

Rt. Hon. Speaker  
Recommended for approval for tabling -

DC  
Forwarded &  
recommended for tabling  
29/11/2024

Ep  
02/12/2024



REPUBLIC OF KENYA

PARLIAMENT  
OF KENYA  
LIBRARY

THE SENATE  
RECEIVED

29 NOV 2024

DEPUTY CLERK

THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE INSPECTION TOUR OF HEALTH FACILITES IN WEST  
POKOT, TRANS NZOIA AND TURKANA COUNTIES

  
03/12/24

Clerks Chambers,  
Parliament Buildings,  
NAIROBI.

APPROVED  
RT. HON. SEN  
AMASON J. KING  
November, 2024

PAPERS LAID	
DATE	5.12.2024
TABLED BY	Sen. Okenyuri
COMMITTEE	-
CLERK AT THE TABLE	Angela

# TABLE OF CONTENTS

<b>LIST OF ABBREVIATIONS</b>	2
<b>PRELIMINARIES</b>	3
<b>Establishment and Mandate of the Committee</b>	3
<b>Membership of the Committee</b>	3
<b>CHAIRPERSON'S FOREWORD</b>	4
<b>CHAPTER ONE</b>	7
<b>1. INTRODUCTION</b>	7
<b>Background</b>	7
<b>Methodology</b>	7
<b>CHAPTER TWO</b>	9
<b>2. COMMITTEE PROCEEDINGS</b>	9
<b>2.1. TRANS NZOIA COUNTY</b>	9
2.1.1. Submissions by the County Assembly	9
2.1.2. Visit to Kitale County Referral Hospital	11
2.1.3. Post-Briefing Meeting with the County Governor	11
<b>2.2. WEST POKOT COUNTY</b>	12
2.2.1. Meeting with the County Governor	12
2.2.2. Visit to Kapenguria County Referral Hospital	13
<b>2.3. TURKANA COUNTY</b>	14
2.3.1. Visit to Kanggetei Primary Health Care Hub	14
2.3.2. Visit to Lodwar Teaching Referral Hospital and Meeting with the County Executive and Hospital Management of Lodwar County Referral Hospital	15
<b>CHAPTER THREE</b>	17
<b>3. COMMITTEE OBSERVATIONS</b>	17
<b>CHAPTER FOUR</b>	18
<b>4. COMMITTEE RECOMMENDATIONS</b>	18

## LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CBA	Collective Bargaining agreement
CECM	County Executive Committee Member
CHS	Community Health Service
CHW	Community Health Worker
CRH	County Referral Hospital
CS	Cesarean Section
CT	Computed Tomography
DG	Deputy Governor
GIS	Geographic Information System (GIS)
HR	Human Resource
ICU	Intensive Care Unit
KCB	Kenya Commercial Bank
KEMSA	Kenya Medical and Supplies Authority
KMPDU	Kenya Medical Practitioners and Dentist Union
MES	Medical Equipment Service
NCD	Non-Communicable Diseases
NG	National Government
NHIF	National Health Insurance Fund
PHS	Primary Health Services
PMS	Performance Management System
PSC	Public Service Commission

## 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.*

The Committee is specifically mandated to-

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

### Membership of the Committee

The Committee is comprised of the following Members-

- |   |   |                         |
|---|---|-------------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | <b>Chairperson</b>      |
| 2. Sen. Mariam Sheikh Omar, MP            | - | <b>Vice Chairperson</b> |
| 3. Sen. Erick Okong'o Mogeni, SC, MP      | - | Member                  |
| 4. Sen. Ledama Olekina, MP                | - | Member                  |
| 5. Sen. Abdul Mohammed Haji, CBS, MP      | - | Member                  |
| 6. Sen. Joe Nyutu Ngugi, MP               | - | Member                  |
| 7. Sen. Raphael Chimera Mwinzagu, MP      | - | Member                  |
| 8. Sen. Hamida Kibwana, MP                | - | Member                  |
| 9. Sen. Esther Anyieni Okenyuri, MP       | - | Member                  |

## CHAIRPERSON'S FOREWORD

**Mr. Speaker Sir,**

The Senate *Mashinani* Initiative, which is held annually, is part of the Senate's continuous effort to enhance its working relationship with the counties and promote its engagement with members of the public at grassroots level. It further gives legislators an opportunity to assess the state of devolution in the counties.

In the build up towards the Third Annual Senate *Mashinani* sitting that was held in Turkana County from 25<sup>th</sup> to 29<sup>th</sup> September, 2023, the Standing Committee on Health resolved to undertake inspection and familiarization tours of health facilities in West Pokot Trans Nzoia and Turkana Counties in its quest to assess the quality of health care services provision.

The objectives of the visits were to assess the state of healthcare services, understand the unique achievements, issues, and challenges facing health service delivery in the counties and recommend remedial measures and interventions by the Senate.

**Honorable Speaker,**

In conducting the visits, the Committee held meetings with different stakeholders charged with the task of healthcare provision in the counties including the County Governors, relevant County Executive Committee Members and their respective Chief Officers as well as the members of the County Health Management Committees and hospital management representatives.

The Committee also received and reviewed written submissions presented by different stakeholders. The Committee findings, observations and recommendations arising from this process are contained in this report.

**Mr. Speaker Sir,**

On behalf of the Committee, I wish to specifically thank the Senators of Trans Nzoia, West Pokot and Turkana Counties for their support during the oversight tours. The Committee also wishes to thank the respective County Executives led by the County Governors, and their County Assemblies led by their Speakers, for the fruitful deliberations that have culminated in the production of this report.

**Mr. Speaker Sir,**

As I conclude, I would like to emphasize that these tours mark the first of a country-wide series of inspection tours that the Committee intends to make to assess the state of health care services at County referral hospitals, to understand the unique achievements, issues, and challenges facing health service delivery in the counties and recommending remedial measures and interventions by the Senate. I wish to sincerely thank the Members of the Committee for their dedication and participation during the development of this report.

**Mr. Speaker Sir,**

The Committee also thanks the Offices of the Speaker and the Clerk of the Senate for the support extended to it in the execution of its mandate.

**Hon. Speaker,**

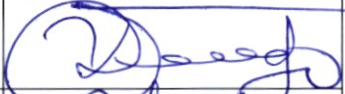








It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 223 (6) of the Senate Standing Orders.

Sign:  Date: 

**SEN. JACKSON K. ARAP MANDAGO, EGH, M.P.**  
**CHAIRPERSON, STANDING COMMITTEE ON HEALTH**

**ADOPTION OF THE REPORT OF THE SENATE STANDING COMMITTEE  
ON HEALTH ON THE INSPECTION TOUR OF HEALTH FACILITIES IN  
WEST-POKOT, TRANS- NZOIA AND TURKANA COUNTIES**

**We, the undersigned Members of the Senate Standing Committee on Health, do hereby append our signatures to adopt the Report-**

	<b>Name</b>	<b>Designation</b>	<b>Signature</b>
1.	Sen. Jackson Kiplagat Mandago, EGH, MP	Chairperson	
2.	Sen. Mariam Sheikh Omar, MP	Vice-Chairperson	
3.	Sen. Erick Okong'o Mogeni, SC, MP	Member	
4.	Sen. Ledama Ole kina, MP	Member	
5.	Sen. Abdul Mohammed Haji, CBS, MP	Member	
6.	Sen. Joe Nyutu Ngugi, MP	Member	
7.	Sen. Raphael Chimera Mwinzagu, MP	Member	
8.	Sen. Hamida Kibwana, MP	Member	
9.	Sen. Esther Anyieni Okenyuri, MP	Member	

## CHAPTER ONE

### 1. INTRODUCTION

#### **Background**

1. Article 96(1) of the Constitution mandates the Senate to represent the counties and serve to protect the interests of the counties and their governments. Article 124 (1) on the other hand provides that each House of Parliament may establish committees, and shall make Standing Orders for the orderly conduct of its proceedings including the proceedings of its committees.
2. 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*. To execute its mandate the Committee on Health has adopted different modes of operation which include oversight and inspection tours to augment the evidence gathered within the precincts with site visits.
3. The Senate *Mashinani* initiative, which is held annually, is part of the Senate's continuous effort to enhance its working relationship with the counties, promote its engagement with members of the public at grassroots level, and give legislators an opportunity to assess the state of devolution in the County.
4. The Third Annual Senate *Mashinani* sitting was held in Turkana County from 25<sup>th</sup> to 29<sup>th</sup> September, 2023. In a build up towards the Senate *Mashinani* sitting, at its sitting held on 12<sup>th</sup> September, 2023, the Standing Committee on Health resolved to undertake county visits to West Pokot and Trans Nzoia Counties from Friday, 22<sup>nd</sup> September, 2023 to Saturday, 23<sup>rd</sup> September, 2023. The Committee further resolved to conduct a visit to a primary health care facility and a County referral facility in Turkana County during the Senate *Mashinani* sitting.
5. The objectives of the visits were to assess the state of health care services; understand the unique achievements, issues, and challenges facing health service delivery in the counties; and recommend remedial measures and interventions by the Senate.

