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Clerk of the senate/ secretary, PSC
Date: 05/11/25

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THE SENATE

STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING ENGAGEMENTS IN LAIKIPIA AND MERU COUNTIES.

Clerk
Forwarded and recommended for approval for tabling
05/11/2025

Clerks Chambers,
Parliament Buildings,
NAIROBI.

November, 2025

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LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CECM	County Executive Committee Member
CHS	Community Health Service
CHW	Community Health Worker
CHP	Community Health Promoter
CPSB	County Public Service Board
CoG	Council of Governors
CS	Cesarean Section
DG	Deputy Governor
EMR	Electronic Management Records
FIF	Facilities Improvement Financing
FY	Financial Year
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
NG	National Government
NHIF	National Health Insurance Fund
PSC	Public Service Commission
SHIF	Social Health Insurance Fund
UHC	Universal Health Coverage
WHO	World Health Organization
NTRH	Nanyuki Teaching and Referral Hospital
NCRH	Nyahururu County Referral Hospital
MTRH	Meru Teaching and Referral Hospital
TSCH	Timau Sub-County Hospital
KSDH	Kibirichia Sub-District Hospital

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. Arap 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, 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 Tuesday, 27th May, 2025, the Committee on Health deliberated on the state of provision of healthcare services at health facilities country-wide and resolved to conduct oversight visits to Laikipia and Meru Counties to acquaint itself with the provision of healthcare services as part of its oversight function. These oversight visits took place from 18th to 20th June, 2025.

This Report contains a record of the outcome of a comprehensive evidence-gathering exercise undertaken pursuant to the Committee's mandate to oversee the delivery of medical services, public health and sanitation in the counties, countrywide. These oversight visits were designed to gather evidence, provide firsthand insights and augment information received within the precincts of Parliament on 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 Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital in Laikipia County, Timau Sub-County Hospital, Kibirichia Sub-County Hospital and Meru Teaching and Referral Hospital in Meru County.

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 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 county's compliance with relevant health sector policies and regulations.

The Committee identified several critical and pervasive challenges impacting healthcare delivery in the two counties. Although both counties have increased their health sector budgets, the funding remains insufficient relative to the magnitude of devolved health needs and the populations served.

Laikipia County faces unique funding strains as its health facilities serve residents from several neighboring counties, thereby overstretching both human and financial resources. Conversely, Meru's main referral must cater to a population of 1.4 million, in addition, population to patients from surrounding counties, further compounding budgetary pressures, particularly for critical care, emergency and specialized services.

Both counties face an inadequate number of healthcare workers across nearly all facility departments. This shortfall is primarily due to natural attrition and expanding scope of health services under devolved governments. Consequently, the existing staff are overburdened, resulting in burnout and decline in the quality of care. The distribution of health workers disproportionately favors higher-level hospitals, leaving sub-county and peripheral facilities severely understaffed.

Facility infrastructure in the two counties is in a critical state of disrepair. Significant deficits were observed, including missing window panes, broken tiles, dilapidated roofs, falling ceilings and condemned structures. Several sections remain under-equipped with crucial projects such as mortuary, waste disposal systems and intensive care units (ICU) either stalled or incomplete. Healthcare facilities in the two counties lack essential equipment as demonstrated by critical shortage of incubators in newborn units, ICU/HDU beds and equipment, functional dialysis machines and outdated and absence of laboratory items.

This report presents a comprehensive analysis of these issues and makes recommendations to the three county governments and other stakeholders. These recommendations are aimed at strengthening healthcare systems, enhancing accountability and ensuring that investments in healthcare translate into tangible improvements in service delivery and health outcomes.

Acknowledgements

On behalf of the Committee, I wish to thank Sen. Kathuri Murungi, MGH, MP, Senator for Meru County and Sen. Nderitu John Kinyua, MP, Senator for Laikipia County for their warm welcome and support extended to the Committee by their offices during the oversight visits. Their input and contributions enabled the Committee carry out its oversight mandate and functions effectively in the two counties.

The Committee wishes to extend its appreciation to the Governors of Meru and Laikipia Counties and their respective County Executive Committee Members for their input, submissions and evidence produced during the oversight tours. 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.

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.....4/11/2025

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, 27th May, 2025, the Committee resolved to conduct oversight visits to Laikipia and Meru Counties to acquaint itself with the provision of healthcare services as part of its oversight function. These oversight visits took place from 18th to 20th June, 2025.

Purpose and Objectives

4. The specific objective of these engagements was to visit select healthcare facilities in the three counties in order to-

   a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;
   b) asses 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 for assessment-

   1) Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital in Laikipia County; and
   2) Meru Teaching and Referral Hospital (MTFH), Timau Sub-County Hospital and Kibirichia Sub-County Hospital in Meru County.

Methodology

6. Between 18th and 20th June 2025, the Committee undertook site visits to the designated facilities. During these visits, Members engaged with pertinent county government officials, hospital management, and other stakeholders, and gathered oral and written submissions. Additionally, the Committee also conducted thorough physical inspections of premises, reviewed relevant documentation and directly observed the working conditions and challenges on site.

7. The findings, analysis and recommendations presented in this Report are grounded in evidence gathered throughout these engagements and are intended to facilitate the enhancement of health sector governance, accountability and service delivery within the framework of the devolved system of governance.

1.1. COUNTY PROFILES

1.1.1. Laikipia County

8. Laikipia County comprises three administrative sub-counties (Constituencies) namely; Laikipia East, Laikipia North and Laikipia West. Laikipia County has a population of approximately 518,560.

9. The County has made significant strides in healthcare provision, particularly since the advent of devolution. The County has 3 County Referral Hospitals, 10 Sub-County Hospitals, 21 Health Centers and 141 dispensaries totaling 175 public health facilities. Additionally, 45 of these facilities are accredited by NHIF

10. The Nanyuki Teaching and Referral Hospital has an estimated inpatient bed capacity of 159, 24 maternity beds, 11 cots, 2 emergency casualty beds and 2 ICU beds serving the public healthcare needs.

11. The total estimated budget for FY 2024/25 amounts to Kshs. 8.05 billion. It comprised Kshs.3.15 billion (39 percent) and Kshs.4.89 billion (61.0 percent) allocation for development and recurrent programmes respectively. The budget estimate represents an increase of Kshs.798.58 billion (11 percent) from the FY 2023/24 budget. Also, in the first half of the FY 2024/25, the community health promoters were given an annual budget allocation of Kshs.25.23 million that there are no actual receipts or actual receipts percentage as percentage of annual allocation presented in the report of the Office of The Controller of Budget;

12. In the FY 2024/25, the County allocated Kshs.1.03 billion to the health sector of which Kshs.206.48 million is for the recurrent expenditure and Kshs.822.2 million allocated for the development expenditure. Up to the first half of the FY 2024/25, the county had only spent Kshs. 33.70 million of its recurrent budgets and Kshs.39.39 million on development spent on development as reported by the Office of the Controller of Budget.

1.1.2.Meru County

13. Meru County covers an area of 7,006km^2 and has a population of 1.545,714 people. The County has over one hundred government-managed public health facilities. The major health facilities include; Meru Teaching and Referral Hospital, Maua Sub-County Hospital, Nyambene Sub-County Hospital, Mikinduri Sub-County Hospital among others.

14. The Meru Teaching and Referral Hospital servs as the main referral facility and has an estimated inpatient bed capacity of over 300, with specialized wards including maternity, newborn units, intensive care, and isolation units serving the population's health needs.

