wage bill, and supplied with necessary provisions and equipment;
2. To resolve the critical sanitation challenges in healthcare facilities by guaranteeing a reliable water supply and urgently repair or replace dilapidated sanitary infrastructure in all healthcare facilities to ensure there are functional toilet facilities available for the large numbers;
3. To allocate sufficient resources to immediately repair the defective MRI machine at Machakos Level 5 Hospital and ensure maintenance protocols are consistently enforced for all specialized equipment;
4. To allocate sufficient resources to enable the acquisition of functional laundry equipment and address the overcrowding hazard by expanding the small inpatient bed capacity at Athi River Level 4 Hospital;
5. To expedite the plans to hire and promote healthcare personnel such nurses, pharmacists and pharmaceutical technologists in order to address immediate shortages and ensure public facilities are adequately staffed;
6. To mandate immediate action for the safe destruction of the locked container filled with expired drugs at Machakos Level 5 Hospital and reinforce protocols to prevent the unsafe storage of expired and hazardous medicines on open shelves at facilities like Mwala Level 4 Hospital.
7. To immediately ring-fence funds and implement the plan for the safe removal and disposal of asbestos roofing in all public healthcare facilities.