#### **Methodology**

6. In conducting the visits, the Committee met with key parties in health service delivery in the respective counties, including Members of the County Assemblies, County Executives, Chief Officers of Health, members of the County Health Management Teams, hospital management representatives, and health worker representatives.
7. The Committee also reviewed relevant documents and memoranda as submitted by the respective county governments. The Committee's findings, observations, and recommendations arising from this process are contained in this report.

## CHAPTER TWO

### 2. COMMITTEE PROCEEDINGS

#### 2.1. TRANS NZOIA COUNTY

8. The Committee visited Trans Nzoia County on Friday, 22<sup>nd</sup> September, 2023, and was accompanied by Sen. Allan Chesang', MP, Senator Trans Nzoia County. The Committee held a meeting with the Governor, Trans Nzoia County who was accompanied by the County Secretary, the County Executive Committee (CEC) Member in charge of Health, the Chief Officer in charge of the Department of Health, Members of the County Health Management Team and Healthcare Workers' Representatives. In addition, the Committee met with Members of the Health Committee of the County Assembly of Trans Nzoia.

##### 2.1.1. Submissions by the County Assembly

9. In his remarks, the Chairperson expressed gratitude to the Members of the Health Committee of the County Assembly of Trans Nzoia led by their Chairperson for their attendance and warm welcome. He highlighted the intertwined roles of the Senate Health Committee and the Health Committees of County Assemblies in ensuring the effective functioning of devolved health services.
10. He further emphasized the need for collaboration to ensure that resources allocated to counties for health purposes were utilized properly, and with thorough oversight. He stated that the Senate Health Committee was in the process of developing a framework for collaborative oversight to ensure a structured approach. Given the National Government's focus on the rollout of UHC, and the development of relevant legislation, he noted that there was a need for consultative meetings between the Senate and County Assemblies to ensure seamless service delivery to the grassroot level for all citizens.
11. The Chairperson further noted that the visit to Trans Nzoia aligned with the Committee's oversight mandate, and had been necessitated by the need to assess the completion of the county referral hospital, review the availability of drugs in the facilities, discuss issues related to NHIF reimbursements, and address matters concerning the accreditation of County health facilities. In his remarks, the Chairperson of the Health Committee of the County Assembly highlighted key issues as summarized below –
  - a) The County Assembly had passed their own FIF Act to enhance the autonomy of health facilities in the county. They had enacted several Acts, including the HIV/AIDS Management Act, Health and Sanitation Services Act and County Health Improvement Act.
  - b) All health facilities had established boards to improve governance and promote accountability.
  - c) The County had implemented a pay bill system to streamline revenue collection process in the Sector.
  - d) A newly built hospital block was in place but lacked the requisite equipment, highlighting the need for additional funding to operationalize it.

12. The Chairperson also highlighted several challenges facing the health sector in the county as follows -
  - a) Poor security measures at medical facilities, with insufficient security personnel and a lack of CCTV surveillance systems thus posing a security risk due to valuable equipment;
  - b) Limited availability of ambulances to meet County needs and respond to emergencies;
  - c) Low morale and commitment amongst health workers owing to poor contractual terms of employment;
  - d) Low morale and commitment amongst community health workers arising from failure by the county to pay their stipends;
  - e) Delays and inefficiencies in the construction of the new referral hospital block despite the county putting in significant investments over the past ten (10) years;
  - f) Non-operationalization or underutilization of dispensaries established during the early years of devolution;
  - g) Lack of clarity on the role of Members of County Assembly (MCAs), particularly with regards to County procurement processes;
  - h) Concerns over flawed County audit procedures with discrepancies between reported losses and audit findings;
  - i) Rising mortality rates attributed to alleged medical negligence, lack of requisite medical equipment (mechanical ventilators) and inadequate blood banks for transfusion; and
  - j) Lack of automated hospital management systems thus affecting efficiency and proper records and general management of the hospital.
13. Based on the foregoing, members noted that-
  - a) All Members of County Assemblies ought to actively participate in drug distribution drives within their respective wards to ensure effective oversight;
  - b) The County Assembly had the ability to escalate significant audit issues affecting their County to the Senate through the area Senator for action by the Senate;
  - c) The Committee on Health should conduct regular inspection to all health facilities within the County to assess their condition and address issues as they arise;
  - d) The County Assembly should enact legislation to provide for the leasing/placement of specialized equipment. Revenue generated from user charges could then be reinvested to manage and maintain the hospitals effectively;
  - e) Members of the County Assembly should actively scrutinize all County public procurement processes, particularly relating to the procurement of drugs and medical supplies, to ensure transparency and accountability;
  - f) The County should prioritize the digitization of systems for revenue collection and drug tracking to enhance efficiency and transparency.

### **2.1.2. Visit to Kitale County Referral Hospital**

14. The Committee then proceeded to conduct a visit in Kitale County Referral Hospital and observed the following-
  - a) *Theater*: The Theater was staffed with 7 nurses and 6 doctors and handles 50-200 cases per month;
  - b) *Renal Unit*: Established in 2016 through a national program, the Renal Unit had witnessed significant growth, and was now serving approximately 30 patients per month compared to its initial capacity of 2 patients. The unit contained five modern machines and corresponding beds and was reported to be adequately meeting the demand for its services;
  - c) *Maternity Ward*: The maternity ward served as the primary referral facility in the region and conducted an average of 650 deliveries annually. It was staffed with 22 health workers, and could accommodate approximately 90 mothers per month, with 25 normal deliveries and 12 - 15 cesareans on average;
  - d) *Pediatric Ward*: The ward had 8 nurses, one medical officer, and a consultant ensuring round-the-clock care. It had a well-equipped newborn unit. However, the Committee noted that infection control in the NBU was poor with the doctor-in-charge granting Members unrestricted access to the unit despite set guidelines to the contrary;
  - e) *Laboratory*: Operational challenges were noted in the laboratory including inadequate reagents and documentation issues (discrepancies between the bin cards and actual stock);
  - f) *Pharmacy*: Operational challenges were noted in the pharmacy including inadequate reagents and documentation issues (discrepancies between the bin cards and actual stock). Additional challenges observed included excess supply of short expiry drugs; and
  - g) *Security*: The Committee took note of reports of unauthorized individuals accessing the maternity wards at night for a fee, prompting heightened security measures and ongoing investigation.

### **2.1.3. Post-Briefing Meeting with the County Governor**

15. The visit to the county referral hospital was followed by a post-briefing meeting at the Governor's Office. The Governor of Trans Nzoia County highlighted several key points and challenges facing the health sector in Trans Nzoia County as-
  - a) The County faced resource constraints and had been unable to complete key development projects including the new level 5 hospital block which had been targeted for completion by 2015;
  - b) There was a need to hire additional healthcare personnel to address staffing shortages. However, the County's wage bill was increasing and currently stood at 36% of the total budget which exceeded the set threshold;
  - c) To ease congestion at Kitale County Referral Hospital which was congested and had dilapidated medical equipment, the County had upgraded the Kijana Wamalwa Referral Hospital;

- d) The maternity wing at the county referral hospital was overstretched with over 200% bed occupancy, leading to patients sharing beds; and
  - e) The County had inherited a KEMSA debt of 106 million, but a payment plan agreement has been established.
16. In response to queries by Members, the Governor confirmed that the county routinely engaged the OCS (Officer Commanding Station) and area MCA (Member of County Assembly) during drug distribution for accountability purposes. However, drugs at health facilities often run out quickly despite procuring on a demand basis.
  17. He noted that NHIF reimbursements at the county were very low with NHIF uptake standing at 17%, and with the county receiving only one reimbursement of Kshs. 2.6 million in June, 2023. He stated that the County was putting measures in place to increase the number of accredited facilities from thirty-one (31) at the time of the visit, to seventy-five (75). He stated that the KEMSA fill rate stood at 50% and MEDS (Mission for Essential Drugs and Supplies) at 90%, with a turnaround time of one month.
  18. He noted that the County had eight (8) ambulances with plans to purchase more and establish an ambulance command center. He further confirmed that most health facilities in the County lacked perimeter walls and CCTV systems for the safety and protection of patients, staff, and property.

## **2.2. WEST POKOT COUNTY**

20. The Committee visited West Pokot County on Friday, 22<sup>nd</sup> September, 2023, in the company of the Area Senator. The Committee met with representatives of the County Executive led by the Governor. Other members of the County Executive present included; the County Secretary, the CEC Member of Health, the Chief Officer of Health, Members of the County Health Management Team and health worker representatives.

### **2.2.1. Meeting with the County Governor**

21. In his remarks, the Governor of West Pokot highlighted the positive impact of devolution on healthcare and acknowledged significant improvements achieved in the county since its implementation. He submitted key achievements in the health sector in West Pokot as–
  - a) The establishment of the West Pokot-Kenya Medical and Training College near the hospital, funded and built by the county to enhance medical education and training opportunities;
  - b) Approximately 175 operational health facilities, including one county referral hospital, three sub-county hospitals, 10 health centers, and 159 dispensaries, ensuring better access to healthcare services for residents;
  - c) Significant growth in the number of medical professionals, with a total of 45 doctors at the time of the visit, compared to just 5 in 2013;

- d) Expansion of general hospital infrastructure including theaters, dental rooms, and other facilities to enhance service delivery;
  - e) Implementation of the Community Health Services (CHS) Act resulting in the engagement of 2,600 community health promoters, promoting preventive and promotive health services; and
  - f) Increase in the number of ambulances and programs focusing on preventive and promotive health services.
22. He highlighted key challenges facing the sector as-
- a) Non-operationalization of specialized medical equipment at the county referral hospital owing to the lack of three-phase electricity;
  - b) Persistent personnel shortages in the healthcare sector owing to limited resources and a high wage bill;
  - c) Colonial buildings with asbestos roofs that posed a significant health hazard and required urgent attention;
  - d) Exchequer delays and insufficient funding from the National Government hindering effective planning and service delivery; and
  - e) High and burdensome operational costs of the existing oxygen plant. He further noted that plans were underway to install a new oxygen plant with lower operational costs in collaboration with AMREF Kenya.