15. Meru Teaching and Referral Hospital is the largest hospital in the county and hence collects the largest amount of money as FIF. The County has enacted regulations to operationalize the Facility Improvement Fund (FIF) Act, 2023.

16. The total estimated budget for FY 2024/25 amounts to Kshs.13.92 billion. It comprised of Kshs.4.97 billion (36 percent) and Kshs.8.95 billion (64 percent) allocation for development and recurrent programmes, respectively. The County's Net Approved Budget is Kshs.13.08 billion, which consists of Kshs.8.53 billion for recurrent and Kshs.4.55 billion for development.

17. In the FY 2024/25, the County allocated Kshs. 3.782 billion to the health sector of which Kshs. 2.983 billion is for recurrent expenditure and Kshs. 798.7 million allocated for the development expenditure. Up to the second quarter of FY 2024/25, the county had only spent Kshs. 1.486 billion of its recurrent budget and Kshs. 441 million on development spent on development as reported by the office of the controller of budget.

18. In the first half of the FY 2024/25, the county had collected Kshs 41.33 million from the FIF that was utilized by the hospitals as reported by the office of the controller of budget though the facilities did not submit a report on utilization on the funds. In the first half FY 2024/25, the County had spent Kshs. 10.4 million on the pharmaceutical and non-pharmaceutical supplies.

CHAPTER TWO

2. COMMITTEE OBSERVATIONS

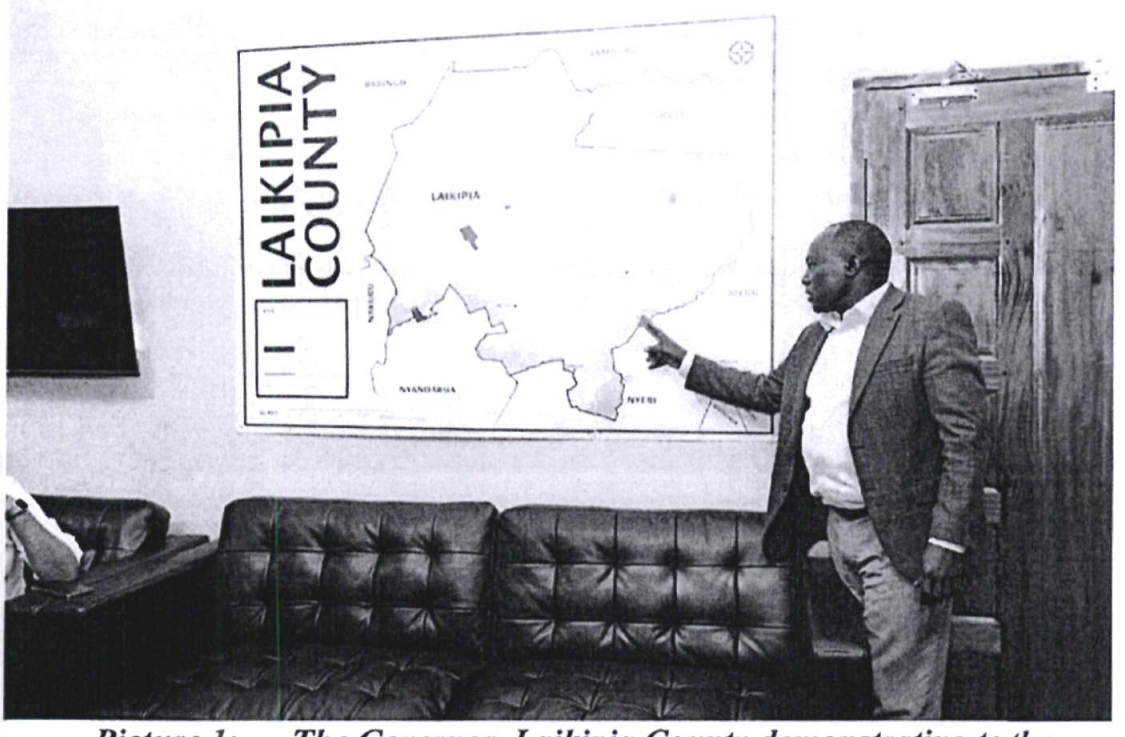
2.1. LAIKIPIA COUNTY

2.1.1. Submissions by the County Executive

19. The Committee paid a courtesy call to the Governor at his office in Nyahururu Town prior to the commencement of the visits and subsequently convened a debriefing meeting with at his office in Nanyuki following conclusion of the visits.

20. The Governor was accompanied by the Deputy Governor, the County Secretary, the County Executive Committee Administration, the County Executive Committee Health, the County Executive Committee Water and Environment, the County Chief Officer of Health, Chief Officer in the Department of Health Services and other senior officials from the County Government.

21. The Governor informed the Committee that:
    a) Laikipia County borders the counties of Nyeri, Samburu, Nakuru, Isiolo, Meru and Nyandarua whose residents relied heavily on the Laikipia healthcare facilities hence straining the available resources and overstretching the available human resources for health;



Picture 1: The Governor, Laikipia County demonstrating to the Committee the catchment area served by the healthcare facilities in the County

b) Laikipia County has also been affected by persistent drug supply challenges from the Kenya Medical Supplies Authority (KEMSA), experiencing order fill rates that typically range between 50% and 70%;

c) The County had mooted an idea of establishing its own medical training institute to train healthcare personnel and build capacities of the existing Human Resources for Health;

d) 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; and

e) The County Government is actively upgrading its healthcare facility infrastructure and broader service delivery capacities and had procured a new laundry machine for hospital use.

2.1.2. Oversight Visit to Nyahururu County Referral Hospital

22. The Committee conducted an oversight visit at the Nyahururu Referral Hospital on Wednesday, 18th June, 2025. During the visit, the Committee was accompanied by Mr. Albert Taiti, the County Executive Committee Member (CECM) in charge of the Health Department and Dr. Timothy Panga, the Chief Officer, Department of Health. Upon arrival the Committee was received by the Hospital Administrators led by Dr. Lawrence N. Kamande, the Chief Executive Officer, Nyahururu Teaching and Referral Hospital.

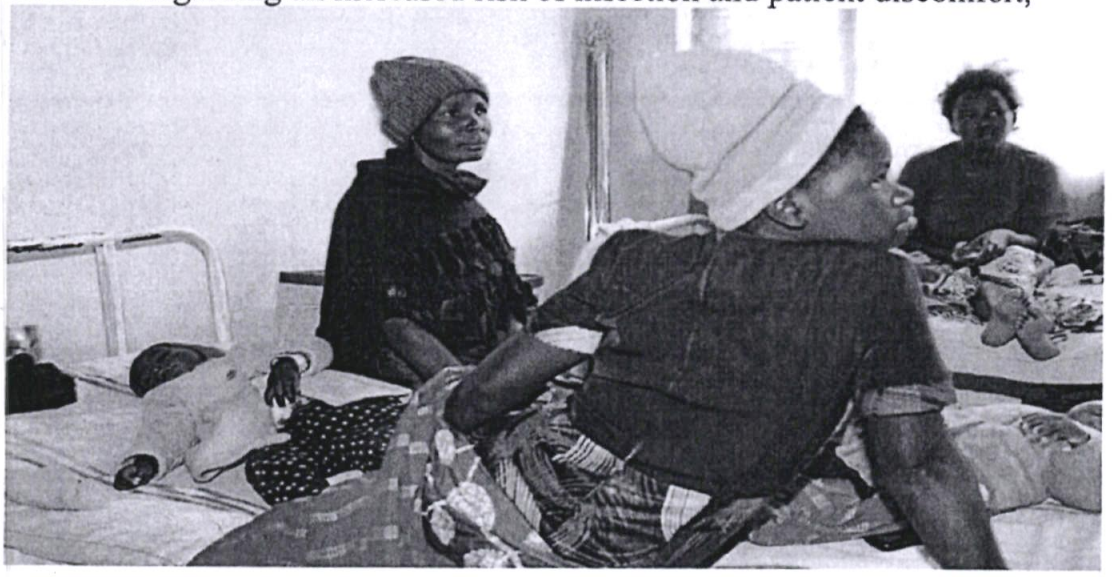
23. The Committee was presented with an overview of the facility's operations, including service coverage and was informed that the facility has an emergency department that operates on a 24-Hour basis, fully functional operating rooms, a functional pharmacy and a laboratory. Further, the Hospital has successfully achieved a significant reduction in patient waiting times.