### **2.2.2. Visit to Kapenguria County Referral Hospital**

23. The Committee then proceeded to conduct a visit at Kapenguria County Referral Hospital and made the following observations-
- a) The A&E department was constructed in 2013 but was yet to be made fully operational due to incomplete drainage works;
  - b) The hospital had two functional ultrasound machines acquired through the MES project;
  - c) The general wards were adequately equipped and sufficient to accommodate the hospital's inpatient needs. However, patient privacy was limited owing to the lack of curtains and bed screens;
  - d) The maternity unit provided postnatal and antenatal care services to approximately 600 mothers monthly;
  - e) The laboratory department had 19 staff working during regular hours, with reduced staffing to 1 at night. Specialized tests provided in the lab included biochemistry with an automated electrolytes machine, complete blood count, CD4 count for immuno-compromised patients, and routine screenings for malaria and salmonella;
  - f) The hospital further utilized a GeneXpert machine for TB diagnosis and received samples weekly via USAID motorbike rider, ensuring prompt treatment and control of TB cases;
  - g) In the Pharmacy, the County reported a 70% fill rate of recent orders fulfilled by KEMSA and 30% sourced from alternative suppliers. The County confirmed that it maintained a debt-free relationship with KEMSA. Further, it had acted to mitigate against expiry of drugs by distributing less consumed items to the other health facilities within the county to minimize wastage.

24. The visit to the Kapenguria County Referral Hospital included a tour of the adjacent KMTC, and concluded with the launch of the County's ambulance services.

## **2.3. TURKANA COUNTY**

### **2.3.1. Visit to Kangagetei Primary Health Care Hub**

25. The Committee visited Kangagetei Primary Health Care Hub in the company of the Health Committee of the County Assembly of Turkana on Thursday, 28<sup>th</sup> September, 2023. During the visit, the Committee was briefed by the nurse in-charge as follows-
  - a) The facility was originally started as a dispensary by missionaries in 1998. It served as the first point of contact for healthcare services for the local community and was staffed by 1 nurse, 1 clinician, 1 nutritionist and 1 community health officer;
  - b) All referral cases requiring advanced care, including cesarean sections and ultrasounds, are referred to Kamatosa referral hospital, located 35 kilometers away;
  - c) Facilities and services offered at the unit included: 1 delivery room with one-bed capacity, separate rooms for recovery, breastfeeding, antenatal care, and immunization;
  - d) Challenges faced within the hub included - Limited ambulance services with only one ambulance serving three wards, posing challenges during emergencies due to rough terrain and insecurity, Lack of necessary machinery and equipment to perform basic emergency obstetric care and staffing constraints;
  - e) The nursing officer further noted that the facility utilized CHVs distributed across surrounding villages who acted as focal points for health data collection and communication. The CHVs were trained in integrated childhood management of illnesses (ICCM) and were allowed to manage common ailments under supervision;
  - f) The nursing officer in charge emphasized the importance of integrating traditional midwives into CHV programs and healthcare systems and providing them with basic training on hygiene, sanitation, delivery skills, and disease management; and
  - g) She further emphasized the utility of local dialects during civic educational drives to enhance communication and understanding among locals.
26. Following the briefing, the Committee proceeded to an outreach center operated by the County Government and World Vision. Here, the Committee observed a nutrition health assessment program targeting children aged 2-5 years due to the high prevalence of malnutrition in the County. The Committee further observed the dispensing of medications for deworming and supplements.

### **2.3.2. Visit to Lodwar Teaching Referral Hospital and Meeting with the County Executive and Hospital Management of Lodwar County Referral Hospital**

27. The Committee visited Lodwar County Referral Hospital in the company of the Health Committee of the County Assembly of Turkana on Thursday, 28<sup>th</sup> September, 2023. They were met by the County Executive Committee Member of Health, the Chief Officer of Health, the County Health Management Team and the hospital management.
28. The Committee's findings during the visit have been summarized below -
  - a) *Laboratory*: The laboratory was capable of conducting essential biochemical and microbiological tests, including liver and renal function tests, lipid profiles, and hematology assessments. Stocks were entered manually and subsequently recorded electronically for inventory management.
  - b) *ICU/HDU*: Was designed in the same model as Moi Teaching Referral Hospital, and served critically ill patients from as far out as Ethiopia and Uganda.
  - c) *Oxygen*: The facility had an oxygen plant supplying various multiple health facilities in Turkana County with traceable gas cylinders for accountability.
  - d) *Surgical Wards*: The theater was staffed by consultants and specialists in general surgery, orthopedics, and gynecology, and catered to both male and female patients.
  - e) *Maternity*: The maternity department was clean and adequately staffed.
  - f) *Incinerator*: The hospital had a functional incinerator for the proper disposal of medical waste, and served other facilities for a fee. It was overseen by county public health officers to ensure compliance with waste management regulations.
  - g) *Staffing*: The hospital reported significant staffing shortages.
29. During a feedback session at the hospital boardroom, the Committee noted that -
  - a) There was a need for the hospital to establish a dedicated preservation room for unclaimed bodies or those under investigation. This would ensure proper management of deceased individuals in the hospital's care.
  - b) To address staffing shortages, the Committee noted that there was a need to hire medical personnel on a contractual basis to help alleviate workforce challenges, and ensure adequate coverage of medical services.
  - c) The Committee recommended the establishment of a dedicated tuberculosis (TB) laboratory separate from the main laboratory for purposes of infection control, and effective diagnosis and management of TB cases at the hospital.
  - d) The Committee proposed the expansion and commercialization of the Intensive Care Unit (ICU) and High Dependency Unit (HDU) wards to optimize their use as a revenue-generating venture. Given the hospital's role in serving patients from neighboring countries, this could enhance financial sustainability.
  - e) The committee emphasized the importance of digitizing all hospital operations and developing comprehensive record management systems to improve efficiency, data accuracy, and overall hospital management.

## CHAPTER THREE

### 3. COMMITTEE OBSERVATIONS

30. Based on the foregoing, the Committee made the following observations:
- a) That there is need for the Committee to cooperate and collaborate with Health Committees of County Assemblies to ensure the effective functioning of the devolved health function, and to strengthen oversight over the utilization of resources allocated to counties for health purposes;
  - b) There was a need to strengthen the oversight role of County Assemblies at the local level to improve accountability and service delivery;
  - c) The Committee observed that counties had started capital-intensive health projects whose construction had since stalled, or whose operationalization was yet to be realized;
  - d) The Committee noted that most health facilities did not have the requisite number of staff working in critical departments (e.g. Maternity), and that various departments in the hospitals were faced with a high workload and staff shortages;
  - e) The Committee observed that there was a need for counties to address low staff morale and motivation arising from poor terms of service and delayed payment of salaries or stipends;
  - f) The Committee observed that the lack of three-phase electricity had led to counties being unable to utilize specialized equipment for instance the CT scan machines and MES equipment;
  - g) The Committee further noted that there was a need for counties to address low morale amongst community health workers arising from the failure to pay stipends in a timely and prompt manner; and
  - h) The Committee found that poor security measures at most of the facilities observed (including lack of, or incomplete fencing, lack of CCTV surveillance system among others) posed a security risk to patients, health workers and valuable medical equipment.

## CHAPTER FOUR

### 4. COMMITTEE RECOMMENDATIONS

31. In light of the above, and further noting the cross-cutting challenges facing the three counties visited, the Committee recommends that the Governor, West Pokot, Trans Nzoia and Turkana counties should ensure-
  - a) That there is proper security infrastructure for instance, CCTV surveillance, trained guards and perimeter walls is put in place in all the public healthcare facilities to ensure security and safety of hospital staff, equipment and patients;
  - b) That all revenue collection points in all public healthcare facilities are automated and that the Facilities Improvement Legislations are operationalized;
  - c) That there is regular recruitment of healthcare workers and timely promotions to enhance a continued supply of work force and enhance workers' morale;
  - d) That they pursue avenues to actualize employment of healthcare workers on contract or on internship to temporally address the challenges related to huge staffing gaps; and
  - e) That all stalled healthcare facilities such as dispensaries initiated since the advent of devolution are expeditiously completed and operational in order to ensure that they function optimally.
32. The Committee further recommends that the County Assemblies and County Executive should put in place mechanisms to ensure that funds initially allocated for provision of healthcare services are not reallocated to other programs during supplementary budgets to ensure continuity and completion of these projects.
33. The Committee recommends that the County Assembly Committees in West Pokot, Trans Nzoia and Turkana Counties conduct regular inspection visits in healthcare facilities in their respective jurisdictions and undertake a proactive scrutiny of county procurement processes, particularly relating to the procurement of drugs and medical supplies; and
34. The Committee further recommends that the Governors of West Pokot, Trans Nzoia and Turkana Counties should provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of tabling this report.

# **ANNEX 1:**

## **MINUTES OF THE COMMITTEE MEETINGS**



**MINUTES OF THE ONE HUNDRED SIXTY-FOURTH SITTING OF THE  
STANDING COMMITTEE ON HEALTH HELD ON SATURDAY, 23<sup>RD</sup>  
NOVEMBER, AT TRADEMARK HOTEL, AT 11.00 A.M.**

**MEMBERS PRESENT**

- |                                     |   |                         |
|-------------------------------------|---|-------------------------|
| 1. Sen. Jackson K. Mandago, EGH, MP | - | <b>Chairperson</b>      |
| 2. Sen. Mariam Sheikh Omar, MP      | - | <b>Vice-Chairperson</b> |
| 3. Sen. Joe Nyutu, MP               | - | Member                  |
| 4. Sen. Raphael Chimera, MP         | - | Member                  |
| 5. Sen. Esther Anyieni Okenyuri, MP | - | Member                  |

**ABSENT WITH APOLOGY**

- |                                      |   |        |
|--------------------------------------|---|--------|
| 1. Sen. Ledama Olekina, MP           | - | Member |
| 2. Sen. Abdul Mohamed Haji, CBS, MP  | - | Member |
| 3. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 4. Sen. Hamida Kibwana, MP           | - | Member |

**SENATE SECRETARIAT**

- |                         |   |                         |
|-------------------------|---|-------------------------|
| 1. Mr. Humphrey Ringera | - | Senior Research Officer |
| 2. Ms. Florence Waweru  | - | Clerk Assistant         |
| 3. Mr. Mitchell Otoro   | - | Legal Counsel           |
| 4. Mr. Ryan Injendi     | - | Research Officer        |
| 5. Mr. Dennis Amunavi   | - | Research Officer        |
| 6. Mr. Victor Kimani    | - | Audio Recording Officer |
| 7. Ms. Hawa Abdi        | - | Sergeant- at-Arms       |

**MIN/SEN/SCH/961/2024**

**PRELIMINARIES**

The meeting was called to order at thirty minutes past two o'clock and the proceedings commenced with a word of prayer said by the Chairperson, Sen. Jackson K. Mandago, EGH, MP.

**MIN/SEN/SCH/962/2024**

**ADOPTION OF AGENDA**

The agenda of the meeting was adopted after being proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Joe Nyutu, MP as follows-

1. Prayers;
2. Adoption of the Agenda;

3. Consideration of the Committee reports on Committee County Oversight and Networking Engagements (*Committee Paper No. 102*);
4. Any other business; and
5. Adjournment/Date of the Next Meeting.

**MIN/SEN/SCH/963/2024**                      **CONSIDERATION OF THE**  
**COMMITTEE REPORTS ON COUNTY**  
**OVERSIGHT AND NETWORKING**  
**ENGAGEMENTS (COMMITTEE PAPER NO.**  
**102)**

1. The Secretariat presented Committee reports on County Oversight and Networking Engagements held in West Pokot, Trans Nzoia and Turkana Counties between 22<sup>nd</sup> and 25<sup>th</sup> September, 2023 and Taita/Taveta, Mombasa and Kwale Counties between 16<sup>th</sup> and 21<sup>st</sup> June, 2024 for consideration;
2. The Committee was informed that the objectives of these oversight visits was to assess the state and quality of the infrastructure, facilities and hospital equipment, the provision and decentralization of ambulance and emergency services, automation of healthcare provision systems for patient, drugs and commodity management. The adequacy of healthcare personnel in the counties, the gaps and challenges, if any, the counties faces concerning healthcare workers;
3. During these visits the Committee met with key parties in health service delivery in the respective counties, including Members of the County Assemblies, County Executives, Chief Officers of Health, members of the County Health Management Teams, hospital management representatives, and health worker representatives.
4. Members considered the findings, observations and recommendations arising from the oversight visits as contained in the reports and adopted them unanimously for laying at the Table of the House pursuant to standing order No. 223 (6) of the Senate Standing Orders;
5. The Committee Report on the Inspection Tour of Health Facilities in West Pokot, Trans Nzoia and Turkana Counties held between 22<sup>nd</sup> and 25<sup>th</sup> September, 2023 was adopted having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Mariam Sheikh Omar, MP; and
6. The Committee Report on the County Oversight and Networking Engagements in Taita/Taveta, Kwale and Mombasa Counties held between 16<sup>th</sup> and 21<sup>st</sup> June, 2024 was adopted having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Raphael Chimera, MP.

**MIN/SEN/SCH/964/2024**                      **ANY OTHER BUSINESS**

The Committee resolved to conduct an oversight visit to Marsabit County preferably during the long recess to acquaint itself with healthcare provision in the County and also consider issues raised in the Statements sought from the Committee by Sen. Mohamed Chute, MP in regard to healthcare provision in Marsabit County.

MIN/SEN/SCH/965/2024

ADJOURNMENT

There being no other business, the meeting was adjourned at thirty minutes past noon.  
The next meeting will be by notice.

SIGNED:  ..... DATE: 28/11/2024  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)



**MINUTES OF THE A HUNDRED AND FORTY-NINTH-ONLINE- SITTING  
OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY,  
18<sup>TH</sup> JULY, 2024, AT 11.00 A.M ON ZOOM PLATFORM**

**PRESENT**

1. Sen. Jackson K. Mandago, EGH, MP,	-	<b>Chairperson</b>
2. Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
3. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
4. Sen. Joe Nyutu, MP	-	Member
5. Sen. Raphael Chimera, MP	-	Member
6. Sen. Esther Anyieni Okenyuri, MP	-	Member

**ABSENT WITH APOLOGY**

1. Sen. Ledama Olekina, MP	-	Member
2. Sen. Abdul Mohamed Haji, MP	-	Member
3. Sen. Hamida Kibwana, MP	-	Member

**SECRETARIAT**

1. Ms. Florence Waweru	-	Clerk Assistant
2. Mr. Mitchell Otoro	-	Legal Counsel
3. Mr. Victor Kimani	-	Audio Officer
4. Mr. Ryan Injendi	-	Research Officer
5. Mr. Dennis Amunavi	-	Research Officer
6. Ms. Lilian Onyari	-	Fiscal Analyst
7. Mr. David Muthuri	-	DSEC-Intern
8. Ms. Hawa Abdi	-	Sergeant- at-Arms

**MIN/SEN/SCH/867/2024**

**PRELIMINARIES**

The meeting was called to order at thirty minutes past eleven and the proceedings commenced with a word of prayer said by the Chairperson, Sen. Jackson K. Mandago, EGH, MP

**MIN/SEN/SCH/868/2024**

**ADOPTION OF AGENDA**

The Agenda of the meeting was adopted after being proposed by Sen Mariam Sheikh Omar, MP and seconded by Sen. Esther Anyieni Okenyuri, MP as follows-

1. Prayers;
2. Adoption of the Agenda;

3. Confirmation of the Minutes of the 125<sup>th</sup>; 131<sup>st</sup>, and 148<sup>th</sup> Committee Meetings;
4. Matters arising from Minutes of Previous Committee Meetings;
5. Consideration of the Committee reports on Committee County Oversight and Networking Engagements (*Committee Paper No. 87*):
  - Turkana, West Pokot and Trans Nzoia Counties and;
  - Taita Taveta, Kwale and Mombasa Counties.
6. Any other business; and
7. Adjournment/Date of the Next Meeting.

**MIN/SEN/SCH/869/2024**

**CONFIRMATION OF MINUTES**

- 1) Minutes of the 131<sup>st</sup> Committee Meeting held on Monday, 20<sup>th</sup> May, 2024 at 10.00 a.m. were confirmed as a true record of the deliberations having been proposed by Sen Mariam Sheikh Omar, MP and seconded by Sen. Esther Okenyuri, MP; and
- 2) Minutes of the 148<sup>th</sup> Committee Meeting held on Thursday, 23<sup>rd</sup> May, 2024 at 10.00 a.m. were confirmed to be a true record of the deliberations having been proposed Sen. Esther Okenyuri, MP and seconded by Sen. Joe Nyutu, MP.

**MIN/SEN/SCH/870/2024**

**MATTERS ARISING FROM MINUTES OF PREVIOUS COMMITTEE MEETINGS**

**Under Ex. MIN/SEN/SCH/751/2024 CONSIDERATION OF RESPONSES BY THE GOVERNOR, NAKURU COUNTY ON THE FOLLOWING STATEMENTS AS SOUGHT SEN.TABITHA KARANJA KEROCHE, MGH, MP**

The Committee resolved to seek supplementary information from Ministry of Lands, Public Works, Housing, and Urban Development and the National Lands Commission regarding the registration and ownership status of land parcel Nakuru Municipality Block 11/107 and the processes and procedures applied and details of the individuals involved during extension and/or renewal of its lease.