24. The Committee was further informed that Nyahururu County Referral Hospital serves patients from the neighboring counties following its proximity to Nyandarua, Nakuru, Samburu and Nyeri counties. The facility has a bed capacity of two hundred and forty-four (244) beds, including fifty-four (54) maternity. Additionally, the New Born Unit has a total of twenty -six (26) beds and twenty-nine (29) cots.

25. Additionally, the hospital has ten (10) dialysis) beds/machines, while its mortuary has a capacity of eighteen (18) bodies. However, during the visit the Committee was informed that there were sixty-one (61) bodies preserved at the mortuary, significantly exceeding its storage capacity.

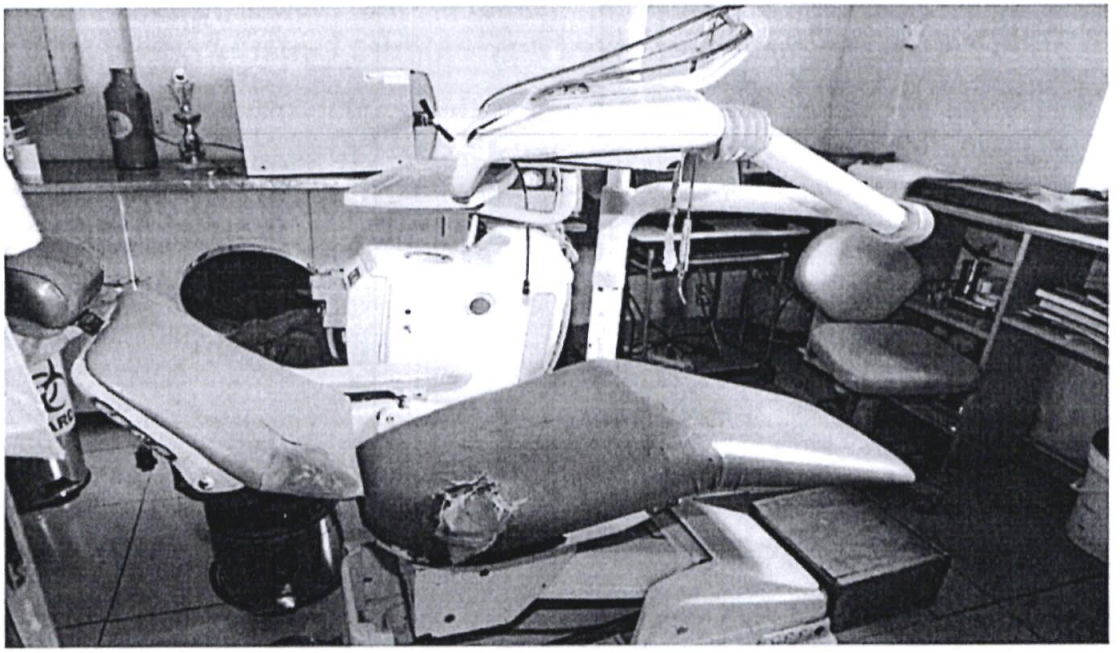
Picture 2: Media report indicating the overstretched patient handling capacity observed at Nyahururu County Referral Hospital

26. During the visit and engagement with hospital management and staff, the Committee made the following observations:
    a) **Overcrowding:** The committee observed that the maternity and outpatient departments were extremely overcrowded. The inadequacy of consultation rooms contributed to the prolonged wait times and congestion. In the maternity ward, shortages of beds compelled some mothers to share single beds, raising concerns regarding an increased risk of infection and patient discomfort;



Picture 3: The Committee observed overcrowded post-natal wards at the Nyahururu County Referral Hospital where patients were made to share beds

b) **Infrastructure and Maintenance**: several infrastructural deficiencies were identified, including missing window panes, broken tiles, deteriorating ceilings, and damaged beds within the wards. These issues were deemed detrimental to infection prevention, patient comfort, and overall quality of care;



Picture 4 and 5: ***deteriorating and infrastructural deficiencies including broken tiles, missing window panes and damaged beds at the Nyahuturu County Referral Hospital***

c) **Laboratory Licensing and Capability**: the hospital's laboratory retained necessary certification and licensing, however the Committee found that the license had expired. It was further reported that persistent shortages of equipment and reagents limited the facility's ability to provide a full range of diagnostic services;

d) **Waste Management;** the hospital's incinerator was found to be non-functional, resulting in an accumulation of medical and biohazard waste a situation posing substantial health and environmental risks to both staff and the community;

Picture 6: Showing the accumulation of medical and biohazard waste a situation posing substantial health and environmental risks to both staff and the community.

e) **Neonatal and Critical Care**; an acute shortage of infant incubators was evident in the newborn unit. Makeshift incubators, such as cardboard cartons, were reportedly in use. The hospital lacked operational Intensive Care Unit (ICU) beds, severely limiting its capacity to provide critical care for severely ill patients;

f) **Pharmacy and Drug Management;** the hospital experienced significant challenges with the management of pharmaceutical stocks. The Committee noted inconsistencies between physical drug stocks and recorded inventories, incomplete documentation, and notable stockpiles of expired drugs in the main pharmacy. Patients reported being required to purchase essential drugs from private pharmacies due to stockouts;

Picture 7: The Committee observed persistent shortages of equipment and reagents limited the facility's ability to provide a full range of diagnostic services Patient Welfare.

g) The Committee observed that some patients, particularly in maternity, were detained in the hospital due to inability to settle medical bills.

2.1.3. Oversight Visit to Nanyuki Teaching and Referral Hospital

27. The Committee visited the Nanyuki Teaching and Referral Hospital on Thursday 19th June, 2025 accompanied by Mr. Albert Taiti, the County Executive Committee Member (CECM) in charge of the Health Department, Dr. Timothy Panga, the Chief Officer, Department of Health and Dr. Sammy Kilonzo, the Chief Executive Officer, Nanyuki Teaching and Referral Hospital.

28. The Committee was informed that Nanyuki Teaching and Referral Hospital was established in the 1930s. The provides a comprehensive range of health services, including general outpatient and specialist clinics, emergency care, maternal and child health services, pharmacy, laboratory, radiology, and renal dialysis. Further, the Hospital has seen recent infrastructure improvements, reflective of efforts to meet increasing patient demand and evolving health requirements in the region.