**MIN/SEN/SCH/871/2024**

**CONSIDERATION OF COMMITTEE REPORTS ON COMMITTEE COUNTY OVERSIGHT AND NETWORKING**

- 1) The Committee Secretariat presented Committee Paper No. 87 on Committee County Oversight and Networking Engagements in West Pokot, Trans Nzoia and Turkana Counties and Taita Taveta, Kwale and Mombasa Counties for consideration.
- 2) The Secretariat presented a draft report on the County Oversight and Networking Visits to health facilities in Taita Taveta, Kwale and Mombasa Counties that took place within the week of 16<sup>th</sup> June-20<sup>th</sup> June, 2024:
- 3) Following deliberations, the Committee directed the Secretariat to incorporate views and concerns raised during the meeting and prepare the report for consideration and adoption:

- 4) The consideration of the draft report on the inspection tours to health facilities in West Pokot, Trans Nzoia and Turkana counties was deferred to the next meeting of the Committee.

MIN/SEN/SCH/872/2024

ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/873/2024

ADJOURNMENT

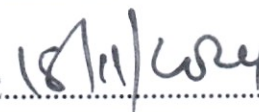
There being no other business, the meeting was adjourned at fifteen minutes past noon. The next meeting will be by notice.

SIGNED: .....

DATE: .....

(CHAIRPERSON, SEN. JACKSON MANDAGO, EGH, MP)

 .....





**MINUTES OF THE A HUNDRED AND TWENTY-SECOND (ONLINE) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON FRIDAY 19<sup>TH</sup> APRIL, 2024, AT 10.00 A.M ON ZOOM ONLINE PLATFORM.**

**PRESENT**

1.	Sen. Jackson Kiplagat Mandago, EGH, MP	-	<b>Chairperson</b>
2.	Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
3.	Sen. Ledama Ole kina, MP	-	Member
4.	Sen. Raphael Chimera, MP	-	Member
5.	Sen. Joe Nyutu Ngugi, MP	-	Member
6.	Sen. Abdul Mohamed Haji, MP	-	Member
7.	Sen. Esther Anyieni Okenyuri, MP	-	Member

**ABSENT WITH APOLOGY**

1.	Sen. Erick Okong'o Mogeni, SC, MP	-	Member
2.	Sen. Hamida Kibwana, MP	-	Member

**SECRETARIAT**

1.	Dr. Christine Sagini	-	Clerk Assistant
2.	Ms. Florence Waweru	-	Clerk Assistant
3.	Ms. Lilian Onyari	-	Fiscal Analyst
4.	Mr. Mitch Otoro	-	Legal Counsel
5.	Mr. Victor Kimani	-	Audio Officer

**MIN/SEN/SCH/698/2024**

**PRELIMINARIES**

The meeting was called to order at 10.20 a.m. with a word of prayer from the Chairperson.

**MIN/SEN/SCH/699/2024**

**ADOPTION OF THE AGENDA**

The Agenda was adopted as proposed by Sen. Joe Nyutu Ngugi, MP and seconded by Sen. Mariam Sheikh Omar, MP as follows-

1. *Prayer;*
2. *Adoption of the Agenda;*
3. *Consideration and adoption of Committee reports on the following*

- a) *The petition on the management and use of Kenyatta University Teaching and Referral and Research Hospital (KUTRRH) by medical students at the Kenyatta University;*
  - b) *On allegations of irregularities in the procurement of long-lasting insecticide nets (LLINs), KEMSA;*
  - c) *Inspection and familiarization visits to health facilities in Vihiga and Kisumu Counties;*
  - d) *Inspection and familiarization visits to health facilities Bomet, Nyamira and Kisii Counties and;*
  - e) *Inspection and familiarization visits to health facilities West-pokot, Trans-nzoia and Turkana Counties*
4. *Any other business and;*
  5. *Adjournment/Date of the Next Meeting.*

**MIN/SEN/SCH/700/2024**

**CONSIDERATION AND ADOPTION OF  
COMMITTEE REPORTS ON THE  
FOLLOWING-**

Following a review of the committee observations and recommendations of respective reports and dialogue therein the following Committee reports were adopted unanimously;

1. The Committee report on the petition on the management and use of Kenyatta University Teaching and Referral and Research Hospital (KUTRRH) by medical students at the Kenyatta University having been proposed by Sen.Ledama Ole Kina, MP and seconded by Sen. Mariam Sheikh Omar, MP;
2. The Committee report on the allegations of irregularities in the procurement of long-lasting insecticide nets (LLINs), KEMSA having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Mariam Sheikh Omar, MP;
3. The Committee report on the inspection and familiarization visits to health facilities in Bomet, Nyamira and Kisii Counties having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen.Ledama Ole Kina, MP;
4. The Committee report on the inspection and familiarization visits to health facilities Vihiga and Kisumu Counties having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Joe Nyutu, MP;

Thereafter the Committee was taken through the Committee report on the Inspection and Familiarization Visits to County Health Referral Facilities in West Pokot, Trans Nzoia and Turkana Counties, Chapter 3- *on Committee observations.*

However due to time constraints, further consideration, generation of recommendations and adoption for the Committee Report on West Pokot, Trans Nzoia and Turkana Counties was deferred. The Committee therefore resolved to schedule an online meeting on Monday, 22<sup>nd</sup> April, 2024 for its consideration and adoption.

**MIN/SEN/SCH/701/2024**

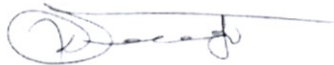
**ANY OTHER BUSINESS**

The Committee resolved to postpone the inspection tour of select health facilities in Nairobi City County that had been scheduled for Monday, 22<sup>nd</sup> April, 2024 in light of the unfortunate military craft accident involving the Chief of the Defence Forces on Thursday, 18<sup>th</sup> April, 2024 and the consequent declaration of the Presidential three-day- mourning.

**MIN/SEN/SCH/702/2024**

**ADJOURNMENT**

There being no other business, the meeting was adjourned at 1.30 p.m. The next meeting will be by notice.



**SIGNED:** .....

**CHAIRPERSON**

19/04/2024

**DATE:** .....



**MINUTES OF THE EIGHTY-THIRD SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON FRIDAY 22<sup>ND</sup> SEPTEMBER 2023, AT  
10.00 A.M. IN TRANSNZOIA COUNTY**

**PRESENT**

- |   |   |                         |
|---|---|-------------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | <b>Chairperson</b>      |
| 2. Sen. Mariam Sheikh Omar, MP            | - | <b>Vice-Chairperson</b> |
| 3. Sen. Raphael Chimera, MP               | - | Member                  |

**INATTENDANCE**

- |                            |   |  |
|----------------------------|---|--|
| 1. Sen. Allan Chesang', MP | - | Area Senator-Friend to<br>the Committee) |
| 2. Sen. Murgor Reche, MP   | - | Senator-Friend to the<br>Committee       |

**ABSENT WITH APOLOGY**

- |                                      |   |        |
|--------------------------------------|---|--------|
| 1. Sen. Joe Nyutu Ngugi, MP          | - | Member |
| 2. Sen. Abdul Mohamed Haji, MP       | - | Member |
| 3. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 4. Sen. Ledama Olekina, MP           | - | Member |
| 5. Sen. Hamida Kibwana, MP           | - | Member |
| 6. Sen. Esther Anyieni Okenyuri, MP  | - | Member |

**SECRETARIAT**

- |                         |   |                   |
|-------------------------|---|-------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant   |
| 2. Ms. Florence Waweru  | - | Clerk Assistant   |
| 3. Mr. Mitchell Otoro   | - | Legal Counsel     |
| 4. Mr. Victor Kimani    | - | Audio Officer     |
| 5. Ms. Njeri Manga      | - | Media Relations   |
| 6. Ms. Brenda Wekesa    | - | Research Officer  |
| 7. Ms. Njeri Manga      | - | Media Relations   |
| 8. Mr. Ibrahim Mohammed | - | Sergeant –at-arms |

## INATTENDANCE

- |                               |   |  |
|-------------------------------|---|--|
| 1. Hon. George Natembeya, MBS | - | Governor, Transnzoia County              |
| 2. Ms. Trufosa Miriam         | - | County Secretary                         |
| 3. Mr. Wanjala Patella        | - | CC Member Health Services and Sanitation |
| 4. Dr. Rachel                 | - | County Director Clinical Services        |
| 5. Dr Wamalwa                 | - | Health Services Superintendent           |
| 6. Dr Eddy Opat               | - | Chairman Referral Hospitals              |
| 7. Ms. Juliet Ngeiyo          |   |  |
| 8. Mr. Kiseka George          | - | Deputy County Secretary                  |
| 9. Ms. Jennifer               | - | Communication Deputy Director            |
| 10. Mr. Mwangi Willy          | - | Communication officer                    |
| 11. Mr. James Mwangi          | - | Majority Whip                            |
| 12. Ms. Ann Anjiko            | - | Bidii Ward Nominated MCA                 |
| 13. Ms. Tabitha Waruguru      | - | Nominated MCA                            |
| 14. Mr. John                  | - | MCA Nyereri Ward                         |
| 15. Ms. Sabina Wanjala        | - | Nominated MCA                            |
| 16. Mr. Joshua Wamai          | - | MCA Kiminini Ward (Vice Chair)           |
| 17. Mr. Kipchumba Birir       | - | MCA Cherenganyi Ward                     |
| 18. Mr. Kiptuma               | - | Nominated MCA                            |
| 19. Ms. Jackline Kurgat       | - | Member Motosheni Ward                    |

## MIN/SEN/SCH/455/2023

## PRELIMINARIES

The meeting was called to order at 10.00 a.m. with a word of prayer.

## MIN/SEN/SCH/456/2023

## PRE-BRIEFING MEETING AT GOVERNORS' BOARDROOM

The Governor Trans-nzoia County welcomed all present this was followed by a round of introductions.

The Chairperson stated that it was important to appreciate the oversight role of the Senate and specifically for the Health committee whose mandate is to consider all matters relating to medical services, public health and sanitation. Therefore, the

committee was intent on visiting all Counties to check the status of all referral hospitals in terms of service delivery, staffing, County legislations in place etc.

This was followed by a brief from the Governor's team as summarized below;

1. That the County had limitations in terms of resources to construct health facilities all-round the County;
2. That there was need to hire more manpower;
3. That the Kitale County Referral Hospital was congested, had dilapidated medical equipment thus the need to move medical services to Kijana Wamalwa referral hospital;
4. That the new level 5 hospital block that had been envisioned to be completed by the year 2015 was still incomplete;
5. That the County's wage bill was on a worrying upward trajectory, at 36%;
6. That the referral hospital maternity wing had over a 200% occupancy thus people sharing beds; and
7. That the County inherited a KEMSA debt of 106 million; however, a payment plan agreement had been agreed upon.

Based on the presentation the committee queried on the following;

1. The County's drugs distribution mechanisms in place;
2. How the County hospitals handled matters to do with NHIF reimbursements;
3. The County's medical supply order fill rates and turnover time by supplies;
4. How the County managed the managed hospital equipment;
5. Facility emergency preparedness, including a fully operational ambulance and Referral System and;
6. The security measures in place for the protection of patients, staff, and hospital property.

Responses received were as follows;

1. That the County always ensures the OCS and area MCA are present during drugs distribution to enhance accountability and transparency; however, it had been noted that drugs run out very quickly- before the stipulated time frame; despite procuring drugs on demand basis;
2. That the County uptake of NHIF was at 17% and that only one NHIF reimbursement of 2.6 million had been received in the month of June,2023;
3. Further that the County had 31 hospitals accredited with approximately 45 others still pending accreditation;
4. That the County's fill rate was at 50% for KEMSA and 90% MEDS, with a turnaround time of almost one month;
5. Further, with regards to the managed equipment the County referral hospital had been equipped with specialized machines for X-ray, radiology and that plans were underway to have CT-Scans and dialysis machines;
6. Further that the County had already passed their own FIF Bill, and had an appointed board in place;
7. That the County had a total of 8 ambulances though plans were underway to purchase more and establish an ambulance command center with a free toll number for emergencies;
8. With regards to security, most health facilities lacked perimeter walls and CCTV systems in place;
9. In terms of staffing, it was submitted that there were 1365 health care workers. Out of whom 900 were technical staff while the rest were sub staff. However, there were 38 doctors on study leave;
10. Further that the County was focused on digitizing its services including fleet management and the drugs issuance;

The chairperson thanked the Governor and team for the submissions and directed that his office submits reports on; the facilities accredited and those not-giving reasons why; NHIF reimbursements schedule of all hospitals and the County health care staffing data.

The Committee then proceeded to the County assembly chamber for a meeting with the County assembly's health committee.

The Chairperson thanked the County assembly members for their attendance and warm welcome. He gave the following highlights;

1. That the Senate Health committee roles and the County assembly roles were intertwined to ensure that the County Health function works well;
2. That there was need for collaboration to ensure resources deployed to the County for purposes of health were properly utilized through thorough oversight, further, that the Senate Health Committee was currently putting together a framework for oversight to ensure there was a structured way of undertaking it;
3. Being that the National Government was keen on UHC roll out, with relevant legislations there will be need for consultative meetings and collaborations between the Senate and all County assemblies to ensure service delivery to the grassroots for all citizens.

The Chairperson further commented that the visit to the County was in line with the Committees' oversight mandate and was necessitated further by the need to assess the completion of the County referral hospital, assess the availability of drugs in the facilities, have deliberations on the issues of NHIF reimbursements claimed by the facilities and further on matters of accreditation of the County health facilities.

**Comments from the members of the County Assembly.**

1. That the County assembly had passed their own FIF Bill to facilitate their own small and quick procurements of urgent materials and drugs and further that they had passed several Acts; such as the HIV/AIDS Management Act, Health and Sanitation Services Act and the County Health Improvement Act;
2. That the medical facilities have boards in place to ensure accountability and improve their general management;
3. That the County has made strides to steam line revenue payments and collection by having a Pay bill system in place
4. That the County had a newly built hospital block in place, however not equipped; and hence the need for more funding to operationalize it; and
5. More specialized equipment had been purchased by the County, such as MRI and CT Scan;
6. Provision of additional Maternity beds for Mothers;

In furtherance of the discussions the following challenges were brought to the attention of the Committee;

1. Poor security measures in place; that there were few security personnel deployed to medical facilities which can be a security risk due to the equipment in there. Additionally, there are no CCTV surveillance systems in place.
2. That there were few ambulances to cater for the County needs and emergencies;
3. That most nurses were in temporary employment which demoralizes the work spirit;
4. That the County had thus far put almost 1.2 billion in the construction of the new referral Hospital Block yet it was still incomplete. The Block had taken almost 10 years since its inception;
5. That there were many dispensaries put up in the first term of devolution but not operational and not properly utilized
6. That the County CHVs were awaiting the stipends issuances;
7. That the role of MCA's had not been clearly defined particularly with reference to County procurements processes;
8. That the rate of mortality due to negligence in hospitals was increasing due to lack of equipment's such as ventilators and lack of blood banks for transfusion purposes;
9. That the County audit procedures were skewed and flawed. Much money had been "silently" lost yet auditors reports show otherwise; and
10. That there was no automated system in place, hence Hospital operations were manually run;

Based on the deliberations members of the Senate Committee commented and advised as follows;

1. That all MCAs needed to be proactive during drugs' distribution drives in their respective wards for effective oversight and should avoid delegating the duties to their PAs;
2. That the Assembly could escalate major audit issues ailing their County to the Senate;
3. That the Committee on Health should endeavor to undertake routine inspection visits of all medical facilities in the County;
4. That the County assembly could create an enabling legislation to have a managed equipment program that will allow hospital equipment be used on hire. The user charges revenue collected can then be injected back to manage the hospitals;

5. With regards to the procurement of drugs, members of County assembly should proactively scrutinize all the County public procurement processes; and
6. That the County should endeavor to digitize all systems on revenue collection and drugs tracking.

The session ended with the Chairperson, Senate Committee requesting the County Assembly's Health Committee to accompany the Senate Committee to Kitale County referral hospital for the inspection tour.

MIN/SEN/SCH/458/2023

KITALE COUNTY REFERRAL HOSPITAL  
INSPECTION VISIT.

Based on the inspection tour the following was observed with regards to the Hospital facilities/departments;

- a) **Emergency room-** with a maximum capacity of 5 patients with two attending doctors at one given time;
- b) **Theater-main surgical theater** – With 7 nurses and 6 doctors, that do 60-200 procedures in a month which are ordinarily covered by NHIF;
- c) **Renal Unit** – that was started in the year 2016 under the MES program by the National Government, with a 30- patient capacity and 5 machines;
- d) **Maternity ward-** with an average inpatient of 90 mothers a day and an average of 25 natural births and 12-15 caesareans, noting that it was the only facility offering caesarean section since it's the only referral facility. The wards in most cases have approximately 22 staff working in 2-3 shifts. Further that infant mortality rate was at 42 per 1000 live births for the pre-natal and post-natal.
- e) **Laboratory and Pharmacy** -with a 75% reagents' capacity and a fairly well kept records management system however, there was no bill card record of reagents from KEMRI.
- f) **Pediatric Ward-** with 8 nurses and 1 consultant, with a separate isolation room for children who are under three months old.

Members were further appraised as follows;

1. That the hospital prioritizes patient care and attention before seeking payments;
2. That it was true there had been cases of 'midwives'/ formerly employed medics accessing the maternity wards at night and assisting mothers to birth at a fee; the matter was however under investigation and that security at the Hospital had been heightened;
3. That the County had employed health promoters for civic and public education to the masses;
4. That the hospital had a staffing shortage, for instance a shortage of nurses particularly for the maternity and pediatric wards; and


5. That the hospital had procured a Computer so as to digitize all their records and move away from hard copies record keeping;

MIN/SEN/SCH/459/2023      ANY OTHER BUSINESS

The committee resolved to proceed and undertake the West Pokot County visit.

MIN/SEN/SCH/460/2023      ADJOURNMENT

There being no other business, the meeting was adjourned at 3.00 p.m.



SIGNED: .....  
(CHAIRPERSON, SEN. JACKSON MANDAGO, EGH, MP)

DATE: 18/11/2024 .....