29. During its assessment of the Hospital, the Committee made the following key observations:

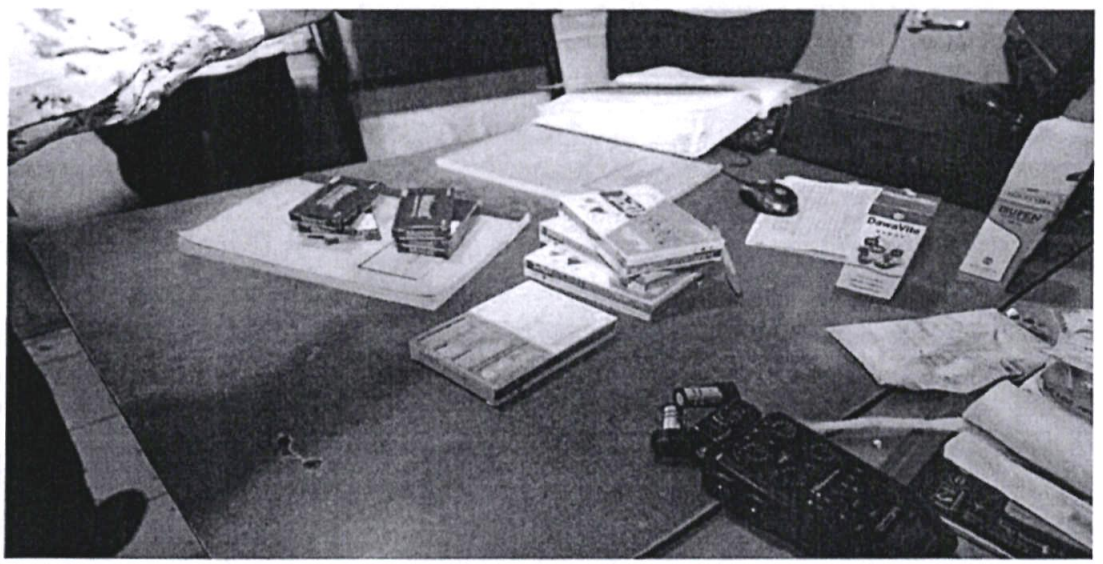
a) **Overcrowding and Patient Flow**; the hospital's outpatient department, pharmacy, laboratory, and inpatient wards were notably overcrowded, with insufficient waiting areas. Some patients were compelled to share beds due to the overstretched capacity, highlighting a severe mismatch between facility resources and patient volumes;

b) **Stock and Supply Management;** the Committee observed poor supply chain oversight, with the prevalence of expired pharmaceuticals and unused medical stock. This indicated inefficiencies in drug and commodity management, undermining the timely and effective provision of essential medicines;

c) **Critical Care Capacity**; the Hospital faces shortages in Intensive Care Unit (ICU) beds, with demand consistently outstripping supply. The Hospital regularly receives critically ill patients from a wide catchment area, intensifying pressure on limited critical care resources;

d) **Mortuary Capacity and Management**; the mortuary was found to be severely overcrowded, accommodating sixty-two (62) bodies despite a design capacity of only twelve (12). Delays in collection, mainly attributed to financial constraints faced by families, had resulted in an accumulation of both unclaimed and uncollected bodies;

e) **Pharmaceutical Records and Inventory Controls;** the Hospital's pharmacy operates with both manual and digital inventory management systems, which are poorly synchronized. This dual approach has led to inconsistencies, making it difficult to accurately monitor drug stock, usageand expiries, impeding timely reordering;



Picture 8: ***The Committee observed discrepancies between physical stocks and recorded stocks indicating poor inventory control practices.***

f) **Patient Nutrition and Dietary Needs**; although the facility's kitchen was functional and maintained hygienic standards, patient meals lacked customization for specific health or physiological requirements, and all patients were served uniform meals regardless of condition;

g) **Equipment and Asset Management**; the Committee observed numerous obsolete, non-functional, and outdated medical devices abandoned within hospital premises, underscoring persistent challenges in equipment management, maintenance, and disposal;

2.2. MERU COUNTY

2.2.1. Oversight Visit to Timau Sub-County Hospital

30. The Committee conducted an oversight visit to the Timau Sub-County Hospital on Thursday 19th June, 2025 and was received by Dr. Nicholas Kimaita, the Hospital administrator and a host of other healthcare personnel at the facility. The Committee was informed that the Facility was established to fill a critical gap in healthcare provision in a region that previously depended on distant hospitals in Nanyuki and Meru Town.

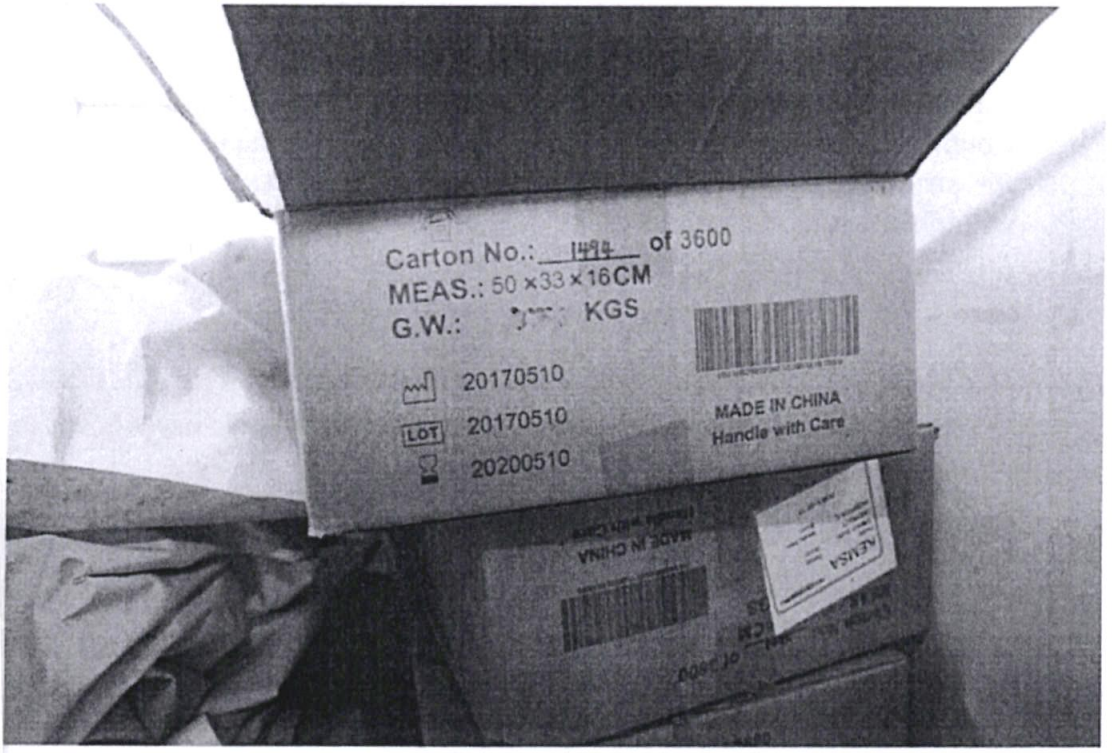
31. The Committee was informed that the Hospital is managed by Meru County Government and is classified as a Level 4 facility. It offers a wide range of services such as outpatient, comprehensive care centre, maternity and child health, pharmacy and laboratory services, antenatal and post-natal care, family planning and immunization, curative and minor surgical outpatient care.