**MINUTES OF THE EIGHTY-FOURTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON FRIDAY 22<sup>ND</sup> SEPTEMBER 2023, AT 4.00 P.M. AT WESTPOKOT COUNTY**

**PRESENT**

- |   |   |                         |
|---|---|-------------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | <b>Chairperson</b>      |
| 2. Sen. Mariam Sheikh Omar, MP            | - | <b>Vice-Chairperson</b> |
| 3. Sen. Raphael Chimera, MP               | - | Member                  |

**INATTENDANCE**

- |                          |   |  |
|--------------------------|---|--|
| 1. Sen. Murgor Reche, MP | - | Area Senator (Friend to the Committee) |
|--------------------------|---|--|

**ABSENT WITH APOLOGY**

- |                                      |   |        |
|--------------------------------------|---|--------|
| 1. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. Sen. Ledama Olekina, MP           | - | Member |
| 3. Sen. Joseph Nyutu Ngugi, MP       | - | Member |
| 4. Sen. Abdul Mohamed Haji, MP       | - | Member |
| 5. Sen. Hamida Kibwana, MP           | - | Member |
| 6. Sen. Esther Anyieni Okenyuri, MP  | - | Member |

**SECRETARIAT**

- |                         |   |                   |
|-------------------------|---|-------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant   |
| 2. Ms. Florence Waweru  | - | Clerk Assistant   |
| 3. Mr. Mitch Otoro      | - | Legal Counsel     |
| 4. Mr. Victor Kimani    | - | Audio Officer     |
| 5. Ms. Njeri Manga      | - | Media Relations   |
| 6. Ms. Brenda Wekesa    | - | Research Officer  |
| 7. Mr. Ibrahim Mohammed | - | Sergeant –at-arms |

## **INATTENDANCE**

- |                          |   |  |
|--------------------------|---|--|
| 1. Hon. Simon Kachipin   | - | Governor, Westpokot                              |
| 2. Mr. Lonyinyo Yusuf    | - | MCA Bati Ward Chair<br>Health                    |
| 3. Mr. Jacob             | - | Member of Health<br>Committee                    |
| 4. Ms. Nelly Soprim      | - | Chief Officer Health                             |
| 5. Ms. Claire Bar Claire | - | CC Health and<br>Sanitation West Pokot<br>County |

## **MIN/SEN/SCH/461/2023**

## **PRELIMINARIES**

The Senate Committee was warmly received by the area Senator, the West-Pokot Governor and team.

The Chairperson conveyed apologies from the absent Committee members who due to various work engagements with other Committees particularly in relation to preparations for *Senate Mashinani* were unable to attend.

Due to time constraints the visit to Kacheliba Hospital stood deferred, the Committee committed to focus on Kapenguria Hospital and acceded to the Governor's request to visit Kenya Medical Training College (KMTC) adjacent to it.

## **MIN/SEN/SCH/462/2023**

## **PRE-BRIEFING MEETING AT GOVERNORS' RESIDENCE**

The Governor submitted that devolution had borne many fruits as follows;

1. The establishment of the Westpokot-Kenya Medical and Training College;
2. An increase in medical facilities almost meeting the WHO standards that after 5Km you get a health facility; With approximately 175 health facilities within the County- i.e. 1 county referral hospital, 3 sub-county hospitals, 10 health centers and 159 dispensaries.
3. A gradual increase in medical doctors, nurses and specialists; though the numbers need to improve even further;
4. Expansion of general infrastructural hospital facilities for instance theaters, Dental rooms etc.;
5. Implementation of the CHS Act. Leading to the emergence of 2,600 community health promoters

6. Increase in number of ambulances;
7. Increase in programs on preventive and promotive health services;
8. Increase in support from partners

Despite the fruits the County was still grappling with personnel challenges, buildings constructed with asbestos, which was a health hazard (noting that asbestos had been banned in Kenya) and funding challenges due to ex-chequer delays, challenges in fully operationalizing the medical facilities due to lack of equipment, insufficient funding from the National Government,

Furthermore, that the county was grappling with how it could upgrade the Kapenguria referral hospital to a level 5 so as to reduce referral cases to Eldoret-MTRH. That the county had an oxygen plant running day and night since 2014 whose operational costs were over burdening however AMREF Kenya had volunteered to install an oxygen plant that would produce 500liters of oxygen per hour.

The Chairperson acknowledged the changes brought about by devolution in terms of service delivery and informed that the Senate was keen on working alongside all county Assemblies to ensure Healthcare Services in Counties was improved.

The Committee thanked the governor and team for the warm reception and proceeded for a short break and thereafter tour of the hospital.

**MIN/SEN/SCH/463/2023**

**KAPENGURIA COUNTY REFERRAL  
HOSPITAL VISIT**

The following was observed and noted;

- a) An Accident and Emergency Unit- housing mainly the radiology unit though the it had not been officially commissioned due to incomplete drainage works;
- b) Two working ultra-sound machines and a mammogram machine, used generally by 30 patients per day at a charge fee of Ksh.200 which the county deemed fairly affordable compared to Private Hospitals that charge Ksh. 1000-2500;

- c) Personnel – That the hospital had 1 gynecologist, 5 medical officers and 3 pediatricians with another 10 medical officers on study leave.
- d) Renal unit – there were 5 fully functional machines with 7 renal nurses who serve over 27 patients in a day
- e) An Administration block- that had been newly renovated.
- f) A Dental Unit- with an installed dental machine That offered dental services like extraction, root canal, scaling and filling.
- g) A Pharmacy- which was fairly stocked, with orders usually done in a quarterly basis.
- h) Wards- that the Hospital had a 20 bed capacity.
- i) A pediatric ward- We have 13 nurses but still understaffed. There are 3 full time pediatricians one senior and the others junior.
- j) A maternity Unit- noting that the ward usually receives over 600 mothers in a month it was small the ward was small and had windows without blinders;
- k) A Laboratory- with a fully automated electrolytes machine and able to carry out routine tests like malaria, salmonella etc.
- l) The hospital has the GeneXpert machine to diagnose TB;
- m) Oxygen Room - All the machines were working but there was no pediatric ventilator.

Members commented and recommended as follows;

- a) Noting that the laboratory reagents had been put on the floor, the Chair recommended that the Hospital could become more creative and build shelves to improve storage spaces;
- b) That the hospital could take up a cash less system and come up with a pay bill payment system to improve revenue collection and reduce funds' leakages;
- c) That the county could consider procuring drugs on monthly basis rather than quarterly;
- d) That the County contractor would need to benchmark on how hospital blocks and designs should look like, especially on matters finishing and corridor sizes.

The Committee briefly toured the Kenya Medical Training College (KMTC) adjacent to the Hospital. Noting the good college layout, the administration block, lecture halls and well stocked library.

MIN/SEN/SCH/464/2023

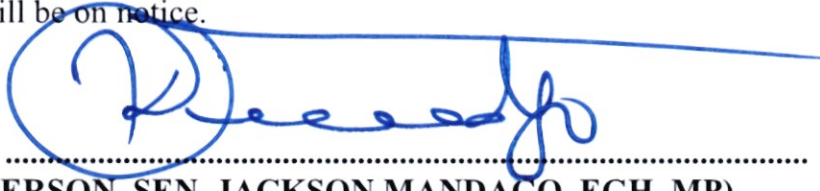
ANY OTHER BUSINESS

The visit was concluded with the launch of the County's ambulance services.

MIN/SEN/SCH/465/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at 8.00 p.m. The next meeting will be on notice.

A handwritten signature in blue ink, appearing to be 'Jackson Mandago', written over a horizontal dotted line. The signature is stylized and includes a large circular flourish at the beginning.

SIGNED: .....  
(CHAIRPERSON, SEN. JACKSON MANDAGO, EGH, MP)

DATE: ..... 3/12/2024 .....



**MINUTES OF THE EIGHTY-SEVENTH SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON THURSDAY 28<sup>TH</sup> SEPTEMBER 2023,  
AT 10.00AM AT TURKANA COUNTY**

**PRESENT**

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	<b>Chairperson</b>
2. Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
3. Sen. Abdul Mohamed Haji, MP	-	Member
4. Sen. Raphael Chimera, MP	-	Member
5. Sen. Hamida Kibwana, MP	-	Member
6. Sen. Esther Anyieni Okenyuri, MP	-	Member

**ABSENT WITH APOLOGY**

1. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
2. Sen. Ledama Olekina, MP	-	Member
3. Sen. Joseph Nyutu Ngugi, MP	-	Member

**SECRETARIAT**

1. Dr. Christine Sagini	-	Clerk Assistant
2. Ms. Florence Waweru	-	Clerk Assistant
3. Mr. Eugene	-	Legal Counsel
4. Mr. Victor Kimani	-	Audio Officer
5. Mr. Ngeno	-	Media Relations
6. Ms. Brenda Wekesa	-	Research Officer
7. Mr. William	-	Fiscal Analyst
8. Mr. Ibrahim Mohammed	-	Sergeant –at-arms

**INATTENDANCE**

**Committee on Health- County Assembly of Turkana**

1. Mr. Bethwel Barchor	-	Chairperson
2. Mr. Linus Echemel	-	Vice Chair
3. Ms. Sarah Abdi	-	Member
4. Ms. Irene Scholastica	-	Committee Clerk
5. Mr. Pascal Emesit	-	Principal Hansard Editor
6. Mr. Sammy Ondege	-	Hansard Department

**Kangagetei PHC hub and Outreach team**

- |                       |   |
|-----------------------|---|
| 1. Mr. James Ekamais  | - Representing the Chief Officer of Health                  |
| 2. Ms. Nancy Moit     | - Nurse in charge Kangagetei                                |
| 3. Dr. Kawira         | - Sub county MOH Turkana Central                            |
| 4. Mr. Sammy Ondege   | - Hansard Department County Assembly                        |
| 5. Ms. Sophie Elotim  | -Sub county Focal Person Turkana Central                    |
| 6. Mr. Wamae Rodgers  | - Disease Surveillance Turkana Central                      |
| 7. Mr. Moi Patrick    | - Clinical Services Turkana Central                         |
| 8. Mr. Peter Mitunda  | -Sub- County public health officer                          |
| 9. Mr. Tom Masinde    | -Cluster Manger World Vision Health Programs Turkana County |
| 10.Mr. Japheth Otieno | - Nutritionist,World Vision Health Programs Turkana County  |
| 11.Mr. Brian Luchiri  | - Program Support   |

**Lodwar Referral Hospital Team**

- |                        |   |
|------------------------|---|
| 1.Dr. Kilgris Lokoel   | -County Chief Officer In charge of Medical Services |
| 2.Dr. Ethel Esekong'   | -Director Lodwar Referral Hospital                  |
| 3.Mr. Stephen Onyaor   | - Laboratory technician                             |
| 4.Mr. Eliud Iyana      | - ICT Officer                                       |
| 5.Mr. Stanvas Macharia | - Community Health Social Worker                    |
| 6.Dr. Kinuthia Mwangi  | - General Health Practitioner                       |
| 7.Ms. Jane Gitau       | - Nursing officer                                   |
| 8.Mr. Siror            | - Medical Engineering Department                    |
| 9.Mr. Achock Moses     | - Board member                                      |
| 10. Mr. Eglay Nyanga   | - Board member                                      |

**MIN/SEN/SCH/479/2023**

**PRELIMINARIES**

The meeting was called to order at 4.00 p.m. with a word of prayer from the Chairperson.

**MIN/SEN/SCH/480/2023**

**MEETING AND VISIT OF KANGAGETEI DISPENSARY (PRIMARY HEALTH CARE HUB)- KANGATOTHA WARD, TURKANA CENTRAL SUB-COUNTY.**

The Senate Health Committee and Turkana County Assembly Health Committee were warmly received. The nurse in charge then apprised the committees as follows;

1. That Kangagetei PHC hub was a level two facility started in the year 1998 as a dispensary adjacent to Kangagetei school by missionaries and the first point of contact for health care services for the locals;

2. Further, that all referral cases were usually dealt with at Kamatosa referral hospital which was a more modern and better equipped facility 35 kilometers from the dispensary;
3. That in terms of facilities and services offered the center had 1 delivery room with 1 bed capacity and further with a separate room for recovery and breast feeding;
4. That the center also had a separate room for Antenatal Care and immunization purposes and one improvised intravenous stand (IV stand);
5. That due to lack of the necessary machinery and equipment the Center did not carry out Caesarean cases or Ultra sounds such would be referred to the referral hospital in Kamatosa;
6. In terms of staffing, the Center had 4 staff, 1 nurse, 1 physician assistant, 1 nutritionist and 1 community health officer;
7. There was only one ambulance serving three wards which was quite a challenge especially in the emergence of several emergencies, rough terrain and insecurity matters;
8. That there were several Community health promoters distributed in all surrounding villages who had made work bit easier by being focal persons in collection of health data, further they are the link to the locals;
9. That the CHVs have/had basic training in integrated childhood management of illnesses (ICCM). They are able to manage diarrhea diseases, Pneumonia under 5-year-olds and malaria and a fairly equipped with simple items such as beads to enable them count heart beat/rate;
10. That the CHVs were usually able to visit several households, screen a patient, offer counselling on matters hygiene and sanitation and basic civic education on matters on health; and
11. Further that the CHVs hold monthly meetings with the nurse in charge/ medical health care expert from the Ward to discuss their health data reports and any other challenges therein.

Members of the Senate Health committee commented and queried as follows;

1. That considering the vastness of the county and further the native culture and beliefs of the people with regards to modern medicine and practices there is need to inculcate the traditional mid wives/ traditional birth attendants into the CHVs Programs and the Health care systems generally at the villages;
2. That the said inclusion needs to followed with some basic training on matters hygiene, sanitation, basic delivery skills and care and diseases like HIV which can be easily taught through the local languages to enhance mastery of the skills and improve communication between the attendants and the locals;
3. That the use of local dialect when undertaking some of these civic educational drives can be beneficial and the information will be able to trickle down to the locals easily.

The Members thanked the facility team for the brief and proceed to the outreach center for a brief visit. The following was observed and informed;

1. That the outreach site was a program run by the County government in collaboration with development partners from World Vision;
2. That the program had a nutrition health assessment this week where children between 2- 5 years of age are assessed in terms of weight gained, nutrition levels, height etc. particularly because Turkana County is highly prone to cases of malnutrition; and
3. That in cases of emergencies the center has basic medication for Deworming and supplements but in case of emergencies the patient is referred to the nearest hospital.

The committees then headed back to Lodwar town for the inspection and familiarization visit of Lodwar County Referral Hospital

MIN/SEN/SCH/481/2023

INSPECTION AND FAMILIARIZATION  
VISIT TO LODWAR COUNTY REFERRAL  
HOSPITAL

Both committees were warmly received and proceeded for the tour which informed on the following-

1. **A triage section-** as the first point of contact and receivership of patients. After analysis the patient is then directed to the respective department / section for proper medical attention;
2. **An operating room** that was fairly equipped and hence able to handle emergency surgeries;
3. **A Laboratory-** able to carry out bio-chemist tests such as liver function tests, renal function, lipid profile and other tests related to microbiology, further equipped with a hematology machine;
4. **A Reagent Store-** which was fairly equipped with a manual stock card whose data is later keyed in electronically;
5. **A Pharmacy-** fairly stocked with drugs from KEMSA and others sourced from MEDS. Further there was a procurement lead for purposes of coordinating the inspection and verification of all drugs received.
6. **An ICU and HDU Ward-** The design was benchmarked from MTRH and which receives patients as far as from Ethiopia and Uganda.
7. **An Oxygen Gas plant** – that serves 7 medical facilities in Turkana County and further that all the gas cylinders are labeled with a tracing number.
8. **A Pediatric Ward-** with most of the admitted children being those that suffer from diarrhea, pneumonia, TB and malaria.
9. **A Surgical Wards-** for both male and female patients. With 8 consultants, 3 general surgeons, 3 orthopedic surgeons and 2 gynecologists.
10. **A Mortuary-** fair spaced and clean

11. **An Incinerator-** serving other facilities at a fee of 500 shillings per kg and further that the County Public health officers were responsible for ensuring medical facilities dispose off their medical wastes as is prescribed
12. **A Fish pond-** as a source of food for the patients in the facility.

Members of the Senate Health Committee commented as follows;

1. That the hospital could consider creating a separate preservation room for bodies that are unclaimed or for those under investigation;
2. That the hospital should consider employing medical personnel on contractual basis to ease the staffing shortage in hospitals;
3. That the hospital management should create a separate TB Laboratory from the main laboratory;
4. That the hospital could consider expanding and privatizing the ICU/HDU wards to enhance it as a revenue generating venture as it caters for the patients from surrounding countries like Ethiopia and Sudan further as a
5. That the hospital management should strive to digitize all the hospital operations and develop record management systems;

The committees then concluded the visit and proceeded to the hospital boardroom for a short meeting.

**MIN/SEN/SCH/482/2023**

**POST VISIT MEETING WITH LODWAR  
COUNTY REFERRAL HOSPITAL  
OFFICIALS.**

**Comments from the Chairperson, Senate Health Committee.**

That the Senate Health Committee was keen on overseeing all health functions in counties to ensure quality health care services and further that, that could only be achieved if the senate formed a working relationship with all County assemblies, counterpart health committees.

The Chairperson thanked the Lodwar hospital management, the County assembly committee and the Turkana executive officials present for their cooperation and the good work seen in the hospitals and facilities at large.

He further acknowledged the presence of two Cuban doctors who had joined the meeting and thanked them for their service to the hospital.

**Comments from the Chairperson Health Committee Turkana County Assembly**

That before devolution the County only had missionary run facilities hence the County government had made great strides in constructing more facilities.

Further that, the County assembly had enacted 4 bills; the Turkana County Health Services Administrative Act of 2015, the Turkana County Alcoholic Drinks Control Act of 2014; the County Hospitals and Clinics Licensing Act of 2016 and The Turkana County Community Health Services Act 2018 in a bid to improve legislation and oversight.

However, the following challenges were still being experienced;

1. Under staffed medical personnel in all medical facilities;
2. Low budgetary allocations;
3. Few ambulances across the County;
4. Poor infrastructure across some wards hindering access of the services
5. Increased insecurity cases in East and South of Turkana;
6. Lack of certain machinery in the hospitals necessitating patients to travel to MTRH- Eldoret for specialized medical care; and
7. Increase in HIV prevalence in the County.

The meeting then ended with a vote of thanks from a member of the Hospital board.

MIN/SEN/SCH/483/2023                      ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/484/2023                      ADJOURNMENT

There being no other business, the meeting was adjourned at 2.30 p.m. The next meeting will be on notice

SIGNED: .....



CHAIRPERSON

DATE: .....