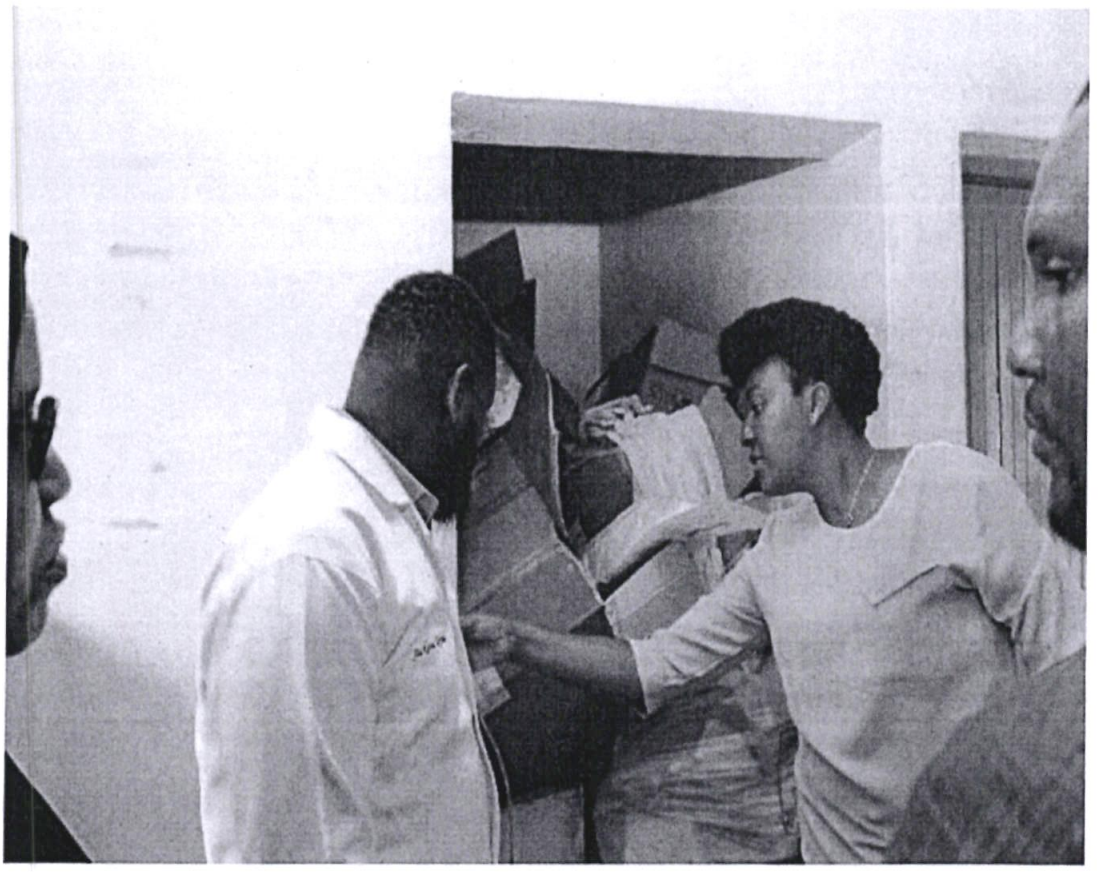
32. The Committee was informed that the Hospital is managed by Meru County Government and is classified as a Level 4 facility. It provides a comprehensive range of services including outpatient care, comprehensive care Centre, maternity and child health services, pharmacy and laboratory services, antenatal and post-natal care, family planning and immunization as well as curative and minor surgical outpatient care.

33. During its inspection and consultations with staff, the Committee noted the following key findings-

a) **Human Resource Constraints**; the facility suffers from a chronic shortage of both medical and support staff. At the time of the visit, there were only two pharmacists, eight clinical officers, and thirteen nurses, which was inadequate for the patient load. The hospital lacks specialist personnel, leading to frequent patient referrals for advanced care;

b) **Infrastructure Deficiencies;** the in-patient section is limited and the maternity ward was found deserted, likely due to a combination of poor infrastructure, insufficient staff, and obsolete equipment. The maternity unit lacks a dedicated theatre and a functioning newborn unit. Essential diagnostic services such as x-ray facilities were non-functional and inappropriately purposed, with the x-ray room not set up according to safety standards;





Picture 9 and 10: The Committee observed inadequate pharmaceutical management and poor storage of medical supplies at Timau Sub-County Hospital

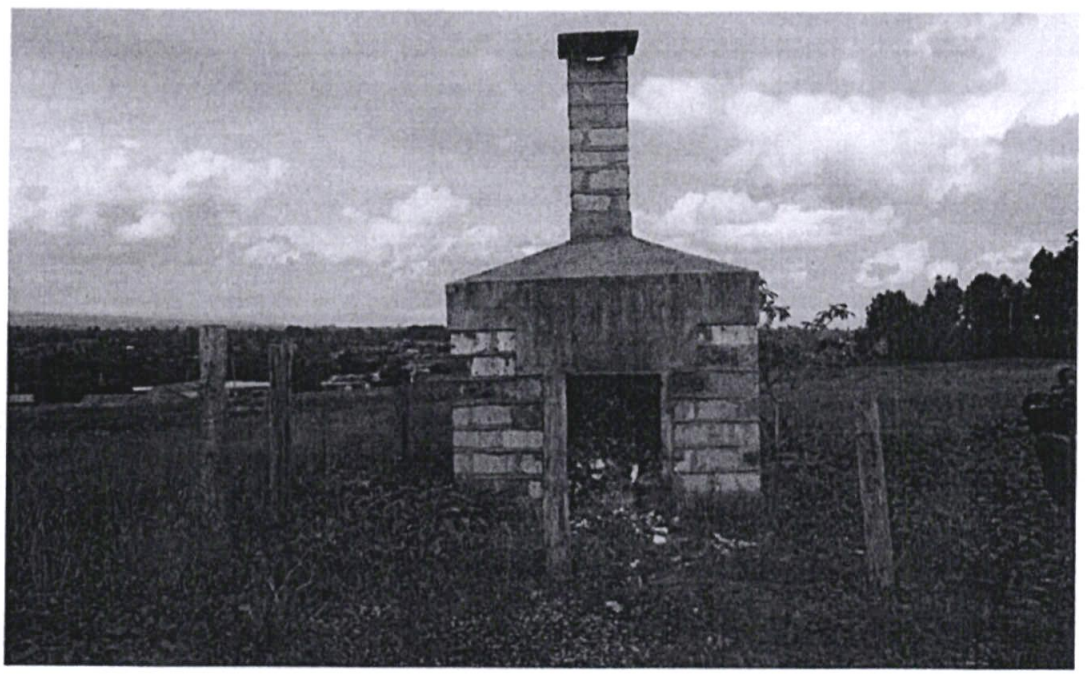
c) **Stalled and Incomplete Projects;** the mortuary was incomplete and the construction appeared to have stalled despite references to ongoing works in County tender documents. One building on the compound had been condemned for structural instability, and stockpiles of expired drugs were disposed of within these unsafe structures.

Picture 11and 12: The Stalled hospital mortuary (with a green roof) at the middle of a track of land under wheat and cowpeas.

d) **Land and Asset Management;** the compound encompassed a substantial tract of land cultivated with wheat and cowpeas. It was unclear whether this land had been leased to external parties or was being directly cultivated by the hospital.

e) **Essential Supplies and Equipment;** the Hospital faces persistent shortages of critical drugs, basic medical supplies, and functioning equipment. Bathroom facilities were in disrepair, and overall maintenance was substandard. There was evidence of procurement of more furniture than needed, with excess items strewn in corridors and disused rooms;

f) **Waste and Records Management;** The incinerator was found to be without a door and lacked perimeter fencing, raising concerns regarding environmental safety. Health and Pharmacy records were maintained in paper form, which posed a risk of loss and resulted in inefficiencies in information retrieval and tracking of medical commodities. Additionally, Pharmacy bin cards were missing for several medicines;



Picture 13: The committee observed that the hospital incinerator lacked a functional door and perimeter fencing, raising significant concerns regarding environmental safety.

a) **Non-compliance and Safety Risks**; of particular concern was the hospital's use of banned asbestos for roofing, which is a violation of occupational health and safety standards.

2.2.2. Oversight Visits to Kibirichia Sub-County Hospital

34. On 19th June 2025, the Committee undertook an oversight visit to Kibirichia Sub-County Hospital. The Committee was informed that Kibirichia Sub-County Hospital serves as a key public health facility in Meru County, providing a range of medical services to the local community and its environs. The facility is intended to operate at Level 4 status but faces several constraints limiting its ability to provide the full spectrum of care expected at this level;

35. The Committee made the following key findings:

a) **Pharmaceutical and Supply Chain Challenges**; there were pronounced lapses in pharmacy records and drug management. Several records, including those detailing expired and controlled drugs, exhibited discrepancies. Expired medications were found in the facility's only ambulance, indicating unsafe disposal practices and inadequate pharmaceutical oversight;

Picture 14: The Committee observed discrepancies between recorded drugs stocks and actual stocks on the shelves at Kibirichia Sub County Hospital

b) **Infrastructure and Equipment Deficits**; the facility lacked critical infrastructure, including a functional mortuary, staff housing and specialized units such as theatres and laundry. Many essential medical devices and equipment were obsolete or non-functional, raising concerns about the reliability and range of services provided.

c) **Human Resource Shortages**; staffing levels were significantly below requirements, causing work overload and burnout among available healthcare workers. These shortages adversely affected service quality, patient care, and staff morale.

d) **Stockouts and Patient Impact**; chronic shortages of essential drugs, dressings, and laboratory reagents were reported. Patients frequently faced stockouts and, as a result, were compelled to purchase medicines from private pharmacies, increasing out-of-pocket costs and undermining the goal of equitable access to healthcare.

e) **Ambulance and Emergency Services:** the hospital had only one operational ambulance, which was poorly maintained and had been used for storage of expired drug, thereby compromising its availability and usability during emergencies.

Picture 15: The only functional ambulance at Kibirichia Sub County Hospital was stocked with expired drugs.

f) **Facilities and Waiting Areas**; the waiting bays were inadequately furnished, lacking sufficient seating and shelter for patients and visitors. This contributed to discomfort and congestion, particularly during busy periods.

2.2.3. Oversight Visit to Meru Teaching and Referral Hospital

36. The Committee undertook an oversight visit to the Meru Teaching and Referral Hospital (MTRH) on 19th June, 2025. The delegation was received by senior facility management and county health officials led by Dr. Dennis Mugambi, the County Executive Committee Member in charge of the Department of Health Services and Dr. Bernard Murithi the Chief Executive officer Meru Teaching and Referral Hospital.

37. The Committee was informed that MTRH is a major public referral hospital serving both Meru County and the broader region, catering to an estimated population of 1.4 million and acting as a regional hub for specialist medical services. The Facility provides a comprehensive range of clinical and specialist services, including general and emergency care, maternity, pediatric, surgical, dental, psychiatric, renal, oncology, ICU, HDU and rehabilitative services. It also hosts specialized clinics such as oncology, dialysis, chemotherapy, maxillofacial surgery, neurology, dermatology, and urology.

38. During its visit and consultations with hospital management and staff, the Committee made the following key findings;

a) **Mental Health Services**; the hospital has established a comprehensive mental health unit that offers both inpatient and outpatient psychiatric care, serving patients from Meru and distant counties including Mandera and Marsabit. The unit also functions as a training site for health students. Despite the breadth of its services, the unit faces staffing shortages, frequent drug stock-outs, and limitations in infrastructure;

b) **Critical and Specialized Care;** the High Dependency Unit (HDU), part of the ICU, is equipped with modern equipment, though it regularly experiences excess demand. Some ICU/HDU equipment provided under the Managed Equipment Services (MES) programme were out of service due to lack of maintenance support after contract expiry. There are no intensivists in the unit following the departure of Cuban specialists;

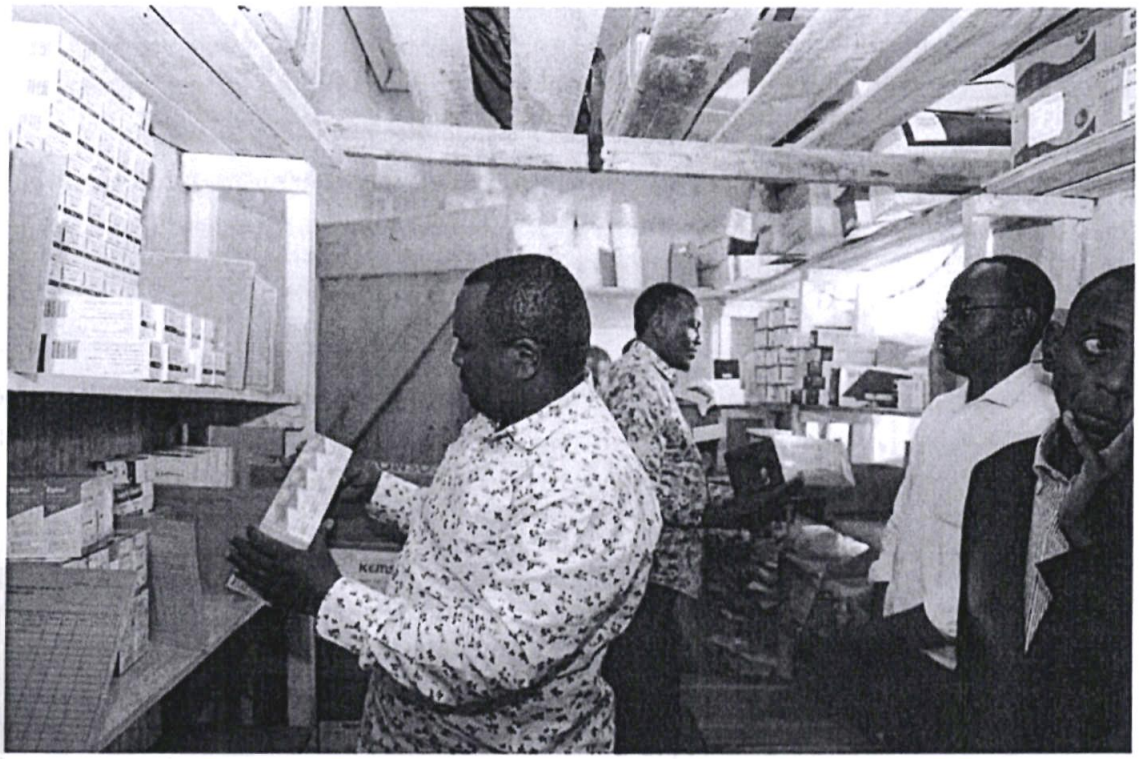
c) **Maternity and Renal Services**: Maternity wards were found to be congested, with some patients sharing beds or awaiting bed availability after delivery, largely due to high referral inflows. The renal unit, though fitted with advanced machines, only had five (5) functional hemodialysis machines, with others lying idle for lack of consumables and reagents;

d) **Oncology and Cancer Care**; the hospital operates a cancer treatment center, but its capacity is limited to administering chemotherapy. Patients requiring advanced therapies, such as radiotherapy or brachytherapy, and pediatric cancer cases are referred to national facilities like Kenyatta National Hospital or Kenyatta University Teaching and Referral Hospital;

e) **Financial and Supply Chain Challenges**; the facility faces severe budgetary strains, particularly due to delays in reimbursements from the Social Health Insurance Fund (SHIF), compounded by a sizable annual wage bill. MTRH often relies on internally generated Facility Improvement Financing (FIF) for pharmaceutical and non-pharmaceutical supplies, but this is often insufficient;

f) **Pharmacy and Records Management**; pharmacy management was found to be problematic, with discrepancies in drug records and the presence of expired and unaccounted-for controlled substances. Overall Records management relied

heavily on manual documentation, hindering efficiency and compromised auditability;



Picture 16: The Committee observed expired drugs at the Meru Teaching and Referral Hospital.

g) **Mortuary Service**; the hospital's mortuary, designed for sixty (60) bodies, held up to two hundred (200) bodies at the time of the visit, largely due to unclaimed or uncollected remains. This overstretching reflects wider social and infrastructural challenges.

2.2.4. Meeting with the County Executive

39. The Committee informed the County Executive that, during the visit, the following preliminary observations were made-

a) The Meru Teaching and Referral Hospital had congested maternity wards, with evidence indicating an insufficient number of maternity beds and baby cots at the wards. Further, both healthcare and support staff, exhibited signs of complacency, characterized by disinterest, lack of motivation and general disengagement, particularly within the hospital pharmacy

b) There were notable challenges with record keeping in all the healthcare facilities visited by the Committee. The widespread reliance on manual and paper-based records resulted in inefficiencies in information retrieval, compromised data quality, and hindered concurrent access to data

c) In all the healthcare facilities visited, record keeping and control procedures in pharmaceutical supply management were suboptimal, relied on manual, paper-based inventory instead of digital and electronic tracking. The Committee observed that this was likely to create inefficiencies in tracking drugs, increased the risks of loss and misplacement and slowed down audits.

d) At Timau Sub-County Hospital, excess furniture was strewn throughout the facility and it appeared that more had been procured than necessary, with surplus items poorly placed in the corridors and disused rooms. The Committee observed that this situation indicated poor prioritization and inadequate institutional oversight.

e) The seating areas in healthcare in all the facilities visited were inadequate, failing to provide sufficient comfort, accessibility, or functionality to meet the needs of patients, visitors and staff. The Committee observed that the shortage of seating led to overcrowding and congestion with many individuals forced to stand.

f) The healthcare facilities faced significant challenges regarding the improper disposal of expired drugs, including the dumping of such drugs in unlocked and disused rooms. This practice constitutes a serious breach of both patient safety standards and regulatory requirements for hospital pharmacy management.

Picture 17: During a de-briefing meeting at the Office of the Governor, Meru County

CHAPTER THREE

3. COMMITTEE OBSERVATIONS

3.1. Health Sector Funding

40. The health sector budgetary allocation has generally increased since the advent of devolution. County governments are expected to prepare clear budgets for healthcare service delivery, drawing funding from equitable share of national revenue, county own-source revenues, user fees, grants and donations.

41. Although both counties have increased their health sector budgets, the funding remains insufficient relative to the magnitude of devolved health needs and the populations served. This funding shortfall undermines both quality and accessibility of care in the two counties and impends efforts to build resilience in the health system.

42. Laikipia County Government reported that the health sector received Kshs. 1.03 billion in Financial Year 2024/2025, while Meru allocated Kshs. 3.782 billion for the same period. Nonetheless, the majority of health budgets in these counties are consumed by staff salaries and drug supplies leaving limited resources for infrastructure development, equipment, acquisition and service expansion. Development allocations are frequently under-implemented or reallocated to cover immediate recurrent expenditures, resulting in incomplete projects such as mortuaries and incinerators;

43. Laikipia County faces unique funding strains as its health facilities serve residents from several neighboring counties, thereby overstretching both human and financial resources. Conversely, Meru's main referral must cater to a population of 1.4 million, in addition population to patients from surrounding counties, further compounding budgetary pressures, particularly for critical care, emergency and specialized services.

44. Meru County is heavily dependent reimbursements from Social Health Insurance Fund (SHIF) to cover wage bills; however, delays and inconsistencies in these disbursements severely strain liquidity at facilities. Both counties have increasingly relied on facility-generated revenues, but utilization reports remain missing or incomplete, and these funds continue to fall short of meeting actual needs.

3.2. Human Resources for Health

45. There is pronounced shortage of qualified health personnel across facilities, attributed to legislative employment ceilings, poor retention, delayed wage payments, and inconsistencies in distribution of specialists. Overwork, burnout, and skill mismatches are prevalent, particularly in high-demand areas such as maternal health and mental health. Staff morale is further diminished by delays in salary payments and lack of continuous professional training opportunities.

46. Both counties face an inadequate number of healthcare workers across nearly all facility departments. This shortfall is primarily due to natural attrition and expanding scope of health services under devolved governments. Consequently, the existing staff are overburdened, resulting in burnout and decline in the quality of care.

47. There is a widespread inability to retain trained and experienced personnel, which undermines service delivery and continuity. Further, limited resources have affected continuous professional development and in-service training opportunities contributing to stagnation in skills and expertise. Additionally, specialist healthcare workers in critical care, pharmacy, laboratory sciences and mental health remain scarce, particularly in lower-level facilities. This shortage has compelled facilities to implement inappropriate task shifting, whereby less-skilled staff undertake specialized roles, adversely affecting quality of care and patient safety.

48. The distribution of health workers disproportionately favors higher-level hospitals, leaving sub-county and peripheral facilities severely understaffed, with rural areas particularly vulnerable. Additionally, frequent delays in salary payments and non-remittance of statutory deductions have been reported, which significantly demotivating staff and negatively affect morale. These challenges are compounded by poor working conditions, including inadequate infrastructure, lack of essential supplies and overcrowded departments.

3.3. Health Infrastructure

49. Facility infrastructure in the two counties is in a critical state of disrepair. Significant deficits were observed, including missing window panes, broken tiles, dilapidated roofs, falling ceilings and condemned structures. Several sections remain under-equipped with crucial projects such as mortuary, waste disposal systems and intensive care units (ICU)either stalled or incomplete. The continued use of banned materials such as asbestos roofing, compromised safety and has left facilities ill-equipped to respond effectively to surges in demand, thereby exposing patients and staff to increased risk.

50. Major facilities like Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital operate well beyond their intended capacities. For instance, at Nyahururu, maternity and outpatient departments experienced severe overcrowding with, mothers forced to share beds, increasing the risk of infections and contributing to significant discomfort. Overcrowding is also acute in the mortuary, which routinely holds far more bodies than designed to accommodate. There was a marked shortage of essential medical infrastructure, including a lack of incubators in newborn units and non-operational Intensive Care Units (ICUs).

51. Inadequate waste management systems, exemplified by non-working incinerators, have resulted in the hazardous accumulation of biohazardous waste. Despite recent upgrades in some facilities, maintenance remains insufficient, leading to rapid deterioration of equipment. Additionally, obsolete and damaged medical equipment often remain on the facility grounds without proper disposal.

52. The Nyahururu County Referral Hospital has an acute shortage of incubators in its newborn unit compelling Mothers to opt to improvised incubators made from old cartons, thereby compromising the quality of neonatal care; Facilities such as Kibirichia Sub-County Hospital lack a functional mortuary, adequate staff housing, and specialized units. Furthermore, much of the equipment at the facility is obsolete or non-functional, significantly limiting its capacity to deliver quality healthcare services.

53. Timau Sub-County Hospital faces condemned key buildings and an unsafe, incomplete incinerator. The lack of investment has resulted in deserted maternity wards, at Timau, due to poor infrastructure and inadequate staffing, non-functional x-ray units and theatres, and poor furnished waiting bays, all of which significantly diminish patient experience and care outcomes.

54. Meru Teaching and Referral Hospital, despite having advanced departments such as the ICU/HDU, mental health, renal, oncology units, suffers severe congestion, dilapidated wards, and overstretched mortuary services, which at the time of the visits were holding over 200 bodies well above the designed capacity of 60.

3.4. Provision and Management of Health Products and Technologies

55. Healthcare facilities in the two counties lack essential equipment as demonstrated by critical shortage of incubators in newborn units, ICU/HDU beds and equipment, functional dialysis machines and outdated and absence of laboratory items.

56. Both Nyahururu and Nanyuki Teaching and Referral Hospitals lack operational ICU beds and the equipment necessary for critical care. As a result, the hospitals are unable to provide intensive care services for severely ill patients, often requiring risky and delayed referrals elsewhere. Dialysis capacity is limited; Nyahururu has 10 dialysis beds/machines, which are insufficient for the high demand, given the hospital's role as a regional referral facility. Furthermore, the Laboratories face a recurrent shortage of reagents and lack adequate, up-to-date diagnostic equipment, hindering their capacity to conduct essential tests. At the time of the oversight, the laboratory license at Nyahururu had expired.

57. The hospitals in Laikipia County have significant stockpiles of expired drugs, citing poor pharmaceutical waste management and oversight. Some of these drugs were found to be stored unsafely, raising the risk of accidental dispensing. Further, Nanyuki's facility is littered with non-functional and outdated medical equipment, especially outside the theatre, highlighting severe gaps in medical equipment management and disposal.

58. Facility morgues are significantly overstretched. For example, Nyahururu morgue, designed to accommodate 18 bodies, has held as many as 61, while Nanyuki morgue had 62 bodies against a capacity of only 12 during the oversight visits. The mortuary in Meru Teaching and Referral Hospital is designed for 60 bodies

but has held about 200, amplifying risks and reflecting chronic under-capacity in storage and handling of remains.

59. Healthcare facilities in the two counties lack basic diagnostic and lifesaving equipment. Facilities like Timau and Kibirichia are critically underequipped. For instance, Timau's x-ray is non-functional, the new wing meant for radiology lacks equipment, and the maternity ward has neither a newborn unit nor a dedicated theatre. Major units, including the renal unit at the Meru Teaching and Referral Hospital, often operate with only a fraction of their machines for instance five out of ten dialysis machines, due to chronic shortages of consumables and reagents. Kibirichia and Timau facilities in Meru County have many old, obsolete, or broken-down machines.

60. All visited Meru facilities report frequent shortages of essential supplies, including basic medications, dressings, and laboratory reagents, regularly forcing patients to procure these items from private pharmacies. The absence of digital inventory and supply chain management systems in both counties has led in frequent discrepancies between records and actual stock levels, thereby impending efficient restocking and contributing to losses and wastage. Moreover, much of the advanced equipment supplied under the now-defunct Managed Equipment Services (MES) program remains idle owing to insufficient maintenance capacity, unavailability of spare parts, and lack of necessary consumables following the expiration of the contracts.

61. The accumulation of expired drugs was a common occurrence in the two counties, frequently stored in unlocked or inappropriate locations, with minimal evidence of structured pharmaceutical waste management protocols. Dysfunctional incinerators and lack of proper equipment have exacerbated the risks of hazardous waste exposure for staff, patients, and surrounding communities.

CHAPTER FOUR

4. COMMITTEE RECOMMENDATIONS

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

4.1. The Pharmacy and Poisons Board (PPB)

The Committee recommends that the Pharmacy and Poisons Board should -

a) Establish and enforce robust protocols for pharmaceutical waste management and proper disposal of expired drugs;

b) Undertake regular audits and supervision of drug stores in all healthcare facilities, ensuring expired drugs are promptly withdrawn and securely locked and safely destroyed and table its audit reports to the Senate after every six (6) months;

c) Develop and implement digital inventory management systems across all facilities to ensure traceability, minimize stock discrepancies and improve restocking efficiency;

d) Enforces stricter renewal timelines, periodic licensing reviews, and public transparency of license validity for pharmaceutical-related operations in healthcare facilities; and

e) Partner with county governments to design and enforce professional development programs for pharmacists and pharmaceutical technologists.

4.2. The Council of Governors-

63. The Committee recommends that the Council of Governors should-

a) Direct that all county governments expeditiously operationalize the Facilities Improvement Financing Act, 2023 including the rapid enactment of supporting legislation as required by Section 29 of the Act, to enable retention and transparent use of facility-generated revenues for infrastructure and service upgrades;

b) Direct each county to initiate individual procurement and maintenance plans for essential health equipment, including filling gaps left by the defunct Managed Equipment Services (MES) Program, to prevent lapses in service delivery and avoid reliance on obsolete technology;

c) Ensure establishment of coordinated county frameworks for strengthening pharmaceutical and non-pharmaceutical supply chains, including; automating inventory management systems, instituting robust pharmaceutical waste disposal and expired drug management protocols and diversifying suppliers beyond KEMSA to mitigate frequent shortages and stockouts;

d) Make it mandatory for counties to commit a balanced portion of annual health budgets for capital development and preventive maintenance of healthcare infrastructure, addressing overcrowding, safety hazards and completion of stalled projects in all public facilities; and

e) Ensure deployment of certified pharmacy staff in rural and sub-county facilities, reducing inappropriate task-shifting and improving supervision standards.

4.3. Governor, Laikipia County

64. The Committee recommends that the Governor, Laikipia County should-

a) Increase health sector allocation to balance recurrent and development expenditures, and fast-track the establishment of the proposed medical training institute to strengthen Human Resources for Health (HRH);

b) Explore sustainable financing mechanisms such as Facilities Improvement Fund (FIF) legislation to ringfence facility-generated revenues for infrastructure, staff recruitment, and essential medical supplies;

c) Convert healthcare workers under short-term contracts into permanent and pensionable terms, invest in continuous professional development to build specialist capacity in critical areas such as critical care, pharmacy, and laboratory sciences, and ensure timely payment of salaries and statutory remittances to improve motivation, retention, and staff morale.

d) Upgrade Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital by expanding maternity, outpatient, and newborn units, operationalizing the ICU, and completing stalled projects such as the mortuaries and incinerators.

e) Digitize inventory management and implement fully digital systems for tracking drugs and commodities across all facilities to eliminate discrepancies between physical stock and records.

f) Establish strict pharmaceutical waste management protocols, including safe storage and disposal of expired drugs, while negotiating with KEMSA and diversifying suppliers to ensure a consistent supply of essential medicines.